

# *the* Canadian Journal *of* Addiction Medicine

VOLUME 2 NUMBER 2

*an official publication of the Canadian Society of Addiction Medicine*



## FEATURED ARTICLES

*Letter to the Editor: Scientists, MDs critical in fight for evidence-based drug policy / The Vienna Declaration..... 4*

MICHAELA MONTANER, BA,  
DAN WERB, PhD(C),  
EVAN WOOD, MD, PhD ABIM, FRCPC

*Hello, My Friend ..... 6*

*Abstract Presentations and Speaker Bios for CSAM 2011..... 7*

*CSAM Bulletin.....29*

## Message from the Editor:

Dear CSAM members, fellow colleagues and Journal readers:

It is my pleasure to present you with the 5th issue of the "Canadian Journal of Addiction Medicine", the "CJAM".

The main focus of this issue is to showcase the abstracts of all presentations from our upcoming 2011 Annual meeting and Scientific Conference, which will take place on November 4-6th, in Vancouver, B.C.

The conference organizing committee has worked tirelessly for many months to put together a truly world-class scientific event, which we are all very proud of. This year's conference is promising to be an up-to-date, cutting edge gathering of scientific presentations, seminars and workshops from many well known and respected experts in our field, from both Canada and abroad.

A special feature submission in this issue is a heart wrenching, honest and very graphic poem written by an anonymous patient, which depicts the ravages of addiction to opiates, and drugs in general. It very clearly reinforces that we have much work to do in our field, towards improving the lives of many.

In the "Bulletin" section of the Journal, as always, you will find informative updates on various CSAM committee activities, and other noteworthy provincial news.

I urge you to read this current issue closely and consider submitting further commentaries, letters to the editor, original scientific manuscripts, or any other materials that you feel valuable to be shared with our members.

It is only with ongoing commitment and collaboration from our members, that we will be able to continue to expand and improve on our publication.

I thank you for reading our publication, and look forward to your ongoing contributions and support.

Respectfully yours,

*Michael Varenbut*



### Disclaimer:

The statements and opinions contained in the articles of the Canadian Journal of Addiction Medicine are solely those of the individual authors and contributors and not those of the Canadian Society of Addiction Medicine, its board or staff. The appearance of advertisements in the journal is not a warranty, endorsement, or approval of the products or services advertised or of their effectiveness, quality, or safety. The Canadian Society of Addiction Medicine, its board and staff disclaim responsibility for any injury to persons or property resulting from any ideas or products referred to in the articles or advertisements.

### Article Review Policy:

All articles accepted for publication by this journal are peer-reviewed by two or more referees from the Editorial Board. Critical comments may also be obtained from outside reviewers.

### Permission to Photocopy Articles:

This publication is protected by copyright. Copyright ©2009 Canadian Society of Addiction Medicine. Permission to reproduce copies of articles for noncommercial use may be obtained from the Canadian Society of Addiction Medicine, at the corporate head office address: 47 Tuscany Ridge Terrace NW, Calgary AB, T3L 3A5. Tel: 403-813-7217, Fax: 403-944-2056

### CSAM Website:

All contents and materials found in this and every issue of the Canadian Journal of Addiction Medicine can also be found on the CSAM web site at [www.csam.org](http://www.csam.org)

### Manuscript Submission:

All materials for submission and manuscripts must be submitted to the CJAM Editorial Board at [admin@csam.org](mailto:admin@csam.org). On line manuscript submission will be made available in future issues of the CJAM.

### Editorial Board:

Editor in Chief: Michael Varenbut MD

Editorial Board:

Sharon Cirone MD David Crockford MD

Jeff Daiter MD Nady el-Guebaly MD

Brian Fern MB Jeff Hans MD

Meldon Kahan MD Bhushan Kapur PhD

Alice Ordean MD Anita Srivastava MD

Wilna Wildenboer-Williams MD Nick Wong MD

Administrative

Assistant: Marilyn Dorozio BA



# *the* Canadian Journal *of* Addiction Medicine

*an official publication of the Canadian Society of Addiction Medicine*

## Scope & Mission of the CJAM

The Canadian Journal of Addiction Medicine is the official publication of the Canadian Society of Addiction Medicine. It is a new publication whose goal is to provide a unique Canadian forum for presentation of evidence-based, peer-reviewed clinical information and scientific materials, to clinicians working in the field of Addiction Medicine.

The “Bulletin” section within the CJAM, will contain the traditional sections and materials contained in past issues of the “CSAM Bulletin”.

---

## Submissions to the Journal are invited in the following formats:

### Original Articles

This section will include clinical investigations on any aspect of addictive disorders. Manuscripts describing scientific results will be considered for publication provided that there is strong clinical relevance.

Typically, articles will contain new data derived from original research.

Text should not exceed 12 -14 double spaced manuscript pages, or 3000 words (not including an abstract of no more than 250 words). Manuscripts should be prepared in a clear font (12-point Courier is preferred) and double spaced.

Each reference should be cited in the text. In the reference list, number the references according to the order in which they are first cited in the text and format them according to the Uniform Requirements.

Please note that it is the responsibility of the author to proof read their manuscripts / submission materials to ensure accuracy, formatting, spelling, etc. The final copy of the materials submitted by each author will be used in print.

### Short Reports

This may include preliminary communications or case reports on unique, unusual & interesting or otherwise important aspects of addictive disorders. Approximately 1500 words, or 6-10 double spaced manuscript pages, up to 4 figures / tables.

### Reviews

This section would typically include In-depth reviews of current understanding, diagnosis, or treatment of addictive disorders. Should not exceed 5000 words or approximately 20-30 double spaced manuscript pages, up to 8 figures / tables, (not including an abstract of no more than 250 words)

### Letters to the Editor

Brief commentaries of alternative viewpoints regarding papers previously published in the Journal. Should not exceed 500 words.

### Book Reviews & Meeting Highlights

Additional sections to be added in future issues

# Letter to the Editor: Scientists, MDs critical in fight for evidence-based drug policy / The Vienna Declaration

## Suggestion that drug law enforcement reduces rates of drug use is not evidence-based

Michaela Montaner, BA

Dan Werb, PhD(c)

Evan Wood, MD, PhD ABIM, FRCPC

We thank Chris Shorrock for his interest in our article on the Vienna Declaration<sup>i, ii</sup>. We agree evidence supports opioid substitution therapy and other harm reduction services such as safer injecting programs<sup>iii</sup>. While we also agree that law enforcement has an important role to play in the response to the drug problem, his suggestion that drug law enforcement reduces rates of drug use is not supported by the scientific literature.

For instance, a recent study commissioned by the World Health Organization concluded that countries with more stringent illicit drug policies do not experience lower levels of drug use<sup>iv</sup>. The study reviewed data from over 15 countries and showed that the U.S., which has spent an estimated \$2.5 trillion on drug law enforcement in the last 40 years, has one of the highest lifetime incidences of cocaine use. At 16%, lifetime use of cocaine is approximately four times higher in the U.S. than in any other country surveyed (e.g. Colombia, Mexico, Netherlands, Spain, Ukraine, Israel, Lebanon, Nigeria, Japan, People's Republic of China, and New Zealand). Similar trends are observed for other drugs.

In fact, rather than reducing drug-related harm, there is a broad literature, which suggests that over-reliance on drug law enforcement exacerbates such harms<sup>v-viii</sup>. For instance, a recent systematic review of all existing English-language scientific research assessing studies investigating the relationship between drug law enforcement and drug-related violence found that almost all concluded that drug law enforcement was associated with increased, rather than decreased, levels of drug market violence<sup>ix</sup>. Health-related harms have also been attributed to drug law enforcement practices<sup>x, xi</sup>.

It is also important to note that over-reliance on drug law enforcement often displaces evidence-based responses. For instance, in the Russian Federation, it is estimated that 1 in 100 adults are now HIV-infected, primarily through injection heroin use. Despite the known benefits of methadone

maintenance in reducing heroin-related harms, this treatment remains illegal while Russia pursues an aggressive "war on drugs" strategy<sup>xii, xiii</sup>. Indeed, it reflects poorly on the addiction medicine profession that we have not been more outspoken about this area in urgent need of health advocacy.

Beyond the scientific consensus behind the Vienna Declaration, the reality that conventional drug policies are undermining public health and safety was recently highlighted by the first report of the Global Commission on Drug Policy<sup>xiv</sup>. The commission is made up of 19 international leaders including former presidents of Colombia, Brazil, and Mexico; George Schultz, former US Secretary of State; Kofi Annan, former Secretary General of the United Nations; Nobel Laureate, Mario Vargas Llosa; and global business leader, Richard Branson, among others. In light of the above, and consistent with the calls of the Vienna Declaration, the report condemned the failure of decades of government investment in the criminalization of drug users, echoing calls for debate and reform based on scientific evidence<sup>xv</sup>. Specifically, the Global Commission recommended an end to "the criminalization, marginalization, and stigmatization of people who use drugs but do no harm to others"<sup>xiv</sup>. It also noted that "countries that have enacted harsh laws and implemented widespread arrest and imprisonment of drug users and low-level dealers have higher levels of drug use and related problems than countries with more tolerant approaches" and pointed to Portugal and Australia as examples challenging the notion that decriminalization initiatives result in significant increases in drug use<sup>xiv</sup>.

While we certainly acknowledge that drug law enforcement has a role to play in community health and safety as it relates to illicit drug use, the belief that it reduces harm by reducing rates of drug use is simply not based on scientific evidence. This assumption, which is held by many policy makers and the public, must be challenged by people working in the field of addiction with sustained advocacy, underscored by calls for the reallocation of resources towards addiction treatment and other evidence-based public health programs<sup>xvi</sup>.

### Contact:

Evan Wood, MD, PhD ABIM, FRCPC

Co-Director, Urban Health Research Initiative

Professor, UBC Division of AIDS

uhri-ew@cfenet.ubc.ca

### References:

- i. *Letter to the Editor: Scientists, MDs critical in fight for evidence-based drug policy / The Vienna Declaration. The Canadian Journal of Addiction Medicine 2011 (2) 1:4.*
- ii. *Wood E, Werb D, Kazatchkine M, Kerr T, Hankins C, Gorna R, et al. Vienna Declaration: a call for evidence-based drug policies. The Lancet. 2010 376:310-312.*
- iii. *WHO, UNODC, UNAIDS 2009. Technical Guide for countries to set targets for universal access to HIV prevention, treatment and*

care for injection drug users.

- iv. Degenhardt L, Chiu WT, Sampson N, Kessler RC, Anthony JC, Angermeyer M, et al. Toward a global view of alcohol, tobacco, cannabis, and cocaine use: findings from the WHO World Mental Health Surveys. *PLoS Medicine*. 2008; 5(7):e141.
- v. Drucker E. Drug prohibition and public health: 25 years of evidence. *Public Health Rep*. 1999;114(1):14.
- vi. Maher L, Dixon D. Policing and public health: Law enforcement and harm minimization in a street-level drug market. *Brit J Criminol*. 1999;39(4):488.
- vii. Rhodes T, Singer M, Bourgois P, Friedman SR, Strathdee SA. The social structural production of HIV risk among injecting drug users. *Soc Sci Med*. Sep 2005;61(5):1026.
- viii. Wolfe D, Carrieri MP, Shepard D. Treatment and care for injection drug users with HIV infection: a review of barriers and ways forward. *The Lancet*. 2010 376:355-366.
- ix. Werb D, Rowell G, Guyatt G, Kerr T, Montaner J, Wood E. Effect of drug law enforcement on drug market violence: a systematic review. *International Journal of Drug Policy* 2011 (2):87-94.
- x. Friedman SR, Cooper HL, Tempalski B, et al. Relationships of deterrence and law enforcement to drug-related harms among drug injectors in US metropolitan areas. *AIDS*. 2006;20(1):93.
- xi. Kerr T, Small W, Wood E. The public health and social impacts of drug market enforcement: A review of the evidence. *International J Drug Policy*. 2005;16(4):210.
- xii. UNAIDS. 2008 Report on the global AIDS epidemic. Geneva: Joint United Nations Programme on HIV/AIDS, 2008.
- xiii. Rhodes T, Lowndes C, Judd A, Mikhailova LA, Sarang A, Rylkov A, et al. Explosive spread and high prevalence of HIV infection among injecting drug users in Togliatti City, Russia. *AIDS*. 2002;16(13):F25.
- xiv. Global Commission on Drug Policy. 2011 Report of the Global Commission on Drug Policy. Rio de Janeiro: Global Commission on Drug Policy. 2011
- xv. The Beirut Declaration. <http://www.ihra.net/declaration>. (accessed July 31st, 2011).
- xvi. The Vienna Declaration. <http://www.viennadeclaration.com>. (accessed July 31st, 2011).

# Hello, My Friend

I destroy homes, I tear families apart,  
I take children and that's just a start.  
I'm more valued than diamonds, more precious than gold,  
The sorrow I bring is a sight to behold.  
If you need me, remember, I'm easily found,  
I live all around you, in school and in town -  
I live with the rich, I live with the poor;  
I live just down the street, and maybe next door.  
If this scares you to death, it certainly should  
I have many names, but there's one you'll know best  
I'm sure you've heard of me, My name's Oxycontin or Percocet.  
My power is awesome; Try me, you'll see,  
But if you do, you may never break free.  
Just try me once, I might let you go  
Try me twice and I'll own your soul.  
When I possess you, you'll steal and you'll lie,  
You'll do what you have to, just to get high.  
The crimes you'll commit for my narcotic charms,  
Will be worth the pleasure you'll feel in my arms.  
You'll lie to your mother, you'll steal from your dad,  
When you see their tears, you must not feel sad.  
Just forget your morals and how you were raised,  
I'll be your conscience – I'll teach you my ways  
I take kids from parents and I take parents from kids  
I turn people from God; I separate friends.  
I'll take everything from you, even your good looks and Pride  
I'll be with you always, right by your side.  
You'll give up everything – your family and your home  
Your money, your friends, you'll be all alone.  
I'll take and I'll take till you've got no more to give.  
When I finish with you, you'll be lucky to live.

If you try me, be warned: This is not a game,  
If I'm given the chance, I'll drive you insane.  
I'll ravage your body and I'll control your mind,  
I'll own you completely, your soul will be Mine  
The nightmares I'll give you when you're lying in bed,  
And the voices you hear from the inside of your head.  
The shakes, the sweats, and the visions you'll see,  
I want you to know, these are your gifts from me.  
By then it's too late, and you'll know in your heart,  
That you are now mine, and we shall not part.  
You'll regret that you tried me; they always do,  
But you came to me; not I to you.  
You knew this would happen; how many times were you told?  
But you challenged my power; you chose to be bold.  
You could have said "no" and just walked away,  
If you could live over, now what would you say?  
My power is awesome, as I told you before.  
I can take your mother and turn her into a whore.  
I'll be your master, you'll do as I say,  
Even when I tell you to go to your grave.  
Now that you've met me, what will you do?  
Will you try me or not? It's all up to you.  
I can show you more misery that words can tell,  
Come, take my hand – let me lead you to hell.

