

Search Results

Table of Contents

Search History	page 6
1. The relationship of depression, stress, and craving to relapse occurrence during medically assisted agonist treatment with buprenorphine.	page 7
2. Young adult maturing out of alcohol involvement: Moderated effects among marriage, developmental changes in personality, and late adolescent alcohol involvement.	page 7
3. Physiological effects of cigarette smoking in the limbic system revealed by 3 tesla magnetic resonance spectroscopy.	page 8
4. Factors associated with suicide and bankruptcy in japanese pathological gamblers.	page 9
5. Providers' perceptions of prevalent mental and behavioral health problems: Differences and similarities across urban, rural, and frontier areas.	page 9
6. Editor's introduction.	page 10
7. Interpersonal violence against wives by substance dependent men.	page 10
8. Dissociation of tolerance and nicotine withdrawal-associated deficits in contextual fear.	page 11
9. Dyadic effects of gender minority stressors in substance use behaviors among transgender women and their non-transgender male partners.	page 12
10. Give me just a little more time: Effects of alcohol on the failure and recovery of cognitive control.	page 12
11. Characterizing subjective responses to alcohol among adolescent problem drinkers.	page 13
12. Peace building through a substance use conference structured on peace psychology principles.	page 14
13. A home for body and soul: Substance using women in recovery.	page 15
14. Factors associated with pretreatment and treatment dropouts: Comparisons between Aboriginal and non-Aboriginal clients admitted to medical withdrawal management.	page 16
15. Psychometric properties of the World Health Organization quality of life assessment-Brief in methadone patients: A validation study in northern Taiwan.	page 17
16. Drug users in Hanoi, Vietnam: Factors associated with membership in community-based drug user groups.	page 18
17. Hooked on the nicotine addiction thesis: A response to DiFranza.	page 19
18. Drug policies in Brazil: The harm reduction strategy.	page 20
19. Association of aggression and non-suicidal self injury: A school-based sample of adolescents.	page 20
20. Adverse pregnancy outcomes and sexual violence among female sex workers who inject drugs on the United States-Mexico border.	page 21
21. Behavior disorders and Internet social networking.	page 22
22. Technology transfer in the field of addictions: The brief intervention program for adolescents challenges and prospects.	page 23
23. Comorbidity of substance abuse disorders with other psychiatric disorders in mutual-aid residential treatment centers.	page 23
24. The hollow-face illusion in alcohol withdrawal syndrome.	page 24
25. Transcultural prevention of alcohol dependency: Effects of a culturally and migration-sensitive approach.	page 25
26. The effects of nicotine injection in rat nucleus accumbens on anxiety.	page 26
27. The impact of compulsory drug detention exposure on the avoidance of healthcare among injection drug users in Thailand.	page 27

28. Brief overdose education can significantly increase accurate recognition of opioid overdose among heroin users.	page 27
29. Surviving in two worlds: Social and structural violence of Thai female injecting drug users.	page 28
30. Navigating the risk environment: Structural vulnerability, sex, and reciprocity among women who use methamphetamine.	page 29
31. Syringe access, syringe sharing, and police encounters among people who inject drugs in New York City: A community-level perspective.	page 30
32. Police sexual coercion and its association with risky sex work and substance use behaviors among female sex workers in St. Petersburg and Orenburg, Russia.	page 30
33. Gender sameness and difference in recovery from heroin dependence: A qualitative exploration.	page 31
34. Religiosity and HIV-related drug risk behavior: A multidimensional assessment of individuals from communities with high rates of drug use.	page 32
35. Integration of miRNA and protein profiling reveals coordinated neuroadaptations in the alcohol-dependent mouse brain.	page 33
36. Neurobiological signatures of alcohol dependence revealed by protein profiling.	page 34
37. Drinking games as a venue for sexual competition.	page 35
38. The puzzling unidimensionality of the DSM substance use disorders: Commentary.	page 35
39. Mental health and risky sexual behaviors: Evidence from DSM-IV Axis II disorders.	page 36
40. Dexmedetomidine for the treatment of alcohol withdrawal syndrome: Rationale and current status of research.	page 37
41. Authors' reply to Rolland et al.: "Management of alcohol dependence in patients with liver disease".	page 38
42. Comment on: "Management of alcohol dependence in patients with liver disease".	page 39
43. Targeted opioid receptor antagonists in the treatment of alcohol use disorders.	page 39
44. Beyond the limits: The adolescent conflict, risks and challenges.	page 40
45. The endocannabinoid system and its possible role in neurobiology of psychiatric disorders.	page 41
46. Symptoms related to addiction: Elements for the differential diagnosis with personality disorder.	page 41
47. Methamphetamine use and methadone maintenance treatment: An emerging problem in the drug addiction treatment network in Iran.	page 42
48. The marketing of methadone: How an effective medication became unpopular.	page 43
49. Zoned out: "NIMBYism", addiction services and municipal governance in British Columbia.	page 43
50. Text messages as a tool for assessing public concern about drug problems.	page 44
51. An exploration of self-perceived non-problematic use as a barrier to professional support for methamphetamine users.	page 45
52. A Canadian perspective on documentary film: Drug Addict.	page 46
53. Access to treatment for substance-using women in the Republic of Georgia: Socio-cultural and structural barriers.	page 46
54. Cocaine users manifest impaired prosodic and cross-modal emotion processing.	page 47
55. An investigation of factors increasing the risk of aggressive behavior among schizophrenic inpatients.	page 48
56. Risky decision-making but not delay discounting improves during inpatient treatment of polysubstance dependent alcoholics.	page 49
57. The shame of addiction.	page 50
58. Pleasure and addiction.	page 50
59. A systemic review of the literature on the role of the partner of the sex addict, treatment models, and a call for research for systems theory model in treating the partner.	page 51
60. A new generation of sexual addiction.	page 52

61. An Indian study of hypersexual disorder in patients with anxiety and mood disorders.	page 52
62. A new classification model for sex addiction.	page 53
63. The role of childhood experiences in the development of sexual compulsivity.	page 54
64. SASH policy statement (revised): The future of problematic sexual behaviors/sexual addiction.	page 54
65. What would my avatar do? Gaming, pathology, and risky decision making.	page 55
66. Individual differences in motives, preferences, and pathology in video games: the gaming attitudes, motives, and experiences scales (GAMES).	page 56
67. Should psychiatry be expanding its boundaries?	page 57
68. Review of Zen meditation in psychotherapy: Techniques for clinical practice.	page 57
69. Necrosis of the intranasal structures and soft palate as a result of heroin snorting: A case series.	page 58
70. Association of prescription drug misuse with risky motor vehicle behaviors among low-income young women.	page 59
71. Self-forgiveness, shame, and guilt in recovery from drug and alcohol problems.	page 59
72. Prevalence and sociodemographic correlates of lifetime substance use among a rural and diverse sample of adolescents.	page 60
73. Internal medicine residents' training in substance use disorders: A survey of the quality of instruction and residents' self-perceived preparedness to diagnose and treat addiction.	page 61
74. Stigmatization of substance use disorders among internal medicine residents.	page 62
75. Teaching and assessing residents' skills in managing heroin addiction with objective structured clinical examinations (OSCEs).	page 63
76. INCASE: Accomplishments and challenges.	page 64
77. Substance Abuse Journal: New beginnings.	page 64
78. Exploring substance use normalization among adolescents: A multilevel study in 35 countries.	page 64
79. 'I became a mom': Identity changes in mothers receiving public assistance.	page 65
80. Animal models lead the way to further understanding food addiction as well as providing evidence that drugs used successfully in addictions can be successful in treating overeating.	page 66
81. A selective insular perfusion deficit contributes to compromised salience network connectivity in recovering alcoholic men.	page 67
82. Kappa opioid receptor-mediated dysregulation of gamma-aminobutyric acidergic transmission in the central amygdala in cocaine addiction.	page 68
83. Prenatal cocaine exposure and gray matter volume in adolescent boys and girls: Relationship to substance use initiation.	page 69
84. Enduring effects of adolescent drug exposure.	page 69
85. A qualitative analysis of provider barriers and solutions to HIV testing for substance users in a small, largely rural southern state.	page 70
86. The value of a support group for medical professionals with substance use disorders.	page 71
87. Patterns of alcohol, tobacco and cannabis use and related harm in city, regional and remote areas of Australia.	page 71
88. Structural factors that promote stigmatization of drug users with hepatitis C in hospital emergency departments.	page 72
89. The role of child protection in cannabis grow-operations.	page 73
90. Key drug use, health and socio-economic characteristics of young crack users in two Brazilian cities.	page 74
91. The OxyContin crisis: Problematisation and responsabilisation strategies in addiction, pain, and general medicine journals.	page 75
92. 'Silk Road', the virtual drug marketplace: A single case study of user experiences.	page 75

93. A substance use decision aid for medically at-risk adolescents: Results of a randomized controlled trial for cancer-surviving adolescents.	page 76
94. Alcohol use biomarkers predicting cognitive performance: A secondary analysis in veterans with alcohol dependence and posttraumatic stress disorder.	page 77
95. Attention Deficit Hyperactivity Disorder (ADHD) in the adult patients: View of the clinician.	page 78
96. A study of subsyndromal and syndromal psychiatric morbidity among male patients with alcohol dependence.	page 79
97. Substance use pattern among primary health care attendees in Southern Thailand.	page 79
98. The prevalence of Internet addiction among the students of Rafsanjan University of Medical Sciences.	page 80
99. Methodological and ethical aspects in conducting controlled clinical trials for addictive disorder's interventions.	page 81
100. Novel vaccines against morphine/heroin.	page 82
101. Role of endogenous opioid systems in alcohol reinforcement and dependence mechanisms.	page 83
102. Autistic, adolescent and virtual temporalities: Where three worlds meet.	page 84
103. Relationship between food insecurity and mortality among HIV-positive injection drug users receiving antiretroviral therapy in British Columbia, Canada.	page 84
104. Public beliefs and attitudes towards depression in Italy: A national survey.	page 85
105. The impact of epidemic violence on the prevalence of psychiatric disorders in Sao Paulo and Rio de Janeiro, Brazil.	page 86
106. Childhood sexual abuse and adulthood drug dependence.	page 87
107. Using the Rasch measurement model in psychometric analysis of the Family Effectiveness Measure.	page 88
108. Screening for substance abuse in women's health: A public health imperative.	page 89
109. Thresholds in a low-threshold setting: An empirical study of barriers in a centre for people with drug problems and mental health disorders.	page 90
110. Japan's hiropon panic: Resident non-Japanese and the 1950s meth crisis.	page 90
111. 'It's just a social thing': Drug use, friendship and borderwork among marginalized young people.	page 91
112. Defining a service for people who use drugs as 'low-threshold': What should be the criteria?	page 92
113. Affected in the nightclub. A case study of regular clubbers' conflictual practices in nightclubs.	page 92
114. The empirical war on drugs.	page 93
115. Post-humanism, addiction and the loss of self-control: Reflections on the missing core in addiction science.	page 94
116. The social life of drugs.	page 94
117. The Edmonton Classification System for Cancer Pain: Comparison of pain classification features and pain intensity across diverse palliative care settings in eight countries.	page 95
118. Risk stratification of opioid misuse among patients with cancer pain using the SOAPP-SF.	page 96
119. The prevalence of potential alcohol-drug interactions in older adults.	page 97
120. Tobacco endgame strategies: Challenges in ethics and law.	page 98
121. Can tobacco control endgame analysis learn anything from the US experience with illegal drugs?	page 99
122. Large-scale unassisted smoking cessation over 50 years: Lessons from history for endgame planning in tobacco control.	page 99
123. Ending versus controlling versus employing addiction in the tobacco-caused disease endgame: Moral psychological perspectives.	page 100
124. Reducing the nicotine content to make cigarettes less addictive.	page 100
125. Minimising the harm from nicotine use: Finding the right regulatory framework.	page 101

126. Questions for a tobacco-free future.	page 102
127. Medication-taking self-efficacy and medication adherence among HIV-infected cocaine users.	page 103
128. Intra-uterine exposure to maternal opiate abuse and HIV: The impact on the developing nervous system.	page 103
129. Longitudinal effects of universal preventive intervention on prescription drug misuse: Three randomized controlled trials with late adolescents and young adults.	page 104
130. The geography of violence, alcohol outlets, and drug arrests in Boston.	page 105
131. Alcohol (and other drugs) in public health research.	page 106
132. Addiction industry studies: Understanding how proconsumption influences block effective interventions.	page 106
133. Language and addiction: Choosing words wisely.	page 107
134. Saving adolescents.	page 108
135. Confidentiality and informed consent issues in treatment for adolescent substance abuse.	page 108
136. Older adolescents in drug court: Hammering the revolving door shut.	page 109
137. Third party liability for supplying adolescents with illegal substances.	page 109
138. Informed consent, parental consent, and the right to refuse treatment.	page 110
139. Ethical considerations in adolescent addiction.	page 111
140. Treatment issues for youths with substance abuse in juvenile detention.	page 111
141. The therapeutic community for the adolescent substance abuser.	page 112
142. Sexting, cybersex, and internet use: The relationship between adolescent sexual behavior and electronic technologies.	page 112
143. Sexual addiction and hypersexual behaviors in adolescents.	page 113
144. Trauma and adolescent addiction.	page 114
145. Neuropsychological effects of substance abuse in adolescents.	page 114
146. Substance abuse impact on adolescent brain development.	page 115
147. What's old is new: Motivational interviewing for adolescents.	page 115
148. Psychopharmacology for the addicted adolescent.	page 116
149. Adolescent group treatments: Twelve-step and beyond.	page 116
150. Adolescent behaviors out of control: An introduction to adolescent residential treatment.	page 117

Search History

1. PsycINFO; exp ADDICTION/ OR DRUG ABUSE [+NT]/ OR DRUG USAGE [+NT]/; 35456 results.
2. PsycINFO; addict*.ti,ab; 25722 results.
3. PsycINFO; 1 OR 2; 47561 results.

1. The relationship of depression, stress, and craving to relapse occurrence during medically assisted agonist treatment with buprenorphine.

Citation: Dissertation Abstracts International: Section B: The Sciences and Engineering, 2014, vol./is. 74/8-B(E)(No Pagination Specified), 0419-4217 (2014)

Author(s): Phillips, Shaun E

Institution: Northcentral U., US

Language: English

Abstract: During the time period from 2000-2012, buprenorphine was a synthetic drug that was increasingly being used as an agonist therapy for opioid dependent individuals in the United States. Despite this increase in use, investigations of predictors of relapse for individuals enrolled in buprenorphine outpatient treatment programs were lacking. The purpose of this quantitative single case archival research study was to investigate depression, stress, and craving in predicting the likelihood of relapse among opioiddependent individuals enrolled in a single site outpatient treatment facility in rural Vermont where buprenorphine was used as an agonist therapy. Archival records in this retrospective study were retrieved over the five year period from 2005-2010. During this five-year period there were a total of 60 records from non-repeat (first-time for agonist treatment) subjects aged 18 and over who met the DSM-IV TR criteria for opioid dependence. All subjects received weekly physician visits and individual counseling in cognitive-behavioral and abstinence-based therapy to prevent relapse. In addition, participants submitted to supervised urine testing once a week to detect illicit drug use. Instruments employed to measure depression, stress and craving included the Beck Depression Inventory-II, Perceived Stress Scale-10, and The Desires for Drugs Questionnaire, respectively. The records for each subject included scores for each of the three measures that were administered during initial assessment and every week thereafter during the six-month treatment program. Hierarchal logistic regression was conducted to examine the association between depression, stress, and craving to the occurrence of relapse. Hierarchal logistic regression indicated that stress predicting relapse was statistically significant, $\chi^2(1) = 28.88, p < .001$, suggesting that stress predicted relapse. The individual predictor variable stress was statistically significant, $B = 2.25, p < .001$, $OR = 9.26$, suggesting that as stress increased by one unit, the odds of a relapse increased by 9.26. Hierarchal logistic regression with depression and craving predicting relapse was not statistically significant, $\chi^2(2) = 4.92, p = .086$, suggesting that depression and craving did not predict relapse. Given the numerous challenges surrounding abstinence in opioid addictions, future research should focus on multiple-site buprenorphine clinics with a larger sample size, further examine targeted treatment protocols toward the precipitants involved with relapse, and further explore the type of stressors associated with relapse. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Publication Type: Dissertation Abstract

Subject Headings: [*Craving](#)
[*Drug Therapy](#)
[*Major Depression](#)
[*Relapse \(Disorders\)](#)
[Opiates](#)
[Stress](#)

Source: PsycINFO

2. Young adult maturing out of alcohol involvement: Moderated effects among marriage, developmental changes in personality, and late adolescent alcohol involvement.

Citation: Dissertation Abstracts International: Section B: The Sciences and Engineering, 2014, vol./is. 74/8-B(E)(No Pagination Specified), 0419-4217 (2014)

Author(s): Lee, Matthew R

Institution: Arizona State U., US

Language: English

Abstract: Research has shown that a developmental process of maturing out of alcohol involvement occurs during young adulthood, and that this process is related to both young adult role transitions (e.g., marriage) and personality developmental (e.g., decreased disinhibition and neuroticism). The current study extended past research by testing whether protective marriage and personality effects on maturing out were stronger among more severe late adolescent drinkers, and whether protective marriage effects were stronger among those who experienced more personality development. Parental alcoholism and gender were tested as moderators of marriage, personality, and late adolescent drinking effects on maturing out; and as distal predictors mediated by these effects. Participants were a subsample (N = 844; 51% children of alcoholics; 53% male, 71% non-Hispanic Caucasian, 27% Hispanic; Chassin, Barrera, Bech, & Kossak-Fuller, 1992) from a larger longitudinal study of familial alcoholism. Hypotheses were tested with latent growth models characterizing alcohol consumption and drinking consequence trajectories from late adolescence to adulthood (age 17-40). Past findings were replicated by showing protective effects of becoming married, sensation-seeking reductions, and neuroticism reductions on the drinking trajectories. Moderation tests showed that protective marriage effects on the drinking trajectories were stronger among those with higher pre-marriage drinking in late adolescence (i.e., higher growth intercepts). This might reflect role socialization mechanisms such that more severe drinking produces more conflict with the demands of new roles (i.e., role incompatibility), thus requiring greater drinking reductions to resolve this conflict. In contrast, little evidence was found for moderation of personality effects by late adolescent drinking or for moderation of marriage effects by personality. Parental alcoholism findings suggested complex moderated mediation pathways. Parental alcoholism predicted less drinking reduction through decreasing the likelihood of marriage (mediation) and muting marriage's effect on the drinking trajectories (moderation), but parental alcoholism also predicted more drinking reduction through increasing initial drinking in late adolescence (mediation). The current study provides new insights into naturally occurring processes of recovery during young adulthood and suggests that developmentally-tailored interventions for young adults could harness these natural recovery processes (e.g., by integrating role incompatibility themes and addressing factors that block role effects among those with familial alcoholism). (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Publication Type: Dissertation Abstract

Subject Headings: [*Adolescent Development](#)
[*Alcoholism](#)
[*Children of Alcoholics](#)
[*Involvement](#)
[Marriage](#)
[Personality](#)
[Psychopathology](#)

Source: PsycINFO

3. Physiological effects of cigarette smoking in the limbic system revealed by 3 tesla magnetic resonance spectroscopy.

Citation: Journal of Neural Transmission, March 2014(No Pagination Specified), 0300-9564;1435-1463 (Mar 19, 2014)

Author(s): Mennecke, Angelika; Gossler, Andrea; Hammen, Thilo; Dorfler, Arnd; Stadlbauer, Andreas; Rosch, Julie; Kornhuber, Johannes; Bleich, Stefan; Dolken, Marc; Thurauf, Norbert

Abstract: Several studies and recent models of effects of nicotine, the main addictive and psychoactive component in tobacco, point to action of the drug on the limbic system during maintenance of addiction, either direct or indirect via projections from the ventral tegmental area. The objective of this study was to demonstrate physiological effects of cigarette smoking on the hippocampus and the grey matter of the dorsal anterior cingulate cortex in the human brain with regard to addiction and withdrawal. This aim was achieved by group comparisons of results of magnetic resonance spectroscopy between

non-smokers, smokers and smokers during withdrawal. 12 smokers and 12 non-smokers were measured with single voxel proton magnetic resonance spectroscopy for total N-acetyl aspartate, glutamate and glutamine, choline-containing compounds, myo-inositol and total creatine in the right and the left hippocampus and in the right and the left dorsal anterior cingulate cortex. Smokers were examined twice, first during regular cigarette smoking and second on the third day of nicotine withdrawal. The ratios to total creatine were used for better reliability. In our study, Glx/tCr was significantly increased and tCho/tCr was significantly decreased in the left cingulate cortex in smokers compared to non-smokers ($p = 0.01$, both). Six out of seven smokers showed normalization of the Glx/tCr in the left cingulate cortex during withdrawal. Although these results are preliminary due to the small sample size, our results confirm the assumption that cigarette smoking interferes directly or indirectly with the glutamate circuit in the dorsal anterior cingulate cortex. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings:

Source: PsycINFO

4. Factors associated with suicide and bankruptcy in japanese pathological gamblers.

Citation: International Journal of Mental Health and Addiction, March 2014(No Pagination Specified), 1557-1874;1557-1882 (Mar 19, 2014)

Author(s): Komoto, Yasunobo

Abstract: Pathological gambling can lead to a number of deleterious consequences, including bankruptcy and suicide. The present study examined the correlation between clinical characteristics of pathological gamblers and history of bankruptcy and suicide attempts. Subjects (141; 124 male) were outpatients at a psychiatric hospital from 2007 to 2010. Demographic and medical variables including age, gender, age of gambling onset, psychiatric complications, suicide attempts, and bankruptcy were assessed. Positive correlations were observed between suicide attempt and female gender, family history of addiction, and unemployment ($p < 0.05$). Similar variables correlated with bankruptcy ($p < 0.05$). Multivariate analysis revealed that a family history of addiction was the strongest independent predictor of suicide and bankruptcy. Results suggest that treatment for pathological gambling should address the patient's past experience with addict family members, especially if the patient reports a history of bankruptcy or suicidal ideation. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings:

Source: PsycINFO

5. Providers' perceptions of prevalent mental and behavioral health problems: Differences and similarities across urban, rural, and frontier areas.

Citation: Journal of Rural Mental Health, April 2014, vol./is. 38/1(36-49), 1935-942X;2163-8969 (Apr 2014)

Author(s): McDonald, Theodore W; Curtis-Schaeffer, Amy K; Theiler, Alexander A; Howard, Elsa K. M

Correspondence Address: McDonald, Theodore W.: Department of Community and Environmental Health, Boise State University, 1910 University Drive, Boise, ID, US, 83725-1835, tmcdonal@boisestate.edu

Institution: Department of Community and Environmental Health, Boise State University, Boise, ID, US; Department of Counselor Education, Boise State University, Boise, ID, US; Physician Assistant Department, Rosalind Franklin University, North Chicago, IL, US; Department of Community and Environmental Health, Boise State University, Boise, ID, US

Language: English

Abstract: Most research exploring possible differences in the prevalence of mental and behavioral health (MBH) problems between urban and rural areas has indicated that there are no differences. Unfortunately, most of this research has measured urbanness-ruralness as a 2-level or dichotomous construct only (i.e., an area is either urban or rural), and researchers have used inconsistent (and sometimes conflicting) definitions for what constitutes an "urban" or "rural" area. In this study, urbanness-ruralness is conceptualized as an expanded categorical construct with the addition of a 3rd point: The frontier area. Surveys were completed by 259 MBH professionals across the urban, rural, and frontier counties of a U.S. state in the intermountain west. Survey items asked about a number of issues related to MBH, including what the professionals perceived to be the most-prevalent MBH problems in their areas. Anxiety was perceived to be a significantly more prevalent problem in urban areas, and substance abuse and domestic violence were perceived to be significantly more prevalent problems in frontier areas. These results suggest that when urbanness-ruralness is conceptualized as an expanded categorical construct (rather than simply a dichotomous one), differences in the perceived prevalence of MBH problems may be found. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: American Psychological Association; YEAR: 2014

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Health Care Psychology](#)
[*Health Personnel Attitudes](#)
[*Mental Health](#)
[*Rural Environments](#)
[*Urban Environments](#)
[Domestic Violence](#)
[Drug Abuse](#)
[Major Depression](#)
[Mental Health Services](#)

Source: PsycINFO

6. Editor's introduction.

Citation: Journal of Rural Mental Health, April 2014, vol./is. 38/1(1), 1935-942X;2163-8969 (Apr 2014)

Author(s): Werth, James L Jr.

Correspondence Address: Werth, James L., Jr.: Board Certified in Counseling Psychology, Behavioral Health and Wellness Services Director, Stone Mountain Health Services, 185 Redwood Avenue, Suite 102, Pennington Gap, VA, US, 24277, jwerth@stonemtn.org

Language: English

Abstract: This editorial introduces the first issue of the Journal of Rural Mental Health. The editor provides his vision for the Journal and his goal to continue to establish this Journal as the premiere outlet for articles related to mental health and substance-use issues in rural areas. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Country of Publication: HOLDER: American Psychological Association; YEAR: 2014

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Mental Health](#)
[*Rural Environments](#)
[Drug Abuse](#)

Source: PsycINFO

7. Interpersonal violence against wives by substance dependent men.

- Citation:** Drug and Alcohol Dependence, February 2014(No Pagination Specified), 0376-8716 (Feb 23, 2014)
- Author(s):** Subodh, Nanjaya B; Grover, Sandeep; Grewal, Manpreet; Grewal, Seema; Basu, Debashish; Mattoo, Surendra K
- Abstract:** BACKGROUND: Indian research on intimate partner violence (IPV) with substance use covers only alcohol, and very few studies have reported on IPV with other substances. The study aims to assess IPV against wives by substance dependent men. METHODS: The study sample was recruited by convenient sampling from men (and their wives) seeking treatment at a de-addiction centre in North India between October, 2011 and February, 2012. The consenting wives self-administered the violence questionnaire. RESULTS: 267 wives were recruited into the study. The prevalence rates for IPV were: 55% for the whole sample, 63.19% for alcohol dependence and 42.33% for opioid dependence. IPV was associated with higher age of husband, lower education or unemployment of either spouse, lower income of family and nuclear family structure. CONCLUSIONS: Present research confirms that IPV against wives is highly prevalent among substance dependent men, more with alcohol dependence as compared to opioid dependence. Addressing IPV should be an integral part of substance abuse management. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
- Publication Type:** Journal; Peer Reviewed Journal
- Subject Headings:**
- Source:** PsycINFO
- Full Text:** Available from *Elsevier* in [Drug and Alcohol Dependence](#)

8. Dissociation of tolerance and nicotine withdrawal-associated deficits in contextual fear.

- Citation:** Brain Research, March 2014(No Pagination Specified), 0006-8993 (Mar 2, 2014)
- Author(s):** Gould, Thomas J; Wilkinson, Derek S; Yildirim, Emre; Blendy, Julie A; Adoff, Michael D
- Abstract:** Nicotine addiction is associated with the development of tolerance and the emergence of withdrawal symptoms upon cessation of chronic nicotine administration. Changes in cognition, including deficits in learning, are one of the most common withdrawal symptoms reported by smokers. However, the neural substrates of tolerance to the effects of nicotine on learning and the substrates of withdrawal deficits in learning are unknown, and in fact it is unclear whether a common mechanism is involved in both. The present study tested the hypothesis that tolerance and withdrawal are separate processes and that nicotinic acetylcholine receptor (nAChR) upregulation underlies changes in learning associated with withdrawal but not tolerance. C57BL/6 male mice were administered a dose of nicotine (3, 6.3, 12, or 24mg/kg/d) chronically for varying days and tested for the onset of tolerance to the effects of nicotine on learning. Follow up experiments examined the number of days of chronic nicotine treatment required to produce withdrawal deficits in learning and a significant increase in [3H] epibatidine binding in the hippocampus indicative of receptor upregulation. The results indicate that tolerance onset was influenced by dose of chronic nicotine, that tolerance occurred before withdrawal deficits in learning emerged, and that nAChR upregulation in the dorsal hippocampus was associated with withdrawal but not tolerance. This suggests that for the effects of nicotine on learning, tolerance and withdrawal involve different substrates. These findings are discussed in terms of implications for development of therapeutics that target symptoms of nicotine addiction and for theories of addiction. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
- Publication Type:** Journal; Peer Reviewed Journal
- Subject Headings:**
- Source:** PsycINFO
- Full Text:** Available from *Elsevier* in [Brain Research](#)

9. Dyadic effects of gender minority stressors in substance use behaviors among transgender women and their non-transgender male partners.

- Citation:** Psychology of Sexual Orientation and Gender Diversity, March 2014, vol./is. 1/1(63-71), 2329-0382;2329-0390 (Mar 2014)
- Author(s):** Reisner, Sari L; Gamarel, Kristi E; Nemoto, Tooru; Operario, Don
- Correspondence Address:** Operario, Don: Department of Behavioral and Social Sciences, Brown University, Providence, RI, US, 02903
- Institution:** Department of Epidemiology, Harvard School of Public Health, MA, US; Basic & Applied Social Psychology, Graduate Center at the City University of New York, NY, US; Public Health Institute, Oakland, CA, US; Department of Behavioral and Social Sciences, Brown University, Providence, RI, US
- Language:** English
- Abstract:** Despite evidence that interpersonal processes shape health behaviors, research concerning the dyadic effects of gender minority stressors on substance use behaviors of transgender people has been scarce. The objective of this study was to use dyadic analysis to examine whether transgender discrimination is associated with substance use among transgender women and their male partners. Transgender women and their male partners (N = 191 couples, N = 382 individuals) completed questionnaires. Participants' mean age was 37.1 years; 79.1% were racial or ethnic minorities; 61.3% earned less than \$500 per month. The mean relationship duration was 37.9 months. Actor-partner interdependence models were used to examine the associations between transgender-related discrimination and past 30-day nonmarijuana illicit drug use, adjusting for age, relationship length, financial hardship, and depressive distress among partners in these dyads. Illicit drug use was reported by 31.4% of transgender women and 25.1% of their male partners. Perceived transgender discrimination was independently associated with increased odds of illicit drug use for transgender women (actor effect), but not for their male partners. Financial hardship statistically predicted drug use for both partners (actor effects). There were no partner effects for financial hardship on drug use. Overall, 34.5% of dyads had discrepant substance use. Discrimination scores of male partners differentiated dyads who reported discrepant substance use. Gender minority stressors are critical to understanding substance use among transgender women and their male partners. Integrating socioeconomic status into gender minority stress frameworks is essential. Results have implications for substance use prevention and treatment, including the need to incorporate gender minority stressors into interventions. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
- Country of Publication:** HOLDER: American Psychological Association; YEAR: 2014
- Publication Type:** Journal; Peer Reviewed Journal
- Subject Headings:** [*Drug Usage](#)
[*Financial Strain](#)
[*Sexual Partners](#)
[*Transgender Couples](#)
[Discrimination](#)
- Source:** PsycINFO

10. Give me just a little more time: Effects of alcohol on the failure and recovery of cognitive control.

- Citation:** Journal of Abnormal Psychology, February 2014, vol./is. 123/1(152-167), 0021-843X;1939-1846 (Feb 2014)
- Author(s):** Bailey, Kira; Bartholow, Bruce D; Saults, J. Scott; Lust, Sarah A
- Correspondence Address:** Bailey, Kira: Department of Psychological Sciences, University of Missouri, 210 McAlester Hall, Columbia, MO, US, 65202, baileyki@missouri.edu

Abstract: Theoretical models of alcoholism emphasize the acute reinforcing properties of alcohol as chief determinants of drinking, and animal research suggests adolescents are uniquely sensitive to these effects. Human studies of these phenomena, however, are virtually nonexistent. We used ecological momentary assessment methods to capture adolescents' subjective responses to alcohol in real time in their natural environments. Adolescent participants were 22 problem drinkers, ages 15 to 19 years ($M = 18.3$, $SD = 0.09$; 55% female; 55% alcohol dependent). Participants consumed alcohol on 38% of days during a 1-week monitoring period, with an average of 5 drinks per occasion. Momentary data revealed that adolescents experience decreased stimulation and increased sedation and "high" across the ascending limb of the blood alcohol curve. Notably, greater craving predicted higher volumes of subsequent alcohol consumption during the episode, whereas greater "high" attenuated use. To test for developmental differences in these effects, we pooled these data with data from a similarly ascertained sample of 36 adult heavy drinkers, ages 24 to 64 years ($M = 38.1$, $SD = 11.8$; 50% female; 61% alcohol dependent). Adolescents were more sensitive to the stimulant effects of alcohol than adults. This study provides novel data on how adolescent problem drinkers experience alcohol in their natural contexts and illustrates how these effects, which appear to differ from adult problem drinkers, confer liability for future drinking. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: American Psychological Association; YEAR: 2014

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Adolescent Attitudes](#)
[*Alcohol Drinking Patterns](#)
[*Alcoholism](#)
[Ecological Factors](#)
[Measurement](#)
[Responses](#)

Source: PsycINFO

12. Peace building through a substance use conference structured on peace psychology principles.

Citation: Peace and Conflict: Journal of Peace Psychology, February 2014, vol./is. 20/1(84-94), 1078-1919;1532-7949 (Feb 2014)

Author(s): Urada, Darren I; Rawson, Richard A; Onuki, Mayuko

Correspondence Address: Urada, Darren I.: Integrated Substance Abuse Programs, Semel Institute for Neuroscience and Human Behavior, 11075 Santa Monica Boulevard, Suite 200, Los Angeles, CA, US, 90025, durada@ucla.edu

Institution: University of California, Los Angeles, Integrated Substance Abuse Programs, Los Angeles, CA, US; University of California, Los Angeles, Substance Abuse Programs, Los Angeles, CA, US; University of Southern California, Department of Psychology, CA, US

Language: English

Abstract: In 2005, researchers and policymakers gathered in Istanbul, Turkey for a conference, Delivery Systems for Substance Abuse Treatment, to address the internationally shared problem of substance use disorders. The conference included participants from the United States, Israel, and neighboring Middle Eastern countries and territories and was structured to create conditions that behavioral scientists have identified as key factors in facilitating successful intergroup contact. At the conclusion of the meeting, attendees reported being more likely to work with people from other countries or territories in their region as a result of the conference. Five years later, surveyed attendees reported having engaged in cooperative activities that the participants attributed at least in part to the conference. A number of concrete and verifiable examples of joint efforts between participants from the United States, Israel, and other Middle Eastern countries and territories were provided, suggesting the conference had a meaningful and lasting impact. This occurred despite a generally poor and declining environment for cooperation during this same period. These outcomes suggest that psychological principles can be successfully applied to real-world meetings, and that this may be a useful method for reaching participants who would not

otherwise be reached by meetings explicitly promoted as peace-related. Limitations of this study include its descriptive nature and lack of a comparison group, which prevents conclusions regarding causality or magnitude of effect. This is a first step; in the future, controlled studies are needed to provide a stronger test of the effect of such structured meetings on outcomes. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: American Psychological Association; YEAR: 2014

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Drug Abuse](#)
[*Intergroup Dynamics](#)
[*Peace](#)
[Cooperation](#)
[Social Norms](#)
[Stereotyped Attitudes](#)

Source: PsycINFO

13. A home for body and soul: Substance using women in recovery.

Citation: Harm Reduction Journal, December 2013, vol./is. 10/, 1477-7517 (Dec 20, 2013)

Author(s): Kruk, Edward; Sandberg, Kathryn

Correspondence Address: Kruk, Edward: University of British Columbia, School of Social Work, 2080 West Mall, Vancouver, BC, Canada, V6T 1Z2, edward.kruk@ubc.ca

Institution: University of British Columbia, School of Social Work, Vancouver, BC, Canada; B. C. Ministry of Children and Family Development, Comox, BC, Canada

Language: English

Abstract: Background: We report on an in-depth qualitative study of 28 active and former substance addicted women of low or marginal income on the core components of a harm reduction-based addiction recovery program. These women volunteered to be interviewed about their perceptions of their therapeutic needs in their transition from substance addiction to recovery. Method: Data were gathered about women's experiences and essential needs in addiction recovery, what helped and what hindered their past efforts in recovery, and their views of what would constitute an effective woman-centred recovery program. The research was based upon the experience and knowledge of the women in interaction with their communities and with recovery programs. The study was informed by harm reduction practice principles that emphasize the importance of individual experience in knowledge construction, reduction of harm, low threshold access, and the development of a hierarchy of needs in regard to addiction recovery. Results: Three core needs were identified by study participants: normalization and structure, biopsychosocial-spiritual safety, and social connection. What hindered recovery efforts as identified by participants was an inner urban location, prescriptive recovery, invidious treatment, lack of safety, distress-derived distraction, problem-focused treatment, coercive elements of mutual support groups, and social marginalization. What helped included connection in counselling and therapy, multidisciplinary service provision, spirituality focus, opportunities for learning and work, and a safe and flexible structure. Core components of an effective recovery program identified by women themselves stand in contrast to the views of service providers and policymakers, particularly in regard to the need for a rural location for residential programs, low threshold access, multidisciplinary service provision of conventional and complementary modalities and therapies for integrated healing, long-term multi-phase recovery, and variety and choice of programming. Conclusion: A key barrier to the addiction recovery of women is the present framework of addiction treatment, as well as current drug laws, policies and service delivery systems. The expectation of women is that harm reduction-based recovery services will facilitate safe, supportive transitioning from the point of the decision to access services, through independent living with community integration. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: This is an open access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/2.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.; HOLDER: Kruk and Sandberg; licensee BioMed Central Ltd.; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Addiction](#)
[*Drug Abuse](#)
[*Drug Rehabilitation](#)
[*Harm Reduction](#)
[*Human Females](#)
[Experiences \(Events\)](#)
[Needs](#)

Source: PsycINFO

Full Text: Available from *ProQuest* in *Harm Reduction Journal*; 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 *Harm Reduction Journal*
 Available from *BioMedCentral* in *Harm Reduction Journal*

14. Factors associated with pretreatment and treatment dropouts: Comparisons between Aboriginal and non-Aboriginal clients admitted to medical withdrawal management.

Citation: Harm Reduction Journal, December 2013, vol./is. 10/, 1477-7517 (Dec 10, 2013)

Author(s): Li, Xin; Sun, Huiying; Marsh, David C; Anis, Aslam H

Correspondence Address: Anis, Aslam H.: Centre for Health Evaluation and Outcome Sciences, 588-1081 Burrard Street, Vancouver, BC, Canada, V6Z 1Y6, aslam.anis@ubc.ca

Institution: Antai College of Economics & Management, Shanghai Jiao Tong University, Shanghai, China; Centre for Health Evaluation and Outcome Sciences, Vancouver, BC, Canada; Northern Ontario School of Medicine, Vancouver, BC, Canada; Centre for Health Evaluation and Outcome Sciences, Vancouver, BC, Canada

Language: English

Abstract: Background: Addiction treatment faces high pretreatment and treatment dropout rates, especially among Aboriginals. In this study we examined characteristic differences between Aboriginal and non-Aboriginal clients accessing an inpatient medical withdrawal management program, and identified risk factors associated with the probabilities of pretreatment and treatment dropouts, respectively. Methods: 2231 unique clients (Aboriginal = 451; 20%) referred to Vancouver Detox over a two-year period were assessed. For both Aboriginal and non-Aboriginal groups, multivariate logistic regression analyses were conducted with pretreatment dropout and treatment dropout as dependent variables, respectively. Results: Aboriginal clients had higher pretreatment and treatment dropout rates compared to non-Aboriginal clients (41.0% vs. 32.7% and 25.9% vs. 20.0%, respectively). For Aboriginal people, no fixed address (NFA) was the only predictor of pretreatment dropout. For treatment dropout, significant predictors were: being female, having HCV infection, and being discharged on welfare check issue days or weekends. For non-Aboriginal clients, being male, NFA, alcohol as a preferred substance, and being on methadone maintenance treatment (MMT) at referral were associated with pretreatment dropout. Significant risk factors for treatment dropout were: being younger, having a preferred substance other than alcohol, having opiates as a preferred substance, and being discharged on weekends. Conclusions: Our results highlight the importance of social factors for the Aboriginal population compared to substance-specific factors for the non-Aboriginal population. These findings should help clinicians and decision-makers to recognize the importance of social supports especially housing and initiate appropriate services to improve treatment intake and subsequent retention, physical and mental health outcomes and the cost-effectiveness of treatment. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: This is an open access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/2.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.; HOLDER: Li et al.; licensee BioMed Central Ltd.; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Drug Withdrawal](#)
[*Indigenous Populations](#)
[*Treatment Dropouts](#)
[Addiction](#)
[Methadone Maintenance](#)
[Risk Factors](#)

Source: PsycINFO

Full Text: Available from *ProQuest* in [Harm Reduction Journal](#); 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 [Harm Reduction Journal](#)
 Available from *BioMedCentral* in [Harm Reduction Journal](#)

15. Psychometric properties of the World Health Organization quality of life assessment-Brief in methadone patients: A validation study in northern Taiwan.

