Message from the President

A new energy has now been instilled into the Canadian Society of Addiction Medicine with the appointment of our new board members. We are feeling very optimistic that this will lead us forward with enhanced drive for developing and implementing new concepts and principles in addiction medicine. However, again the Board wishes to thank our previous board members for their contributions.

In April of this year there will be an excellent conference in addiction medicine in Toronto conducted by the American Society of Addiction Medicine. We strongly encourage our members to consider attending this great opportunity to hear and learn of new aspects of addiction medicine. The Canadian Society of Addiction Medicine has had a close relationship with the American Society of Addiction Medicine and attending this conference only results in mutual benefit to all.

On behave of the CSAM Board, we thank you again for your continuing interest, involvement and support of your Canadian Society of Addiction Medicine.

Respectfully yours

Dr. Frank Evans, President CSAM

An official publication of
CSAM SMCA

Canadian Society of Addiction Medicine
La Société Médicale Canadienne sur l’Addiction

CSAM Head Office
Suite 201, 375 West Fifth Avenue
Vancouver, BC, Canada V5Y 1J6
Tel: 604.484.3244
Fax: 604.874.4378
Email: admin@csam.org

The CSAM SMCA Bulletin is published by the Canadian Society of Addiction Medicine. It is a journal for the dissemination of knowledge & 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 an email to the editor Dr. Michael Varenbut: mvarenbut@toxpro.ca.

Please forward your correspondence to: admin@csam.org
Save the Date

20th Annual Scientific Conference
Innovation & Diversity
of Treatment in Addiction Medicine

October 30 — November 1, 2008
Vancouver, British Columbia
www.csam.org
CALL FOR ABSTRACTS

Canadian Society of Addiction Medicine 20th Annual Scientific Meeting
Vancouver, BC, Canada – October 30-November 1, 2008

CONFERENCE THEME: Innovation and Diversity of Treatment Options in Addiction Medicine
CSAM looks forward to welcoming speakers and delegates who work in the field of addiction medicine, including: physicians, researchers, nurses, psychologists, counsellors, pharmacists, educators, policy makers, social workers, and students.

Abstract Presentation Formats
Abstracts may be presented in any of the following three formats:
1. Workshop – 60 minute workshop including small group discussion and skill building
2. Oral Presentation – 20 minute presentation and 10 minutes of questions/discussion
3. Poster Presentation

CSAM welcomes the submission of panel presentations in both the workshop and oral presentation formats.

Abstract Requirements
All abstracts must be submitted in either hard copy or electronic copy on or before Thursday May 1, 2008. The abstract body must not exceed 350 words (including tables and references).

Guidelines
CSAM welcomes abstracts in the following categories:
- Original Research: Quantitative or qualitative studies. The abstract should include a brief statement of the objective, rationale, methodology, results and conclusions of the study.
- Program Descriptions: Description of the planning, implementation and/or evaluation of a program. No data are required.
- Literature Review: Summary and analysis of the current literature on a specific topic.

Abstracts are welcome from both CSAM members and non-members. There is no limit to the number of abstracts that an individual may submit.

Student Award
One student award of $500 plus complimentary conference registration is available. If you would like to apply, please submit a letter of support with your abstract. Competition is open to undergraduate and post graduate medical trainees as well as graduate students in related disciplines.

Submission Instructions
Please submit your abstract and completed abstract submission form by email to alexis@malachite-mgmt.com

Abstracts and abstract submission forms must be submitted by Thursday May 15, 2008

Notice of abstract acceptance will be sent to authors at least two months prior to the conference by email. All abstracts will be reviewed for scientific merit using predetermined criteria and accepted abstracts will be printed in the final program that will be distributed on-site at the conference and made available electronically on CSAM’s website. Abstracts should be submitted only if an author intends to attend the meeting and present the abstract if accepted. Those presenting abstracts will be responsible for their own travel and meeting expenses.

Conference Inquiries
Phone: 604-484-3244
Fax: 604-874-4378
E-mail: alexis@malachite-mgmt.com

Abstract Deadline is Thursday May 15, 2008
Important Conference Deadlines:

May 15: Abstract Submission Deadline
September 5: Early Registration Deadline
September 22: Hotel Reservation Deadline

Confirmed Plenary Speakers:

Ambros Uchtenhagen, MD, PhD
Zurich, Switzerland

Erica Frank
Vancouver, BC

Mel Kahan
Toronto, ON

Michael Krausz
Vancouver, BC

Eugenia Oviedo-Joekes
Vancouver, BC

Conference Venue

The conference will be held at the Marriott Vancouver Pinnacle Downtown, and the Renaissance Vancouver Hotel Harborside, which are two adjacent properties on West Hastings Street in Downtown Vancouver.