~Anonymous

## Abstract Presentations and Speaker Bios for CSAM 2011

### Health Promotion Strategies in Addictions Recovery

**Jeremiah Aherne**

#### Learning Objectives:

1. To show how the World Health Organization's Ottawa Charter (WHO, 1986) strategies of health promotion can be used in addiction recovery to prevent relapse.
2. To show how the health promotion principles of equity, participation and empowerment can be used in addiction recovery to prevent relapse.

This paper examined the issue of diet and nutrition in Jellinek House and looked at how a health promotions facilitator could apply strategies found in the World Health Organization's Ottawa Charter (WHO, 1986) and use the principles of empowerment, equity and participation to improve the residents overall health and prevent relapse.

Residents of a fifteen bed recovery facility in Edmonton Alberta were as for anonymous suggestion on how best to improve overall conditions of their environment; over 50% of the responses had to do with diet and nutrition. Using the Ottawa Charter strategies of creating a supportive environment, developing personal skills and strengthening community action as a template, interventions were designed incorporating the principles of equity, participation and empowerment.

In the end, there was strong qualitative evidence that the strategies were working and the incidence of relapse in the house was down. The Ottawa Charter strategies can be use as a framework to help recovery facilities move forward in new, health promoting ways with the principles of participation, empowerment and equity foremost in their designs.

Recovery from drug and alcohol addiction is never easy; rebuilding lives is hard work. This paper shows that by focussing on health promoting behaviours—in addition to the more traditional behavioural changes surrounding addiction recovery—people in recovery, will have a better chance of avoiding relapse and living happier, healthier lives.

#### Future Directions in Research:

This paper only dealt with the matter of diet and nutrition in one recovery house. Different health promotion initiatives

dealing with issues like exercise, tobacco cessation or stress management carried out in more recovery environments would lend credence to this theory.

#### Speaker Bio:

Jeremiah Aherne is currently working as the residential manager at Jellinek House in Edmonton, AB, a 15 bed transitional housing facility for men in recovery from drug and alcohol addiction while finishing a Master of Public Health degree in Health Promotion specializing in addictions and mental health. His interests lie in the balance between addressing the macro-level social determinants of health and dealing with the immediate needs of those suffering from addiction.

Jeremiah Aherne, Residential Manager  
Jellinek Society  
11229 100th Avenue  
Edmonton, AB T5K 0J1  
jeremiahaherne@hotmail.com

### Disulfiram...the survivor medication

**Fares Alharbi, MD and Nady el-Guebal, MD**

#### Learning objectives:

At the end of the presentation, the attendees will appreciate:

- the reasons for the "survival" of disulfiram in practice;
- additional possibilities for the use of disulfiram.

#### Objective:

The discovery of the disulfiram-ethanol reaction dates back to 1947. Since then, major studies, including that of Fuller, R K and Gordis, E; 2004 have questioned the efficacy of disulfiram (DSF) in the treatment of alcohol dependence. Yet, DSF remains in use! This presentation will explore the reasons why this is so, along with attempts to improve its efficacy in alcohol treatment and expand its use to other substances and disorders.

#### Method:

A systematic review of the recent literature was drawn from a comprehensive MEDLINE (2004-2011) search (keywords: disulfiram, tetraethylthiuram disulfide, carbon disulfide, antabuse, alcoholism, and alcohol abstinence). Clinical trials using disulfiram for the treatment of alcohol and/or cocaine use and/or dependence were examined in this review, in addition to disulfiram efficacy studies focusing on supervised administration and combination strategies.

#### Results:

78 articles were retrieved within the initial search criteria. Furthermore, 15 of those were clinical trials or studies on the following subjects: comparing DSF with acamprosate and

naltrexone; using DSF in alcohol treatment with comorbidity, DSF in the cocaine treatment; assessing the adherence to DSF; and DSF with CBT.

## Conclusion & Future Directions:

The rationale for DSF's continued and/or optimal use is explored in order to clarify its use in both alcohol and cocaine dependence. Other potential avenues of research for this medication will be outlined.

## Speaker Bio:

Dr. Fares Alharbi is currently completing a Fellowship in Addiction Medicine at the University of Calgary, Dept of Psychiatry before returning to his country, Saudi Arabia. He is working at the Alberta Health Services Addiction Centre under the supervision of Dr. Nady el-Guebaly.

FMC Addiction Centre  
1403 – 29 Street NW  
Calgary AB T2N 2T9  
Fares.alharbi@albertahealthservices.ca

## Counseling Physicians in your Communities on Responsible and Effective Prescribing of Opioids

**Joel Bordman, MD**

### Objectives:

- Discuss risk management for all patients being considered for opioid therapy
- How to do this in a busy clinical practice?
- Learn about new opioid molecules
- Discuss key pearls can you share when discussing responsible prescribing with your community physicians

### Summary:

This presentation will discuss pain and addiction in a way that informs the audience of risk management but also how responsible prescribing can reduce risk to the patient, the physician and the community. With newer medicines currently and in the near future becoming available that may prevent patient misuse, the audience will be leave the presentation armed with information that will assist them as the counsel and discuss patients with physicians in the community.

### Speaker Bio:

Dr. Bordman graduated from the University of Toronto in 1985.

He is a Diplomate of the American and Canadian Academies of Pain Management and a Certificant of the International Society of Addiction Medicine.

He is the Medical Director of the Complex Pain Program of the First Step Medical Clinics as well as the Medical Director

of the Interdisciplinary Chronic Pain Program at Austin Rehab Clinics.

He sat on an independent steering committee to detect prescription opioid abuse in Canada.

He is a mentor to other doctors as part of:

1. the College of Family Physicians of Ontario's "Medical Mentorship in pain and addiction" program (MMAP)
2. the Nova Scotia Chronic Pain Collaborative Care Network (NSCPCCN)

He has experience in Emergency Medicine, Palliative Care, Family Practice and Long Term Care.

His main interest is in treating Opioid Addiction and assessing Chronic Pain treatment in the complex patient.

Dr. Joel Bordman, M.D., D.A.A.P.M., D.C.A.P.M. C.I.S.A.M. Diplomate of the American and Canadian Academies of Pain Management, Certificant of the International Society of Addiction Medicine, Medical Director, Complex Pain Program, First Step Medical Clinic  
2681 Eglinton Avenue East, Scarborough, Ontario, M1K 2S2  
Phone: 416-264-1715 Fax: 416-264-1716

## What's Going on in the Pain World? Prescription Opioids, Chronic Pain, and The Canadian Opioid Guideline: What Addiction Docs Need to Know

**Lisa Bromley, MD**

Chronic pain is becoming recognized as a widespread and debilitating illness. Physicians are increasingly called upon to manage chronic pain in their practices, including prescribing opioid medications. However, prescription opioids are a common street drug of abuse, as any opioid maintenance practitioner knows. The Canadian Guideline for the Safe and Effective Use of Opioids for Chronic Non-Cancer Pain was released in May 2010, and gives evidence and consensus-based recommendations to physicians for prescribing opioids for chronic pain.

This presentation will review highlights of the Guideline, including what is recommended for comprehensive assessment prior to prescribing (or continuing to prescribe) opioids for chronic pain, conducting a trial and monitoring of long term opioid therapy, treatment failures, addiction risk assessment, and management of aberrant drug-related behaviours and opioid addiction in the chronic pain patient. In the latter cases, addiction physicians can be a resource to their pain management colleagues.

### Speaker Bio

Dr. Lisa Bromley is a family physician in Ottawa. She has a focused practice in methadone maintenance treatment for opioid addiction, and Structured Opioid Therapy for high risk chronic pain patients. Dr. Bromley is a mentor for the MMAP program of the Ontario College of Family Physicians,

Medical Mentoring for Addictions and Pain. She is a member of the Narcotics Advisory Panel for the Ontario Ministry of Health and Long Term Care. She has delivered Community Workshops for Improved Opioid Use with the College of Physicians and Surgeons of Ontario, and is assisting in developing a Pain and Addictions Primer for Family Physicians with the Ontario College of Family Physicians.

## **Redefining Addictions: DSM 5, ASAM and CSAM**

**David Crockford, MD, FRCPC; Nady el-Guebaly, MD, FRCPC**

### **Learning Objectives:**

- 1) Recognize the planned changes in for the definition substance use disorders in DSM-5
- 2) Know the current ASAM definition of addiction
- 3) Consider options for updating the CSAM definition of addiction given the changes to DSM-5 and ASAM definitions

DSM-5 is to be released in 2013, with a task force in place to review the substance-related disorders section aiming for a unidimensional substance use disorder construct. Planned changes involve combining the abuse and dependence categories to develop a single substance use disorder graded on severity by the number of criteria met. Craving intends to be added as a criteria and the legal criterion dropped. Pathological gambling plans to be moved into the substance-related disorders, paving the way for the potential inclusion of other putative behavioural addictions in the future (including internet addiction being put in the appendix). The proposed changes helped spur ASAM to revise their definition of addiction. The current drafts, yet to be formally disseminated, include a "short form" and a "long form," updating the diseases, etiology, and course as well as recognition of the behavioral addictions. The relative pros and cons of the proposed changes to DSM-5 and the ASAM definition of addiction will be discussed, with potential changes to the 1999 CSAM definition of addiction.

Disclosure: Neither presenters has any conflicts of interest

### **Speaker Bio:**

Dr. Crockford is an Associate Professor with the Department of Psychiatry at the University of Calgary. He has been a consulting psychiatrist for the past 13 years to the Foothills Medical Centre Addiction Program, treating patients with concurrent psychiatric disorders and addictions as well as consulting psychiatrist to inpatient psychiatry and the

Outpatient Schizophrenia Service at the Foothills Medical Centre. He is certified in Addiction Medicine by the American and Canadian Societies of Addiction Medicine. His practice specializes in the treatment of patients with concurrent psychiatric and substance use disorders. His major research interests are in pathological gambling, nicotine dependence, and functional brain neuroimaging. He currently has over 60 peer-reviewed published abstracts and papers in addictions. He is the current Chair of the Addictions Section for the Canadian Psychiatric Association as well as prior International Area Director and International Member-at-Large for the American Academy of Addiction Psychiatry.

Dr. David Crockford  
C203, 1403-29 Street NW  
Foothills Medical Centre, Calgary, AB T2N 2T9  
david.crockford@albertahealthservices.ca

## **Management of Concurrent Psychiatric & Substance Use Disorders - Workshop**

**David Crockford, MD**

### **Learning Objectives:**

- 1) Understand how to clinically differentiate substance induced psychiatric presentations from the presence of underlying psychiatric disorders.
- 2) Know how to manage common psychiatric co-morbidities often encountered in patients with the substance use disorders.
- 3) Be aware of different potential pharmacologic treatment options for patients with concurrent substance use and psychiatric disorders.

Psychiatric presentations are common in patients presenting for addiction treatment. The lifetime prevalence of substance use disorders range from 25-50% for the major psychiatric disorders and patients presenting for addiction treatment typically have high rates of co-morbidity. While many psychiatric syndromes resolve with abstinence, differentiating substance induced psychiatric symptoms from underlying psychiatric disorders is often challenging as is knowing when to institute earlier psychiatric treatment for those patients who most likely have an underlying psychiatric disorder. Integrated treatment of both disorders typically leads to best outcomes. This workshop will aim to enhance the skills of practicing physicians in the management of patients with concurrent substance use and psychiatric disorders. Means to help differentiate substance induced psychiatric presentations from primary psychiatric disorders will be reviewed and then applied to practical case scenarios of patients with anxiety, depression,

attention deficit, bipolar and psychotic presentations. Treatment strategies involving psychotherapeutic, placement setting and pharmacologic options will be discussed.

Disclosure: Presenter does not have any conflicts of interest

## Food, sex, gambling, Internet -- Where do we draw the line with the behavioural addictions?

**Shawn Currie, Ph.D., R. Psych.**

### Learning Objectives:

1. Increase awareness of the behavioural addictions and the limitations of our knowledge about what actually constitutes an addictive disorder
2. Critically analyze the evidence for and against the inclusion of eating, sex, and other behaviours as addictions.

In the proposed DSM-V, gambling disorder will be placed within a new category of Substance Use and Addictive Disorders. While many researchers and clinicians in the field support this decision, the change could open the door for other behaviours to be classified as addictions in the future. Several researchers have already acknowledged that similarities between overeating, binge-type eating disorders and the substance use disorders provide credibility to the notion of 'food addiction' as a scientifically valid disorder. In both Canada and the US, here are training programs to prepare counsellors to become certified sex addiction therapists although sexual addiction is not actually recognized as an actual mental disorder in either the DSM or ICD nosology. The popular media is replete with references to other addictive behaviours including Internet addiction, video game addiction, addiction to love, exercise addiction, shopping addiction, and others (including the all encompassing 'addictive personality'). Adding to the uncertainty is the fact that interventions to treat all of these addictive behaviours are very similar (stimulus control procedures intended to change habit-forming behaviours, 12-step programs, motivational interviewing, and certain medications). This presentation will review the evidence of the similarities and differences among gambling, binge-eating, sex addiction and the traditional addictive disorders (alcohol and drugs), and comment on the direction being proposed by the DSM-V for incorporating other behavioural addictions as mental disorders. The advantages and disadvantages of extending the definition of a behavioural addiction beyond psychoactive substances and gambling will be discussed.

### Speaker Bio

Dr. Shawn Currie is an adjunct associate professor in psychology and psychiatry at the University of Calgary and a licensed clinical psychologist. He completed his doctoral degree at the University of Ottawa in 1998 and trained as clinical psychologist in Ontario and Alberta. He has authored and co-authored numerous peer-reviewed articles and book chapters on a broad range of topics included the assessment

and treatment of insomnia in medical and psychiatric populations, chronic pain, gambling and other addictions. From 1998 to 2005, he was staff psychologist and subsequently director of program evaluation and research at the Calgary Health Region Addiction Centre in Alberta, Canada. In 2006 he became Director of the Information Management, Evaluation and Research Department in Alberta Health Services. He continues to supervise undergraduate and graduate thesis projects in psychology.

Shawn Currie, Ph.D., R. Psych.

Addiction and Mental Health Services,  
Alberta Health Services

Phone: 403-943-2284; Fax: 403 943 0199.  
scurrie@ucalgary.ca

## Managing Sleep Disturbances in Addicted Populations

**Jeff Daiter, MD**

### Learning Objectives:

1. Provide those in the practice of Addiction Medicine (e.g. nurses, counselors, physicians, etc.) with an overview of Insomnia and an approach to diagnosis.
2. To introduce pharmacological modalities and Behavioural techniques in order to provide giving practical solutions for those seeking treatment.

The treatment of sleep disturbances among those also suffering from or in remission of substance dependence has long proved difficult for most clinicians. Central to this notion is to first establish the correct diagnosis and then once in hand, successful treatment options can be presented. While commonplace to prescribe medications that tranquilize the insomniac, the addicted person may present with a history of abusing such chemicals. To this end, many clinicians feel reluctant to recommend such treatment. The focus of the presentation will be to help identify the causes for insomnia and then outline appropriate treatment strategies designed to restore normal sleep habits.

