Other behavior (e.g., locomotion and rearing) induced by quinpirole might provide a more sensitive measure for examining drug sensitivity in females using direct-acting dopamine receptor agonists. These data add to a growing literature demonstrating the complex relationship between diet and drug abuse, and the importance of studying both males and females in research using drugs acting on reward pathways.

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Gender differences in patterns of prescription opioid use and binge drinking among middle aged Floridians

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Aims: An estimated 24.6% of Americans reported binge drinking in the previous month, and an estimated 2% of individuals in the US use opioids regularly. Further, the combination of alcohol and prescription medication is risky; men tend to be more likely than females to be heavier drinkers and opiate dependent. The current analysis aims to examine gender differences in patterns of opioid use and binge drinking in a community sample of adults 25–54 years of age recruited from Northeast Florida through a community outreach program, HealthStreet.

Methods: CHWs assess health of community members in the field. History of drug and alcohol use is elicited by: "In the last 30 days, have you had more than (4 (men) or 3 (women)) drinks like beer, wine, liquor in a single day?" and "Have you ever used prescription pain medications like Vicodin, Oxycodone, Codeine, Demerol, Morphine, Percocet, Darvon, Hydrocodone?" A 4 level variable was coded: none, binge only, opioid only, and both. Descriptive statistics were used to report on patterns of opioid use and binge drinking. Chi-square tests were used to compare differences between groups on gender.

Results: Women comprised 57.3% of the 3975 sample. Overall, 37.8% of the sample neither used opioids nor binge drank; 35.3% used opioids only, 13% reported binge drinking only, and 13.8% reported both. Significant differences in the patterns of users were observed by gender: males reported higher rates for binge drinking only while females reported higher rates for opioid with or without binge drinking ($p < .0001$).

Conclusions: The community setting in Northeast Florida had rates of binge drinking comparable to the nation. However, the rate of opioid use was higher in Northeast Florida with higher prevalence among woman compared to men. Interestingly, 14% of Northeast Floridians used both opioids and alcohol which needs further investigation because of the risk of combined use.

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How psychiatric comorbidity and mood states influence craving and substance use in daily life? An ecological momentary assessment study in patients with alcohol, tobacco, cannabis and heroin use disorders

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Aims: We aimed to examine the influence of psychiatric comorbidity, mood states and stressful events on craving intensity and substance use in daily life.

Methods: A total of 159 participants were recruited from an outpatient addiction clinic and completed 2 weeks of computerized ambulatory monitoring of daily life experiences using Ecological Momentary Assessment (EMA). The main substances of dependence were alcohol ($n = 48$), tobacco ($n = 43$), cannabis ($n = 35$), or opiates ($n = 33$). Patients described in real-time positive and negative mood states, stressful daily events, craving intensity, and substance use. Psychiatric comorbidities were assessed using the MINI-plus. Data were analyzed using hierarchical linear models (HLM).

Results: A diagnosis of a current comorbid mood and/or anxiety disorder was associated with higher craving intensity ($\gamma = 0.611$, $p = 0.019$) and more frequent substance use reports in daily life ($\gamma = 0.754$, $p = 0.004$). Craving intensity strongly predicted substance use reported at the subsequent assessment 4 h later ($\gamma = 0.136$, $p = 0.001$), but psychiatric comorbidity did not modify this relationship. Interestingly, current mood and/or anxiety disorders were associated with substance use independently from their effect on craving intensity. More surprisingly, negative moods and stressful event reports were not associated with subsequent reports of craving intensity and substance use, even after controlling on psychiatric comorbidity.

Conclusions: Substance-dependent patients with current mood and anxiety disorders were more likely to experience higher levels of craving and to report substance use in daily life. The effect of psychiatric comorbidity on substance use was explained partially through its moderation of craving intensity, but also by a direct effect on substance use.

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Game type as a moderator of the relationship between pathological video game use, impulsivity, aggression, and general psychopathology

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Aims: Previous research has established a link between Pathological Video Game Use (PVGU), impulsivity, and aggression. Additionally, there is some research to suggest a link exists between these variables and genres of video games played [e.g., First-Person Shooters (FPS), Massively Multiplayer Role Playing Games

(MMORPGs)]. However, it is unknown whether video game genre can moderate the aforementioned relationships. Therefore, the current study sought to examine whether individuals differ according to game genre preference on symptoms of PVGU, impulsivity, and aggression, and whether game genre moderates the relationships between PVGU and impulsivity and aggression.

