9th Annual Addiction Day Conference & Networking Fair Scientific Program

|  |
| --- |
| **Friday, May 26, 2017** |
| **0700-0800** | **Registration & Continental Breakfast – MacEwan Hall & Foyer** |
| **0800-0815** | **Welcome and Introductions – MacEwan Hall****Ann Crabtree** |
| **0815-0900** | **Morning Plenary Speaker 1 – MacEwan Hall****Inspire (Chris Cull)** In the summer of 2014, Chris bicycled across Canada from Victoria B.C. to St. John’s Newfoundland. In that 8000km ride, a group of young filmmakers created a documentary about the Canadian prescription drug abuse epidemic. Learn about Chris’s journey from opioid addiction and his message to never lose hope. ***Learning Objectives*** *include:* *1) Define power of a positive mindset* *2) Use addiction and the skill set learned in recovery* *3) Embrace adversity and develop a "Never Quit” attitude.* |
| **0900-0915** | **Nutrition Break & Networking Fair – MacEwan Hall & Foyer** |
| **0920-1005** | **Morning Plenary Speaker 2 – MacEwan Hall****The Intersection of Substance Use Disorders and PTSD:** **Overview and Advances in Treatment** **(Dr. Sudie Back)**Posttraumatic stress disorder (PTSD) represents one of the most common mental healthdisorders, particularly among veterans, and is associated with significant distress and impairment.PTSD is also one of the most common anxiety disorders in individuals with substance use disorders (SUDs). Learn of the importance of treating SUD/PTSD in order to reduce co-occurring symptoms along with clinical implications and future research. ***Learning objectives*** *include:**1) Describe the comorbidity of substance use disorders of PTSD among civilian and veteran populations;* *2) Summarize the behavioral and pharmacologic treatment of comorbid substance use disorders and PTSD and Addiction.* |
| **1010-1125** | Morning Comprehensive Assessment & Intervention WorkshopsWomen & Addiction: A Local Perspective (Capri Rasmussen, Aventa & Janine Copeland, CARE Program) – Cassio B RoomAventa is based in Calgary and has been providing addiction treatment services exclusively for women since 1970. Incorporating curriculum materials by **Dr. Stephanie Covington**, Aventa provides concurrent capable, trauma informed, gender responsive addiction treatment programs to meet the unique needs of women. The workshop will provide an overview of Aventa’s addiction treatment programs. *Learning Objectives include:* *1) Identify Aventa’s programs and how to assist women in accessing services;**2) Describe Aventa’s client demographics and outcomes.* Co-occuring Addiction Recovery Essentials (CARE) for Women is an outpatient program designed for women in Calgary.  Dr. John Streukens, a renowned specialist in the fields of addiction and mental health, designed the program to fill a gap in local services.  The program addresses critical clinical concerns as well as the basics of 12-step recovery.  This workshop will cover the necessity for ongoing evidence-based programming specific to women's needs, as well as an overview of services provided by CARE for Women.*Learning Objectives include:**1) Understand the necessity for ongoing research into gender-specific treatment needs;**2) Identify various service providers and the characteristics that differentiate them;**3) Recognize CARE's role in the community and understand how to access services.*Addiction & Infectious Diseases: What You Need To Know (Dr. John Gill) – Bianca RoomLearn about the prognosis and therapeutic approaches to treating infectious diseases, specifically Hepatitis C and HIV along with health care interventions. *Learning Objectives include:**1) Appreciate the diverse risks of systematic infections (such as HIV HBV HCV and bacteremia) seen in PWID (persons who inject drugs;* *2) Describe the additional risk of infections from social environment often associated with addictions (e.g. MRSA).*Pearls, Perils and Pitfalls of Opioid Presribing (Dr. Ann Crabtree) – Cassio A Room Adolescent Substance Use Disorder and ADHD: Partners in Crime (Dr. Sam Chang) – Escalus RoomAdolescents with ADHD and SUD are increasingly presenting for diagnosis and treatment in both clinical practices managing ADHD and in SUD-oriented treatment centers. A growing literature highlights the importance of recognizing both disorders, specifically accessing the treatment needs of these patients. *Learning Objectives include:* *1) Discuss developmental risks for adolescent SUD;* *2) Describe the risks of untreated ADHD, especially of SUD in adolescents;* *3) Describe the risks and benefits of treatment;* *4) Discuss treatment strategies and Canadian guidelines (CADDRA).* An Overview of Harm Reduction: Supervised Consumption, and Injectable Opioids (Dr. Christy Sutherland) – Mac Ewan Hall Overdose is the leading cause of preventable death among people who inject drugs. Unintentional deaths and injury from opioid overdoses are preventable through program and policy changes. A comprehensive public health approach to overdose requires a harm reduction perspective.*Learning Objectives include:* *1)* *Summarize the literature on supervised consumption sites;* *2) Summarize the literature for injectable opioid treatment;* *3) Apply practical tips for incorporating harm reduction into your practice.*  |
| **1130-1245** | **Lunch & Networking Fair – MacEwan Hall & Foyer** |
| **1150-1200** | **Lived Experience Video – University of Calgary Medical Students – MacEwan Hall** |
