# XXVI Canadian Society Addiction Medicine Scientific Conference

*Thank you for your interest in 8th Annual Addiction Day & XXVI CSAM Scientific Conference. Please find an overview and learning objectives of the XXVI CSAM Scientific Program.*

## FRIDAY, NOVEMBER 13TH, 2015

### MORNING PLENARY (0845-0945)

**Prescription Abuse *(Dr. Roger Weiss)***

The Prescription Opioid Addiction Treatment Study (POATS), conducted at 10 U.S. sites under the auspices of the National Institute on Drug Abuse Clinical Trials Network, is the largest study yet conducted on treatment for those dependent upon prescription opioids (N=653). POATS examined different lengths of treatment with buprenorphine-naloxone and different intensities of counseling for this population. The study found buprenorphine-naloxone to be an effective treatment for prescription opioid dependence: 49% of 360 patients in the second phase of this 2-phase trial achieved abstinence or near-abstinence after 12 weeks of treatment. In short-term follow-up, only 9% of patients were abstinent 8 weeks post-treatment.However previous studies have established a need to examine long-term substance use outcomes, as these can differ from shorter-term response to treatment. This is particularly important for prescription opioid dependence, as nearly all studies of the long-term course of opioid dependence have solely examined heroin users. The Long Term Follow-up (LTFU) study followed prescription opioid-dependent patients (N=338) for 3.5 years after entering the Prescription Opioid Addiction Treatment Study. This presentation will review the outcomes of both the main trial of POATS and the lonterm follow-up study, examining issues related to opioid use, pain, and engagement in opioid agonist treatment.

***Learning Objectives*** *include (1) Review the epidemiology of prescription opioid use disorders; (2) Review outcomes from the Prescription Opioid Addiction Treatment Study, and (3) Review long-term outcomes of patients with prescription opioid use disorders*

### MORNING PLENARY (1000-1100)

**Marihuana *(Dr. Matthew Hill)***

Cannabis is a widely used recreational drug that is currently undergoing legal reforms within both the medical community and general public domain, but is still a source of great controversy. On an individual level, the majority of people who use cannabis regularly do so because of its ability to reduce anxiety. Similarly, at a clinical level, many individuals with anxiety conditions, in particular post-traumatic stress disorder, anecdotally report significant benefit from using cannabis. The aim of the current talk is to provide an overview of what is known about the neural circuits regulating anxiety and how these are impacted by cannabis, or derivatives from cannabis. More so, at a basic science level, we have been able to determine the mechanisms by which cannabinoids, as well as the endogenous cannabinoid system in the brain, regulates the

excitability and function of neurons within these neural circuits so that we have a greater understanding of the biological mechanisms by which cannabinoids can impact anxiety. Finally, exploration of the endocannabinoid system in anxiety has lead to the hypothesis that impaired actions of endogenous cannabinoids could be a neural substrate contributing to the development of anxiety disorders. Together, this discussion will provide an overview of understanding the neural mechanisms by which cannabinoids are able to modulate anxiety and the potential role compounds which target the cannabinoid system have for the treatment of anxiety conditions.
***Learning objectives*** *include (1) Identify the neural mechanisms by which cannabis and cannabinoids influence anxiety and emotion; and (2) Discuss the clinical data regarding the therapeutic effects of cannabis and cannabis constituents on anxiety related disorders.*

## MORNING TALK (1100-1145)

### E-Cigarettes: Where's the Smoking Gun? *(Dr. J Cox; Dr. P. Sobey & Dr. J. Daiter)*

Electronic Cigarettes (e-Cigs) began to make gains in popularity after the introduction of numerous smoking cessation aids in approximately 2008. The device delivers nicotine in a non-smoked method and is believed to be safer than smoked tobacco products. Advertising has predominantly been focused on teens and youth and has transitioned from word of mouth, email and mall kiosks to large scale television and multimedia campaigns. E-Cigs are largely unregulated in both Canada and the US and the process of research and regulatory policy development has lagged behind the exponential growth of the e-Cig industry. Debate continues over the issue of whether e-Cigs are another method that big tobacco is utilizing to sell product or whether electronic nicotine delivery systems are a safer alternative to smoked tobacco and have efficacy as a smoking cessation aid. This session will be presented as a debate with active audience participation.
***Learning Objectives*** *include (1) be familiar with the history and delivery devices commonly known as e-Cigarettes; (2) be familiar with the current issues relating to increasing popularity, regulation and potential risks of e-Cigarrette; (3) be familiar with the current evidence and issues relating to e-Cigarettes been a stop smoking aid versus an alternative method for big tobacco to sell product*

