CANADIAN ADDICTION MEDICINE

BULLETIN

CANADIEN DE MÉDECINE D'ADDICTION

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Did We Read You Right? - N. elGuebaly, MD

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You will undoubtedly recall the CMSAOD Survey we sent you since our Annual Meeting in Banff in October 1995. We have received 34 responses so far and I wish to thank all those who took the time to answer yet one more questionnaire!

Overall, your thoughtful responses were supportive of the general activities of our society. The Annual Scientific Meeting ranked first with a satisfaction rating of 3.6 out of 5, our ad hoc efforts in representing you with CMA, Health Canada, etc., was rated second with 3 out of 5 while our annual board, membership meetings as well as our committee work rated third with a rating of 2.8.

On March 20, 1996 your comments formed the blueprint of the agenda of CMSAOD's first mid-year meeting. Eleven board members were able to meet for a weekend meeting (Drs. Suzanne Brissette, Sheldon Cameron, Tom Cantwell, Bill Jacyk, Raju Hajela Louis Morisette, Peter Mezciems, Doug Graham, Ken Cooper, Bill Campbell and myself (Nady

elGuebaly)). Dr. Ray Baker, ASAM's Region IV, attended as guest and contributed ASAM's experience to the meeting.

The following is a summary of the actions recommended by your Board resulting from our perception of your comments.

1. The Society's constitution and structure needs to be revisited!
    - The constitution drafted by our 15 founding fathers in 1989 was reviewed as to its relevance in 1996 and foreseeable future. I am pleased to announce that only a limited number of changes will be recommended at the next annual meeting of the membership in Toronto in October 1996. First, as tabled by Dr. Jacyk in Banff, there is a motion to change the name of our society to the Canadian Society of Addiction Medicine and in French La Societe Medicale Canadienne sur l'Addiction (avec les compliments de Suzanne Brissette!). The question of our acronym in English and its similarity with the California Society (CSAM) was raised and in a burst of artistic inspiration. Bill Jacyk proposed that a maple leaf be included in the acronym C SAM. The board recommends that this suggestion be adopted.

      A new recommendation for amendment is that the categories of membership be expanded from the current three (honorary, full and associate) to five, i.e. adding a member in training and a retired category. Both new categories would carry no voting right, would require verification of status and would involve reduced membership fees, yet to be determined.

    - Pragmatic consideration regarding the conduct of the business of the board were reviewed in terms of board size as well as geographical and constituency representativeness. There are currently 16 members of the Board with one potential addition, this added to the presence of committee chairs render any board meeting, other than at the annual meeting where members pay their own expenses, an impossible financial burden for our small organization. This has proven to be detrimental to our society's aims. You also told us that "Canada is a big country ... more local activities are required". The Board recommends that its size and representativeness not be changed at this point but that its Executive be expanded to include regional representatives in addition to the officers of the association. Currently your President, past President and Secretary-Treasurer are from the Prairie region and your President-Elect is from Ontario, board representation is to be included from BC (including Yukon), Quebec and the Maritimes on the Executive. This group of seven would be able to conduct mid-year meetings and accelerate the aims of our association. In these days of rapid changes in our health care system, I hope that you will agree that our responses need to be prompt and timely. It is hoped that five regional chapters will be formed as a first step each charged with

representing the aims of our society more locally, including the conduct of CME and other activities.
- Bill Campbell, our Secretary-Treasurer, then recounted his efforts to regain our charitable tax status with Revenue Canada, which we hope has been suspended only temporarily! The good news is that Revenue Canada has now accepted our cheque registering our society for the last 5 years. We have finally recouped some important material from our original office in Toronto with the help of Dr. Frecker. Suffice to say that a past member of our Armed Forces on our Board also had to volunteer his services in retrieving the documents!

  Lastly, some time was spent debating the wisdom of broadening our associate membership. Dr. Jacyk volunteered to review this important issue in a following article.

  Currently, Saskatchewan has a vacancy on our board and for next year, BC will also have a vacancy as per the notice. This is also a reminder that members of the society failing to pay annual dues will be dropped from our roster the second year. If they wish to rejoin, they will still be accountable for their past dues.