| **1245-1400** | **Afternoon Comprehensive Assessment & Intervention Workshops****Chronic Opioid Treatment in Chronic Non-Cancer Pain** **(Dr. Rob Tanguay) – Cassio B Room**Safe and effective chronic opioid therapy for chronic non-cancer pain requires clinical skills and knowledge in both the principles of opioid prescribing and on the assessment and management of risks associated with opioid abuse, addiction, and diversion.***Learning Objectives*** *include:* *1) Be aware of the risks of Opioids;* *2) Employ a process of tapering opioids in chronic opioid therapy;* *3) Discuss evidence of Chronic Opioid Therapy in Chronic Non-Cancer Pain.***A Taste of Motivational Interviewing for Practitioners** **(Dr. David Hodgins) – Bianca Room**Motivational interviewing is playing an increasing role in addiction treatment. This workshop will provide an introduction to the model, a description of where is can be incorporated into practice, and introduction to a number of specific techniques. Examples of its application to gambling and substance use disorders will be used. ***Learning Objectives*** *include:* *1) Consider the spirit and theory underlying motivational interviewing;* *2) Identify familiar with one or more techniques that can be used to help elicit client change talk.***Dialectal Behavioral Therapy** **Mining the Split:** **Tools that Strengthen Teams and Enrich Treatment in Adversity** **(Dr. Kathryn Fitch) – MacEwan Hall**Dialectical Behaviour Therapy is a treatment which heavily relies upon team consultation to enhance treatment outcomes for patients with Borderline Personality Disorder. Several elements enhance a DBT team's ability to effectively support one another through the challenge of helping clients known for "splitting" teams. Through a combination of lecture, small group brainstorming and role play, participants will have an opportunity to learn and practice implementing strategies such as dialectical thinking, balancing validation versus change feedback, supporting colleagues who are managing intense feelings about patients and possibly challenging work conditions, and utilizing the DBT team agreements and DBT assumptions about patients to facilitate effective brainstorming.***Learning Objectives*** *include:* *1) Reflect on the enriching effects of differing viewpoints, and working through adversity, when optimizing treatment;* *2) Employ balancing validation versus change feedback when supporting colleagues in managing their most intense reactions to patients, and when enhancing treatment for one's most challenging patients;* *3) Demonstrate working from the DBT team agreements and the DBT assumptions about patients.***Screening, Brief Intervention & Referral to Treatment \*SBIRT** **(Dr. Peter Butt) – Cassio A Room**The Screening, Brief Intervention and Referral (SBIR) resource is a practical, web-based guide that offers a three-step alcohol assessment and referral process, supported by related online resources. The resource is designed to promote a culture of moderation, and represents another recommendation fulfilled under the National Alcohol. ***Learning Objectives*** *include:* *1) Explore the process of Alcohol SBIR, for various risk categories;* *2) Identify the important role for pharmacotherapy;* *3) Critique the approach and discuss practice implementation.* **Cognitive Behavioural Therapy Fundamentals** **(Dr. Deborah Dobson) – Escalus** Cognitive behavioural therapy (CBT) has become one of the major models of evidence-based psychotherapy and is commonly used in all areas of addictions and mental health.  This 75 minute introductory workshop will provide an overview of the model as well as some of the research support for its use. The fundamental building blocks of CBT will be presented in an accessible, engaging and practical way. Participants will be exposed to core skills through presentation, discussion and demonstration. Case examples will be utilized to promote audience participation. ***Learning Objectives*** *include:* *1) Employ the fundamentals to “think” like a CBT practitioner in assessment and case conceptualization;* *2) Structure CBT sessions—agenda setting, session structure and homework;* *3) Utilize behavioural experiments to challenge thoughts;* *4) Describe fundamental CBT skills. (Recommended reading: Dobson, D. J. G., & Dobson K. S. (2017) Evidence-based practice of cognitive behavioral therapy (2nd Edition). NY: Guilford Press).* |
| **1400-1425** | **Nutrition Break & Networking Fair – MacEwan Hall** |
| **1425-1545** | **Afternoon Plenary Speakers – MacEwan Hall****Medical Marijuana for Pain** **(Dr. John Pereira) 25 mins**Offering the perspective from a prescriber to challenge participants to consider whether medical marijuana is riskier than standard opioids currently used for chronic pain management from the perspective of tolerance, addiction and overdose. ***Learning Objectives*** *include:* *1) Distinguish that medical marijuana refers to a group of vastly different treatments;* *2) Inform that medical marijuana is not Health Canada approved for any condition;* *3) Summarize the limited evidence for medical marijuana in chronic pain;* *4) Discuss selected risks of long-term medical marijuana treatment in non-cancer pain.***Prescribing: Drugs with Potential for Misuse or Diversion ~ the New CPSA Standards (Dr. Ann Crabtree) 25 mins**Improving the way opioids are prescribed through clinical practice guidelines can ensure patients have access to safer, more effective chronic pain treatment while reducing the number of people who misuse, abuse, or overdose from these drugs.***Learning Objectives*** *include:**(1) Understand the new CPSA Standards* *2) Understand the differentiation between guidelines and standards, and the implications on your practice.* **Review and Development of a National Clinical Opioid Use Disorder Treatment Guidelines** **(Dr. Ron Lim) 25 mins**Provide information on evidence-based treatment of opioid use disorder—practice guidelines. ***Learning Objectives*** *include:* *1) Summarize the National Clinical Opioid Use Disorder treatment guidelines;* *2) Summarize the guidelines for opioid maintenance treatment.*  |
| **1545-1620** | **Q&A With Audience – MacEwan Hall****Dr. Nady el-Guebaly, Moderator** |
| **1620-1630** | **Wrap Up – MacEwan Hall****Dr. Ann Crabtree** |