Citation: Harm Reduction Journal, December 2013, vol./is. 10/, 1477-7517 (Dec 10, 2013)

Author(s): Fu, Tiffany Szu-Ting; Tuan, Yung-Change; Yen, Muh-Yong; Wu, Wei-Hsin; Huang, Chun-Wei; Chen, Wei-Ti; Li, Chiang-Shan R; Lee, Tony Szu-Hsien

Correspondence Address: Lee, Tony Szu-Hsien: Department of Health Promotion and Health Education, National Taiwan Normal University, No. 162, He-ping East Road, Section 1, Taipei, Taiwan, 10610, tonylee@ntnu.edu.tw

Institution: Department of Health Promotion and Health Education, National Taiwan Normal University, Taipei, Taiwan; Department of Psychiatry, New Taipei City Hospital, New Taipei City, Taiwan; Department of Infection, Taipei City Hospital, Branch for Disease Control and Prevention, Taipei, Taiwan; Department of Psychiatry, Ministry of Health and Welfare, Keelung Hospital, Keelung City, Taiwan; Department of Psychiatry, Lotung Poh-Ai Hospital, Lotung, Taiwan; School of Nursing, Yale University, New Haven, CT, US; Department of Psychiatry, Yale University, School of Medicine, New Haven, CT, US; Department of Health Promotion and Health Education, National Taiwan Normal University, Taipei, Taiwan

Language: English

Abstract: Background: Quality of life (QOL) is an important outcome measure in the treatment of heroin addiction. The Taiwan version of the World Health Organization Quality of Life assessment (WHOQOL-BREF [TW]) has been developed and studied in various groups, but not specifically in a population of injection drug users. The aim of this study was to analyze the psychometric properties of the WHOQOL-BREF (TW) in a sample of injection drug users undergoing methadone maintenance treatment. Methods: A total of 553 participants were interviewed and completed the instrument. Item-response distributions, internal consistency, corrected item-domain correlation, criterion-related validity, and construct validity through confirmatory factor analysis were evaluated. Results: The frequency distribution of the 4 domains of the WHOQOL-BREF (TW) showed no floor or ceiling effects. The instrument demonstrated adequate internal consistency (Cronbach's alpha coefficients were higher than 0.7 across the 4 domains) and all items had acceptable correlation with the corresponding domain scores ($r = 0.32-0.73$). Correlations ($p < 0.01$) of the 4 domains with the 2 benchmark items assessing overall QOL and general health were supportive of criterion-related validity. Confirmatory factor analysis yielded marginal goodness-of-fit between the 4-domain model and the sample data. Conclusions: The hypothesized WHOQOL-BREF measurement model was appropriate for the injection drug users after some adjustments. Despite different patterns

found in the confirmatory factor analysis, the findings overall suggest that the WHOQOL-BREF (TW) is a reliable and valid measure of QOL among injection drug users and can be utilized in future treatment outcome studies. The factor structure provided by the study also helps to understand the QOL characteristics of the injection drug users in Taiwan. However, more research is needed to examine its test-retest reliability and sensitivity to changes due to treatment. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

- Country of Publication:** STATEMENT: This is an open access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/2.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.; HOLDER: Fu et al.; licensee BioMed Central Ltd.; YEAR: 2013
- Publication Type:** Journal; Peer Reviewed Journal
- Subject Headings:** [*Heroin Addiction](#)
[*Methadone](#)
[*Psychometrics](#)
[*Test Reliability](#)
[*Test Validity](#)
[Hospitalized Patients](#)
[Quality of Life](#)
- Source:** PsycINFO
- Full Text:** Available from *ProQuest* in [Harm Reduction Journal](#); 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 [Harm Reduction Journal](#)
 Available from *BioMedCentral* in [Harm Reduction Journal](#)

16. Drug users in Hanoi, Vietnam: Factors associated with membership in community-based drug user groups.

- Citation:** Harm Reduction Journal, November 2013, vol./is. 10/, 1477-7517 (Nov 22, 2013)
- Author(s):** Hayes-Larson, Eleanor; Grau, Lauretta E; Khoshnood, Kaveh; Barbour, Russell; Khuat, Oanh Thi Hai; Heimer, Robert
- Correspondence Address:** Heimer, Robert: Yale School of Public Health, 60 College Street, New Haven, CT, US, 06511, robert.heimer@yale.edu
- Institution:** Yale School of Public Health, New Haven, CT, US; Yale School of Public Health, New Haven, CT, US; Yale School of Public Health, New Haven, CT, US; Yale School of Public Health, New Haven, CT, US; Centre for Supporting Community Development Initiatives, Vietnam; Yale School of Public Health, New Haven, CT, US
- Language:** English
- Abstract:** Background: A syndemic conjoins injection drug use, incarceration, and HIV in Vietnam, where there is a need for programs that empower people who use drugs to minimize the harms thereby produced. Here we present a post-hoc evaluation of the organizing efforts of the Centre for Supporting Community Development Initiatives (SCDI) with two community-based drug user groups (CBGs) in Hanoi. Methods: Members (n = 188) of the CBGs were compared to non-member peers (n = 184) on demographic, psychosocial, behavioral and knowledge variables using a face-to-face structured interview that focused on issues of quality of life and harm reduction. Bivariate analyses were conducted, and variables significantly associated with membership at $p < 0.10$ were included in a multivariate model. Results: Variables associated with membership in the CBGs in the multivariate model included increased self-efficacy to get drug-related health care (OR 1.59, 1.24-2.04), increased quality of life in the psychological (OR 2.04, 1.07-3.93) and environmental (OR 2.54, 1.31-4.93) domains, and greater history of interactions with police about drugs (OR 3.15, 1.79-5.52). There was little difference between members and non-members on injection-related harms except in the domain of knowledge about opioid overdose. Among the 114 current injectors (30.6% of the sample), low rates of unsafe injection practices were reported, and low statistical power limited the ability to

conclusively assess association with membership. Conclusions: Although the CBG members displayed higher levels of well-being and access to healthcare than non-members, further longitudinal study is required to determine if these are a result of membership. The CBGs should pay more attention towards meeting challenges in responding to specific health issues of those who continue to use drugs including HIV, hepatitis, and drug overdose. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: This is an open access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/2.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.; HOLDER: Hayes-Larson et al.; licensee BioMed Central Ltd.; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Drug Abuse](#)
[*Intravenous Drug Usage Communities](#)
[Membership](#)

Source: PsycINFO

Full Text: Available from *ProQuest* in *Harm Reduction Journal*; 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 *Harm Reduction Journal*
Available from *BioMedCentral* in *Harm Reduction Journal*

17. Hooked on the nicotine addiction thesis: A response to DiFranza.

Citation: Harm Reduction Journal, November 2013, vol./is. 10/, 1477-7517 (Nov 18, 2013)

Author(s): Dar, Reuven; Frenk, Hanan

Correspondence Address: Dar, Reuven: Department of Psychology, Tel Aviv University, Ramat Aviv, Israel, 69978, ruvidar@freud.tau.ac.il

Institution: Department of Psychology, Tel Aviv University, Ramat Aviv, Israel; Department of Psychology, Tel Aviv University, Ramat Aviv, Israel

Language: English

Abstract: Reply by the current author to the comments made by DiFranza (see record 2010-24994-001) on the original article (see record 2010-24996-001). DiFranza's rebuttal to our critique of the "Hooked on Nicotine" research program misconstrues our arguments beyond recognition. The grossest misrepresentation of our critique by DiFranza is that we devise (by thwarting science) to rescue "the conventional wisdom" of the "threshold model of nicotine addiction." In fact, the difference between our positions lies elsewhere: We believe that nicotine is not an addictive drug and that its contribution to the smoking habit is secondary; DiFranza believes that nicotine is so powerfully addictive that novice smokers can lose autonomy over their smoking behavior after one cigarette or even following a single puff. Our review aimed to critically examine the empirical basis of this extreme version of the nicotine "addiction" model. In this brief commentary we illustrate how the commitment to the nicotine "addiction" theory has biased the methodology and the interpretation of the data in "Hooked on Nicotine" research program. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Country of Publication: STATEMENT: This is an open access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/2.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.; HOLDER: Dar and Frenk; licensee BioMed Central Ltd.; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Adolescent Development](#)
[*Drug Addiction](#)

*Nicotine
 *Tobacco Smoking
 Disease Course

Source: PsycINFO
Full Text: Available from *ProQuest* in *Harm Reduction Journal*; 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 *Harm Reduction Journal*
 Available from *BioMedCentral* in *Harm Reduction Journal*

18. Drug policies in Brazil: The harm reduction strategy.

Original Title: Politicas sobre drogas no Brasil: A estrategia de reducao de danos.
Citation: Psicologia: Ciencia e Profissao, 2013, vol./is. 33/3(580-595), 1414-9893;1982-3703 (2013)
Author(s): Machado, Leticia Vier; Boarini, Maria Lucia
Correspondence Address: Machado, Leticia Vier, Rua Saint-Hilaire, 2055, zona 05, Maringa, Brazil, CEP: 87015-161, leticia.psicouem@yahoo.com.br
Institution: Universidade Estadual de Maringa, Maringa, Brazil; Docente do Programa de Pos-Graduacao em Psicologia, Universidade Estadual de Maringa, Maringa, Brazil
Language: Portuguese
Abstract: This article brings the subject of Brazilian's policies about drugs, aiming to rescue the history of the harm reduction strategy-HR-in Brazil. With bibliographic research using public domain websites and data bases available on the internet, we traced the origin of the harm reduction strategy in the country, which began with the AIDS epidemic in the 80's, and the policies that were implemented before the HR strategy. The collected data evokes reflections about the contemporary challenges that the application of HR strategy faces in the use and abuse of drugs, such as alcohol and crack, the predominant prejudice related to drugs' users and the exigency of intersectorial interventions for the consumption of drugs confrontation. Moreover, the conflict between the drug policies of the security and health fields continues until nowadays, with predominance of the prohibitionist model. Meanwhile, the production of licit and illicit drugs diversifies, what shows the necessity of different harm reduction strategies. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
Publication Type: Journal; Peer Reviewed Journal
Subject Headings: *Drug Usage
 *Epidemics
 *Harm Reduction
 *Prejudice
 *Health Care Policy
 Websites
Source: PsycINFO

19. Association of aggression and non-suicidal self injury: A school-based sample of adolescents.

Citation: PLoS ONE, October 2013, vol./is. 8/10, 1932-6203 (Oct 30, 2013)
Author(s): Tang, Jie; Ma, Ying; Guo, Yong; Ahmed, Niman Isse; Yu, Yizhen; Wang, Jiaji
Correspondence Address: Yu, Yizhen, yuyizhen650@163.com
Institution: School of Public Health, Guangzhou Medical University, Guangzhou, Guangdong, China; Guangzhou Women and Children's Medical Center, Guangzhou, Guangdong, China; Guangzhou Women and Children's Medical Center, Guangzhou, Guangdong, China; Department of Child, Adolescence & Woman Health Care, School of Public Health, Tongji Medical College, Huazhong University of Science & Technology, Wuhan, China; Department of Child, Adolescence & Woman Health Care, School of Public Health,

Tongji Medical College, Huazhong University of Science & Technology, Wuhan, China;
School of Public Health, Guangzhou Medical University, Guangzhou, Guangdong, China

Language:

English

Abstract:

Purpose: Non-suicidal self-injury (NSSI) in adolescent has drawn increasing attention because it is associated with subsequent depression, drug abuse, anxiety disorders, and suicide. In the present study, we aimed to estimate the prevalence of non-suicidal self-injury (NSSI) in a school-based sample of Chinese adolescents and to explore the association between aggression and NSSI. **Methods:** This study was part of a nationwide study on aggression among adolescents in urban areas of China. A sample of 2907 school students including 1436 boys and 1471 girls were randomly selected in Guangdong Province, with their age ranging from 10 to 18 years old. NSSI, aggression, emotional management and other factors were measured by self-administrated questionnaire. Multinomial logistic regression was used to estimate the association between aggression and NSSI, after adjustment for participants' emotional management, and other potential confounding variables. **Results:** The one year self-reported prevalence of NSSI was 33.6%. Of them, 21.7% engaged in 'minor NSSI', 11.9% in 'moderate/severe NSSI'. 96.9% of self-injuries engaged in one to five different types of NSSI in the past year. Hostility, verbal and indirect aggression was significantly associated with self-reported NSSI after adjusting for other potential factors both in 'minor NSSI' and 'moderate/severe NSSI'. Hostility, verbal and indirect aggression was significantly associated with greater risk of 'minor NSSI' and 'moderate/severe NSSI' in those who had poor emotional management ability. **Conclusion:** These findings highlight a high prevalence of NSSI and indicate the importance of hostility, verbal and indirect aggression as potentially risk factor for NSSI among Chinese adolescents. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication:

STATEMENT: This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.;
HOLDER: Tang et al.; YEAR: 2013

Publication Type:

Journal; Peer Reviewed Journal

Subject Headings:

[*Aggressive Behavior](#)
[*Risk Factors](#)
[*Self Injurious Behavior](#)
[*Suicide](#)
[Adolescent Attitudes](#)
[Anxiety Disorders](#)
[Drug Abuse](#)
[Schools](#)

Source:

PsycINFO

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](#)

20. Adverse pregnancy outcomes and sexual violence among female sex workers who inject drugs on the United States-Mexico border.

Citation:

Violence and Victims, 2013, vol./is. 28/3(496-512), 0886-6708 (2013)

Author(s):

McDougal, Lotus; Strathdee, Steffanie A; Rangel, Gudelia; Martinez, Gustavo; Vera, Alicia; Sirotn, Nicole; Stockman, Jamila K; Ulibarri, Monica D; Raj, Anita

Correspondence Address:

Strathdee, Steffanie A.: University of California San Diego School of Medicine, 10111 North Torrey Pines Road, MC-0507, La Jolla, CA, US, 92093-0507, sstrathdee@ucsd.edu

Institution:

San Diego State University, San Diego, CA, US; University of California San Diego School of Medicine, La Jolla, CA, US; El Colegio de la Frontera Norte, Mexico; Salud y Desarrollo Comunitario de Ciudad Juarez A.C., Mexico; University of California San Diego School of Medicine, La Jolla, CA, US; Weill Cornell Medical College, NY, US; University of California San Diego School of Medicine, La Jolla, CA, US; University of

California San Diego School of Medicine, La Jolla, CA, US; University of California San Diego School of Medicine, La Jolla, CA, US

Language: English

Abstract: This study examines the prevalence of miscarriage/stillbirth among female sex workers who inject drugs (FSW-IDUs) and measures its associations with physical and sexual violence. Baseline data from 582 FSW-IDUs enrolled in an HIV intervention study in Tijuana and Ciudad Juarez, Mexico were used for current analyses. 30% of participants had experienced at least one miscarriage/stillbirth, 51% had experienced sexual violence, and 49% had experienced physical violence. History of miscarriage/stillbirth was associated with sexual violence (adjusted odds ratio [aOR] = 1.7, $p = .02$) but not physical violence. Additional reproductive risks associated with miscarriage/stillbirth included high numbers of male clients in the previous month (aOR = 1.1 per 30 clients, $p = 0.04$), history of abortion (aOR = 3.7, $p < .001$), and higher number of pregnancies (aOR = 1.4 per additional pregnancy, $p < .001$). Programs and research with this population should integrate reproductive health and consider gender-based violence. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: Springer Publishing Company; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Drug Abuse](#)
[*Intravenous Drug Usage](#)
[*Prostitution](#)
[*Sex Offenses](#)
[*Pregnancy Outcomes](#)
[Human Females](#)
[Spontaneous Abortion](#)

Source: PsycINFO

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

21. Behavior disorders and Internet social networking.

Original Title: Trastornos de conducta y redes sociales en Internet.

Citation: Salud Mental, November 2013, vol./is. 36/6(521-527), 0185-3325 (Nov-Dec 2013)

Author(s): Sanchez, Nestor Fernandez

Correspondence Address: Sanchez, Nestor Fernandez, Periferico Sur 7666-344, Rinconada Coapa, Tlalpan, Mexico, 14330, nfffss@gmail.com

Institution: Division de estudios profesionales, Facultad de Psicologia, Universidad Nacional Autonoma de Mexico, Tlalpan, Mexico

Language: Spanish

Abstract: The paper describes and analyzes the concepts related to social networks in Internet addiction psychological and behavioral disorders from a psychological perspective in order to understand the phenomenon of persistent use of ISN and its possible implications. Due to the above, some recommendations are made that will support professional human behavior to identify and avoid or minimize potential abuse problem involving activity belonging to such networks. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Behavior Disorders](#)
[*Internet Addiction](#)
[*Online Social Networks](#)
[Psychological Development](#)

Source: PsycINFO

22. Technology transfer in the field of addictions: The brief intervention program for adolescents challenges and prospects.

Original Title:	Transferencia tecnologica en el area de adicciones: El programa de intervencion breve para adolescentes, retos y perspectivas.
Citation:	Salud Mental, November 2013, vol./is. 36/6(505-512), 0185-3325 (Nov-Dec 2013)
Author(s):	Martinez, Kalina Isela Martinez; Icaza, Maria Elena Medina-Mora
Correspondence Address:	Martinez, Kalina Isela Martinez: Centro de Ciencias Sociales y Humanidades, Universidad Autonoma de Aguascalientes, Avenida Universidad 940, Ags, Aguascalientes, Mexico, 20131, kimartin@correo.uaa.mx
Institution:	Centro de Ciencias Sociales y Humanidades, Universidad Autonoma de Aguascalientes, Aguascalientes, Mexico; Instituto Nacional de Psiquiatria Ramon de la Fuente Muniz, Mexico
Language:	Spanish
Abstract:	The knowledge provided by psychology should respond to different problems, v/which con only be achieved when the findings from scientific evidence become available to other scientific groups and social nuclei, in order to achieve them appropriately and use them to solve problems, improve their quality of life, or prevent a potentially hazardous situation. However, various barriers to the effective use of knowledge ore often observed. In addition, there exists the false impression that research in the health sciences is on activity that rarely meets the needs of the social actors who might benefit from its use. In this context, this paper presents a general overview of the concept of technology transfer, the models that hove been developed to perform this and on example of how the transfer of on intervention program in the field of addictions in Mexico has been started and what the challenges ore to advancing this process and its possible adoption in addiction centers. The authors conclude that in order to comply with the incorporation of treatments at addiction treatment institutions, it is essential to evaluate the effectiveness of the brief intervention program in clinical settings, adhere to all the CONSORT indicators for randomized clinical trials and incorporate four main aspects into the transfer process: 1. foster closer relations with health professionals; 2. allow the "reinvention" of the program within a context of collaboration between stakeholders and evaluate this process; 3. consider the constraints, resources, objectives and practices of the institution to which the program is to be transferred, and 4. provide long-term monitoring to assess the success of the adoption of the innovation. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
Publication Type:	Journal; Peer Reviewed Journal
Subject Headings:	*Addiction *Intervention *Treatment Effectiveness Evaluation *Technology Transfer Adolescent Development
Source:	PsycINFO

23. Comorbidity of substance abuse disorders with other psychiatric disorders in mutual-aid residential treatment centers.

Original Title:	Comorbilidad de los trastornos por consumo de sustancias con otros trastornos psiquiatricos en centros residenciales de ayuda-mutua para la atencion de las adicciones.
Citation:	Salud Mental, November 2013, vol./is. 36/6(471-479), 0185-3325 (Nov-Dec 2013)
Author(s):	Marin-Navarrete, Rodrigo; Benjet, Corina; Borges, Guilherme; Eliosa-Hernandez, Angelica; Nanni-Alvarado, Ricardo; Ayala-Ledesma, Marcos; Fernandez-Mondragon, Jose; Medina-Mora, Maria Elena

Correspondence Address: Marin-Navarrete, Rodrigo: Unidad de Ensayos Clinicos, Sub-Direccion de Investigaciones Clinicas, Instituto Nacional de Psiquiatria Ramon de la Fuente Muniz, Calz. Mexico-Xochimilco 101, Mexico, 14370, rmarin@inprf.gob.mx

Institution: Unidad de Ensayos Clinicos en Adicciones y Salud Mental, Subdireccion de Investigaciones Clinicas, INPRFM, Mexico; INPRFM, Mexico; INPRFM, Mexico; Unidad de Ensayos Clinicos en Adicciones y Salud Mental, Subdireccion de Investigaciones Clinicas, INPRFM, Mexico; CENADIC, Mexico; Unidad de Ensayos Clinicos en Adicciones y Salud Mental, Subdireccion de Investigaciones Clinicas, INPRFM, Mexico; Unidad de Ensayos Clinicos en Adicciones y Salud Mental, Subdireccion de Investigaciones Clinicas, INPRFM, Mexico; INPRFM, Mexico

Language: Spanish

Abstract: Substance use disorders have a high degree of comorbidity with other psychiatric disorders; it has been reported that the prevalence of comorbidity is higher in psychiatric (20-50%) and addiction (50-75%) treatment settings than in household or student populations. Because of limited treatment alternatives and greater treatment needs, Mutual-Aid groups have become relevant in the last decades. A modality of Mutual-Aid for addiction treatment that has proliferated in Mexico has taken the form of residential Mutual-Aid centers called "anexos" in Spanish. The objective of this study was to estimate the prevalence of lifetime comorbidity between substance use disorders and psychiatric disorders in those who attended these residential Mutual-Aid centers. The initial sample consisted of 535 male participants diagnosed with a substance use disorder, but only 346 fulfilled the inclusion criteria to continue with the evaluation. Only males were included as the participating centers only admit males. Psychiatric diagnosis was evaluated with the Composite International Diagnostic Interview (WMH-CIDI) using DSM-IV criteria. The results showed that 75.72% met criteria for any comorbid psychiatric disorder, the most frequent being attention deficit and conduct disorders, followed by anxiety disorders, separation anxiety disorders, mood disorders, impulse control disorders and least frequently eating disorders. While the study is limited by its nonrepresentative sample, the findings provide valuable information for a hidden population for which there is a dearth of information and points to the need for integrative services which address both addiction and comorbid psychiatric disorders simultaneously. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Comorbidity](#)
[*Drug Abuse](#)
[*Drug Rehabilitation](#)
[*Mental Disorders](#)
[Epidemiology](#)
[Residential Care Institutions](#)

Source: PsycINFO

24. The hollow-face illusion in alcohol withdrawal syndrome.

Original Title: Ilusao da mascara concava na sindrome de abstinencia do alcool.

Citation: Arquivos Brasileiros de Psicologia, 2013, vol./is. 65/3(436-451), 0100-8692;1809-5267 (2013)

Author(s): da Silva Bachetti, Livia; Cesari Quaglia, Maria Amelia; Alves, Arthur; de Oliveira, Marcos Santos

Correspondence Address: da Silva Bachetti, Livia, livbachetti@yahoo.com.br

Institution: Programa de Psicobiologia, Faculdade de Filosofia Ciencias e Letras, Universidade de Sao Paulo (USP), RibeirAo Preto, Brazil; Programa de Pos-Graduacao em Psicologia, Universidade Federal de Sao Joao Del-Rei (UFSJ), Sao Joao Del-Rei, Brazil; Programa de Pos-Graduacao em Psicologia, Universidade Federal de Sao Joao Del-Rei (UFSJ), Sao Joao Del-Rei, Brazil; Programa de Pos-Graduacao em Psicologia, Universidade Federal de Sao Joao Del-Rei (UFSJ), Sao Joao Del-Rei, Brazil

Language: Portuguese

Abstract: This research investigated the monocular depth inversion and the depth perception of a hollow-face in individuals with Alcohol Withdrawal Syndrome (AWS) compared to healthy. The study included 15 individuals with moderate and 16 individuals with mild AWS compared to 16 healthy subjects, which judged the mask as concave or convex and attributed to its depth. They were instructed to look with one eye at a concave doll face inside a box. The individuals with moderate AWS were significantly different from the control group, presenting an impairment on monocular depth inversion of the hollow-face ($p < 0,05$). However, the group with mild SAA made the monocular depth inversion. No differences were found between groups for assignments of the hollow-face depth. The hollow-face illusion was an important tool to investigate the balance between bottom-up and top-down processes during the moderate AWS. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcohol Withdrawal](#)
[*Depth Perception](#)
[*Face Perception](#)
[*Illusions \(Perception\)](#)
[*Monocular Vision](#)
[Alcoholism](#)

Source: PsycINFO

25. Transcultural prevention of alcohol dependency: Effects of a culturally and migration-sensitive approach.

Original Title: Transkulturelle Prävention von Alkoholerkrankungen-Effekte eines kultur- und migrationssensitiven Ansatzes.

Citation: Verhaltenstherapie & Psychosoziale Praxis, 2013, vol./is. 45/1(91-100), 0721-7234 (2013)

Author(s): Bermejo, Isaac; Frank, Fabian

Correspondence Address: Bermejo, Isaac: Celenus-Kliniken GmbH, Moltkestr. 27, Offenburg, Germany, 77654, i.bermejo@celenus-kliniken.de

Institution: Albert-Ludwigs-Universität, Freiburg, Germany; Katholischen-Universität Eichstatt-Ingolstadt Sowie, Katholischen Hochschule Freiburg, Freiburg, Germany

Language: German

Abstract: Objective: To develop and evaluate a transcultural prevention approach for alcohol related disorders in elderly migrants and to enhance healthy behaviour and the prevention or reduction of hazardous drinking. Methods: In a cluster-randomized, controlled, multi-centre study at seven locations, a transcultural approach was compared to a general prevention approach. The target group was older (> 45 years) immigrants from Turkey, Spain and Italy and repatriates from the former Soviet Union. The recruitment was carried out by specialist services for migration and addiction support of the Deutscher Caritasverband (DCV) and the Arbeiterwohlfahrt (AWO). Results: In all areas the transcultural prevention approach has proven significantly better than the control condition by the participants. In comparison to the control group, the persons leading the intervention group reported additional cooperation between migration and addiction services facilitators and an increased awareness among the target group for the topic of alcohol. 6 months after the interventions, participants in the intervention group also reported a significantly higher reduction in their alcohol consumption. Discussion: The consideration of diversity in terms of cultural, migration-related, socio-demographic and linguistic factors enhanced the prevention of alcohol-related disorders in elderly migrants. A transcultural focus seems to be a good approach to increase acceptance and also has positive effects regarding the reduction of alcohol consumption. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcoholism](#)
[*Cross Cultural Counseling](#)

*Drug Abuse Prevention
 *Transcultural Psychiatry
 Alcohol Abuse
 Alcohol Rehabilitation
 Human Migration
 Intervention

Source: PsycINFO

26. The effects of nicotine injection in rat nucleus accumbens on anxiety.

Citation: Tehran University Medical Journal, May 2013, vol./is. 71/2(71-78), 1683-1764;1735-7322 (May 2013)

Author(s): Yekta, Batoool Ghorbani; Nasehi, Mohammad; Khakpour, Shahrzad; Zarrindast, Mohammad Reza; Shafieekhan, Yazdan

Correspondence Address: Yekta, Batoool Ghorbani: Tehran Medical Branch, Islamic Azad University, Khagani St., Tehran, Iran, bahareh59gh@yahoo.com

Institution: Department of Physiology, Medical Sciences Research Center, Islamic Azad University, Tehran Medical Branch, Tehran, Iran; Department of Biology, Faculty of Basic Sciences, Islamic Azad University, Semnan, Iran; Department of Physiology, Medical Sciences Research Center, Islamic Azad University, Tehran Medical Branch, Tehran, Iran; Department of Neuroscience, School of Medicine, Tehran University of Medical Sciences, Tehran, Iran; Young Researchers Club, Islamic Azad University, Tehran Medical Branch, Tehran, Iran

Language: Farsi (Iranian)

Abstract: Background: Previous reports showed that nucleus accumbens involved in the etiology and pathophysiology of major depression, anxiety and addiction. It is not clear that how these mechanisms occur in the brain. In the present study, the influence of direct nicotine injection in the nucleus accumbens in rats' anxiety-related behavior was investigated. Methods: Wistar rats were used in this study. Male Wistar rats bred in an animal house, in a temperature-controlled (22±2 degreeC) room with a 12 hour light/darkcycle. Rats were anesthetized using intraperitoneal injection of ketamine hydrochloride and xylazine, then placed in an stereotactic instrument for microinjection cannula implantation The stainless steel guide cannula was implanted bilaterally in the right and left dorsal the nucleus accumbens shell according to Paxinos and Watson atlas. After recovery, anxiety behavior and locomotor activity were tested. We used the elevated plus maze to test anxiety. This apparatus has widely been employed to test parameters of anxiety-related behaviors including the open armtime percentage (%OAT), open arm entries percentage (%OAE), locomotor activity and we record effect of drugs after injection directly in the nucleus accumbens on anxiety-related behavior. Results: Experiments showed that bilateral injections into the nucleus accumbens Nicotine, acetylcholine receptor agonist, dose 0.1 of the dose (0.05 and 0.1, 0.25, 0.5) microgram per rat caused a significant increase in the percentage of time spent in the open arms (%OAT), compared to the control group. We did not record any significant change locomotor activity and open arm entries percentage (%OAE) in rats. Conclusion: Nicotinic receptors in the nucleus accumbens shell involved to anxietylike behavior in male rats. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: *Animal Ethology
 *Anxiety
 *Nicotine
 *Nucleus Accumbens
 *Psychopharmacology
 Pathophysiology
 Rats

Source: PsycINFO

27. The impact of compulsory drug detention exposure on the avoidance of healthcare among injection drug users in Thailand.

- Citation:** International Journal of Drug Policy, January 2014, vol./is. 25/1(171-174), 0955-3959 (Jan 2014)
- Author(s):** Kerr, Thomas; Hayashi, Kanna; Ti, Lianping; Kaplan, Karyn; Suwannawong, Paisan; Wood, Evan
- Correspondence Address:** Kerr, Thomas: BC Centre for Excellence in HIV/AIDS, 608-1081 Burrard Street, Vancouver, BC, Canada, V6Z 1Y6, uhri-tk@cfenet.ubc.ca
- Institution:** British Columbia Centre for Excellence in HIV/AIDS, St. Paul's Hospital, Vancouver, BC, Canada; British Columbia Centre for Excellence in HIV/AIDS, St. Paul's Hospital, Vancouver, BC, Canada; British Columbia Centre for Excellence in HIV/AIDS, St. Paul's Hospital, Vancouver, BC, Canada; Thai AIDS Treatment Action Group, Thailand; Thai AIDS Treatment Action Group, Thailand; British Columbia Centre for Excellence in HIV/AIDS, St. Paul's Hospital, Vancouver, BC, Canada
- Language:** English
- Abstract:** Background: Although Thailand has relied on the use of compulsory drug detention centres as a strategy to try to address problematic drug use, little is known about the effects of exposure to these centres on people who inject drugs (IDU). Therefore, we undertook this study to explore whether exposure to compulsory drug detention was associated with avoiding healthcare among Thai IDU. Methods: Using Poisson regression analyses, we examined the relationship between compulsory drug detention exposure and avoiding healthcare among participants in the Mitsampan Community Research Project based in Bangkok. Results: 435 IDU participated in this study, including 111 (25.5%) participants who reported avoiding healthcare. In multivariate analyses, avoiding healthcare was positively associated with exposure to compulsory drug detention (adjusted prevalence ratio [APR] = 1.60; 95% confidence interval [CI]: 1.16-2.21), having been refused healthcare (APR = 3.46; 95% CI: 2.61-4.60), and experiencing shame associated with one's drug use (APR = 1.93; 95% CI: 1.21-3.09). Conclusion: Exposure to compulsory drug detention was associated with avoiding healthcare among Thai IDU, suggesting that this system of detention may be contributing to the burden of preventable morbidity among IDU in this setting. Although further research is needed to confirm these findings, the results of this study reinforce previous calls to replace the system of compulsory drug detention with evidence-based public health interventions for IDU. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
- Country of Publication:** STATEMENT: All rights reserved.; HOLDER: Elsevier B.V.; YEAR: 2013
- Publication Type:** Journal; Peer Reviewed Journal
- Subject Headings:** [*Drug Abuse](#)
[*Intravenous Drug Usage](#)
[*Legal Detention](#)
[*Treatment Refusal](#)
[Avoidance](#)
- Source:** PsycINFO
- Full Text:** Available from *Elsevier* in [International Journal of Drug Policy](#)

28. Brief overdose education can significantly increase accurate recognition of opioid overdose among heroin users.

- Citation:** International Journal of Drug Policy, January 2014, vol./is. 25/1(166-170), 0955-3959 (Jan 2014)
- Author(s):** Jones, Jermaine D; Roux, Perrine; Stancliff, Sharon; Matthews, William; Comer, Sandra D
- Correspondence Address:** Jones, Jermaine D., 1051 Riverside Drive (Unit 120), New York, NY, US, 10032, JermaineDJones@gmail.com

Institution: Division on Substance Abuse, New York State Psychiatric Institute, Columbia University, College of Physicians and Surgeons, New York, NY, US; Division on Substance Abuse, New York State Psychiatric Institute, Columbia University, College of Physicians and Surgeons, New York, NY, US; Harm Reduction Coalition, New York, NY, US; Harm Reduction Coalition, New York, NY, US; Division on Substance Abuse, New York State Psychiatric Institute, Columbia University, College of Physicians and Surgeons, New York, NY, US

Language: English

Abstract: Background: In an effort to increase effective intervention following opioid overdose, the New York State Department of Health (NYSDOH) has implemented programs where bystanders are given brief education in recognizing the signs of opioid overdose and how to provide intervention, including the use of naloxone. The current study sought to assess the ability of NYSDOH training to increase accurate identification of opioid and non-opioid overdose, and naloxone use among heroin users. Methods: Eighty-four participants completed a test on overdose knowledge comprised of 16 putative overdose scenarios. Forty-four individuals completed the questionnaire immediately prior to and following standard overdose prevention training. A control group (n = 40), who opted out of training, completed the questionnaire just once. Results: Overdose training significantly increased participants' ability to accurately identify opioid overdose ($p < 0.05$), and scenarios where naloxone administration was indicated ($p < 0.05$). Training did not alter recognition of non-opioid overdose or non-overdose situations where naloxone should not be administered. Conclusions: The data indicate that overdose prevention training improves participants' knowledge of opioid overdose and naloxone use, but naloxone may be administered in some situations where it is not warranted. Training curriculum could be improved by teaching individuals to recognize symptoms of non-opioid drug over-intoxication. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: All rights reserved.; HOLDER: Elsevier B.V.; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Drug Overdoses](#)
[*Health Education](#)
[*Heroin Addiction](#)
[*Intervention](#)
[*Opiates](#)
[Drug Abuse Prevention](#)
[Naloxone](#)

Source: PsycINFO

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

29. Surviving in two worlds: Social and structural violence of Thai female injecting drug users.

Citation: International Journal of Drug Policy, January 2014, vol./is. 25/1(116-123), 0955-3959 (Jan 2014)

Author(s): Haritavorn, Niphattra

Correspondence Address: Haritavorn, Niphattra, nharitavorn@hotmail.com

Institution: Faculty of Public Health, Thammasat University, Thailand

Language: English

Abstract: Thai females injecting drugs are ensnared in a web of problems arising from forms of prejudice that magnify their vulnerability. They are vulnerable, at risk, and exposed to a high degree of social suffering. This paper aims to elucidate how social production and structural violence combine to shape the lives of these women. Using a qualitative methodology, two focus groups with 5 key informants and in-depth interviews involving a total of 35 women injecting drugs were conducted in Bangkok. The findings reveal that the structural environment that directly impacts upon these women's lives becomes the reason for their suffering. The structural environment puts these women at risk of

violence in numerous social settings in which these women engage as well as generating tension at a subjective level (i.e. the habitus) of these women. Thai female injecting drug users are trapped in a difficult tension between the demands for being Thai women seeking to exist in the masculine world of drug use but at the same time meeting Thai society's expectations of womanhood. Unequal gender relations are manifest in the everyday violence that women face in the drug community, culminating in the essential nature of women being questioned, undermined and threatened. Living in the drug community, women are subjected to violence and harassment, and-gendered brutality by intimate partners. In conclusion, the social suffering that Thai female injecting drug users find themselves confronting is confined to dilemmas cause by tensions between drug use and the overriding gender habitus. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: All rights reserved.; HOLDER: Elsevier B.V.; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*At Risk Populations](#)
[*Drug Abuse](#)
[*Human Females](#)
[*Prejudice](#)
[*Violence](#)

Source: PsycINFO

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

30. Navigating the risk environment: Structural vulnerability, sex, and reciprocity among women who use methamphetamine.

Citation: International Journal of Drug Policy, January 2014, vol./is. 25/1(112-115), 0955-3959 (Jan 2014)

Author(s): McKenna, Stacey A

Correspondence Address: McKenna, Stacey A.: University of Colorado Denver, Department of Health & Behavioral Sciences, Campus Box 188, PO Box 173364, Denver, CO, US, 80217-3364, stacey.mckenna@ucdenver.edu

Institution: University of Colorado Denver, Department of Health & Behavioral Sciences, Denver, CO, US

Language: English

Abstract: Background: Drug users' risk sexual practices contribute to their increased risk for contracting HIV and other sexually transmitted infections. Use of methamphetamine has been associated with a number of high-risk sexual practices such as frequent sexual contacts, multiple sex partners, unprotected sex, and exchange sex. The media construct women who use methamphetamine as engaging in exchange sex to support their drug habit. Despite an abundance of data on exchange sex among heroin and crack users that suggest the importance of examining these practices in context, they remain understudied among female methamphetamine users. Methods: This article draws on ongoing ethnographic research with female methamphetamine users. Results: The research participants' risk environment(s) contribute to their structural vulnerability and shape behaviour in ways that are sometimes deemed transactional and risky by research, public health, or harm reduction professionals. Conclusion: Understanding the embeddedness of sexual practices in structural context and networks of reciprocity is essential to understanding implications for policy and harm reduction. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: All rights reserved.; HOLDER: Elsevier B.V.; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Drug Usage](#)
[*Methamphetamine](#)
[*Reciprocity](#)
[*Sexual Risk Taking](#)

*Susceptibility (Disorders)
 HIV
 Human Females
 Sexually Transmitted Diseases

Source: PsycINFO

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

31. Syringe access, syringe sharing, and police encounters among people who inject drugs in New York City: A community-level perspective.

Citation: International Journal of Drug Policy, January 2014, vol./is. 25/1(105-111), 0955-3959 (Jan 2014)

Author(s): Beletsky, Leo; Heller, Daliah; Jenness, Samuel M; Neaigus, Alan; Gelpi-Acosta, Camila; Hagan, Holly

Correspondence Address: Beletsky, Leo: Northeastern University, School of Law, 400 Huntington Avenue, Boston, MA, US, 02115, leob@alumni.brown.edu

Institution: Northeastern University, School of Law, Boston, MA, US; New York City Department of Health and Mental Hygiene, New York, NY, US; Department of Epidemiology, University of Washington, Seattle, WA, US; New York City Department of Health and Mental Hygiene, New York, NY, US; National Development and Research Institutes, New York, NY, US; New York University College of Nursing, New York, NY, US

Language: English

Abstract: Background: Injection drug user (IDU) experience and perceptions of police practices may alter syringe exchange program (SEP) use or influence risky behaviour. Previously, no community-level data had been collected to identify the prevalence or correlates of police encounters reported by IDUs in the United States. Methods: New York City IDUs recruited through respondent-driven sampling were asked about past-year police encounters and risk behaviours, as part of the National HIV Behavioural Surveillance study. Data were analysed using multiple logistic regression. Results: A majority (52%) of respondents (n = 514) reported being stopped by police officers; 10% reported syringe confiscation. In multivariate modelling, IDUs reporting police stops were less likely to use SEPs consistently (adjusted odds ratio [AOR] = 0.59; 95% confidence interval [CI] = 0.40-0.89), and IDUs who had syringes confiscated may have been more likely to share syringes (AOR = 1.76; 95% CI = 0.90-3.44), though the finding did not reach statistical significance. Conclusions: Findings suggest that police encounters may influence consistent SEP use. The frequency of IDU-police encounters highlights the importance of including contextual and structural measures in infectious disease risk surveillance, and the need to develop approaches harmonizing structural policing and public health. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: All rights reserved.; HOLDER: Elsevier B.V.; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: *Drug Abuse
 *Intravenous Drug Usage
 *Needle Sharing
 *Police Personnel
 *Urban Environments
 Public Health
 Risk Factors

Source: PsycINFO

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

32. Police sexual coercion and its association with risky sex work and substance use behaviors among female sex workers in St. Petersburg and Orenburg, Russia.