## AFTERNOON PLENARY (1315-1415)

### State of the Science for Technology-Based Approaches to Substance Use: Directions for the future *(Dr. Sarah E. Lord)*

There is strong and growing evidence to support the effectiveness of technology-based approaches for substance use disorders across the care continuum, including screening and assessment, education, treatment, and recovery support. Existing technology-based approaches are delivered by way of computers, laptops, tablets, or mobile smartphones, either as stand-alone interventions or as augments to care. Research has consistently demonstrated that technology-based approaches can work as well as, in some cases better than, care delivered by trained clinicians. There is also growing support for the cost-effectiveness of these treatment approaches. Despite strong empirical support for technology approaches, the field is relatively nascent with regard to guidance on the process of implementing these approaches in diverse care settings. I will present the state of the evidence for technology-based care approaches and discuss barriers and facilitators to adoption and implementation of technology-based tools in diverse care settings.

***Learning Objectives*** *include (1) Identify ways in which web-based and mobile technologies can meet service delivery needs and (2) Describe factors associated with successful adoption and implementation of technology-based therapeutic approaches for substance use and co-occurring disorders*

## AFTERNOON PLENARY (1415-1515)

### Integrative Addiction Medicine *(Dr. G. Bunt)*

The burgeoning area of the application of nutritional and alternative medicine technologies in integrated medicine and psychiatry has taken root in the treatment of addictive disorders. Nutritional supplements spanning a wide range may be therapeutic in treating both deficiencies or insufficiencies as well as an adjunct to pharmacological interventions. Nutritional supplements that are commonly utilized in the treatment of addiction disorders and corresponding co-morbid psychiatric disorders or symptoms include l-methylfolate, vitamin D, inositol, l-tryptophan, omega 3 fatty acids, s-adenosyl methionine (SAM-E) , N-acetylcysteine (NAC), melatonin, rhodiola rosea, valerian, theanine, creatine, and hypericum. Additionally alternative technologies such as the Cranial-electrostimulator (CES) and the Biomat which delivers infrared heat may have effectiveness in reducing anxiety and pain.

***Learning Objectives*** *include (1) an enhanced understanding of the various applications of various nutritional/alternative interventions in addiction medicine.*

## AFTERNOON TALK (1530-1550)

### Option 1: Cancelled due to unforeseen circumstances *(Dr. B. Kapur)*

### Option 2: Changes in mental health with opioid analgesic for chronic non-cancer pain *(Dr. R. Tanguay)*

Multidisciplinary chronic pain centres are considered to be gold standards for the treatment of chronic non-cancer pain (CNCP). Despite a lack of authorized indications and in some cases, sufficient evidence, opioid analgesia is commonly prescribed for most CNCP conditions. Chronic opioid analgesia is associated with common adverse effects including sleep disturbances, cognitive dulling and sedation. These are symptoms also identified for patients with depression and anxiety. At present, we do not associate chronic opioid analgesia use with adverse mental health outcomes. A prospective analysis of the The Neuropathic Pain Database (NePDAT) cohort, performed at several Canadian multidisciplinary pain centres, was performed. The results suggest that the use of opioids in the treatment of CNCP may impede or fail to contribute to benefit the treatment for mental health difficulties associated with CNCP at multidisciplinary pain centres.

