Spotlight on... Drugs and Alcohol

9th April 2013

Find out how others use SSKS and the results from our user survey. Sign up for some of our new training in April, May and June. Read the latest issues of Addiction and Drug and Alcohol Dependence.

Remember get in touch of you have any materials or events you would like promoted in the SSKS e-newsletters. E-mail us at Knowledge@nes.scot.nhs.uk or send us a Tweet @SSKS_online

What's in SSKS for me?

Between September 2012 and January 2013 we asked you to complete the SSKS Impact and Satisfaction Survey to help us learn what we do well and what we can improve.

You can read a summary of the results on our blog.

We asked you, the users, for examples of how you use SSKS in practice. Here are some of the answers.

Did you know you could find all this on SSKS?

Checking policies and procedures for managing challenging behaviour

Within the learning disabilities topic portal, there is a page featuring resources on behaviours that challenge. You can also search for "challeng* behaviour" to explore 179 resources including evidence summaries, practice guidance, audio/visual material, e-books, reports and more.

(NB. Use * to include all suffixes of a work in your search. Challeng* will search for resources with the words challenge, challenges, challenging, challenged and so on.)

Reseaching good practice to develop training for working with pregnant drug users

Browse resources on parental problem drug or alcohol use within the drugs and alcohol topic portal, view the page on Fetal Alcohol Syndrome within the learning disabilities topic portal or explore what is available within the pre-birth, pregnancy and babies area within the early years topic portal.

Access to journal articles is vital

Explore all the journals you can access in the SSKS Library. Here you can also find help to access full text journals. In order to access journals and databases, you are required to register for an Athens username and password. Register or login here.

You can also explore some of the new and improved areas within the Drugs and Alcohol topic portal:

Delivering Services
Find web links to reports and publications which will provide support to staff and managers delivering services to people affected by problem drug or alcohol use.

Developing recovery-orientated systems of care: Driver Diagram
The Driver Diagram is a tool to assist local areas with service planning and redesign to work towards the implementation of a Recovery-Orientated System of Care (ROSC). The tool includes links to guidance and advice which will hopefully be of use when undertaking system redesign work locally.
Get on board for a tour of SSKS

We have created some new SSKS training for 2013.

Do you need a refresher in using SSKS? Do you have any colleagues who you would like to introduce to SSKS?

Register for one of our free online tours of SSKS to find out about:

- Dedicated topic areas on SSKS
- Accessing material such as books and journals from the SSKS Library
- Searching SSKS and saving results for later

The dates currently scheduled for 2013 are:

- Monday 15 April, 10-11am
- Monday 6 May 11am-12pm
- Tuesday 4 June, 9.30-10.30am
- Wednesday 26 June, 11am-12pm

E-mail Knowledge@nes.scot.nhs.uk with your name, e-mail, job title and the session you would like to join today.

Online training is provided with WebEx software. All you need is a phone and a computer with access to the internet. Sessions are interactive, last about 45 minutes to an hour and there's no need to leave your desk!

Contact us at Knowledge@nes.scot.nhs.uk to find out more about training at a time that suits you.

NEW! Journal articles now available via SSKS

Addiction

April 2013 - Volume 108, Issue 4

'Pathways to heroin dependence: time to re-appraise self-medication'
Shane Darke
Pages 659-667

Abstract: The self-medication hypothesis emphasizes the role of distressing affect as the primary motivator for the compulsive use that leads to substance dependence. The model also postulates that there will be psychopharmacological specificity between symptom presentation and the primary drug of dependence. In this review, the self-medication hypothesis is examined in relation to the development and chronicity of heroin dependence. It is argued that if self-medication has a role in engendering and extending substance dependence, it should be apparent in the use of a drug that carries such overwhelming personal risk. The psychopathology seen among adult users is certainly consistent with the model. More importantly, however, are the extraordinarily high levels of childhood trauma and psychopathology that occur typically well before the initiation of heroin use. In contrast, the postulate of drug specificity appears less supported by the polydrug use patterns typical of heroin users, and does not appear to be a necessary corollary of the model.

'The role of trauma in drug use disorders'
Naomi Breslau
Pages 669–670

Abstract: The essential components of the self-medication hypothesis are: (i) the causal role of distress—psychoactive substances are used to relieve negative affect—and (ii) pharmacological specificity—the choice of drug for its action in relieving a specific type of distress. Darke’s review of the evidence on heroin dependence and psychoactive substances, in general [1], concludes that the second component is unsupported by the available evidence, given the prevailing pattern of poly drug use. The conclusion on the first essential component—the causal role of distress—is that it is securely established. A critical part of the evidence on the etiologic role of distress in drug use disorder comes from the large literature on the heavy burden of trauma and childhood maltreatment in the lives of drug users. It is this claim that needs further reappraisal.
Abstract: **Aims** To assess age variation in correlates of drinking cessation. **Design** Prospective study of a US general population sample. **Setting** Face-to-face household interviews. **Participants** Past-year monthly drinkers interviewed at baseline and 3-year follow-up (n = 14,885). **Measurements** Baseline values and selected changes over follow-up in alcohol consumption, alcohol use disorder (AUD), socio-demographic and health characteristics, other substance use and psychiatric co-morbidity were used to predict drinking cessation in three age groups. **Conclusions** Factors associated with ceasing alcohol use in US adults appear to differ over the life-course, reflecting age variation in both their prevalence and impact and supporting the importance of role transitions and health problems (the 'sick quitter' effect). The most consistent correlates of drinking cessation included factors reflecting ability/inability to give up potentially addictive substances and factors associated with perceived acceptability of drinking and subgroup-specific drinking contexts that might facilitate/impede continued drinking.