- Citation:** International Journal of Drug Policy, January 2014, vol./is. 25/1(96-104), 0955-3959 (Jan 2014)
- Author(s):** Odinokova, Veronika; Rusakova, Maia; Urada, Lianne A; Silverman, Jay G; Raj, Anita
- Correspondence Address:** Odinokova, Veronika: NGO Stellit, St. Petersburg, Russia, 197101, veronyl@yandex.ru
- Institution:** NGO Stellit, St. Petersburg, Russia; NGO Stellit, St. Petersburg, Russia; Division of Global Public Health, School of Medicine, University of California at San Diego, La Jolla, CA, US; Division of Global Public Health, School of Medicine, University of California at San Diego, La Jolla, CA, US; Division of Global Public Health, School of Medicine, University of California at San Diego, La Jolla, CA, US
- Language:** English
- Abstract:** Background: Extensive research documents that female sex workers (FSWs) in Russia are very vulnerable to abuses from police, including police sexual coercion. However, despite qualitative data suggesting abusive policing practices are more likely for FSWs contending with substance abuse issues and risky sex work contexts, there is a paucity of quantitative study evaluating these associations specifically in terms of police sexual coercion. Such research is needed to guide structural interventions to improve health and safety for FSWs in Russia and globally. Objective: The purpose of this study is to assess the prevalence of police sexual coercion among FSWs from two Russian cities, St. Petersburg and Orenburg, and to determine whether riskier sex work behaviors and contexts and substance use behaviors, including both IDU and risky alcohol use, are associated with increased risk for sexual coercion from police. Method: FSWs in St. Petersburg and Orenburg were recruited via time-location and convenience sampling and completed structured surveys on demographics (age, education), sex work risks (e.g., violence during sex work) and substance use. Logistic regression analyses assessed associations of substance use and risky sex work with police sexual coercion, adjusting for demographics. Results: Participants (N = 896) were aged 15 and older (94% were 20+ years). Most (69%) reported past year binge alcohol use, and 48% reported IDU the day before. Half (56%) reported 4+ clients per day. Rape during sex work ever was reported by 64%. Police sexual coercion in the past 12 months was reported by 38%. In the multivariate model, both current IDU (AOR = 2.09, CI = 1.45-3.02) and past year binge alcohol use (AOR = 1.46, CI = 1.03-2.07) were associated with police sexual coercion, as was selling sex on the street (not in venues) (AOR = 7.81, CI = 4.53-13.48) and rape during sex work (AOR = 2.04, CI = 1.43-2.92). Conclusion: Current findings document the substantial role police sexual violence plays in the lives of FSWs in Russia. These findings also highlight heightened vulnerability to such violence among self-managed and substance abusing FSWs in this context. Structural interventions addressing police violence against FSWs may be useful to improve the health and safety of this population. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
- Country of Publication:** STATEMENT: All rights reserved.; HOLDER: Elsevier B.V.; YEAR: 2013
- Publication Type:** Journal; Peer Reviewed Journal
- Subject Headings:** [*Coercion](#)
[*Drug Abuse](#)
[*Police Personnel](#)
[*Prostitution](#)
[*Sexual Risk Taking](#)
[Intervention](#)
[Sexual Harassment](#)
- Source:** PsycINFO
- Full Text:** Available from *Elsevier* in [International Journal of Drug Policy](#)

33. Gender sameness and difference in recovery from heroin dependence: A qualitative exploration.

- Citation:** International Journal of Drug Policy, January 2014, vol./is. 25/1(3-12), 0955-3959 (Jan 2014)
- Author(s):** Neale, Joanne; Nettleton, Sarah; Pickering, Lucy

Correspondence Address: Neale, Joanne: Addictions Department, Institute of Psychiatry, 4 Windsor Walk, Denmark Hill, London, United Kingdom, SE5 8AF, joanne.neale@kcl.ac.uk

Institution: Addictions Department, Institute of Psychiatry, London, United Kingdom; Department of Sociology, University of York, York, United Kingdom; School of Social and Political Sciences, University of Glasgow, Glasgow, United Kingdom

Language: English

Abstract: Background: In recent years, 'recovery' has become a central, yet controversial, concept within the international drug and alcohol field. This paper explores gender sameness and difference in recovery from heroin dependence with reference to gender theory, the existing literature on women and drugs, and the concept of recovery capital. Methods: Data were generated from 77 qualitative interviews conducted with 40 current or ex-heroin users (21 men and 19 women). Coded data were analysed using framework and key themes were mapped onto the four components of recovery capital: social capital, physical capital, human capital, and cultural capital. Differences between the views and experiences of male and female participants were then explored. Results: Participants had limited social, physical and human capital but greater cultural resources. Although women reported more physical and sexual abuse than the men, they had better family and social relationships and more access to informal support, including material assistance and housing. Women also seemed to be better at managing money and more concerned with their physical appearance. Despite the salience of gender, individuals had diverse recovery resources that reflected a complex mix of intrapersonal, interpersonal and structural factors. Conclusions: Findings are consistent with increasing feminist interest in intersectionality and contribute to a more gender-sensitive understanding of recovery. Gender was an important structure in shaping our participants' experiences, but there was no evidence of an 'essential' female recovery experience and women did not necessarily have less recovery resources than men. Whilst useful, the concept of recovery capital has a number of definitional and conceptual limitations that indicate a need for more empirical research to improve its utility in policy and practice. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: All rights reserved.; HOLDER: Elsevier B.V.; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Drug Rehabilitation](#)
[*Heroin Addiction](#)
[*Human Sex Differences](#)
[*Recovery \(Disorders\)](#)

Source: PsycINFO

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

34. Religiosity and HIV-related drug risk behavior: A multidimensional assessment of individuals from communities with high rates of drug use.

Citation: Journal of Religion and Health, February 2014, vol./is. 53/1(37-45), 0022-4197;1573-6571 (Feb 2014)

Author(s): Billioux, Veena G; Sherman, Susan G; Latkin, Carl

Correspondence Address: Billioux, Veena G.: Department of Epidemiology, Johns Hopkins School of Public Health, 615 N. Wolfe Street, Baltimore, MD, US, 21205, vgoud@jhsph.edu

Institution: Department of Epidemiology, Johns Hopkins School of Public Health, Baltimore, MD, US; Department of Epidemiology, Johns Hopkins School of Public Health, Baltimore, MD, US; Department of Health, Behavior & Society, Johns Hopkins School of Public Health, Baltimore, MD, US

Language: English

Abstract: We examined the relationship between religiosity and HIV-related drug risk behavior among individuals from communities with high rates of drug use who participated in the SHIELD (Self-Help in Eliminating Life-Threatening Disease) study. This analysis

examined the dimensions of religious ideation, religious participation, and religious support separately to further understand the relationship with risk taking. Results indicate that greater religious participation appeared to be the dimension most closely associated with drug behaviors. Specifically, we found that those with greater religious participation are significantly less likely to report recent opiates or cocaine use; injection drug use; crack use; and needle, cotton or cooker sharing. Future work to understand the nature of these associations will assist in the development of interventions in communities with high rates of drug use. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: Springer Science+Business Media, LLC; YEAR: 2012

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*AIDS Prevention](#)
[*Drug Usage](#)
[*Religiosity](#)
[*Risk Taking](#)
[Cocaine](#)
[Communities](#)
[Opiates](#)

Source: PsycINFO

35. Integration of miRNA and protein profiling reveals coordinated neuroadaptations in the alcohol-dependent mouse brain.

Citation: PLoS ONE, December 2013, vol./is. 8/12, 1932-6203 (Dec 16, 2013)

Author(s): Gorini, Giorgio; Nunez, Yury O; Mayfield, R. Dayne

Correspondence Address: Gorini, Giorgio, gorini@utexas.edu

Institution: Waggoner Center for Alcohol and Addiction Research, University of Texas at Austin, Austin, TX, US; Waggoner Center for Alcohol and Addiction Research, University of Texas at Austin, Austin, TX, US; Waggoner Center for Alcohol and Addiction Research, University of Texas at Austin, Austin, TX, US

Language: English

Abstract: The molecular mechanisms underlying alcohol dependence involve different neurochemical systems and are brain region-dependent. Chronic Intermittent Ethanol (CIE) procedure, combined with a Two-Bottle Choice voluntary drinking paradigm, represents one of the best available animal models for alcohol dependence and relapse drinking. MicroRNAs, master regulators of the cellular transcriptome and proteome, can regulate their targets in a cooperative, combinatorial fashion, ensuring fine tuning and control over a large number of cellular functions. We analyzed cortex and midbrain microRNA expression levels using an integrative approach to combine and relate data to previous protein profiling from the same CIE-subjected samples, and examined the significance of the data in terms of relative contribution to alcohol consumption and dependence. MicroRNA levels were significantly altered in CIE-exposed dependent mice compared with their nondependent controls. More importantly, our integrative analysis identified modules of coexpressed microRNAs that were highly correlated with CIE effects and predicted target genes encoding differentially expressed proteins. Coexpressed CIE-relevant proteins, in turn, were often negatively correlated with specific microRNA modules. Our results provide evidence that microRNA-orchestrated translational imbalances are driving the behavioral transition from alcohol consumption to dependence. This study represents the first attempt to combine ex vivo microRNA and protein expression on a global scale from the same mammalian brain samples. The integrative systems approach used here will improve our understanding of brain adaptive changes in response to drug abuse and suggests the potential therapeutic use of microRNAs as tools to prevent or compensate multiple neuroadaptations underlying addictive behavior. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and

reproduction in any medium, provided the original author and source are credited.;
 HOLDER: Gorini et al.; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcoholism](#)
[*Brain](#)
[*Ethanol](#)
[*Proteins](#)
[*Ribonucleic Acid](#)
[Mice](#)

Source: PsycINFO

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. Neurobiological signatures of alcohol dependence revealed by protein profiling.

Citation: PLoS ONE, December 2013, vol./is. 8/12, 1932-6203 (Dec 16, 2013)

Author(s): Gorini, Giorgio; Roberts, Amanda J; Mayfield, R. Dayne

Correspondence Address: Gorini, Giorgio, gorini@utexas.edu

Institution: Waggoner Center for Alcohol and Addiction Research, University of Texas at Austin, Austin, TX, US; Molecular & Cellular Neuroscience Department, Scripps Research Institute, La Jolla, CA, US; Waggoner Center for Alcohol and Addiction Research, University of Texas at Austin, Austin, TX, US

Language: English

Abstract: Alcohol abuse causes dramatic neuroadaptations in the brain, which contribute to tolerance, dependence, and behavioral modifications. Previous proteomic studies in human alcoholics and animal models have identified candidate alcoholism-related proteins. However, recent evidences suggest that alcohol dependence is caused by changes in co-regulation that are invisible to single protein-based analysis. Here, we analyze global proteomics data to integrate differential expression, co-expression networks, and gene annotations to unveil key neurobiological rearrangements associated with the transition to alcohol dependence modeled by a Chronic Intermittent Ethanol (CIE), two-bottle choice (2BC) paradigm. We analyzed cerebral cortices (CTX) and midbrains (MB) from male C57BL/6J mice subjected to a CIE, 2BC paradigm, which induces heavy drinking and represents one of the best available animal models for alcohol dependence and relapse drinking. CIE induced significant changes in protein levels in dependent mice compared with their non-dependent controls. Multiple protein isoforms showed region-specific differential regulation as a result of post-translational modifications. Our integrative analysis identified modules of co-expressed proteins that were highly correlated with CIE treatment. We found that modules most related to the effects of CIE treatment coordinate molecular imbalances in endocytic- and energy-related pathways, with specific proteins involved, such as dynamin-1. The qRT-PCR experiments validated both differential and co-expression analyses, and the correspondence among our data and previous genomic and proteomic studies in humans and rodents substantiates our findings. The changes identified above may play a key role in the escalation of ethanol consumption associated with dependence. Our approach to alcohol addiction will advance knowledge of brain remodeling mechanisms and adaptive changes in response to drug abuse, contribute to understanding of organizational principles of CTX and MB proteomes, and define potential new molecular targets for treating alcohol addiction. The integrative analysis employed here highlight the advantages of systems approaches in studying the neurobiology of alcohol addiction. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.;
 HOLDER: Gorini et al.; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcoholism](#)
[*Animal Drinking Behavior](#)
[*Ethanol](#)
[*Neurobiology](#)
[*Proteins](#)
[Mice](#)

Source: PsycINFO

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*

37. Drinking games as a venue for sexual competition.

Citation: Evolutionary Psychology, 2013, vol./is. 11/4(889-906), 1474-7049 (2013)

Author(s): Hone, Liana S. E; Carter, Evan C; McCullough, Michael E

Correspondence Address: McCullough, Michael E., mikem@miami.edu

Institution: Department of Psychology, University of Miami, Coral Gables, FL, US; Department of Psychology, University of Miami, Coral Gables, FL, US; Department of Psychology, University of Miami, Coral Gables, FL, US

Language: English

Abstract: Based on sexual selection theory, we hypothesized that sex differences in mating effort and social competitiveness-and subsequent sex differences in sexual and competitive motivations for participating in drinking games-are responsible for the well-documented sex differences in college students' drinking game behaviors. Participants in a cross-sectional study were 351 women and 336 men aged 17 to 26. In a mediation model, we tested sex differences in mating effort, social competitiveness, sexual and competitive motivations for participating in drinking games, drinking game behaviors, and alcohol-related problems. Men participated in drinking games more frequently, consumed more alcohol while participating in drinking games, and experienced more problems associated with drinking. These sex differences appeared to be partially mediated by mating effort, social competitiveness, and sexual and competitive motivations for participating in drinking games. Drinking games are a major venue in which college students engage in heavy episodic drinking, which is a risk factor for college students' behavioral and health problems. Thus, the functional perspective we used to analyze them here may help to inform public health and university interventions and enable better identification of at-risk students. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Drinking Behavior](#)
[*Games](#)
[*Human Mate Selection](#)
[*Human Sex Differences](#)
[*Social Behavior](#)
[Alcoholism](#)
[College Students](#)
[Competition](#)
[Risk Factors](#)

Source: PsycINFO

38. The puzzling unidimensionality of the DSM substance use disorders: Commentary.

Citation: Frontiers in Psychiatry, November 2013, vol./is. 4/, 1664-0640 (Nov 26, 2013)

Author(s): Martin, Christopher Stephen

Correspondence Address: Martin, Christopher Stephen, martincs@upmc.edu

Institution: Western Psychiatric Institute and Clinic, University of Pittsburgh School of Medicine, Pittsburgh, PA, US

Language: English

Abstract: Comments on an article The puzzling unidimensionality of DSM-5 substance use disorder diagnoses by R.J. MacCoun (2013). This article raises a number of interesting issues regarding the diagnosis and the very nature of substance use disorders (SUDs). DSM-5 does not articulate any specific model of how SUDs are related to SUD symptoms. The symptoms were intended to provide non-overlapping information, rather than being interchangeable items sampled from a broad domain, such as on a vocabulary test. While SUD symptoms and the various constructs they were designed to measure are conceptually distinct, they all tend to be moderately inter-correlated with each other. The article notes that most factor analyses that have found evidence for a single broad dimension of SUD symptoms have been mathematically specified using a reflective model. Indeed, as the article points out, latent factor and similar analyses can be alternatively specified using the assumptions of formative and other models. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Country of Publication: STATEMENT: This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY). The use, distribution or reproduction in other forums is permitted, provided the original author(s) or licensor are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.; HOLDER: Martin; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Diagnostic and Statistical Manual](#)
[*Diagnosis](#)
[*Drug Abuse](#)
[*Symptoms](#)

Source: PsycINFO

39. Mental health and risky sexual behaviors: Evidence from DSM-IV Axis II disorders.

Citation: Journal of Mental Health Policy and Economics, December 2013, vol./is. 16/4(187-208), 1091-4358;1099-176X (Dec 2013)

Author(s): Maclean, Johanna Catherine; Xu, Haiyong; French, Michael T; Ettner, Susan L

Correspondence Address: Maclean, Johanna Catherine: Department of Medical Ethics and Health Policy, Perelman School of Medicine, University of Pennsylvania, 1316 Blockley Hall, 423 Guardian Drive, Philadelphia, PA, US, 19104, macleanc@upenn.edu

Institution: Department of Medical Ethics and Health Policy, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA, US; Division of General Internal Medicine and Health Services Research, Department of Medicine, David Geffen School of Medicine, University of California, Los Angeles, CA, US; Health Economics Research Group, Department of Sociology, University of Miami, Coral Gables, FL, US; Division of General Internal Medicine and Health Services Research, Department of Medicine, David Geffen School of Medicine, Jonathan and Karin Fielding School of Public Health, University of California, Los Angeles, CA, US

Language: English

Abstract: Background: Several economic studies link poor mental health and substance misuse with risky sexual behaviors. However, none have examined the relationships between DSM-IV Axis II mental health disorders (A2s) and risky sexual behaviors. A2 disorders are a poorly understood, yet prevalent and disabling class of mental health conditions. They develop early in life through an interaction of genetics and environment, and are persistent across the life course. Common features include poor impulse control, addiction, social isolation, and elevated sexual desires, although the defining features vary substantially across disorder. Aims of the Study: To investigate the association between

A2 disorders and three measures of risky sexual behavior. Methods: We obtain data on adults age 20 to 50 years from Wave II of the National Epidemiological Survey of Alcohol and Related Conditions (NESARC). Our outcome measures include early initiation into sexual activity, and past year regular use of alcohol before sex and sexually transmitted disease diagnosis. NESARC administrators use the Alcohol Use Disorder and Associated Disabilities Interview Schedule to classify respondents as meeting criteria for the ten A2 disorders recognized by the American Psychiatric Association. We construct several measures of A2 disorders based on the NESARC administrators' classifications. Given their comorbidity with A2 disorders, we explore the importance of Axis I disorders in the estimated associations. Results: We find that A2 disorders are generally associated with an increase in the probability of risky sexual behaviors among both men and women. In specifications that disaggregate disorders into clusters and specific conditions, the significant associations are not uniform, but are broadly consistent with the defining features of the cluster or disorder. Inclusion of A1 disorders attenuates estimated associations for some risky sexual behaviors among men, but not for women. Discussion: We find positive associations between A2 disorders and our measures of risky sexual behaviors. Our findings are subject to several data limitations, however. The NESARC lacks information on more advanced risky sexual behaviors and our measure of early initiation into sexual activity is retrospective. Identifying the causal effects of mental health and risky sexual behaviors is complicated due to bias from reverse causality and omitted variables. We believe these sources of bias are less of a concern in our study, however. Specifically, A2 disorders develop early in life and pre-date the risky sexual behaviors, thus negating reverse causality. Because the NESARC contains a rich set of personal characteristics, we are also able to minimize potential omitted variable bias. Implications for Health Care Provision and Use: A2 disorders are significantly associated with risky sexual behaviors, which could lead to greater utilization and cost of health care services. Implication for Health Policies: Health care providers should consider A2 disorders when developing health promotion recommendations as these disorders may place individuals at elevated risk for unsafe sexual behaviors. Implications for Further Research: Future studies should examine the causal mechanisms between A2 disorders and risky sexual behaviors. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: ICMPE; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Drug Abuse](#)
[*Mental Health](#)
[*Sexual Risk Taking](#)
[Diagnostic and Statistical Manual](#)

Source: PsycINFO

40. Dexmedetomidine for the treatment of alcohol withdrawal syndrome: Rationale and current status of research.

Citation: CNS Drugs, November 2013, vol./is. 27/11(913-920), 1172-7047;1179-1934 (Nov 2013)

Author(s): Muzyk, Andrew J; Kerns, Suzanne; Brudney, Scott; Gagliardi, Jane P

Correspondence Address: Muzyk, Andrew J.: Department of Pharmacy Practice, Campbell University School of Pharmacy and Health Sciences, P.O. Box 3089, Buies Creek, NC, US, 27710, Andrew.Muzyk@duke.edu

Institution: Department of Pharmacy Practice, Campbell University, School of Pharmacy and Health Sciences, Buies Creek, NC, US; Department of Psychiatry and Behavioral Sciences, Duke University, Durham, NC, US; Durham VAMC Surgical Intensive Care Unit, Durham, NC, US; Department of Psychiatry and Behavioral Sciences, Duke University, Durham, NC, US

Language: English

Abstract: Dexmedetomidine is currently used in the US in the treatment of alcohol withdrawal syndrome (AWS) in the intensive care unit (ICU) setting, although data to support this practice are limited. Dexmedetomidine targets the noradrenergic system, an important but frequently overlooked secondary mechanism in the development of AWS, and, in doing

so, may reduce the need for excessive benzodiazepine use which can increase the risk of -aminobutyric acid (GABA)-mediated delirio genesis and respiratory depression. The purpose of this narrative review is to evaluate available literature reporting on the safety and efficacy of dexmedetomidine for AWS in the ICU setting. An English-language MEDLINE search (1966 to July 2013) was performed to identify articles evaluating the efficacy and safety of dexmedetomidine for AWS. Case series, case reports and controlled trials were evaluated for topic relevance and clinical applicability. Reference lists of articles retrieved through this search were reviewed to identify any relevant publications. Studies focusing on the safety and efficacy of dexmedetomidine for AWS in humans were selected. Studies were included if they were published as full articles; abstracts alone were not included in this review. Eight published case studies and case series were identified. Based on a limited body of evidence, dexmedetomidine shows promise as a potentially safe and possibly effective adjuvant treatment for AWS in the ICU. Prospective, well-controlled studies are needed to confirm the safety and efficacy of the use of dexmedetomidine in AWS. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: Springer International Publishing Switzerland; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcohol Withdrawal](#)
[*Alcoholism](#)
[*Drug Therapy](#)
[*Intensive Care](#)
[*Safety](#)

Source: PsycINFO

41. Authors' reply to Rolland et al.: "Management of alcohol dependence in patients with liver disease".

Citation: CNS Drugs, October 2013, vol./is. 27/10(865-866), 1172-7047;1179-1934 (Oct 2013)

Author(s): Addolorato, Giovanni; Mirijello, Antonio

Correspondence Address: Addolorato, Giovanni: Department of Internal Medicine, Institute of Internal Medicine, Gemelli Hospital, Catholic University of Rome, Largo Gemelli 8, Rome, Italy, 00168, g.addolorato@rm.unicatt.it

Institution: Department of Internal Medicine, Institute of Internal Medicine, Gemelli Hospital, Catholic University of Rome, Rome, Italy; Department of Internal Medicine, Institute of Internal Medicine, Gemelli Hospital, Catholic University of Rome, Rome, Italy

Language: English

Abstract: Reply by the current authors to the comments made by Benjamin Rolland et al. (see record 2014-00375-008) on the original article (see record 2014-00374-005). In the review it is reported that, to date, baclofen represents the only anti-craving medication formally tested in a randomized controlled trial (RCT) in alcoholic patients affected by advanced liver disease; it is not reported that baclofen should be currently preferred in these patients. In the paper is well specified that "It is important, however, to keep in mind that data on the role of baclofen to treat alcohol dependence in cirrhotic patients come from only one RCT" and that "further studies are needed to confirm our findings". The authors totally agree with concerns regarding the high dose of the drug. While anecdotal reports and openlabel observations promote the use of a very high dose of baclofen, no conclusions can be drawn until RCTs under well-controlled and rigorous conditions are performed with the high doses. In summary, no conclusions can be drawn on the use of high doses of baclofen for alcohol dependence until trials with rigorous safety monitoring and using controlled designs fully address not only the efficacy but also the safety of high-dose baclofen in alcoholic patients. At present extreme caution is necessary when using doses higher than 30 mg/day in patients with ALD. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Country of Publication: HOLDER: Springer International Publishing Switzerland; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcoholism](#)
[*Liver Disorders](#)
[*Risk Factors](#)
[Severity \(Disorders\)](#)

Source: PsycINFO

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

42. Comment on: "Management of alcohol dependence in patients with liver disease".

Citation: CNS Drugs, October 2013, vol./is. 27/10(863-864), 1172-7047;1179-1934 (Oct 2013)

Author(s): Rolland, Benjamin; Deheul, Sylvie; Louvet, Alexandre; Cottencin, Olivier; Bordet, Regis

Correspondence Address: Rolland, Benjamin: University of Lille Nord de France, Lille, France, 59045, benjrolland@gmail.com

Institution: University of Lille Nord de France, Lille, France; Department of Pharmacology and Pharmacovigilance, CHU Lille, Lille, France; University of Lille Nord de France, Lille, France; University of Lille Nord de France, Lille, France; University of Lille Nord de France, Lille, France

Language: English

Abstract: Comments on an article by G. Addolorato et al. (see record 2014-00374-005). Addolorato et al. stated that the gamma amino-butyric acid type B (GABAB) receptor agonist baclofen should be currently preferred in Alcoholic liver disease (ALD) because baclofen was the sole drug that had a good efficacy/safety profile in ALD patients with alcohol dependence. Although baclofen is definitely one of the most promising drugs for treating alcohol dependence in ALD patients, several important safety concerns remain in using this drug in ALD. The question of dose is even more crucial. Baclofen was tested at 30 mg/day. Addolorato et al. has published many articles using this dose, which has thus made the dose the most studied and most supported by evidence in the off label use of baclofen for abstinence maintenance. However, a dose-response effect of baclofen has been suspected in alcohol dependence and this drug has recently been used in clinical practice at very high doses, i.e., up to 300 mg/day or more, and notably more with a purpose of temperance than of abstinence. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Country of Publication: HOLDER: Springer International Publishing Switzerland; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcoholism](#)
[*Liver Disorders](#)
[*Risk Factors](#)
[Severity \(Disorders\)](#)

Source: PsycINFO

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

43. Targeted opioid receptor antagonists in the treatment of alcohol use disorders.

Citation: CNS Drugs, October 2013, vol./is. 27/10(777-787), 1172-7047;1179-1934 (Oct 2013)

Author(s): Niciu, Mark J; Arias, Albert J

Correspondence Address: Arias, Albert J.: VA Connecticut Health Care System, 950 Campbell Ave, Office 116-A, West Haven, CT, US, 06516, albert.arias@yale.edu

Institution: VA Connecticut Health Care System, West Haven, CT, US; VA Connecticut Health Care System, West Haven, CT, US

Language: English

Abstract: In 1994, the US Food and Drug Administration approved the μ -opioid receptor antagonist naltrexone to treat alcohol dependence. However, treatments requiring daily administration, such as naltrexone, are inconsistently adhered to in substance abusing populations, and constant medication exposure can increase risk of adverse outcomes, e.g., hepatotoxicity. This has fostered a 'targeted' or 'as needed' approach to opioid receptor antagonist treatment, in which medications are used only in anticipation of or during high-risk situations, including times of intense cravings. Initial studies of the ability of targeted naltrexone to reduce drinking-related outcomes were conducted in problem drinkers and have been extended into larger, multi-site, placebo-controlled investigations with positive results. Another μ -opioid receptor antagonist, nalmefene, has been studied on an 'as-needed' basis to reduce heavy drinking in alcohol-dependent individuals. These studies include three large multi-site trials in Europe of up to 1 year in duration, and serve as the basis for the recent approval of nalmefene by the European Medicines Agency as an 'as-needed' adjunctive treatment for alcohol dependence. We review potential moderators of opioid receptor antagonist treatment response including subjective assessments, objective clinical measures and genetic variants. In sum, the targeted or 'as-needed' approach to treatment with opioid antagonists is an efficacious harm reduction strategy for problem drinking and alcohol dependence. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: Springer International Publishing Switzerland; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcohol Abuse](#)
[*Drinking Behavior](#)
[*Naltrexone](#)
[*Narcotic Antagonists](#)
[*Treatment Effectiveness Evaluation](#)
[Alcoholism](#)
[Opiates](#)
[Treatment Outcomes](#)

Source: PsycINFO

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

44. Beyond the limits: The adolescent conflict, risks and challenges.

Original Title: Mas alla de los limites: la conflictiva adolescente, riesgos y desafios.

Citation: Revista Uruguaya de Psicoanálisis, 2010, vol./is. 109/(200-217), 0484-8268 (2010)

Author(s): Flechner, Silvia

Correspondence Address: Flechner, Silvia, Vazquez Ledesma 2993, Ap. 901, Montevideo, Uruguay, sflech@chasque.net

Language: Spanish

Abstract: When we talk about adolescence, it is in a great measure the psychoanalytic clinic, who shows us the different aspects that take place during this period of life. I will not focus this paper in what we consider an expected transit for adolescence, I want to stand out the complex ties that take place removing the basis of the narcissitic and object relation typical of the adolescent awakening with a sexually mature body and psychic trends that take place "a posteriori", leaving them open for the treatment with the analyst, showing different possibilities of inscription. The analytic work with Ana, an adolescent patient with heart transplant, shows us the transit with her analyst during her anguish history. In this paper is also emphasized the acting out, the addictive transit facing the psychic pain, the holding and the analyst confronted to adolescent patients in risk. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Organ Transplantation](#)
[*Pain](#)

*Psychoanalysis
 *Risk Factors
 Adolescent Development
 Conflict

Source: PsycINFO

45. The endocannabinoid system and its possible role in neurobiology of psychiatric disorders.

Original Title: Il sistema endocannabinoide e il suo possibile ruolo nella neurobiologia dei disturbi psichiatrici.

Citation: Rivista di Psichiatria, September 2013, vol./is. 48/5(375-385), 0035-6484 (Sep-Oct 2013)

Author(s): Caroti, Eleonora; Cuoco, Valentina; Marconi, Michela; Ratti, Flavia; Bersani, Giuseppe

Correspondence Address: Caroti, Eleonora, eleonora77@email.it

Institution: Dipartimento di Scienze e Biotechnologie Medico-Chirurgiche, Sapienza Università di Roma, Roma, Italy; Dipartimento di Scienze e Biotechnologie Medico-Chirurgiche, Sapienza Università di Roma, Roma, Italy; Dipartimento di Scienze e Biotechnologie Medico-Chirurgiche, Sapienza Università di Roma, Roma, Italy; Dipartimento di Scienze e Biotechnologie Medico-Chirurgiche, Sapienza Università di Roma, Roma, Italy; Dipartimento di Scienze e Biotechnologie Medico-Chirurgiche, Sapienza Università di Roma, Roma, Italy

Language: Italian

Abstract: In the last years, numerous researches led to identify endocannabinoid system, a sophisticated short-range signaling system which is located both in Central Nervous System (CNS) and in whole organism. Because of its flexibility of expression, it plays a modulatory role in controlling the answers to stimuli which disturb homeostasis. On one hand it lets them occur whilst on the other it limits them in order to protect organism from consequences due to excessive reaction. In the CNS, endocannabinoid system is able to control the release of several neurotransmitters thanks to its retrograde signaling, modulating synaptic activity. Analysing this property during preclinical studies, it came out that the endocannabinoid system is involved in numerous physiologic processes, such as neuroendocrine axes, food consumption, brain reward and satisfaction mechanisms, memories storing and extinction, emotions and neurodevelopment regulation. Such discoveries have led researchers to suppose and investigate an alteration of this system in the pathophysiology of some psychiatric disorders such as anxiety disorder, depression, eating disorders, addiction and schizophrenia. Results of such studies on animal models show a possible involvement of this system and were quickly followed by clinical studies which seem to confirm it. These findings might open new scenarios for understanding the pathogenesis of several psychiatric disorders and, at same time, they show new prospects for their treatment. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: *Cannabinoids
 *Central Nervous System
 *Mental Disorders
 *Neurobiology
 *Synaptic Plasticity
 Animal Models
 Neurotransmitters

Source: PsycINFO

46. Symptoms related to addiction: Elements for the differential diagnosis with personality disorder.

Original Title: Sintomi correlati alla dipendenza: elementi per una diagnostica differenziale con i disturbi di personalità.

Citation: Rivista di Psichiatria, September 2013, vol./is. 48/5(370-374), 0035-6484 (Sep-Oct 2013)

Author(s): Badii, Franco

Correspondence Address: Badii, Franco, f.badii@asl2.liguria.it

Institution: Dipartimento Salute Mentale e Dipendenze, ASL 2 Savonese, Savona, Italy

Language: Italian

Abstract: Some manifestations, observed in situations of addiction, are often interpreted as symptoms of a personality disorder. On the contrary, they may not be referable to personality structural aspects, but they hold rather a functional aspect, linked to the implications of the relationship between the individual and the object of addiction. In particular, the personal meaning given to addiction holds an important role as regards the intensity of this relationship. This recalls the necessity of a thorough examination for differential diagnosis. The awareness of intervening in behavior modalities, due to the process of addiction and not to preexistent personality features, modifies the perspective of action. As a result, generic modalities of treatment, leading to confused therapeutic routes, would be overcome, presuming that acting on other aspects interferes in addiction phenomena. In that way, it would be possible to pick out specific routes to act from the therapeutic point of view on the focus of addiction. The recovery of the meaning the-patient gives to it and a following elaboration can bring to the awareness of different emotional and behavioral options to face moments that can reestablish the individual emotional process at the basis of addiction. From an organizational point of view, it would be possible to reserve the articulated and complex interventions for cases of comorbidity to those who really require. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Awareness](#)
[*Differential Diagnosis](#)
[*Personality Disorders](#)
[*Symptoms](#)
[Addiction](#)

Source: PsycINFO

47. Methamphetamine use and methadone maintenance treatment: An emerging problem in the drug addiction treatment network in Iran.

Citation: International Journal of Drug Policy, November 2013, vol./is. 24/6(e115-e116), 0955-3959 (Nov 2013)

Author(s): Shariatirad, Schwann; Maarefvand, Masoomeh; Ekhtiari, Hamed

Correspondence Address: Ekhtiari, Hamed: Neurocognitive Laboratory, Iranian National Center for Addiction Studies, Tehran University of Medical Sciences, Tehran, Iran, h.ekhtiari@gmail.com

Institution: Iranian National Center for Addiction Studies, Tehran University of Medical Sciences, Tehran, Iran; University of Social Welfare and Rehabilitation Sciences, Tehran, Iran; Iranian National Center for Addiction Studies, Tehran University of Medical Sciences, Tehran, Iran

Language: English

Abstract: This article discusses methamphetamine use and the efficacy of methadone maintenance treatment (MMT) in Iran. In the last decade Iran has progressively expanded MMT with around 2700 active programs with over 160,000 active participants throughout the country. The monopoly of opiates in the drugs market in Iran, without the presence of any significant stimulants, made MMT a successful player without any serious rival in the drug use treatment network. Methamphetamine use has been increasing in many parts of the world in the past two decades but it was not available in Iranian drug market before 2005. The growing availability of methamphetamine in Iran during recent years has raised serious concerns about its abuse among successful methadone maintenance participants (MMPs). Combined administration of opiates and stimulants is favored among many substance dependent patients. Both drugs increase extracellular synaptic dopamine levels and in combination produce greater effects than either drug alone. Co-administration of

methamphetamine and opiates can decrease the side effects of each other and reduce the risk of overdose. The most common reported reasons for stimulant abuse during MMT are to feel good, to get high, for self-medication for depression and to achieve a high by shifting between different drug classes. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Country of Publication: STATEMENT: All rights reserved.; HOLDER: Elsevier B.V.; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Drug Therapy](#)
[*Methadone Maintenance](#)
[*Methamphetamine](#)
[*Treatment Effectiveness Evaluation](#)
[Drug Dependency](#)

Source: PsycINFO

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

48. The marketing of methadone: How an effective medication became unpopular.

Citation: International Journal of Drug Policy, November 2013, vol./is. 24/6(e89-e90), 0955-3959 (Nov 2013)

Author(s): Bruce, R. Douglas

Correspondence Address: Bruce, R. Douglas, 135 College Street, Suite 323, New Haven, CT, US, 06510, hivdoctor@gmail.com

Institution: Yale University, Schools of Medicine and Public Health, New Haven, CT, US

Language: English

Abstract: This article discusses the marketing effects of methadone. The initial enthusiasm for methadone as a treatment for those deemed untreatable has waned, although the problem with opioids has not. In the US, for example, unintentional poisoning, often by opioids, is only surpassed by automobile collisions for death caused by accidental injury. Several key issues regarding the history of methadone are critical for our understanding of the demonization of methadone in America and abroad. Early on methadone was associated with "hard core heroin addicts" and not the social marketing that would endear a medication to the nation. This association was partly the result of the stringent admission criteria necessary to start methadone. Although less stringent now, it was particularly rigid in the early days where the patients had to have 4 years of prior narcotic addiction and have failed previous treatment. One of the horrible miss-step in the marketing of methadone was the complete misunderstanding of how methadone works among some of the addiction community. Overtime the idea that methadone is simply substituting one addiction for another belied a misunderstanding of addiction and of methadone. Addiction is a neurobiological disease that is treatable with appropriate medications and behavioral therapy (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Country of Publication: HOLDER: Elsevier B.V.; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Drug Addiction](#)
[*Drug Therapy](#)
[*Marketing](#)
[*Methadone Maintenance](#)

Source: PsycINFO

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

49. Zoned out: "NIMBYism", addiction services and municipal governance in British Columbia.

Citation: International Journal of Drug Policy, November 2013, vol./is. 24/6(e61-e65), 0955-3959 (Nov 2013)

Author(s): Bernstein, Scott E; Bennett, Darcie

Correspondence Address: Bernstein, Scott E.: Pivot Legal Society, 121 Heatley Avenue, Vancouver, BC, Canada, V6A 3E9, scottbern@gmail.com

Institution: Pivot Legal Society, Vancouver, BC, Canada; Pivot Legal Society, Vancouver, BC, Canada

Language: English

Abstract: In Canada, Provincial Governments have jurisdiction over delivery of healthcare including harm reduction services and Methadone Maintenance Therapy (MMT). While policy directives and funding come from the provincial capital, individuals' access to these services happens in neighbourhoods and municipalities spread out across the province. In some cases, public health objectives targeted at people living with addictions and the rights to equitable access to healthcare are at odds with the vision that residents, business associations and other interest groups have for their neighbourhood or city. This paper looks at the cases of four British Columbia municipalities, Mission, Surrey, Coquitlam and Abbotsford, where local governments have used zoning provisions to restrict access to harm reduction services and drug substitution therapies including MMT. This paper will contextualize these case studies in a survey of zoning and bylaw provisions related to harm reduction and MMT across British Columbia, and examine the interplay between municipal actions and public discourses that affect access to healthcare for people living with addictions. Finally, this paper will explore possible legal implications for municipalities that use their zoning and permitting powers to restrict access to health care for people with addictions, as well as public engagement strategies for healthcare advocates that have the potential to reduce resistance to health services for people living with addictions in communities across the province. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: All rights reserved.; HOLDER: Elsevier B.V.; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Clinical Governance](#)
[*Drug Addiction](#)
[*Health Care Delivery](#)
[*Maintenance Therapy](#)
[*Methadone Maintenance](#)

Source: PsycINFO

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

50. Text messages as a tool for assessing public concern about drug problems.

Citation: International Journal of Drug Policy, November 2013, vol./is. 24/6(624-627), 0955-3959 (Nov 2013)

Author(s): Yoonessi, Ali; Ekhtiari, Hamed

Correspondence Address: Ekhtiari, Hamed: Neurocognitive Laboratory, Iranian National Center for Addiction Studies, No. 669, South Karegar Avenue, Tehran, Iran, 1336616357, h.ekhtiari@gmail.com

Institution: Iranian National Center for Addiction Studies, Tehran University of Medical Sciences, Tehran, Iran; Iranian National Center for Addiction Studies, Tehran University of Medical Sciences, Tehran, Iran

Language: English

Abstract: Presents a study which aims to investigate the utility of text messages as a tool for assessing public concern about drug problems. For this study, the authors assumed that there is an association between the public concern about drug misuse and the volume of text messages that would be received during a TV show about the topic, although the authors recognize that this association could be affected by confounding factors such as "media-driven" public concerns. One of the most popular Iranian TV shows on the topic of problem drug use is called "Hobab" All data have been collected in the first session of season two. The total number of text messages received during this single session of the

program was 5443. The average number of characters of each message was 98.89 with the range of 4-705 characters. Nearly half of the text messages (2975) were sent from monthly subscribers of regular cell phones, while the other half were sent from prepaid phones, which are less traceable. The authors analyzed the content to estimate if the drug user had contacted the program or if a relative had sent the message. The most common questions posed by those who sent the text messages related to: how to abstain, the possibility of others knowing that the person is using drugs, health concerns and many more. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Country of Publication: STATEMENT: All rights reserved.; HOLDER: Elsevier B.V.; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Drug Abuse](#)
[*Health Promotion](#)
[*Messages](#)
[*Television](#)
[*Cellular Phones](#)

Source: PsycINFO

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

51. An exploration of self-perceived non-problematic use as a barrier to professional support for methamphetamine users.

Citation: International Journal of Drug Policy, November 2013, vol./is. 24/6(619-623), 0955-3959 (Nov 2013)

Author(s): Quinn, Brendan; Stoove, Mark; Papanastasiou, Cerissa; Dietze, Paul

Correspondence Address: Quinn, Brendan: Burnet Institute, GPO Box 2284, Melbourne, VIC, Australia, 3001, brendanq@burnet.edu.au

Institution: Centre for Population Health, Burnet Institute, Melbourne, VIC, Australia; Centre for Population Health, Burnet Institute, Melbourne, VIC, Australia; Centre for Population Health, Burnet Institute, Melbourne, VIC, Australia; Centre for Population Health, Burnet Institute, Melbourne, VIC, Australia

Language: English

Abstract: Presents a study which aims to examine the characteristics and behaviors of a sub-set of a methamphetamine-using sample who specified that their use was not problematic or harmful enough to warrant utilization of professional support. The primary aim was to determine the extent to which these individuals were justified in their self-perception and engaging in less risky methamphetamine use and experiencing fewer related harms than 'problematic' users. The Participants were recruited during 2010 as part of a prospective cohort study designed to investigate the epidemiology of methamphetamine use in Melbourne, Australia, and service utilization by methamphetamine users. Over half the sample reported having accessed a specialist drug treatment program, general practitioners (GP) or psychiatric service for their methamphetamine use at least once during their lives. Service-avoiders were comparable to the service inclined across most socio-demographic variables and indicators of mental health and social support. While service-avoiders differed from service-inclined participants on key variables that suggested fewer adverse methamphetamine-related consequences, they nevertheless showed signs of significant methamphetamine-related problems. These findings highlight the need for treatment to address other drug use in addition to methamphetamine. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Country of Publication: STATEMENT: All rights reserved.; HOLDER: Elsevier B.V.; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Drug Usage](#)
[*Methamphetamine](#)
[*Self Perception](#)
[Epidemiology](#)
[Professional Consultation](#)