### Speaker Bio:

Jeff Daiter, BPHE, MD, CCFP, FCFP, D,ABSM, C,ASAM, FASAM, C,CSAM MRO

Diplomate of the American Board of Sleep Medicine,  
Fellow of the American Academy of Sleep Medicine  
Certificant, American Society of Addiction Medicine,  
Northern Ontario Fellow, American Society of Addiction  
Medicine Certificant, Canadian Society of Addiction  
Medicine, Medical Review Officer

Dr. Jeff Daiter graduated from the University of Western Ontario in 1991 and completed his Residency in Family and Community Medicine at the University of Toronto. Achieving certification by the Canadian and American Societies of Addiction Medicine as well as a Fellowship from the latter, he currently acts as the Chief Medical Director for the Ontario

Addiction Treatment Centers, a group of 43 methadone clinics in the province. In partnership with more than 45 other physicians, the Ontario Addiction Treatment Centers currently offers addiction treatment for over 9,000 patients.

In addition, Dr. Daiter is also a Diplomate of the American Board of Sleep Medicine, a Fellow of the American Sleep Disorders Association and Director of the York Region Sleep Disorders Centre. As such, his research interest is in the combined fields of Addiction and Sleep Disorders medicine.

Ontario Addiction Treatment Centres  
#403, 13291 Yonge Street  
Richmond Hill, ON L4E 4L6  
jdaiter@toxpro.ca

### **AVH Addiction Services screening, brief intervention, consultation and referral pilot**

**William Doran, MD & Kevin Fraser, MSW**

The majority of those experiencing substance use harms have contact with the health care system, but only a small percentage is seen by Addiction Services. Informed by a population health approach, Annapolis Valley Health (AVH) recognizes that intervening early and strengthening supports for people experiencing substance use related harms through improved collaboration and co-ordination improves health outcomes. While primary care providers are in an ideal position to provide early identification and interventions, screening for substance use is not a normative practice. In 2010, AVH Addiction Services initiated a 6-month pilot to inform future involvement in primary care settings. Four clinicians were positioned in four diverse primary care sites for ½ day per week to: enhance understanding; early identification and readiness; expand outreach services; strengthen relationships; normalize screening; reduce stigma and discrimination; and increase appropriate primary care referrals. A logic model, developed by the project team and evaluation consultant, guided project planning, implementation, and evaluation. Memorandums were signed with each site. Motivational interviewing and a brief screening guide were used in brief interventions. A brief intervention and consultation tracking category and accompanying forms were developed to collect quantitative data. For qualitative data, the evaluation consultant conducted focus groups with the project team and each site. 152 brief interventions and 84 consultations occurred. Enhanced collaboration, relationships and awareness of substance use were major successes. This pilot has laid the groundwork for future strategic reorganization and reallocation of resources in additional primary care settings. Details of the final report

including key recommendations will be shared.

### **Speaker Bio:**

Dr. William Doran is a member of the Mud Creek Medical Co-Operative founded in 2004 in small town rural Nova Scotia, which is a strictly fee for service, multidisciplinary group practice. The two focuses of the group are Addiction and Chronic Pain. Mud Creek doctors, Family Practice nurses and staff care for 400 methadone and Suboxone maintenance patients and a similar number of chronic pain patients from all over Nova Scotia using existing funding and personnel resources. The Mud Creek Medical Co-Operative functions as a group Family Practice utilizing contingency scheduling and extended hours of operation.

Dr. B. Doran  
12 E Elm Avenue  
Wolfville NS B4P 1Z9  
doranwilliam@netscape.net

Kevin Fraser has been employed in the addiction field for the past 18 years in various roles including, detox counselor, community health worker, clinical therapist and for the past 2 years District Manager for Community Addiction Services a program of Mental Health & Addiction Services of Annapolis Valley Health, Nova Scotia. He has completed a two year diploma in addictions counseling, a BSW from the University of Manitoba and is completing his MSW via Memorial University. He has recently presented at the Canadian Association for Health Services and Policy Research (CAHSPR) – Professional Thinking: Translating National Expectations and Local Experiences.

K. Fraser, MSW  
kfraser@avdha.nshealth.ca

## Surveying Homeless and/or Substance Using Adults that present to the Emergency Department: Developing a Protocol to Maximize Data Capture

**Authors: Kathryn A. Dong MD, MSc<sup>1,2</sup> (presenting); Christine Vandenberghe MEd<sup>2</sup>; Scott Kirkland MSc<sup>2</sup>; Sahil Gupta MD (candidate)<sup>3</sup>; Ryan Cooper MD, MPH<sup>2,4</sup>; Ginetta Salvalaggio MD, MSc<sup>2,5</sup>; Cristina Villa-Roel MD, PhD (candidate)<sup>1</sup>; Amanda Newton, PhD<sup>6</sup>; Cameron T. Wild, PhD<sup>2,7</sup>; Brian H. Rowe MD, MSc<sup>1,2,7</sup>**

*Affiliations: <sup>1</sup> Department of Emergency Medicine, Faculty of Medicine and Dentistry, University of Alberta; <sup>2</sup> Edmonton Inner City Health Research and Education Network; <sup>3</sup> Undergraduate MD Program, Faculty of Medicine and Dentistry, University of Alberta; <sup>4</sup> Division of Infectious Diseases, Department of Internal Medicine, Faculty of Medicine and Dentistry, University of Alberta; <sup>5</sup> Department of Family Medicine, Faculty of Medicine and Dentistry, University of Alberta; <sup>6</sup> Department of Pediatrics, Faculty of Medicine and Dentistry, University of Alberta; <sup>7</sup> School of Public Health, University of Alberta, all in Edmonton*

### Objective:

The objective of this study was to identify potential barriers for optimal recruitment and data collection from emergency department (ED) adult patients with unstable housing and/or alcohol or other drug (AOD) use.

### Rationale:

Patients without stable housing and/or who use alcohol or other drugs are frequent ED users, yet little is known about how to optimize care for these groups in this setting. Despite disproportionate burdens of morbidity and mortality, these groups are frequently excluded from research protocols.

### Methodology:

This pilot study is part of a program of research designed to assess the needs of unstably housed and/or AOD using patients presenting to the ED. All patients presenting to an inner city ED from June 22 to July 22, 2010 were eligible if they a) had no permanent place of residence for the past 30 days, and/or b) if their reason for presentation was related to acute or chronic AOD use. Basic demography, discharge information, and relevant ED times were analyzed. Reasons for exclusions were also documented.

### Results:

Fifteen data collection shifts took place during the study period; 603 patients were screened for eligibility, 72 (11.9%; 27 [4.5%] had unstable housing, 30 [5.0%] presented for AOD use, 15 [2.5%] reported both) met the inclusion criteria. Of 15 enrolled patients, 10 (66.7%) were male and the average age was 48.1 ( $\pm 15.1$ ) years. Most enrolled patients were discharged from the ED (13, 86.7%); the average total ED visit time was 8.3 (SD=8.2) hours. The main reasons for exclusion

were: inability to provide consent (14, 24.6%), left without being seen (13, 22.8%), refused (10, 17.5%), discharged prior to being approached by the research assistant (7, 12.3%) and not yet assessed by ED physician (6, 10.5%).

### Conclusions:

Recruitment of unstably housed and/or AOD using adults into ED research projects can be challenging due to difficulties obtaining consent, premature ED departure and delays in physician assessment. Prolonged recruitment shifts, the engagement of additional support staff to capture eligible patients prior to discharge and the ability to approach patients for consent prior to physician assessment are strategies to consider in order to maximize recruitment.

### Speaker Bio:

Kathryn Dong, MD is an emergency physician at the Royal Alexandra Hospital in Edmonton. Through the course of her medical training she became aware of the health disparities that exist in certain populations and now works to overcome these. She is the founder and co-director of the Edmonton Inner City Health Research and Education Network which strives to maximize health access and outcomes in Edmonton's inner city. She is also affiliated with the Department of Emergency Medicine, University of Alberta, Edmonton

Dr. Kathryn Dong

Royal Alexandra Hospital, Room 565, CSC  
10240 Kingsway Avenue  
Edmonton, AB T5H 3V9  
kathryni@ualberta.ca

### Exploring the Recovery Paradigm - workshop

**Nady el-Guebaly, MD**

Conflict of Interest statement: No funding was received for this work.

Professor & Head, Addiction Division

Department of Psychiatry, University of Calgary

### Learning objectives:

At the end of the presentation, the attendant will:

- 1) Appreciate the evolution of the concept of recovery
- 2) Identify the resulting management implications

Further to a recent consensual attempt by the Betty Ford Institute to define "recovery" as "a voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship", this workshop will include:

- a historical outline of the concept of recovery in addiction, along with current driving forces, i.e., the need to better define our treatment outcome, consumer experience as well as renewed conceptualizations of health, chronic disorders, and quality of life.
- similarities and differences with the concept of "recovery" in mental health and its emphasis on empowerment and social integration.

- various forms of recovery, such as “natural”, “transformational” or “medication-assisted”, along with some empirically based temporal benchmarks.

### Management implications involve:

- Challenges to the current system of care from acute stabilization to sustained recovery, including mutual help, alternative institutions, and roles
- Supportive educational tools, such as daily readings and recovery workbooks
- The development of e-recovery initiatives.

While first-person accounts of recovery abound, a more systematic empirical investigation of the concept has just begun, including demographic and cultural differences. The empirical support for management implications is mainly derived from the experience in other chronic disorders with the ultimate goal of reducing the associated stigmatization.

The use of small case vignettes and group discussion will help identify individual and programmatic stages to implement core “recovery-oriented” strategies.

### Speaker Bio:

Dr. Nady el-Guebaly is Professor and Head, Division of Addiction, Department of Psychiatry at the University of Calgary and past Chair of the Department. He is the Founding Past Medical Director of the Calgary Health Region's Addiction Program and Founding Past President of the International Society of Addiction Medicine. He is the Chief Examiner of the International Certification for Addiction Medicine.

FMC Addiction Centre  
1403 – 29 Street NW  
Calgary AB T2N 2T9  
nady.el-guebaly@albertahealthservices.ca

## Opioid Substitution therapy in Correctional Services Canada

**J. Holland, R.N and L. Lanoie, MD**

This panel session will provide an overview of Correctional Service Canada's (CSC) Opioid Substitution Therapy (OST) program; highlight the unique medical considerations of providing OST in a correctional setting.

CSC provides OST to federal offenders using a multidisciplinary approach, incorporating case-management, psychosocial programming and health services, in order to minimize the adverse physical, psychological, social and criminal effects associated with opioid use. Following the principles outlined

by provincial Colleges of Physicians and Surgeons and Health Canada's Standards for OST, CSC's guidelines ensure that this treatment intervention incorporates best practice methods and is at the forefront of opioid maintenance treatment in a correctional setting (e.g. policies on strict dose administration and monitoring, a detailed medical directive for methadone overdose, specific program modules geared to opioid dependence and ongoing training for staff).

OST in a national correctional setting often presents unique challenges and opportunities not seen in other settings. OST programs in prisons come under much closer scrutiny than do community programs, and as such, include enhanced security protocols to ensure the safety and security of the facility (e.g. requiring offenders to be searched prior to and after dose administration, waiting 20 minutes following dosing, and not being able to provide carries to reduce the potential for methadone diversion). As a result of these enhanced protocols, working within a correctional setting can be challenging which can make developing a therapeutic relationship more difficult than working in the community. CSC has developed policies for the use of Suboxone in cases of exceptional circumstances when an individual is unable to tolerate Methadone.

Discharge planning of offenders can be difficult. Adding the need for Opiate Substitution Therapy increases the complexity in the discharge process. With the understanding of the importance of continuity of care CSC has worked hard networking with community providers and clinics and has established procedures for discharging to the community and for the transfer of offenders to and from provincial correctional systems.

### Speakers Bios:

Jan Holland, RN - Graduated as a Registered Nurse in 1983, Jan Holland began her long and varied career working with federal offenders spanning over twenty years for the Correctional Service of Canada in 1986. She has been in the role of National and Regional Project Coordinators for the past eight years. In both her National and Regional positions her main responsibility is providing direction and guidance for staff, in the delivery of CSC's Opiate Substitution Program.

Jan Holland  
National Health Services Program Coordinator, Clinical Services, Health Services, Correctional Service Canada, ONT-Regional Headquarters  
440 King Street West, Kingston, ON K7L 4Y8  
hollandjl@csc-scc.gc.ca

Dr. Leo Lanoie - MD University of Saskatchewan, 1973; Diploma Tropical Medicine (Antwerp) 1994, MPH, University of North Carolina at Chapel Hill, 1985, Fellow of College

of Family Medicine (FCFP) 2007, Certificant of Canadian Society of Addiction Medicine 2003, Diplomate of American Board of Addiction Medicine 2009. Started (1998) and still heads the Prince Albert Community Methadone Assisted Recovery Program. Member of Saskatchewan Advisory Committee on Methadone, Clinical Practice limited to the addiction, pain, Hepatitis C and HIV/AIDS.

Dr. Leo Lanoie

National Consultant, Methadone/Addiction; Prairie Regional Consultant, Institutional Physician at Saskatchewan Penitentiary 110 8th Street E, Prince Albert, SK S6V 0V7  
llanoie@sasktel.net

Madelon Cheverie is a research officer at the Addictions Research Centre, Correctional Service Canada. Ms. Cheverie completed her undergraduate education at the University of Prince Edward Island and received a Master's in Science from the University of Waterloo. Her current research interests are in the areas of opioid substitution therapy, pharmaceutical drug misuse, and drug interdiction practices with correctional environments.

Madelon Cheverie

Research Officer | Agente de recherche, Addictions Research Centre | Centre de recherche en toxicomanie, Research Branch | Direction de la recherche, Correctional Service Canada | Service correctionnel Canada  
Montague, PE, Canada C0A 1R0  
Madelon.Cheverie@csc-scc.gc.ca  
Telephone | Téléphone (902)838-5908 | Facsimile | Télécopieur (902)838-3537  
Government of Canada | Gouvernement du Canada

## Treatment of poly-substance users with complex concurrent disorders

### Reinhard M.Krausz MD

Substance use disorders are often interconnected with other severe health conditions, which has a significant impact on the delivery of care. Although it is well accepted that we need to integrate mental health, physical health and trauma care little is actually achieved. Based on the following three specific approaches we want to create an opportunity for dialogue around the consequences for addiction treatment in a complex population.

1. The Burnaby Centre for Mental Health and Addiction (BCMHA) a residential, tertiary care institution in British Columbia, works on a strength based model with clients who suffer from severe addiction and concurrent disorders.
2. Optimized opiate substitution and heroin assisted treatment based on the experiences of the international research on heroin-assisted treatment.
3. Assertive Community Treatment for clients with addiction and concurrent disorders

based on the experiences of the AT-Home project of the Mental Health Commission of Canada with Homeless with Mental Health and Addiction issues.

These approaches created ideas and movement towards reform of the system in BC. Based on these experiences we want to address the question of 'how to develop a broad discourse on system change in this field'.

