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Editor's Message

Hello Colleagues,

Not sure about you, but I cannot recall a milder winter over the past 25 years than the one we have just completed! (The official date of spring has now come and gone).

Let me start off by welcoming new members to our Section, as well as those who continue as members. I also want to welcome to Breanne Faulkner to the Board, as the Section Student Representative. This is very exciting news!

As you may be aware, the upcoming DSM-V has proposed some changes to the ways in which Substance Use Disorders will be diagnosed, and of course, the criteria which constitute such disorders. The Substance-Related Disorders Work Group has been responsible for addressing these disorders.

Among the DSM-V work group's proposals is the recommendation that the diagnostic category include both substance use disorders and non-substance addictions, including pathological gambling and possibly Internet Addiction (as research data accumulates over time).

The DSM-V work group also had extensive discussions around the term, "addiction." It was agreed that the term, "dependence", as a label for compulsive, out-of-control drug use has been a problem, in that patients with normal tolerance and withdrawal were labelled as "addicts." This has also resulted in patients suffering from severe pain having adequate doses of narcotic painkillers (opioids) withheld because of fear of producing "addiction."

As such, the term "dependence" will now be limited to physiological dependence, which is seen as a normal response to repeated doses of many medications including beta-blockers, antidepressants, opioids, anti-anxiety agents and other drugs. Thus, the presence of tolerance and withdrawal symptoms will not be counted as symptoms toward the diagnosis of a substance use disorder when they occur in the context of appropriate medical treatment with prescribed medications.

Respectfully,

Dr. David Teplin, C.Psych.
Section Chair

What's Up!

“The only
normal
people are
the one's you
don't know
very well”

-Alfred Adler



Randomized controlled trial of cognitive-behavioural therapy for coexisting depression and alcohol problems: short-term outcome

Alcohol use disorders and depression co-occur frequently and are associated with poorer outcomes than when either condition occurs alone. The present study (Depression and Alcohol Integrated and Single-focused Interventions; DAISI) aimed to compare the effectiveness of brief intervention, single-focused and integrated psychological interventions for treatment of coexisting depression and alcohol use problems. Participants ($n = 284$) with current depressive symptoms and hazardous alcohol use were assessed and randomly allocated to one of four individually delivered interventions: (i) a brief intervention only (single 90-minute session) with an integrated focus on depression and alcohol, or followed by a further nine 1-hour sessions with (ii) an alcohol focus; (iii) a depression focus; or (iv) an integrated focus. Follow-up assessments occurred 18 weeks after baseline. Compared with the brief intervention, 10 sessions were associated with greater reductions in average drinks per week, average drinking days per week and maximum consumption on 1 day. No difference in duration of treatment was found for depression outcomes. Compared with single-focused interventions, integrated treatment was associated with a greater reduction in drinking days and level of depression. For men, the alcohol-focused rather than depression-focused intervention was associated with a greater reduction in average drinks per day and drinks per week and an increased level of general functioning. Women showed greater improvements on each of these variables when they received depression-focused rather than alcohol-focused treatment. Integrated treatment may be superior to single-focused treatment for coexisting depression and alcohol problems, at least in the short term. Gender differences between single-focused depression and alcohol treatments warrant further study.

Baker, AL., Kavanagh, DJ., Kay-Lambkin, FJ., Hunt, SA., Lewin, TJ, Carr, VJ., Connolly, J. (2010). *Addiction*, 105(1): 87-89.