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

52. A Canadian perspective on documentary film: Drug Addict.

Citation: International Journal of Drug Policy, November 2013, vol./is. 24/6(589-596), 0955-3959 (Nov 2013)
Author(s): Boyd, Susan
Correspondence Address: Boyd, Susan: University of Victoria, Victoria, BC, Canada, V8W 2Y2, scboyd@uvic.ca
Institution: University of Victoria, Victoria, BC, Canada
Language: English
Abstract: Background: In 1948 the first National Film Board (NFB) documentary in Canada about illegal drugs, trafficking, and addiction was produced. The documentary is titled Drug Addict, and was directed by Robert Anderson. This paper provides a socio-historical context for the documentary Drug Addict. Viewing the film through the lens of Canadian history gives readers a better context to understand the claims and representations in the film about law enforcement, people who use illegal drugs and treatment. Methods: To examine Drug Addict, a socio-historical analysis and case study were conducted. This project's qualitative methodological framework is consistent with its critical theoretical perspective, drawing from Stuart Hall's perspectives on visual and textual representation and cultural criminology. Results: Drug Addict is a significant documentary because it provides insight into early foundational law enforcement discourses and practices about illegal drugs, addiction, and treatment, including obstacles to drug substitution and maintenance programs. It also highlights the emergence of psychiatry as a new knowledge producer in the area of drug treatment. The film also transmits ideas about the criminal nature of addicts and the need for punitive criminal justice control. Conclusion: Drug Addict captures some past and contemporary tensions related to Canadian drug policy. The film also provides another lens to understand some of the foundational frameworks of Canadian drug policy such as the dominance of criminal justice, and its practices of knowledge production, the resistance espoused by institutions to diverse models of treatment such as drug maintenance programs, and the power of visual representation. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: All rights reserved.; HOLDER: Elsevier B.V.; YEAR: 2013
Publication Type: Journal; Peer Reviewed Journal
Subject Headings: [*Drug Addiction](#)
[*Drug Rehabilitation](#)
[Criminology](#)
[Films](#)
[Law Enforcement](#)

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

53. Access to treatment for substance-using women in the Republic of Georgia: Socio-cultural and structural barriers.

Citation: International Journal of Drug Policy, November 2013, vol./is. 24/6(566-572), 0955-3959 (Nov 2013)
Author(s): Otiashvili, David; Kirtadze, Irma; O'Grady, Kevin E; Zule, William; Krupitsky, Evgeny; Wechsberg, Wendee M; Jones, Hendree E
Correspondence Address: Otiashvili, David, 14a Nutsbidze Str., Office 2, Tbilisi, Georgia, 0177, datohupo@yahoo.com
Institution: Addiction Research Center, Tbilisi, Georgia; Addiction Research Center, Tbilisi, Georgia; Department of Psychology, University of Maryland, College Park, College Park, MD,

US; RTI International, Research Triangle Park, NC, US; Department of Addictions, Bekhterev Research Psychoneurological Institute, St.-Petersburg, Russia; RTI International, Research Triangle Park, NC, US; RTI International, Research Triangle Park, NC, US

Language: English

Abstract: Background: In the Republic of Georgia, women comprise under 2% of patients in substance use treatment and to date there has been no empirical research to investigate what factors may facilitate or hinder their help-seeking behaviour or access to treatment services. Methods: This study included secondary analysis of in-depth interviews with 55 substance-using women and 34 providers of health-related services. Results: The roles and norms of women in Georgian society were identified as major factors influencing their help-seeking behaviour. Factors that had a negative impact on use of drug treatment services included an absence of gender-specific services, judgmental attitudes of service providers, the cost of treatment and a punitive legal position in regard to substance use. Having a substance-using partner served as an additional factor inhibiting a woman's willingness to seek assistance. Conclusion: Within the context of orthodox Georgian society, low self-esteem, combined with severe family and social stigma play a critical role in creating barriers to the use of both general health and substance-use-treatment services for women. Education of the public, including policy makers and health care providers is urgently needed to focus on addiction as a treatable medical illness. The need for more women centred services is also critical to the provision of effective treatment for substance-using women. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: All rights reserved.; HOLDER: Elsevier B.V.; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Drug Rehabilitation](#)
[*Drug Usage](#)
[*Health Care Utilization](#)
[*Sociocultural Factors](#)
[*Treatment Barriers](#)
[Human Females](#)

Source: PsycINFO

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

54. Cocaine users manifest impaired prosodic and cross-modal emotion processing.

Citation: Frontiers in Psychiatry, September 2013, vol./is. 4/, 1664-0640 (Sep 5, 2013)

Author(s): Hulka, Lea M; Preller, Katrin H; Vonmoos, Matthias; Broicher, Sarah D; Quednow, Boris B

Correspondence Address: Hulka, Lea M.: Department of Psychiatry, Psychotherapy, and Psychosomatics, Experimental and Clinical Pharmacopsychology, University Hospital of Psychiatry Zurich, Lengstrasse 31, Zurich, Switzerland, CH-8032, lea.hulka@bli.uzh.ch

Institution: Department of Psychiatry, Psychotherapy, and Psychosomatics, Experimental and Clinical Pharmacopsychology, University Hospital of Psychiatry Zurich, Zurich, Switzerland; Department of Psychiatry, Psychotherapy, and Psychosomatics, Experimental and Clinical Pharmacopsychology, University Hospital of Psychiatry Zurich, Zurich, Switzerland; Department of Psychiatry, Psychotherapy, and Psychosomatics, Experimental and Clinical Pharmacopsychology, University Hospital of Psychiatry Zurich, Zurich, Switzerland; Department of Neurology, University Hospital Zurich, Zurich, Switzerland; Department of Psychiatry, Psychotherapy, and Psychosomatics, Experimental and Clinical Pharmacopsychology, University Hospital of Psychiatry Zurich, Zurich, Switzerland

Language: English

Abstract: Background: A small number of previous studies have provided evidence that cocaine users (CU) exhibit impairments in complex social cognition tasks, while the more basic facial emotion recognition is widely unaffected. However, prosody and cross-modal

emotion processing has not been systematically investigated in CU so far. Therefore, the aim of the present study was to assess complex multisensory emotion processing in CU in comparison to controls and to examine a potential association with drug use patterns. Method: The abbreviated version of the comprehensive affect testing system (CATS-A) was used to measure emotion perception across the three channels of facial affect, prosody, and semantic content in 58 CU and 48 healthy control (HC) subjects who were matched for age, sex, verbal intelligence, and years of education. Results: CU had significantly lower scores than controls in the quotient scales of "emotion recognition" and "prosody recognition" and the subtests "conflicting prosody/meaning - attend to prosody" and "match emotional prosody to emotional face" either requiring to attend to prosody or to integrate cross-modal information. In contrast, no group difference emerged for the "affect recognition quotient." Cumulative cocaine doses and duration of cocaine use correlated negatively with emotion processing. Conclusion: CU show impaired cross-modal integration of different emotion processing channels particularly with regard to prosody, whereas more basic aspects of emotion processing such as facial affect perception are comparable to the performance of HC. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY). The use, distribution or reproduction in other forums is permitted, provided the original author(s) or licensor are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.; HOLDER: Hulka, Preller, Vonmoos, Broicher and Quednow; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: *Cocaine
*Drug Abuse
*Prosody
*Social Cognition
Emotions
Memory Disorders

Source: PsycINFO

55. An investigation of factors increasing the risk of aggressive behavior among schizophrenic inpatients.

Citation: Frontiers in Psychiatry, September 2013, vol./is. 4/, 1664-0640 (Sep 3, 2013)

Author(s): Lejoyeux, Michel; Nivoli, Fabrizia; Basquin, Anne; Petit, Aymeric; Chalvin, Florence; Embouazza, Houcine

Correspondence Address: Lejoyeux, Michel: Department of Psychiatry and Addictive Medicine, Bichat-Claude Bernard Hospital, AP-HP, Paris, France, 75877, Cedex 18, michel.lejoyeux@bch.aphp.fr

Institution: Department of Psychiatry and Addictive Medicine, Bichat-Claude Bernard Hospital, AP-HP, Paris, France; Department of Psychiatry, Maison Blanche Hospital, Paris, France; Department of Psychiatry, Maison Blanche Hospital, Paris, France; Department of Psychiatry and Addictive Medicine, Bichat-Claude Bernard Hospital, AP-HP, Paris, France; Department of Psychiatry, Maison Blanche Hospital, Paris, France; Department of Psychiatry, Maison Blanche Hospital, Paris, France

Language: English

Abstract: Aim of the study: This study tried to identify risk factors of aggressive behavior in a population of schizophrenic inpatients. We tested the association between aggressive behavior and socio-demographic characteristics, addictive disorders, history of suicide attempt, and sexual violence, impulsivity, and sensation seeking. Methods: All consecutive schizophrenic inpatients (100) were assessed during 6 months. Aggressive behavior was quantified with a standardized scale, the Overt Aggression Scale (OAS). We studied socio-demographic characteristics and the history of suicide attempt and sexual violence with a specific standardized questionnaire. Addictive disorders were identified with the Fagerstrom and CAGE questionnaires and with the DSM-IV-R diagnostic criteria for nicotine, alcohol, cannabis opiates, and cocaine abuse and dependence disorders. Lastly, we studied sensation seeking with the Zuckerman scale and impulsivity with the

Barratt scale. Results: Linear regression identified four factors associated with aggressive behavior: male gender (odd ratio = 12.8), history of sexual violence (odd ratio = 3.6), Fagerstrom score (odd ratio = 1.3), number of cigarettes smoked each day (odd ratio = 1.16). Patients with nicotine use or dependence had significantly higher levels of OAS scores. This difference was not observed between patients with or without alcohol dependence. OAS scores were correlated to the number of cigarettes smoked each day and to Fagerstrom scores. Patients with a higher level of sensation seeking and impulsivity also had higher OAS scores. Conclusion: A typical schizophrenic patient at risk of showing aggressive behavior is a man, who smokes and presents a history of sexual violence. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY). The use, distribution or reproduction in other forums is permitted, provided the original author(s) or licensor are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.; HOLDER: Lejoyeux, Nivoli, Basquin, Petit, Chalvin and Embouazza; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Aggressive Behavior](#)
[*Demographic Characteristics](#)
[*Risk Factors](#)
[*Schizophrenia](#)
[Sensation Seeking](#)

Source: PsycINFO

56. Risky decision-making but not delay discounting improves during inpatient treatment of polysubstance dependent alcoholics.

Citation: Frontiers in Psychiatry, September 2013, vol./is. 4/, 1664-0640 (Sep 3, 2013)

Author(s): De Wilde, Bieke; Bechara, Antoine; Sabbe, Bernard; Hulstijn, Wouter; Dom, Geert

Correspondence Address: De Wilde, Bieke: PAAZ, AZ Sint-Erasmus, Luitenant Lippenlaan 55, Borgerhout, Belgium, 2140, biekedewilde@hotmail.com

Institution: Psychiatrisch Centrum Broeders Alexianen, Boechout, Belgium; Department of Psychology, University of Southern California, Los Angeles, Los Angeles, CA, US; Collaborative Antwerp Psychiatric Research Institute, Universiteit Antwerpen, Antwerp, Belgium; Collaborative Antwerp Psychiatric Research Institute, Universiteit Antwerpen, Antwerp, Belgium; Psychiatrisch Centrum Broeders Alexianen, Boechout, Belgium

Language: English

Abstract: Background: High levels of impulsivity, characteristics of addicted patients, are known to be important predictors of relapse. However, so far, little is known about the stability or variability of two main components of impulsivity (delay discounting and decision-making). The present study examined the changes in impulsivity during the first week of an abstinence based, behavioral orientated inpatient treatment program. Method: Thirty-seven polysubstance dependent alcoholics completed the Delay Discounting Task (DDT), and the Iowa Gambling Task (IGT) using the original version with decks A'B'C'D', and an alternative version with decks K'L'M'N', for measuring decision-making, after 2 and 6 weeks of active treatment. Results: It was found that performances on the IGT changed during treatment while performances on the DDT did not (test-retest period: 4 weeks). Conclusion: The results provide preliminary evidence that improvements in decision-making might be related to treatment effects. All patients followed a highly structured cognitive-behavioral treatment program, which might have enhanced their executive functioning (coping skills training). (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY). The use, distribution or reproduction in other

forums is permitted, provided the original author(s) or licensor are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.; HOLDER: De Wilde, Bechara, Sabbe, Hulstijn and Dom; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcoholism](#)
[*Cognitive Behavior Therapy](#)
[*Decision Making](#)
[*Drug Abuse](#)
[Impulsiveness](#)

Source: PsycINFO

57. The shame of addiction.

Citation: Frontiers in Psychiatry, October 2013, vol./is. 4/, 1664-0640 (Oct 8, 2013)

Author(s): Flanagan, Owen

Correspondence Address: Flanagan, Owen: Department of Philosophy, Duke University, 201 West Duke Building, Durham, NC, US, 27708, ojf@duke.edu

Institution: Department of Philosophy, Duke University, Durham, NC, US

Language: English

Abstract: Addiction is a person-level phenomenon that involves twin normative failures: A failure of normal rational effective agency or self-control with respect to the substance; and shame at both this failure, and the failure to live up to the standards for a good life that the addict himself acknowledges and aspires to. Feeling shame for addiction is not a mistake. It is part of the shape of addiction, part of the normal phenomenology of addiction, and often a source of motivation for the addict to heal. Like other recent attempts in the addiction literature to return normative concepts such as "choice" and "responsibility" to their rightful place in understanding and treating addiction, the twin normative failure model is fully compatible with investigation of genetic and neuroscientific causes of addiction. Furthermore, the model does not re-moralize addiction. There can be shame without blame. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY). The use, distribution or reproduction in other forums is permitted, provided the original author(s) or licensor are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.; HOLDER: Flanagan; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Addiction](#)
[*Emotions](#)
[*Self Control](#)
[*Shame](#)
[Motivation](#)

Source: PsycINFO

58. Pleasure and addiction.

Citation: Frontiers in Psychiatry, September 2013, vol./is. 4/, 1664-0640 (Sep 25, 2013)

Author(s): Kennett, Jeanette; Matthews, Steve; Snoek, Anke

Correspondence Address: Kennett, Jeanette: Department of Philosophy, Macquarie University, Building W6A Room 736, Sydney, NSW, Australia, 2109, jeanette.kennett@mq.edu.au

Institution: Department of Philosophy, Macquarie University, Sydney, NSW, Australia; Australian Catholic University, Sydney, NSW, Australia; Department of Philosophy, Macquarie University, Sydney, NSW, Australia

Language: English

Abstract: Comments on an article by B. Foddy & J. Savulescu (see record 2010-10212-001). What is the role and value of pleasure in addiction? Foddy and Savulescu (1) have claimed that substance use is just pleasure-oriented behavior. They describe addiction as "strong appetites toward pleasure" and argue that addicts suffer in significant part because of strong social and moral disapproval of lives dominated by pleasure seeking. But such lives, they claim, can be autonomous and rational. The view they offer is largely in line with the choice model and opposed to a disease model of addiction. Foddy and Savulescu are sceptical of self-reports that emphasize the ill effects of addiction such as loss of family and possessions, or that claim an absence of pleasure after tolerance sets in. Such reports they think are shaped by social stigma which makes available a limited set of socially approved addiction narratives. We will not question the claim that a life devoted to pleasure can be autonomously chosen. Nor do we question the claim that the social stigma attached to the use of certain drugs increases the harm suffered by the user. However our interviews with addicts (as philosophers rather than health professionals or peers) reveal a genuinely ambivalent and complex relationship between addiction, value, and pleasure. Our subjects did not shy away from discussing pleasure and its role in use. But though they usually valued the pleasurable properties of substances, and this played that did not mean that they valued an addictive life. Our interviews distinguished changing attitudes towards drug related pleasures across the course of substance use, including diminishing pleasure from use over time and increasing resentment at the effects of substance use on other valued activities. In this paper we consider the implications of what drug users say about pleasure and value over the course of addiction for models of addiction. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Country of Publication: STATEMENT: This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY). The use, distribution or reproduction in other forums is permitted, provided the original author(s) or licensor are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.; HOLDER: Kennett , Matthews and Snoek; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Addiction](#)
[*Motivation](#)
[*Psychologists](#)
[*Philosophers](#)

Source: PsycINFO

59. A systemic review of the literature on the role of the partner of the sex addict, treatment models, and a call for research for systems theory model in treating the partner.

Citation: Sexual Addiction & Compulsivity, October 2013, vol./is. 20/4(323-335), 1072-0162;1532-5318 (Oct 2013)

Author(s): Hentsch-Cowles, Gretchen; Brock, Linda J

Correspondence Address: Hentsch-Cowles, Gretchen: Dallas Family Center, 2650 FM 407 E, Suite 145/125, Bartonville, TX, US, 76226, greta@dallasfamilycenter.com

Institution: Dallas Family Center, Dallas, TX, US; Texas Woman's University, Denton, TX, US

Language: English

Abstract: Sexual compulsivity and out-of-control sexual behaviors are increasing with widespread Internet usage, resulting in partners of sex addicts seeking therapeutic help. This article reviews the systemic part the partner plays within the couple, examining the trauma framework and the addiction model. While both models support the partners seeking help for trauma resolution, the addiction model emphasizes the partner's responsibility within

the dyadic system, which ultimately supports healing and recovery within the systemic dynamic of the couple and family. It may be further pertinent to reconsider the concept of co-addiction to underscore the equal responsibility the partner shares in the couple ultimately facing issues related to sexual addiction, and exploring the systems theory model for future treatment interventions. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: Taylor & Francis Group, LLC

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Psychosexual Behavior](#)
[*Sexual Addiction](#)
[*Systems Theory](#)
[*Treatment](#)
[*Sexual Partners](#)
[Models](#)
[Roles](#)
[Trauma](#)

Source: PsycINFO

60. A new generation of sexual addiction.

Citation: Sexual Addiction & Compulsivity, October 2013, vol./is. 20/4(306-322), 1072-0162;1532-5318 (Oct 2013)

Author(s): Riemersma, Jennifer; Sytsma, Michael

Correspondence Address: Riemersma, Jennifer: Richmond Graduate University, School of Counseling, McCarty Building, 2055 Mt. Paran Road NW, Atlanta, GA, US, 30327, jennariemersma@yahoo.com

Institution: Richmond Graduate University, Atlanta, GA, US; Richmond Graduate University, Atlanta, GA, US

Language: English

Abstract: Sexual addiction has been an increasingly observed and researched phenomenon within the past 30 years. "Classic" sexual addiction emerges from a history of abuse, insecure attachment patterns, and disordered impulse control, often presenting with cross addictions and comorbid mood disorders. In contrast, a "contemporary" form of rapid-onset sexual addiction has emerged with the explosive growth of Internet technology and is distinguished by "3Cs": chronicity, content, and culture. Of particular concern is early exposure to graphic sexual material that disrupts normal neurochemical, sexual, and social development in youth. Treatment modalities for "classic" and "contemporary" forms are overlapping yet distinct, reflecting their unique etiologies and similar presentations. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: Taylor & Francis Group, LLC

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Sexual Addiction](#)
[*Symptoms](#)
[Affective Disorders](#)
[Attachment Behavior](#)
[Chronicity \(Disorders\)](#)
[Comorbidity](#)
[Impulse Control Disorders](#)
[Sociocultural Factors](#)

Source: PsycINFO

61. An Indian study of hypersexual disorder in patients with anxiety and mood disorders.

Citation: Sexual Addiction & Compulsivity, October 2013, vol./is. 20/4(292-305), 1072-0162;1532-5318 (Oct 2013)

Author(s): Nair, Deepa; Pawar, Ami; Kalra, Gurvinder; Shah, Nilesh

Correspondence Address: Kalra, Gurvinder: Northwestern Mental Health, Melbourne, VIC, Australia, kalragurvinder@gmail.com

Institution: Masina Institute of Psychological Sciences, Mumbai, India; K. B. Bhabha Hospital, Mumbai, India; Northwestern Mental Health, Melbourne, VIC, Australia; Lokmanya Tilak Medical College, Mumbai, India

Language: English

Abstract: Hypersexuality is characterized by repetitive and intense preoccupation with sexual thoughts, urges, and behaviors that lead to clinically significant distress or impairment in socio-occupational functioning of the affected individual. Although hypersexuality is commonly associated with mania, interestingly studies have reported hypersexuality in persons suffering from depression and anxiety disorders. This study assessed the presence of hypersexual disorder (HD) and type of hypersexual behavior in diagnosed cases of mood and anxiety disorder. Ninety-three patients having mood and anxiety disorders were assessed once for hypersexuality at any time in their life using the Hypersexual Disorder Screening Inventory (HDSI) and Hypersexual Disorder: Current Assessment Scale (HD: CAS). On HDSI, 25% of patients having a mood and/or anxiety disorder screened positive for HD. The most common sexual behavior in these patients was consensual sex with adults. Those screening positive for HD were assessed for their most recent 2-week symptom severity, and most patients had mild symptom severity. This study points toward hypersexual disorder being a separate diagnostic entity and being prevalent in patients with depression and anxiety disorder too. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: Taylor & Francis Group, LLC

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Affective Disorders](#)
[*Anxiety Disorders](#)
[*Hypersexuality](#)
[*Sexual Addiction](#)
[Distress](#)

Source: PsycINFO

62. A new classification model for sex addiction.

Citation: Sexual Addiction & Compulsivity, October 2013, vol./is. 20/4(279-291), 1072-0162;1532-5318 (Oct 2013)

Author(s): Hall, Paula

Correspondence Address: Hall, Paula: Clarendon Centre, 8 Clarendon Avenue, Leamington Spa, WAR, United Kingdom, CV32 5PZ, paula_hall@btinternet.com

Institution: Private Practice, WAR, United Kingdom

Language: English

Abstract: In this article I offer a classification model for sex addiction that takes into consideration the context of increasing sexual liberation and access to sexual stimuli. Moving beyond the traditional model of attachment, the Opportunity, Attachment, and Trauma (OAT) model provides therapists with a tool to consider treatment approaches that might more accurately reflect a client's history and personal experience and reduces the risk of seeking pathology where none exists. The OAT model can also help partners to better understand addiction and provide therapists with alternative ways of considering codependency. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: Taylor & Francis Group, LLC

Publication Type: Journal; Peer Reviewed Journal
Subject Headings: [*Attachment Theory](#)
[*Models](#)
[*Sexual Addiction Pathology](#)
[Taxonomies](#)
[Trauma](#)
Source: PsycINFO

63. The role of childhood experiences in the development of sexual compulsivity.

Citation: Sexual Addiction & Compulsivity, October 2013, vol./is. 20/4(259-278), 1072-0162;1532-5318 (Oct 2013)
Author(s): McPherson, Susan; Clayton, Sarah; Wood, Heather; Hiskey, Syd; Andrews, Leanne
Correspondence Address: McPherson, Susan: School of Health and Human Sciences, University of Essex, Colchester, United Kingdom, CO4 3SQ, smcpher@essex.ac.uk
Institution: University of Essex, Colchester, United Kingdom; University of Essex, Colchester, United Kingdom; Tavistock & Portman NHS Foundation Trust, London, United Kingdom; Colchester General Hospital, Colchester, United Kingdom; University of Essex, Colchester, United Kingdom
Language: English
Abstract: There is a lack of evidence regarding the nature of the relationship between childhood trauma and sexual compulsivity in adulthood. Participants (n = 348) were users of support websites relating to drug, alcohol, gambling, and sexual addictions who completed an online survey including addiction questionnaires, the Sexual Compulsivity Scale, and the Early Trauma Inventory (Short Form). Multiple regression modeling indicated that gender, sexual orientation, childhood emotional abuse, childhood exposure to pornography, and parental sex addiction were associated with sexual compulsivity in adulthood (R² = 0.23). Childhood sexual or physical abuse and addictions to other behaviors (alcohol, drugs, gambling) were not associated with adult sexual compulsivity. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
Country of Publication: HOLDER: Crown copyright; YEAR: 2013
Publication Type: Journal; Peer Reviewed Journal
Subject Headings: [*Child Abuse](#)
[*Emotional Trauma](#)
[*Sexual Addiction](#)
Source: PsycINFO

64. SASH policy statement (revised): The future of problematic sexual behaviors/sexual addiction.

Citation: Sexual Addiction & Compulsivity, October 2013, vol./is. 20/4(255-258), 1072-0162;1532-5318 (Oct 2013)
Author(s): Samenow, Charles P
Institution: George Washington University, Washington, DC, US
Language: English
Abstract: Presents a policy statement of The Society for the Advancement of Sexual Health (SASH), which focuses on the future of problematic sexual behaviors/sexual addiction. SASH is a nonprofit multidisciplinary organization of professionals dedicated to scholarship, training, and resources for promoting sexual health and overcoming problematic sexual behaviors. While the primary focus is on what is most often described as "sex addiction," it also seeks to provide resources for other problematic sexual behaviors. SASH strives to provide up-to-date research, training, advocacy, and support to its members, many of whom are professionals and work with people who suffer from problematic sexual behaviors and also seek to provide up-to-date and scientifically

accurate information and education to the general public in the hopes of raising awareness, lowering stigma, and opening doors to treatment, prevention, and hope. SASH has adopted the term problematic sexual behaviors to encompass the current research and evidence that supports a variety of models that describe this phenomenon, including, but not limited to, sexual addiction, compulsive sexual behavior, out-of-control sexual behavior, and hypersexual disorder. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Country of Publication: HOLDER: Taylor & Francis Group, LLC

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Awareness](#)
[*Health Promotion](#)
[*Policy Making](#)
[*Psychosexual Behavior](#)
[*Sexual Addiction](#)

Source: PsycINFO

65. What would my avatar do? Gaming, pathology, and risky decision making.

Citation: Frontiers in Psychology, September 2013, vol./is. 4/, 1664-1078 (Sep 10, 2013)

Author(s): Bailey, Kira; West, Robert; Kuffel, Judson

Correspondence Address: Bailey, Kira: Social Cognitive Neuroscience Laboratory, Department of Psychological Sciences, University of Missouri, 210 McAlester Hall, Columbia, MO, US, 65211, baileyki@missouri.edu

Institution: Social Cognitive Neuroscience Laboratory, Department of Psychological Sciences, University of Missouri, Columbia, MO, US; Temporal Dynamics of Attention & Memory Laboratory, Department of Psychology, Iowa State University, Ames, IA, US; Educational Psychology & Foundations, University of Northern Iowa, Cedar Falls, IA, US

Language: English

Abstract: Recent work has revealed a relationship between pathological video game use and increased impulsivity among children and adolescents. A few studies have also demonstrated increased risk-taking outside of the video game environment following game play, but this work has largely focused on one genre of video games (i.e., racing). Motivated by these findings, the aim of the current study was to examine the relationship between pathological and non-pathological video game use, impulsivity, and risky decision making. The current study also investigated the relationship between experience with two of the most popular genres of video games [i.e., first-person shooter (FPS) and strategy] and risky decision making. Consistent with previous work, ~7% of the current sample of college-aged adults met criteria for pathological video game use. The number of hours spent gaming per week was associated with increased impulsivity on a self-report measure and on the temporal discounting (TD) task. This relationship was sensitive to the genre of video game; specifically, experience with FPS games was positively correlated with impulsivity, while experience with strategy games was negatively correlated with impulsivity. Hours per week and pathological symptoms predicted greater risk-taking in the risk task and the Iowa Gambling task, accompanied by worse overall performance, indicating that even when risky choices did not pay off, individuals who spent more time gaming and endorsed more symptoms of pathological gaming continued to make these choices. Based on these data, we suggest that the presence of pathological symptoms and the genre of video game (e.g., FPS, strategy) may be important factors in determining how the amount of game experience relates to impulsivity and risky-decision making. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY). The use, distribution or reproduction in other forums is permitted, provided the original author(s) or licensor are credited and that the original publication in this journal is cited, in accordance with accepted academic

practice. No use, distribution or reproduction is permitted which does not comply with these terms.; HOLDER: Bailey, West and Kuffel; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Computer Games](#)
[*Internet Addiction](#)
[*Pathology](#)
[Decision Making](#)
[Risk Taking](#)

Source: PsycINFO

66. Individual differences in motives, preferences, and pathology in video games: the gaming attitudes, motives, and experiences scales (GAMES).

Citation: Frontiers in Psychology, September 2013, vol./is. 4/, 1664-1078 (Sep 9, 2013)

Author(s): Hilgard, Joseph; Engelhardt, Christopher R; Bartholow, Bruce D

Correspondence Address: Hilgard, Joseph: Department of Psychology, University of Missouri-Columbia, Psychology Building, Room 121, 200 s 7th Street, Columbia, MO, US, 65201, jhilgard@gmail.com

Institution: Social-Cognitive Neuroscience Laboratory, Department of Psychology, University of Missouri-Columbia, Columbia, MO, US; Social-Cognitive Neuroscience Laboratory, Department of Psychology, University of Missouri-Columbia, Columbia, MO, US; Social-Cognitive Neuroscience Laboratory, Department of Psychology, University of Missouri-Columbia, Columbia, MO, US

Language: English

Abstract: A new measure of individual habits and preferences in video game use is developed in order to better study the risk factors of pathological game use (i.e., excessively frequent or prolonged use, sometimes called "game addiction"). This measure was distributed to internet message boards for game enthusiasts and to college undergraduates. An exploratory factor analysis identified 9 factors: Story, Violent Catharsis, Violent Reward, Social Interaction, Escapism, Loss-Sensitivity, Customization, Grinding, and Autonomy. These factors demonstrated excellent fit in a subsequent confirmatory factor analysis, and, importantly, were found to reliably discriminate between inter-individual game preferences (e.g., Super Mario Brothers as compared to Call of Duty). Moreover, three factors were significantly related to pathological game use: the use of games to escape daily life, the use of games as a social outlet, and positive attitudes toward the steady accumulation of in-game rewards. The current research identifies individual preferences and motives relevant to understanding video game players' evaluations of different games and risk factors for pathological video game use. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY). The use, distribution or reproduction in other forums is permitted, provided the original author(s) or licensor are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.; HOLDER: Hilgard, Engelhardt and Bartholow; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Computer Games](#)
[*Individual Differences](#)
[*Internet Addiction](#)
[*Psychometrics](#)
[*Rating Scales](#)
[Motivation](#)
[Preferences](#)
[Test Reliability](#)
[Test Validity](#)

Source: PsycINFO

67. Should psychiatry be expanding its boundaries?

Citation: The Canadian Journal of Psychiatry / La Revue canadienne de psychiatrie, October 2013, vol./is. 58/10(566-569), 0706-7437;1497-0015 (Oct 2013)

Author(s): Michels, Robert; Frances, Allen

Correspondence Address: Michels, Robert, 418 East 71 Street, Suite 41, New York, NY, US, 10021, rmichels@med.cornell.edu

Institution: Cornell University, New York, NY, US; Department of Psychiatry, Duke University, Durham, NC, US

Language: English

Abstract: This article provides a brief overview of the the scope of psychiatry. Psychiatry is the branch of medicine that deals with people who are vulnerable to or troubled by mental, emotional, or psychological pain, distress, or disability, and for whom the profession may provide prevention, relief, support, care, treatment, cure, or rehabilitation. However, at any given time, the scope of psychiatry, including the range of people who should be considered potential patients, is limited by the limits of psychiatric knowledge and capacity-for whom will psychiatric intervention make a difference? As that knowledge and capacity expand, so will the boundaries of psychiatry. These boundaries are not limited by decisions of the profession, by its desire for influence or power, or by the deliberations of a committee writing a diagnostic manual. If the latter does its job well, it does not decide what the boundaries should become, it describes the boundaries that exist at that time. psychiatry has grown immensely in its knowledge and its capacity to help people, and, as a result, its boundaries have expanded. It began with the care of patients with serious disability and psychosis, but new knowledge and new treatments have expanded its domain to encompass patients with less disability who could live in the community but not thrive, patients with mood or anxiety disorders who were not psychotic and did not require institutionalization, people with serious personality disorders, people with addictions, and others. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Decision Making](#)
[*Knowledge Level](#)
[*Psychiatry](#)
[Distress](#)
[Personality Disorders](#)

Source: PsycINFO

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

68. Review of Zen meditation in psychotherapy: Techniques for clinical practice.

Citation: Journal of Couple & Relationship Therapy, October 2013, vol./is. 12/4(379-380), 1533-2691;1533-2683 (Oct 2013)

Author(s): Tyndall, Lisa

Institution: East Carolina University, Greenville, NC, US

Language: English

Abstract: Reviews the book, Zen Meditation in Psychotherapy: Techniques for Clinical Practice by C. Alexander Simpkins and Annellen M. Simpkins (see record 2011-24927-000). This introduction to the application of meditation in psychotherapy offers a rationale founded in modern-day physiology and research to embrace techniques that have been around for thousands of years. The authors address several key presenting problems, such as anxiety,

trauma, depression, relationship issues, and addiction, making the book extremely valuable for the average clinician. Skeptics will find reassurance in the earliest chapters as the authors address the doubt surrounding the value of meditation by providing evidence such as brain mapping and even outlining various forms of meditation and the differing effects they have on the brain. The book has value for clinicians personally and professionally as the authors encourage clinicians to first practice the art of meditation themselves so that they truly understand the practice and can describe its benefits to clients accurately. A great part of the book is focused on experiences and wounds that people might think are individually focused, such as anxiety, and at first the relational piece of the puzzle seems to be missing. However, the authors soon explain the benefits that can be afforded relationally when a person is practicing meditation. Overall, the book is a very helpful introduction into integrating meditation into clinical work with individuals, couples, and even families. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Country of Publication: HOLDER: Taylor & Francis Group, LLC

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Clinical Practice](#)
[*Meditation](#)
[*Psychotherapy](#)
[*Zen Buddhism](#)
[Relationship Quality](#)

Source: PsycINFO

69. Necrosis of the intranasal structures and soft palate as a result of heroin snorting: A case series.

Citation: Substance Abuse, October 2013, vol./is. 34/4(409-414), 0889-7077;1547-0164 (Oct 2013)

Author(s): Peyriere, Helene; Leglise, Yves; Rousseau, Arnaud; Cartier, Cesar; Gibaja, Valerie; Galland, Pascal

Correspondence Address: Peyriere, Helene: Service de Pharmacologie Medicale et Toxicologie, Hopital Lapeyronie, 191 Avenue du Doyen Gaston Giraud, Montpellier, France, 34295, Cedex 5, h-peyriere@chu-montpellier.fr

Institution: Departement de Pharmacologie Medicale et Toxicologie, Centre d'Addictovigilance, Centre Hospitalier Universitaire, Montpellier, France; Unite de Traitement des Toxicodependances, Medecine Interne E, Centre Hospitalier Universitaire, Montpellier, France; Departement de Chirurgie Maxillo-faciale, Centre Hospitalier Universitaire, Montpellier, France; Departement d'Oto-Rhino-Laryngologie, Centre Hospitalier Universitaire, Montpellier, France; Centre d'Addictovigilance, Centre Hospitalier Universitaire, Nancy, France; Unite de Traitement des Addictions, Centre Hospitalier Beziers, Beziers, France

Language: English

Abstract: Background: The link between nasal inhalation of cocaine and nasal and palatal necrosis is well documented. In contrast, few data are available concerning nasal mucosa necrosis related to heroin snorting. The authors report here the retrospective analysis of 24 cases of orofacial lesions in patients with nasal heroin usage, collected between 2006 and 2012. Cases: The cases concern 17 males and 7 females (median age 29.5 (range: 24-42)) with chronic consumption of intranasal heroin (from 2 months to more than 10 years). Six patients had a history of cocaine abuse. The median daily amount of heroin consumption was 5 g (range: 0.5-10). The complications were nasal perforation (11 cases), nasal ulceration or erythema (5 cases), nasal septum necrosis (5 cases), pharyngeal ulceration (3 cases), and palate damages (5 cases). The most common clinical signs and symptoms were nasal pain, purulent sputum, dysphagia, and rhinitis. Maintenance therapy with methadone (19 cases) or buprenorphine (3 cases) was initiated. In 8 cases, the injury improved. Discussion: The potential of heroin to induce destructive orofacial lesions should be considered when nasal damages are observed in patients with drug abuse. A multidisciplinary approach seems to be the most effective means of managing such patients. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: Taylor & Francis Group, LLC
Publication Type: Journal; Peer Reviewed Journal
Subject Headings: [*Drug Therapy](#)
[*Heroin Addiction](#)
[*Methadone Maintenance](#)
[*Nasal Mucosa](#)
[*Necrosis](#)
[Opiates](#)
Source: PsycINFO

70. Association of prescription drug misuse with risky motor vehicle behaviors among low-income young women.

Citation: Substance Abuse, October 2013, vol./is. 34/4(405-408), 0889-7077;1547-0164 (Oct 2013)
Author(s): Laz, Tabassum H; Shemontee, Mirza O; Rahman, Mahbubur; Berenson, Abbey B
Correspondence Address: Berenson, Abbey B.: Center for Interdisciplinary Research in Women's Health, Department of Obstetrics and Gynecology, University of Texas Medical Branch, 301 University Boulevard, Galveston, TX, US, 77555-0587, abberens@utmb.edu
Institution: Department of Obstetrics and Gynecology, Center for Interdisciplinary Research in Women's Health, University of Texas Medical Branch, Galveston, TX, US; Department of Obstetrics and Gynecology, Center for Interdisciplinary Research in Women's Health, University of Texas Medical Branch, Galveston, TX, US; Department of Obstetrics and Gynecology, Center for Interdisciplinary Research in Women's Health, University of Texas Medical Branch, Galveston, TX, US; Department of Obstetrics and Gynecology, Center for Interdisciplinary Research in Women's Health, University of Texas Medical Branch, Galveston, TX, US
Language: English
Abstract: Background: The purpose of this study was to examine the association between prescription drug misuse and risky motor vehicle behaviors among 16-24-year-old women. Methods: A survey was conducted on misuse of 4 classes of prescription drugs (pain relievers, tranquilizers, stimulants, and sedatives) and past-month risky motor vehicle behaviors among these women during 2008-2010. Results: Overall, 47.7% (1408/2952) of women reported risky motor vehicle behavior(s) in the past month. Misuse of 1 or more of the 4 classes was 30.1% (lifetime), 15.0% (past year), and 6.7% (past month). Misuse of 1 or more of these prescription drug classes was associated with risky motor vehicle behaviors in their lifetime (odds ratio [OR]: 1.83, 95% confidence interval [CI]: 1.54-2.18), past year (OR: 2.25, 95% CI: 1.80-2.83), and past month (OR: 2.70, 95% CI: 1.94-3.78). Conclusions: The current finding that misuse of 1 or more of the 4 prescription drug classes, irrespective of when this last occurred, is associated with risky motor vehicle behaviors may help formulate awareness programs. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: Taylor & Francis Group, LLC
Publication Type: Journal; Peer Reviewed Journal
Subject Headings: [*Driving Behavior](#)
[*Drug Abuse](#)
[*Prescription Drugs](#)
[*Risk Taking](#)
[Lower Income Level](#)
[Motor Vehicles](#)
Source: PsycINFO

71. Self-forgiveness, shame, and guilt in recovery from drug and alcohol problems.

Citation: Substance Abuse, October 2013, vol./is. 34/4(396-404), 0889-7077;1547-0164 (Oct 2013)
Author(s): McGaffin, Breanna J; Lyons, Geoffrey C. B; Deane, Frank P

Correspondence Address: McGaffin, Breanna J.: Illawarra Institute for Mental Health, School of Psychology, University of Wollongong, Northfields Avenue, Wollongong, NSW, Australia, 2522, bm425@uowmail.edu.au

Institution: Illawarra Institute for Mental Health, University of Wollongong, Wollongong, NSW, Australia; Illawarra Institute for Mental Health, University of Wollongong, Wollongong, NSW, Australia; Illawarra Institute for Mental Health, University of Wollongong, Wollongong, NSW, Australia

Language: English

Abstract: Background: People with drug and/or alcohol problems often experience feelings of shame and guilt, which have been associated with poorer recovery. Self-forgiveness has the potential to reduce these negative experiences. Methods: The current study tested theorized mediators (acceptance, conciliatory behavior, empathy) of the relationships between shame and guilt with self-forgiveness. A cross-sectional sample of 133 individuals (74.4% male) receiving residential treatment for substance abuse completed self-report measures of shame, guilt, self-forgiveness, and the mediators. Results: Consistent with previous research, guilt had a positive association with self-forgiveness, whereas shame was negatively associated with self-forgiveness. Acceptance mediated the guilt and self-forgiveness relationship and had an indirect effect on the shame and self-forgiveness relationship. Conclusions: These findings emphasize the importance of targeting acceptance when trying to reduce the effects of shame and guilt on self-forgiveness. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: Taylor & Francis Group, LLC

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcoholism](#)
[*Drug Abuse](#)
[*Forgiveness](#)
[*Guilt](#)
[*Shame](#)
[Recovery \(Disorders\)](#)

Source: PsycINFO

72. Prevalence and sociodemographic correlates of lifetime substance use among a rural and diverse sample of adolescents.