Annual General Meeting:

Please be advised that the CSAM Annual General Meeting will take place on Friday, October 31st, 2008.

Accomodations

A room rate of $189/night (plus applicable taxes) has been obtained at both conference venues.

To make your reservation at the conference rate, please contact your hotel of choice directly:

Marriott Vancouver Pinnacle Downtown: 1-800-207-4150
Renaissance Vancouver Hotel Harborside: 1-800-905-8592
Moms on Methadone

Methadone is primarily used to treat opiate addiction or chronic pain. Since its use is often long term, female patients may choose or accidentally become pregnant while on methadone treatment.

FAQ’S

1. Should I decrease my methadone in pregnancy?
   While it is preferable to be on no medications during pregnancy, it may be dangerous to your unborn child to stop or decrease your methadone dose during pregnancy. The main risk to your baby is you going into withdrawal since this stress could trigger a miscarriage or premature labour. In some pregnancies the dose of methadone needs to be increased to help the mother and baby.

2. Does my dose of methadone matter?
   Studies have failed to show any clear link between the mother’s methadone dose and the chance the baby will suffer withdrawal symptoms. Babies born to mothers on 20mg of methadone or less may show milder symptoms of withdrawal.

3. What will happen when my baby is born?
   Since your baby will be use to getting an opiate (methadone) during pregnancy, this often needs to be continued after birth to prevent withdrawal symptoms in your child. Morphine is an opiate with similar effects to methadone and will be used to control withdrawal symptoms in your baby. Morphine is used because it has a shorter and more predictable duration of action.

4. How long will my baby be in hospital?
   There is no easy way to predict the exact amount of time your baby will need to be in hospital. Expect 4-8 weeks in hospital for significant withdrawal and as little as one week if no withdrawal symptoms. Not all babies go through withdrawal (neonatal abstinence syndrome). Approximately 60-95% of babies born to moms on methadone will go through some withdrawal.

5. What will happen in hospital?
   In hospital nurses will monitor your baby and use a scoring system to assess progress. This helps nurses and doctors decide if more or less medication is needed. It is not unusual for a baby to be decreasing the need for morphine but then have an increased need around the 2nd week mark. Sometimes medications other than morphine may be used to help relax your baby. One such medication is phenobarbital.

6. Can I breastfeed?
   Breastfeeding is definitely encouraged even if you are still taking methadone. Very little methadone winds up in the breast milk, and the benefits of breastfeeding should not be ignored.

7. Will C.A.S. (Children’s Aid Society) be notified?
   Yes C.A.S. will be notified, this is the law. However this does not mean the C.A.S. will take your child. C.A.S. along with your team of health care providers just want to make sure you are ready to provide your child with a safe and loving environment in which to be raised. It is in your best interest to be proactive and discuss your pregnancy with a CAS worker early on. This helps prevent unexpected surprises and allows you to build a relationship with your CAS worker before the stressful period surrounding the birth of your child.

8. Will there be any long-term effects on my baby?
   No long-term physical or cognitive effects have been noted in children born to moms on methadone.

SUGGESTIONS

1. Avoid other drugs of abuse during and after your pregnancy. These include nicotine, caffeine alcohol, marijuana and other street drugs. These could all affect the well being of your child.

2. Arrange for a tour of the nursery at your hospital prior to giving birth. This will give you a chance to
meet part of your health care team and ask questions.

3. Prepare yourself mentally for your babies stay in hospital. You will be spending a lot of time with the nursing staff. While moms on methadone may encounter some negative attitudes, you will find that most of the people you deal with will be helpful and supportive.

4. Ask questions if you have concerns about decisions made in your child’s care. But remember the medical staff has a job to do and their primary concern is the well being of your child.