***Learning Objectives*** *include (1) Increase understanding of effects of opioids on mood in the chronic pain population; and (2) increase understanding of effects of opioids on quality of life in the chronic pain population*

## AFTERNOON TALK (1550-1610)

### Option 1: Methadone-Antipsychotic Drug Interactions: Systemic review of the literature *(Dr. N. Ng & Dr. R. Watterson)*

Opioid use is a common clinical problem in the field of substance use disorders. Over the past decade, the use of methadone has been shown to be an effective treatment in managing opioid dependence. Often however, psychiatric patients on methadone treatment are concomitantly taking antipsychotics to manage a variety of issues. Methadone-antipsychotic interactions (MAI) have been shown to cause several adverse effects and can impact quality of life.

A systematic review of published literature in MEDLINE, EMBASE, PsycINFO, PubMed, CINAHL, and Web of Science was conducted. Two consistent themes were found. among the selected literature: 1) Atypical antipsychotic use, specifically quetiapine, in conjunction with methadone management, has been shown to increase methadone levels in opioid-dependent users. 2) Typical antipsychotic use, specifically chlorpromazine with methadone, has been shown to cause central nervous system (CNS) and respiratory depression. These findings highlight the importance of ongoing clinical monitoring for those managed concomitantly on methadone and antipsychotics, particularly quetiapine, risperidone, chlorpromazine, and haloperidol.

***Educational Objectives*** *include (1) Understand the possible methadone antipsychotic interactions; and (2) Understand precautions and necessary procedures to follow when administering antipsychotics to patients on methadone*

### Option 2: Fostering Resilience and Psychosocial Strategies to support opioid elimination *(Dr. E. Saxton)*

Individuals who have chronic pain may take opioid medications as part of their treatment regime. There is a certain group of clients who do not experience a significant increase in functioning or reduction in pain to warrant continuing opioid therapy. They may also experience side effects, display high risk for misuse, or are prohibited from taking such medications at their work. The goals of our interdisciplinary medication management programs are to: (a) Execute an opioid taper protocol for each client; (b) Improve mood; (c) Educate on medications, their uses and side effects and, in so doing, change client attitudes and beliefs about pain and medication use; (d) Integrate psychosocial skills for functional goal attainment and fostering of resiliency

An opioid reduction program, emphasizing psychosocial skills and resiliency, continues to demonstrate positive outcomes for clients.

***Educational Objectives*** *include (1) Be introduced to the concept of resiliency as a goal of treatment to help with withdrawals and abstinence; and (2) Be introduced to several psychosocial interventions to help manage pain and mood during withdrawal and increase client's sense of self-efficacy*

## AFTERNOON TALK (1610-1630)

### Option 1: Evaluating the impact of benzodiazepine use in patients enrolled in opioid agonist therapy *(Dr.* A. Franklyn)

The proposed study aims to determine the effect of prescribed versus non-prescribed benzodiazepine use on patient retention in opioid agonist therapy.

Comparing opioid agonist therapy retention rates across prescribed benzodiazepine, non-prescribed benzodiazepine, and no benzodiazepine groups is the primary outcome of interest. Secondary analysis of hospitalization rates, mortality rates, co-occurring mental health disorders, geographic location (urban/rural; Northern/Southern) and gender effect will be evaluated. The stratified cohorts will be used to determine if patients seeking opioid agonist therapy have a greater probability of positive treatment (defined as one year uninterrupted treatment) based on their benzodiazepine use. A Kaplan-Meier survival analysis will be performed to determine time to discontinuation on each patient who has started opioid agonist therapy in the time frame. If treatment is interrupted for more than 30 consecutive days, the patient will be defined as having left therapy. Statistical analysis will be performed on the proportion of patients who complete uninterrupted opioid agonist therapy for one full year. Descriptive metrics will be used to characterize each patient group. Descriptors will include age, sex, income quintile, prior drug use, among others. Unadjusted and adjusted regression models will be utilized to determine odds ratios between stratified cohorts. Results and conclusion will be discussed.

