



Canadian Society of Addiction Medicine

La Société Médicale Canadienne sur l'Addiction

The Bulletin - September - 2000

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President's Report

Greetings and Happy Fall!

Life continues to be hectic at my end as Rhonda and I prepare the final details for Ottawa Conference. I am starting to look forward to handing over the charge to Dr. Bill Campbell, our incoming President on 2000 October 20. Bill is already getting busy organizing the agenda for our upcoming Board Meeting. He is also the Chair of the Organizing Committee for our 2001 October 13th Annual Scientific Meeting to be held in Banff, Alberta.

As I reflect over the last three years, I want to take this opportunity to thank so many of you who have contributed to the various different issues that we have undertaken. I am looking forward to being able to present the Certificat of the Canadian Society of Addiction Medicine awards. It is heart-warming to have met the target of the year 2000 for this project. We have yet to decide whether this process will be done every year or every two years. There certainly are

many more Addictionists eligible to be Certificants of our Society. Hopefully, more applications will be received in the next round. The challenge of reviewing the ASAM examination, in an effort to develop a Canadian examination in Addiction Medicine, is presently on the shoulders of Dr. Doug Gourlay. We will need an Examination Committee, in addition to the Standards Committee, to fully address all the different aspects of this endeavour. I would ask any members interested in participating in the Standards Committee and/or the Examination Committee to contact me and/or Dr. Doug Gourlay.

Addiction issues continue to be in the news almost every day. Our Public Policy Committee is closely examining the issue of opioid therapy in Chronic Non-Cancer Pain. The issue of drug testing in the workplace is also being examined. There has been some preliminary discussion to establish two more committees - Scientific Program Committee that will provide continuity at our conferences from year-to-year; and an Opioid Agonist Maintenance Therapy Committee. I am hoping that many of you will be in Ottawa on Thursday night for the Committee Meetings. Please contact the appropriate Committee Chairs in the areas of your interest to find out about the planned agenda for the Committee Meetings and to obtain any documents that need to be reviewed beforehand.

This issue of the Bulletin contains the final report from Dr. el-Guebaly in his capacity as our representative to the CMA. He is now beginning his three-year term as the Canadian Psychiatric Association representative to the CMA. I will be following in his footsteps at the CMA as the representative for our Society.

Even though the President will change in October, it has been decided to keep the Secretariat in Kingston. This will allow for continuity in phone, fax, e-mail and snail mail addresses. I have agreed to wear the hat of Treasurer, in addition to being the Past-President on our Board. Dr. Ann Crabtree of Calgary, Alberta, has kindly agreed to be the Secretary, to assist Dr. Campbell in his Presidency.

It has been an honour to have had the opportunity to be in a leadership position over the last three years. I would continue to invite all of you to participate in any way that you can, so that we can all work together to highlight the need to address addiction related matters in our communities, work towards providing optimum care for our patients and build better treatment systems.

R. Hajela, MD

Kingston, ON

CANADIAN MEDICAL ASSOCIATION MATTERS

Report from the Committee of Affiliates and the Annual Meeting held in Saskatoon, Saskatchewan, 2000 August 13-15.

The major issues at this venue were:

- Sustainability of Canadas Health Care System- Major topic of discussion including how the seven points upgrade plan of our Federal Health Minister, Allan Rock and the Provincial Premiers, impacts on our fields, i.e., human resources, medical equipment and hospital infrastructure, primary health care reform, information technology, performance measurements, health promotion and prevention. The contributions of Dr. David Gratzner, author of Code Blue, Resident in Psychiatry, Mount Sinai, Toronto, and past health policy analyst, were noteworthy.

- Human Resources in preparation of Canadian Medical Forum, Task Force II, co-chaired by College of Family Physicians of Canada (CFPC), Royal College of Physicians and Surgeons of Canada (RCPSC) and CMA, received \$1.1 million from Health Canada. Related background documents include:

CMA Policy on Rural and Remote Practice Issues

Overview of Specialty Care in Canada

CMA Women Physician's Issues Committee

- Western Canada Waiting List Project-Children's Mental Health (BC: Dr. Smith)-on website.

Beware: This appears to be replacing the more serious efforts.

- It has been further clarified that to be a CMA Affiliate Society, the organization must include 50%+1 physicians who are CMA members.
- CMA Bylaws require that nominations for elected officers and committees be made 90 days prior to General Council in two ways: by division; or by signature of 50 CMA members.

I wish to thank C*SAM for allowing me to represent the Society and now will begin my three-year term with CPA after this Annual Meeting.

N. el-Guebaly, MD

Calgary, Alberta

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Further Highlights from the Minutes of CMA Committee of Affiliates Meeting

Disability Issues

A) Relationships with the Insurance Industry

Dr. el-Guebaly noted that the affiliates committees project proposal to CMA regarding the need for improved relations between physicians and the insurance industry was not approved by the CMA Board as a priority project for 2000.

That proposal had the objective of examining third-party requirements on physicians decision making, clinical interventions and relationships with patients, and to produce a tool to assist physicians in addressing identified needs.

During discussion, members of the committee agreed that the issue is still very important for the profession because of serious difficulties patients with psychiatric problems have in obtaining insurance coverage, and the seeming increase in the insurance industry engaging other health professionals-not physicians-for advice.

Moved by Dr. Dan Keene, seconded by Dr. Nady el-Guebaly,

That the CMA engage in a formal dialogue with the insurance industry and worker compensation organizations to discuss the burden on patients and health care providers of restrictive policy underwriting, enhanced claims scrutinizing and onerous assessment processes for mental, nervous and addictive disorders and seek solutions equitable to all parties.