### Speaker Bio:

Dr. Krausz started his professional carrier as a registered nurse in adolescent psychiatry working especially with young psychotic clients. After Medical School in Hamburg the H.Böckler Foundation awarded him a doctoral grant. He wrote his thesis on long-term course of schizophrenia starting in adolescence. In 1985 he started his residency in Adult Psychiatry until 1991. Parallel he wrote his PhD on "Psychosis and Addiction" evaluating the entanglement of severe mental illness and harmful use of psychotropic substances, which then became the major research focus of his further work. He became then responsible for big studies about mental illness among intravenous drug users with over 1000 individuals and especially the German Heroin trial as biggest randomized clinical trial in Addiction Research in Europe in this field. He could show, that it is possible to improve the most difficult to treat clients with the appropriate intervention and contributed to an important paradigm shift through clinical research. He founded and edited two scientific journals, which until now have a mayor impact in this area: European Addiction Research and Suchttherapie. 290 publications and even more invited presentations standing for his scientific contributions until now. After over 20 years in different positions in Germany he was selected as the first Providence BC Leadership Chair for Addiction Research in 2005.

He served on several Advisory Boards on international, national, provincial and City level in Germany and Canada, including the Senior Research Advisory Board from CCSA, the Research Advisory Council of the Michael Smith Foundation, the Kaiser foundation and as Co Chair of the Collaboration for Change in Vancouver.

Since April 2009 he is Medical Director of the Burnaby Centre for Mental Health and Addiction and the Regional Program for Complex Concurrent Disorders in VCH, building an innovative continuum of care for the most high need clients in Mental Health and Addiction.

Reinhard Michael Krausz, MD, PhD, FRCPC,  
UBC Providence Leadership Chair for Addiction Research  
Professor of Psychiatry and Public and Population Health  
Medical Director Burnaby Centre for Mental Health and Addiction  
M.Krausz@mac.com

## System changes in Addiction Services: What does it mean to you?

**Rebecca Jesseman, MA (Criminology)**

### Learning Objectives:

1. Increase awareness of the system-level changes directly influencing addiction services
2. Understand how system change impacts practitioners — and how practitioners can influence system change

Professionals working in addiction medicine face the difficult challenge of navigating multiple complex systems. Maintaining focus on client needs and professional practice often leaves little time and attention to consider the system-level context beyond its immediate administrative requirements. However, better understanding the system responsible for the delivery of substance use services creates opportunities for practitioners to drive system change — resulting in a context conducive to improved service provision.

This presentation will discuss recent trends and changes in addiction systems across Canada and the front-line impacts these changes create, including:

- Regionalization and centralization
- Mental health and addictions integration
- Workforce development
- Fiscal constraint and accountability
- System measurement and monitoring
- Criminal justice legislation
- National Native Alcohol and Drug Abuse Program system renewal

Using these system-level considerations as a framework, this presentation will explore two primary avenues for practitioner-driven change: research and policy. Practitioners are traditionally considered the end market for research results published in academic journals. However, practitioners are uniquely positioned to identify not only what information they need but also what format they can best use it in. The value of involving practitioners in the research process, considering a broader definition of evidence, and developing different ways of putting evidence into practice is increasingly being recognized. Consultation forums to identify research priorities and funding streams dedicated to practice-based research present opportunities for practitioners to identify and address the service gaps that challenge their day-to-day work.

Practitioners can also play a role at the policy level. Influencing policy does not necessarily mean becoming a high-profile champion; policy at the system level is usually quite broad. The operationalization of those broad policies and the identification of objectives are usually left to the regional, local

or organizational levels. Proactively identifying opportunities and challenges, collecting evidence, and developing strategies that align with system-level policies can put practitioners in the position of having the specific answers that those tasked with implementation are looking for.

### Speaker Bio:

Rebecca Jesseman has been a Research and Policy Analyst with CCSA since 2006, working primarily with the Treatment Priority. She has a Master's degree in Criminology from the University of Ottawa. Prior to joining CCSA, Rebecca worked as a researcher and as a policy advisor with Public Safety Canada's Corrections Research and Policing Policy divisions.

Rebecca Jesseman, Research and Policy Analyst  
Canadian Centre on Substance Abuse [CCSA]  
75 Albert street, Suite 500, Ottawa ON K1P 5E7  
rjesseman@ccsa.ca

## Management of Substance Abuse and Associated Co-morbidity including Infections

**Jag Khalsa, PhD, MS, National Institute on Drug Abuse, NIH, Bethesda, MD, USA.**

According to the United Nations, there were an estimated 155-250 million people 12 years or old people used an illicit drug at least once in 2008, with 16-38 million being problem drug users in the world. In addition, an estimated 33 million people are living with HIV infection, ~200 million with hepatitis C, 2.3 billion with TB, and many more millions with other bacterial and viral infections. Both substance abuse and co-occurring infections are associated with serious medical morbidity that may include adverse medical/health consequences affecting almost every physiological/biochemical system causing adverse neuropsychiatric, cardiovascular, hepatic, metabolic/endocrine, dental and immunological complications. This presentation will show that efficacious and safe clinical management of substance dependent patients with multiple infections is possible, if these patients in drug treatment programs are supported for adherence and compliance to treatment regimens. Finally, Dr. Khalsa will present several mechanisms of funding research at NIDA/NIH.

*References: 1. UNODC, World Drug Report, 2010; 2. Jag Khalsa and Ahmed Elkashef, Interventions for HIV and HCV-infected Recreational Drug Users, CID, 2010*

### Learning Objectives: Participants will learn the following:

1. The nature and extent of health effects of substance abuse and co-occurring infections,

2. The underlying pathophysiology of medical complications of substance abuse and infections,
3. How to manage multiple complications of multiple infections,
4. Funding mechanisms available at NIDA/NIH.

## Speaker Bio

Dr. Jag Khalsa is the Chief of the Medical Consequences Branch, Division of Pharmacotherapies and Medical Consequences of Drug Abuse, the National Institute on Drug Abuse (NIDA), a part of the National Institutes of Health (NIH), DHHS. He received his Ph.D. in neuro-psycho-pharmacology from the University of Mississippi and postdoctoral training in CNS/Cardiovascular pharmacology at SK&F (now GlaxoSmith Kline), and Toxicology at the Stanford Research Institute. Currently, the MC Branch is responsible for developing and administering a national and international program of clinical research on medical and health consequences of drug abuse and co-occurring infections (HIV, HCV, TB, STD, and others) that may include all biochemical and physiological systems. Prior to joining NIDA in 1987, he served for about 10 years as a pharmacologist/toxicologist assessing safety including carcinogenic and teratogenic potential of chemicals [new drugs-INDs and NDAs] and food additives) and clinical evaluator (adverse consequences of drugs) at the US Food & Drug Administration. He has several publications in the field of pharmacology, toxicology, epidemiology and medicine. He has received numerous awards of meritorious/distinguished service including from the FDA Commissioner, Director of Bureau of Foods, FDA, NIDA Directors, NIH Director, Society on NeuroImmunePharmacology, Life Time Achievement Awards from the International Conference on Molecular Medicine, U.S. Sikh Council on Religion and Education and a commendation from the US Congressman Cummings. Dr. Khalsa also has degrees in Chemistry (BS), pharmacy (B.Pharm), pharmacology/pharmacognosy [herbal pharmacology], M.Pharm), all from Gujarat University, India. He is married; has two sons and two grand daughters. Dr. Khalsa's hobbies are: music and photography. He can be reached via E-mail: [jk98p@nih.gov](mailto:jk98p@nih.gov).

## Tobacco Dependence in Patients with Substance Disorders

**Milan Khara, MBChB, CCFP, Dip.ABAM**

Clinical Director, Tobacco Dependence Clinic, Addiction Services, Vancouver Coastal Health

Clinical Assistant Professor, Faculty of Medicine  
University of British Columbia

Despite a substantial decrease in smoking prevalence in North America in the last four decades, many cigarette smokers remain unable to quit; among them is a significant subset of individuals who have a history of substance use disorders (other

than tobacco). Based on 12-month estimates from the 2002 Canadian Community Health Survey, 9.5% of Canadians reported problematic alcohol use or dependence, 3.0% reported problematic illicit drug use or dependence, and 11% reported concurrent problematic alcohol and drug use or dependence. Among the general U.S. population, estimates of tobacco use in those with concurrent substance use disorders is greater than 75%; similar rates have been observed in Australia. In addition, it has been estimated that nearly 70–90% of individuals in drug treatment programs concurrently use tobacco.

Given that tobacco use remains the number one preventable cause of morbidity and mortality in Canada [with alcohol, tobacco, and illicit drug use contributing to 3.1%, 16.5%, and .4%, respectively, of total mortality in Canada], the high rates of tobacco use among individuals with substance use disorders suggests an increased risk for tobacco-related mortality and morbidity in these populations.

Moreover, several studies have documented the benefits of smoking cessation among individuals with concurrent substance use disorders such as improved quality of life and drug abstinence. Recent reviews of the literature addressing tobacco dependence treatment among individuals in substance use treatment and recovery have shown that tobacco treatment is associated with significantly greater smoking cessation, cigarette reduction, and increases in concurrent substance use abstinence. These findings indicate that smoking cessation services offered to individuals in drug treatment and recovery may not only result in successful smoking cessation, but also in improved quality of life and enhanced drug treatment outcomes.

This presentation will review many of the myths and realities of tobacco dependence and it's treatment in individuals with other substance use disorders.

## Speaker Bio

Dr Milan Khara is a certified Addiction Medicine Physician with Vancouver Coastal Health (VCH). He is a Clinical Assistant Professor at UBC, Faculty of Medicine.

Having trained in the UK, Dr Khara joined VCH in 2003 from the Centre for Addiction and Mental Health in Toronto where he had worked as a Consultant in Addiction Medicine.

Dr Khara is the Clinical Director of the VCH Tobacco Dependence Clinic, an intensive tobacco treatment program for "hard to treat" patients, and is on the faculty of TEACH, a tobacco dependence treatment training program for health care professionals nationally, which is based in Toronto. He has also been involved in training staff in preparation for the recent smoke free hospital legislation in British Columbia.

In addition to tobacco research and education, Dr.Khara is involved in many areas of tobacco control advocacy and recently contributed to Vancouver's smoke free beaches initiative.

Contact details:  
[milan.khara@vch.ca](mailto:milan.khara@vch.ca)  
Cell: 604-6196180

*\* Some of the research data that will be presented regarding VCH Tobacco Dependence Clinic has been published elsewhere but publication of this presentation (or parts of it) are acceptable if the Journal acknowledges that with a reference. I will include that publication with this abstract.*

## CSAM's new position statement on opioid prescribing for chronic pain - Workshop

**Dr. Ronald Lim MD, CCFP, CCSAM, ABAM (Diplomate), FASAM  
Dr. Nady el-Guebaly & Dr. Mel Kahan**

Canada has experienced a dramatic increase in prescription opioid misuse and addiction in the past fifteen years. This has been accompanied by an alarming increase in harms related to prescription opioids, including overdose and addiction. Evidence suggests that physicians' prescriptions are a major source of opioids for patients who have suffered these harms.

Therefore CSAM is putting out a policy statement regarding opioid prescribing practices for patients with chronic non-cancer pain (CNCP). We believe these practices will allow for effective treatment of CNCP, while minimizing their adverse public health impact. The recommendations are consistent with those of the National Opioid Use Guideline Group (NOUGG).

In this workshop, we will review some of the NOUGG guidelines as well as review CSAM's policy. This will be followed by a discussion period

### Speaker Bio:

Dr Lim graduated from the University of British Columbia and practiced as a comprehensive care family physician for 15 years before switching to a full time focused practice in addiction medicine 8 years ago. He is certified by the College of Family Physicians, the Canadian and International Societies of Addiction Medicine as a well as a Diplomate of the American Board of Addiction Medicine.

He is presently Clinical Assistant Professor in both the Departments of Family Medicine and Psychiatry at the University of Calgary. He is also Medical Director for the Calgary Addiction Network as well as the Top of the World Treatment Centres and is consultant physician for the Clareholm Centre of Mental Health and Addictions, the Foothills Addiction Centre, the Calgary Opioid Dependency Program and Renfrew Detox Centre.

His special interest is in the area of Chronic pain and Addictions.

Dr. Ron Lim  
FMC Addiction Centre  
1403 – 29 Street NW, Calgary AB T2N 2T9  
ronlim1@shaw.ca

## MMT Policy Developments across Canada

**Janine Luce, Carol Strike (carol.strike@utoronto.ca)  
and Carolyn Franklyn (CFranklin@ccsa.ca)**

### Learning Objectives:

- 1) Understand how provinces have addressed the rising demand for opioid dependence treatment.
- 2) Understand what policy options should be pursued to improve the systems of opioid dependence treatment across Canada

### Background

Over the past decade, demand for opioid substitution treatment has increased across Canada. Little is known about how the treatment systems across Canada have responded to this increase. The Canadian Executive Council on Addictions (CECA) commissioned an environmental scan to examine this trend.

### Objectives

To examine: (1) how provincial governments and regional health authorities have responded to the increased demand for opioid substitution treatment; (2) what system level barriers may have impeded a response; (3) what alternatives to MMT could be pursued.

### Methods

Existing reports and scientific literature relevant to the topic were reviewed and key informant interviews with policy makers and service providers were conducted (n=17).

### Results

Demand has been met by increasing the number of private clinics and general practitioners who prescribe methadone; increasing resources to government funded programs; developing new services within existing health care facilities; and adjusting the model of service delivery to accommodate more clients. In most provinces there are two parallel streams of MMT provision – provincially funded clinics and fee-for-service MMT provided through individual or group practices. This has significantly impacted the quality and consistency of services.

### Conclusions

A continuum of MMT services is needed to serve an increasingly diverse client population. System coordination will ensure that clients are matched with the appropriate intensity of treatment. A consistent, transparent funding system for MMT is necessary. The lack of availability of buprenorphine is a 'lost opportunity'.

## Future Directions

To ensure access to high quality MMT across Canada, the following are recommended: revise the Health Canada MMT Best Practice document; develop national guidelines for the use of buprenorphine in the treatment of opioid dependence; advocate for policy changes to increase access to buprenorphine; convene a national substitution treatment conference.

## Speakers Bios:

Janine Luce (MA) is the Manager of Public Policy at CAMH. Janine has worked on several provincial, federal and municipal drug policy issues, addiction treatment systems policy and mental health systems policy. She has over ten years experience in program management in health and educational programs in the areas of homelessness, HIV/AIDS, mental health and addictions.

Janine Luce, Manager Public Policy  
Centre for Addiction and Mental Health [CAMH]  
901 King Street West, 5th Floor, Room 515  
Toronto ON M5V 3H4  
Janine\_luce@camh.net

Beverley Clarke, Chair, Canadian Executive Council on Addictions [CECA] and Vice President, Clinical Services, Eastern Health  
760 Topsail Road, Mt. Pearl, NL A1N 3J5  
Beverley.Clarke@easternhealth.ca

Ms. Clarke is the Vice President for Clinical Services with Eastern Health which includes responsibility for several program areas including the Mental Health & Addictions program. Prior to this position she was the CEO for Health and Community Services-St. John's. She has also held various senior posts within the Department of Health and Community Services, including Assistant Deputy Minister, Policy and Planning and ADM of Community Health. Beverley's affiliation and experience with the addictions field extends over a 30 year time frame. She is currently the President of the Canadian Executive Council on Addictions and Interim Chair of the Board of Directors for the Canadian Centre on Substance Abuse.