***Educational Objectives*** *include (1) Recognize the impact of benzodiazepine use on opioid agonist therapy retention; and (2) Recognize the implications of benzodiazepine use in patients enrolled in opioid agonist therapy including hospitalization, mortality, co-occurring mental health disorders, geographic and gender.*

### Option 2: Patient and prison-setting factors affecting medication adherence in correctional facilities: a SHINE mixed methods study (L. Cuthbertson)

This study explored patient and prison-setting factors affecting medication adherence from the perspective of inmates at the Calgary Remand Centre (CRC). Effective medication administration within prisons is important to manage inmates' symptoms, stop relapse, slow disease, and help recovery. Both individual and institutional barriers to medication adherence in correctional facilities hinder effective disease management. Findings of this study inform recommendations to improve disease management in correctional facilities, and may have relevance for medication management of other vulnerable populations outside of the prison-setting.

***Educational Objectives*** *include (1) Recognize the patient and institutional factors that influence medication adherence in correctional facilities; and (2) Be familiar with the SHINE (Students for Health Innovation and Education) program at the University of Calgary. SHINE promotes interdisciplinary collaboration and unites the fields of medicine, population health and social policy by embedding students in service-oriented, longitudinal partnerships with community-based organizations*.

## AFTERNOON TALK (1630-1650)

### Option 1: Blending Aboriginal and Western Healing Methods to Treat Intergenerational Trauma with Substance Use Disorder in Aboriginal People who live in Northeastern Ontario, Canada. *(Dr. T. Marsh)*

As with many Indigenous groups around the world, Aboriginal communities in Canada face significant challenges with trauma and substance use. The complexity of symptoms that accompany intergenerational trauma and substance use disorders represents major challenges in the treatment of both disorders. There appears to be strong evidence that strengthening cultural identity, incorporating traditional healing practices, community integration, and political empowerment can enhance and improve mental health and substance use disorders in Aboriginal populations. This study explored the feasibility of utilizing an empirically studied treatment model, Seeking Safety (2002a), and incorporating

Indigenous traditional healing practices for the treatment of intergenerational trauma and substance use disorders. Results revealed decreased substance use and trauma symptoms, supporting the benefits of the combined model to enhance healing.

***Educational Objectives*** *include (1) Participants will develop an appreciation for challenges faced by Aboriginal peoples with Intergenerational trauma and substance use disorders in Northern, rural, and remote regions of Ontario; and (2) Participants will become familiar with the importance of incorporating Aboriginal traditional healing practices and seeking Safety to enhance positive treatment outcomes for Aboriginal patients with intergenerational trauma and substance use disorders.*

## Option 2: Developing a Methadone Information Handbook *(Dr. A. Turnquist & Dr. C. Pancyr)*

Three focus groups (n = 18) were guided in discussion through semi-structured interviews to: (a)To gain insight into the current understanding patients have of the Methadone Maintenance Therapy (MMT) program; (b) To assess what current sources of information MMT patients use and if they desire more resources; and (c) To evaluate if patients desire an information handbook on MMT. If yes, find what information it should contain and what should look like.

Four themes were identified. Theme one, Understanding Methadone, included defining methadone, and identifying benefits and harms of methadone. Theme two, Lack of Information, discussed initial sources of information, current sources of information, and a desire for more resources. Theme three, Handbook Desirability, centered on assessing the content and artwork of a sample handbook provided. All groups reached consensus that they desired a handbook. Theme four, Stigma and Prejudice, included spontaneous conversation about difficulties in dealing with the stigma of using methadone treatment, particularly in the context of pharmacy interactions. As a result of the findings that participants felt they lacked adequate resources and desired more information, including an information handbook, the development of a patient-centered handbook was initiated using the recommendations provided by participants.