Consequences of chronic ketamine self-administration upon neuro-cognitive function and psychological wellbeing: a 1-year longitudinal study

'Recreational' use of ketamine is spreading rapidly among young people. In healthy individuals an acute dose of the N-methyl D-aspartate (NMDA) receptor antagonist ketamine induces marked psychosis-like effects and cognitive impairments, but little is known about the long-term effects of the drug. The aim of the study was to evaluate the long-term neuropsychiatric or cognitive consequences. A total of 150 individuals were assessed, 30 in each of five groups: frequent ketamine users, infrequent ketamine users, abstinent users, poly-drug controls and non-users of illicit drugs. Twelve months later, 80% of these individuals were re-tested. Cognitive deficits were mainly observed only in frequent users. In this group, increasing ketamine use over the year was correlated with decreasing performance on spatial working memory and pattern recognition memory tasks. Assessments of psychological wellbeing showed greater dissociative symptoms in frequent users and a dose-response effect on delusional symptoms, with frequent users scoring higher than infrequent, abstinent users and non-users, respectively. Both frequent and abstinent using groups showed increased depression scores over the 12 months. The findings imply that heavy use of ketamine is harmful to aspects of both cognitive function and psychological wellbeing. Health education campaigns need to raise awareness among young people and clinicians about these negative consequences of ketamine use.

Morgan, CJA., Muetzelfeldt, L, Curran, HV. (2010). *Addiction*, 105(1): 121-133.

Are sub-threshold alcohol dependence symptoms a risk factor for developing DSM_IV alcohol use disorders?

Research suggests that diagnostic orphans (i.e., individuals experiencing only 1–2 criteria for DSM-IV alcohol dependence) may be at increased risk for developing more severe alcohol problems. This study aimed to: (i) investigate the course of diagnostic orphans in the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), and (ii) explore whether a specific symptom endorsement patterns) could identify diagnostic orphans at Wave 1 who remitted or progressed to alcohol dependence at Wave 2. Current drinkers ($n = 15,751$) were divided into diagnostic groups at Waves 1 and 2: no-alcohol use disorder (AUD); one-criterion orphans, two-criterion orphans, alcohol abuse, or alcohol dependence. Multinomial logistic regression analysis explored the association between diagnostic status at Wave 1 and Wave 2. Compared to the no-AUD group, one-criterion orphans at Wave 1 were twice as likely to be in the abuse group and four times more likely to be dependent at Wave 2. Two-criterion orphans were three times more likely to be in the abuse group and eight times more likely to have progressed to dependence. Criterion endorsement patterns of diagnostic orphans at baseline did not significantly differentiate between those who remitted and those who progressed to dependence at follow-up. Like previous research, diagnostic orphans are at increased for developing to more severe alcohol problems. Relying solely on the DSM-IV AUD diagnostic criteria, however, may not be sufficient to identify those diagnostic orphans who are at risk for progressing to dependence.

McBride, O., Adamson, G. (2010). *Addictive Behaviors*, 35 (6): 586-592.

Prescription drugs purchased through the internet: Who are the end users?

Although prescription drugs are readily available on the Internet, little is known about the prevalence of Internet use for the purchase of medications without a legitimate prescription, and the characteristics of those that obtain non-prescribed drugs through online sources. The scientific literature on this topic is limited to anecdotal reports or studies plagued by small sample sizes. Within this context, the focus of this paper is an examination of five national data sets from the U.S. with the purpose of estimating: (1) how common obtaining prescription medications from the Internet actually is, (2) who are the typical populations of “end users” of these non-prescribed medications, and (3) which drugs are being purchased without a prescription. Three of the data sets are drawn from the RADARS® (Researched Abuse Diversion and Addiction-Related Surveillance) System, a comprehensive series of studies designed to collect timely and geographically specific data on the abuse and diversion of a number of prescription stimulants and opioid analgesics. The remaining data sets include the National Survey on Drug Use and Health (NSDUH) and the Monitoring the Future (MTF) survey. Our analysis yielded uniformly low rates of prescription drug acquisition from online sources across all five data systems we examined. The consistency of this finding across very diverse populations suggests that the Internet is a relatively minor source for illicit purchases of prescription medications by the individual end-users of these drugs.

Inciardi, JA., Surratt, HL., Cicero, TJ., Ahwah, C., Bailey, JE., Dart, RC., Burke, JJ. (2010, Article In Press). *Drug and Alcohol Dependence*



What's Up!