Citation: Substance Abuse, October 2013, vol./is. 34/4(371-380), 0889-7077;1547-0164 (Oct 2013)

Author(s): McDermott, Michael J; Drescher, Christopher F; Smitherman, Todd A; Tull, Matthew T; Heiden, Laurie; Damon, John D; Hight, Terry L; Young, John

Correspondence Address: McDermott, Michael J.: Department of Psychology, University of Mississippi, 207 Peabody Building, University, MA, US, 38677, mjmcderm@go.olemiss.edu

Institution: Department of Psychology, University of Mississippi, University, MS, US; Department of Psychology, University of Mississippi, University, MS, US; Department of Psychology, University of Mississippi, University, MS, US; Department of Psychiatry and Human Behavior, University of Mississippi Medical Center, Jackson, MS, US; Mississippi Children's Home Services, Jackson, MS, US; Mississippi Children's Home Services, Jackson, MS, US; Mississippi Children's Home Services, Jackson, MS, US; Department of Psychology, University of Mississippi, University, MS, US

Language: English

Abstract: Background: Data are limited regarding the prevalence of substance use among adolescents in rural and ethnically diverse communities. This study examined rates and sociodemographic correlates of lifetime substance use among adolescents in Mississippi, a rural state that is the poorest in the country (21.3% poverty rate) and has the largest proportion of African Americans per capita (36.3%). Methods: Participants in this cross-sectional study were 6349 adolescents (6th through 12th grade) who reported on lifetime tobacco, alcohol, marijuana, cocaine, inhalant, hallucinogen, and

methamphetamine use. Results: Lifetime smoking (10.2% to 44.5%), alcohol (23.2% to 72.0%), and marijuana use (7.9% to 39.2%) increased steadily when comparing students in 6th to 12th grade. Substances with more serious abuse potential (cocaine [6.7% to 11.1%], inhalants [12.2% to 17.9%], hallucinogens [4.4% to 12.1%], and methamphetamine [3.0% to 6.7%]) displayed more modest increases across grade. Adolescents who classified their race/ethnicity as "Other" (i.e., not white, black/African American, Asian, or Hispanic/Latino/Latina) demonstrated more than 2-fold increased likelihood of methamphetamine use (odds ratio [OR] = 2.42), and increased risk for use of any illicit substance (OR = 1.49). In general, males demonstrated an increased risk for use across substances (OR = 1.15-1.94), and higher income was associated with a decreased likelihood of illicit substance use (OR = 0.51-0.67). Living in a more populated area was associated with an increased likelihood of alcohol (OR = 1.43), marijuana (OR = 2.11), and cocaine use (OR = 2.06), and use of any illicit substance (OR = 1.54). Conclusions: Mississippi adolescents reported higher rates of lifetime cocaine, inhalant, hallucinogen, and methamphetamine use across all grade levels compared with national surveys. Male gender, low income, and residence in more populated areas were associated with increased use of several substances. Findings demonstrate the need for prevention and intervention programs targeting impoverished rural and ethnically diverse communities. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: Taylor & Francis Group, LLC

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Cocaine](#)
[*Drug Usage](#)
[*Epidemiology](#)
[*Rural Environments](#)

Source: PsycINFO

73. Internal medicine residents' training in substance use disorders: A survey of the quality of instruction and residents' self-perceived preparedness to diagnose and treat addiction.

Citation: Substance Abuse, October 2013, vol./is. 34/4(363-370), 0889-7077;1547-0164 (Oct 2013)

Author(s): Wakeman, Sarah E; Baggett, Meridale V; Pham-Kanter, Genevieve; Campbell, Eric G

Correspondence Address: Wakeman, Sarah E.: Massachusetts General Hospital, 55 Fruit Street, GRB 740, Boston, MA, US, 02114, swakeman@partners.org

Institution: Department of Medicine, Massachusetts General Hospital, Boston, MA, US; Department of Medicine, Massachusetts General Hospital, Boston, MA, US; Mongan Institute for Health Policy, Boston, MA, US; Department of Medicine, Harvard Medical School, Boston, MA, US

Language: English

Abstract: Background: Resident physicians are the direct care providers for many patients with addiction. This study assesses residents' self-perceived preparedness to diagnose and treat addiction, measures residents' perceptions of the quality of addictions instruction, and evaluates basic knowledge of addictions. Methods: A survey was e-mailed to 184 internal medicine residents at Massachusetts General Hospital in May 2012. Results: Responses were obtained from 55% of residents. Residents estimated that 26% of inpatients they cared for met criteria for a substance use disorder (SUD). Twenty-five percent of residents felt unprepared to diagnose and 62% felt unprepared to treat addiction. Only 13% felt very prepared to diagnose addiction. No residents felt very prepared to treat addiction. Preparedness to diagnose or treat addiction did not differ significantly across postgraduate year (PGY) level. Fifty-five percent rated the overall instruction in addictions as poor or fair. Seventy-two percent of residents rated the quality of addictions training as poor or fair in the outpatient clinical setting, and 56% in the inpatient setting. No resident answered all 6 knowledge questions correctly. Slightly more than half correctly identified the mechanism of buprenorphine and 19% correctly answered a question about naltrexone. Nine percent of residents responded that someone had expressed concern about the respondent's substance use. Conclusions: Despite providing care for a

substantial population with addiction, the majority of internal medicine residents in this study feel unprepared to treat SUDs. More than half rate the quality of addictions instruction as fair or poor. Structured and comprehensive addictions curriculum and faculty development are needed to address the deficiencies of the current training system. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: Taylor & Francis Group, LLC

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Educational Quality](#)
[*Medical Residency](#)
[*Physicians](#)
[*Teaching](#)
[*Training](#)
[Addiction](#)
[Medical Diagnosis](#)
[Treatment](#)

Source: PsycINFO

74. Stigmatization of substance use disorders among internal medicine residents.

Citation: Substance Abuse, October 2013, vol./is. 34/4(356-362), 0889-7077;1547-0164 (Oct 2013)

Author(s): Meltzer, Ellen C; Suppes, Alexandra; Burns, Sam; Shuman, Andrew; Orfanos, Alex; Sturiano, Christopher V; Charney, Pamela; Fins, Joseph J

Correspondence Address: Meltzer, Ellen C.: Division of Medical Ethics, New York Presbyterian Weill Cornell Medical Center, 435 East 70th Street, Suite 4J, New York, NJ, US, 10021, elc9076@med.cornell.edu

Institution: Division of Medical Ethics, Department of Public Health, Weill Cornell Medical College, New York, NY, US; Division of Medical Ethics, Department of Public Health, Weill Cornell Medical College, New York, NY, US; Division of Medical Ethics, Department of Public Health, Weill Cornell Medical College, New York, NY, US; Division of Medical Ethics, Department of Public Health, Weill Cornell Medical College, New York, NY, US; College of Arts and Sciences, Cornell University, Ithaca, NY, US; Weill Cornell Medical College, Midtown Center for Treatment and Research, New York, NY, US; Department of Medicine, Weill Cornell Medical College, New York, NY, US; Division of Medical Ethics, Department of Public Health, Weill Cornell Medical College, New York, NY, US

Language: English

Abstract: Background: Evidence suggests that some physicians harbor negative attitudes towards patients with substance use disorders (SUDs). The study sought to (1) measure internal medicine residents' attitudes towards patients with SUDs and other conditions; (2) determine whether demographic factors influence regard for patients with SUDs; and (3) assess the efficacy of a 10-hour addiction medicine course for improving attitudes among a subset of residents. Methods: A prospective cohort study of 128 internal medicine residents at an academic medical center in New York City. Scores from the validated Medical Condition Regard Scale (MCRS) were used to assess attitude towards patients with alcoholism, dependence on narcotic pain medication, heartburn, and pneumonia. Demographic variables included gender, postgraduate training year, and prior addiction education. Results: Mean baseline MCRS scores were lower (less regard) for patients with alcoholism (41.4) and dependence on narcotic pain medication (35.3) than for patients with pneumonia (54.5) and heartburn (48.9) ($P < .0001$). Scores did not differ based upon gender, prior hours of addiction education, or year of training. After the course, MCRS scores marginally increased for patients with alcoholism (mean increased by 0.16, $P = .04$ [95% confidence interval, CI: 0.004-0.324]) and dependence on narcotic pain medication (mean increased by 0.09, $P = .10$ [95% CI: 0.02-0.22]). Conclusions: Internal medicine residents demonstrate less regard for patients with SUDs. Participation in a course in addiction medicine was associated with modest attitude improvement; however, other efforts may be necessary to ensure that patients with potentially stigmatized conditions receive optimal care. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: Taylor & Francis Group, LLC
Publication Type: Journal; Peer Reviewed Journal
Subject Headings: *Drug Abuse
*Medical Residency
*Physicians
*Stigma
*Student Attitudes
Addiction
Source: PsycINFO

75. Teaching and assessing residents' skills in managing heroin addiction with objective structured clinical examinations (OSCEs).

Citation: Substance Abuse, October 2013, vol./is. 34/4(350-355), 0889-7077;1547-0164 (Oct 2013)
Author(s): Parish, Sharon J; Stein, Melissa R; Hahn, Steven R; Goldberg, Uri; Arnsten, Julia H
Correspondence Address: Parish, Sharon J.: Department of Medicine, Montefiore Medical Center, Centennial 3, 111 East 210th Street, Bronx, NY, US, 10467, sparish@montefiore.org
Institution: Division of General Internal Medicine, Department of Medicine, Albert Einstein College of Medicine, Bronx, NY, US; Division of General Internal Medicine, Department of Medicine, Albert Einstein College of Medicine, Bronx, NY, US; Department of Medicine, Jacobi Medical Center, Bronx, NY, US; Division of General Internal Medicine, Department of Medicine, Albert Einstein College of Medicine, Bronx, NY, US; Division of General Internal Medicine, Department of Medicine, Albert Einstein College of Medicine, Bronx, NY, US
Language: English
Abstract: Background: Heroin-abusing patients present a significant challenge. Objective Structured Clinical Examinations (OSCEs) allow evaluation of residents' clinical skills. The objective of this study was to examine residents' OSCE performance assessing and managing heroin abuse. Methods: Evaluation and comparison of heroin-specific communication, assessment, and management skills in a 5-station postgraduate year 3 (PGY3) substance abuse OSCE. Faculty used a 4-point Likert scale to assess residents' skills; standardized patients provided written comments. Results: Two hundred sixty-five internal and family medicine residents in an urban university hospital participated over 5 years. In the heroin station, residents' skills were better ($P < .001$ for both comparisons) in communication (mean overall score: 3.16 ± 0.51) than in either assessment (mean overall score: 2.66 ± 0.60) or management (mean overall score: 2.50 ± 0.73). The mean score for assessing specific high-risk behaviors was lower than the mean overall assessment score (2.22 ± 1.01 vs. $2.74 \pm .59$; $P < .0001$), and the mean score for recommending appropriate harm reduction management strategies was lower than the mean overall management score ($2.39 \pm .89$ vs. $2.54 \pm .74$; $P < .005$). Standardized patients' comments reflected similar weaknesses in residents' skills. Conclusions: Assessment and management of heroin abuse were more challenging for residents than general communication. Additional training is required for residents to assess and counsel patients about high-risk behaviors. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
Conference Information: Society of General Internal Medicine Mid-Atlantic Regional Meeting. Mar, 2007. Portions of this research were presented at the aforementioned conference and the Society of General Internal Medicine 30th Annual Meeting in May 2007, and the Meeting of the Association of Medical Education and Research in Substance Abuse in November 2007.
Country of Publication: HOLDER: Taylor & Francis Group, LLC
Publication Type: Journal; Peer Reviewed Journal
Subject Headings: *Educational Measurement
*Family Medicine
*Heroin Addiction
*Medical Residency
*Teaching

Source: PsycINFO

76. INCASE: Accomplishments and challenges.

Citation: Substance Abuse, October 2013, vol./is. 34/4(342-343), 0889-7077;1547-0164 (Oct 2013)

Author(s): Michels, Vicki

Institution: Minot State University, Minot, ND, US

Language: English

Abstract: The present article reflects on the accomplishments, continued challenges, and future objectives for addiction education and the International Coalition for Addiction Studies Education (INCASE). Addiction counseling began as a grass roots movement with people who were recovering choosing to help others who were struggling with addiction. To address the need for more formal education, INCASE played a vital role in developing an addiction studies curriculum and worked with colleges to create and improve addiction studies courses and degree programs. INCASE and all professions involved with either providing services for those afflicted with addiction or in educating and training providers should have a vested interest in making sure addiction treatment providers are adequately educated so as to provide the best services possible in all states. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Country of Publication: HOLDER: Taylor & Francis Group, LLC

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Addiction](#)
[*Health Education](#)
[*International Organizations](#)

Source: PsycINFO

77. Substance Abuse Journal: New beginnings.

Citation: Substance Abuse, October 2013, vol./is. 34/4(339-341), 0889-7077;1547-0164 (Oct 2013)

Author(s): Gordon, Adam J

Institution: University of Pittsburgh, School of Medicine, Pittsburgh, PA, US

Language: English

Abstract: Today, the Substance Abuse journal is the publication of the Association of Medical Education and Research on Substance Abuse (AMERSA) and an associated publication of the International Society of Addiction Medicine (ISAM) and the International Coalition for Addictions Studies Education (INCASE). The editorial processes have already changed dramatically at the Journal. To assist with editorial-process transparency, editor succession planning, and collaboration, the author has created an Executive Editorial Board. The editorial team has begun to improve the focus and quality of work published in the Journal. The editors look forward to taking on the challenges of directing the Journal and continuing its legacy of excellence. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Country of Publication: HOLDER: Taylor & Francis Group, LLC

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Drug Abuse](#)
[*Scientific Communication](#)

Source: PsycINFO

78. Exploring substance use normalization among adolescents: A multilevel study in 35 countries.

Citation: Social Science & Medicine, November 2013, vol./is. 97/(143-151), 0277-9536;1873-5347 (Nov 2013)

Author(s): Sznitman, Sharon R; Kolobov, Tanya; Bogt, Tom ter; Kuntsche, Emmanuel; Walsh, Sophie D; Boniel-Nissim, Meyran; Harel-Fisch, Yossi

Correspondence Address: Sznitman, Sharon R.: School of Public Health, University of Haifa, Eshkol Building, Room 705, Mount Carmel, Haifa, Israel, 3190501, sznitman@research.haifa.ac.il

Institution: School of Public Health, University of Haifa, Haifa, Israel; Department of Sociology and Anthropology, University of Haifa, Haifa, Israel; Department of Interdisciplinary Social Sciences, Utrecht University, Utrecht, Netherlands; Research Institute, Lausanne, Switzerland; Department of Criminology, Bar Ilan University, Ramat Gan, Israel; International Research Program on Adolescent Well-Being and Health, School of Education, Faculty of Social Sciences, Bar-Ilan University, Ramat Gan, Israel; International Research Program on Adolescent Well-Being and Health, School of Education, Faculty of Social Sciences, Bar-Ilan University, Ramat Gan, Israel

Language: English

Abstract: The substance use normalization thesis predicts that adolescent substance users are less likely to report substance use risk factors in high than in low prevalence countries. This study tests whether national population-level alcohol, cigarette and cannabis prevalence rates moderate the strength of the relationship between individual level social and behavioral risk factors and individual level alcohol, cigarette and cannabis use. Data from 2009/2010 Health Behaviour in School-Aged Children Study (N = 68,045, age = 15) from 35 countries was analyzed using logistic Hierarchical Linear Modeling. As expected based on low cannabis prevalence rates in all countries studied, no evidence of normalization was found for recent cannabis use. Also in line with the normalization thesis, results show that for substance use that reaches above 40% in at least some of the countries studied (drunkenness, alcohol and cigarette use), adolescents who reported use are less likely to report social and behavioral risk factors in high prevalence countries than in low prevalence countries. However, support for the normalization thesis was only partial in that results show that in models where evidence for normalization was found, there are risk factors that predict substance use to an equal degree regardless of country level prevalence rates. The current research shows that the normalization thesis is a useful framework for understanding the contextual aspects of adolescent alcohol, tobacco, and cannabis use. The study has implications for drug prevention as it suggests that selective prevention efforts may be particularly useful in low prevalence countries where screening based on risk factors may usefully identify adolescents at most risk for developing drug use problems. This approach may be less useful in high prevalence countries where screening based on risk factors is less likely to satisfactorily identify those at risk for developing drug use problems. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: All rights reserved.; HOLDER: Elsevier Ltd.; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Adolescent Attitudes](#)
[*Drug Abuse](#)
[*Epidemiology](#)
[*Risk Factors](#)
[Health Behavior](#)
[Test Standardization](#)

Source: PsycINFO

79. 'I became a mom': Identity changes in mothers receiving public assistance.

Citation: Journal of Social Service Research, October 2013, vol./is. 39/5(587-605), 0148-8376;1540-7314 (Oct 2013)

Author(s): Ali, Diana S; Hall, M. Elizabeth Lewis; Anderson, Tamara L; Willingham, Michele M

Correspondence Address: Hall, M. Elizabeth Lewis: Biola University, Rosemead School of Psychology, 13800 Biola Ave, La Mirada, CA, US, 90639, liz.hall@biola.edu

Institution: Biola University, Rosemead School of Psychology, La Mirada, CA, US; Biola University, Rosemead School of Psychology, La Mirada, CA, US; Biola University, Rosemead School of Psychology, La Mirada, CA, US; California State Polytechnic University, Pomona, CA, US

Language: English

Abstract: This phenomenological study used individual, semistructured, face-to-face interviews to explore motherhood experiences among 15 women receiving public assistance in a large urban area on the West coast. A primary phenomenon observed was that motherhood was described as an experience of identity change, with resulting emotional, behavioral, and sense-of-self changes. Within this broad theme, two categories emerged: the experience and process of change, and consequences of change. It was concluded that motherhood may serve as an important catalyst for change in some women and that the context of poverty is essential for understanding the motherhood experience. These results suggest that interventions aimed at leveraging emerging motherhood identities may be beneficial in setting women on the path out of poverty, drug addiction, and incarceration. Future research should examine the consequences of maternal change within the specific context of the stages of change documented in the recovery process from drug addiction. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: Taylor & Francis Group, LLC

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Life Changes](#)
[*Mothers](#)
[*Self Concept](#)
[*Welfare Services \(Government\)](#)
[Experiences \(Events\)](#)
[Poverty](#)

Source: PsycINFO

80. Animal models lead the way to further understanding food addiction as well as providing evidence that drugs used successfully in addictions can be successful in treating overeating.

Citation: Biological Psychiatry, October 2013, vol./is. 74/7(e11), 0006-3223 (Oct 1, 2013)

Author(s): Gold, Mark S; Avena, Nicole M

Correspondence Address: Gold, Mark S., msgold@ufl.edu

Institution: McKnight Brain Institute, Department of Psychiatry, College of Medicine, University of Florida, Gainesville, FL, US; McKnight Brain Institute, Department of Psychiatry, College of Medicine, University of Florida, Gainesville, FL, US

Language: English

Abstract: Reply by the current authors on the comments made by Ashley N. Gearhardt and Kelly D. Brownell (see record 2013-13839-008) on the original article (see record 2012-34342-014). The -aminobutyric acid-B agonist baclofen can reduce intake of dietary fat, and the opioid antagonist naltrexone can suppress intake of some foods. The study the authors reported at the American College of Neuropsychopharmacology. This drug combination might be useful as a therapeutic tool for patients who binge eat, and it also provides a novel pharmacological support for the food addiction hypothesis, because both of these medications are used in alcohol dependence and other addictions. Successful treatments for hedonic overeating would not only provide support for the food addiction hypothesis but also suggest a common mechanism through which addictive behaviors might occur. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Country of Publication: HOLDER: Society of Biological Psychiatry; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Addiction](#)
[*Brain](#)

*Neurosciences

*Obesity

Source: PsycINFO**Full Text:** Available from *Elsevier* in *Biological Psychiatry***81. A selective insular perfusion deficit contributes to compromised salience network connectivity in recovering alcoholic men.****Citation:** *Biological Psychiatry*, October 2013, vol./is. 74/7(547-555), 0006-3223 (Oct 1, 2013)**Author(s):** Sullivan, Edith V; Muller-Oehring, Eva; Pitel, Anne-Lise; Chanraud, Sandra; Shankaranarayanan, Ajit; Alsop, David C; Rohlfing, Torsten; Pfefferbaum, Adolf**Correspondence Address:** Sullivan, Edith V.: Stanford University School of Medicine, Department of Psychiatry & Behavioral Sciences, 401 Quarry Road, Stanford, CA, US, 94305-5723, edie@stanford.edu**Institution:** Department of Psychiatry & Behavioral Sciences, Stanford University School of Medicine, Stanford, CA, US; Department of Psychiatry & Behavioral Sciences, Stanford University School of Medicine, Stanford, CA, US; Department of Psychiatry & Behavioral Sciences, Stanford University School of Medicine, Stanford, CA, US; Department of Psychiatry & Behavioral Sciences, Stanford University School of Medicine, Stanford, CA, US; SRI International, GE Healthcare, Menlo Park, CA, US; Department of Radiology, Beth Israel Deaconess Medical Center, Boston, MA, US; Neuroscience Program, GE Healthcare, Menlo Park, CA, US; Department of Psychiatry & Behavioral Sciences, Stanford University School of Medicine, Stanford, CA, US**Language:** English**Abstract:** Background: Alcoholism can disrupt neural synchrony between nodes of intrinsic functional networks that are maximally active when resting relative to engaging in a task, the default mode network (DMN) pattern. Untested, however, are whether the DMN in alcoholics can rebound normally from the relatively depressed task state to the active resting state and whether local perfusion deficits could disrupt network synchrony when switching from conditions of rest to task to rest, thereby indicating a physiological mechanism of neural network adaptation capability. Methods: Whole-brain, three-dimensional pulsed-continuous arterial spin labeling provided measurements of regional cerebral blood flow (CBF) in 12 alcoholics and 12 control subjects under three conditions: pretask rest, spatial working-memory task, and posttask rest. Results: With practice, alcoholics and control subjects achieved similar task accuracy and reaction times. Both groups exhibited a high-low-high pattern of perfusion levels in DMN regions during the rest-task-rest runs and the opposite pattern in posterior and cerebellar regions known to be associated with spatial working memory. Alcoholics showed selective differences from control subjects in the rest-task-rest CBF pattern in the anterior precuneus and CBF level in the insula, a hub of the salience network. Connectivity analysis identified activation synchrony from an insula seed to salience nodes (parietal, medial frontal, anterior cingulate cortices) in control subjects only. Conclusions: We propose that attenuated insular CBF is a mechanism underlying compromised connectivity among salience network nodes. This local perfusion deficit in alcoholics has the potential to impair ability to switch from cognitive states of interoceptive cravings to cognitive control for curbing internal urges. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)**Country of Publication:** HOLDER: Society of Biological Psychiatry; YEAR: 2013**Publication Type:** Journal; Peer Reviewed Journal**Subject Headings:** *Alcoholism
*Recovery (Disorders)
*Cognitive Control
*Insula
Neural Pathways**Source:** PsycINFO

Full Text: Available from *Elsevier* in *Biological Psychiatry*

82. Kappa opioid receptor-mediated dysregulation of gamma-aminobutyric acidergic transmission in the central amygdala in cocaine addiction.

Citation: Biological Psychiatry, October 2013, vol./is. 74/7(520-528), 0006-3223 (Oct 1, 2013)

Author(s): Kallupi, Marsida; Wee, Sunmee; Edwards, Scott; Whitfield, Timothy W Jr.; Oleata, Christopher S; Luu, George; Schmeichel, Brooke E; Koob, George F; Roberto, Marisa

Correspondence Address: Roberto, Marisa: Scripps Research Institute, Committee on the Neurobiology of Addictive Disorders, 10550 N Torrey Pines Rd, La Jolla, CA, US, 92037, mroberto@scripps.edu

Institution: School of Pharmacy, Pharmacology Unit, University of Camerino, Camerino, Italy; Department of Molecular Therapeutics, Scripps Florida, Jupiter, FL, US; Committee on the Neurobiology of Addictive Disorders, Scripps Research Institute, La Jolla, CA, US; Committee on the Neurobiology of Addictive Disorders, Scripps Research Institute, La Jolla, CA, US; Committee on the Neurobiology of Addictive Disorders, Scripps Research Institute, La Jolla, CA, US; Committee on the Neurobiology of Addictive Disorders, Scripps Research Institute, La Jolla, CA, US; Committee on the Neurobiology of Addictive Disorders, Scripps Research Institute, La Jolla, CA, US; Committee on the Neurobiology of Addictive Disorders, Scripps Research Institute, La Jolla, CA, US; Committee on the Neurobiology of Addictive Disorders, Scripps Research Institute, La Jolla, CA, US; Committee on the Neurobiology of Addictive Disorders, Scripps Research Institute, La Jolla, CA, US

Language: English

Abstract: Background: Studies have demonstrated an enhanced dynorphin/kappa-opioid receptor (KOR) system following repeated cocaine exposure, but few reports have focused on neuroadaptations within the central amygdala (CeA). Methods: We identified KOR-related physiological changes in the CeA following escalation of cocaine self-administration in rats. We used in vitro slice electrophysiological (intracellular and whole-cell recordings) methods to assess whether differential cocaine access in either 1-hour (short access [ShA]) or 6-hour (long access [LgA]) sessions induced plasticity at CeA gamma-aminobutyric acid (GABA)ergic synapses or altered the sensitivity of these synapses to KOR agonism (U50488) or antagonism (norbinaltorphimine [norBNI]). We then determined the functional effects of CeA KOR blockade in cocaine-related behaviors. Results: Baseline evoked GABAergic transmission was enhanced in the CeA from ShA and LgA rats compared with cocaine-naïve rats. Acute cocaine (1 mol/L) application significantly decreased GABA release in all groups (naïve, ShA, and LgA rats). Application of U50488 (1 mol/L) significantly decreased GABAergic transmission in the CeA from naïve rats but increased it in LgA rats. Conversely, norBNI (200 nmol/L) significantly increased GABAergic transmission in the CeA from naïve rats but decreased it in LgA rats. Norbinaltorphimine did not alter the acute cocaine-induced inhibition of GABAergic responses. Finally, CeA microinfusion of norBNI blocked cocaine-induced locomotor sensitization and attenuated the heightened anxiety-like behavior observed during withdrawal from chronic cocaine exposure in the defensive burying paradigm. Conclusions: Together these data demonstrate that CeA dynorphin/KOR systems are dysregulated following excessive cocaine exposure and suggest KOR antagonism as a viable therapeutic strategy for cocaine addiction. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: Society of Biological Psychiatry; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Cocaine](#)
[*Drug Addiction](#)
[*Gamma Aminobutyric Acid](#)
[*Opiates](#)
[Amygdala](#)
[Dynorphins](#)
[Rats](#)

Source: PsycINFO
Full Text: Available from *Elsevier* in *Biological Psychiatry*

83. Prenatal cocaine exposure and gray matter volume in adolescent boys and girls: Relationship to substance use initiation.

Citation: Biological Psychiatry, October 2013, vol./is. 74/7(482-489), 0006-3223 (Oct 1, 2013)
Author(s): Rando, Kenneth; Chaplin, Tara M; Potenza, Marc N; Mayes, Linda; Sinha, Rajita
Correspondence Address: Sinha, Rajita: Yale Stress Center, 2 Church Street, South, Suite 209, New Haven, CT, US, 06519, Rajita.Sinha@yale.edu
Institution: Department of Psychiatry, Yale University School of Medicine, New Haven, CT, US;
 Department of Psychiatry, Yale University School of Medicine, New Haven, CT, US;
 Department of Psychiatry, Yale University School of Medicine, New Haven, CT, US;
 Department of Psychiatry, University School of Medicine, New Haven, CT, US;
 Department of Psychiatry, Yale University School of Medicine, New Haven, CT, US
Language: English

Abstract: Background: Studies of prenatal cocaine exposure have primarily examined childhood populations. Studying adolescents is especially important because adolescence is a time of changing motivations and initiation of substance use. Methods: Using magnetic resonance imaging and whole-brain voxel-based morphometry, we assessed gray matter volume (GMV) differences in 42 prenatally cocaine exposed (PCE) and 21 noncocaine-exposed (NCE) adolescents, aged 14 to 17 years. Associations between GMV differences in significant clusters and the probability of substance use initiation were examined. Results: PCE relative to NCE adolescents demonstrated three clusters of lower GMV involving a limbic and paralimbic ($p < .001$, family-wise error [FWE] corrected), superior frontal gyrus ($p = .001$, FWE corrected), and precuneus ($p = .019$, FWE corrected) cluster. GMVs in the superior frontal and precuneus clusters were associated with initiation of substance use. Each 1-mL decrease in GMV increased the probability of initiating substance use by 69.6% ($p = .01$) in the superior frontal cluster and 83.6% ($p = .02$) in the precuneus cluster. Conclusions: PCE is associated with structural differences in cortical and limbic regions. Lower GMVs in frontal cortical and posterior regions are associated with substance use initiation and may represent biological risk markers for substance use. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: Society of Biological Psychiatry; YEAR: 2013
Publication Type: Journal; Peer Reviewed Journal
Subject Headings: [*Cocaine](#)
[*Drug Abuse](#)
[*Prenatal Exposure](#)
[*Gray Matter](#)
[Adolescent Development](#)
[Cerebral Cortex](#)

Source: PsycINFO
Full Text: Available from *Elsevier* in *Biological Psychiatry*

84. Enduring effects of adolescent drug exposure.

Citation: Biological Psychiatry, October 2013, vol./is. 74/7(480-481), 0006-3223 (Oct 1, 2013)
Author(s): Kuhn, Cynthia M; Wilson, Willkie; Swartzwelder, Scott
Correspondence Address: Kuhn, Cynthia M., 100B Research Park 2, Box 3813, Durham, NC, US, 27710, ckuhn@duke.edu
Institution: Duke University Medical Center, Durham, NC, US; Duke University Medical Center, Durham, NC, US; Durham VA Medical Center, Durham, NC, US
Language: English

Abstract: Comments on an article, by Daryn K. Cass et al. (see record 2013-11762-001). The study by Cass et al. in this issue addresses a gaping hole in our understanding of whether or how early exposure to addictive drugs influences how the adult brain functions. They studied a logical but neglected target the fast-spiking GABA inter neurons in the medial prefrontal cortex (mPFC) which provide rapid and precisely-timed inhibition to gate the excitatory activity of cortical pyramidal cells. The mPFC is critically involved in working memory and decision making, and is disrupted by cocaine addiction. Furthermore, this disruption is thought to contribute to craving and relapse. Previous studies have shown that dopamine neurons innervate the fast-spiking GABA inter neurons in this part of the cortex, and that cocaine modulates their activity. However, for vulnerable adolescents who have significant drug exposure in adolescence, the Cass et al. study raises the concern that long lasting effects on the part of the brain that we rely on for our most sophisticated thinking may be changed permanently by this exposure. Future research must answer the question of how the changes in cortical inhibition shown in the present study contribute to adult decision making. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Country of Publication: STATEMENT: Published by Elsevier Inc. All rights reserved.; HOLDER: Society of Biological Psychiatry; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Cocaine](#)
[*Gamma Aminobutyric Acid](#)
[*Prefrontal Cortex](#)
[*Chemical Exposure](#)
[Adolescent Development](#)
[Adult Development](#)
[Animal Models](#)
[Rats](#)

Source: PsycINFO

Full Text: Available from *Elsevier* in [Biological Psychiatry](#)

85. A qualitative analysis of provider barriers and solutions to HIV testing for substance users in a small, largely rural southern state.

Citation: The Journal of Rural Health, 2013, vol./is. 29/4(420-431), 0890-765X;1748-0361 (Aut, 2013)

Author(s): Wright, Patricia B; Curran, Geoffrey M; Stewart, Katharine E; Booth, Brenda M

Correspondence Address: Wright, Patricia B.: College of Nursing, University of Arkansas for Medical Sciences, Little Rock, AR, US, wrightpatriciab@uams.edu

Institution: College of Nursing, University of Arkansas for Medical Sciences, Little Rock, AR, US; Fay W. Boozman College of Public Health, University of Arkansas for Medical Sciences, Little Rock, AR, US; Fay W. Boozman College of Public Health, University of Arkansas for Medical Sciences, Little Rock, AR, US; Fay W. Boozman College of Public Health, University of Arkansas for Medical Sciences, Little Rock, AR, US

Language: English

Abstract: Purpose: Integrating HIV testing programs into substance use treatment is a promising avenue to help increase access to HIV testing for rural drug users. Yet few outpatient substance abuse treatment facilities in the United States provide HIV testing. The purpose of this study was to identify barriers to incorporating HIV testing with substance use treatment from the perspectives of treatment and testing providers in Arkansas. Methods: We used purposive sampling from state directories to recruit providers at state, organization, and individual levels to participate in this exploratory study. Using an interview guide, the first and second authors conducted semistructured individual interviews in each provider's office or by telephone. All interviews were recorded, transcribed verbatim, and entered into ATLAS.ti software (ATLAS.ti Scientific Software Development GmbH, Berlin, Germany). We used constant comparison and content analysis techniques to identify codes, categories, and primary patterns in the data.

Findings: The sample consisted of 28 providers throughout the state, 18 from the substance use system and 10 from the public/ community health system. We identified 7 categories of barriers: environmental constraints, policy constraints, funding constraints, organizational structure, limited inter- and intraagency communication, burden of responsibility, and client fragility. Conclusions: This study presents the practice-based realities of barriers to integrating HIV testing with substance use treatment in a small, largely rural state. Some system and/or organization leaders were either unaware of or not actively pursuing external funds available to them specifically for engaging substance users in HIV testing. However, funding does not address the system-level need for coordination of resources and services at the state level. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: National Rural Health Association; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Drug Abuse](#)
[*HIV Testing](#)
[*Rural Environments](#)
[*Treatment Barriers](#)
[Treatment Facilities](#)

Source: PsycINFO

Full Text: Available from *Wiley* in [Journal of Rural Health, The](#)

86. The value of a support group for medical professionals with substance use disorders.

Citation: Australasian Psychiatry, October 2013, vol./is. 21/5(481-485), 1039-8562;1440-1665 (Oct 2013)

Author(s): Wile, Cheryl; Jenkins, Kym

Correspondence Address: Wile, Cheryl: VDHP, Level 8, Aikenhead Building, 27 Victoria Parade, Fitzroy, VIC, Australia, 3065, cheryl@vdhp.org.au

Institution: Victorian Doctors Health Program, Fitzroy, VIC, Australia; Victorian Doctors Health Program, Fitzroy, VIC, Australia

Language: English

Abstract: Objective: The objective of this study was to explore how a support group in Victoria, Australia, that has been set up for doctors and medical students with substance use disorders is perceived by group members. Method: Past and present participants were surveyed anonymously regarding their attitudes to the group and its role in their recovery. Results: Respondents overwhelmingly valued the support group, seeing it as an integral and essential part of their recovery and on-going health. Conclusions: It is recommended that such support groups for doctors who have substance use disorders be more widely available in jurisdictions other than Victoria. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: The Royal Australian and New Zealand College of Psychiatrists; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Drug Abuse](#)
[*Support Groups](#)
[*Health Personnel](#)
[Physicians](#)

Source: PsycINFO

Full Text: Available from *Highwire Press* in [Australasian Psychiatry](#)

87. Patterns of alcohol, tobacco and cannabis use and related harm in city, regional and remote areas of Australia.

Citation: International Journal of Drug Policy, September 2013, vol./is. 24/5(488-491), 0955-3959 (Sep 2013)

Author(s): Roxburgh, Amanda; Miller, Peter; Dunn, Matthew

Correspondence Address: Roxburgh, Amanda, a.roxburgh@unsw.edu.au

Institution: National Drug and Alcohol Research Centre, University of New South Wales, Sydney, NSW, Australia; School of Psychology, Deakin University, VIC, Australia; National Drug and Alcohol Research Centre, University of New South Wales, Sydney, NSW, Australia

Language: English

Abstract: Background: Prevalence of substance use and related harms differs across geographic locations, with prevalence increasing with remoteness. This paper builds on previous research, investigating patterns of problematic use by remoteness. Methods: Analysis of the National Drug Strategy Household Survey (NDSHS) data from 2007 by geographic location (in accordance with the Australian Standard Geographical Classification (ASGC) remoteness index). Results: Problematic cannabis use was predicted by demographics; older males with less education were more likely to report problematic cannabis use regardless of location. Younger, less educated males in inner regional and remote areas were more likely to report risky alcohol consumption for short term harms, while older, less educated males in outer regional and remote areas were more likely to report daily drinking. People from remote areas were significantly more likely to report driving under the influence of alcohol. Conclusions: It is clear that men with lower levels of education were significantly more likely to report problematic alcohol and cannabis use patterns. An additional level of risk is associated with living in inner regional and remote areas, particularly in relation to risky drinking. Findings suggest a complex relationship between remoteness and substance use which requires further investigation. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: All rights reserved.; HOLDER: Elsevier B.V.; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcohol Drinking Patterns](#)
[*Cannabis](#)
[*Drug Abuse](#)
[*Epidemiology](#)
[Tobacco Smoking](#)

Source: PsycINFO

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

88. Structural factors that promote stigmatization of drug users with hepatitis C in hospital emergency departments.

Citation: International Journal of Drug Policy, September 2013, vol./is. 24/5(471-478), 0955-3959 (Sep 2013)

Author(s): Paterson, Barbara; Hirsch, Geri; Andres, Karen

Correspondence Address: Paterson, Barbara: Thompson Rivers University, School of Nursing, 900 McGill Road, Kamloops, BC, Canada, V2C 0C8, bapateron@tru.ca

Institution: Thompson Rivers University, School of Nursing, Kamloops, BC, Canada; Hepatology Division of GI, Capital, District Health Authority, NS, Canada; Thompson Rivers University, School of Nursing, Kamloops, BC, Canada

Language: English

Abstract: Background: Interventions to mediate the stigmatization of people affected with HCV, particularly those who use illicit drugs, have been largely focused on changing health care practitioners' attitudes and knowledge regarding Hepatitis C and illicit drug use and these have had disappointing results. There is a need for research that examines factors beyond individual practitioners that explains why and how stigmatization of the population occurs within health care and informs interventions to mitigate these factors. Methods: The research was intended to identify structural factors that contribute to the structural stigmatization of people within hospital Emergency Departments who are current users of illicit drugs and are HCV positive. The research had an interpretive description design and occurred in Nova Scotia, Canada. The year-long qualitative study entailed individual interviews of 50 service providers in hospital EDs or community organizations that served

this population. Results: The research findings generated a model of structural stigmatization that greatly expands the current understanding of stigmatization beyond individual practitioners' attitudes and knowledge and internal structures to incorporate structures external to hospitals, such as physician shortages within the community and the mandate of EDs to reduce wait times. Conclusions: The research reported herein has conceptualized stigmatization beyond an individualistic approach to incorporate the multifaceted ways that such stigmatization is fostered and supported by internal and external structures. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: All rights reserved.; HOLDER: Elsevier B.V.; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Drug Usage](#)
[*Emergency Services](#)
[*Hepatitis](#)
[*Hospitals](#)
[*Treatment Facilities](#)
[Stigma](#)

Source: PsycINFO

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

89. The role of child protection in cannabis grow-operations.

Citation: International Journal of Drug Policy, September 2013, vol./is. 24/5(445-448), 0955-3959 (Sep 2013)

Author(s): Douglas, Janet; Sullivan, Richard

Correspondence Address: Douglas, Janet: School of Social Work, University of British Columbia, 2080 West Mall, Vancouver, BC, Canada, V6T 1Z2, jdouglas@langara.bc.ca

Institution: School of Social Work, University of British Columbia, Vancouver, BC, Canada; School of Social Work, University of British Columbia, Vancouver, BC, Canada

Language: English

Abstract: Background: This unique social work research examined the rationale for child protection interventions with families found living in illegal cannabis grow operations, based on the assumption of risk in the presence of probable medical harm. Methods: The study examined the household, family and individual characteristics of 181 children found living in cannabis grow operations in two regions in British Columbia, Canada. Data was collected on-site on the physical characteristics of the homes, the health characteristics of the children, and their prescription drug history. Comparison of prescription drug use was also made with a group of children from the same geographic areas. Results: This study found that there was no significant difference between the health of the children living in cannabis grow operations and the comparison group of children, based on their prescription history and their reported health at the time. Conclusion: The findings of this study challenge contemporary child welfare approaches and have implications for both child protection social workers and the policymakers who develop frameworks for practice. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: All rights reserved.; HOLDER: Elsevier B.V.; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Cannabis](#)
[*Child Welfare](#)
[*Drug Usage](#)
[*Intervention](#)
[*Social Casework](#)

Source: PsycINFO

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

90. Key drug use, health and socio-economic characteristics of young crack users in two Brazilian cities.

- Citation:** International Journal of Drug Policy, September 2013, vol./is. 24/5(432-438), 0955-3959 (Sep 2013)
- Author(s):** Cruz, Marcelo Santos; Andrade, Tarcisio; Bastos, Francisco I; Leal, Erotildes; Bertoni, Neilane; Villar, Livia Melo; Tiesmaki, Maija; Fischer, Benedikt
- Correspondence Address:** Fischer, Benedikt: Centre for Applied Research in Mental Health and Addictions (CARMHA), Faculty of Health Sciences, Simon Fraser University, 2400-515 W Hasting Street, Toronto, ON, Canada, V6B 5K3, bfischer@sfu.ca
- Institution:** Institute of Psychiatry, Federal University of Rio de Janeiro, Rio de Janeiro, Brazil; Department of Community and Family Health, Federal University of Bahia, Salvador, Brazil; Institute of Communication and Scientific Information & Technology for Health, Oswaldo Cruz Foundation, Rio de Janeiro, Brazil; Institute of Psychiatry, Federal University of Rio de Janeiro, Rio de Janeiro, Brazil; Institute of Communication and Scientific Information & Technology for Health, Oswaldo Cruz Foundation, Rio de Janeiro, Brazil; Viral Hepatitis Laboratory, Oswaldo Cruz Institute, Oswaldo Cruz Foundation, Rio de Janeiro, Brazil; Centre for Applied Research in Mental Health and Addiction, Faculty of Health Sciences, Simon Fraser University, Vancouver, BC, Canada; Centre for Addiction and Mental Health, Toronto, ON, Canada
- Language:** English
- Abstract:** Background: Crack use constitutes a major problem in cities across Brazil. While existing data suggest that crack use is generally concentrated among disenfranchised young people with extensive health problems and crime involvement, extensive data gaps exist. To address this issue, this study aimed to assess key characteristics of young crack users in two Brazilian cities. Methods: N = 160 regular and young adult (ages 18-24) crack users were recruited by community-based methods in the cities of Rio de Janeiro (Southeast) and Salvador (Northeast). Assessments included an interviewer-administered questionnaire on key social, drug use, health and service use characteristics, as well as serological testing of HBV, HCV and HIV status, and were conducted anonymously between November 2010 and June 2011. Participants provided informed consent and received transportation vouchers following assessment completion. The study was approved by institutional ethics review boards. Results: The majority of participants were: male, with less than high school education, unstably housed (Rio only); gained income from legal or illegal work; arrested by police in past year (Salvador only); had numerous daily crack use episodes and shared paraphernalia (Salvador only); co-used alcohol, tobacco, cannabis and cocaine; had no injection history; rated physical and mental health as 'fair' or lower (Salvador only); had unprotected sex; were never HIV tested; were not HIV, HBV or HCV positive; and did not use existing social or health services, but desired access to crack user specific services. Conclusion: Crack users in the two Brazilian sites featured extensive socio-economic marginalization, crack and poly-drug use as well as sexual risk behaviours, and compromised health status. Social and health service utilization are low, yet needs are high. There is an urgent need for further research and for targeted interventions for crack use in Brazil. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
- Country of Publication:** STATEMENT: All rights reserved.; HOLDER: Elsevier B.V.; YEAR: 2013
- Publication Type:** Journal; Peer Reviewed Journal
- Subject Headings:** [*Crack Cocaine](#)
[*Drug Usage](#)
[*Health Behavior](#)
[*Health Care Utilization](#)
[Socioeconomic Status](#)
- Source:** PsycINFO
- Full Text:** Available from Elsevier in [International Journal of Drug Policy](#)

91. The OxyContin crisis: Problematisation and responsabilisation strategies in addiction, pain, and general medicine journals.