***Educational Objectives i****nclude (1) Participants will recognize the understanding patients had of MMT and its risks and benefits as well as their need and desire for more resources to assist them during treatment; (2) List several features of informational resources that were considered valuable by MMT patients; (3) Demonstrate an appreciation for the patient's experience with stigma and prejudice associated with MMT; and (4) Identify resources for patients on, or considering going on, MMT*

## SATURDAY, NOVEMBER 14TH, 2015

### MORNING PLENARY (0845-0945)

### Brain Plasticity and Addiction *(Dr. Bryan Kolb)*

Brain plasticity refers to the brain's ability to change in response to experiences to provide a mechanism for adaptive change. But such adaptations are not always beneficial. Addictions are chronic relapsing disorders caused by genetic, epigenetic, and environmental factors that interact to lead to long-lasting experience-induced changes in certain brain regions in vulnerable individuals. I will review the types of plastic changes, including molecular, cellular, and behavioral changes, that occur in specific brain regions, including the prefrontal cortex, striatum, and brainstem, to mediate behavioral changes in addiction. But addiction is not about one brain system but rather involves multiple brain systems that support different types of behavioral changes and lead to more than one type of addiction. The plastic changes in addiction are not novel but are seen in many other types of behavioral change including learning and memory, which helps to provide a key to understanding how they occur. A significant challenge is in understanding why some people are more vulnerable than others. A promising direction is in the study of epigenetic differences underlying susceptibility that may span generations. Finally, there are metaplastic changes (interactions among plastic changes) that provide explanations for why addiction-related plasticity can influence other behaviors such as learning and memory.
***Learning objectives*** *include (1) To identify the basic rules of brain plasticity; (2) To describe the cellular and molecular brain changes mediating addiction; (3) To review theories of why people become addicted to drugs; and (4) To consider what makes people susceptible to addictions.*

### MORNING PLENARY (1000-1100)

### Clinical considerations for behavioral addictions in the settings of DSM-5 and ICD-11 *(Dr. Marc Potenza)*

Over the past several decades, significant advances have been made with respect to our understanding of the etiology, course and clinical characteristics of pathological gambling. During the DSM-5 process, pathological gambling was renamed as gambling disorder and reclassified from an impulse control disorder to an addictive disorder, substantiating the notion of non-substance or behavioral addictions. While Internet-related behaviors were considered and research diagnostic criteria for Internet gaming disorder generated and included in section 3 of DSM-5, the Committee believed that additional data were needed prior to introducing such a disorder into the main text of DSM-5. As ICD-11 preparations are underway, there exists debate about how best to classify these and other conditions that may be considered impulse control or addictive disorders. The presentation will focus on relevant processes related to these issues in DSM-5 and ICD-11, including ongoing work by a WHO group, and will present information from clinical, epidemiological and neurobiological domains, with a view towards improving policy, prevention and treatment approaches.
***Learning objectives*** *include (1) Participants will appreciate changes from DSM-IV-TR to DSM-5 as related to pathological gambling, including understandings of the data used in the decision-making processes; (2) Participants will gain an understanding of debated points regarding Internet gaming disorder and other maladaptive patterns of Internet use; and (3) Participants will learn about similarities and differences between compulsive sexual behaviors and substance use disorders.*

## MORNING TALK (1100-1145)

### Low Risk Guidelines for gambling derived from Longitudinal Research *(Dr. Shawn Currie)*

Responsible gambling is promoted to prevent the development of problem gambling but there is no quantitative definition of what responsible or "low-risk" gambling is in terms of gambling behaviour. In the field of alcohol research, low-risk drinking guidelines have been developed and widely disseminated to the public (e.g., maximum 2 drinks a day, 14 drinks per week). In light of the rapidly expanding gaming industry and significant rates of problem gambling in North America, the development of comparable low-risk gambling guidelines has been recommended. To this end, a set of low-risk gambling limits were produced using Canadian epidemiological data on the intensity of gambling behaviour and related consequences. The empirically derived limits (gambling no more than two to three times per month, spending no more than $501-$1000CAN per year or no more than 1% percent income on gambling) accurately predicted risk of gambling-related harm after controlling for other risk factors. A significant limitation of this research is the cross-sectional nature of the data used to establish the low-risk limits. The Quinte Longitudinal Study (QLS) followed a cohort of over 4,000 Ontarians over 5 years. The randomly selected sample (mean age = 46 years; 55% female) was composed of individuals with a range of gambling habits and problem gambling characteristics. In preliminary analysis of the predictors of future gambling problems, measures of gambling intensity at baseline were found to be highly associated with the onset of problem gambling at subsequent time periods. We extend this work by adapting the risk-curve approach used in the development of the low-risk gambling limits to the QLS longitudinal data. Using a combination of ROC analysis, risk-curves and regression analyses we identified the optional cut-offs for predicting future harm from gambling based on measures of gambling intensity (frequency, total expenditure, and percent of household income spent on gambling). The limits will be cross-validated with another longitudinal data set the Leisure, Lifestyle, Lifecycle Project, an Alberta based study of over 1800 for five years. The findings of this work and their implications for problem gambling prevention activities will be presented.