5. Stay calm, it is a stressful time. If you have concerns you want addressed ask for a medical team meeting to be arranged. A meeting with doctors, nurses and other professionals to discuss your babies care can usually be set up in a reasonable time period.

| Signs and Symptoms of Withdrawal |

Common findings in your baby may include:

- Restlessness/Fussy
- Poor eating/Sucking
- Poor sleeping
- Trembling
- Vomiting/Loose stools
- Fever
- Dislike of bright lights
- High-pitched cry
- Sneezing/Yawning

While seizures may occur they are not common.

Parents should not avoid disclosing what may be withdrawal symptoms, since daily mild/moderate withdrawal is worse for your baby than appropriately increasing medication dose.

Prepared by
Garrett Whyne For
OATC
Barrie Clinic
## OPIOID AGONIST COMMITTEE

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<th>Name</th>
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<tr>
<td>Michael Varenbut</td>
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<td>Brian Fern</td>
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<td>Suzanne Brissette</td>
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<td>Wade Hillier</td>
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<td>Kathryn MacCullam</td>
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## WEBSITE COMMITTEE

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<td>Jeff Daiter</td>
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## STANDARDS COMMITTEE

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<tr>
<td>Bill Campbell</td>
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<td>Nady el-Guebaly</td>
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<td>Jeff Daiter</td>
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<td>Jean-Pierre Chiasson</td>
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<td>Ronald Lim</td>
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## FINANCE COMMITTEE

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<td>Brian Fern</td>
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## CANADIAN JOURNAL OF ADDICTION MEDICINE COMMITTEE

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<td>Brian Fern</td>
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<td>Sharon Cirone</td>
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## MEMBERSHIP COMMITTEE

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<td>David Teplin</td>
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<td>Garth McIver</td>
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## SCIENTIFIC ABSTRACT REVIEW COMMITTEE

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<tr>
<td>David Marsh</td>
<td>2008 and 2009 Chair</td>
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<tr>
<td>Jeff Daiter</td>
<td>2007 Chair</td>
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<tr>
<td>Brian Fern</td>
<td>2006 Chair</td>
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## CONSTITUTIONAL BY-LAW COMMITTEE

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<td>Brian Fern</td>
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<td>Charles Mackay</td>
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## EDUCATION COMMITTEE

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<td>Sharon Cirone</td>
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<td>Mel Kahan</td>
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<td>Kathryn MacCullam</td>
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I am glad to report that at the last CSAM board meeting, the composition of this newly-formed committee was confirmed, and includes the following members: Brian Fern, Jeff Daiter, Sharon Cirone, Nady El-Guebaly and myself.

We will be moving shortly towards establishing our committees Terms of Reference, and our next steps. Amongst items to be discussed, will be the consideration of the best venue that will be selected to set as a medium to host our new Journal. Traditional options such as print Journals, as well as electronic media will be considered.

We are looking forward to this very exciting and important project for CSAM and Addiction Medicine in Canada as a whole. We will be reporting on our progress in future issues of the Bulletin, and as always, welcome your suggestions & comments.

The committee is currently working on an assessment tool for training programs. The goal is to be able to use this objective tool in evaluating current and future educational & training programs in the field of opiate agonist therapy, and perhaps other areas. An immediate need would be to apply this new tool towards buprenorphine and/or suboxone training programs, to help with the introduction of this newly approved and very useful medication to Canada.

Current committee composition includes: Brian Fern, Suzanne Brissette, Wade Hillier, John Fraser, Kathryn MacCullam, and a new BC member yet to be announced.
CSAM Committee Reports
Membership Committee Report

By Michael Varenbut, MD, CCSAM, CASAM, FASAM
Chair

CSAM has 216 members renewed to-date for 2008, of which there are 123 MD members, 69 Associate members, 8 PhD members, 10 Honorary members, 2 Student members, 4 Retired members.

It is with great pleasure that we welcome the following new members to CSAM:

<table>
<thead>
<tr>
<th>FULL NAME</th>
<th>MEMBER STATUS</th>
<th>PRIMARY CITY</th>
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<tr>
<td>Gary Barwitzki</td>
<td>Sarnia</td>
<td>ON</td>
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<td>Thomas Berrigan</td>
<td>Ottawa</td>
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<td>Charmaine Brown</td>
<td>Woodbridge</td>
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<td>Deana Cox</td>
<td>Ottawa</td>
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<td>Anna Croutch</td>
<td>Peterborough</td>
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<td>Kira Freeman</td>
<td>Ottawa</td>
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<td>Jeannine Gonzalez</td>
<td>Calstock</td>
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<td>Tammy Hiltz</td>
<td>Owen Sound</td>
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<td>Peter Hooley</td>
<td>Charlottetown</td>
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<td>Laura Kay</td>
<td>Thunder Bay</td>
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<td>Jennifer Laity</td>
<td>Sault Ste. Marie</td>
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<td>Keri Latta</td>
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<td>Pierre Lauzon</td>
<td>Montreal</td>
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<td>Kelly Lempiala</td>
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<td>Fraser MacKay</td>
<td>St. Catherines</td>
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<td>Jennifer McCart</td>
<td>Mobert</td>
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<td>Lorin Nwajei</td>
<td>Brampton</td>
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<td>Rose-Helene Paieur</td>
<td>Constance Lake</td>
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<td>Carolyn Plater-Zyberk</td>
<td>Richmond Hill</td>
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<td>Josee Poirier</td>
<td>Moose Creek</td>
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<td>Laura Ramage</td>
<td>Thunder Bay</td>
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<td>Beverley Rushton</td>
<td>Peterborough</td>
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<td>Patricia Soan</td>
<td>Newmarket</td>
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<td>Yasmine Stephens</td>
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<td>Paul Sutton</td>
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<td>Marria Townsend</td>
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<td>Gerrit Veenman</td>
<td>Guelph</td>
<td>ON</td>
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<tr>
<td>Nick Wong</td>
<td>Edmonton</td>
<td>AB</td>
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</table>
Membership Type

- Regular Member – MD
- Regular Member – PhD Scientists
- Medical Student/Intern/Resident
- Retirees – MD or PhD
- Associate Member

Applicant Information

- Dr.
- Ms.
- Mrs.
- Miss
- Mr.

Name: [First Name] [Middle Initial] [Last Name]

Work Address ☐ Preferred Mailing Address

Address:

City: ____________________________ Province: ____________ Postal Code:____________________

Work Phone: _________________________________________ Fax: ___________________________________

Home Address ☐ Preferred Mailing Address

Address: _______________________________________________________________________________

City: ____________________________ Province: ____________ Postal Code:____________________

Home Phone: ______________________________________________________

Email Contacts*

Email address: ________________________________________________________________

Education History

Undergraduate Degree(s)/University/Year Graduated: ______________________________

Graduate Degree(s)/University/Year Graduated: ______________________________

Area of Specialty: ______________________________

Current Employment:

Area of Employment: ☐ Private Practice ☐ Treatment Centre ☐ Educational Facility
- Other (please specify) :

Appointment(s) – Hospital/University/College Including Department: ______________________________

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<thead>
<tr>
<th>Percentage of time in research and clinical practice devoted to:</th>
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<td>Other aspects of healthcare: % Research: %</td>
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<td>Total: 100% Teaching: %</td>
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<td>Administration: % Other: %</td>
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Please forward your application form with cheque or credit card information to:
CSAM Head Office 375 West 5th Avenue, Suite 201 · Vancouver, BC, V5Y 1J6 ·
Phone 604-484-3244 · Fax 604-874-4378 · Email: admin@csam.org
### Application continued from page 7

#### Addiction Medicine Affiliations

American Society of Addiction Medicine (ASAM):
- [ ] Member
- [ ] Certificant Year of Certification/recertification: _______
- [ ] Fellow Year of Fellowship: _______

International Society of Addiction Medicine (ISAM):
- [ ] Member
- [ ] Certificant Year of Certification/recertification: _______

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

#### Topics of Special Interest in the Field of Medicine

- [ ] ]

#### 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)
- [ ] Committee Membership:  
  - [ ] Standards  
  - [ ] Website  
  - [ ] Opioid Agonist  
  - [ ] Education  
  - [ ] Membership  
  - [ ] Conference

#### Referee and Curriculum Vitae

Please include a recent copy of your Curriculum Vitae.

All new members require a current CSAM member to act as a referee. A supporting letter from a current CSAM member must accompany all applications for Associate membership.