Methods: Participants were undergraduates recruited at Iowa State University ($N = 932$) who self-reported data about preference for game genres, PVGU, impulsivity, and aggression. Analysis of Covariance (ANCOVA) model was used to detect differences in psychosocial variables according to game genre. Moderator regression analyses were used to assess the moderating role of video game genre on the relationships previously identified.

Results: ANCOVA indicated those preferring MMORPGs reported more symptoms of PVGU [$F(1,718) = 22.43$, $p = .000$], while those preferring FPS reported higher levels of sensation seeking [$F(1, 720) = 9.80$, $p = .002$]. Interestingly, although several expected statistically significant relationships were identified between PVGU and other outcome variables, genre preference did not serve as a moderator for any of these relationships.

Conclusions: Although preference for game genre did not moderate any of these relationships, individuals did differ in a few expected ways according to genre. These findings provide some insight into tailoring interventions for PVGU according to played genres, while also identifying future directions and engendering discussion about the accurate assessment of genre preference and its role in PVGU.

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Concordance between urine drug screen and self-reported cocaine use

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Aims: To study the temporal relationship between qualitative urine results & self-report; and identify the look-back period that is associated with the highest concordance with urine results across four cocaine use studies.

Methods: This study is a secondary analysis using data from four National Drug Abuse Treatment Clinical Trials Network (NIDA CTN)-funded randomized trials (NCT01141608 ($N = 302$), NCT01104805 ($N = 507$), NCT01402492 ($N = 302$) and NCT01641159 ($N = 62$)), with baseline % cocaine use days being 22%, 9%, 33% and 46%, respectively. Self-reported use evaluated using Timeline Follow Back (TLFB) instrument was compared to urine drug screen (UDS) for cocaine during the primary outcome evaluation period (ranging 4–12 weeks with 2 or 3 urine samples collected/week). Longitudinal analysis for each study was performed predicting cocaine use on UDS using the cocaine use daily reports on TLFB covering 20 days prior to urine collection date. Further, concordance statistics were estimated to calculate the optimum look back period.

Results: The significance of TLFB use days prior to urine collection decays exponentially as the lag between TLFB day and UDS collection increases, with one day prior to urine collection (Day-1) being the most significant predictor of UDS (OR > 50, p-value < .01). Including Day 0 in the 3-day look back period does not improve concordance between TLFB and UDS (% agreement average across 4 studies with day 0 is 90.0% compared with 90.3% excluding day 0). Agreement across studies ranged from 83% to 97%. Agreement was higher when the look back period was 5 days (average of 4 studies = 92%) compared to when the look back period was 3 days (average of 4 studies = 90%). For the four studies, when the look back period was 5-day, the sensitivity ranged from 62% to 82% and specificity from 92% to 99%.

Conclusions: Urine analysis can be an important biological measure to assess cocaine use, and can be used to assist in corroborating self-report. These analyses show that day zero does not improve agreement between TLFB and UDS; and 5-day look back period may provide better concordance when corroborating self-report.

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Tobacco cessation among poor and underserved: Expanding alternatives through community-based participatory research

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Aims: Despite significant declines in tobacco use and its associated health conditions, lower income communities continue to smoke at higher rates. Efficacious cessation interventions have been developed but the uptake among low SES communities has been more than slow. CEASE (Communities Engaged and Advocating for a Smoke-free Environment) is a research partnership to address tobacco use in two low-income urban communities. We report the latest Phases of our CBPR project that sought to combine rigorous research with "Best-Practices" models and community action.

Methods: CEASE smoking cessation program is a 12-week support group intervention led by peer-motivators. The Program was developed through two consecutive trials (Phase I & II, $n = 404$ & 398), comparing a clinical model of care with a community-based support group. Based on lessons learned, Phase III intervention ($n = 163$) was conducted to disseminate the CEASE intervention among organizations serving vulnerable populations (e.g., mental health clinics, addiction treatment programs, non-profit organization serving homeless clients, etc.). New tools were developed for motivation enhancement, quit smoking, and relapse prevention.

Results: Cessation rates in Phase I and II were 9.4% to 24.4%, respectively. In Phase II compared to Phase I retention rate (attending more than six sessions) increased from 13.6% to 50.8%. The Phase III results showed 22.1% cessation and 67.5% retention rates. Overall, the odds of quitting increased about 40% per each session attended in the program in all three phases (OR = 1.4, CI = 1.3, 1.5).

Conclusions: Translating evidence-based interventions require addressing barriers that affect their effectiveness. A community-based peer-led support group is an effective way to ensure fit between users' needs, expectations, and problems.

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