***Educational Objectives*** *include (1) Know the relationship between gambling intensity and harm from gambling; and (2) Describe how low-risk limits can be applied to gambling behaviour*

## AFTERNOON SYMPOSIUMS

## MARGINALIZED POPULATIONS SYMPOSIA (1315-1500)

### The Addiction Recovery and Community health (ARCH Team: Meeting the needs of socially complex patients with substance use disorders in an acute care setting *(Dr. K. Dong; Dr. K. Meador & Dr. G. Salvalaggio)*

An acute care hospital serves an important role as a societal safety net; for some complex inner city patients the hospital is often the only 24/7 safe place to access medical care and services. As a critical point of access, acute care settings must be prepared to offer, in addition to acute medical interventions, evidence-based addictions treatment and social stabilization. The feasibility of traditional addiction treatment approaches for inner city patients, however, is complicated by complex social circumstances; evidence-based treatments and resources must be considered in the overall context of the challenges and strengths faced by each individual patient. Addiction Recovery and Community Health

(ARCH) is a multidisciplinary consult team embedded within an inner city acute care hospital. With relationship-building as a core principle, addiction stabilization activities are complemented by social stabilization, health promotion, community linkage, and harm reduction activities. Launched in July 2014, ARCH sees approximately 20 new consults weekly. A process evaluation is underway to understand patient and other stakeholder experiences with the team. Consenting patients are also being tracked longitudinally in a controlled study to determine ARCH's impact on substance use, health services use, health promotion outcomes, and social outcomes. ARCH's clinical and research successes hinge on strong academic, health sector, social sector, and data custodian partnerships, however, the most critical partnership remains that between team members and the inner city community it serves. We will discuss our experience with these partnerships and present preliminary patient outcomes.

***Educational Objectives*** *include (1) Determine which partnerships are required to develop, implement, and sustain services for inner city communities; and (2) Understand the complex, multidisciplinary care needs of inner city patients living with addiction*

## *Development of a concurrent disorders service (Dr. J. Brausch)*

Patients with co-occurring addictions and mental illness are often unable to achieve recovery in standard addiction services. St. Joseph's Healthcare Hamilton determined that patients with concurrent disorders (CD) comprised 50% of their acute inpatient population and had high rates of repeat admissions and emergency room visits. A Concurrent Disorders Service was developed to address the care needs of this high-morbidity group. Developed in stages, the initial phase began with converting one of Hamilton's 4 acute inpatient psychiatry units to serve patients with concurrent disorders. The unit is still for patients requiring an acute psychiatric admission, but now provides comprehensive assessments for addictions, as well as individual and group counselling using a harm reduction framework. Next, we created a Concurrent Disorders Outpatient Clinic with one team providing both psychiatric care and addictions counselling. A service review found that 13 patients admitted to the CD inpatient unit who then received CD outpatient care averaged 3.46 ER visits each in the year before admission, and 0.38 visits in the year after. We are now developing the Capacity Building Team, which works with mental health outpatient clinics and inpatient units to improve the staff's knowledge and skills in assessing and treating addictions in their patients. The presentation will focus on the development of the Service, implementation, outcome measures, successes and challenges, as well as plans for the future.