“The life which is unexamined is not worth living”.

-Socrates



The association between earlier age of first drink, disinhibited personality, and externalizing psychopathology in young adults.

Earlier age of first drink (AFD) of alcohol is associated with higher rates of alcohol abuse and dependence as well as a range of other externalizing problems. This study tested the hypotheses that in young adults earlier AFD is associated with [1] the common variance among externalizing problems (lifetime alcohol, marijuana, other drug, childhood conduct, and adult antisocial behavior problems) rather than being uniquely associated with alcohol problems, and [2] the disinhibited personality traits of social deviance and impulsivity, and that the association between earlier AFD and externalizing problems is partly accounted for by disinhibited personality. The sample ($N = 502$) included 299 young adults with a history of alcohol dependence (AD) and 203 subjects with no history of AD. Analyses showed that [1] earlier AFD was associated with the covariance among the different domains of externalizing problems and was not unique to any one externalizing problem, [2] earlier AFD was associated with social deviance and impulsivity, and [3] social deviance and impulsivity accounted for part of the association between earlier AFD and externalizing problems. The results suggest that earlier AFD is associated with a vulnerability to disinhibitory disorders and is not specifically associated with alcohol problems.

Kristin A. Zernicke, KA., Cantrell, H., Finn, PR., Lucas, J. (2010). *Addictive Behaviors*,

A systematic review of the DSM criteria for nicotine dependence.

The Diagnostic and Statistical Manual diagnostic criteria for nicotine dependence (DSM-ND) are based on the proposition that dependence is a syndrome that can be diagnosed only when a minimum of 3 of the 7 proscribed features are present. The DSM-ND criteria are an accepted research measure, but the validity of these criteria has not been subjected to a systematic evaluation. To systematically review evidence of validity and reliability for the DSM-ND criteria, a literature search was conducted of 16 national and international databases. Each article with original data was independently reviewed by two or more reviewers. In total, 380 potentially relevant articles were examined and 169 were reviewed in depth. The DSM-ND criteria have seen wide use in research settings, but sensitivity and specificity are well below the accepted standards for clinical applications. Predictive validity is generally poor. The 7 DSM-ND criteria are regarded as having face validity, but no data support a 3-symptom ND diagnostic threshold, or a 4-symptom withdrawal syndrome threshold. The DSM incorrectly states that daily smoking is a prerequisite for withdrawal symptoms. The DSM shows poor to modest concurrence with all other measures of nicotine dependence, smoking behaviors and biological measures of tobacco use. The data support the DSM-ND criteria as a valid measure of nicotine dependence severity for research applications. However, the data do not support the central premise of a 3-symptom diagnostic threshold, and no data establish that the DSM-ND criteria provide an accurate diagnosis of nicotine dependence.

DiFranza, J., Sanouri Ursprung, WW., Lauzon, B., Bancej, C., Wellman, RJ., Ziedonis, D., Kim, SS., Gervais, A., Meltzer, B., McKay, CE., O'Loughlin, J., Okoli, CTC., Fortuna, LR., Tremblay, M. (2010). *Addictive Behaviors*, 35 (5): 373-382.

What's Up!

Long-term outcomes of office-based buprenorphine/naloxone maintenance therapy.

Buprenorphine/naloxone was approved by the FDA for office-based opioid maintenance therapy (OMT), with little long-term follow-up data from actual office-based practice. 18-Month outcome data on the office-based use of buprenorphine/naloxone (bup/nx) and the impact of socioeconomic status and other patient characteristics on the duration and clinical effects of bup/nx are reported. This retrospective chart review and cross-sectional telephone interview provided treatment retention of opioid-dependent patients receiving bup/nx-OMT in an office-based setting. 176 opioid-dependent patients from two different socioeconomic groups (high and low SES) were begun on bup/nx, started intensive outpatient treatment, and followed-up after a minimum of 18 months (18–42 months) by telephone interview to assess treatment outcome. 110 subjects (67%) completed the interview, 77% remained on bup/nx with no difference in retention between high and low SES groups. Those on bup/nx at follow-up were more likely to report abstinence, to be affiliated with 12-step recovery, to be employed and to have improved functional status. Bup/nx-OMT is a viable treatment option and when coupled with a required abstinence oriented addiction counseling program is effective in promoting abstinence, self-help group attendance, occupational stability, and improved psychosocial outcomes in both low SES and high SES patient populations over an 18–42-month period.

