

## Nicotine Psychopharmacology Handbook Of Experimental Pharmacology

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Nicotine underlies tobacco addiction, influences tobacco use patterns, and is used as a pharmacological aid to smoking cessation. The absorption, distribution and disposition characteristics of nicotine from tobacco and medicinal products are reviewed.

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Nicotine achieves its psychopharmacological effects by interacting with nicotinic acetylcholine receptors (nAChRs) in the brain. There are numerous subtypes of nAChR that differ in their properties, including their sensitivity to nicotine, permeability to calcium and propensity to desensitize. The nAChRs are differentially localised to different brain regions and are found on presynaptic terminals as well as in somatodendritic regions of neurones.

The fact that tobacco ingestion can affect how people feel and think has been known for millennia, placing the plant among those used spiritually, honorifically, and habitually (Corti 1931; Wilbert 1987). However, the conclusion that nicotine - counted for many of these psychopharmacological effects did not emerge until the nineteenth century (Langley 1905). This was elegantly described by Lewin in 1931 as follows: "The decisive factor in the effects of tobacco, desired or undesired, is nicotine. . . ." (Lewin 1998). The use of nicotine as a pharmacological probe to understand physiological functioning at the dawn of the twentieth century was a landmark in the birth of modern neuropharmacology (Limbird 2004; Halliwell 2007), and led the pioneering researcher John Langley to conclude that there must exist some "receptive substance" to explain the diverse actions of various substances, including nicotine, when applied to muscle tissue (Langley 1905). Research on tobacco and nicotine progressed throughout the twentieth century, but much of this was from a general pharmacological and toxicological rather than a psychopharmacological perspective (Larson et al. 1961). There was some attention to the effects related to addiction, such as euphoria (Johnston 1941), tolerance (Lewin 1931), and withdrawal (Finnegan et al. 1945), but outside of research supported by the tobacco industry, addiction and psychopharmacology were not major foci for research (Slade et al. 1995; Hurt and Robertson 1998; Henningfeld et al. 2006; Henningfeld and Hartel 1999; Larson et al. 1961).

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Rev. ed. of: Tobacco and public health: science and policy. 2004.

This book is a comprehensive guide to the screening, management, and treatment of female patients with addictions. There are a range of clinical issues specific to women with substance use disorders and substance abuse during pregnancy is known to have deleterious effects on neonates. This book focuses on the effective care of the addicted patient and discusses novel outpatient therapy, therapeutic substitution, abstinence therapy, and the importance of counseling in the delivery of care. Topics include the physiology of nicotine, opiates, EtOH, and other substances of abuse; the role of receptors and neurotransmitters in addiction; the effects of tobacco and substance abuse on women's health; and tobacco cessation methods. Featuring practical approaches to gender-responsive treatment, Tobacco Cessation and Substance Abuse in Women's Healthcare is a valuable resource for obstetricians, gynecologists, family medicine practitioners, and residents hoping to expand their knowledge of tobacco cessation and substance abuse in women's health.

Evidence for the efficacy of behavioral approaches to the treatment and management of physical illness is mounting, as is the evidence for behavioral interventions for psychological disorders. A pressing question that remains is how to effectively treat co-morbid physical and psychological illnesses. Diseases co-occur more often than not, and the co-occurrence of physical and psychological illnesses is associated with greater impairment and healthcare costs. Unfortunately, the treatment literature has traditionally been disease-specific, with fewer insights and discoveries regarding the underlying processes of co-morbid physical and psychological illnesses, and even fewer of approaches to treatment. Research on co-morbidities between physical and psychological illnesses has focused primarily on depression. Quite extensive literatures describe the negative impact of depression on type 2 diabetes, cardiovascular disease, cancer, obesity, pain, and other physical illnesses. More recently, higher rates of physical illness have been documented in individuals with bipolar disorder, anxiety disorders, schizophrenia, and impulse control disorders. Studies emanating from the National Comorbidity Survey-Replication (NCS-R), the only U.S. population-based database that includes diagnostic information on all DSM-IV psychological disorders, have revealed strong links between a number of physical and psychological illnesses. These data draw attention to the prevalence of physical and psychological co-morbidities at the population level, which has stimulated research on the biobehavioral mechanisms of those co-morbidities, with the goal of developing and improving treatment approaches. As this area of research grows, practical resources are needed for clinicians and researchers who encounter individuals with co-morbid physical and psychological illnesses in their work. This book is the first to provide a comprehensive overview of psychological co-morbidities of physical illness, biological and behavioral mechanisms of those co-morbidities, and implications for treatment. Each chapter focuses on a physical condition, such as obesity, type 2 diabetes, HIV infection, tobacco dependence, cardiovascular disease, cancer, asthma, pain, irritable bowel syndrome, autoimmune disorders, and obstetric/gynecological conditions. Chapters are structured to cover 1) the epidemiology of the most prevalent co-morbid psychological disorders within that physical condition (e.g., depression and other mood disorders, anxiety disorders, psychotic disorders, impulse control disorders, and eating disorders; 2) biobehavioral mechanisms of the co-morbidity; 3) a review of the behavioral treatment literature including evidence-based practice guidelines (where available); and 4) treatment considerations including issues of stepped care, evidence-based treatment decisions, treatment sequencing, treatment blending, treatment interactions, and contraindications. Content is guided by available research evidence and relevant theoretical models, and it is presented in such a way as to inform clinical practice, identify important gaps in the research literature, and provide directions for future research. The book serves as a tool for clinicians and researchers who work in the area of behavioral medicine in medical, academic, and/or training settings. Patients with psychological and medical co-morbidities may be encountered by clinicians working in either mental health or medical settings, where the presenting problem could be either the psychological disorder or the medical disorder. As such, assessment and treatment issues are discussed from both perspectives. For the clinician, the book reviews brief assessment tools, provides practical summaries of the treatment outcome literature and treatment considerations (e.g., treatment sequencing, contraindications), and includes treatment decision hierarchies that help the clinician incorporate each facet of evidence-based decisions (the evidence, patient characteristics, and their own expertise). For the researcher, the book brings together the literature for the medical and psychological disorder, highlighting still unanswered research questions relevant to the co-morbidity. Literature relevant to the underlying biobehavioral mechanisms of the co-morbidity as well as treatment are summarized. While a vast literature exists for the treatment of these disorders in isolation, one important purpose of this book is to bring together this literature to uncover specific areas in need of future study that will further our understanding of why different disorders co-occur and the best ways to treat them when they do.

Featuring the work of several up-and-coming scholars working to deepen theoretical perspectives on addiction and its relationship to social control and deviance, this volume fills a gap in addiction studies by offering critical perspectives that interrogate and challenge traditional and/or mainstream understandings of addiction.

This report presents the conclusions reached and recommendations made by the members of the WHO Study Group on Tobacco Product Regulation (TobReg) at its seventh meeting in December 2013 during which it reviewed background papers specially commissioned for the meeting and which dealt respectively with the following four themes: Novel tobacco products including potential reduced exposure products ; Smokeless tobacco products: research needs and regulatory recommendations ; Reduced ignition propensity cigarettes: research needs and regulatory recommendations and Non-exhaustive priority list of toxic contents and emissions of tobacco products. The Study Group's recommendations in relation to each theme are set out at the end of the section dealing with that theme; its overall recommendations are summarized in Chapter 6.