Referee’s Name: ____________________________

Do you agree to have your name and office contact information included in a directory to be distributed to CSAM members only?  
- [ ] Yes  
- [ ] No

Signature: ____________________________

#### Payment Information

Annual Fees:
- [ ] Regular Member – M.D.: $100.00
- [ ] Medical Student/Intern/Resident: $25.00
- [ ] Regular Member – PhD Scientists: $100.00
- [ ] Retirees MD or PhD: $25.00
- [ ] Associate Member: $50.00

Optional: International Society of Addiction Medicine (ISAM) Dues – (US $90.00 @1.17761, effective Nov 1 2006)
- [ ] ISAM Membership not available to Associate Members
- [ ] ISAM Membership: $105.99

**TOTAL PAYMENT: $_________.**

- [ ] Cheque, Bank Draft or Money Order Payable to: The Canadian Society of Addiction Medicine
- [ ] VISA/MC/AMEX (circle one) # _______________ Expiry Date _______________

Name on Card: ____________________________ Signature: ____________________________

Please forward your application form with cheque or credit card information to:  
CSAM Head Office 375 West 5th Avenue, Suite 201 · Vancouver, BC, V5Y 1J6  
Phone 604-484-3244 · Fax 604-874-4378 · Email: admin@csam.org
Obituary Notice

Dr. Rudolf P. Regehr

Born in Coaldale, Alberta in 1944
Died in Haliburton, Ontario January 6, 2008 of ALS at age 63
MD Graduate from University of Alberta in 1968
ASAM Certified in 1986
CSAM Certified in 2000
Practiced Medicine in various locations in Alberta, & B.C. and settled in Elliot Lake, Ontario in 1981. He specialized in Addiction Medicine and was the Medical Consultant for the Oaks Treatment Centre in Elliot Lake for over 20 years. He retired to Haliburton, Ontario to be near his family after being diagnosed with Lou Gehrig’s Disease in 2005.
Survived by his wife Mary of 41 years, and 2 daughters, Charmaine (David) and Natasha and 2 grandchildren Nathan & Jocelyn.
He enjoyed music, photography, travelling & hiking. His favorite place was Waterton National Park in Alberta where he often hiked in the mountains.
Research Corner
By Dr. David Teplin, Psy.D., C.Psych.
Clinical Psychologist
Focus on Alcohol & Drug Abuse: Ensuring Validity in Urine Drug Testing

Methods for urine drug testing have been available for several decades. These procedures are useful in assessing and identifying substance use in treatment programs, research programs, law enforcement, the workplace, and schools. Despite widespread adoption of such techniques, limited knowledge exists regarding their valid use and interpretation among many who frequently perform these tests. This column discusses how obtaining a valid test result is a complex process because results are affected by several factors, including the substance of interest, test methodology, pharmacokinetics, chain-of-custody procedures, and intentional tampering.


Substance Abuse: New Numbers Are a Cause for Action

Substance abuse is a highly prevalent problem. Results from the National Epidemiologic Survey on Alcohol and Related Conditions show that about 1 in 10 Americans will have a substance use disorder in their lifetime. Pharmacists are critical professionals in addressing this problem; they will care for patients with substance use issues on nearly a daily basis. Prescription drug abuse is epidemic. Because substance abuse and dependence are complex problems and treatment requires a multifaceted approach, long-term treatment plans that often require psychotherapeutic and pharmacotherapeutic interventions are now being used. Armed with treatment guidelines and other available information, pharmacists need to play a central role. The results of this recent study are described here and suggestions for educational efforts and interventions are provided to help pharmacists address this national problem.


From the Neurobiologic Basis of Alcohol Dependency to Pharmacologic Treatment Strategies: Bridging the Knowledge Gap.

Alcohol dependence (AD) is a complex disease involving biologic, psychosocial, and environmental factors. Increasing evidence shows that the development of AD involves changes in neurotransmitter function in the areas of the brain associated with alcohol craving and reward. Although AD is gaining acceptance as a medical disease, management of AD rarely includes medical treatment. Pharmacotherapy is a useful adjunct to psychosocial therapy and can target the biologic changes associated with AD. Similar to the role of medications in depression, pharmacotherapy can improve the response to psychosocial therapy and should thus be initiated early in the course of treatment. By reducing cravings and alcohol-associated rewards, pharmacotherapy can reduce heavy drinking days, increase abstinence, and help patients focus on their treatment goals. Pharmacotherapy represents a valuable component of treatment and should be combined with psychosocial and behavioral interventions to address the multi-factorial nature of AD in individuals with this disease.

