



Canadian Society of Addiction Medicine

La Société Médicale Canadienne sur l'Addiction

The Bulletin - Sept. 1998

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President's Report

Greetings!

Here is the second issue of our Bulletin in 1998. I have received positive feedback about the new look so far. I am still open to and waiting for submissions and suggestions for improvement. I wonder how many of you caught the typo where the Canadian Addiction Medicine Bulletin got changed to the Canadian Addiction Research Bulletin. We are still unsure how it happened, however, obviously greater scrutiny and proofing is needed. I also apologize for the error in the e-mail address for Ms. Margaret Pope who is handling registration and accommodation details for the 1998 Annual Scientific Meeting in Victoria. The current information for registration was mailed out separately. Further, information is included in this issue of the Bulletin.

Addiction Medicine issues continue to be in the news...I am reminded repeatedly of the need for leadership and public policy on a variety of issues. We still need to do a lot of work in defining Addiction and distinguishing it from Substance Abuse. We need to clarify our position on harm reduction, marijuana and, most recently, the suggestion of a heroin maintenance program in British Columbia, among many other things. I hope we will have a healthy discussion on these subjects in Victoria with more specific guidance from our membership, Committees and our Board.

In early August I had the pleasure of participating in the International Doctors and Alcoholics Anonymous (IDAA) Conference in Toronto. I was able to share some of the achievements of the Canadian Society of Addiction Medicine with the attendees and received a positive response, including recruitment of some new members. I was particularly impressed by the familial nature of the conference where spouses and children were included in the conference activities.

I hope this issue of the Bulletin will stimulate you in taking leadership positions in your communities. I also hope you will get motivated to provide submissions for inclusion in our Bulletin. In the meantime, Dr. Nady el-Guebaly and I are endeavouring to keep providing you with our perspectives on some of what is happening out there related to Addiction Medicine. See you soon in Victoria!

Raju Hajela, MD

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Canada's Drug Strategy

The Federal Government of Canada has published Canada's Drug Strategy earlier this year. It includes alcohol, over the counter and prescription drugs, illicit drugs, inhalants, and banned and restricted performance-enhancing sport drugs (as defined by the International Olympic Committee). It recognizes consideration of the use of tobacco along with other substances in prevention initiatives, although the Federal government has a separate strategy for tobacco use prevention, protection, and cessation. The report attempts to reflect a balance between reducing supply of drugs and reducing the demand for drugs. It emphasizes the need "to reduce the harm associated with alcohol and other drugs to individuals, families and communities". Importance and interdependence of seven components, namely, research/knowledge development; knowledge dissemination; prevention programming; treatment rehabilitation; legislation; enforcement and control; national co-ordination; and international co-operation, is highlighted. Five goals and corresponding objectives identified are as follows:

"1. Reduce the demand for drugs.

- Increase understanding of risks associated with illicit drug use (particularly among youth) with particular emphasis on the use of "hard drugs" such as cocaine, LSD, speed, and heroin.**

2. Reduce drug related mortality and morbidity.

- Reduce high risk patterns of alcohol and other drug use including the inappropriate use of inhalants, medications, and performance-enhancing sport drugs.

3. Improve the effectiveness and accessibility to substance abuse information and interventions.

- Identify and promote best practices in substance abuse prevention, education, treatment and rehabilitation.

4. Restrict the supply of illicit drugs and reduce the profitability of illicit drug trafficking.

- Reduce the legal importation of illicit drugs.
- Reduce the imported availability of illicit drugs at the street level.
- Reduce the ability of persons involved in the supply and trafficking of drugs to make use of the profits from the illegal actions.

5. Reduce the costs of substance abuse to Canadian society."

This report has done a nice job of highlighting the problems. However, challenges remain in terms of implementation. A great degree of intersectoral co-operation to define the issues and develop specific prevention and treatment strategies for specific individuals and populations rather than promoting harm reduction at the expense of addiction treatment.

Raju Hajela, MD

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Youth and Drugs

More than 150 young people from 22 countries gathered at the Banff Centre in Banff, Alberta, 1998 April 14-18, to share their experience with the perils of drug abuse and their ideas for reducing or eliminating the harm associated with this expanding global problem. The young people, ranging in age from 12-25, were invited by the United Nations International Drug Control Program (UNDCP) as representatives of more than 35 prevention groups from around the world. The Banff meeting was emphasized as a "For Youth, By Youth" event. Adults were involved in an advisory capacity only. The report and recommendations from the

Banff meeting are hoped to be incorporated into a handbook of prevention strategies than can be applied in a wide variety of situations and locations.

Nady el-Guebaly, MD

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10th Annual Scientific Conference

ADDICTIONS

AND THE

COMMUNITY

October 16-19, 1998

Dunsmuir Lodge

Sidney, British Columbia

REGISTRATION OPTIONS

Register Online

<http://csam.kingston.net>

Register by Mail

'CSAM Conference Registration'

PO BOX 34071, Unit D

Vancouver, BC

V6J 4M1

Register By Fax

(604)420-3828

Register By Phone

(604)420-3830

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Interventions for Injection Drug Use in British Columbia-Legal Heroin?