2. Our committees need to become more active, major areas need to be enhanced! The visibility of our committees' work with the membership and outside our society was reviewed. While individual efforts was gratefully recognized, it was felt that the committees composition and terms of references needed further clarification. In addition, no time was slated for committee work at our busy annual meeting. The Board, therefore, recommends that:
   - The chairs of our current committees and task forces, i.e. Raju Hajela for education, Juan Negrete for research and Graeme Cunningham for credentialing be asked to present recommendations for composition and terms of reference at the next meeting.
   - It was suggested that the Education Committee with its broad mandate involving undergraduate, graduate and CME needs to develop a 5 year overall advocacy strategy for our field with priorities for action.
   - The Research Committee needs to develop a mandate to advocate for research in the field of Addiction Medicine with funding sources at governmental and private funding levels. A 5 year strategy is also required in these days of economic constraints as persistent public lobbying is becoming essential to the allocation of resources to a field. There are signs that the government's support to Canada's Drug Strategy however sparse it was may dwindle further. Canada's recent household Alcohol and Other Drugs survey demonstrates that these problems have far from gone away.
   - A thorough discussion incurred around the mandate of our task force on credentialing and the close relationship of this process to our general need to further articulate the professional standards, including practice guidelines, of Addiction Medicine in Canada. Graeme Cunningham, the

task force chair, will review the terms of reference and priorities of his task force and broaden the mandate to include the professional standards of our specialty. There is definite interest from the Federation of the Colleges of Physicians and Surgeons in our doing so and the efforts in BC to establish a credentialing process in Addiction Medicine will be monitored with interest. It is hoped that these efforts will eventually lead to a fee structure recognizing the specialty practice of Addiction Medicine.

- A committee on health physician issues? Recognizing the significant interest of the membership in physicians health related issues, the Board decided to reactivate its Physician Health Committee under the chairmanship of Doug Graham. The membership of this important committee will be recruited. We hope to have the inaugural committee meeting in Toronto at the annual meeting.
- Last but not least, these committees need to have time to meet at the annual meeting. The annual meeting's planning committee has been asked to designate up to two hours concurrently for the committees to conduct their business. Members will be welcomed to attend the committee of their choice.

For the above activities, it is recognized that there is an abundance of background material for the targeted work of each committee. Undoubtedly, ASAM's position statements and the expertise gathered with the ongoing work occurring in our various provinces will be of much help in drafting our national strategies and policies.

3. A permanent central office would facilitate the transactions of our members with our society. This issue received much attention and it was generally agreed that a permanent address and some continuity in experience would ideally facilitate the establishment of much needed routine in our dues transactions and other communications. Despite growing experience in this matter, we remain at a stage where members "volunteered" to organize our annual meetings must draft their activities almost from scratch. The deterrents to a central office is the need to maintain close communication with the association's executive and we have had a painful experience in this association when this did not occur. There is also an overriding cost factor. Simply put, the proposals we now have to contract an organization to become our central office would wipe out if not exceed our annual financial capacity leaving nothing for our other activities or resulting in the need for increasing dues. With the present constraints we all experience this was considered untimely.

   Over the next few months, your Board will invite bidding from a variety of organizations to provide staff resources in the organization of our annual meeting and other membership-related activities. There are several options starting with first establishing a central mailing address for the association in Ottawa. Stay tuned!

4. The annual meetings have steadily improved but there is still room for improvement!

   The next meeting, as you know, will be held in Toronto. The venue will be at the Prince Hotel in North York on October 18, 19 and 20, the theme being the "Art of Addiction Medicine". Graeme Cunningham and his organizing committee composed of Raju Hajela, Peter Mezciems and David Korn are organizing a most promising meeting, along with an impressive array of sponsors. A recent development is the steady increased willingness of funding bodies such as the Royal College and the Pharmaceutical Industry to cosponsor our meeting, testimony to the maturation of our society.

   No clear consensus emerged from your responses, the challenge remains to strive to reach the broadest audience possible. It is hoped that the clinically relevant scientific papers will appeal to the research aficionados and clinical practitioners as well while the experiential submissions will touch a chord with those valuing these insights.