A Meta-Analytic Review of Psychosocial Interventions for Substance Use Disorders

OBJECTIVE: Despite significant advances in psychosocial treatments for substance use disorders, the relative success of these approaches has not been well documented. In this meta-analysis, the authors provide effect sizes for various types of psychosocial treatments, as well as abstinence and treatment-retention rates for cannabis, cocaine, opiate, and poly-substance abuse and dependence treatment trials.

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METHOD: With a comprehensive series of literature searches, the authors identified a total of 34 well-controlled treatment conditions—five for cannabis, nine for cocaine, seven for opiate, and 13 for poly-substance users—representing the treatment of 2,340 patients. Psychosocial treatments evaluated included contingency management, relapse prevention, general cognitive behaviour therapy, and treatments combining cognitive behaviour therapy and contingency management.

RESULTS: Overall, controlled trial data suggest that psychosocial treatments provide benefits reflecting a moderate effect size according to Cohen’s standards. These interventions were most efficacious for cannabis use and least efficacious for poly-substance use. The strongest effect was found for contingency management interventions. Approximately one-third of participants across all psychosocial treatments dropped out before treatment completion compared to 44.6% for the control conditions.

CONCLUSIONS: Effect sizes for psychosocial treatments for illicit drugs ranged from the low-moderate to high-moderate range, depending on the substance disorder and treatment under study. Given the long-term social, emotional, and cognitive impairments associated with substance use disorders, these effect sizes are noteworthy and comparable to those for other efficacious treatments in psychiatry.


Sex differences in drug abuse

Sex differences are present for all of the phases of drug abuse (initiation, escalation of use, addiction, and relapse following abstinence). While there are some differences among specific classes of abused drugs, the general pattern of sex differences is the same for all drugs of abuse. Females begin regularly self-administering licit and illicit drugs of abuse at lower doses than do males, use escalates more rapidly to addiction, and females are at greater risk for relapse following abstinence. In this review, sex differences in drug abuse are discussed for humans and in animal models. The possible neuro-endocrine mechanisms mediating these sex differences are discussed


Drug Preference in Cocaine and Alcohol Dual-Dependent Patients

The present study extended previous work with the multiple-choice procedure (MCP) by examining the monetary value of cocaine and alcohol in dual-dependent patients. Participants made hypothetical choices between pairs of substances and between each substance and a series of monetary values. Results showed that the combination of cocaine and alcohol was preferred over each individual substance. The monetary value at which the substance is no longer chosen was higher for the combination than for one drink or one hit alone. Monetary values showed convergence with dependence-related variables. These findings substantiate the importance of concurrent alcohol and cocaine dependence treatment.


Potential of Buprenorphine/Naltrexone in Treating Polydrug Addiction and Co-occurring Psychiatric Disorders

In recent years, we have seen regulatory approval being given for several new pharmacotherapies in the treatment of drug addiction disorders. Within the United States, the most noteworthy development has been the approval of buprenorphine in the treatment
of opioid dependence, and its availability for prescribing in an office-based setting has resulted in thousands of additional patients going into treatment. Although approved medications for the treatment of cocaine and methamphetamine dependence are still lacking, the National Institute on Drug Abuse has devoted substantial effort toward meeting these clinical needs. Recent studies of modafinil for the treatment of cocaine dependence have been especially encouraging. Looking to the future, the looming challenge is poly-drug addiction, a situation that is often complicated by co-occurring psychiatric disorders. As we strive to address the needs of these complicated patients, studies of buprenorphine/naltrexone may hold the key to a major advance.


A history of sexual, emotional, or physical abuse predicts adjustment during opioid maintenance treatment

This study examined how having a history of sexual, physical, or emotional abuse is related to overall functioning as assessed by the Addiction Severity Index during short-term opioid maintenance treatment with either buprenorphine/naloxone or methadone. Furthermore, the relation between abuse history and overall functioning by sex was explored. Participants (N = 268) were opioid-dependent adults entering an outpatient randomized clinical trial with buprenorphine/naloxone and methadone. Latent growth modeling indicated that females with an abuse history entered treatment with more problems in the psychiatric and family domains as compared with females without an abuse history. Over the course of treatment, a history of abuse predicted problems in the psychiatric and alcohol domains. Furthermore, a history of abuse predicted slower recovery times and less recovery overall for females in some domains. Males with an abuse history entered treatment with more severe psychiatric and family problems as compared with males with no history of abuse. Victims of abuse may present to sub-

stance abuse treatment with weaknesses in the areas of family relations, psychiatric status, and alcohol use. The nature of these problems and their trajectory over time differed by sex.