***Educational Objectives*** *include (1) Describe the steps in developing and implementing a concurrent disorders program; and (2) Identify measurable indicators to assess in determining the need and impact of a concurrent disorders program*

## *Factors impacting treatment retention for patients with opioid dependence in Northern and rural regions of Ontario (Dr. K. Anderson)*

For patients with opioid dependence in Northern Ontario, the interplay between access to mental health services and methadone maintenance therapy is complex. Psychiatric comorbidity including mood, anxiety, personality and post-traumatic stress disorders, are common with opioid dependence. Research indicates a greater compliance with treatment if it is provided by the same physician or at the same facility in an integrated service. A second line option includes working with psychiatric services to establish a referral process and frameworks for shared care. While an integrated approach is optimal, patients living in Northern, rural, and remote regions of Ontario have limited access to psychiatric care and methadone programming; as a result, mental health and opioid-dependence are treated separately. Using health data from Ontario,

we conducted a retrospective cohort analysis on patients with diagnosed mental health disorders who are also enrolled in methadone maintenance therapy. One year of continuous methadone therapy is the primary treatment outcome. Preliminary analysis indicates that a patient's geographic status (e.g., northern, urban, rural) and treatment modality (in person vs. telehealth) have an impact on treatment outcomes. Further study into the contribution of methadone (or Suboxone) will also be discussed.
***Educational Objectives*** *include (1) Participants will develop an appreciation for challenges faced by patients with opioid-dependence and comorbid mental health disorders in Northern, rural, and remote regions of Ontario; and (2) Participants will become familiar with factors that contribute to positive treatment outcomes for patients with opioid-dependence and comorbid mental health disorders.*

### *Digging a deeper hole (Dr. S. Koivu)*

Oxycodone was an effective analgesic but exposure to it, even as a legal prescription, has been found to lead to a high incidence of abuse, addiction and death from overdose. Largely for this reason, OxyContin and its generic counterpart have been removed from the Ontario Drug Formulary.
Physician prescribing habits have largely turned to other opioid, particularly HydromorphContin. This has created unexpected collateral damage. We have found that since the discontinuation of OxyContin the incidence of infectious complications of injection drug abuse, including endocarditis, sepsis and death have increased dramatically. We found that this is related to the physical properties of HydromorphContin as well as harm reduction kit use habits.
We need to learn from this when making future policies and practice changes. Harm reduction kits and education, need to evolve with changing abuse patterns, and Physicians prescribing opioids need to keep informed about abuse patterns and their consequences. Otherwise we could continue to dig a deeper hole.
***Educational Objectives*** *include (1) Changes is prescribing habits, even when well meaning can create unexpected negative consequences; and (2) We need to learn from what we do, monitor the effects of changes we make and alter our prescribing habits and harm reduction accordingly to prevent digging a deeper hole*

## EDUCATION & TRAINING SYMPOSIA (1315-1500)

### A few more baby steps for Canadian Addiction Medicine Education and Certification *(Dr. R. Hering)*

By many accounts the development of Addiction Medicine in Canada is still in its infancy. There have been a number of advances in Canada over the last few years that suggest significant growth for this field is on the horizon. The American Board of Addiction Medicine has certified two different Canadian fellowship programs and there are multiple other sites in Canada that have fellowship programs in various stages of development. Additionally there has been significant progress in developing homegrown Canadian certification for Addiction Medicine, which is crucial for the growth of Addiction Medicine in this country. An update on these issues will be presented.
***Learning Objectives*** *include (1) Appreciate Progress in Addiction Medicine Education Training in Canada; and (2) Get updated on recent developments in Addiction Medicine Certification in Canada*

## Building an Addiction Medicine Fellowship from the ground up in Vancouver, Canada *(Dr. L. Rieb)*

Increasing addiction medicine training across Canada is needed to meet the overwhelming demand of people suffering from addictive disorders. To help meet this need, we developed an addiction medicine fellowship in Vancouver.

***Educational Objectives*** *include (1)This presentation will help participants gain insight as to the process of building capacity for addiction medicine training; and (2) It will provide information so that participants can outline key elements in creating an addiction medicine fellowship, like the one at St. Paul's Hospital in Vancouver*.