## BC Interior Health Authority's Implementation of Addiction Knowledge Exchange Guidelines in Primary Care

**Authors: Lyn MacBeath, MD, FRCPC, ABAM-certified, Jamie Marshall, M.Ed., Rae Samson, MSW, Kevin Stevenson, MD, FRCPC, ABAM-certified, Sharman Naicker, MbChb, FRCPC, Cliff Cross, MA, Cathy Tetarenko, RN, BScN, CPMHN(C), Kerry McLean Small, RN, BSN, MNS**

One of the major public health achievements of the past half century has been the creation of a system of treatment

programs for people with alcohol and drug-related problems. Primary care is an ideal situation for identifying those who struggle with addiction issues. For example, the prevalence of alcohol use disorders in these settings is estimated to range from 20% to 36% however most of these patients are never treated. Our goal has been to enhance the detection and treatment of substance use disorders in our Region by preparing Primary Care physicians to screen, assess and provide brief intervention for addictions.

British Columbia has embraced the National Treatment Strategy for Addiction as a component of our province's ten-year mental health plan. The Addiction Knowledge Exchange Project has been active in BC since 2009. Our goal has been to put their guidelines into clinical practice. Our initiative dovetails with restructuring of medical care in BC into physician-driven 'Divisions of Practice' where integrated services are provided with Primary Care physicians at the helm.

## Our initiative has included four strategies:

1. Teaching a 'best practices' education package in various communities, often linking with local Primary Care physician 'champions' who are part of the BCMA/Ministry of Health's Practice Support Program.
2. Enhancing collaborative care between Addiction Psychiatrists, Primary Care physicians and community Mental Health and Addiction Services.
3. Encouraging participation in a multidisciplinary Addiction Community of Practice.
4. Monitoring outcomes through ongoing evaluation.

## Objectives:

1. Describe a working framework for provision of Addiction Psychiatry educational support to Primary Care physicians.
2. Provide different styles of Addiction Psychiatry Collaborative Care to Primary Care, including enhancing Primary Care use of Community Mental Health and Addiction Services.
3. Explain how a Community of Practice with Psychiatry, Primary Care and Mental Health and Addiction clinicians can improve community capacity to address addiction issues.

## References:

1. Health Canada: Drug Treatment Funding Program - <http://www.hc-sc.gc.ca/hc-ps/drugs-drogués/dtftp-pftt/index-eng.php>
2. Canadian Institutes of Health Research – Knowledge Translation - <http://www.cihr-irsc.gc.ca/e/29418.html>

## Speaker Bio:

Institution & Department: British Columbia Interior Health, Mental Health & Substance Use Services:

We are a multidisciplinary Addiction Psychiatry Working Team at Interior Health. The three main areas of our region: West Kootenays, Thompson & Shuswap, and North Okanagan are represented. Members include administrators from several levels of management, educators, researchers, psychiatrists and clinicians. Most of us wear more than one hat. The primary goal of our current initiative is to enhance the clinical practice of Addiction Medicine throughout Interior Health by furthering education, collaborative care and networking

Dr. Lyn MacBeath  
Community Mental Health & Addiction Services  
Kamloops, BC V2C 2T1  
dr.lyn.macbeath@interiorhealth.ca

## History of Opioid Agonist Treatment in Canada

**David C Marsh MD CCSAM**

Canada has a long history of providing methadone maintenance treatment (MMT) for Opioid Dependence dating back to 1959. The LeDain Commission recommended in 1972, expanding access to MMT across Canada, however regulatory changes prevented this expansion. From 1995 onwards, expansion to MMT has expanded to the point where in 2005 all provinces had specialized MMT clinics. Demand for treatment still outstrips supply with significant geographic variability in access to MMT. In addition to methadone, buprenorphine has been approved for use in Canada and heroin-assisted treatment has been studied. This presentation will review the historical factors impacting treatment availability with a particular focus on funding and regulatory issues. In addition, over the past decade an emerging body of Canadian studies have examined patterns of drug use, characteristics of patients entering treatment and elements of the treatment system which impact quality of care. This literature will be discussed in terms of lessons learned and how they can be applied for the future development of an accessible, high quality continuum of opioid agonist treatments in Canada.

### Speaker Bio:

Dr. Marsh graduated in Medicine from Memorial University of Newfoundland in 1992, following prior training in neuroscience and pharmacology. In July 2010, Dr. Marsh joined the Northern Ontario School of Medicine (NOSM) as Associate Dean, Community Engagement. He brings skills and experience with health care administration, strategic planning, community-based research and social accountability as well as a personal background of Aboriginal ancestry to this role.

Prior to moving to NOSM, David served as the Physician Leader, Addiction Medicine with Vancouver Coastal Health and Providence Health Care and Clinical Associate Professor in the School of Population and Public Health, Faculty of Medicine at the University of British Columbia from 2004-2010. Previously, he held leadership roles at the Addiction Research Foundation and the Centre for Addiction and Mental Health in Toronto from 1996-2003. Author of over 40 peer-reviewed papers, book chapters and government reports, Dr. Marsh's research interests focus primarily on withdrawal management, methadone maintenance, heroin-assisted treatment, harm reduction interventions such as supervised injection. In 2004 Dr. Marsh received the Nyswander-Dole Award from the American Association for the Treatment of Opioid Dependence in recognition of his contribution to this field.

David C. Marsh MD CCSAM  
Associate Dean, Community Engagement  
Northern Ontario School of Medicine  
935 Ramsey Lake Road  
Sudbury, ON P3E 2C6 Canada  
E-mail: david.marsh@nosm.ca

## Lunch speakers for Rickett Benckiser

### Clinical Applications of Suboxone: Case Study Approach

**Anita Srivastava, MD**

### Addiction Treatment in the New Millennium: From Jail Cells to Brain Cells

**Dr. Mark Menestrina**

SUBOXONE (buprenorphine and naloxone) is indicated for substitution treatment in opioid drug dependence in adults.

The intention of the naloxone component is to deter intravenous (IV) misuse.

Patients prescribed SUBOXONE should be carefully monitored within a framework of medical, social, and psychological support as part of a comprehensive opioid dependence treatment program.

### Speaker Bios

Mark Menestrina, M.D., FASAM, Director of Detox Unit  
Medical School: Wayne State School of Medicine/

Residency: Oakwood Hospital  
Certified by: Residency Trained in Family Practice Medicine  
and American Society of Addiction Medicine

Brighton Hospital has been so fortunate to have Dr. Menestrina, M.D., FASAM since 2000. He is not only a doctor and expert in chemical addiction, but has also been elevated to the prestigious ranks of the Fellows of the American Society of Addiction Medicine (FASAM), a designation achieved by fewer than 300 worldwide.

Due to Dr. Menestrina's 18 years of excellence and commitment in the addiction recovery field, along with the rest of the staff at Brighton Hospital, we are mending lives. Dr. Menestrina serves as Medical Director for Southeast Michigan Community Alliance, and he frequently speaks at community, educational and media events regarding drug and alcohol addictions and recovery from chemical dependence.

Dr. Menestrina, M.D., FASAM has a way of connecting and making a difference to those suffering with the disease of addiction. When it comes to recognizing chemical dependency in his patients, "It's hard to fool me", says Dr. Menestrina, M.D., FASAM. "I've been there, I can relate."

At Brighton Hospital, we want our staff to be the best, and Dr. Menestrina helps us showcase that. He has been interviewed on radio shows, television shows, and in newspapers and is regarded by the media as an addiction treatment expert.

Practice Perspectives – Insights for Treating Opioid-Dependent Patients

The Practice Perspectives article is reproduced with permission from suboxone.com. Brighton Hospital offers this information because Dr. Mark Menestrina is the Medical Director of Brighton Hospital's Detoxification Unit. No endorsement of any particular pharmaceutical or manufacturer by Brighton Hospital is expressed or implied.

Dr. Srivastava is a family physician in the Department of Family and Community Medicine where she is both a clinician and researcher. She also practices addiction medicine at the Centre for Addiction and Mental Health.

Anita Srivastava, MD, CCFP, MSc  
Assistant Professor, Department of Family and Community  
Medicine  
University of Toronto  
Staff Physician, Centre for Addiction and Mental Health

## The British Columbia Coroners Service: a perspective on prescription opiates

**Authors: Karla Pederson, Tej Sidhu, Krista Simpson**

British Columbia Coroners Service

The British Columbia Coroners Service (BCCS) is tasked with the investigation of all sudden and unexpected deaths in the province. The spectrum of these deaths includes circumstances

related to substance and behavioural dependency and addiction: gambling, alcohol, illicit drugs and prescription medications.

British Columbia is the host province for the 2011 meeting of the Canadian Society of Addiction Medicine. The BCCS wishes to present a provincial perspective on unexpected deaths that are ultimately attributed to prescription opiate medications. While various categories of prescription drugs have mood-altering effects, opiates account for the majority of prescription medications causing unexpected deaths. Mortality attributed to diverted opiate prescriptions will also be discussed.

Because the physician's pen represents the origin of many opiate medications, a unique prevention opportunity exists. The BCCS and the College of Physicians and Surgeons of British Columbia have commenced a project aimed at reducing diverted opiate medications. This program identifies prescriptions that have been involved in deaths due to diverted opiate medications. Discussion of this project will be included in the presentation.

### Speaker Bio:

Karla Pederson MD CCFP, is the Director of the Medical Unit with the British Columbia Coroners Service. Prior to joining the BCCS in 2008, she worked as a coroner for the Office of the Chief Coroner of Ontario. Her clinical work has included Emergency Medicine and Family Medicine in both urban and rural settings.

Karla Pederson, MD  
Director, Medical Unit, Office of the Chief Coroner  
800- 4720 Kingsway  
Metrotower II  
Burnaby, BC V5H 4N2  
Karla.Pederson@gov.bc.ca

## BC Methadone program – A Qualitative Systems Review

**Dan Reist, CARBC**

Centre for Addictions Research, University of Victoria

The presentation is based on an analysis of the findings from two studies of methadone maintenance therapy in British Columbia. The goal was to identify factors that impact treatment outcomes and client satisfaction and to identify a series of priority recommendations for immediate improvement. One of the reports was based on an original qualitative study that collected perspectives from a wide range of stakeholders including clients, services providers and system managers representing a variety of settings, professions and responsibilities. The other study was a quantitative analysis of a series of linked population level administrative databases that documented several trends related to MMT in BC for the period 1996-2007. A summary of the findings, the

recommendations that emerged and the action taken since the reports will be discussed as a way of examining positive system change in response to evidence.

### Speaker Bio

Dan Reist has provided leadership to the knowledge exchange team at the Centre for Addictions Research of BC, University of Victoria since it was created in 2004. He is committed to communicating current evidence in a way that supports the evolution of effective policy and practice, has contributed to policy dialogues in British Columbia related to substance use and addictive behaviours, and has represented BC in several national and international discussions. He has helped develop BC's multi-systems approach to substance use and seeks to bridge the ideological divides and professional barriers that have too often undermined effective responses. His interests include phenomenological and socio-linguistic approaches to understanding substance use, health promotion, mental health literacy, knowledge exchange, and alcohol and other drug policy.

Dan Reist  
Centre for Addictions Research of BC | University of  
Victoria  
909 - 510 Burrard Street | Vancouver, BC V6C 3A8  
Telephone: 604.408.7753x231 | Fax: 604.408.7731

### Benzodiazepine Use and Withdrawal

#### Richard Ries, MD

While a great deal of attention has been paid to the epidemic of prescription opiate abuse, dependence, and accidental overdose, much less attention has been given to a frequent co-occurring problematic medication being prescribed: Benzodiazepines. This class of medications includes diazepam, lorazepam, alprazolam, clonazepam, and others. This presentation will define what might be called the "Hidden Epidemic" of prescribed and abused Benzodiazepines and discuss clinical presentations, diagnosis, withdrawal, and treatment issues.

### Speaker Bio:

Richard K. Ries, MD, is Professor of Psychiatry, and Director of the Addictions Division in the Department of Psychiatry and Behavioral Sciences at the University of Washington School of Medicine in Seattle, Washington and Director of the Psychiatric Rehabilitation and Recovery services at Harborview Medical Center in downtown Seattle. Dr. Ries received his undergraduate degree from Stanford, medical degree from Northwestern Medical School and completed his

psychiatric residency at the University of Washington, Seattle, where he was Chief Resident.

Dr. Ries is board-certified in Psychiatry by the American Board of Psychiatry and Neurology with Added Qualifications in Addiction Psychiatry. A Distinguished Fellow of the American Psychiatric Association and a Fellow of the American Society of Addiction Medicine, he is a reviewer for several scientific journals and holds a number of research grants from the National Institute of Health. He has published numerous articles and abstracts on topics related to treatment of persons with severe mental illness, with special emphasis on those co-existing problems with alcohol or drugs. He is senior editor of *Principles of Addiction Medicine( IV)*, a key reference text in the addictions field. His current research interests include psychiatric and addictions recovery; suicide and addiction; 12-step facilitation for those with combined addictions and mental disorders, and health services research and treatment outcomes in severely mentally ill dually diagnosed patients. Dr. Ries has been listed in the Best Doctors in America from 1995-present

Richard Ries MD  
Professor of Psychiatry  
Director Division of Addictions  
University of Washington and  
Harborview Medical Center 359911  
Seattle, Wa 98104  
rries@u.washington.edu

### Sleep & Anxiety in Addiction Treatment and Recovery

#### Richard Ries, MD

Problems with Sleep and Anxiety are frequently encountered in persons with active addictions to almost all substances, and become serious diagnostic and management issues in both acute and long term treatment of persons with addictions. This presentation will focus on the diagnosis and management of anxiety and sleep issues in detoxification, early and longer term treatment and recovery examining the pros and cons of various treatment approaches.

### Speaker Bio:

Richard K. Ries, MD, is Professor of Psychiatry, and Director of the Addictions Division in the Department of Psychiatry and Behavioral Sciences at the University of Washington School of Medicine in Seattle, Washington and Director of the Psychiatric Rehabilitation and Recovery services at Harborview Medical Center in downtown Seattle. Dr. Ries received his undergraduate degree from Stanford, medical

degree from Northwestern Medical School and completed his psychiatric residency at the University of Washington, Seattle, where he was Chief Resident.

Dr. Ries is board-certified in Psychiatry by the American Board of Psychiatry and Neurology with Added Qualifications in Addiction Psychiatry. A Distinguished Fellow of the American Psychiatric Association and a Fellow of the American Society of Addiction Medicine, he is a reviewer for several scientific journals and holds a number of research grants from the National Institute of Health. He has published numerous articles and abstracts on topics related to treatment of persons with severe mental illness, with special emphasis on those co-existing problems with alcohol or drugs. He is senior editor of Principles of Addiction Medicine( IV), a key reference text in the addictions field. His current research interests include psychiatric and addictions recovery; suicide and addiction; 12-step facilitation for those with combined addictions and mental disorders, and health services research and treatment outcomes in severely mentally ill dually diagnosed patients. Dr. Ries has been listed in the Best Doctors in America from 1995-present

Richard Ries MD  
Professor of Psychiatry  
Director Division of Addictions  
University of Washington and  
Harborview Medical Center 359911  
Seattle, Wa 98104  
rries@u.washington.edu

### Suboxone opioid WD protocol at SPSC (Surrey pre-Trail Services Centre)

**Diane Rethon, MD & Nader Sharifi, BSc, MD, CCFP,  
ABAM, CCHP**

Surrey Pretrial Services Centre is a 250 bed correctional facility housing both men and women who come into custody directly from the streets of the Vancouver Metropolitan Area of British Columbia. Many prisoners are multi-substance users with significant opioid involvement. In the past, opioid withdrawal at various BC Correctional Centres has resulted in significant morbidity and mortality, especially among frail, malnourished women, despite the use of standard opioid withdrawal protocols, including clonidine and symptomatic treatment. The implementation of a Suboxone Withdrawal Protocol at SPSC has reduced opioid withdrawal symptoms and patient suffering while also reducing staff workload.