**Early life influences on the risk of injecting drug use: case control study based on the Edinburgh Addiction Cohort**
John Macleod, Matthew Hickman, Hayley E. Jones, Lorraine Copeland, James McKenzie, Daniela De Angelis, Jo Kimber and James R. Robertson
Pages 743-750

Abstract: **Aims** To investigate childhood influences on onset of injection drug use. **Design** Matched case-control study. **Setting** Edinburgh, Scotland. **Participants** A total of 432 individuals presenting at a community health facility with injection drug use and 432 age- and sex-matched non-injecting controls recruited through the same facility. **Measurements** Main exposures considered were family structure and experience of public care, carer substance use, physical and sexual victimization and conduct problems, all measured at personal interview. The outcome was history of adult injection drug use recorded in medical records corroborated at personal interview. **Conclusions** Injection drug use in adults is associated strongly with prior childhood adversity, in particular not living with both parents and early conduct problems. Prevention initiatives should also consider these risk factors.

**Longitudinal associations of cannabis and illicit drug use with depression, suicidal ideation and suicidal attempts among Nova Scotia high school students**
Daniel Rasica, Swarna Weerasinghe, Mark Asbridge and Donald B. Langille
Pages 49-53

Abstract: **Objective** To examine associations of cannabis and other illicit drug use with depression, suicidal ideation and suicidal attempts over a two year period during adolescence. **Methods** Nine hundred and seventy-six school students in four high schools in northern Nova Scotia, Canada, were surveyed in grade 10 and followed up in grade 12. Assessments of past 30 day cannabis and illicit drug use as well as mental health variables (risk of depression, suicidal ideation and suicide attempts) were obtained at baseline (2000 and 2001) and follow-up two years later (2002 and 2003). Generalized estimating equations modelled depression, suicidal ideation and attempts among illicit drug users and non-users. **Results** Illicit drug use with or without cannabis use was significantly associated with higher odds of depression, suicidal ideation and suicide attempt. Heavy cannabis use alone predicted depression but not suicidal ideation or attempt. **Conclusions** Illicit drug use, with and without accompanying cannabis use, among high school students increases the risk of depression, suicidal ideation and suicidal attempts. Heavy cannabis use alone predicts depression but not suicidal ideation or attempts.

**A novel application of propensity score matching to estimate Alcoholics Anonymous’ effect on drinking outcomes**
Stephen Magura, Joseph McKean, Scott Kosten and J. Scott Tonigan
Pages 54-59

Abstract: **Background** Randomized controlled trials (RCTs) of mutual aid, including Alcoholics Anonymous (AA), are notoriously difficult to conduct and correlational studies are problematic to interpret due to potential confounds. **Methods** A secondary analysis was conducted of Project MATCH, a RCT of alcoholism treatments. Although MATCH did not randomly assign subjects to AA vs. no AA, the 12 step facilitation (TSF) condition did result in a higher proportion of subjects attending community AA meetings than in the other two treatment conditions. The key inference is that there exists a latent subgroup in MATCH who attended AA only because its constituents received TSF, not because of the “normal” factors leading to self-selection of
AA. A novel application of propensity score matching (PSM) allowed four latent AA-related subgroups to be identified to estimate an unconfounded effect of AA on drinking outcomes. **Results** The study hypothesis was supported: subjects who consistently attended AA solely due to their exposure to TSF (the “Added AA” subgroup) had better drinking outcomes than equivalent subjects who did not consistently attend AA, but would have so attended, had they been exposed to TSF (the “Potential AA” subgroup); this indicates an AA effect on drinking. **Conclusions** The analysis presents evidence that consistent AA attendance improves drinking outcomes, independent of “normal” confounding factors that make correlations between AA attendance and outcomes difficult to interpret.

'Utilization of communication technology by patients enrolled in substance abuse treatment'
Erin A. McClure, Shauna P. Acquavita, Emily Harding and Maxine L. Stitzer
Pages 145-150

**Abstract:** **Background** Technology-based applications represent a promising method for providing efficacious, widely available interventions to substance abuse treatment patients. However, limited access to communication technology (i.e., mobile phones, computers, internet, and e-mail) could significantly impact the feasibility of these efforts, and little is known regarding technology utilization in substance abusing populations. **Methods** A survey was conducted to characterize utilization of communication technology in 266 urban, substance abuse treatment patients enrolled at eight drug-free, psychosocial or opioid-replacement therapy clinics. **Results** Survey participants averaged 41 years of age and 57% had a yearly household income of less than $15,000. The vast majority reported access to a mobile phone (91%), and to SMS text messaging (79%). Keeping a consistent mobile phone number and yearly mobile contract was higher for White participants, and also for those with higher education, and enrolled in drug-free, psychosocial treatment. Internet, e-mail, and computer use was much lower (39–45%), with younger age, higher education and income predicting greater use. No such differences existed for the use of mobile phones however. **Conclusions** Concern regarding the digital divide for marginalized populations appears to be disappearing with respect to mobile phones, but still exists for computer, internet, and e-mail access and use. Results suggest that mobile phone and texting applications may be feasibly applied for use in program–client interactions in substance abuse treatment. Careful consideration should be given to frequent phone number changes, access to technology, and motivation to engage with communication technology for treatment purposes.

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