Parran, T.V., Adelman, C.A., Merkin, B., Pagano, ME., Defranco, R., Ionescu, RA., Mace, AG. (2010). *Drug and Alcohol Dependence*, 106 (1): 55-60.

Randomized controlled trial of dexamphetamine maintenance for the treatment of methamphetamine dependence

The aim of the study was to investigate the safety and efficacy of once-daily supervised oral administration of sustained-release dexamphetamine in people dependent on methamphetamine. A Randomized, double-blind, placebo-controlled trial was utilized. Participants were Forty-nine methamphetamine-dependent drug users from Drug and Alcohol Services South Australia (DASSA) clinics. Participants were assigned randomly to receive up to 110 mg/day sustained-release dexamphetamine ($n = 23$) or placebo ($n = 26$) for a maximum of 12 weeks, with gradual reduction of the study medication over an additional 4 weeks. Medication was taken daily under pharmacist supervision. Treatment retention was significantly different between groups, with those who received dexamphetamine remaining in treatment for an average of 86.3 days compared with 48.6 days for those receiving placebo ($P = 0.014$). There were significant reductions in self-reported methamphetamine use between baseline and follow-up within each group ($P < 0.0001$), with a trend to a greater reduction among the dexamphetamine group ($P = 0.086$). Based on hair analysis, there was a significant decrease in methamphetamine concentration for both groups ($P < 0.0001$). At follow-up, degree of methamphetamine dependence was significantly lower in the dexamphetamine group ($P = 0.042$). Dexamphetamine maintenance was not associated with serious adverse events. The results of this preliminary study have demonstrated that a maintenance pharmacotherapy program of daily sustained-release amphetamine dispensing under pharmacist supervision is both feasible and safe. The increased retention in the dexamphetamine group, together with the general decreases in methamphetamine use, degree of dependence and withdrawal symptom severity, provide preliminary evidence that this may be an efficacious treatment option for methamphetamine dependence.

Longo, M., Wickes, W., Smout, M., Harrison, S., Cahill, S., White, JM. (2010). *Addiction*, 105(1): 146-154.



Upcoming Conferences...

April 2010

- ◆ **Society of Behavioral Medicine (SBM) Annual Meeting & Scientific Sessions**
April 7-10, 2010
Seattle, Washington
Contact: <http://www.sbm.org/meetings/>
- ◆ **National Institute on Drug Abuse (NIDA) Blending Conference - Blending Addiction Science and Practice**
April 22-23, 2010
Albuquerque, New Mexico
Contact: www.NIDABlendingConference.info
- ◆ **Harm Reduction 2010: IHRA's 21st International Conference**
April 25-29, 2010
Liverpool, England
Contact: <http://www.ihra.net>

May 2010

- ◆ **24th Annual Addiction: Focus on Women Conference 2010**
May 11-14, 2010
Asheville, North Carolina
Contact: www.mahec.net/afow/
- ◆ **UK/European Symposium on Addictive Disorders**
May 13-15, 2010
London, United Kingdom
Contact: <http://www.ukesad.org>
- ◆ **27th Annual Institute for Alcohol & Drug Studies (IADS)**
May 17-20, 2010
Evansville, Indiana - University of Evansville
Contact: <http://cce.evansville.edu/IADSIndex.htm>
- ◆ **25th Annual Idaho Conference on Alcohol and Drug Dependency**
May 17-20, 2010
Boise, Idaho
Contact: <http://www.attendicadd.com/>
- ◆ **Addictions Ontario**
42nd Annual Addictions Conference
May 30-June 1, 2010
Toronto, ON
Contact: info@addictionsontario.ca



Upcoming Conferences...