5. Our society can reach more members!

   ASAM has currently approximately 3000 members, it is not unreasonable to expect that CMSAOD should strive for a tenth of this membership! A recruitment drive was broadly discussed by the Board with particular emphasis on what can the society provide its members. Personally, when asked the question, my reply is to cite the reason why I belong to this society "If you are interested to develop your skills and practice Addiction Medicine, I can't think of no other society with a focus on our Canadian practice. In these days where our patients face reduced access to services and physicians face increased constraints on time and practice, we need to have a strong society to represent our collective views!" The annual meeting is currently our main educational forum but throughout the year our society is increasingly requested for an opinion by Health Canada, licensing and other regulatory bodies on various aspects of what we do! Being a relatively new field of practice our survival depends very much on a relatively cohesive stance.

6. Communicate, communicate, communicate! The last important message we read from your responses is the need to increase the visibility of the society among its own members! Unfortunately, as we busily go about our professional activities, precious time remains for this most important of activities! To that effect, the board has agreed to review its brochures to further clarify our activities and to enhance its user friendliness. Peter Mezciems will continue to usher us into the electronic age through e-mail and the internet. Those interested please contact him. His message forms part of the newsletter.

   Lastly, you will have noticed the title of this publication! The Board has agreed to investigate the pragmatics involved in publishing a Bulletin 3 to 4 times per year. The Bulletin will enclose a society's news section, as well as articles. Both

scientific and experiential submissions from members and occasionally guests, will be welcomed and submitted to peer review. It is also anticipated that a book review section will be established. Members interested in participating in an editorial board or as peer reviewers are welcomed to contact me in writing and provide me with background information.

All in all, not a bad day's work. Did we read you right? See you all in October!

N. el-Guebaly, MD, Calgary, Alberta

CSAM - An Electronic Mailing List for Members of CMSAOD - P. E. Mezciems, MD

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The Canadian Medical Society on Alcohol and Other Drugs has grown in cohesiveness and organization over the past several years, and rapid communication will help us consolidate these gains. At the Annual Meeting in Banff, I volunteered to set-up an e-mail list for the Society and the following is the result.

First, the name - there were reasons I took the somewhat precarious step of naming the list CSAM! In Banff, there was considerable support to change our name to the Canadian Society of Addiction Medicine, however, a formal vote has to wait until the next annual meeting. It is much easier to create a new list than rename one! Announcements of mailing lists go all over the world, and to change CMSAOD to CSAM in October 1996 would be a major headache. Also, the initials are in the e-mail address itself, and a change in that inevitably leads to lost mail. If anyone is particularly offended,the responsibility is mine!

For those of you not on the Internet, or an online service, e-mail is simply an alternate way of doing what you do now with regular mail (snail-mail). Messages can be long or short, and they are delivered reliably and almost instantaneously. Mailing lists have two prime differences from normal e-mail. The message is sent to an address such as:

csam@sjuvm. stjohns.edu,

rather than to one person, as you would with regular e-mail or a regular letter. Then some remarkable software distributes your message to all of the people on the list automatically. Any subscriber can read and reply to the message, or post. Not only does this facilitate general announcements, but there can be in-depth discussion of any issue.

There is much more to a list, and if you join, an intro with other commands will be e-mailed to you.

So, to subscribe, address your message to: listserv@SJUVM.STJOHNS. EDU

Note: the @ and periods are important, with NO spaces between symbols or letters and no period after . The < and > can be included or not. Have nothing in the subject line. In the body of the message type only:

subscribe csam yourfirstname yourlastname, i.e.

subscribe csam Santa Claus

If you wish to leave the list, send to the same (listserv) address:

signoff csam

That is all there is to it! Note: if your mail program attaches a 'sig' or signature file to your messages, turn it off to subscribe or signoff.

Because this is to be a private list for members of CMSAOD (unless we decide to open it up) all requests to subscribe will be screened by me. I think I know most of you, but please do not be offended if you receive a message asking for some details. "Spammers" are known to attempt to joint and then disrupt any list going (perhaps they need treatment!).

I anticipate this list will be very quiet for some time, so if any members have interest in joining a list devoted to clinical discussion of topics in the field of addictions, I have added information about "add_med" below. At present, this list has about 220 members from 14 countries including Canada, the U.S., Argentine, Australia, Austria, Great Britain, Greece, Mexico, South Africa, and Panama. It is not overly busy, so you might receive 0-6 postings per day.

