



Canadian Society of Addiction Medicine

La Societé Medicalé Canadienne sur l'Addiction

The Bulletin - June 1998

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1997 Annual Scientific Meeting in Halifax

Our Ninth Annual Scientific Meeting-The Process of Addiction was a great success. The credit goes to all the presenters and attendees in making it a memorable occasion. The pre-conference workshop on Fundamentals of Addiction Medicine, Substance Abuse Subtle Screening Inventory (SASSI) and Methadone Treatment-Practices and Controversies were well attended. The plenary sessions reflected the breadth of our field from neonates to the elderly. The discussion of the addiction process and treatment issues from consciousness to pharmacotherapy including the treatment of psychiatric disorders and addiction was very useful. Internet Addiction was identified as an emerging area of concern. The Pain and Addiction workshop was very well attended and highly rated. There was a great amount of interest in medical education and physician health. Several articles were published in the *Medical Post* and the *Canadian Medical Association Journal* highlighting the issues raised at the conference. The companions package was a huge success. The highlight of the awards banquet was the lobster dinner and door prizes kindly donated by local area merchants.

We awarded honorary memberships to Mr. Ed Fitzpatrick, Dr. Sheldon Cameron and Dr. Anna Mary Burditt. Mr. Fitzpatrick has demonstrated great leadership in our field during his work with the Nova Scotia Commission Drug Dependency and the Canadian Centre of Substance Abuse. Dr. Sheldon Cameron has been very active in advancing the cause of Addiction Medicine in Prince Edward Island and nationally. He has been an active board member of our Society. Dr. Anna Mary Burditt of Halifax has been very active in promoting the cause of early intervention in alcohol and drug related problems by family physicians. Despite being forced into early retirement by disabling illness she continues to be active in education on the Internet.

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Harm Reduction-Perspectives and Policy Direction

Harm reduction is a very important issue that requires clarification and adoption at all levels. Despite our best intentions all people are suffering from addiction are not amenable to definitive intervention for an abstinence based approach to recovery at any given time. Even when a person is not ready to address the treatment of their addiction, it is essential that interventions be provided that reduce the harm associated with continued drug use and/or engagement in their addictive behaviour.

It is imperative that harm reduction and addiction treatment not be seen as polarized concepts but rather part of a continuum whereby early intervention, where cessation of drug use is not feasible, be seen as a first step towards reducing harm such that the ultimate aim of harm reduction, in terms of definitive addiction treatment, is achieved for those so motivated. A spectrum of interventions are needed to be available after proper assessment is provided to distinguish between drug use, drug abuse and drug addiction. Containment and amelioration of drug related harms must be seen as a complementary approach to eliminating harmful drug use where feasible. There needs to be more emphasis on educating all members of our society such that appropriate decisions can be made on an individual, community and societal level to encourage lower risk use of alcohol and abstinence from unauthorized use of drugs as a primary prevention activity.

Further, appropriate intervention and treatment resources need to be available for drug abuse and drug addiction such that help can be offered to individuals and families to minimize harm as much as possible and offer comprehensive addiction treatment when needed and accepted.

Addiction is a serious disease with a "loss of control" where there is no room for moralistic judgement. Addiction is a primary disease and is not of secondary

importance to the risk of harms consequent to use. It must be recognized that decreasing the negative consequences of drug use to the user and to others are much harder to do in the face of continuing drug use.

Harm reduction requires cooperation from law enforcers and law enforcement policies. It must be recognized that increased availability of drugs because of legal and policy changes lead to increased level of use as strongly highlighted by alcohol, tobacco and cannabis use in our society. Our policy makers and law enforces need to recognize that illegal or legal dealing victimizes people who are suffering from the serious disease of addiction.

More education for treatment providers such that harm reductions strategies are seen as part of addiction intervention and treatment as opposed to in conflict with treatment strategies needs to be a high priority at all levels.

A suggested definition of harm reduction policy would be:

a policy directed towards decreasing the adverse health, social and economic consequences of drug use without necessarily requiring abstinence from drug use, which also makes provision for adequate assessment and appropriate intervention options for the treatment of drug abuse and treatment of drug addiction in an abstinence based recovery oriented setting.