June 2010

- ◆ **1st Annual West Coast Symposium on Addictive Disorders**
June 3-5, 2010
LaQuinta, California
Contact: <http://www.wcbct2010.org/>
- ◆ **The College on Problems of Drug Dependence (CPDD) 72nd Annual Meeting**
June 12-17, 2010
Scottsdale, Arizona
Contact: <http://www.cpdd.vcu.edu/>
- ◆ **41st Annual New England School of Addiction Studies**
June 14-17, 2010
Colchester, Vermont
Contact: <http://www.neias.org/>

July 2010

- ◆ **51st Institute on Addiction Studies**
July 11-15, 2010
Barrie, Ontario, Canada
Contact: <http://www.addictionstudies.ca/>
- ◆ **International Narcotics Research Conference**
July 11-16, 2010
Malmo, Sweden
Contact: <http://www.inrcworld.org/2010/2010mtg.htm>
- ◆ **SAMHSA/TASC 4th National Conference on Women, Addiction and Recovery: Thriving in Changing Times**
July 26-28, 2010
Chicago, Illinois
Contact: <http://www.samhsawomensconference.org/>



August 2010

- ◆ **4th Annual Addiction Medicine Conference for General Healthcare Providers and Addiction Treatment Professionals**
August 25, 2010
Waterville Valley, New Hampshire
Contact: <http://www.neias.org/>
- ◆ **23rd Annual National Prevention Network (NPN) Prevention Research Conference**
August 31-September 3, 2010
Denver, Colorado
Contact: <http://swpc.ou.edu/npn/>

Research Study Opportunity

STUDY ABOUT THE ROLE OF THERAPISTS' CHARACTERISTICS IN THEIR PERCEPTIONS OF CLIENTS' PRESENTING PROBLEMS

Principal Investigator: Easter Yassa, M.A.

Purpose of the research: fulfillment of dissertation requirements for a Ph.D. in Counselling Psychology at the University of Alberta, Edmonton, Alberta.

Dear Colleague,

There is very little research that examines the relationship between the person of the therapist and his/her perception of the client's presenting concerns. You are invited to participate in the research study linked to this email, which was developed in an effort to learn more about how some of the characteristics of counsellors/therapists might influence their perception of the problems with which clients present to therapy. I am conducting this research to fulfill the dissertation requirements for a Ph.D. in Counselling Psychology at the University of Alberta and my Dissertation Supervisor is Dr. George Buck. **If you are a registered psychologist or psychological associate AND are currently practicing** your participation in this research and completion of the enclosed surveys would be very valuable and greatly appreciated.

I recognize that as a professional psychologist or psychological associate your time is limited and I appreciate your participation in this important research project. Your participation is expected to take approximately 30 – 35 minutes. I believe that the results will be valuable in helping psychologists/psychological associates in their work and would be glad to share the findings with you. If you are willing to participate in this study please click here: <https://www.surveymonkey.com/s/therapistscharacteristicsphdresearch1> to access the online informed consent form and survey. Your participation is vital to this study so the results will be representative of psychologists/psychological associates provincially. The information will be used to recommend areas for additional training and/or exploration for practising clinicians and graduate students in psychology.

If you have questions about this study you may contact me, Easter Yassa, at the Department of Educational Psychology, 6-102 Education North, University of Alberta, Edmonton, AB, T6G 2G5 or via email at eyassa@ualberta.ca or by phone at 780- 504-3363. Additionally, you may reach my Dissertation Supervisor, Dr. George Buck, with any questions via email at george.buck@ualberta.ca.

Thank you very much in advance for your help with this important research. Please click the button below to proceed to the online informed consent form.

YES – I'M INTERESTED IN PARTICIPATING.

Click here: <https://www.surveymonkey.com/s/therapistscharacteristicsphdresearch1>

Sincerely,