The effect of acamprosate on alcohol and food craving in patients with alcohol dependence

Introduction: The balance between inhibitory (gamma aminobutyric acid; GABAergic) and excitatory (glutamatergic) neurotransmission is thought to be associated with craving for alcohol and food. The anti-craving effect of acamprosate is thought to be mediated through modifying the balance of GABA and glutamate. Recent studies in animals have suggested that acamprosate may have non-selective effects on craving for both alcohol and food.

Methods: The influence of acamprosate for reducing craving for alcohol and food was assessed in 204 inpatients with alcohol dependence (96 patients treated with acamprosate, PWA; 108 patients were not treated PNA) was assessed at baseline and following 1, 2, and 4 weeks of treatment.

Results: There was a significant reduction in craving for alcohol over 4 weeks of treatment in both PWA and PNA groups, but without significant group differences. In contrast, a reduction in food craving was observed only in the PWA group. In addition, there was a significant increase of body mass index (BMI) in the PNA group but not the PWA group over the 4-week period.

Discussion: These results demonstrate acamprosate non-selective effects on craving for drinking and eating in alcoholic patients.

Doug Hyun Han, In Kyoong Lyoo, Young Hoon Sung, Sang Hoon Leec and Perry F. Renshaw. Drug and

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Familial Risk Analyses of Attention Deficit Hyperactivity Disorder and Substance Use Disorders

OBJECTIVE: A robust and bidirectional co-morbidity between attention deficit hyperactivity disorder (ADHD) and psychoactive substance use disorder (alcohol or drug abuse or dependence) has been consistently reported in the extant literature.

METHOD: First-degree relatives from a large group of pediatrically and psychiatrically referred boys with (112 probands, 385 relatives) and without (105 probands, 358 relatives) ADHD were comprehensively assessed by blind raters with structured diagnostic interviews. Familial risk analysis examined the risks in first-degree relatives for ADHD, psychoactive substance use disorder, alcohol dependence, and drug dependence after stratifying probands by the presence and absence of these disorders.

RESULTS: ADHD in the proband was consistently associated with a significant risk for ADHD in relatives. Drug dependence in probands increased the risk for drug dependence in relatives irrespective of ADHD status, whereas alcohol dependence in relatives was predicted only by ADHD probands with co-morbid alcohol dependence. In addition, ADHD in the proband predicted drug dependence in relatives, and drug dependence in comparison probands increased the risk for ADHD in relatives. Both alcohol dependence and drug dependence bred true in families without evidence for a common risk between these disorders.

CONCLUSIONS: Patterns of familial risk analysis suggest that the association between ADHD and drug dependence is most consistent with the hypothesis of variable expressivity of a common risk between these disorders, whereas the association between ADHD and alcohol dependence is most consistent with the hypothesis of independent transmission of these disorders. Findings also suggest specificity for the transmission of alcohol and drug dependence.

THE ISAM CERTIFICATION EXAM

Who is interested in sitting for the exam at CSAM’s conference in Vancouver, BC 2008?

So far, 40 physicians have achieved the ISAM certification from 6 countries, including 17 from Canada. At the latest sitting had 16 candidates for the ISAM certification exam in Cairo, Egypt, Oct 2007. Both the ASAM and ISAM certificates are recognized by CSAM as equivalent.

Due to logistical and cost considerations, we require a critical mass of at least 8 participants in order for an exam to be held coinciding with the CSAM annual meeting. We therefore solicit an expression of interest from recipients of the Newsletter to be received by our ISAM office (c/o nady.el-guebaly@calgaryhealthregion.ca) by May 1, 2008 for the CSAM meeting in Vancouver 2008 if there is enough interest. The complete documentation and dues will be required by August 1, 2008.

For further details about our exam, please peruse the ISAM website at www.isamweb.org.

Dropping out after the complete application is processed will cost $150 US and the rest of the fee will be refunded. We are also holding an exam sitting in Capetown, South Africa at the time of the ISAM annual meeting Nov 17-20, 2008.

Yours truly,

Nady el-Guebaly, MD
Chief Examiner, ISAM
Canadian Society of Addiction Medicine
La Société Médicale Canadienne sur l’Addiction

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