- Citation:** International Journal of Drug Policy, September 2013, vol./is. 24/5(402-411), 0955-3959 (Sep 2013)
- Author(s):** Whelan, Emma; Asbridge, Mark
- Correspondence Address:** Whelan, Emma: Department of Sociology and Social Anthropology, Dalhousie University, 6135 University Avenue, PO Box 15000, Halifax, NS, Canada, B3H 4R2, emma.whelan@dal.ca
- Institution:** Department of Sociology and Social Anthropology, Dalhousie University, Halifax, NS, Canada; Department of Community Health and Epidemiology, Dalhousie University, Centre for Clinical Research, Halifax, NS, Canada
- Language:** English
- Abstract:** Background: OxyContin (Purdue Pharma, L.P., Stamford, CT) is now widely regarded as a drug of abuse fueling a larger opioid health crisis. While coverage in the North American press about OxyContin overwhelmingly focused upon the problems of related crime and addiction/misuse and the perspectives of law enforcement officials and police, coverage in those fields of medicine most intimately concerned with OxyContin-pain medicine and addiction medicine-was more nuanced. Methods: In this article, we draw upon the constructivist social problems tradition and Hunt's theory of moral regulation in a qualitative analysis of 24 medical journal articles. We compare and contrast pain medicine and addiction medicine representations of the OxyContin problem, the agents responsible for it, and proposed solutions. Results: While there are some significant differences, particularly concerning the nature of the problem and the agents responsible for it, both pain medicine and addiction medicine authors 'take responsibility' in ways that attempt to mitigate the potential appropriation of the issue by law enforcement and regulatory agencies. Conclusions: The responses of pain medicine and addiction medicine journal articles represent strategic moves to recapture lost credibility, to retain client populations and tools necessary to their jobs, and to claim a seat at the table in responding to the OxyContin crisis. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
- Country of Publication:** STATEMENT: All rights reserved.; HOLDER: Elsevier B.V.; YEAR: 2013
- Publication Type:** Journal; Peer Reviewed Journal
- Subject Headings:** [*Drug Rehabilitation](#)
[*Pain](#)
[Addiction](#)
[Crises](#)
[Medical Sciences](#)
[Scientific Communication](#)
- Source:** PsycINFO
- Full Text:** Available from *Elsevier* in [International Journal of Drug Policy](#)

92. 'Silk Road', the virtual drug marketplace: A single case study of user experiences.

- Citation:** International Journal of Drug Policy, September 2013, vol./is. 24/5(385-391), 0955-3959 (Sep 2013)
- Author(s):** Van Hout, Marie Claire; Bingham, Tim
- Correspondence Address:** Van Hout, Marie Claire: School of Health Sciences, Waterford Institute of Technology, Waterford, Ireland, mcvanhout@wit.ie
- Institution:** School of Health Sciences, Waterford Institute of Technology, Waterford, Ireland; Irish Needle Exchange Forum, Ireland
- Language:** English

Abstract: Background: The online promotion of 'drug shopping' and user information networks is of increasing public health and law enforcement concern. An online drug marketplace called 'Silk Road' has been operating on the 'Deep Web' since February 2011 and was designed to revolutionise contemporary drug consumerism. Methods: A single case study approach explored a 'Silk Road' user's motives for online drug purchasing, experiences of accessing and using the website, drug information sourcing, decision making and purchasing, outcomes and settings for use, and perspectives around security. The participant was recruited following a lengthy relationship building phase on the 'Silk Road' chat forum. Results: The male participant described his motives, experiences of purchasing processes and drugs used from 'Silk Road'. Consumer experiences on 'Silk Road' were described as 'euphoric' due to the wide choice of drugs available, relatively easy once navigating the Tor Browser (encryption software) and using 'Bitcoins' for transactions, and perceived as safer than negotiating illicit drug markets. Online researching of drug outcomes, particularly for new psychoactive substances was reported. Relationships between vendors and consumers were described as based on cyber levels of trust and professionalism, and supported by 'stealth modes', user feedback and resolution modes. The reality of his drug use was described as covert and solitary with psychonautic characteristics, which contrasted with his membership, participation and feelings of safety within the 'Silk Road' community. Conclusion: 'Silk Road' as online drug marketplace presents an interesting displacement away from 'traditional' online and street sources of drug supply. Member support and harm reduction ethos within this virtual community maximises consumer decision-making and positive drug experiences, and minimises potential harms and consumer perceived risks. Future research is necessary to explore experiences and backgrounds of other users. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: All rights reserved.; HOLDER: Elsevier B.V.; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Consumer Behavior](#)
[*Decision Making](#)
[*Drug Usage](#)
[*Electronic Commerce](#)
[Harm Reduction](#)

Source: PsycINFO

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

93. A substance use decision aid for medically at-risk adolescents: Results of a randomized controlled trial for cancer-surviving adolescents.

Citation: Cancer Nursing, September 2013, vol./is. 36/5(355-367), 0162-220X (Sep-Oct 2013)

Author(s): Hollen, Patricia J; Tyc, Vida L; Donnangelo, Sarah F; Shannon, Susan V; O'Laughlen, Mary C; Hinton, Ivora; Smolkin, Mark E; Petroni, Gina R

Correspondence Address: Hollen, Patricia J.: School of Nursing, University of Virginia, McLeod Hall, PO 800782, Charlottesville, VA, US, 22908, p.hollen@virginia.edu

Institution: School of Nursing, University of Virginia, Charlottesville, VA, US; Department of Psychology, St Jude Children's Research Hospital, Memphis, TN, US; Tomorrows Children's Institute, Hackensack University Medical Center, Hackensack, NJ, US; Jonathan Jaques Children's Cancer Center, Long Beach Memorial Medical Center, Long Beach, CA, US; School of Nursing, University of Virginia, Charlottesville, VA, US; School of Nursing, University of Virginia, Charlottesville, VA, US; Department of Public Health Sciences, University of Virginia, Charlottesville, VA, US; Department of Public Health Sciences, University of Virginia, Charlottesville, VA, US

Language: English

Abstract: Background: Adolescent survivors of childhood cancer engage in risky behaviors. Objective: This study tested a decision aid for cancer-surviving adolescents aimed at difficult decisions related to engaging in substance use behaviors. Methods: This randomized controlled trial recruited 243 teen survivors at 3 cancer centers. The

cognitive-behavioral skills program focused on decision making and substance use within the context of past treatment. Effects at 6 and 12 months were examined for decision making, risk motivation, and substance use behaviors using linear regression models. Results: The majority of the teen cancer survivors (90%) rated the program as positive. There was an intermediate effect at 6 months for change in risk motivation for low riskers, but this effect was not sustained at 12 months. For quality decision making, there was no significant effect between treatment groups for either time point. Conclusions: The overall program effects were modest. Once teen survivors are in the program and learn what quality decision making is, their written reports indicated adjustment in their perception of their decision-making ability; thus, a more diagnostic baseline decision-making measure and a more intensive intervention are needed in the last 6 months. With 2 of 3 teen participants dealing with cognitive difficulties, the data suggest that this type of intervention will continue to be challenging, especially when 90% of their household members and 56% of their close friends model substance use. Implications for Practice: This effectiveness trial using late-effects clinics provides recommendations for further program development for medically at-risk adolescents, particularly ones with cognitive difficulties. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: Unauthorized reproduction of this article is prohibited.; HOLDER: Wolters Kluwer Health ; Lippincott Williams & Wilkins; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*At Risk Populations](#)
[*Decision Making](#)
[*Risk Taking](#)
[Drug Abuse](#)
[Neoplasms](#)
[Survivors](#)

Source: PsycINFO

Full Text: Available from *Ovid* in [Cancer Nursing](#)

94. Alcohol use biomarkers predicting cognitive performance: A secondary analysis in veterans with alcohol dependence and posttraumatic stress disorder.

Citation: Military Medicine, September 2013, vol./is. 178/9(974-980), 0026-4075 (Sep 2013)

Author(s): Kalapatapu, Raj K; Delucchi, Kevin L; Lasher, Brooke A; Vinogradov, Sophia; Batki, Steven L

Correspondence Address: Kalapatapu, Raj K.: Department of Psychiatry, University of California, 401 Parnassus Avenue, San Francisco, CA, US, 94143

Institution: Department of Psychiatry, University of California, San Francisco, CA, US; Department of Psychiatry, University of California, San Francisco, CA, US; San Francisco Veterans Affairs Medical Center, San Francisco, CA, US; Department of Psychiatry, University of California, San Francisco, CA, US; Department of Psychiatry, University of California, San Francisco, CA, US

Language: English

Abstract: Objective: We conducted a secondary analysis of baseline data from a recently completed pharmacological pilot clinical trial among 30 veterans with alcohol dependence and posttraumatic stress disorder (PTSD). This trial included baseline measures of alcohol use biomarkers, both indirect (carbohydrate-deficient transferrin, GGT [-glutamyltransferase], mean corpuscular volume, AST [aspartate aminotransferase], alanine aminotransferase) and direct (ethyl glucuronide, ethyl sulfate), as well as neurocognitive measures (Trail Making Test parts A and B, Hopkins Verbal Learning Test-Revised, Balloon Analogue Risk Task, Delay Discounting Task). Methods: Two regression models were estimated and tested for each neurocognitive measure (dependent measure). The first model included the alcohol use biomarker alone as the predictor. The second model included the alcohol use biomarker along with the following 3 additional predictors: Beck Depression Inventory, Clinician-Administered PTSD Scale, and receiving medications. Results: In

both models, the indirect biomarkers, such as GGT and AST, significantly predicted performance on the Hopkins Verbal Learning Test-Revised %Retention. GGT alone significantly predicted performance on the Trail Making Test part A. Conclusions: Indirect alcohol use biomarkers may have a specific role in identifying those veterans with alcohol dependence and PTSD who have impaired cognitive performance. However, direct alcohol use biomarkers may not share such a role. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: All rights reserved.; HOLDER: Association of Military Surgeons of the U.S.

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcoholism](#)
[*Military Veterans](#)
[*Posttraumatic Stress Disorder](#)
[Biological Markers](#)
[Cognitive Ability](#)

Source: PsycINFO

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

95. Attention Deficit Hyperactivity Disorder (ADHD) in the adult patients: View of the clinician.

Original Title: Trastorno por Deficit de Atencion con hiperactividad (TDAH) en el paciente adulto: Vision del clinico.

Citation: Actas Espanolas de Psiquiatria, May 2013, vol./is. 41/3(185-195), 1139-9287 (May-Jun 2013)

Author(s): Quintero, Javier; Balanza-Martinez, Vicent; Correas, Javier; Soler, Begona; Grupo GEDA-A

Correspondence Address: Quintero, Javier: Servicio de Psiquiatria, Hospital Universitario Infanta Leonor, C/ Gran Via del Este, 80, Madrid, Spain, 28031, fjquinterog@salud.madrid.org

Corporate/Institutional Author: Grupo GEDA-A

Institution: Servicio de Psiquiatria, Hospital Universitario Infanta Leonor, Departamento de Psiquiatria y Psicologia Medica, Universidad Complutense de Madrid, Madrid, Spain; Servicio de Psiquiatria y Fundacion para la Investigacion, Hospital Universitario Doctor Peset, Universitat de Valencia, CIBERSAM, Valencia, Spain; Servicio de Psiquiatria, Hospital Universitario del Henares, Madrid, Spain; E-C-BIO S.L., Madrid, Spain

Language: Spanish

Abstract: Introduction: ADHD is a clinical entity that persists during adolescence and even into adulthood in many cases. Assuming that most adults with ADHD will not have been diagnosed in childhood, the GEDA-A group (Adult ADHD study group) considered that it was important to assess how much knowledge the clinicians had about ADHD in order to provide for the identification of the disorder in the adult. Methodology: A cross-sectional survey to be fill out by specialists involved in the diagnosis and treatment of ADHD was designed. This survey included questions on awareness of the disease in the different stages of life (childhood, adolescence and adulthood). Results: 484 clinicians, with a mean age of 45 years (95% CI 44-46) and 17 years of professional experience (95% CI 16-18) filled out the survey. 384 were psychiatrists (79.5%), 67 neurologists (13.9%) and 19 addictive behavior specialists (3.9%). When their opinions were compared about the diagnosis and treatment of ADHD in childhood, adolescence and adulthood, significant differences of opinion were found regarding the three stages in all the dimensions analyzed ($p < 0.0001$). Assessment in adulthood systematically showed a lower degree of awareness compared to ADHD in childhood and adolescence. Conclusions: In the clinician's opinion, ADHD in adulthood is a clinical entity that is less defined and whose diagnosis is not as clear, compared to ADHD in the other stages in life. The GEDA-A group suggests that it is necessary to have more comprehensive

training that makes the diagnosis and treatment of ADHD in adults easier. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Adult Development](#)
[*Attention Deficit Disorder with Hyperactivity](#)
[*Diagnosis Clinicians](#)

Source: PsycINFO

96. A study of subsyndromal and syndromal psychiatric morbidity among male patients with alcohol dependence.

Citation: ASEAN Journal of Psychiatry, July 2013, vol./is. 14/2(146-156), 2231-7805;2231-7791 (Jul-Dec 2013)

Author(s): Sureka, Pankaj; G., Nimesh; Gupta, Dhanesh Kumar

Correspondence Address: Sureka, Pankaj: Max Healthcare Super Specialty Hospital, Saket, New Delhi, India, pankajsureka17@gmail.com

Institution: Max Healthcare Super Specialty Hospital, New Delhi, India; Institute of Human Behavior and Allied Sciences (IHBAS), Delhi, India; Institute of Mental Health, Singapore, Singapore

Language: English

Abstract: Objectives: The aims of this research were to study the frequency and pattern of subsyndromal and syndromal psychiatric morbidity in male patients with alcohol dependence, and the relationship of subsyndromal psychiatric morbidity with severity and duration of alcohol use in male patients with alcohol dependence. Methods: The sample were male patients suffering from alcohol dependence, admitted for treatment at Drug Abuse Treatment and Rehabilitation Centre (DATRC) ward of Institute of Human Behavior and Allied Sciences (IHBAS) Hospital for more than 3 weeks. A period of 12 months was taken and total sample size was fifty patients (n = 50). Chief outcome measure was development of psychiatric morbidity, independent of signs and symptoms of alcohol withdrawal. Results: In this study, 38% of patients had onset of alcohol use at the age of between 10 to 20 years and 46% between 20 to 30 years. Majority (52%) of patients had relatively short duration of alcohol dependence i.e. less than 10 years. There was presence of significant amount of subsyndromal psychiatric morbidity even in 34 patients without diagnosable psychiatric disorder. Somatization was present in 3 patients, hostility in 3, paranoid ideation in 3, and positive symptom distress index (PSDI) was positive in 4 patients. Out of 50 patients, psychiatric disorder was present in 16 (32%) patients; depressive disorder was the most common psychiatric morbidity, being present in 6 (12%) patients. Among other disorders, anxiety disorders were present in 5(10%) patients, mania in 2(4%) patients, and schizophrenia in 2 (4%) patients, and Obsessive Compulsive Disorder (OCD) along with depressive disorder in 1(2%) patients. Conclusions: There was presence of psychiatric disorders in 32% of patients with alcohol dependence. Depressive disorder (37.5%) is the most common psychiatric disorder followed by anxiety disorders (31.25%), mania (12.5%), schizophrenia (12.5%) and OCD along with depressive disorder (6.25%). Among patients without any diagnosable psychiatric disorders, 9 (26%) had subsyndromal psychiatric morbidity. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcoholism](#)
[*Drug Therapy](#)
[*Mental Disorders](#)
[*Morbidity Suffering](#)

Source: PsycINFO

97. Substance use pattern among primary health care attendees in Southern Thailand.

- Citation:** ASEAN Journal of Psychiatry, July 2013, vol./is. 14/2(117-125), 2231-7805;2231-7791 (Jul-Dec 2013)
- Author(s):** Nima, Patimoh; Assanangkornchai, Sawitri
- Correspondence Address:** Assanangkornchai, Sawitri: Epidemiology Unit, Faculty of Medicine, Prince of Songkla University, 15 Kanchanavanich Road Hat Yai, Songkhla, Thailand, 90110, savitree.a@psu.ac.th
- Institution:** Epidemiology Unit, Faculty of Medicine, Prince of Songkla University, Songkhla, Thailand; Epidemiology Unit, Faculty of Medicine, Prince of Songkla University, Songkhla, Thailand
- Language:** English
- Abstract:** Objective: The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) is the first screening test to cover all psychoactive substances including alcohol, tobacco and illicit drugs. It has been shown to be reliable, feasible, comprehensive and cross-culturally relevant in primary health care (PHC) settings in a number of internationally demonstrated studies. The present study aimed to describe the characteristics of patients in PHC settings in Thailand with regards to their substance use behaviours and responses to the ASSIST. Methods: All consecutive patients aged 16 to 65 years who visited a study hospital at the time of data collection were approached. Results: Of 775 patients, 747 were recruited into the study and the ASSIST was administered to them by trained research assistants and PHC workers. Among these, 7.1%, 67.9% and 25.0% were screened as high-, moderate- and low-risk levels for any substance use, respectively. Tobacco was the most common substance used followed by alcohol, marijuana, kratom leaves, amphetamine and kratom cocktail. Two hundred and forty five (245) moderate-risk substance users, excluding smokers, were assessed for their substance use behaviours, their readiness to change, their problems related to substance use, and their quality of life. The younger, middle and older age groups were statistically different in terms of substance use. Most patients were in the low and very low stages of change. Conclusion: Early detection and effective intervention is needed before substance users encounter substance-related problems. The ASSIST is suitable for use as a routine screening instrument and should be screened for teenagers and young adult patients who visit PHC facilities with particular emphasis on the popular substances of their age group. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
- Publication Type:** Journal; Peer Reviewed Journal
- Subject Headings:** [*Drug Abuse](#)
[*Drug Usage](#)
[*Primary Health Care](#)
[*Readiness to Change](#)
[Age Differences](#)
[Quality of Life](#)
- Source:** PsycINFO

98. The prevalence of Internet addiction among the students of Rafsanjan University of Medical Sciences.

- Citation:** ASEAN Journal of Psychiatry, July 2013, vol./is. 14/2(109-116), 2231-7805;2231-7791 (Jul-Dec 2013)
- Author(s):** Naffise, Mashaei; Mohammad, Asadpour; Ahmad, Pourrashidi Boshrahadi; Omid, Reza Hosseini; A., Ayatollahi; Reza, Bidaki; Fatemeh, Arab BaniAsad
- Correspondence Address:** Reza, Bidaki: Department of Psychiatry, Rafsanjan University of Medical Sciences Sciences, Rafsanjan City, Shohada Street, Rafsanjan City, Iran, 7717735955, Reza_Bidaki@yahoo.com
- Institution:** Shahid Sadoughi University of Medical Sciences, Yazd, Iran; Rafsanjan University of Medical Sciences, Rafsanjan, Iran

Language: English

Abstract: Objective: Internet addiction is defined as mismanagement of internet use that causes mental, social and occupational problems. Thus, the assessment of prevalence of this disorder can lead to preventive measures and appropriate treatment to prevent its spread. Methods: In this cross-sectional study, prevalence of internet addiction disorder was assessed in Rafsanjan University of Medical Sciences, Rafsanjan, Iran in 2012. Stratified random sample was used to select 224 students. Demographic data were recorded and Internet Addiction Test (IAT) questionnaire was administrated. Results: Out off 224 students participating in the study, 86 (38.4%) were males and 138 (61.6%) were female with a mean age of 21.05 + 0.1 years. Most of the students (42.4%) were using the internet "under one hour" and the lowest (4%) "More than six hours". Mean test score of IAT was 24.81 + 1.08 (mild addiction). In terms of internet addiction, 95 (42.4%) cases were normal users, 115 (51.3%) had mild addiction, 12 (5.4%) showed moderate addiction and 2 (0.9%) were cases of severe addiction which are lower compared to previous studies. Conclusion: The rate of internet addiction among students of Rafsanjan University of Medical Sciences in Iran is lower than the previous reports. It is still necessary to curb the spread of this problem due to its complications. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Epidemiology](#)
[*Internet Addiction](#)
[College Students](#)
[Medical Sciences](#)

Source: PsycINFO

99. Methodological and ethical aspects in conducting controlled clinical trials for addictive disorder's interventions.

Original Title: Consideraciones metodologicas y eticas para la conduccion de ensayos clinicos controlados dieatorizados (ECCA) sobre intervenciones para las adicciones.

Citation: Salud Mental, May 2013, vol./is. 36/3(253-265), 0185-3325 (May-Jun 2013)

Author(s): Marin-Navarrete, Rodrigo; Fernandez-Mondragon, Jose; Elosa-Hernandez, Angelica; Nunez, Liliana Templos; Graue-Moreno, Javier; Galvan-Sosa, Diana; Fernandez-De la Fuente, Carla; Gomez-Valencia, Georgina; Berlanga, Carlos

Correspondence Address: Marin-Navarrete, Rodrigo: Unidad de Ensayos Clinicos, Sub-Direccion de Investigaciones Clinicas, Instituto Nacional de Psiquiatria Ramon de la Fuente Muniz, Calz. Mexico-Xochimilco 101, San Lorenzo Huipulco, Tlalpan, Mexico, 14370, rmarin@inprf.gob.mx

Institution: Unidad de Ensayos Clinicos, Subdireccion de Investigaciones Clinicas, INPRFM, Tlalpan, Mexico; Unidad de Ensayos Clinicos, Subdireccion de Investigaciones Clinicas, INPRFM, Tlalpan, Mexico; Unidad de Ensayos Clinicos, Subdireccion de Investigaciones Clinicas, INPRFM, Tlalpan, Mexico; Unidad de Ensayos Clinicos, Subdireccion de Investigaciones Clinicas, INPRFM, Tlalpan, Mexico; Unidad de Ensayos Clinicos, Subdireccion de Investigaciones Clinicas, INPRFM, Tlalpan, Mexico; Unidad de Ensayos Clinicos, Subdireccion de Investigaciones Clinicas, INPRFM, Tlalpan, Mexico; Unidad de Ensayos Clinicos, Subdireccion de Investigaciones Clinicas, INPRFM, Tlalpan, Mexico; Unidad de Ensayos Clinicos, Subdireccion de Investigaciones Clinicas, INPRFM, Tlalpan, Mexico; Unidad de Ensayos Clinicos, Subdireccion de Investigaciones Clinicas, INPRFM, Tlalpan, Mexico; Unidad de Ensayos Clinicos, Subdireccion de Investigaciones Clinicas, INPRFM, Tlalpan, Mexico; Sub-Director de Investigaciones Clinicas, INPRFM, Tlalpan, Mexico

Language: Spanish

Abstract: According to epidemiologic reports, the harmful use of alcohol and illicit drugs has increased among the Mexican population. This use is associated to several risks and issues that affect public health and the public well-being-of the country. In this article if is acknowledged the need for development of treatment models and interventions whose therapeutic value is demonstrated by scientific evidence, that respond to the attention needs of the population affected by substance use in our country and that can be generalized in community clinical practice. In clinical research, randomized controlled

clinical trials (RCT's) are the "gold standard" to demonstrate the effect of a therapeutic intervention. A randomized controlled clinical trial is a prospective study in which the effect, value and safety of one or various experimental interventions are tested against a "control" intervention in human subjects. Acknowledging that in Mexico there is a lack of research on addiction treatment that is compliant with all the requirements to be considered as an RCT, this article presents some methodological and ethical considerations that are necessary for their design and conduction. These considerations include from the establishment of a relevant research question and objectives, adequate study design, development of strategies for data management, statistical analysis, monitoring of interventions, safety monitoring and research quality assurance and protection of human subjects. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Clinical Trials](#)
[*Drug Abuse](#)
[*Drug Addiction](#)
[*Experimental Ethics](#)
[*Methodology](#)
[Drug Rehabilitation](#)

Source: PsycINFO

100. Novel vaccines against morphine/heroin.

Original Title: Nuevas vacunas contra la morfina/heroina.

Citation: Salud Mental, May 2013, vol./is. 36/3(219-227), 0185-3325 (May-Jun 2013)

Author(s): Salazar-Juarez, Alberto; Mendez, Susana Barbosa; Alonso, Martha Ivone Feregrino; Miramontes, Ricardo Hernandez; Ochoa, Elisabet Ramos; Reyes, Edgar Bonilla; Gutierrez, Salomon Jacinto; Pentel, Paul; Anton, Benito

Correspondence Address: Anton, Benito: Laboratorio de Neurobiologia Molecular y Neuroquimica de las Adicciones, Subdireccion de Investigaciones Clinicas, Instituto Nacional de Psiquiatria Ramon de Ia Fuente Muniz, Calz. Mexico-XochimiIco 101, San Lorenzo Huipulco, Tlalpan, Mexico, 14370, bapags@gmail.com

Institution: Laboratorio de Neurobiologia Molecular y Neuroquimica de las Adicciones, Subdireccion de Investigaciones Clinicas, Instituto Nacional de Psiquiatria Ramon de Ia Fuente Muniz, Tlalpan, Mexico; Laboratorio de Neurobiologia Molecular y Neuroquimica de las Adicciones, Subdireccion de Investigaciones Clinicas, Instituto Nacional de Psiquiatria Ramon de Ia Fuente Muniz, Tlalpan, Mexico; Laboratorio de Neurobiologia Molecular y Neuroquimica de las Adicciones, Subdireccion de Investigaciones Clinicas, Instituto Nacional de Psiquiatria Ramon de Ia Fuente Muniz, Tlalpan, Mexico; Laboratorio de Neurobiologia Molecular y Neuroquimica de las Adicciones, Subdireccion de Investigaciones Clinicas, Instituto Nacional de Psiquiatria Ramon de Ia Fuente Muniz, Tlalpan, Mexico; Laboratorio de Neurobiologia Molecular y Neuroquimica de las Adicciones, Subdireccion de Investigaciones Clinicas, Instituto Nacional de Psiquiatria Ramon de Ia Fuente Muniz, Tlalpan, Mexico; Laboratorio de Neurobiologia Molecular y Neuroquimica de las Adicciones, Subdireccion de Investigaciones Clinicas, Instituto Nacional de Psiquiatria Ramon de Ia Fuente Muniz, Tlalpan, Mexico; Laboratorio de Neurobiologia Molecular y Neuroquimica de las Adicciones, Subdireccion de Investigaciones Clinicas, Instituto Nacional de Psiquiatria Ramon de Ia Fuente Muniz, Tlalpan, Mexico; Laboratorio de Neurobiologia Molecular y Neuroquimica de las Adicciones, Subdireccion de Investigaciones Clinicas, Instituto Nacional de Psiquiatria Ramon de Ia Fuente Muniz, Tlalpan, Mexico; Minneapolis Medical Research Foundation, University of Minnesota, MN, US; Laboratorio de Neurobiologia Molecular y Neuroquimica de las Adicciones, Subdireccion de Investigaciones Clinicas, Instituto Nacional de Psiquiatria Ramon de Ia Fuente Muniz, Tlalpan, Mexico

Language: Spanish

Abstract: Drug addiction is one of the most important health problems in the world. This psychiatry disease results in the death of about 500 000 individuals annually in the world. Despite this scenario, the development of effective drug therapies against this disease has been slow and not very successful. In recent years, new alternative pharmacological strategies

against drug addiction have been designed and validated. Among them are vaccines against drugs like nicotine, morphine or cocaine and their subsequent use in immunotherapeutic pharmacological procedures for the treatment of addictive behaviors of drug consumption, both in animal models and in humans. These strategies are based on the experimental design and synthesis of various structural formulations of therapeutic vaccines against drugs of abuse. When dosed in active immunization schedules, they induce the production of specific antibodies, which recognize and bind these substances in the intravascular space and prevent the drug permeability through the blood brain barrier, resulting in decreased effects of drugs into the brain. In 2006, our research group at the National Institute of Psychiatry Ramon de la Fuente Muniz (INPRFM) achieved and consolidated the design, synthesis, application and validation of immunoprotective therapeutic effects against relapse to morphine/heroin addiction in a rodent animal model, a model vaccine for potential human use against addiction to morphine/heroin. This model shows immunogenic capacities (high and sustained titers of highly specific antibodies) and immunoprotection (attenuates the effect up to 15mg/kg sc morphine) that the structural vaccine models competing have not been matched, which makes it the leading vaccine model against the addictive effects of heroin and morphine. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Drug Addiction](#)
[*Heroin](#)
[*Immunization](#)
[*Morphine](#)
[*Immunotherapy](#)

Source: PsycINFO

101. Role of endogenous opioid systems in alcohol reinforcement and dependence mechanisms.

Original Title: Participacion de los sistemas endogenos de peptidos opioides en los mecanismos de reforzamiento y dependencia al alcohol.

Citation: Salud Mental, May 2013, vol./is. 36/3(211-218), 0185-3325 (May-Jun 2013)

Author(s): Mendez, Milagros

Correspondence Address: Mendez, Milagros: Departamento de Neuroquimica, Subdireccion de Investigaciones Clinicas, Instituto Nacional de Psiquiatria Ramon de la Fuente Muniz, Calz. Mexico-Xochimilco 101, San Lorenzo Huipulco, Tlalpan, Mexico, 14370, ubach@imp.edu.mx

Institution: Departamento de Neuroquimica, Subdireccion de Investigaciones Clinicas, Instituto Nacional de Psiquiatria Ramon de la Fuente Muniz, Tlalpan, Mexico

Language: Spanish

Abstract: Biochemical and behavioral evidence indicates that the dopaminergic mesolimbic system plays a key role in the mechanisms of reinforcement and reward elicited by alcohol (ethanol) and other drugs of abuse. In addition, the dopaminergic activity of the nigrostriatal pathway has been proposed to determine brain sensitivity to ethanol, a process which could be associated to drug addiction. Besides dopamine, several neurotransmitters and neuromodulators are involved in ethanol reinforcement, including gamma aminobutyric acid (GABA), glutamate, serotonin, acetylcholine and opioid peptides (enkephalins, endorphins and dynorphins). Ethanol and opioids share several pharmacological properties and exhibit similar behavioral effects in animals and humans. These and other studies suggest that the alcohol reinforcing properties are due, at least in part, to the ethanol-induced activation of endogenous opioid systems. This activation could in turn increase the hedonic value and the reinforcing effects of the drug. Thus, ethanol-induced changes in opioidergic transmission could contribute to alcohol intoxication and to the neuroadaptive responses produced by the long-lasting exposure to the drug. Opioidergic transmission may be altered by ethanol at different levels, including biosynthesis, release and inactivation of opioid peptides, as well as binding of endogenous opioids to their receptors. Several studies suggest that mu and delta opioid receptors play a key role in ethanol reinforcement and dependence. Therefore,

enkephalins and (-endorphin could mediate ethanol actions in the brain and play a major role in high alcohol drinking behavior. During the last years, our research group has focused on the role of the endogenous opioid systems in these processes. Evidence obtained in our laboratory suggests that enkephalins and (-endorphin differentially and selectively participate in ethanol reinforcement and dependence. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcoholism](#)
[*Endogenous Opiates](#)
[*Ethanol](#)
[*Neural Pathways](#)
[*Reinforcement](#)
[Rewards](#)

Source: PsycINFO

102. Autistic, adolescent and virtual temporalities: Where three worlds meet.

Original Title: Temporalites autistique, adolescente et virtuelle: A la croisee de trois mondes.

Citation: Revue Adolescence, 2013, vol./is. 31/2(417-427), 0751-7696 (2013)

Author(s): Aubertin, Solene; Haza, Marion

Correspondence Address: Aubertin, Solene: Univ. Poitiers, CAPS, EA 4050, Poitiers, France, 86000, aubertin.solene@voila.fr

Institution: Univ. Poitiers, CAPS, EA 4050, Poitiers, France; Univ. Poitiers, CAPS, EA 4050, Poitiers, France

Language: French

Abstract: The virtual is often criticized as a new addictive substance for adolescents. here we will take the point of view according to which this tool fosters the elaboration of depressive capacity before their is a playing of the I (mise en je) in the real. screen and body of the subject, the computer would be a first place of symbolization, on the way to genuine subjectivation. leading to another space and another time, the virtual first allows one to approach in a different way the issue of temporality in its relation to loss. since loss of the object engenders the I , how might the virtual be another place where absence can be appropriated ? how can it help in the movement from intemporal to atemporal ? This idea will be illustrated by the case of an autistic youth as an archetype of the issue of loss and the passage from the imaginary to the real. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Adolescent Attitudes](#)
[*Autistic Thinking](#)
[Drug Addiction](#)
[Virtual Reality](#)

Source: PsycINFO

103. Relationship between food insecurity and mortality among HIV-positive injection drug users receiving antiretroviral therapy in British Columbia, Canada.

Citation: PLoS ONE, May 2013, vol./is. 8/5, 1932-6203 (May 27, 2013)

Author(s): Anema, Aranka; Chan, Keith; Chen, Yalin; Weiser, Sheri; Montaner, Julio S. G; Hogg, Robert S

Correspondence Address: Anema, Aranka, aanema@cfenet.ubc.ca

Institution: British Columbia Centre for Excellence, St. Paul's Hospital, Vancouver, BC, Canada; Department of Medicine, Faculty of Medicine, University of British Columbia, Vancouver, BC, Canada; Department of Medicine, Faculty of Medicine, University of British Columbia, Vancouver, BC, Canada; Division of HIV/AIDS, San Francisco

General Hospital, University of California San Francisco, San Francisco, CA, US; British Columbia Centre for Excellence, St. Paul's Hospital, Vancouver, BC, Canada; British Columbia Centre for Excellence, St. Paul's Hospital, Vancouver, BC, Canada

Language: English

Abstract: Objectives: Little is known about the potential impact of food insecurity on mortality among people living with HIV/AIDS. We examined the potential relationship between food insecurity and all-cause mortality among HIV-positive injection drug users (IDU) initiating antiretroviral therapy (ART) across British Columbia (BC). Methods: Cross-sectional measurement of food security status was taken at participant ART initiation. Participants were prospectively followed from June 1998 to September 2011 within the fully subsidized ART program. Cox proportional hazard models were used to ascertain the association between food insecurity and mortality, controlling for potential confounders. Results: Among 254 IDU, 181 (71.3%) were food insecure and 108 (42.5%) were hungry. After 13.3 years of median follow-up, 105 (41.3%) participants died. In multivariate analyses, food insecurity remained significantly associated with mortality (adjusted hazard ratio [AHR] = 1.95, 95% CI: 1.07-3.53), after adjusting for potential confounders. Conclusions: HIV-positive IDU reporting food insecurity were almost twice as likely to die, compared to food secure IDU. Further research is required to understand how and why food insecurity is associated with excess mortality in this population. Public health organizations should evaluate the possible role of food supplementation and socio-structural supports for IDU within harm reduction and HIV treatment programs. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.; HOLDER: Anema et al.; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Drug Therapy](#)
[*Food](#)
[*HIV](#)
[*Intravenous Drug Usage](#)
[*Nutritional Deficiencies](#)
[Antiviral Drugs](#)
[Comorbidity](#)
[Death and Dying](#)
[Drug Abuse](#)

Source: PsycINFO

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](#)

104. Public beliefs and attitudes towards depression in Italy: A national survey.

Citation: PLoS ONE, May 2013, vol./is. 8/5, 1932-6203 (May 20, 2013)

Author(s): Munizza, Carmine; Argentero, Piergiorgio; Coppo, Alessandro; Tibaldi, Giuseppe; Di Giannantonio, Massimo; Picci, Rocco Luigi; Rucci, Paola

Correspondence Address: Munizza, Carmine, cmunizza@tin.it

Institution: Centro Studi e Ricerche in Psichiatria, Torino, Italy; Dipartimento di Psicologia, Universita di Pavia, Pavia, Italy; Centro Studi e Ricerche in Psichiatria, Torino, Italy; Centro Studi e Ricerche in Psichiatria, Torino, Italy; Facolta di Psicologia, Universita di Chieti, Chieti, Italy; Facolta di Medicina e Chirurgia, Universita di Torino, Torino, Italy; Dipartimento di Scienze Biomediche e Neuromotorie, Alma Mater Studiorum Universita di Bologna, Bologna, Italy

Language: English

Abstract: Background: Previous studies have shown that attitudes towards depression may be influenced by country-specific social and cultural factors. A survey was carried out to collect beliefs on and attitudes toward depression in Italy, which has an established community-based mental health system. Methods: A telephone survey was carried out in a probabilistic sample aged >15 years. A 20-item questionnaire was administered to explore knowledge of depression, stigma, causal beliefs, treatment preference, and help-seeking attitudes. Results: Of the 1001 participants, 98% were aware of depression, and 62% had experienced it, either directly or indirectly. A widespread belief (75%) was that people suffering from depression should avoid talking about their problem. A minority of the sample viewed depression as a condition that should be managed without recourse to external help or a "socially dangerous" illness. Among perceived causes of depression, most respondents mentioned life stressors or physical strains. Psychologists were often indicated as an adequate source of professional help. Half of the sample believed that depression should be pharmacologically treated, but drugs were often seen as addictive. Referring to a primary care physician (PCP) was considered embarrassing; furthermore, many people thought that PCPs are too busy to treat patients suffering from depression. Conclusions: Our findings indicate that depression is seen as a reaction to significant life events that should be overcome with the support of significant others or the help of health professionals (mainly psychologists). However, there are still barriers to the disclosure of depressive symptoms to PCPs, and concerns about the addictive effect of antidepressants. In the presence of a gap between people's beliefs and what health professionals consider appropriate for the treatment of depression, a "shared decision making" approach to treatment selection should be adopted taking into account the patients' preference for psychological interventions to ensure active compliance with effective treatments. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.; HOLDER: Munizza et al.; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Major Depression](#)
[*Mental Health](#)
[*Mental Illness \(Attitudes Toward\)](#)
[*Public Opinion](#)
[*Sociocultural Factors](#)

Source: PsycINFO

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](#)

105. The impact of epidemic violence on the prevalence of psychiatric disorders in Sao Paulo and Rio de Janeiro, Brazil.

Citation: PLoS ONE, May 2013, vol./is. 8/5, 1932-6203 (May 8, 2013)

Author(s): Ribeiro, Wagner Silva; de Jesus Mari, Jair; Quintana, Maria Ines; Dewey, Michael E; Evans-Lacko, Sara; Vilete, Liliane Maria Pereira; Figueira, Ivan; Bressan, Rodrigo Affonseca; de Mello, Marcelo Feijo; Prince, Martin; Ferri, Cleusa P; Coutinho, Evandro Silva Freire; Andreoli, Sergio Baxter

Correspondence Address: Ribeiro, Wagner Silva, wagner.ribeiro@me.com

Institution: Universidade Federal de Sao Paulo, Departamento de Psiquiatria, Sao Paulo, Brazil; Universidade Federal de Sao Paulo, Departamento de Psiquiatria, Sao Paulo, Brazil; Universidade Federal de Sao Paulo, Departamento de Psiquiatria, Sao Paulo, Brazil; King's College London, Health Service and Population Research Department, Institute of Psychiatry, London, United Kingdom; King's College London, Health Service and Population Research Department, Institute of Psychiatry, London, United Kingdom; Fundacao Oswaldo Cruz, Escola Nacional de Saude Publica, Rio de Janeiro, Brazil;

Universidade Federal do Rio de Janeiro, Instituto de Psiquiatria, Rio de Janeiro, Brazil; Universidade Federal de Sao Paulo, Departamento de Psiquiatria, Sao Paulo, Brazil; Universidade Federal de Sao Paulo, Departamento de Psiquiatria, Sao Paulo, Brazil; King's College London, Health Service and Population Research Department, Institute of Psychiatry, London, United Kingdom; King's College London, Health Service and Population Research Department, Institute of Psychiatry, London, United Kingdom; Fundacao Oswaldo Cruz, Escola Nacional de Saude Publica, Rio de Janeiro, Brazil; Universidade Federal de Sao Paulo, Departamento de Psiquiatria, Sao Paulo, Brazil

Language:

English

Abstract:

Background: Violence and other traumatic events, as well as psychiatric disorders are frequent in developing countries, but there are few population studies to show the actual impact of traumatic events in the psychiatric morbidity in low and middle-income countries (LMIC). **Aims:** To study the relationship between traumatic events and prevalence of mental disorders in Sao Paulo and Rio de Janeiro, Brazil. **Methods:** Cross-sectional survey carried out in 2007-2008 with a probabilistic representative sample of 15- to 75-year-old residents in Sao Paulo and Rio de Janeiro, Brazil, using the Composite International Diagnostic Interview. **Results:** The sample comprised 3744 interviews. Nearly 90% of participants faced lifetime traumatic events. Lifetime prevalence of any disorders was 44% in Sao Paulo and 42.1% in Rio de Janeiro. One-year estimates were 32.5% and 31.2%. One-year prevalence of traumatic events was higher in Rio de Janeiro than Sao Paulo (35.1 vs. 21.7; $p < 0.001$). Participants from Rio de Janeiro were less likely to have alcohol dependence (OR = 0.55; $p = 0.027$), depression (OR = 0.6; $p = 0.006$) generalized anxiety (OR = 0.59; $p = 0.021$) and post-traumatic stress disorder (OR = 0.62; $p = 0.027$). Traumatic events correlated with all diagnoses-e.g. assaultive violence with alcohol dependence (OR = 5.7; $p < 0.001$) and with depression (OR = 1.7; $p = 0.001$). **Conclusion:** Our findings show that psychiatric disorders and traumatic events, especially violence, are extremely common in Sao Paulo and Rio de Janeiro, supporting the idea that neuropsychiatric disorders and external causes have become a major public health priority, as they are amongst the leading causes of burden of disease in low and middle-income countries. The comparison between the two cities regarding patterns of violence and psychiatric morbidity suggests that environmental factors may buffer the negative impacts of traumatic events. Identifying such factors might guide the implementation of interventions to improve mental health and quality of life in LMIC urban centers. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication:

STATEMENT: This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.; HOLDER: Ribeiro et al.; YEAR: 2013

Publication Type:

Journal; Peer Reviewed Journal

Subject Headings:

*Epidemics
 *Mental Disorders
 *Trauma
 *Violence
 *Morbidity
 Alcoholism
 Epidemiology
 Life Span
 Quality of Life
 Reactive Psychosis

Source:

PsycINFO

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*

106. Childhood sexual abuse and adulthood drug dependence.

Original Title: Abuso sexual en la infancia y la drogodependencia en la edad adulta.