Raju Hajela, MD

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Methadone Treatment for Opioid Dependence

Across Canada there is increasing need for availability of agonist therapy like methadone as a harm reduction and treatment measure for patients suffering from Substance Dependence with opioids as their drug of choice. The Canadian Society of Addiction Medicine is making great efforts to increase the availability of methadone, especially in the correctional services system. The prevalence of opioid dependence amongst the incarcerated is very high and availability of adequate treatment relatively low.

Methadone is being made available in the context of abstinence based treatment whereby patients choose a goal of abstinence from all mood altering substances except for methadone; and "low threshold" treatment where methadone is provided to patients suffering from Substance Dependence without necessarily requiring a goal of abstinence. Even between these two groups there is a heterogeneity amongst

patients who may or may not be interested in further counselling, psychotherapy and/or other life skills related interventions.

It is essential that services be offered to patients at the level of their readiness for change without trying to fix everyone's problems in the same, fixed way. It needs to be recognized that mixing of abstinence based recovery treatment with abstinence based methadone or "low threshold" methadone treatment may not be the best option for patients attending any of these three streams. It would be prudent to develop programs that are specific for each of these three categories that patients may fall under. In Ontario, there are some efforts being made to establish Methadone Anonymous for patients who have chose a goal of abstinence from all mood altering chemicals except for methadone as agonist therapy.

Raju Hajela, MD

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C*SAM As An Affiliate Society of CMA

The meeting of CMA Affiliate Society was held on 1998 January 23-24 in Ottawa. The following are some of the highlights of particular interest to C*SAM members:

- 1. The committee of affiliate societies has just been granted a seat on CMA Board reflecting the going influence of the group within CMA.**
- 2. CMA is proposing a close of collaboration with affiliates regarding the drafting of position papers.**
- 3. CMA in response to Federal Minister, Allan Rock challenge "show me the need" has drafted an action plan titled "access to quality health care" initiating an in depth analysis of waiting lists in Canada. We may be able to contribute some of own data.**
- 4. A new benefit package, perhaps headed by MD Management may soon be available to CMA members.**
- 5. A new policy on physicians health and wellbeing is about to be published in CMAJ. The advisory group consisted of Dr. J. Griffin, Dr. M. Myers, Dr. D. Puddester and Dr. M. Ujjainwalla. Congratulations!**

It was highlighted that we now have training and credentialing criteria identifying an addiction medicine specialist as well as a critical mass of educational efforts to

enhance the competency of physicians in dealing with substance related problems particularly in Ontario. It was also recommended that CMA initiates efforts to rekindle are defunct national drug strategy as well as raising public awareness about the medical consequences of the rising epidemic in problem gambling.

Nady el-Guebaly, MD

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Notice of Motion - Bi-Law Changes

The executive committee of our Society met in Kingston on 1998 March 28. We reviewed the bi-laws and are suggesting the following changes that need to be improved by our membership and are board:

- conditions of membership need to be modified to include 2.(d) student membership/resident in training; and 2.(e) retired members
- the head office shall be at 797 Princess St., Kingston, Ontario
- para 10- "teleconference linkage" shall be changed to "electronic communication"

The executive committee has agreed that our membership year will be from January 1 to December 31. Hence, everyone's membership for 97-98 will be extended to 1998 December 31. Some members who have sent in membership dues in the last few weeks have been renewed to 1999 December 31. Membership dues collected at the Annual Scientific meetings will be for the following year. Two additional motions past by the executive committee are as follows:

- an annual report would be prepared by the President and an executive summary of the business year by the Secretary/Treasurer for presentation at the Executive Committee Meeting in March.
 - The concept of a permanent C*SAM office is supported by the executive committee and will be reviewed by the board bi-annually, but is the final responsibility of the current president. A notice of motions for an address change to Kingston will be sent out for approval by the board and membership.
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Canadian Credentialing in Addiction Medicine

We are currently in the process of negotiating with the American Society of Addiction Medicine to see if they would agree to allowing us to follow our Canadian criteria, as distributed before, to give eligibility for Canadian physicians who may not otherwise meet the ASAM criteria, for the certification exam. It is hoped that the year 2000 will mark the first year that we will issue a Canadian Certification in Addiction Medicine. More information will be provided to our members as the issues are clarified for the practice eligibility route. A minimum of two years membership in the Canadian Society of Addiction Medicine will be essential for anyone seeking eligibility for Canadian Certification.