ADD_MED

Welcome to ADD_MED! This list is more properly thought of as addiction medicine, but ADD_MED is faster to type and suits the listserv better! ADD_MED has been set up as a closed list to encourage active discussion among those working professionally or those studying in the fields of mental health/addictions/ substance dependence/medicine (in a broad context). The field of addiction medicine is growing daily over the full spectrum from molecular level research to clinical treatment to social policy, and it is the intent of

this forum to enable professionals and students to interact in a manner that can add to the knowledge base of us all.

Subscribe/unsubscribe

Note: The list is ADD_MED not ADD-MED (an underline, not a dash). Case is unimportant, so add_med also works. To subscribe send your message to:

listserv@sjuvm. stjohns.edu

In the body of the message put this only:

subscribe ADD_MED firstname lastname

i.e. - subscribe ADD_MED Kris Kringle

Note: Because this forum is closed, you will be sent a message asking for a brief CV. To leave ADD_MED send your message to:

listserv@sjuvm. stjohns.edu

with this in the body:

signoff ADD_MED

So, if you care to join, you are welcome. Do not let inertia or fear of the unknown stop you - we have all been there.

Peter E Mezciems,MD/mezciems@wat.hookup.net

Who Is CMSAOD For? - W. Jacyk, MD

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When a group of Psychiatrists, Family Physicians, Occupational Health Physicians, Internists and one PhD Researcher/Administrator gathered in Ottawa seven years ago, there was a common goal of forming an association which would represent the medical profession in the area of Substance Related Disorders. Although alcoholism and alcoholism treatment and research were the dominant concern, problems related to the use of the other drugs (prescription, over-the-counter and Illicit) were seen as being within the preview of this association. Some of the founding board members had a personal experience with the disorders, others were acquainted with the problems through

their professional clinical and/or academic lives. All agreed that the medical profession needed to take its proper place and assume its proper responsibility for the education, treatment and research that was required to prevent the problems and rehabilitate those who suffered from these illnesses.

The unique experience was the meeting of the minds of fifteen people from various disciplines and perspectives in the science and art of health care for the sole purpose of reclaiming the health of Canadians which had been lost through Substance Related Disorders. At that meeting of the minds, the goals, objectives, mission statement and even name were decided upon. Perhaps the longest debate was the choice of name and making sure the name could be meaningfully translated to French. Now seven years later, it appears that the Society is open to a name change which more specifically represents the purpose and intent of the men and women who make up the membership of the original Canadian Medical Society on Alcohol and Other Drugs.

Another decision made at that earlier founding meeting was the discipline(s) who could become full members of the Society. Some of the founders had belonged to other "addictions" associations which had begun as multidisciplinary societies, but over time became dominated (by shear numbers) by a specific discipline. Also, because of the nature of the philosophical debate surrounding Substance Related Disorders, the role of medical doctors was considered to be too close to a "disease" orientation, and some of the physical and psychiatric concerns did not receive the attention they deserved. For that reason, a decision was made to define membership in a fashion to preserve the medical perspective. The good news has been the preservation of a medical perspective on addictions. The bad news is that some members of other professions, who are an integral part of the treatment teams that many of us participate in, are not allowed to become full, voting members of CMSAOD or what may become the Canadian Society of Addiction Medicine (C SAM).

As a participant in that founding meeting and the immediate past president, I wish to ask the question "Is it time for another change to be discussed?" That change being the welcoming of members of related disciplines participating in addiction medicine in Canada into the Society as full members. This could embrace the collegiality with nursing, pharmacy, social work, researchers and any other worthy members of various treatment teams. Should the society not reflect a philosophy of integrated team work which is so much a part of education, treatment and research in this field? It appears to be a good time in the growth of our Society to ask this question, and it is a time for each and every member to express their opinion regarding which disciplines will be represented in the soon to become Canadian Society of Addiction Medicine.

Bill Jacyk, MD Winnipeg, MB

SUBMISSION REQUESTS

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This is the first issue of the Bulletin. Future issues depend very much on your contributions. We anxiously await any feedback or contribution you may have. Original submissions may also be submitted and will be peer-reviewed.

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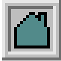
CSAM Bulletins

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