In 1998 June, Dr. John S. Millar, Provincial Health Officer of British Columbia, issued a report entitled "HIV Hepatitis, Injection Drug Use in British Columbia-Pay Now or Pay Later?" I am grateful for a copy of this report that was forwarded to me by Dr. Ray Baker.

It was nice to see that the report highlighted drug dependence as a chronic, relapsing medical condition like other chronic conditions such as high blood pressure, diabetes and asthma. The report called for improved public understanding of addiction; improved quality of care for all children as a primary prevention measure for preventing addiction later in life; comprehensive program development to educate children about Substance Abuse and to help children develop self-esteem for making responsible decisions about Substance Use; improved mental health services; improved social services for injection drug users, including housing, street outreach, and needle exchange; enhancement and co-ordination of addiction services, including increased methadone availability; pilot testing of control legal availability of heroin in a tightly controlled system of medical prescription; reduced incarceration for possession of controlled substance; and improved data and information system to allow for better accountability regarding the number of addicts served and the cost and outcomes of intervention.

This report appears to be well meaning, however, some ideas require more discussion and careful consideration. As much as primary prevention for children and addressing the social economic problems is essential, attention is needed for identifying the problems of youth early and establishing better treatment programs for addiction. This report has failed to properly consider the range of therapeutic services needed from outpatient care to long term care and therapeutic communities for more severe addiction. It is sad to see consideration of legal availability of heroin, when the same funding could go towards betterment of intervention and treatment services. The lack of consultation with Addiction Medicine specialists in preparation of this report is alarming. Addiction needs to be clearly identified as a primary disease rather than a consequence, secondary problem, to social and

economic issues. Hopefully, more dialogue will lead to development of a more prudent policy.

I keep hoping that one of these years, public health physicians will recognize the treatment of addiction as an epidemic that requires primary attention, rather than focusing on the transmission of communicable diseases like HIV and viral hepatitis as a primary concern. I do not believe that harm reduction programs will be very successful if they are provided in isolation. There is a better need for integration of harm reduction for people in the precontemplation stage of recognition of their addiction illness, with ready availability of services to assist them to move into contemplation, preparation and action for addiction treatment and recovery.

Raju Hajela, MD

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ASAM to C*SAM to ISAM!

At the last American Society of Addiction Medicine (ASAM) meeting in New Orleans, 1998 April, a group of 25 physicians from 11 countries decided to constitute a planning task force to lay the foundation for an International Society of Addiction Medicine. I was elected to chair the task force since then, the following has been accomplished:

A. ISAM purpose and mission. The latest draft is as follows:

The International Society of Addiction Medicine (ISAM) is an international fellowship of physicians committed to the advancement of two realities:

- Addiction is a treatable disease
- Physicians world wide have a major role to play in management

An International collaboration of physicians in Addiction Medicine can accomplish certain ends which are not easily achieved in the respective national settings by individual participants. We hope to address the following issues by means of our joint efforts:

1. Creditability of the Physician's role:

It is essential that sufficient credence be given to the perspective of physicians specializing in addiction in addressing this chronic disease.

2. International Consensus:

There needs to be a creditable international group that speaks of physicians and addiction world wide and promotes further recruitment of physicians in the field in order to lend strength in their respective countries.

3. Medical Education:

Participants in this endeavour each have important educational roles to play in the training of physicians already in the addiction field and general physicians as well.

4. Research:

Medical collaboration will be invaluable in generating and disseminating new research

findings and addiction etiology and treatment.

5. Policy:

Physicians in Addiction Medicine will together formulate empirically grounded policies for addressing this illness on the international and national level.

6. Impaired Professionals:

It is important that physicians work together to deal with the problem of impairment of health care professionals for substance abuse.

7. Prevention:

By virtue of our collaboration, we will be able to display a stronger and more effective role in the prevention of addictive illness and its health and social consequences.

B. A Communication Network spearheaded by another Canadian, Dr. Peter Mezciems and Dr. Saul Alvarado (Panama). The new E-mail for ISAM is isam@rdz.acor.org. Dr. Alvarado has a Spanish network: Nuestra Net

C. The first grant:

A \$5000 (Canadian) starting grant was obtained from a Calgary foundation, The Friends of Matt Newell. (Mr. Newell was made an honorary member of our Society in 1995.)

D. The Foundation Meeting:

Dr. Douglas Talbott has obtained the sponsorship of Mrs. Betty Ford and President G. Ford for an inaugural meeting to be held in Palm Springs, California at the Betty Ford Campus on the weekend of 1998 April 24, prior to the ASAM meeting in New York. Interest in attendance is being explored.

E. The Next Steps:

Aside from further refining our Statement of Purpose and Mission, discussion is ongoing as to the types of memberships and society affiliation; the search for projects of interest to an international audience as well as related funding; and lastly, five committees are being proposed initially: Education, Research, Policy, Physician Health and Membership Structure.

C*SAM should be proud of the Canadian leadership provided internationally. If you wish to become an ISAM member, please do not hesitate to contact me. An E-mail address would be welcome as we still have not set any dues to defray expenses.

ISAM simply is the best opportunity for physicians dedicated to Addiction Medicine to share and network their dreams internationally. I assume that external funding will be scarce for a while now but there are a number of unique opportunities looming on the horizon. An interest and financial ability in travelling abroad will likely foster the interest in this international membership.

Nady el-Guebaly, MD

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



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