## Diversity of Training Healthcare Providers in Addiction Medicine: Preliminary qualitative data *(Dr. J. Klimas)*

This rapid rise of new structured educational programmes for addiction medicine specialists isn't without problems. We describe a programme of research that tries to understand mechanisms for scaling up and standardising the addiction medicine education internationally. Recognising that diversity of the programmes reflects the critical role of responding to the regional needs and context in the development and implementation of these programmes, we call for standardised training programmes in addiction medicine internationally.

***Educational Objectives*** *include (1) Recognize the diversity of physician training in addiction medicine; and (2) Understand what it's like to be a physician trained in addiction medicine; what fosters and what hinders training*

## Addiction Psychiatry: The Canadian Journey *(Dr. N. el-Guebaly)*

The search for educational validation must follow national guidelines and be informed by an international yearning for standardization. An update on the ongoing Canadian journey is presented. Recent developments and the recent acceptance in principle by the Royal College of a Diploma in Addiction Medicine starting with Specialists has resulted in an increased awareness for the need of specialty training at all levels of medical education. Sharing our international experience as well as available products like the ISAM Certification exam and new Textbook are major boosters to national curricula. A model for potential differentiation of levels of proficiency between Generalists and Specialists with Addiction Medicine will also be presented. National educational initiatives require seizing opportunities presented by evolving guidelines as well as utilizing international experiences and products.

***Educational Objectives*** *include (1) Appraise the search for educational validation in Addiction Psychiatric Residency programs; and (2) Recognize the possibilities of a core body of knowledge for the potential Diploma of Addiction Medicine*.

## Provincial Addiction Curricula & Experiential Skill (PACES) Training Initiative *(Dr. L. Calhoun)*

Despite the prevalence and undeniable impacts of addiction and mental health disorders, professional development activities addressing primary addiction and concurrent disorders remain elective, sporadic and undersubscribed when compared with other topics of academic instruction. In response, Provincial Addiction & Mental Health, Alberta health Services is committed to the implementation of a provincially accessible curriculum that adheres to academic standards for accreditation, and provides for experiential skill training opportunities that meet the learning needs of intermediate and advanced practitioners responding to adult populations experiencing concurrent disorders. The Provincial Addiction Curricula and Experiential Skills (PACES) Training Initiative will utilize learning technology in the development of a self-

navigated, academic curriculum and simulated learning event. PACES seeks to enhance current service delivery by addressing a well-documented gap in addiction education for medical and psychosocial practitioners. The PACES training initiative will evaluate success of its delivery in support of improving quality service and public assurance.
**Educational Objectives** include (1) To enhance awareness of the PACES Training Initiative; and (2) To invite discussion regarding similar professional development initiatives to enhance opportunity for collaborative learning.

## Qualitative assessment of community Pharmacists' educational & skills needs concerning Addiction *(Dr. S. Fatani)*

Community Pharmacists are the most accessible health care providers. However, pharmacists are poorly utilized when addressing the issue of substance abuse and addiction. It can be hypothesized that the lack of educational/training are the driving factor for such deficiency. Therefore, we aimed at a) Evaluating the current educational curricula in pharmacy schools in Canada in relation to addiction; b) Assessing pharmacists' current skill set and the extent of the problem in the city of Saskatoon from their perspectives; c) Identifying skills and educational needs for community pharmacists concerning providing optimum services to drug addicts. Survey results revealed that addiction is rarely discussed as a social matter but primary from pharmacological endpoint, leaving new graduates ill-equipped to provide the right services to addicts. Respondents acknowledged that addiction is a major concern in the city of Saskatoon and that they are not trained to deal with drug addicts. Finally, two major issues emerged, namely "lack of knowledge" as well as the need for immediate and long-term educational/training initiatives. This work will influence future educational plans as well as provide suggestions to improve the contemporary educational plans based on a view from the fields of practice
***Educational Objectives*** *include (1) Recognize the demand to incorporate social aspects of addiction as a main element in addiction education at the undergraduate level; and (2) Recognize the importance of training and inter-professional interactive educational session in continuous education for practicing pharmacists.*

## CLOSING PLENARY (1515-1545)

## The Alberta Addiction & Mental Health Review: Current challenges & lessons learned *(Dr. David Swann)*