Citation: Papeles del Psicologo, May 2013, vol./is. 34/2(144-149), 0214-7823 (May-Aug 2013)

Author(s): del Rio, Fernando Perez; Guardiola, Manuel Mestre

Correspondence Address: del Rio, Fernando Perez: Proyecto Hombre Burgos, Acogida. C/ Pedro Poveda Castroverde N 3, Burgos, Spain, 09007, fernando@proyctohombreburgos.com

Institution: Proyecto Hombre, Burgos, Spain; Especialista en Sexualidad, Castellon, Spain

Language: Spanish

Abstract: This article reviews several studies addressing the relationship between being sexually abused during childhood (CSA) and developing a drug addiction in adulthood. This approach to the topic presents up to seventeen case studies and three books connecting both variables. It therefore follows that there is sufficient evidence of an increased incidence of sexual abuse during childhood among women with addiction problems, and it also emphasizes the importance of addressing sexuality and emotional health in the evaluation and treatment of drug-dependent patients. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Child Abuse](#)
[*Drug Addiction](#)
[*Drug Rehabilitation](#)
[*Sexual Abuse](#)
[Emotional Stability](#)

Source: PsycINFO

107. Using the Rasch measurement model in psychometric analysis of the Family Effectiveness Measure.

Citation: Nursing Research, May 2013, vol./is. 62/3(149-159), 0029-6562;1538-9847 (May-Jun 2013)

Author(s): McCreary, Linda L; Conrad, Karen M; Conrad, Kendon J; Scott, Christy K; Funk, Rodney R; Dennis, Michael L

Correspondence Address: McCreary, Linda L.: College of Nursing, University of Illinois at Chicago, (M/C 802), 845 S. Damen Avenue, Chicago, IL, US, 60612-7350, mccreary@uic.edu

Institution: College of Nursing, University of Illinois at Chicago, Chicago, IL, US; Program Metrics, LLC, University of Illinois at Chicago, Chicago, IL, US; Chestnut Health Systems, University of Illinois at Chicago, Chicago, IL, US; Division of Chestnut Health Systems, Chicago, IL, US; Chestnut Health Systems, Normal, IL, US; Chestnut Health Systems, Inc., Normal, IL, US

Language: English

Abstract: Background: Valid assessment of family functioning can play a vital role in optimizing client outcomes. Because family functioning is influenced by family structure, socioeconomic context, and culture, existing measures of family functioning-primarily developed with nuclear, middle-class European American families-may not be valid assessments of families in diverse populations. The Family Effectiveness Measure was developed to address this limitation. Objectives: The aim of this study was to test the Family Effectiveness Measure with data from a primarily low-income African American convenience sample using the Rasch measurement model. Methods: A sample of 607 adult women completed the measure. Rasch analysis was used to assess unidimensionality, response category functioning, item fit, person reliability, differential item functioning by race and parental status, and item hierarchy. Criterion-related validity was tested using correlations with five other variables related to family functioning. Results: The Family Effectiveness Measure measures two separate constructs: The Effective Family Functioning construct was a psychometrically sound measure of the target construct that was more efficient because of the deletion of 22 items. The Ineffective Family Functioning construct consisted of 16 of those deleted items but was not as strong psychometrically. Items in both constructs evidenced no differential item

functioning by race. Criterion-related validity was supported for both. Discussion: In contrast to the prevailing conceptualization that family functioning is a single construct, assessed by positively and negatively worded items, use of the Rasch analysis suggested the existence of two constructs. Whereas the Effective Family Functioning scale is a strong and efficient measure of family functioning, the Ineffective Family Functioning scale will require additional item development and psychometric testing. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: Unauthorized reproduction of this article is prohibited.; HOLDER: Wolters Kluwer Health; Lippincott Williams & Wilkins; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Drug Abuse](#)
[*Psychometrics](#)
[*Test Reliability](#)
[*Test Validity](#)
[Family Relations](#)
[Family Structure](#)
[Item Response Theory](#)

Source: PsycINFO

108. Screening for substance abuse in women's health: A public health imperative.

Citation: Journal of Midwifery & Women's Health, May 2013, vol./is. 58/3(278-287), 1526-9523;1542-2011 (May-Jun 2013)

Author(s): Goodman, Daisy J; Wolff, Kristina B

Correspondence Address: Goodman, Daisy J., 566 Hanover Center Rd., Hanover, NH, US, 03755, daisyjgoodman@gmail.com

Institution: Dartmouth Institute for Health Care Policy and Clinical Practice, NH, US; Dartmouth Institute for Health Care Policy and Clinical Practice, NH, US

Language: English

Abstract: Alcohol and drug use is a significant public health problem with particular implications for the health and safety of women. Women who abuse these substances are more likely to have untreated depression and anxiety and are at higher risk for intimate partner violence, homelessness, incarceration, infectious disease, and unplanned pregnancy. Substance abuse during pregnancy places both mother and fetus at risk for adverse perinatal outcomes. Data regarding the prevalence of substance abuse in women are conflicting and difficult to interpret. On the clinical level, strong arguments exist against routine urine drug testing and in favor of the use of validated instruments to screen women for drug and alcohol use both in primary women's health care and during pregnancy. A number of sex-specific screening tools are available for clinicians, some of which have also been validated for use during pregnancy. Given the risks associated with untreated substance abuse and dependence in women, the integration of drug and alcohol screening into daily clinical practice is imperative. This article reviews screening tools available to providers in both the prenatal and primary women's health care settings and addresses some of the challenges raised when women screen positive for drug and alcohol abuse. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: The American College of Nurse-Midwives; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcohol Abuse](#)
[*Drug Abuse](#)
[*Drug Usage Screening](#)
[*Human Females](#)
[*Screening Tests](#)

Source: PsycINFO

Full Text: Available from *Wiley* in *Journal of Midwifery and Women*

109. Thresholds in a low-threshold setting: An empirical study of barriers in a centre for people with drug problems and mental health disorders.

- Citation:** International Journal of Drug Policy, May 2013, vol./is. 24/3(257-264), 0955-3959 (May 2013)
- Author(s):** Edland-Gryt, Marit; Skatvedt, Astrid Helene
- Correspondence Address:** Edland-Gryt, Marit: Norwegian Institute for Alcohol and Drug Research, Sirius, Post Box 565 Sentrum, Oslo, Norway, N-0105, meg@sirus.no
- Institution:** Norwegian Institute for Alcohol and Drug Research, Sirius, Oslo, Norway; Norwegian Institute for Alcohol and Drug Research, Sirius, Oslo, Norway
- Language:** English
- Abstract:** Background: Some services for drug users with mental health disorders can be characterised as low-threshold services. These aim at making help easily accessible for people who are not able to request help from services at higher levels. In this study we examine what kind of thresholds are experienced by clients at a low-threshold centre. Methods: Ethnographic field work, including participant observation, individual interviews and focus group interviews with clients and staff in a low-threshold centre for the most vulnerable drug users in Oslo were employed. Results: Our analyses agree with other studies in showing that the following three thresholds are significant, also in services for drug users with mental health disorders: the registration threshold, the competence threshold and the threshold of effectiveness. In addition to these, we suggest that a fourth threshold is of importance for this group: the threshold of trust. In the low-threshold centre we studied, we observed that for the clients, crossing the threshold of trust seemed to be an essential precondition for subsequently being able to cross the other thresholds in order to receive the help they need. We suggest that focus on the four thresholds can improve our understanding of clients' access to services. We also suggest that processes of recovery may be improved if increased attention is given to the barriers that clients experience. Conclusion: The threshold of trust seems to be particularly important for people suffering from drug problems and mental health disorders. The results have implications both for practice and policy because if taken seriously into consideration, more clients could access the services they need. Services for this group may be improved by focusing on the fourth threshold: trust. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
- Country of Publication:** STATEMENT: All rights reserved.; HOLDER: Elsevier B.V.; YEAR: 2012
- Publication Type:** Journal; Peer Reviewed Journal
- Subject Headings:** [*Drug Usage](#)
[*Health Care Services](#)
[*Mental Disorders](#)
[*Thresholds](#)
- Source:** PsycINFO
- Full Text:** Available from *Elsevier* in [International Journal of Drug Policy](#)

110. Japan's hiropon panic: Resident non-Japanese and the 1950s meth crisis.

- Citation:** International Journal of Drug Policy, May 2013, vol./is. 24/3(238-243), 0955-3959 (May 2013)
- Author(s):** Alexander, Jeffrey W
- Correspondence Address:** Alexander, Jeffrey W.: Department of History, University of Wisconsin-Parkside, P.O. Box 2000, 900 Wood Road, Kenosha, WI, US, 53141-2000, Jeffrey.Alexander@uwp.edu
- Institution:** Department of History, University of Wisconsin-Parkside, Kenosha, WI, US
- Language:** English
- Abstract:** Background: This qualitative historical policy analysis explores Japan's early postwar market for hiropon (methamphetamine/meth) and the impact of its anti-hiropon

campaigns. The paper traces the origins of medical methamphetamine production in prewar Japan; known at that time by its former brand-name, 'Philopon' (pronounced hiropon), and argues that the anti-meth 'shock-horror' campaigns of the 1950s were exacerbated by long-simmering animosity toward non-Japanese residents - especially Koreans and Taiwanese. Methods: Through an analysis of both English- and Japanese-language source materials, the paper explores the gritty, frightening themes of Japan's 1950s-era anti-meth propaganda campaigns and the parallel effort by police to arrest, prosecute, and deport members of the resident Korean and Taiwanese communities. Results: The author demonstrates that by incorporating a wider variety of contemporary Japanese-language sources such as news reports and anti-drug propaganda materials about the postwar hiropon trade, we may more fully appreciate the historic, underlying social tensions behind the swift and targeted public response. Conclusion: The author concludes that Japan's postwar federal and municipal governments, together with police and media agencies, cultivated a sensational 'drug panic' designed both to dissuade citizens from using hiropon and to fuel a concerted police campaign against non-Japanese involved in the meth trade. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Drug Usage](#)
[*Methamphetamine](#)
[*Public Opinion](#)
[*Social Issues](#)
[*Social Processes](#)
[Communities](#)

Source: PsycINFO

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

111. 'It's just a social thing': Drug use, friendship and borderwork among marginalized young people.

Citation: International Journal of Drug Policy, May 2013, vol./is. 24/3(223-230), 0955-3959 (May 2013)

Author(s): Foster, Karen; Spencer, Dale

Correspondence Address: Foster, Karen, 11 Cameron Street, Dartmouth, NS, Canada, B2Y 2G7, karenrebeccafooster@gmail.com

Institution: Management Department, Saint Mary's University, Halifax, NS, Canada; Department of Sociology, University of Manitoba, Winnipeg, MB, Canada

Language: English

Abstract: This article joins a growing chorus of researchers who doubt the utility of the concept of peer pressure for explaining young people's initiation to and use of drugs. Drawing on interview data with 45 patrons of a youth drop-in centre in Ottawa, Canada, we argue that drug use is more intricately woven into friendship-affective relationships of trust and intimacy, belonging and sharing-rather than simply part of the unidirectional pressures some young people put on others to fit in to a subculture. Marginalized young people's narratives show that drugs and alcohol furnish them with a relatively inexpensive pastime to share with friends, introducing opportunities for intimacy that are otherwise difficult to attain at the individualistic and isolating margins of neoliberal cities. We demonstrate how young drug users draw boundaries between acceptable and unacceptable relationships to drugs and alcohol, articulating an important sense of belonging to a superior group of drug users. Through this 'borderwork', they solidify the bonds they share with the people with whom they smoke cannabis and drink alcohol. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: All rights reserved.; HOLDER: Elsevier B.V.; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Drug Usage](#)
[*Friendship](#)

*Peer Pressure
 *Marginalization
 Intimacy

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

112. Defining a service for people who use drugs as 'low-threshold': What should be the criteria?

Citation: International Journal of Drug Policy, May 2013, vol./is. 24/3(220-222), 0955-3959 (May 2013)

Author(s): Islam, M. Mofizul; Topp, Libby; Conigrave, Katherine M; Day, Carolyn A

Correspondence Address: Islam, M. Mofizul: Drug Health Services, RPAH, King George V Building, Missenden Road, Camperdown, NSW, Australia, 2050, mikhokan143@yahoo.com

Institution: Discipline of Addiction Medicine, Central Clinical School, Sydney Medical School, University of Sydney, Sydney, NSW, Australia; Research Strategy Unit, Cancer Council NSW, Sydney, NSW, Australia; Drug Health Services, Royal Prince Alfred Hospital, Camperdown, NSW, Australia; Discipline of Addiction Medicine, Central Clinical School, Sydney Medical School, University of Sydney, Sydney, NSW, Australia

Language: English

Abstract: This editorial provides an introduction to this special issue of International Journal of Drug Policy. This editorial describes the various barriers which drug users with mental health problems need to overcome in order to access a targeted threshold service. Whilst their work is illuminating in terms of understanding these barriers, it raises the question of what a low threshold service is. The introduction and evolution of the term 'low-threshold' is provided. In this issue, Edland-Gryt and Skatvedt (2012) apply threshold theory to show that drug users with mental health disorders are required to overcome at least four thresholds to have successful access to services. In conclusion, low-threshold services for drug users can be defined as those which offer services to drug users; do not impose abstinence from drug use as a condition of service access; and endeavour to reduce other documented barriers to service access. Using these criteria, the term 'low-threshold' can also be applied in other contexts, such as to a facility, service or employment for PWID. Together, the three criteria mentioned in this special issue make low-threshold services for drug users more readily identifiable and help to differentiate them from other services. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Country of Publication: STATEMENT: All rights reserved.; HOLDER: Elsevier B.V.; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: *Drug Usage
 *Mental Health
 *Thresholds
 Drug Abstinence
 Mental Disorders
 Mental Health Services
 Health Care Policy

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

113. Affected in the nightclub. A case study of regular clubbers' conflictual practices in nightclubs.

Citation: International Journal of Drug Policy, May 2013, vol./is. 24/3(196-202), 0955-3959 (May 2013)

Author(s): Demant, Jakob

Correspondence Address: Demant, Jakob, Bartholins Alle 10, Aarhus, Denmark, 8000, C, jd@crf.au.dk

Institution: Aarhus University, Centre for Alcohol and Drug Research, Aarhus, Denmark

Language: English

Abstract: The nightclub as a space is presented as a free and hedonistic place for pleasure. This space is also part of a wider socio-spatial-economic framework in which various forms of regulation apply to clubbers and the cultivation of affects. This paper researches marginal and contested forms of experiences within a club as a way of understanding the complexities of pleasure. The study does so by addressing experiences through the concept of affects, which is situated within a framework of a non-representational theory of space. Anxiety, pride, anger, shame and embarrassment are embodied simultaneously with the affects of love, joy, sympathy and so on. Alcohol, illicit drugs, bouncers, music and other human or non-human actants are part of the place. It is within this heterogeneous assemblage that affects become embodied. The data consists of 273 cases from a large Copenhagen nightclub where guests have complained about being rejected or being given quarantine. The paper suggests that if the space of the club is approached as being more than a mono-affectual space of either risk or pleasure, then it would be possible to reduce conflicts and produce more inclusive spaces. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: All rights reserved.; HOLDER: Elsevier B.V.; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Clubs \(Social Organizations\)](#)
[*Pleasure](#)
[*Spatial Orientation \(Perception\)](#)
[Conflict](#)
[Drug Usage](#)

Source: PsycINFO

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

114. The empirical war on drugs.

Citation: International Journal of Drug Policy, May 2013, vol./is. 24/3(182-188), 0955-3959 (May 2013)

Author(s): Vitellone, Nicole

Correspondence Address: Vitellone, Nicole: University of Liverpool, School of Sociology, Social Policy and Criminology, Eleanor Rathbone Building, Bedford Street South, Liverpool, United Kingdom, L69 7ZA, N.Vitellone@liv.ac.uk

Institution: University of Liverpool, School of Sociology, Social Policy and Criminology, Liverpool, United Kingdom

Language: English

Abstract: In a special issue of the journal Addictions (1995) academics, researchers and health care professionals debated the status of the empirical in socially orientated drugs research. A number of researchers noted that our knowledge and understanding of drugs and drug users has changed significantly since the 1990s. Post AIDS this shift is identified as a consequence of the development of qualitative research methods. The qualitative turn in drugs research has involved a shift away from traditional epidemiological approaches and the pursuit of more socially focused methods. Whilst qualitative research has yielded important empirical data on risk behavior the pursuit of these methods has not been without controversy. In addressing the debate on methods in the drugs field this article investigates the effects of social science methods for research on injecting drug use. In so doing I examine what counts and what gets left out of research on injecting behaviour. Drawing on Actor Network Theory (ANT) I suggest Bruno Latour's methodological approach offers critical insights for addressing the empirical objects of injecting drug use. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: All rights reserved.; HOLDER: Elsevier B.V.; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Injections](#)
[*Intravenous Drug Usage](#)

[Social Networks](#)
[Social Sciences](#)
[Theories](#)

Source: PsycINFO

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

115. Post-humanism, addiction and the loss of self-control: Reflections on the missing core in addiction science.

Citation: International Journal of Drug Policy, May 2013, vol./is. 24/3(173-181), 0955-3959 (May 2013)

Author(s): Weinberg, Darin

Correspondence Address: Weinberg, Darin: Department of Sociology, University of Cambridge, Free School Lane, Cambridge, United Kingdom, CB2 3RQ, dtw23@cam.ac.uk

Institution: Department of Sociology, University of Cambridge, Cambridge, United Kingdom

Language: English

Abstract: The core criterion of addiction is the loss of self control. Ironically enough, however, neither the social nor the biomedical sciences of addiction have so far made any measurable headway in linking drug use to a loss of self control. In this essay I begin by demonstrating the limitations in this regard suffered by the social and bio-medical sciences. Whereas the social sciences have variously reduced addicted drug use to deviant, but nonetheless self-governed, behaviour or discourses thereof, the bio-medical sciences have completely failed to adequately specify, let alone empirically analyse, how we might distinguish addicted from self-governed behaviour. I then show how these limitations can be very easily overcome by the adoption of a post-humanist perspective on self control and the various afflictions, including addiction, to which it is regarded heir. This argument provides occasion to acquaint readers with post-humanist scholarship concerning a spectrum of relevant topics including the human body, disease, drug use and therapeutic intervention and to show how these lines of investigation can be combined to provide an innovative, theoretically robust and practically valuable method for advancing the scientific study of addiction specifically as the loss of self control. The essay concludes with a discussion of some of the more important ramifications that follow from the adoption of this post-humanist approach for drug policy studies. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: All rights reserved.; HOLDER: Elsevier B.V.; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Drug Addiction](#)
[*Humanism](#)
[*Medical Sciences](#)
[*Self Control](#)
[*Social Sciences](#)
[Policy Making](#)

Source: PsycINFO

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

116. The social life of drugs.

Citation: International Journal of Drug Policy, May 2013, vol./is. 24/3(167-172), 0955-3959 (May 2013)

Author(s): Duff, Cameron

Correspondence Address: Duff, Cameron: Monash University, Social Sciences and Health Research Unit, 900 Dandenong Road, Caulfield East, Melbourne, VIC, Australia, 3145, cameron.duff@monash.edu

Institution: Monash University, Social Sciences and Health Research Unit, Melbourne, VIC, Australia

Language: English

Abstract: This editorial briefs the articles which were featured in this special issue of International Journal of Drug Policy. This editorial highlights the papers assembled here present (or reflect on) empirical studies tracing the creation, maintenance, disruption and repair of the actor networks expressed in all events of alcohol and other drug (AOD) use. Each paper describes a set of 'empirically grounded practices', AOD consumption is enacted, performed or 'entrained' within a wider network of social, material and affective forces. The papers in this 'special focus' make use of the empiricism provided in Actor-Network Theory (ANT)/science, technology and society (STS) to avail fresh insights into the ongoing renovation of harm reduction in varying contexts. The papers that follow take up the methods presented in ANT, offering examples of how these methods work in practice to reveal more of the causes of AOD related problems, and the contexts in which these problems emerge. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Country of Publication: STATEMENT: All rights reserved.; HOLDER: Elsevier B.V.; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Drug Usage](#)
[*Social Networks](#)
[*Social Sciences](#)
[*Theories](#)
[Society](#)
[Technology](#)

Source: PsycINFO

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

117. The Edmonton Classification System for Cancer Pain: Comparison of pain classification features and pain intensity across diverse palliative care settings in eight countries.

Citation: Journal of Palliative Medicine, May 2013, vol./is. 16/5(516-523), 1096-6218;1557-7740 (May 2013)

Author(s): Nekolaichuk, Cheryl L; Fainsinger, Robin L; Aass, Nina; Hjermstad, Marianne J; Knudsen, Anne Kari; Klepstad, Pal; Currow, David C; Kaasa, Stein; European Palliative Care Research Collaborative (EPCRC)

Correspondence Address: Nekolaichuk, Cheryl L.: Division of Palliative Care Medicine, Grey Nuns Hospital, Room DC-404, 1090 Yorkville Drive, West Edmonton, AB, Canada, T6L 5X8, Cheryl.Nekolaichuk@covenanthealth.ca

Corporate/Institutional Author: European Palliative Care Research Collaborative (EPCRC)

Institution: Division of Palliative Care Medicine, University of Alberta, West Edmonton, AB, Canada; Division of Palliative Care Medicine, University of Alberta, West Edmonton, AB, Canada; Regional Centre for Excellence in Palliative Care, Department of Oncology, Oslo University Hospital, Oslo, Norway; Regional Centre for Excellence in Palliative Care, Department of Oncology, Oslo University Hospital, Oslo, Norway; European Palliative Care Research Centre (PRC), Faculty of Medicine, Norwegian University of Science and Technology (NTNU), Trondheim, Norway; European Palliative Care Research Centre (PRC), Faculty of Medicine, Norwegian University of Science and Technology (NTNU), Trondheim, Norway; Flinders University, Adelaide, SA, Australia; European Palliative Care Research Centre (PRC), Faculty of Medicine, Norwegian University of Science and Technology (NTNU), Trondheim, Norway

Language: English

Abstract: Background: Standardized approaches for assessing and classifying cancer pain are required to improve treatment of patients with complex pain profiles. The Edmonton Classification System for Cancer Pain (ECS-CP) offers a starting point for the evolution of a standardized international classification system for cancer pain and was introduced into multisite research initiatives of the European Palliative Care Research Collaborative (EPCRC). Objectives: The primary purpose of this study was to describe the prevalence

of the five ECS-CP pain classification features: pain mechanism, incident pain, psychological distress, addictive behavior, and cognition-in a diverse international sample of patients with advanced cancer. Methods: A total of 1070 adult patients with advanced cancer were recruited from 17 sites in Norway, the United Kingdom, Austria, Germany, Switzerland, Italy, Canada, and Australia; 1051 of 1070 patients were evaluable. A clinician completed the ECS-CP for each enrolled patient. Additional information, including pain intensity, were also collected through patient self-reports, using touch-sensitive computers. Results: Of 1051 evaluable patients, 670 (64%) were assessed by a clinician as having cancer pain: nociceptive pain (n = 534; 79.7%); neuropathic pain (n = 113; 16.9%); incident pain (n = 408; 60.9%); psychological distress (n = 212; 31.6%); addictive behavior (n = 30; 4.5%); normal cognition (n = 616; 91.9%). The prevalence of ECS-CP features and pain intensity scores (11-item scale; 0 = none, 10=worst; rated as now) varied substantially across sites and locations of care. Conclusion: The ECS-CP is a clinically relevant systematic framework, which is able to detect differences in salient pain classification features across diverse settings and countries. Further validation studies need to be conducted in varied advanced cancer and palliative care settings to advance the development of the ECS-CP toward an internationally recognized pain classification system. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Conference Information: European Association of Palliative Care (EAPC) Conference. May, 2011. Lisbon. Portugal. The abstract was presented at the aforementioned conference.

Country of Publication: HOLDER: Mary Ann Liebert, Inc.

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Neoplasms](#)
[*Pain Management](#)
[*Palliative Care](#)
[*Taxonomies](#)
[*Neuropathic Pain](#)
[Chronic Pain](#)
[Countries](#)
[Psychological Stress](#)

Source: PsycINFO

118. Risk stratification of opioid misuse among patients with cancer pain using the SOAPP-SF.

Citation: Pain Medicine, May 2013, vol./is. 14/5(667-675), 1526-2375;1526-4637 (May 2013)

Author(s): Koyyalagunta, Dhanalakshmi; Bruera, Eduardo; Aigner, Carrie; Nusrat, Harun; Driver, Larry; Novy, Diane

Correspondence Address: Koyyalagunta, Dhanalakshmi: Department of Pain Medicine, University of Texas MD Anderson Cancer, 1515 Holcombe Boulevard, Unit 409, Houston, TX, US, 77030, dkoyyala@mdanderson.org

Institution: Department of Pain Medicine, University of Texas MD Anderson Cancer, Houston, TX, US; Department of Palliative Care and Rehabilitation Medicine, University of Texas MD Anderson Cancer, Houston, TX, US; Department of Behavioral Science, University of Texas MD Anderson Cancer, Houston, TX, US; Department of Biostatistics, UT MD Anderson Cancer Center, Houston, TX, US; Department of Pain Medicine, University of Texas MD Anderson Cancer, Houston, TX, US; Department of Pain Medicine, University of Texas MD Anderson Cancer, Houston, TX, US

Language: English

Abstract: Background: Opioids are recognized as an integral part of the armamentarium in the management of cancer pain. There has been a growing awareness of the misuse of prescription opioids among cancer patients. More research is needed to detail risk factors and incidence for opioid misuse among cancer pain patients. Methods: We reviewed 522 patient charts that were seen in our Pain Center from January 1, 2009 to June 30, 2009 for risk stratification of opioid misuse with demographic and clinical factors utilizing the Screener and Opioid Assessment for Patients with Pain-short form (SOAPP-SF). Group

differences based on High (>4) and Low (<4) SOAPP-SF scores were evaluated at initial visit, follow-up within a month and 6-9 months. Results: One hundred forty-nine of the 522 (29%) patients had a SOAPP-SF score of >4. The mean age for patients with high SOAPP-SF score (>4) was 50 + 14 vs 56 + 14 for patients with low SOAPP-SF score (<4) (P < 0.0001). The pain scores were higher for patients with high SOAPP-SF score compared with patients with low SOAPP-SF score at consult (P < 0.0001). Morphine equivalent daily dose (MEDD) was higher for patients with high SOAPP-SF score compared with patients with low SOAPP-SF score at consult (P = 0.0461). Fatigue, feeling of well-being, and poor appetite were higher among the high SOAPP-SF group at initial visit (P < 0.0001, <0.0001, <0.0149, respectively). The high SOAPP-SF score patients also had statistically significant (P < 0.05) higher anxiety and depression scores at all three time points. In the multivariate analysis, patients younger than 55 years have a higher odds of having a "high" SOAPP-SF score than patients 55 years and older {odds ratio (OR) (95% confidence interval [CI]) = 2.76 (1.58, 4.81), P = 0.0003} adjusting for employment status, disease status, treatment status, usual pain score, and morphine equivalency at consult. Patients with higher usual pain score at consult have higher odds of a "high" SOAPP-SF score (OR [95% CI] = 1.34 [1.19, 1.51], P < 0.0001) adjusting for age, employment status, disease status, treatment status, and morphine equivalency at consult. Conclusion: Patients classified by the SOAPP-SF in the current study as high risk tended to be younger, endorse more pain, have higher MEDD requirement, and endorse more symptoms of depression and anxiety. These findings are consistent with the literature on risk factors of opioid abuse in chronic pain patients which suggests that certain patient characteristics such as younger age, anxiety, and depression symptomatology are associated with greater risk for opioid misuse. However, a limitation of the current study is that other measures of opioid abuse were not available for validation and comparison with the SOAPP-SF. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Drug Abuse](#)
[*Neoplasms](#)
[*Opiates](#)
[*Pain Management](#)
[*Psychometrics](#)

Source: PsycINFO

Full Text: Available from *Wiley* in [Pain Medicine](#)

119. The prevalence of potential alcohol-drug interactions in older adults.

Citation: Scandinavian Journal of Primary Health Care, June 2013, vol./is. 31/2(73-78), 0281-3432;1502-7724 (Jun 2013)

Author(s): Immonen, Sirpa; Valvanne, Jaakko; Pitkala, Kaisu H

Correspondence Address: Immonen, Sirpa: Espoo City Social and Health Services, PO Box 202, City of Espoo, Finland, FIN-02070, sirpa.h.immonen@helsinki.fi

Institution: Espoo City Social and Health Services, City of Espoo, Finland; Tampere Medical School, University of Tampere, Tampere, Finland; Department of General Practice, University of Helsinki, Helsinki, Finland

Language: English

Abstract: Objectives: The aim of this study was to assess the possibility of clinically significant drug-alcohol interactions among home-dwelling older adults aged > 65 years. Design: This study was a cross-sectional assessment of a stratified random sample of 2100 elderly people (> 65 years) in Espoo, Finland. The response rate was 71.6% from the community-dwelling sample. The drugs were coded according to their Anatomical Therapeutic Chemical (ATC) classification index (ATC DDD 2012). Significant alcohol interactive (AI) drugs were examined according to the Swedish, Finnish, INteraction X-referencing (SFINX) interaction database, as well as concomitant use of central nervous system drugs, hypoglycaemics, and warfarin with alcohol. "At-risk alcohol users" were defined consuming > 7 drinks/week, or > 5 drinks on a typical drinking day, or using

> 3 drinks several times/week, "moderate users" as consuming at least one drink/month, but less than 7 drinks/week, and "minimal/non-users" less than one drink/month. Results: Of the total sample (n = 1395), 1142 respondents responded as using at least one drug. Of the drug users, 715 (62.6%) persons used alcohol. The mean number of medications was 4.2 (SD 2.5) among "at-risk users", 4.0 (SD 2.6) among "moderate users", and 5.4 (SD 3.4) among "minimal/non-users" (p < 0.001). The concomitant use of AI drugs was widespread. Among the "at-risk users", "moderate users", and "minimal/nonusers" 42.2%, 34.9%, and 52.7%, respectively, were on AI drugs (p < 0.001). One in 10 of "at-risk users" used warfarin, hypnotics/sedatives, or metformin. Conclusions: Use of AI drugs is common among older adults, and this increases the potential risks related to the use of alcohol. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: Informa Healthcare; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Aging](#)
[*Alcohols](#)
[*At Risk Populations](#)
[*Drug Abuse](#)
[*Drug Interactions](#)
[CNS Affecting Drugs](#)

Source: PsycINFO

Full Text: Available from *Informa Healthcare* in [Scandinavian Journal of Primary Health Care](#)

120. Tobacco endgame strategies: Challenges in ethics and law.

Citation: Tobacco Control: An International Journal, May 2013, vol./is. 22/Suppl 1(55-57), 0964-4563 (May 2013)

Author(s): Thomas, Bryan P; Gostin, Lawrence O

Correspondence Address: Thomas, Bryan P.: O'Neill Institute for National and Global Health Law, Georgetown University Law Center, 600 New Jersey Avenue, NW, Washington, DC, US, 20001, bpt11@law.georgetown.edu

Institution: O'Neill Institute for National and Global Health Law, Georgetown University Law Center, Washington, DC, US; O'Neill Institute for National and Global Health Law, Georgetown University Law Center, Washington, DC, US

Language: English

Abstract: There are complex legal and ethical tradeoffs involved in using intensified regulation to bring smoking prevalence to near-zero levels. The authors explore these tradeoffs through a lens of health justice, paying particular attention to the potential impact on vulnerable populations. The ethical tradeoffs explored include the charge that heavy regulation is paternalistic; the potentially regressive impact of heavily taxing a product consumed disproportionately by the poor; the simple loss of enjoyment to heavily addicted smokers; the health risks posed by, for example, regulating nicotine content in cigarettes-where doing so leads to increased consumption. Turning to legalistic concerns, the authors explore whether endgame strategies constitute a form of 'regulatory taking'; whether endgame strategies can be squared with global trade/investment laws; whether free speech rights are infringed by aggressive restrictions on the advertisement and marketing of cigarettes. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Drug Legalization](#)
[*Laws](#)
[*Tobacco Smoking](#)
[Ethics](#)

Source: PsycINFO

Full Text: Available from *Highwire Press* in [Tobacco control](#)

121. Can tobacco control endgame analysis learn anything from the US experience with illegal drugs?

- Citation:** Tobacco Control: An International Journal, May 2013, vol./is. 22/Suppl 1(49-51), 0964-4563 (May 2013)
- Author(s):** Reuter, Peter
- Correspondence Address:** Reuter, Peter, 4103 Van Munching Hall, College Park, MD, US, 20742, preuter@umd.edu
- Institution:** RAND Corporation, Santa Monica, CA, US
- Language:** English
- Abstract:** The goals of tobacco control endgame strategies are specified in terms of the desired levels of tobacco use and/or tobacco related health consequences. Yet the strategies being considered may have other consequences beyond tobacco use prevalence, forms and related harms. Most of the proposed strategies threaten to create large black markets with potential attendant harms: corruption, high illegal earnings, violence and/or organised crime. Western societies of course have considerable experience with these problems in the context of prohibition of drugs such as cannabis, cocaine, heroin and methamphetamine. These experiences suggest that low prevalence has been achieved only by tough enforcement with damaging unintended consequences. Tobacco prohibition (total or partial) may not present the same trade-off but there is little basis for making a projection of the scale, form and harms of the attendant black markets. Nonetheless, these harms should not be ignored in analyses of the endgame proposals. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
- Publication Type:** Journal; Peer Reviewed Journal
- Subject Headings:** [*Drug Legalization](#)
[*Drug Usage](#)
[*Law Enforcement](#)
[*Smoking Cessation](#)
[*Tobacco Smoking](#)
- Source:** PsycINFO
- Full Text:** Available from *Highwire Press* in [Tobacco control](#)

122. Large-scale unassisted smoking cessation over 50 years: Lessons from history for endgame planning in tobacco control.

- Citation:** Tobacco Control: An International Journal, May 2013, vol./is. 22/Suppl 1(33-35), 0964-4563 (May 2013)
- Author(s):** Chapman, Simon; Wakefield, Melanie A
- Correspondence Address:** Chapman, Simon: School of Public Health, University of Sydney, Sydney, NSW, Australia, 2006, simon.chapman@sydney.edu.au
- Institution:** School of Public Health, University of Sydney, Sydney, NSW, Australia; Centre for Behavioural Research in Cancer, Cancer Council Victoria, Carlton, VIC, Australia
- Language:** English
- Abstract:** In the 50 years since the twentieth century's smoking epidemic began to decline from the beginning of the 1960s, hundreds of millions of smokers around the world have stopped smoking permanently. Overwhelmingly, most stopped without any formal assistance in the form of medication or professional assistance, including many millions of former heavy smokers. Nascent discussion about national and global tobacco endgame scenarios is dominated by an assumption that transitioning from cigarettes to alternative forms of potent, consumer-acceptable forms of nicotine will be essential to the success of endgames. This appears to uncritically assume (1) the hardening hypothesis: that as smoking prevalence moves toward and below 10%, the remaining smokers will be mostly deeply addicted, and will be largely unable to stop smoking unless they are able to move to other forms of 'clean' nicotine addiction such as e-cigarettes and more potent forms of nicotine replacement; and (2) an overly medicalised view of smoking cessation that sees unassisted cessation as both inefficient and inhumane. In this paper, we question these

assumptions. We also note that some vanguard nations which continue to experience declining smoking prevalence have long banned smokeless tobacco and non-therapeutic forms of nicotine delivery. We argue that there are potentially risky consequences of unravelling such bans when history suggests that large-scale cessation is demonstrably possible. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal
Subject Headings: [*Nicotine Withdrawal](#)
[*Prevention](#)
[*Smoking Cessation](#)
[*Tobacco Smoking](#)
[Risk Taking](#)
Source: PsycINFO
Full Text: Available from *Highwire Press* in [Tobacco control](#)

123. Ending versus controlling versus employing addiction in the tobacco-caused disease endgame: Moral psychological perspectives.