#### Speaker bios:

Diane A. Rethon, MD currently provides medical and addiction recovery care for the Drug Treatment Court of Vancouver where she delights in working with persons who are turning their lives around after years of alcohol and drug addiction and chronic incarceration.

Dr. Rethon's professional career has included a wide range of clinical, research, teaching and administrative experiences, among them: Flying Doctor in Arctic Canada, Medical Health Officer for the City of Vancouver, Medical Director for BC Corrections and Youth Custody Services, Medical Director for Vancouver Island Health Authority Addiction Services, Provincial Medical Advisor for Addiction Services, and Chief Coroner of British Columbia.

Dr. Nader Sharifi is a family, addiction, and correctional medicine physician at the Forensic Psychiatric Hospital in British Columbia. He has had over ten years experience in treating patients with addictions and mental illness who have been in conflict with the law. Dr. Sharifi is a Clinical Instructor with the University of British Columbia, and sits on the Collaborative Centre for Prison Health and Education Committee. He has additional certification with the American Board of Addition Medicine and the National Commission on Correctional Health Care.

Nader Sharifi, BSc, MD, CCFP, ASAM, CCHP  
Family, Addiction, and Correctional Medicine  
Clinical Instructor, University of British Columbia  
Forensic Psychiatric Hospital  
70 Colony Farm Road, Port Coquitlam, BC, Canada V3C 5X9  
Tel: 604-523-7803; Fax: 604-524-7783  
Sharifi, Nader nsharifi@forensic.bc.ca  
healthnet@telus.net healthnet@telus.net

### Developing Medications To Treat Substance Use Disorders: Pitfalls and Promises

**Phil Skolnick, Ph.D., D.Sc. (hon.), DPMCDA**

The goal of developing highly effective medications to treat substance use disorders remains largely unmet. While there are multiple (albeit imperfect) options to treat addiction to opiates and nicotine, there are no approved medications to treat addictions to other abused substances, including methamphetamine, cocaine, and cannabis. Pharmaceutical investment in addiction medicine has been limited by a perceived small market size, perceived high regulatory hurdles, and difficulties in clinical development programs using patients who often have serious comorbidities. Nonetheless, the next decade may be transformative, with the potential for innovative medications to treat substance use disorders. Advances in neuroscience have revealed multiple targets (e.g., TLR-4, mGluR5, dopamine3, and serotonin2c receptors) that may be useful in treating substance use disorders. Compounds targeting these receptors are in various stages of development for other indications, and may become available for trials in SUDs. Moreover, efforts are now underway to develop biologics, including vaccines and antibodies, targeting drugs of abuse. In this presentation, I will discuss the unique obstacles associated with developing drugs to treat substance use disorders as well as some promising therapies on the horizon.

## Speaker Bio:

Phil Skolnick, Ph.D., D.Sc. (Hon). is the Director, Division of Pharmacotherapies and Medical Consequences of Drug Abuse at the National Institute on Drug Abuse, NIH. Dr. Skolnick served as Chief Scientific Officer (2001-2009) and President (2007-2009) of DOV Pharmaceutical, Inc. He was also Research Professor of Psychiatry (2001-2009) and a member of the Center of Excellence on Drug Addiction at New York University-Langone Medical Center. Dr. Skolnick was a Lilly Research Fellow (Neuroscience) at Lilly Research Laboratories (1997-2000). Prior to this, he served as Senior Investigator and Chief, Laboratory of Neuroscience, at the National Institutes of Health from 1986-1997. Dr. Skolnick has also been appointed a Research Professor of Psychiatry at the Uniformed Services University of the Health Sciences, Adjunct Professor of Anesthesiology at Johns Hopkins University, and Adjunct Professor of Pharmacology and Toxicology at Indiana University School of Medicine.

His awards and honors include the Experimental Therapeutics Prize from the American Society for Pharmacology and Experimental Therapeutics, an Anna Monika Prize, and the A.E. Bennett Award in Biological Psychiatry. He has twice been awarded the Doctor of Science, honoris causa. Dr. Skolnick has co authored more than 500 articles and currently serves on the editorial advisory boards of more than half a dozen journals. He is an editor of Current Protocols in Neuroscience and has edited six books, most recently, Glutamate-Based Approaches to Psychiatric Disorders (2010). The Institute of Scientific Information (ISI) has acknowledged his contributions by naming him to the elite group of "Highly Cited" authors.

Dr. Phil Skolnick  
National Institute on Drug Abuse, NIH  
6001 Executive Blvd., Bethesda, MD 20892-9551 USA  
Phil.skolnick@nih.gov

## Buprenorphine and Guidelines

**Anita Srivastava, MD**

Opioid Clinic CAMH

This session will cover the buprenorphine clinical guidelines developed at the Centre for Addiction and Mental Health - topics covered will include the guideline development process as well as key highlights of the clinical guideline.

## Speaker Bio

Dr. Srivastava is a family physician in the Department of Family and Community Medicine where she is both a clinician

and researcher. She also practices addiction medicine at the Centre for Addiction and Mental Health.

Anita Srivastava, MD, CCFP, MSc  
Assistant Professor, Department of Family and Community Medicine  
University of Toronto  
Staff Physician, Centre for Addiction and Mental Health

## Innovative Harm Reduction strategies in Vancouver Downtown Eastside.

A panel presentation and discussion by Vancouver Coastal Health and its community partner, the Portland Housing Society.

- .... Insite/Onsite and beyond
- .... Managed Alcohol Program
- .... Community Care for IDU's with complex infections

## Intrinsic Variability in Electrocardiograph QT/QTc-Interval Length in Opioid-Dependent Patients Receiving Methadone Maintenance Treatment

**Authors: Andrew Worster, MD, Michael Varenbut MD, Jeff Daiter MD, Girish M. Nair, MD, Carolyn Plater-Zyberk, MSW, Lauren Griffith, PhD, Jihui Ma, MSc, Gus Zachos, MD, Marco Sivilotti, MD**

## Objective:

To assess the differences between QT measurements using different correction formulae, and both automated and manual measurement to determine the degree of intrinsic variability in QT/QTc interval within patients receiving a consistent daily dose of methadone. Rationale: Multiple studies have reported an association between methadone and increased QT/QTc however, without measuring or controlling for this intrinsic variability in electrocardiograph (ECG) measurements, it becomes impossible to conclude whether changes in QT/QTc intervals are due to chance or due to methadone directly. Methodology: 26 participants at a community based methadone maintenance clinic submitted to a standard 12-lead digital ECG for five consecutive days. Participants were also required to provide 30 ml of urine under supervision for a urine drug screen (UDS) at least once during the data collection period. ECG results were analyzed and measured by two independent investigators as well as ECG software. UDS were analyzed using qualitative and semi-quantitative homogeneous enzyme immunoassays for methadone, opiates, and cocaine. Results: The QTc intervals

calculated by the machine and Bazzet's formula were the longest. The clinical significance of these differences is likely small. The results confirm that the relative length of the QT and calculated QTc intervals are dependent upon the methods used to measure and calculate them respectively. There was a relatively high and very similar ICC results for each of the ECG measurements from each patient. This suggests that under standardized ECG recording methods, the intrinsic variability in QT/QTc is low. Conclusions: Under standardized ECG recording methods, the differences between the various methods of measuring the QT interval, calculating the QTc, and the intrinsic variability are relatively low. Further studies will need to confirm whether these differences are low enough to assess the impact of methadone on QT/QTc using only the machine-calculated QTc from just one ECG/patient at a given dose.

### Speaker Bios:

Dr. Michael Varenbut graduated medicine with honours from the University of Toronto Medical School in 1991, and completed a residency in Family and Community Medicine at Sunnybrook Health Sciences Centre. After several years in family and emergency practice, he began to focus his efforts on addiction medicine. For the past 15 years, he has spent a large proportion of his clinical and professional time in Addiction & Sleep Medicine, and has also successfully achieved specialty certification from both the American and Canadian Societies of Addiction Medicine, and as a Medical Review Officer. He was also granted the status of a fellow of the American society of Addiction medicine in 2006, and a Diplomate of the American Board of Addiction Medicine in 2009.

As the Executive Clinical Director of the Ontario Addiction Treatment Centres (OATC), Dr. Varenbut has promoted the expansion of addiction services to many under-served communities in Ontario. The OATC currently provides addiction services in over 35 communities, and to over 7000 patients on a daily basis. As the Clinical Director, he has been responsible for such aspects as treatment guidelines, policies & procedures, staff and physician training and education, and liaison with community agencies.

As an active member of CSAM and a member of the CSAM board of directors, Dr. Varenbut has promoted CSAM's mission and has been able to achieve a significant increase in membership. He is also the current editor-in-chief of the CJAM (Canadian Journal of Addiction Medicine) and the CSAM Bulletin, as well as chair of the membership and Opiate agonist committees. He has also worked hard to promote and elevate the status of addiction medicine amongst the medical profession, and improve access to Addiction CME, Training and physician support.

Dr. Varenbut has also had a significant interest in primary clinical research in such areas as: MMTP, Effects of Opiates on sleep architecture and the heart, Sleep Apnea syndromes, Hepatitis C treatment in MMTP and Urine toxicology. Several

of these areas have yielded research papers, publications and text authorships.

Dr. Varenbut has also been committed to education at multiple levels, which have included undergraduate, graduate and postgraduate levels through his academic appointment as assistant professor, Faculty of Medicine, at the University of Toronto, in addition to a variety of educational activities targeted to the public, community agencies, medical and Para-medical groups.

Carolyn Plater- Zyberk MSW, Is the Lead Clinical Case Manager for the Ontario Addiction Treatment Centres. She also completed additional addictions training from McMaster University, the University of Toronto and the Centre for Addiction and Mental Health. She is a current member of the Canadian Society of Addiction Medicine, the Canadian Addiction Counsellors Certification Federation and the Society for the Study of Addiction.

Ontario Addiction Treatment Centres  
13291 Yonge Street, #400,  
Richmond Hill, Ontario, L4E4L6  
mvarenbut@toxpro.ca

### Trauma and Addiction: an integrated approach to diagnosis and treatment

**Dr. Harry Vedelago, M.D., F.C.F.P., A.B.A.M. & Wendi Woo, M.A., C.Psych. Associate**

Addiction medicine, unlike other medical disciplines, is subject to various treatment ideologies whose origins arise from historical differences in philosophical opinion as to the nature of addiction. The current vogue of "dual diagnosis" resulting in parallel and /or integrated therapeutic modalities is a reflection of the attempt to reconciling these divergent philosophical opinions. (1). Despite integrated approaches to treatment the concept of addiction and psychiatric illness existing as separate co-morbid states still remains. Recent literature suggests that co-morbid disorders may not be separate states and the traditional approach of diagnosis and treatment may be misguided (2).

The hallmark of addiction is the phenomenon of the craving response which is simply a dynamic narrative that returns the afflicted individual to active use even after periods of sustained abstinence. The most profound manifestation of this narrative is found in those patients who have experienced traumatic events.

In this workshop the attendees will be challenged to explore their perceptions of addiction and concurrent disorders paying particular attention to the interplay of addiction and trauma.

A therapeutic teaching tool for patients developed by the authors formulating an integrated understanding of concurrent disorders, in particular trauma and addiction, will be demonstrated.

1. Mueser, K.T. et al. Integrated Treatment for Dual Disorders. The Guilford Press. New York 2003
2. Wong, C.Y. et al. Drugs and addiction: an introduction to epigenetics. Addiction V 480-489, 2011

### Speaker Bio:

Dr. Harry Vedelago is licensed to practice medicine in the province of Ontario, a Fellow of the College of Family Physicians of Canada and certified by the American Society of Addiction Medicine. He is a Diplomate of the American Board of Addiction Medicine, currently working as a senior staff physician at the Homewood Health Centre Addiction Division in Guelph, ON where he has practiced inpatient addiction medicine since January 2003. He is also an Associate Professor (adjunct) with the Department of Family Medicine at McMaster University, Hamilton, Ontario.

Wendi Woo is a Psychological Associate and autonomous practice member of the College of Psychologists of Ontario. She has been with the Homewood Addiction Division of the Homewood Health Centre in Guelph, Ontario for the past two and a half years. Previous to this, she was with the Homewood's Program for Traumatic Stress Recovery for over fifteen years. Within both the Addictions and Trauma programs, she has been involved in clinical assessment and individual and group therapy interventions. She has peer reviewed publications and has presented workshops in both of these areas of interest.

Wendi L. Woo, M.A., C.Psych. Assoc.  
Homewood Addiction Division  
Homewood Health Centre  
150 Delhi Street, Guelph, Ontario N1E 6K9  
(519) 824-1010 x2242  
woowend@homewood.org

### Sex Scandals in the Media: What the bad boys can teach us about sex addiction

**Doris Vincent, MPsych**

Recent sex scandals involving Representative Anthony Weiner, Governors Arnold Schwarzenegger and Eliot Spitzer, Senator Larry Craig and all time great golfer Tiger Woods have brought the concept of sex addiction and perhaps an awareness of the prevalence of sex addiction to the attention of the public and the professionals and we want to understand it.

We can use the well published sexual indiscretions of these men to help us learn about the Ten Types of sexual addicts identified by Dr. Patrick Carnes in his ground breaking research. Of course, some of the men in question have not

self identified as sex addicts, one has recanted his admission of bad behaviour and others may not meet the criteria for addiction. Have they have experienced a loss of control? Have they tried to stop and could not? Do they obsess about sex? We do not know. What we do know is their sexual behaviour has caused much distress to themselves, their families and their supporters; and they have had significant losses because of their sexual actions. For teaching purposes, the variety of behaviours they have admitted can be used to illustrate several of the Ten Types and make it easier to learn about and remember these categories.

Carnes' research on the Ten Types, suggests that sex addiction is not a search for sex. It is a search for: power; love; and escape into fantasy; and of course the neurochemicals produced by the addict's favourite acting out scenario. These neurochemicals can numb or block the addict's triggered trauma responses or more general states of anxiety, fear, anger or shame. They are even capable of blocking childhood and adolescent trauma memories.

In the first phase of therapy, sobriety and safety are the focus and the therapist must be very directive. The treatment of choice is 12-Step attendance with SA or SAA plus accountability to the therapist and safety plans. Some addicts may also need medication in order to establish sobriety. To maintain sobriety the addict must learn about addiction and end his denial. He should read the books and use the workbooks of Dr. Patrick Carnes and others. As you can hear, sex addiction therapy is very directive at the outset.