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CSAM Research Committee

Mid-Year Update

Report prepared for C*SAM executive meeting, March 28, 1998

Since the October Scientific Meeting, progress has been made on several fronts by members of the Research Committee:

- Christiane Poulin and Joan Brewster have drafted guidelines and a call for papers for the student research prize (copy attached). The notice will be distributed with the C*SAM call for abstracts for the 1998 meeting, and will be distributed electronically to university departments.
- Eric Single has investigated creating a database of addiction-related funding sources on the Canadian Centre for Substance Abuse (CCSA) website. CCSA is supportive of this idea and has applied to the Ministry of Health for start-up funding for the database.
- Suzanne Brissette has corresponded with CMAJ regarding a special addiction-related issue, and is pursuing this idea.
- Joan Brewster has made several suggestions to Doug Graham for speakers at the 1998 C*SAM meeting in Victoria.
- Joan Brewster is continuing discussions with the Physician Health committee (represented by Douglas Graham) regarding collaborative research.

- **Joan Brewster has worked with Raju Hajela to develop guidelines for researchers wishing to obtain C*SAM collaboration or approval to use C*SAM mailing lists for research projects (draft attached).**

Research Collaboration with the Canadian Society of Addiction Medicine

The Canadian Society of Addiction Medicine (C*SAM) is supportive in addiction medicine, in collaboration with research scientists and/or physicians. We are able to provide input, review(s), and publication in the Canadian Addiction Medicine Bulletin for studies approved by our Research committee.

Researchers wishing to use the C*SAM membership list for mailing of questionnaires, or other research purposes, or wishing to collaborate with C*SAM in other ways, would inform C*SAM of the research as early as possible. A copy of the research proposal should be submitted by the study's Principal Investigator to the President of C*SAM, and the chairman of the C*SAM Research Committee, when the proposal is submitted for review, i.e. before it is finalized. This timing allows C*SAM to make comments or suggestions if necessary. When a project has completed scientific and ethical review, statements of these approvals should be submitted to C*SAM. Research using the C*SAM membership would not proceed until a letter of approval has been received by the Principal Investigator, signed by the President of C*SAM and the Chairman of the Research Committee. If necessary, a list of C*SAM members can be supplied at that time.

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1998 Annual Scientific Meeting in Victoria

The plans for our Tenth Annual Scientific Meeting, Addictions and the Community, to be held at the Dunsmuir Lodge, Sidney, BC (near Victoria International Airport), during 1998 October 16, 17, 18, and 19. The Dunsmuir Lodge has beautiful grounds with a view of the ocean and the surrounding countryside. Transportation to Victoria, the world famous Butchart Gardens and other area attractions will be available at the Lodge. A wide variety of spousal/companion activities will be available.

The conference program will include a methadone prescribers workshop sponsored by the BC College of Physicians and Surgeons (blank spot on tape?) and an advanced psycho-spiritual workshop. Featured speakers will include Dr. Stan ? providing a key note address, Dr. H. Fibiger speaking on Neurobiology of Psycho

Stimulate Addiction, Dr. E. Hui on Community-Spirituality in Health and Sickness, Dr. D. Corley on Chemical Dependency and Sexual Addiction, Dr. G. Cooney et al on Addiction and Safety Sensitive Jobs in the Community, Dr. F. Bass et al on Nicotine Addiction - Community MD Interventions and Dr. R. Irons on Domestic Violence - The Hidden Face of Addiction. The final program and registration package should be ready by end of July early August.

Registration and accommodation details are being handled by Ms. Margaret Pope at:

Mail: 1902-3970 Carrigan Court

Burnaby, BC

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Telephone: 604-420-3830 Fax: 604-420-3828

Email: mmcainnes@ssfu.ca

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Officers of C*SAM

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Kingston, ON

Immediate Past President President Elect

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Kingston, ON

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Contributions from members are welcomed. This Newsletter and its editor depend on it!