Carried

This recommendation was submitted for consideration by General Council and passed. It will now be considered by the CMA Board, as direction from General Council. The CMA contact on this project is Dr. W. Todd Watkins, Associate Director, Medical Services, Tel: (613) 731-8610 or 1-800-663-7336 ext. 2306; fax: (613) 731-1779; E-mail: watkit@cma.ca.

B) Physician Disability Insurance Coverage

Repeated surveys have shown that Canada's physician workforce is increasingly under strain. Stress and disability claims by physicians are increasing. Physician disability insurance programs operated by the divisions and by specialty societies are under financial pressure.

Physicians have moved from best to poor risk status. Trainees and practitioners who obtain counselling are often ineligible for disability insurance or have their claims disallowed.

Some specialty societies (e.g., CAR) have negotiated reasonable baseline levels of insurance for specialists, as a group, with no medical required.

It was moved by Dr. Nady el-Guebaly, seconded by Dr. Daniel Keene,

That the Committee of Affiliates ask the CMA to discuss with the Divisions the concerns expressed by the affiliates about issues related to the provision of disability insurance for physicians and eligibility requirements for such insurance programs.

Carried

This motion will be submitted directly to the CMA Board for consideration.

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Canadian Medical Association Electronic(e)-Strategy with Affiliates

Earlier this year, the Canadian Medical Association Board agreed that partnerships would be a key component to the CMA e-Strategy. The goal is to form Canadian medical partnerships, which will include divisions, affiliates, provincial/territorial and federal governments, industry and the community. It

is hoped that although partners may be doing different things, the activities will complement each other. There is some indication that the CMA will provide some resources and/or logistic support to improve the e-visibility of affiliate societies.

Dr. Peter Mezciems continues to be our Webmaster. His diligent efforts have allowed information to be readily available to our members and the interested public on the web.

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Assisting in the Utilization of Self-Help Programs

A Self-Help Program is a forum where people who have or are experiencing a similar problem share their experience and support with one another on how to deal with the problem. Studies have shown that self-help programs can be a very valuable resource in assisting in a person's recovery. However, a physician may have difficulty in assisting their patient, in the utilization of self-help programs.

Here are a few techniques, which could prove helpful in directing a patient into utilizing a self-help system.

A) Motivating the patient to explore a self-help program.

- Studies have shown that utilizing a self-help program, after treatment, will improve one's outcome.
- If one learns how to utilize a self-help program then it is a resource which is reachable either by group or 1:1 meetings, phone or Internet, 24 hours a day, 7 days a week.
- The self-help concept, as initiated by Alcoholics Anonymous (AA), has been so successful that there are now over 330 different self-help programs within the metro Toronto area. i.e. Narcotics Anonymous, Cocaine Anonymous, Gamblers Anonymous, Overeaters Anonymous, Sexaholics Anonymous, etc.
- Even recovering health-care professionals such as doctors and nurses utilize self-help programs. In fact, the IDAA (International Doctors in AA) membership in North America is about 5,000. If these professional people choose to utilize this system then there must be some benefit to it.

B) How to get a patient comfortable attending a self-help program.

- Go to an Open meeting, at first, and take a family member. Arrive late/leave early but "just put your toe in the water"
- Call the self-help program and go to their first meeting with a member.
- Tell people, at the meeting, that they are new to the program.
- Help the patient to have proper expectations with the meetings i.e. all meetings are not perfect, both healthy and sick people go to them, meetings vary from group to group and week to week, etc.

A simple approach that I have found helps the patients find groups and/or members that they will be more comfortable with is the "Gravitation technique". This is how you instruct the patient.

- i) Look for people at the meeting who you feel are working a good program, which you can relate to.
- ii) Ask these people which self-help meetings/groups they feel are the best.
- iii) Now go to those meetings and repeat steps i) & ii) until you feel you have found the meetings and people you feel most comfortable with.

Have the patient go to as many meetings as possible before they decide if this resource is for them!

C) How to Help Patients Resolve Their Problems With Attending Self Help Programs

Suggest that the patient share any concern or problem they are having with meetings, at a meeting! The patient will then learn, from other members, how they resolved a similar issue. One must understand that any problem experienced by a patient, attending a self-help program, has been experienced and resolved by other members 1000 times before. Have the patient then report back to you what the group members suggested.

With each office visit, always do a checklist of your patient's utilization of their self-help program, showing an interest in their attendance and discoveries from these meetings.

Ask about:

- 1) How many meetings are they going to and what type?
- 2) Do they have a home group?
- 3) Do they have a sponsor and if so, are they working with them?
- 4) Are they working a "Step" and which one?
- 5) Do they have a phone list and what is their self-help program's central number?

Frank Evans, MD
Toronto, ON

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12th Annual Scientific Meeting
Addictions: The New Millennium
Public Policy and Therapeutics
2000 October 19-22

For those who have been unable to attend the conference this year, the Final Program, together with abstracts, will be available by snail mail, after Nov 1, from the C*SAM Secretariat in Kingston – (613) 541-3951, upon request and at a fee of \$10.

We have also made arrangements to have audiotapes available for all of the main conference sessions. An order form is enclosed and/or can be obtained from –

Howard Rosenberg

Audio Archives & Duplicators Inc.

(905) 889-6555 ext. 23.

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



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