Citation: Tobacco Control: An International Journal, May 2013, vol./is. 22/Suppl 1(31-32), 0964-4563 (May 2013)
Author(s): Kozlowski, Lynn T
Correspondence Address: Kozlowski, Lynn T.: Department of Community Health and Health Behavior, School of Public Health and Health Professions, University at Buffalo, State University of New York, Buffalo, NY, US, 14214-3079, lk22@buffalo.edu
Institution: Department of Community Health and Health Behavior, School of Public Health and Health Professions, University at Buffalo, State University of New York, Buffalo, NY, US
Language: English
Abstract: Even though interest in reducing or eliminating tobacco caused diseases is a common goal in tobacco control, many experts hold different views on addiction as a target of intervention. Some consider tobacco-caused addiction as a tobacco-caused disease to be eliminated alongside the other diseases. Some consider tobacco caused addiction as a much lower priority disease to be eliminated, and a subset of this group is prepared to employ addiction to tobacco (nicotine) as a tool to reduce other tobacco-caused disease. These varying attitudes towards ending, controlling or employing tobacco addiction to reduce damage from tobacco use constitute quite different approaches to tobacco control and cause conflict among those in tobacco control. Moral psychological analyses argue that there is more than scientific evidence involved in supporting this continuum of approaches. Divergent values also influence positions in tobacco control. Attention to these values as well as the scientific evidence should be included in policy and practice in tobacco control. It is not that one constellation of values is necessarily superior, but debates need to be informed by and engage discussions of these values as well as the scientific evidence. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal
Subject Headings: [*Government Policy Making](#)
[*Intervention](#)
[*Nicotine Withdrawal](#)
[*Psychological Assessment](#)
[*Tobacco Smoking](#)
[Addiction](#)
Source: PsycINFO
Full Text: Available from *Highwire Press* in [Tobacco control](#)

124. Reducing the nicotine content to make cigarettes less addictive.

- Citation:** Tobacco Control: An International Journal, May 2013, vol./is. 22/Suppl 1(14-17), 0964-4563 (May 2013)
- Author(s):** Benowitz, Neal L; Henningfield, Jack E
- Correspondence Address:** Benowitz, Neal L.: Division of Clinical Pharmacology and Experimental Therapeutics, Department of Medicine, University of California, Box 1220, San Francisco, CA, US, 94143-1220, NBenowitz@MedSFGH.ucsf.edu
- Institution:** Division of Clinical Pharmacology and Experimental Therapeutics, Department of Medicine, University of California, San Francisco, CA, US; Department of Psychiatry and Behavioral Sciences-Behavioral Biology, Johns Hopkins University School of Medicine, Bethesda, MD, US
- Language:** English
- Abstract:** Nicotine is highly addictive and is primarily responsible for the maintenance of cigarette smoking. In 1994, Benowitz and Henningfield proposed the idea of federal regulation of the nicotine content of cigarettes such that the nicotine content of cigarettes would be reduced over time, resulting in lower intake of nicotine and a lower level of nicotine dependence. When nicotine levels get very low, cigarettes would be much less addictive. As a result, fewer young people who experiment with cigarettes would become addicted adult smokers and previously addicted smokers would find it easier to quit smoking when they attempt to do so. The regulatory authority to promulgate such a public health strategy was provided by the Family Smoking Prevention and Tobacco Control Act. Although it precludes 'reducing nicotine to zero', the act does not prohibit the Food and Drug Administration from setting standards for cigarette nicotine content that would prevent them from being capable of causing addiction. This paper reviews the assumptions implicit in a nicotine reduction strategy, examines the available data on the feasibility and safety of nicotine reduction, and discusses the public education, surveillance and support services that would be needed for the implementation of such a policy. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
- Publication Type:** Journal; Peer Reviewed Journal
- Subject Headings:** [*Nicotine](#)
[*Nicotine Withdrawal](#)
[*Prevention](#)
[*Public Health](#)
[*Tobacco Smoking](#)
- Source:** PsycINFO
- Full Text:** Available from *Highwire Press* in [Tobacco control](#)

125. Minimising the harm from nicotine use: Finding the right regulatory framework.

- Citation:** Tobacco Control: An International Journal, May 2013, vol./is. 22/Suppl 1(6-9), 0964-4563 (May 2013)
- Author(s):** Borland, Ron
- Correspondence Address:** Borland, Ron: Research Division, Cancer Council Victoria, 1 Rathdowne St., Carlton, VIC, Australia, 3053, Ron.Borland@cancervic.org.au
- Institution:** Research Division, Cancer Council Victoria, Carlton, VIC, Australia
- Language:** English
- Abstract:** The tobacco problem can be usefully conceptualised as two problems: eliminating the most harmful forms of nicotine use (certainly cigarettes, and probably all smoked tobacco), and minimising the use and/or harms from use of lower-harm, but addictive forms of nicotine. A possible target would be to effectively eliminate use of the most harmful forms of nicotine within the next decade and then turn our focus to a long-term strategy for the low-harm forms. This paper focuses on the administrative framework(s) needed to accomplish these twin tasks. For a phase-out taking a long time and/or for dealing with residually net harmful and addictive products, there are severe limitations to allowing for profit marketing of tobacco because such an arrangement (the current one in

most countries) can markedly slow down progress and because of the difficulty of constraining marketing in ways that minimise undesirable use. A harm reduction model where the marketing is under the control of a non-profit entity (a regulated market) is required to curtail the incredible power of for-profit marketing and to allow tobacco marketing to be done in ways that further the goal of minimising tobacco-related harm. Countries with a nationalised industry can move their industry onto a harm minimisation framework if they have the political will. Countries with a for-profit industry should consider whether the time and effort required to reconstruct the market may, in the longer term, facilitate achieving their policy goals. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal
Subject Headings: [*Government Policy Making](#)
[*Harm Reduction](#)
[*Nicotine](#)
[*Prevention](#)
[Tobacco Smoking](#)
Source: PsycINFO
Full Text: Available from *Highwire Press* in [Tobacco control](#)

126. Questions for a tobacco-free future.

Citation: Tobacco Control: An International Journal, May 2013, vol./is. 22/Suppl 1(1-2), 0964-4563 (May 2013)
Author(s): Smith, Elizabeth A
Correspondence Address: Smith, Elizabeth A.: Department of Social and Behavioral Sciences, University of California, San Francisco, 3333 California St., Suite 455, San Francisco, CA, US, 94118, Libby.smith@ucsf.edu
Institution: Department of Social and Behavioral Sciences, University of California, San Francisco, San Francisco, CA, US
Language: English
Abstract: This editorial presents an overview of papers presented in this issue of Tobacco Control: An International Journal. The tobacco industry has worked for a century to create the impression that tobacco use is inevitable and to shape the social mores that enable addiction. The once near-ubiquity of smoking, and the concomitant epidemic of disease, are human constructs. The need for an endgame comes from the recognition that we do not have to accept the industrial marketing of tobacco, and that current policies successful as they have often been will likely not make the tobacco problem disappear. The challenge for tobacco control will be to balance the incremental approaches that have been successful with the broader vistas an endgame scenario opens. Tobacco control has learned that aiming too low can be counterproductive a compromise resulting in weak clean indoor air legislation can lead to enforcement problems and a lack of popular support for an ineffective law. Tobacco control advocates will also have to balance policy innovation with science. Again, the story of clean indoor air laws is instructive. Tobacco control advocates have wrought remarkable changes in the last 50 years. The papers in this issue of Tobacco Control suggest that the next 50 years will see even more. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Publication Type: Journal; Peer Reviewed Journal
Subject Headings: [*Government Policy Making](#)
[*Prevention](#)
[*Program Evaluation](#)
[*Tobacco Smoking](#)
[Innovation](#)
Source: PsycINFO
Full Text: Available from *Highwire Press* in [Tobacco control](#)

127. Medication-taking self-efficacy and medication adherence among HIV-infected cocaine users.

- Citation:** JANAC: Journal of the Association of Nurses in AIDS Care, May 2013, vol./is. 24/3(198-206), 1055-3290 (May-Jun 2013)
- Author(s):** Waldrop-Valverde, Drenna; Dong, Chuanhui; Ownby, Raymond L
- Institution:** Nell Hodgson Woodruff School of Nursing, Emory University Atlanta, Atlanta, GA, US; University of Miami, Miller School of Medicine, Department of Neurology, Miami, FL, US; Department of Psychiatry and Behavioral Medicine, College of Osteopathic Medicine, Nova Southeastern University, Fort Lauderdale, FL, US
- Language:** English
- Abstract:** This prospective, observational study tested the ability of self-efficacy for taking antiretroviral medications to predict medication adherence among current and former cocaine and heroin users. Electronic monitors to record bottle openings and self-report measures of medication adherence were used. The sample included 99 men and women who were interviewed at 4-week intervals for 6 months. Mixed effects regression models to test the relationship of substance use and self-efficacy for medication-taking with percent of self-report adherence, dose adherence, number of days adherent, and adherence to medication schedule at each study visit showed that medication-taking self-efficacy was significantly related to all measures of adherence except schedule adherence. Findings also showed that electronically monitored adherence measures declined over the study period whereas self-report adherence did not. Findings suggest that self-efficacy can have a sustained effect on adherence to doses but may not be an influential predictor of adherence to their correct timing. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
- Country of Publication:** HOLDER: Association of Nurses in AIDS Care; YEAR: 2013
- Publication Type:** Journal; Peer Reviewed Journal
- Subject Headings:** [*Antiviral Drugs](#)
[*Drug Usage](#)
[*HIV](#)
[*Self Efficacy](#)
[*Treatment Compliance](#)
[Cocaine](#)
[Drug Abstinence](#)
[Drug Therapy](#)
[Heroin](#)
- Source:** PsycINFO

128. Intra-uterine exposure to maternal opiate abuse and HIV: The impact on the developing nervous system.

- Citation:** Early Human Development, April 2013, vol./is. 89/4(229-235), 0378-3782 (Apr 2013)
- Author(s):** Palchik, Alexander B; Einspieler, Christa; Evstafeyeva, Irina V; Talisa, Victor B; Marschik, Peter B
- Correspondence Address:** Einspieler, Christa: Institute of Physiology, Center for Physiological Medicine, Medical University of Graz, Harrachgasse 21, Graz, Austria, 8010, christa.einspieler@medunigraz.at
- Institution:** Department of Neurology, Paediatric Medical Academy St. Petersburg, St. Petersburg, Russia; Institute of Physiology, Center for Physiological Medicine, Medical University of Graz, Graz, Austria; Department of Neurology, Paediatric Medical Academy St. Petersburg, St. Petersburg, Russia; Center for Genetic Disorders of Cognition and Behavior, Kennedy Krieger Institute, Baltimore, MD, US; Institute of Physiology, Center for Physiological Medicine, Medical University of Graz, Graz, Austria
- Language:** English
- Abstract:** Background: Both intra-uterine exposure to maternal drugs and HIV are known to adversely affect the developing central nervous system. Aims: (1) To describe the quality

of GMs in infants who were intra-uterinely exposed to maternal opiate abuse and HIV; and (2) to analyze to what extent (a) perinatal events, (b) status of HIV-infection, and (c) the quality of GMs are associated with the neurodevelopmental outcome at 2 to 3 years of age. Patients and method: Seventy-seven children intra-uterinely exposed to both maternal opiate abuse and HIV in utero (41 boys and 36 girls; 39 born preterm) were videoed twice: first during the first 2 months after term (writhing GMs) and again at 3-5 months (fidgety GMs). Neurodevelopmental outcome was assessed at 2-3 years of age. Results: Thirty-eight infants showed abnormal writhing GMs; 25 infants had abnormal or absent fidgety movements; 22 children had an adverse neurodevelopmental outcome. The association between GM trajectories and outcome revealed a Cramer-V = 0.75 ($p < 0.001$). Those infants with active HIV-infection ($n = 10$) did not differ from the 67 infants who were HIV-exposed but uninfected with respect to their GM quality or outcome. Conclusions: Serial assessment of GMs in infants who were intra-uterinely exposed to maternal opiates and to HIV can be utilized for early identification of infants at a higher risk for later deficits and needing early intervention. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: All rights reserved.; HOLDER: Elsevier Ltd.; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Drug Abuse](#)
[*HIV](#)
[*Prenatal Exposure](#)
[*Neurodevelopmental Disorders](#)
[Central Nervous System](#)
[Comorbidity](#)
[Mother Child Relations](#)
[Opiates](#)

Source: PsycINFO

Full Text: Available from *Elsevier* in [Early Human Development](#)

129. Longitudinal effects of universal preventive intervention on prescription drug misuse: Three randomized controlled trials with late adolescents and young adults.

Citation: American Journal of Public Health, April 2013, vol./is. 103/4(665-672), 0090-0036;1541-0048 (Apr 2013)

Author(s): Spoth, Richard; Trudeau, Linda; Shin, Chungyeol; Ralston, Ekaterina; Redmond, Cleve; Greenberg, Mark; Feinberg, Mark

Correspondence Address: Spoth, Richard: Partnerships in Prevention Science Institute, Iowa State University, 2625 North Loop Drive, Suite 2400, Ames, IA, US, 50010, rlsposh@iastate.edu

Institution: Prevention Science Institute, Iowa State University, Ames, IA, US; Prevention Science Institute, Iowa State University, Ames, IA, US; Prevention Science Institute, Iowa State University, Ames, IA, US; Prevention Science Institute, Iowa State University, Ames, IA, US; Prevention Science Institute, Iowa State University, Ames, IA, US; Prevention Research Center, Pennsylvania State University, University Park, PA, US; Prevention Research Center, Pennsylvania State University, University Park, PA, US

Language: English

Abstract: Objectives: We examined long-term prescription drug misuse outcomes in 3 randomized controlled trials evaluating brief universal preventive interventions conducted during middle school. Methods: In 3 studies, we tested the Iowa Strengthening Families Program (ISFP); evaluated a revised ISFP, the Strengthening Families Program: For Parents and Youth 10-14 plus the school-based Life Skills Training (SFP 10-14 + LST); and examined the SFP 10-14 plus 1 of 3 school-based interventions. Self-reported outcomes were prescription opioid misuse (POM) and lifetime prescription drug misuse overall (PDMO). Results: In study 1, ISFP showed significant effects on POM and PDMO, relative reduction rates (RRRs; age 25 years) of 65%, and comparable benefits for higher- and lower-risk subgroups. In study 2, SFP 10-14 + LST showed significant or marginally significant effects on POM and PDMO across all ages (21, 22, and 25 years); higher-risk

participants showed stronger effects (RRRs = 32%-79%). In study 3, we found significant results for POM and PDMO (12th grade RRRs = 20%-21%); higher-risk and lower-risk participants showed comparable outcomes. Conclusions. Brief universal interventions have potential for public health impact by reducing prescription drug misuse among adolescents and young adults. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Drug Abuse](#)
[*Drug Abuse Prevention](#)
[*Opiates](#)
[*Prescription Drugs](#)
[*Treatment Effectiveness Evaluation](#)
[Risk Factors](#)
[School Based Intervention](#)

Source: PsycINFO

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

130. The geography of violence, alcohol outlets, and drug arrests in Boston.

Citation: American Journal of Public Health, April 2013, vol./is. 103/4(657-664), 0090-0036;1541-0048 (Apr 2013)

Author(s): Lipton, Robert; Yang, Xiaowen; Braga, Anthony A; Goldstick, Jason; Newton, Manya; Rura, Melissa

Correspondence Address: Lipton, Robert, 24 Frank Lloyd Wright H-3200, Ann Arbor, MI, US, 48106, rlipton@med.umich.edu

Institution: University of Michigan Injury Center, Ann Arbor, MI, US; Department of Economics, Massachusetts Institute of Technology, Cambridge, MA, US; School of Criminal Justice, Rutgers University, Newark, NJ, US; University of Michigan Injury Center, Ann Arbor, MI, US; University of Michigan Injury Center, Ann Arbor, MI, US; University of Michigan Injury Center, Ann Arbor, MI, US

Language: English

Abstract: Objectives: We examined the relationship between alcohol outlets, drug markets (approximated by arrests for possession and trafficking), and violence in Boston, Massachusetts, in 2006. We analyzed geographic and environmental versus individual factors related to violence and identified areas high in violent crime. Methods: We used data from the Boston Police Department, US Census, and Massachusetts State Alcohol Beverage Control Commission. Spatial modeling was employed at the block group level, and violent crime, alcohol outlets, and drug markets were mapped. Results: Relative to other block groups, block groups in the highest decile of violent crime (n = 55) were found to be poorer (e.g., lower incomes, higher percentages of vacant homes), and they had greater numbers of alcohol outlets and higher drug arrest rates. Alcohol outlets and drug possession and trafficking arrests were predictive of violent crime. Also, spatial effects resulting from neighboring block groups were related to violent crime. Both alcohol outlet density and type were associated with violent crime in a differentiated and complex way. Conclusions. With drug possession and trafficking arrests as a proxy for drug markets, spatial relationships between alcohol outlets and violence were found in addition to typical sociodemographic predictors. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcohol Drinking Patterns](#)
[*Illegal Drug Distribution](#)
[*Geography](#)

*Legal Arrest
 *Violent Crime
 Drug Abuse

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

131. Alcohol (and other drugs) in public health research.

Citation: American Journal of Public Health, April 2013, vol./is. 103/4(582),
 0090-0036;1541-0048 (Apr 2013)

Author(s): Greenfield, Thomas K

Institution: Alcohol Research Group, Public Health Institute, Emeryville, CA, US

Language: English

Abstract: This editorial focuses on the papers which were issued in this issue of American Journal of PublicHealth. These articles exemplify several types of research in which the rigorously based conclusions speak plainly about the implications for public health. The editor look forward to receiving more articles that so clearly delineate the public health aspects of alcohol and other drug research so as to inform policy development and praxis in the coming years. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: *Alcohol Drinking Patterns
 *Drug Usage
 *Experimentation
 *Public Health
 *Health Care Policy
 Alcohol Abuse
 Drugs
 Health Promotion

Source: PsycINFO

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

132. Addiction industry studies: Understanding how proconsumption influences block effective interventions.

Citation: American Journal of Public Health, April 2013, vol./is. 103/4(e35-e38),
 0090-0036;1541-0048 (Apr 2013)

Author(s): Adams, Peter J

Correspondence Address: Adams, Peter J.: University of Auckland, Private Bag 92019, Auckland, New Zealand,
 1142, p.adams@auckland.ac.nz

Institution: Centre for Addiction Research, University of Auckland, Auckland, New Zealand

Language: English

Abstract: The legalized consumption of products with addiction potential, such as tobacco and alcohol, contributes in myriad ways to poor physical and mental health and to deterioration in social wellbeing. These impacts are well documented, as are a range of public health interventions that are demonstrably effective in reducing harm. I have discussed the capacity for the profits from these substances to be deployed in ways that block or divert resources from interventions known to be effective. Addiction industry

studies constitute a new and previously neglected area of research focusing specifically on understanding the salient relationships that determine policy and regulation. This understanding will increase the odds of adopting effective interventions. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Addiction](#)
[*Consumer Protection](#)
[*Harm Reduction](#)
[*Health Behavior](#)
[*Product Design](#)
[Alcohol Drinking Patterns](#)
[Health Promotion](#)
[Intervention](#)
[Tobacco Smoking](#)

Source: PsycINFO

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

133. Language and addiction: Choosing words wisely.

Citation: American Journal of Public Health, April 2013, vol./is. 103/4(e1-e2), 0090-0036;1541-0048 (Apr 2013)

Author(s): Wakeman, Sarah E

Correspondence Address: Wakeman, Sarah E.: Massachusetts General Hospital, 55 Fruit Street, GRB 740, Boston, MA, US, 02114, swakeman@partners.org

Institution: Massachusetts General Hospital, Boston, MA, US

Language: English

Abstract: Comments on the articles by Victoria A. Osborne & Kalea Benner (see record 2012-15988-001) and Robert E. Taylor et al. (see record 2012-25205-003). These two articles discussed the importance of educating trainees in social work and medicine in screening, brief intervention, and referral to treatment (SBIRT) technique for approaching patients with substance use disorders. In both articles the terms "substance use" and "substance abuse" were used somewhat interchangeably. Both articles contribute to the important recognition that training in addictions must be an integral part of any medical or social work training program. However, the language used to convey this educational content is important. "Abuse" is arguably the most pernicious and poorly chosen word in our medical addiction vernacular. No other syndrome in medicine in its very naming explicitly labels the patient as the perpetrator of disease. From a purely semantics approach the word is also technically incorrect. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Drug Abuse](#)
[*Intervention](#)
[*Screening](#)
[*Social Workers](#)
[*Teaching](#)
[Professional Referral](#)
[Social Work Education](#)

Source: PsycINFO

Full Text: Available from *EBSCOhost* in [American Journal of Public Health](#)

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

Available from *EBSCOhost* in *American Journal of Public Health*

134. Saving adolescents.

Citation:	Clinical handbook of adolescent addiction., 2013(464-470) (2013)
Author(s):	Rosner, Richard
Institution:	Forensic Psychiatry Residency Program, New York University School of Medicine, New York, NY, US
Language:	English
Abstract:	(from the chapter) Core to the mission of the American Society for Adolescent Psychiatry (ASAP) are the tenets that adolescence is a critical developmental period that carries with it many psychosocial risks, and that treating adolescents effectively requires special knowledge and skills. The William A. Schonfeld Award of the ASAP honors the first president of the organization; the award is given to individuals recognized for their outstanding contributions to the field of adolescent psychiatry, as well as for their excellence and dedication to the clinical practice of adolescent psychiatry throughout the course of their career. This chapter is based on the author's presentation at the 2005 ASAP Annual Meeting, in which he summarized and synthesized four aspects of his life's work that are relevant to the mission of the ASAP, and which are conceptualized as ways of "saving adolescents:" (i) education and training in adolescent psychiatry; (ii) forensic psychiatry; (iii) addiction medicine; and (iv) moral philosophy. (PsycINFO Database Record (c) 2014 APA, all rights reserved)
Conference Information:	American Society for Adolescent Psychiatry. 2005. US. This chapter is based on the author's presentation at the aforementioned annual meeting.
Publication Type:	Book; Edited Book
Subject Headings:	*Addiction *Adolescent Development *Adolescent Psychiatry Forensic Psychiatry Medical Sciences Morality Training
Source:	PsycINFO

135. Confidentiality and informed consent issues in treatment for adolescent substance abuse.

Citation:	Clinical handbook of adolescent addiction., 2013(457-463) (2013)
Author(s):	Goldstein, Robert Lloyd
Institution:	College of Physicians and Surgeons, Columbia University, New York, NY, US
Language:	English
Abstract:	(from the chapter) This chapter will focus on confidentiality and informed consent issues in the treatment for adolescent substance abuse. It should be noted that confidentiality and informed consent fall under two distinct medico-legal rubrics in each jurisdiction. As a consequence, just because adolescents have the right of independently consenting to treatment for substance abuse in a particular jurisdiction, it does not automatically follow that they will also be afforded confidentiality protection to prevent disclosure to their parents. (All references in this chapter to "adolescents" are meant to denote adolescent minors, which takes into account the fact that starting at the age of majority (which is at age 18 in 46 states and at age 19 or 21 in the others), individuals are legally adults in regard to the exercise of all their healthcare rights). Balancing the legitimate rights of parents and the emerging rights of adolescents continues to be a conundrum for policy-makers; but, in situations where adolescent concerns act as an impediment to

seeking urgently needed care, most clinicians agree that encouraging access to treatment should take precedence over parental rights. Many professional organizations, including the Society for Adolescent Medicine and the American Academy of Child and Adolescent Psychiatry, recognize this reality and support the right of adolescents to consent independently with safeguards to protect their confidentiality. The right of adolescents to consent, by itself, without assurance of confidentiality, does not provide a satisfactory solution to the problem. Yet this remains the state of the law in many jurisdictions, namely, that adolescents are authorized to consent to substance abuse treatment on their own, but cannot control access to their healthcare information and records by their parents. This chapter will attempt to elucidate how the labyrinthine network of US state and federal laws and regulations governing the confidentiality of adolescent substance abuse treatment attempts to resolve these complex issues. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Publication Type: Book; Edited Book

Subject Headings: [*Drug Abuse](#)
[*Informed Consent](#)
[*Laws](#)
[*Legal Processes](#)
[*Privileged Communication](#)
[Alcohol Abuse](#)
[Parents](#)
[Treatment](#)
[Treatment Barriers](#)

Source: PsycINFO

136. Older adolescents in drug court: Hammering the revolving door shut.

Citation: Clinical handbook of adolescent addiction., 2013(445-456) (2013)

Author(s): Ward, Laura A

Institution: Criminal Court of the City of New York, New York, NY, US

Language: English

Abstract: (from the chapter) Since their inception in 1989, drug courts have provided treatment alternatives to incarceration in dealing with drug offenders. Some individuals need a hammer hanging over their head to reverse the course of their lives, Drug court is a substance abuse intervention model that operates within the criminal justice system, integrating social and legal services to adjudicate selected drug cases. It is a unique combination of mandatory drug treatment and the hammer of a prison sentence. This chapter will describe the objectives and inner workings of a drug court in the New York State Supreme Court in Manhattan, which deals with a mixed population of older adolescents (over age 16) and adults. Representative vignettes excerpted from cases involving younger members of this mixed population of drug offenders will be presented. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Publication Type: Book; Edited Book

Subject Headings: [*Adjudication](#)
[*Criminal Justice](#)
[*Drug Abuse](#)
[*Drug Rehabilitation](#)
[Incarceration](#)

Source: PsycINFO

137. Third party liability for supplying adolescents with illegal substances.

Citation: Clinical handbook of adolescent addiction., 2013(438-444) (2013)

Author(s): Greenfield, Daniel P; Gottschalk, Jack A

Institution: Seton Hall University, School of Health and Medical Sciences, Millburn, NJ, US; Seton Hall University, Stillman School of Business, Livingston, NJ, US

Language: English

Abstract: (from the chapter) In this chapter, using a case scenario as a springboard, we will (i) present an overview from a practical clinical perspective of the definition of "Third Party Liability" and aspects of it that might impact the practice of a clinical and adolescent mental health practitioner; (ii) expand on facts and their implications brought out in the scenario; and (iii) discuss a number of caveats and ways in which vicarious liability scenarios for the practicing child and adolescent mental health practitioner can be avoided or prevented, or the dangers from them minimized. Additionally, because of the clear relevance to adolescent addiction, such topics as liability for sales of tobacco and illegal (CDS) substances to minors, the culture of street gangs ("Bloods," "Crips," "Latin Kings," among others) that promote drug use and drug dealing, and community and law enforcement approaches in dealing with adolescent substance abuse, will also be reviewed. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Publication Type: Book; Edited Book

Subject Headings: [*Illegal Drug Distribution](#)
[*Legal Processes](#)
[*Mental Health Personnel](#)
[*Professional Liability](#)
[*Gangs](#)
[Clinical Practice](#)

Source: PsycINFO

138. Informed consent, parental consent, and the right to refuse treatment.

Citation: Clinical handbook of adolescent addiction., 2013(430-437) (2013)

Author(s): Gottschalk, Jack A; Greenfield, Daniel P

Institution: Seton Hall University, Stillman School of Business, Livingston, NJ, US; Seton Hall University, School of Health and Medical Sciences, Millburn, NJ, US

Language: English

Abstract: (from the chapter) The subject and the legal doctrines of consent and informed consent, together with ethical considerations, are interrelated and apply with equal vigor to the right to refuse treatment or to end treatment at once. An added corollary is that of confidentiality; this concept has a very long history, and is perhaps best exemplified in the doctor-patient privilege. This privilege is recognized in every state, and prevents a doctor from providing testimony about any aspect of a patient's medical condition. Our plan in the presentation of this chapter is to begin with a discussion of informed consent, then to follow that with an examination of adolescent refusal to provide consent to medical treatment, and finally to explore parental rights in terms of refusal to treatment by adolescents. Following these discussions, we will present a general summary of the chapter that is designed to be both easily digested and of practical value. Finally, as a further assist to the reader, it should be noted that whenever we refer to medical treatment we are speaking about treatment of adolescents for alcohol and drug addiction issues. This treatment is, of course, the essential focus of this chapter. A starting point for this discussion is to set out the definitions of both consent and informed consent, two separate and distinct doctrines. We then turn to explore the historical reasons that have led to current interest in this important area. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Publication Type: Book; Edited Book

Subject Headings: [*Addiction](#)
[*Informed Consent](#)
[*Medical Psychology](#)
[*Treatment Refusal](#)
[Alcoholism](#)

[Drug Addiction](#)
[Legal Processes](#)
[Parents](#)

Source: PsycINFO

139. Ethical considerations in adolescent addiction.

Citation: Clinical handbook of adolescent addiction., 2013(423-429) (2013)

Author(s): Weinstock, Robert

Institution: University of California Los Angeles, Los Angeles, CA, US

Language: English

Abstract: (from the chapter) Ethical considerations require special care in the assessment and treatment of adolescent patients in general and even more so in those patients with addiction problems. In adolescent patients with addiction problems, the problems and considerations of both adolescence and addictions arise and require consideration and sometimes can present special challenges, as well as some special problems of patients with both. In the assessment and treatment of adolescents with substance abuse disorders, there are two complex areas in which ethical dilemmas can arise and often do. This chapter will explore some of these areas and provide recommendations on how to navigate these complexities: confidentiality and conflicting duties and responsibilities. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Publication Type: Book; Edited Book

Subject Headings: [*Addiction](#)
[*Privileged Communication](#)
[*Professional Ethics](#)
[*Professionalism](#)
[*Responsibility](#)

Source: PsycINFO

140. Treatment issues for youths with substance abuse in juvenile detention.

Citation: Clinical handbook of adolescent addiction., 2013(405-415) (2013)

Author(s): Bath, Eraka; Clark, Le Ondra; Low, Julie Y

Institution: Department of Psychiatry, UCLA, Neuropsychiatric Institute, Los Angeles, CA, US; California State Senate, California State Capitol, Sacramento, CA, US; New York Medical College, New York, NY, US

Language: English

Abstract: (from the chapter) This chapter discusses substance abuse and treatment issues for youth placed in juvenile detention. According to the 2001 Surgeon General's Report on Children's Mental Health, 1 in 10 youths in the United States suffers from mental illness severe enough to cause some level of impairment. However, in any given year, only about one in five youths receives mental health services. Equally concerning is the rate of substance use among youths, A study of 12th graders revealed that close to half (48,2%) had used illicit drugs at some point in their lives, and 22% reported use in the month prior to the study. Data from youths, ages 12 to 17 years old, who participated in a national study by the Substance Abuse and Mental Health Services Administration (SAMHSA) showed that the substance abuse disorder rate for youths was 8%, but for those youths who had resided in a juvenile detention facility, the rate was 23,8%. Of those detained, around 9% indicated current use of any illicit drugs, and 7,6% met criteria for substance abuse or dependence. Adding to the concern, the results from the 2009 Monitoring the Future study showed that the proportion of youths using any illicit drug had risen over the previous two years, and youths involved with the juvenile justice system had the highest rates of substance abuse and dependence. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Publication Type: Book; Edited Book

Subject Headings: [*Alcohol Rehabilitation](#)
[*Drug Rehabilitation](#)
[*Juvenile Delinquency](#)
[*Mental Health](#)
 Alcohol Abuse
 Drug Abuse

Source: PsycINFO

141. The therapeutic community for the adolescent substance abuser.

Citation: Clinical handbook of adolescent addiction., 2013(390-404) (2013)

Author(s): Bunt, Gregory C; Stanick, Virginia A

Institution: Department of Psychiatry, New York University School of Medicine, New York, NY, US;
 Daytop Village, Inc., New York, NY, US

Language: English

Abstract: (from the chapter) The original therapeutic community model has been successfully modified to accommodate a number of subpopulations with special needs and characteristics, including adolescents with chemical abuse/dependence and a host of correlated problems, TC admission statistics indicate that the adolescent therapeutic community (TC) population constitutes a group with a variety of psychological, behavioral, social, and educational dysfunctions that may increase vulnerability to substance abuse and criminal justice involvement. Most come to be admitted to TCs with prior treatment episodes, and are assessed to be in need of intensive and comprehensive treatment. Affiliation with a peer-focused milieu appeals to the adolescent need for identification with peers; however, ideally the TC offers a more constructive peer group than was experienced previous to index treatment in the TC setting. Therapeutic communities also offer adolescents alternative models of adult authority, which are often in stark contrast to prior experiences with adults. The daily schedule, social structure, and well-defined expectations and consequences found in the TC provide ample opportunity for adolescents to practice skills to effectively cope with affect, emotional trauma, and social pressures. The TC environment provides experiences that support and promote development of age-appropriate capacities for problem-solving and goal achievement. Throughout their stay in the TC, adolescents receive opportunities, both structured and naturally occurring, to practice these skills with immediate support and consistent feedback. Despite challenges inherent in treatment of the adolescent population, the TC modality has been found to be adaptable to this population, and has demonstrated efficacy in reducing substance abuse, criminal involvement, psychosocial problems, and ideally improvements in adolescent TC residents' self-esteem, coping, and academic and vocational achievement. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Publication Type: Book; Edited Book

Subject Headings: [*Alcohol Abuse](#)
[*Drug Abuse](#)
[*Therapeutic Community](#)
 Criminal Justice

Source: PsycINFO

142. Sexting, cybersex, and internet use: The relationship between adolescent sexual behavior and electronic technologies.

Citation: Clinical handbook of adolescent addiction., 2013(377-389) (2013)

Author(s): Judge, Abigail M; Saleh, Fabian M

Correspondence Address: Judge, Abigail M.: Harvard Medical School, Massachusetts Avenue, Cambridge, MA, US

Institution: Harvard Medical School, Cambridge, MA, US; Harvard Medical School, Boston, MA, US

Language: English

Abstract: (from the chapter) In 2007, Phillip Alpert of Florida was 18 years old when he argued with his former girlfriend and impulsively distributed her naked picture to dozens of her friends and family. This same ex-girlfriend had sent him this picture via electronic mail earlier in their almost 2-year relationship, Alpert explained, "It was a stupid thing I did because I was upset and tired and it was the middle of the night and I was an immature kid". As a result, Alpert was arrested, charged and convicted with a felony (child pornography distribution), and sentenced to 5 years' probation. He was also required by Florida law to register as a sex offender, which he is mandated to do for the next 25 years. Given the dearth of data and the importance of understanding the internet to adolescents in developmentally appropriate terms, some have proposed whether the concept of internet addiction is at this point best understood as an analogy. Turkle has written extensively on how individuals subjectively experience computers and new technology. She cautioned that the concept of internet addiction may obscure other ways of understanding how adolescents derive meaning from online activity. This chapter offers a critical review of the empirical research on internet use in adolescents with a particular focus on the interplay between emerging technologies and adolescent sexual behavior. We hope to bear in mind Turkle's invitation to consider the range of "identity play" these behaviors may express, including but not limited to a critical evaluation of whether internet misuse may be an addiction and if so, for whom. Regardless of the diagnostic conceptualization, some youths who use the internet have a more complicated development; this review aims to consider lines of evidence that may help to characterize vulnerable youths and to suggest promising areas of future inquiry. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Publication Type: Book; Edited Book

Subject Headings: [*Addiction](#)
[*Internet](#)
[*Psychosexual Behavior](#)
[*Technology](#)
[Concept Formation](#)

Source: PsycINFO

143. Sexual addiction and hypersexual behaviors in adolescents.

Citation: Clinical handbook of adolescent addiction., 2013(362-376) (2013)

Author(s): De Crisce, Dean

Institution: New York University School of Medicine, Brooklyn, NY, US

Language: English

Abstract: (from the chapter) This chapter discusses sexual addiction and hypersexual behaviors in adolescents. Problematic sexual behaviors are a potential concern to any clinician treating adolescents. Sexual behaviors, perhaps more so than any other high-risk behaviors, are set in a fragile and sociologically relative framework. Addiction may be roughly defined as the compulsive pursuance of pleasure-producing substances and behaviors, despite significant problems, and associated with craving and impairment of control. Out of control sexual behavior has been considered and classified along with impulse control disorders, sexual disorders, addictive disorders, and as a result of mood disorders, obsessive-compulsive disorder, or even psychodynamic processes. There is reasonable evidence for considering some problematic sexual behaviors as comprising a behavioral addictive disorder, given the strong similarities with substance use disorders in presentation, neuroadaptive responses, treatment approaches, and other features. A primary feature of all addictive processes is an inability to control a compulsive, perceived pleasurable behavior that ultimately causes significant problems. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Publication Type: Book; Edited Book

Subject Headings: [*Compulsions](#)
[*Hypersexuality](#)

[*Impulse Control Disorders](#)
[*Sexual Addiction](#)

Source: PsycINFO

144. Trauma and adolescent addiction.

Citation: Clinical handbook of adolescent addiction., 2013(350-361) (2013)

Author(s): Kunz, Michal

Institution: Kirby Forensic Psychiatric Center, New York, NY, US

Language: English

Abstract: (from the chapter) Comorbidity of trauma and PTSD with addictive disorders is common in adolescents. The interrelationship between the two conditions is complex, with addictive behaviors following the trauma, as well as preceding it. While there are established treatments for each of the conditions separately, few treatments addressing the comorbidity have been developed and tested. Little is known about the impact of the comorbid addictive disorders and trauma-related disorders on the adolescent developmental trajectory-the ability of the adolescent to acquire crucial psychosocial skills in the face of these twin disorders. In view of the adolescent tendency not to self-disclose, proactive screening for trauma in the population of addicted adolescents, as well as screening for substance abuse in those who have experienced trauma, is highly indicated and assists in guiding treatment. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Publication Type: Book; Edited Book

Subject Headings: [*Addiction](#)
[*Comorbidity](#)
[*Screening Tests](#)
[*Trauma](#)
[Alcohol Abuse](#)
[Drug Abuse](#)
[Drug Rehabilitation](#)
[Posttraumatic Stress Disorder](#)

Source: PsycINFO

145. Neuropsychological effects of substance abuse in adolescents.

Citation: Clinical handbook of adolescent addiction., 2013(340-349) (2013)

Author(s): Scheiner, Diane; Kalechstein, Ari; van Gorp, Wilfred G

Institution: Department of Psychology, Fordham University, New York, NY, US; Baylor College of Medicine, Menninger Department of Psychiatry, Houston, TX, US; Columbia University, College of Physicians and Surgeons, Department of Psychiatry, New York, NY, US

Language: English

Abstract: (from the chapter) This chapter discusses neuropsychological findings on adolescents who are involved in substance abuse. Neuropsychological effects of substance abuse and dependence represent a complex issue, dependent on both the recency and extent of substance use. Working memory, episodic memory, and disinhibition represent key domains that are affected by substance abuse that can put the adolescent at risk for relapse and for poorer outcome in their "real-world" functioning. Assessment that focuses on these domains, as well as emotional factors, will be necessary to examine the effects of past substance abuse, and determine success in remaining abstinent as the adolescent enters adulthood. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Publication Type: Book; Edited Book

Subject Headings: [*Cognitive Development](#)
[*Drug Abuse](#)

*Neuropsychology
*Psychosocial Development

Source: PsycINFO

146. Substance abuse impact on adolescent brain development.

Citation: Clinical handbook of adolescent addiction., 2013(329-339) (2013)

Author(s): Raff, Adam

Institution: New York University Medical Center, New York, NY, US

Language: English

Abstract: (from the chapter) Adolescence is a crucial phase of development that is widely understood to be characterized by significant changes in an individual's neurobiology and related maturational processes. While the time frame defining adolescence has its sociocultural variations, the onset of puberty typically marks this critical period of transition from childhood, characterized by a surge in hormonal production and the emergence of secondary sexual characteristics. In addition to an array of unique biological changes that lay the foundations for adult functioning, adolescence is also a phase when sensation-seeking and impulsive behaviors tend to be much more prevalent. Developmentally, these behaviors potentially fuel the adolescent's development of an independent and autonomous identity by promoting the necessary social skills and peer interactions. With their social, as well as neurobiological roots, these reward-seeking behaviors are also, unfortunately, associated with their maladaptive consequences such as motor vehicle accidents and teenage pregnancy. Specifically, these risky behaviors have become increasingly implicated as one of several factors for increased risk for alcohol and substance abuse, (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Publication Type: Book; Edited Book

Subject Headings: *Adolescent Development
*Alcohol Abuse
*Cognitive Development
*Drug Abuse
*Neurotoxicity
Neurobiology
Neuropsychology

Source: PsycINFO

147. What's old is new: Motivational interviewing for adolescents.

Citation: Clinical handbook of adolescent addiction., 2013(321-326) (2013)

Author(s): Flaherty, Lois T

Institution: University of Maryland School of Medicine, Baltimore, MD, US

Language: English

Abstract: (from the chapter) This reprinted article originally appeared in Annals of the American Society for Adolescent Psychiatry, Vol. 30, pp. 117-127. (The abstract of the original article appeared in record 2007-18175-010). Motivational interviewing, developed in the substance abuse field as an approach to alcohol use, has been extended to other kinds of substance abuse and other disorders that have an addictive quality. It is a brief intervention that can be incorporated into a single session and used in non-psychiatric settings. In recent years it has been widely used for adolescents in a variety of venues, with promising results. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Publication Type: Book; Edited Book

Subject Headings: *Alcohol Abuse
*Drug Abuse
*Intervention

Motivational Interviewing
Quality of Life

Source: PsycINFO

148. Psychopharmacology for the addicted adolescent.

Citation: Clinical handbook of adolescent addiction., 2013(311-320) (2013)

Author(s): Fong, Timothy W

Institution: Semel Institute for Neuroscience and Human Behavior, UCLA, Los Angeles, CA, US

Language: English

Abstract: (from the chapter) There is a paucity of evidence-based research and a complete lack of treatment guidelines for the use of medications to treat addictive disorders in the adolescent population. In reality though, clinicians are likely to try to prescribe medications that are approved in adults. This chapter discusses psychopharmacology for the treatment of addictive disorders in adolescents, including alcohol, nicotine, opioids, stimulants, marijuana, sedative-hypnotics and non-substance related disorders. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Publication Type: Book; Edited Book

Subject Headings: [*Addiction](#)
[*Adolescent Psychiatry](#)
[*Drug Therapy](#)
[*Psychopharmacology](#)
[*Treatment Guidelines](#)
[Disorders](#)

Source: PsycINFO

149. Adolescent group treatments: Twelve-step and beyond.

Citation: Clinical handbook of adolescent addiction., 2013(306-310) (2013)

Author(s): Martinez, Jeremy

Institution: UCLA Addiction Medicine Clinic, Los Angeles, CA, US

Language: English

Abstract: (from the chapter) This chapter discusses self-help groups and group therapy for the adolescent addict. Relatively brief residential or outpatient addiction treatment of 3-9 months' duration is often insufficient for sustained, life-long sobriety for the adolescent. Additional support comes in the form of mutual self-help groups, or group therapy. Mutual self-help groups, such as the twelve-step groups, Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), provide extended support for the addicted adolescent. Facilitated recovery groups provide treatment, having a trained group leader or a licensed therapist to guide the process. This is the distinction between a "support group," which does not include a licensed facilitator, and a "treatment" or "therapy" group, which may be led by a licensed drug counselor, social worker, psychologist, psychiatrist, or other mental health professional. Common facilitated groups include cognitive-behavioral therapy (CBT), motivational enhancement therapy (MET), and twelve-step facilitated (TSF) groups. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Publication Type: Book; Edited Book

Subject Headings: [*Adolescent Psychopathology](#)
[*Group Psychotherapy](#)
[*Self Help Techniques](#)
[*Twelve Step Programs](#)
[Addiction](#)
[Alcohol Rehabilitation](#)
[Cognitive Behavior Therapy](#)

[Drug Rehabilitation](#)
[Motivational Interviewing](#)

Source: PsycINFO

150. Adolescent behaviors out of control: An introduction to adolescent residential treatment.

Citation: Clinical handbook of adolescent addiction., 2013(301-305) (2013)

Author(s): Karim, Reef

Institution: Control Center For Addictions, Beverly Hills, CA, US

Language: English

Abstract: (from the chapter) Research and clinical experience reveal addiction to be a disease of our youth. This chapter discusses the option of residential treatment for addicted youth. One size does not fit all. Residential substance abuse programs designed to treat adults often fail to meet the unique needs of adolescents. Compared to adults, adolescents have higher rates of dual diagnosis, different developmental needs, and higher rates of binge and opportunistic use. The developmental period of adolescence is distinguished by a transition from the dependent, family-oriented state of childhood to the independent, peer-oriented state of adulthood. These behavioral changes facilitate substance use and experimentation. The notion of enhanced reward-seeking combined with the relatively delayed maturation of cognitive control is a common model for understanding the peak onset of substance abuse in adolescence. And the direct neurobiological effect of drugs of abuse on adolescent brains may have more severe consequences than in adults because of the additional effects on ongoing development. Effective treatment for adolescents with substance abuse disorders (and possible co-occurring disorders) requires key elements including: appropriate assessment specific to the world of the adolescent; family involvement throughout treatment; developmentally appropriate, gender-specific groups; a highly qualified and experienced staff; addressing co-occurring mental health disorders; and management strategies used to motivate teens to continue with treatment. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Publication Type: Book; Edited Book

Subject Headings: [*Addiction](#)
[*Developmental Stages](#)
[*Residential Care Institutions](#)
[Dual Diagnosis](#)
[Needs Assessment](#)

Source: PsycINFO