The next phase is recovery. The therapist must begin to help the addict with the underlying dynamic of shame which is the power behind all addictions. The addict feels out of control. The fact that his behaviour makes no sense to him increases his sense of shame. While the therapist remains open to hear the addict's unique story, knowledge of the Ten Types provides the therapist with questions to ask and a set of constructs to test. Through an exploration of the addict's early attachment history, childhood experiences, and both sexual development and sexual addiction history the therapist and the addict can begin to make sense of his compulsive and sometimes aberrant forms of sexual behaviour.

Most of all, when we understand that sex addiction is about the emotional not the sexual needs of the addict; we can address the client's true needs. We are able to use our knowledge and our relationship with the addict to help him build and internal structure that is less in need of escape through a sexual behaviour in order to compensate for unpleasant and unbearable inner states.

Doris Vincent is a psychologist with 30 plus years of clinical experience in private practice. She is a Certified Sex Addiction Therapist and a Supervisor for therapists in training with

IITAP. Since she began training with Dr. Patrick Carnes in 2000, she has specialized in the treatment of sex addiction. She is the Principal and Clinical Director of Recovery Path Counselling Ltd, providing services in Edmonton and Calgary. Although semi-retired in Victoria since September of 2010, she provides therapy on Skype for clients and supervision for therapists.

A tireless promoter of 12-Step groups for sex addiction, SA and SAA and an advocate for public awareness of the treatability of sex addiction she has appeared in print media; on CBC radio; TV news programs; a CBC documentary; and in the on line TV show Family Matters, with Justice Harvey Brownstone. She has reached out to the professional community through workshops in Edmonton and workshops at conferences in Canada and the US. From 2007 to 2010 she provided supervision and training at the Calgary Foothills Hospital's Addiction Centre. Her research has been on the benefits of sexual abuse treatment for sex addicts.

Doris Vincent, R. Psych., CSAT-S  
Suite 1270 10665 Jasper Avenue, Edmonton, AB T5J 3S9  
#402 365 Waterfront Crescent, Victoria, BC V8T 0A6  
dorisv@interbaun.com www.Recovery Path.ca

## Aboriginal Addictions

### Dr. Dennis Wardman

Addiction disorders significantly impacts First Nations (FN) people in Canada. This presentation will outline the patterns of use, associated use factors including the social determinants of health, and morbidity and mortality of addictions in FN populations. Although current addiction programming for FN people are primarily funded by the Federal government, Health Authorities and care providers play an important role. Incorporation of FN culture into addiction program varies and programs grapple with trying to meet the needs of a diverse population. The presentation will discuss this programming, along with strengths and gaps, with an emphasis on how care providers can address FN risk factors in an outpatient setting.

Although important research has been carried out on FN people, this work has largely been limited to observational studies. Moreover, there are few studies examining effectiveness of addictions programs for these populations. In spite of these limitations, best practices for FN addiction intervention will be reviewed. More specifically, clinical approaches based on FN worldview will be presented. At the same time, one must be cautious with generalizing FN cultural beliefs and practices.

### Speaker Bio

Dr. Dennis Wardman is a Director, Health Promotion and Prevention, First Nations and Inuit Health Branch, Health Canada. He was the first Aboriginal person in Canada to complete specialty training in public health. He has served on the Assembly of First Nations' Public Health advisory committee

and the advisory committee for the National Collaborative Centre on Aboriginal Health. Dr. Wardman has published numerous peer-reviewed research papers and serves on the scientific peer review committee for the Canadian Institutes of Health Research-Institute of Aboriginal Peoples' Health.

Dr. Dennis Wardman is a First Nations person and a member of the Key Band in Saskatchewan.

He completed medical school at the University of Alberta, and a fellowship in community medicine and training in addiction medicine at the University of Calgary – he is the first Aboriginal person to be certified in community medicine specialist in Canada.

He presently is employed with the First Nations and Inuit Health Program, Health Canada, in Vancouver as the Director of the Health Promotion and Prevention, which includes the National Native Alcohol and Drug Abuse Program (i.e., 10 residential treatment programs), the Aboriginal Diabetes Initiative, and the Indian Residential School file. His management duties include the management of 30 staff and an annual budget of \$37 Million.

Dr. Wardman has a keen interest in Aboriginal health research and has published numerous articles in the area, including one article that examines the appropriateness of tobacco cessation therapy among First Nations people.

In addition, he practices clinical addiction medicine at 5 methadone maintenance clinics in the Greater Vancouver area, including the Downtown Eastside.

Dennis Wardman, MD FRCPC MCM  
Director, Health Promotion & Prevention  
First Nations & Inuit Health, BC Region  
Health Canada  
Tel: 604 666 4382/Cell: 604 319 7034  
Email: dennis.wardman@hc-sc.gc.ca

## Marijuana Debate

### Speaker bios

#### Dr. Mark A. Ware MBBS MRCP(UK) MSc

Dr. Mark Ware is a family physician and Associate Professor in Family Medicine and Anesthesia at McGill University. He is the Director of Clinical Research of the Alan Edwards Pain Management Unit at the McGill University Health Centre, co-Director of the Quebec Pain Research Network, and Executive Director of the non-profit Canadian Consortium for the Investigation of Cannabinoids. He practices pain medicine at the Montreal General Hospital.

In the past 10 years Dr Ware has given numerous lectures across Canada on pain to health care practitioners and the public. He teaches pain medicine and integrative medicine to medical students at McGill and was recently appointed as a McGill Teaching Scholar to coordinate pain education in the

medical school curriculum.

Dr Ware's primary research interests are in evaluating the safety and effectiveness of medicines derived from cannabis (cannabinoids), population-based studies of the impact of pain on the population, and complementary therapies in pain and symptom management. His research is funded by the FRSQ, CIHR, and Alan and Louise Edwards Foundation as well as grants from pharmaceutical companies such as AstraZeneca, Pfizer and Valeant.

Dr. Jag Khalsa is the Chief of the Medical Consequences Branch, Division of Pharmacotherapies and Medical Consequences of Drug Abuse, the National Institute on Drug Abuse (NIDA), a part of the National Institutes of Health (NIH), DHHS. He received his Ph.D. in neuro-psycho-pharmacology from the University of Mississippi and postdoctoral training in CNS/Cardiovascular pharmacology at SK&F (now GlaxoSmith Kline), and Toxicology at the Stanford Research Institute. Currently, the MC Branch is responsible for developing and administering a national and international program of clinical research on medical and health consequences of drug abuse and co-occurring infections (HIV, HCV, TB, STD, and others) that may include all biochemical and physiological systems. Prior to joining NIDA in 1987, he served for about 10 years as a pharmacologist/toxicologist assessing safety including carcinogenic and teratogenic potential of chemicals [new drugs-INDs and NDAs] and food additives) and clinical evaluator (adverse consequences of drugs) at the US Food & Drug Administration. He has several publications in the field of pharmacology, toxicology, epidemiology and medicine. He has received numerous awards of meritorious/distinguished service including from the FDA Commissioner, Director of Bureau of Foods, FDA, NIDA Directors, NIH Director, Society on NeuroImmunePharmacology, Life Time Achievement Awards from the International Conference on Molecular Medicine, U.S. Sikh Council on Religion and Education and a commendation from the US Congressman Cummings. Dr. Khalsa also has degrees in Chemistry (BS), pharmacy (B.Pharm), pharmacology/pharmacognosy [herbal pharmacology], M.Pharm), all from Gujarat University, India. He is married; has two sons and two grand daughters. Dr. Khalsa's hobbies are: music and photography. He can be reached via E-mail: jk98p@nih.gov.

## Distress Tolerance Skills in 15 minutes

**Mark Weiss, MD**  
Bellwood

Teaching clients with mental health disorders to regulate their emotions can greatly benefit the therapeutic alliance. The challenge is how to teach simple distress tolerance skills

within a 15 minute time frame that might allow clients "to ride the wave of difficult emotions" without engaging in harmful behaviours. Dialectical Behavioral Therapy developed by Marsha Linehan is an evidenced-based treatment for clients with borderline personality disorder, which has developed a series of skills to help clients learn to cope with distress. These skills can be enormously beneficial to clients with a history of addiction, trauma or mood disorders. This workshop will present an approach to teaching simple and basic distress tolerance skills that can be taught in your office within a five to fifteen minute time frame. These skills will include learning to use simple breathing techniques, distractions, self soothing, as well as other techniques that can be added to a client's repertoire on an incremental basis on each visit.

This workshop would be useful for physicians or other health care professionals seeing patients in a variety of settings including a primary care or psychotherapeutic setting.

## Speaker bio

Mark Weiss B.Sc., MD is the Medical Director at Bellwood Health Services and a psychotherapist whose work focuses on the medical and psychotherapeutic management of addiction. Dr. Weiss also maintains an interest in the management of anxiety disorders and the way in which anxiety and addiction are inter-related. His approach to emotional healing finds its roots in the psychology of mindfulness.

Dr. Weiss has obtained training with John Kabbat-Zinn and Dr. Zindel Segal in both Mindfulness-Based Stress Reduction and Mindfulness-Based Cognitive Therapy. He has also obtained training in Acceptance and Commitment Therapy, a newer form of CBT that emphasizes the role of acceptance in emotional wellness. Dr. Weiss also holds certificates from Mount Sinai Hospital Institute of Psychotherapy in Mindfulness-Based Cognitive Therapy and Harvard University in Basic and Advanced Mind Body Medicine.

Dr. Weiss has lectured to many healthcare professionals about mindfulness-based interventions in psycho-therapy, including the Ontario Medical Association, the General Practitioners Psychotherapy Association, and Addictions Ontario.

## Barriers to the incorporation of scientific evidence into drug policy

**Evan Wood MD, PhD, ABIM, FRCPC, Professor of Medicine, UBC, BC Centre for Excellence in HIV/AIDS**

Despite the wealth of evidence that drug law enforcement has been an ineffective tool for reducing drug-related harms, the

overwhelmingly policy response continues to focus energy on police and prisons. Beyond its failure to curb drug availability and use, over-emphasis on drug law enforcement has also produced a range of unintended consequences, not the least of which is the emergence of a massive international illegal market estimated to be worth as much as \$320 billion annually. These massive drug profits fuel crime, violence, and corruption in countless urban communities and have destabilized entire countries such as Mexico and Afghanistan. The emphasis on drug law enforcement also entrenches stigma towards drug addicted persons and diverts funding away from effective interventions including addiction treatment. Unlike other medical specialties and health disciplines, which commonly become politically active on behalf of their respective patient populations, the addiction medicine field has been remarkably inactive in seeking to promote policy change in the area of illicit drug policy. This presentation will explore these issues and argue that the advancement of the field of addiction medicine, and improvements in the health and social conditions for persons addicted to illicit drugs, will require greater advocacy on the part of physicians working in this area.

### Speaker Bio:

Evan Wood, MD, PhD, is the director of the Urban Health Research Initiative at the British Columbia Centre for Excellence in HIV/AIDS, and Associate Professor in the Department of Medicine at UBC (Division of AIDS). He has published over 300 scientific articles in the area of urban health and is principal investigator of several research studies funded by the U.S. National Institutes on Drug Abuse.

Dr. Evan Wood

Director, Urban Health Research Initiative

BC Centre for Excellence in HIV/AIDS

608 - 1081 Burrard Street

Vancouver BC V6Z 1Y6 Canada

Carmen Rock <[crock@cfenet.ubc.ca](mailto:crock@cfenet.ubc.ca)>

## Canadian Society of Addiction Medicine / La Société Médicale Canadienne sur l'Addiction



## CONTENTS

Message from the President.....	29
News from Across Canada .....	30
Conference Committee.....	31
Education Committee .....	31
Membership Report & CSAM 2011 Committees.....	32
Sponsorship Committee.....	32
Standards Committee .....	32
Website Committee.....	32
Membership Application.....	33

## EDITOR-IN-CHIEF

Dr. Michael Varenbut

## ASSOCIATE EDITOR

Dr. Brian Fern

## AN OFFICIAL PUBLICATION OF

CSAM SMC A

## CSAM Head Office

Attention: Marilyn Dorozio  
47 Tuscan Ridge Terrace NW  
Calgary AB T3L3A5  
Tel: 403 813-7217 Fax: 403 944-2056

The CSAM/SMCA Bulletin is published by the Canadian Society of Addiction Medicine. It is a journal for the dissemination of knowledge and clinical experience related to addiction medicine. If you are a CSAM/SMCA member and would like to contribute an article or letter to the Bulletin, please send and email to the editor, Dr. Michael Varenbut at [mvarenbut@toxpro.ca](mailto:mvarenbut@toxpro.ca). Please forward your correspondence to [admin@csam.org](mailto:admin@csam.org)

Welcome to the Bulletin Report! It is my privilege and pleasure to report the Board's activities over this past year.

The Board itself now holds four meetings a year, one all day in-person session the day before the Annual Conference, and three others by teleconference for two hours each at intervals throughout the year. In addition there is considerable email activity at Board and Committee level, with very effective communication, increasing annually.

Representation on the Board is regional at present, plus two members at large. There are thirteen committees. With the exception of the executive, all the committees can and do have other CSAM members in addition to the Board members – indeed there are fifteen Board members and eighteen others on our committees. Many thanks to all of them for their hard work for the society.

In November 2010 I notified the Membership in this bulletin that the Bylaws have been revised. The last revision involved the name change to CSAM. However there remained many confusing statements and a total revision was undertaken. Given the scale of this the Board felt legal advice was required to ensure the proposed new bylaw met the current Minister of Industry standards for our type of society. The final version suggested is posted (together with the current Bylaws) on the members section of the website, and has also been circulated to every member by email.

The Board approved the new Bylaws at its meetings 05 October 2011, and they are to be presented for discussion / vote at the AGM in Vancouver Saturday 06 November 2011.

There are many changes, particularly but not by any means exclusively :

1. Clarifying definitions
2. Changing memberships
3. Adding conflict of interest clause
4. Defining Directors' qualifications
5. Defining the core committees
6. Meeting the Minister's requirements

I would ask and encourage all members to review the existing and proposed Bylaws and attend the AGM and be prepared to discuss these Bylaws and help propel the Society forward.

Committees have varied in activity, as expected, largely depending on need and time. Committee chairs and provincial representatives report separately in this bulletin.

And now two regrets; Don Ling, Immediate Past President, has retired from Chairmanship of the Membership Committee; and Bill Doran resigned from the Nova Scotia position, both for personal reasons. Our thanks to both for their valuable efforts for the Society.

And finally the Annual Conference and Annual Meeting, held this year once again in Vancouver. Our theme is exciting, with an impressive panel of presenters and topics, including our customary fundamentals course, substance issues, behavioural addictions, didactic talks, workshops, and plenaries.

Particular thanks to the Conference and Sponsorship Committees for organising the Conference; and to our one-man management team Marilyn Dorozio for keeping it all together this last year. Looking forward to seeing you all in Vancouver.

**B. J. Fern, M. B. Ch.B**

## News from Across Canada

### Alberta Report

**Samuel Oluwadairo, MD**

#### Tapentadol added to TPP Medication List in Alberta.

Effective August 1, 2011

Tapentadol is an opioid analgesic used to treat moderate and chronic nociceptive and neuropathic pain. Approved by Health Canada in December 2010, the drug has been available for use in Canada since March 2011. Due to its potential for psychological and physical dependence (similar to morphine), Health Canada has included Tapentadol as a Schedule 1 drug under the Controlled Substances Act. This should help prevent the potential for trafficking and abuse while allowing its availability for legitimate medical reasons.

Other countries, including the United States, Germany, France and Ireland, already regulate Tapentadol as a controlled substance similar to morphine and hydromorphone

*(Source CPSA, Bulletin, The Messenger)*

### British Columbia Report

**Paul Sobey MD**

My report this quarter will be brief as time is limited. As I mentioned in my previous reports, I have been acting on Conference and Sponsorship committees for the Annual Meeting and Scientific Conference in November in Vancouver. I am excited about our speaker schedule and the discussions we will have about advancing the Canadian perspective in addictions care. The offsite tours and Presidents Dinner promise to be highlights of the conference. This will be an opportunity to network with addictions care providers from across the country and hopefully from the US and some European centers. I strongly encourage you attend and participate in shaping our organization. Warm, sunny weather is the norm for November in Vancouver.

## New Brunswick Report

**Jeff Hans MD**

There is a serious lack of treatment options for northern New Brunswick. The two biggest cities in New Brunswick, Moncton and St. John have good availability of opiate substitution programs. Fredericton has at least a six-month waitlist. The Miramichi services North Eastern New Brunswick up into southern Québec for opiate substitution therapy. This is the drive of over two hours in good weather. The provincial government has been made aware of this situation.

The only regulations for opiate substitution therapy in New Brunswick are those given by the methadone exemption rules of health Canada. They are several years old. The college of physicians and surgeons of New Brunswick has been contacted but will only get involved if there is a formal complaint about someone's methadone treatment.

New Brunswick is now experiencing increasing drug seizures of methamphetamine. Urine drug test at the methadone clinics reflect this.

### Ontario Report

**Sharon Cirone, MD**

The addictions medicine community of providers is awaiting initiatives from the Ministry of Health and Long Term Care with respect to reducing the harms of opioid prescribing. There is an anticipated monitoring system for opioid prescriptions as Ontario has never had a duplicate prescription process or central monitoring of prescriptions.

The Medical Mentoring in Addictions and Pain (MMAP) Collaborative Network continues to expand membership with addictions and pain doctors acting as mentors to Family Physicians. The program has been a successful tool for disseminating education and collegial support in the challenging areas of providing front line service to patients with addictions and chronic pain.

The Ontario College of Family Physicians (OCFP) is developing a workshop on addictions and pain. The workshop, made up of 24 half hour didactic sessions, with ample case vignettes, will be provided as a traveling program across the province. The workshop will provide a primer to addictions medicine, acute and chronic pain, and safe opioid prescribing.

## Saskatchewan Report

### **Wilna Wildenboer-Williams, MD**

When Dr. Fern became President of CSAM, the position of SK representative was left vacant. Those are big shoes to fill.... I will strive to be the “vibrant, full-of-beans and enthusiastic” successor he was hoping for.

I am currently working as a hospitalist in Regina, but part of my work in the field of Addiction Medicine is the evaluation of teenagers admitted to the Secure Youth Detox Centre. I thought that a small summary of what the facility is all about would be appropriate.

The SYDC was established in April 2006 to provide a complex for youth between the ages of 12 and 18 who require detoxification and stabilization. The centre functions under the Youth Drug Detoxification and Stabilization Act of Saskatchewan and is limited to providing service to teenagers with severe drug addiction or drug abuse at risk of serious harm to themselves or others. The centre was created as a resource for families and health care providers in situations where teenagers are unwilling or unable to seek help themselves for severe substance abuse or substance dependence. The goal is to provide safe medical detoxification from drug use with a harm reduction approach, focusing on assisting youth in understanding their addiction and guiding them in building relapse prevention strategies they can utilize upon discharge.

The centre is staffed by a multidisciplinary team, including physicians, nurses, addiction counselors and youth workers. The current capacity of the centre is for 6 youths, with one nurse and one youth worker on duty at all times. If there are more than three patients in the unit another staff member is added. The physicians involved are available on call 24/7 and visit the unit regularly. Mental Health Services in the form of psychiatrists and psychologists can be accessed and addiction counselors are in attendance on a daily basis.

I would like to believe that the work done at the SYDC makes a difference in our community and contributes to the services our patients need.

## Conference Committee

### **Jeff Daiter, MD, Chair**

Out of all the committees within CSAM, the Conference committee is no doubt one of the busiest. Preparation for each Annual Meeting begins within days of the previous meeting coming to an end. Yet, as busy as it is, it is one that provides for the most personal gratification. As the year moves on, the project comes to life. In the end, it is a showcase of the committee’s vision and hard work. This year is no difference. A quick look at the upcoming conference program tells exactly this story. The theme this year is “21st Century Addiction Treatment – Advancing the Canadian Perspective” and I am certain, it will not leave anyone disappointed. So, if you are reading this and have yet to register for the Conference, do so now.

## Education Committee

### **Sharon Cirone, MD**

The College of Family Physicians of Canada (CFPC) has, as of April 29, 2001, approved the establishment of an Addictions Medicine Program within the Section of Family Physicians with Special Interest or Focused Practice (SIFP). The next step is to form a committee for the Addictions Medicine Program. Some of you may have received invitations from your provincial Colleges to join SIFP committees. Anyone with an interest in this committee, please contact your provincial college, the CFPC, or myself ([sharoncirone2@gmail.com](mailto:sharoncirone2@gmail.com))

The Education Committee will be presenting the Fundamentals of Addiction Medicine at the CSAM Annual Meeting in Vancouver. This course is a day-long program that will be held on the final day of the meeting, Sunday November 6th. The course is intended for physicians and other professionals with an interest in addictions medicine. Both experienced addictions physicians seeking a review and those new to the field will find the curriculum of interest.

Over the next few years, the Education Committee hopes to develop electronic versions of all of the Fundamentals course curriculum. The Committee also plans to develop curriculum that may be more specific to the needs of different professional groups area of practice (ie nursing colleagues, addictions counselors etc.). The emphasis will remain on the concepts of addictions medicine.

# Membership Report Summer/Fall 2011

## Total 282

Hon .....	10
Retired .....	2
Student.....	10
Associates .....	142
PhD .....	2
Physicians.....	116

## By Province

Alberta .....	25
British Columbia.....	28
Manitoba.....	6
New Brunswick .....	2
Newfoundland.....	4
Nova Scotia.....	6
Ontario .....	168
PEI .....	3
Quebec.....	17
Sask .....	17
Yukon .....	1
International .....	5

# Standards Committee

N. el-Guebaly, MD

## Highlights

- (a) This year there are 7 Approved Certificants: Drs. K. Balachandra, R. Kretschmann, L. MacBeath, N. Wong, I. Greenwald, R. Glynn-Morris and K. Hossack
- (b) CSAM is working towards the adoption of the ASAM Definition of Addiction
- (c) Opioid Agonist Position is being reviewed at present

# Website Committee

Jeff Daiter, MD, Chair

The website committee recently met and outlined a number of areas whereby the site could continue to improve. Hot buttons that divide the Annual Meeting from the Annual Conference improved functionality for many site visitors who simply wanted to learn more about the conference. The right sided “latest news” column is now easier to follow and understand. We are hopeful that many presentations given at the Annual Conference can be uploaded to the site for future reference. Lastly, we have made contact with a national organization that can help with converting essential pages to French language. Future endeavors may include creating web based forum for members to discuss important clinical concerns. Taken together, the committee continues to be very active in order to improve the ease of navigation and the overall functionality of the site.

# Sponsorship Committee

Paul W. Sobey MD

Sponsorship Committee has been meeting on a regular basis since our last report. I am happy to say that we have been successful in finding appropriate and very generous sponsors for the Annual Scientific Conference in November. The conference this year will be enhanced by two sponsored breakfasts and lunches with speakers provided by the sponsors. Additionally, we will be able to provide all attendees with backpacks and USB sticks containing conference information. Our focus has now turned to the task of searching for Journal sponsorship.

# 2011 Membership Form

<b>Membership Type</b>		
<input type="checkbox"/> Regular Member – MD	<input type="checkbox"/> Regular Member – PhD Scientists	<input type="checkbox"/> Medical Student/Intern/Resident
<input type="checkbox"/> Retirees – MD or PhD	<input type="checkbox"/> Associate Member	

<b>Contact Information</b>				
<input type="checkbox"/> Dr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss	<input type="checkbox"/> Mr.
Name:				
<i>(First Name)</i>		<i>(Middle Initial)</i>		<i>(Last Name)</i>
Work Address	<input type="checkbox"/> Preferred Mailing Address			
Address:				
City:			Province:	Postal Code:
Work Phone:		Fax:		
Home Address	<input type="checkbox"/> Preferred Mailing Address			
Address:				
City:			Province:	Postal Code:
Home Phone:		Email Contact*		

Email Contact\* (please provide password you would like)

Are you interested in Canadian Certification in Addiction Medicine? (Member – MD only)  Yes  No

## Positions in the Society You Would Be Willing To Consider in the Future

Board Member (Please note: Associate members are not eligible for board positions)

<input type="checkbox"/> Committee Membership:	<input type="checkbox"/> Standards	<input type="checkbox"/> Website	<input type="checkbox"/> Opioid Agonist	
	<input type="checkbox"/> Education	<input type="checkbox"/> Membership	<input type="checkbox"/> Conference	
I will allow my name & contact information to be in a password-protected Member's Section directory on the CSAM webpages?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature:

## Annual Fees

<input type="checkbox"/> Regular Member – M.D.: \$200.00	<input type="checkbox"/> Student/Intern/Resident: \$5.00
<input type="checkbox"/> Regular Member – PhD : \$200.00	<input type="checkbox"/> Retirees MD or PhD: \$25.00
<input type="checkbox"/> Associate Member: \$50.00	
<input type="checkbox"/> Optional: International Society of Addiction Medicine (ISAM) Dues – (US \$100.00 effective January 2011) \$100.00	
PLEASE process payment for:	<input type="checkbox"/> One year <input type="checkbox"/> 3 years \$549.00 <input type="checkbox"/> 5 years \$900.00

\*TOTAL PAYMENT: \$

Cheque, Bank Draft or Money Order Payable to: The Canadian Society of Addiction Medicine or

VISA/Master Card (circle one) #  Expiry Date

Name on Card:  Signature:

# 2011 Application Form for Certification by CSAM/SMCA

<b>Applicant Information</b>			
<b>Name:</b>			
<i>(First Name)</i>	<i>(Middle Initial)</i>	<i>(Last Name)</i>	
<b>Address:</b>			
<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>	
<b>Work Phone:</b>	<b>Fax:</b>		
<b>Primary Email:</b>			

<b>Education History</b>
<b>Undergraduate Degree(s)/University/Year Graduated:</b>
<b>Graduate Degree(s)/University/Year Graduated:</b>
<b>Area of Specialty:</b>

<b>Current Employment:</b>			
<b>Area of Employment:</b>			
<input type="checkbox"/> Private Practice	<input type="checkbox"/> Treatment Centre	<input type="checkbox"/> Educational Facility	<input type="checkbox"/> Other (please specify) :
<b>Appointment(s) – Hospital/University/College Including Department:</b>			

<b>Addiction Medicine Affiliations</b>			
<b>American Society of Addiction Medicine (ASAM):</b>	<input type="checkbox"/> Member		
	<input type="checkbox"/> Certificant	<b>Year of Certification/recertification:</b>	
	<input type="checkbox"/> Fellow	<b>Year of Fellowship:</b>	
<b>International Society of Addiction Medicine (ISAM):</b>	<input type="checkbox"/> Member		
	<input type="checkbox"/> Certificant	<b>Year of Certification/recertification:</b>	

<b>Current License to Practice</b>		
<b>Province/Registration Number</b>		
<b>Are there any current restrictions on your license?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*\*Please attach an explanation on a separate sheet. This information will be treated in strict confidence and not used for any reporting or punitive purposes.*

**PLEASE NOTE: applications will be accepted only till August 1, 2011.**

Please check appropriate part and attach appropriate documents

CSAM member for 2 years

Pathway "A":

Letter of good standing certifying membership with the Professional Corporation of Physicians of Quebec OR the Royal College of Physicians and Surgeons of Canada OR the College of Family Physicians of Canada

Letter of reference from a physician in your community who can testify to your successful completion of one year full time involvement, or 50% over two years in the field of Addiction

Pathway "B":

Letter of reference from a physician in your community who can testify to your successful completion of one year full time involvement, or 50% over two years in the field of Addiction

Attendance at the Canadian Society of Addiction Medicine Annual meeting, or its equivalent, for the two years prior to certification and show evidence of annual completion of a minimum of 25 hours of Continuing Medical Education credits in Addiction Medicine for each of the preceding two years prior to application for certification.

Affidavit

By signing below, I agree to the following three paragraphs:

I successfully sat the American Society of Addiction Medicine (ASAM) or the International Society of Addiction Medicine (ISAM) exam: Date: \_\_\_\_\_

I hereby certify that all the above information is correct and complete. I understand that CSAM officers or their designate may verify the accuracy of information in this application from appropriate organizations. I understand that incomplete applications will not be processed for review by the CSAM Standards Committee.

I hereby release, discharge and exonerate the CSAM Board, its Directors, Officers, Members, Examiners, Representatives and Agents from any actions, suits, obligations, damages, claims or demands arising out of, or in connection with this application or the failure of the CSAM Board to issue me a Certificate. It is understood that the decision to issue a Certificate testifying Certificant of the Canadian Society of Addiction Medicine (CCSAM) rests solely and exclusively in the Board and its decision will be final.

Applicant's Signature

Date

Payment Information

Certification Application Processing Fee: \$100.00 CDN

Fees may be paid by Cheque, Bank Draft or Money Order Payable to *The Canadian Society of Addiction Medicine* or

VISA/Master Card (circle one) #

Expiry Date

Name on Card:

Signature:

## CSAM BOARD OF DIRECTORS

### President

Dr. Brian Fern

### Past President

Dr. Don Ling

### President-Elect

Dr. Michael Varenbut

### Secretary/Treasurer

Dr. Ron Lim

### BC Regional Director

Dr. Paul Sobey

### AB Regional Director

Dr. Samuel Oluwadairo

### SK Regional Director

Dr. Wilna Wildenboer-Williams

### MB Regional Director

Dr. Hanka Hulsbosch

### Ontario Regional Directors

Dr. Sharon Cirone

Dr. Jeff Daiter

### Quebec Regional Directors

Dr. David Luckow

Dr. Charles Mackay

### New Brunswick Regional Director

Dr. Jeff Hans

### Nova Scotia Regional Director

Dr. William Doran

### Newfoundland & Labrador Regional Director

Vacant

### Member at Large

Dr. Nady el-Guebaly

## CORPORATE SPONSORS

CSAM would like to thank all of our corporate sponsors for their generous support towards the production, printing and distribution of the Bulletin, via unrestricted educational grants.

### Gold Sponsor:



Ontario Addiction  
Treatment Centres

### Bronze Sponsors:

