



Editor:

Dr. David Teplin

info@drdavidteplin.com

Associate Editor:

Carolyn Plater

cplater@toxpro.ca

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Editor's Message

Dear Colleagues:

Depending on where you live, summer either never arrived at all, took its time, or arrived with vengeance! But now that Labour Day has come and gone, for some of us it may still feel like the Sunday evening before school on Monday morning!

Our Section continues to reach many of its developmental milestones, but like all developmental theories, the trick is not to get arrested in certain stages of development! For our Section, in particular, I would ask that all members strongly consider serving on the Executive in some fashion, including Student members. Like parenting, the experience can be frustrating at times, but mostly, VERY rewarding and fulfilling.

If any members have recently published a journal article pertaining to our Section, I would ask that you let me know so that I might draw the attention of the membership to peruse such articles. In addition, editorials or commentary on clinically-related topics or issues are always welcome for the CI.

I want to wish everyone a healthy and happy fall season!

Dr. David Teplin, Section Chair

CI's Best Fall Picks!

- * Understanding Addiction as Self-Medication-Khantzian/Albanese (2008)
- * Substance Abuse Treatment for Youth and Adults-Springer/Rubin (2009)
- * Overcoming Prescription Addiction-Colvin (2008)
- * Addiction: A disorder of Choice-Heyman (2009)
- * Cannabis Dependence-Roffman/Stephens (2008)
- * At Wits End-Jay/Boriskin (2007)



“Everything has
been figured
out, except
how to live”.

-Jean-Paul Satre



What's Up!

Antismoking Interventions in Residential Substance Abuse Treatment

The objective of the study was to develop and evaluate an educational strategy to increase motivation to quit smoking and improve attendance at antismoking classes in a residential substance abuse treatment program. The 241 patients admitted in 2004 who smoked reported the number of cigarettes smoked daily at the time of admission. Attendance at the antismoking classes was noted to determine if there was a relationship between attending the classes and a change in the number of cigarettes smoked at discharge. The 193 patients admitted in 2005 additionally attended four 1-hour motivational classes to encourage quitting smoking. Rates of attendance at the antismoking classes and smoking rates at discharge were again noted. Smoking rates in 2004 ($n = 194$; 81%) and 2005 ($n = 161$, 83%), $P = 0.43$, were similar. Voluntary participation in antismoking classes increased from 40% to 64% ($P < 0.001$). There was a greater reduction in the number of cigarettes smoked between admission and discharge in the quality improvement period compared with the reference period ($P = 0.025$). In both years, attendance at antismoking classes was strongly associated with quitting, $P < 0.001$. Of those who attended antismoking classes, 133 (74%) reported a reduction in smoking compared with only 27 (15%) of those who declined to attend, $P < 0.001$. Among smokers, nonattendance of antismoking classes was associated with increased likelihood of having an irregular discharge, $P < 0.001$. This study suggests the benefit of relatively brief, specific educational efforts to increase motivation to quit smoking in this high-use population.

Stack, KM., Goalder, JS., Calhoun, PS., Bradshaw, E., Samples, CR. (2009). *Journal of Addiction Medicine*, 3 (2): 103-108

Cross-Validation of a Screener to Predict Opioid Misuse in Chronic Pain Patients (SOAPP-R)

The Screener and Opioid Assessment for Patients with Pain—Revised (SOAPP-R) is a self-report questionnaire designed to predict aberrant medication-related behaviors among persons with chronic pain. This measure was developed to complement current risk assessment practices and to improve a clinician's ability to assess a patient's risk for opioid misuse. The aim of this study was to cross-validate the SOAPP-R with a new sample of chronic, non-cancer pain patients. Three hundred two participants ($N=302$) prescribed opioids for pain were recruited from 5 pain management centers in the U.S. Subjects completed a series of self-report measures and were followed for 5 months. Patients were rated by their treating physician, had a urine toxicology screen, and were classified on the Aberrant Drug Behavior index. Seventy-three percent (73.2%) of the subjects ($N=221$) were followed and 66 participants repeated the SOAPP-R after 1 week for test-retest reliability. The reliability and predictive validity, as measured by the area under the curve (AUC), were found to be highly significant (test-retest reliability=0.91; coefficient=0.86; AUC=0.74) and were sufficiently similar to values found with the initial sample. A cut-off score of 18 revealed a sensitivity of 0.80 and specificity of 0.52. Results of this cross-validation study suggest that the psychometric parameters of the SOAPP-R are not based solely on the unique characteristics of the initial validation sample. The SOAPP-R is found to be a reliable and valid screening tool for risk of aberrant drug-related behavior among chronic pain patients.

Butler, SF., Budman, SH., Fernandez, KC., Fanciullo, GJ., Jamison, RN. (2009). *Journal of Addiction Medicine*, 3 (2): 66-73

Timing of first alcohol use and alcohol dependence: evidence of common genetic influences

The aim of this study was to estimate the magnitude of genetic and environmental influences on timing of first alcohol use and alcohol dependence (AD) and to quantify the overlap in these influences across the two alcohol-related outcomes. The sample consisted of 5382 twins (2691 complete pairs), aged 24–36 years, from the Australian Twin Registry. The history of alcohol use and DSM-IV alcohol dependence were assessed by structured telephone interview. In both sexes, the relationship between age at first alcohol use and risk for AD followed a linear trend, such that the highest rates of AD were observed in individuals who began drinking at an earlier than average age (14 years or younger). Heritability estimates for timing of first alcohol use and AD were 36% and 53%, respectively. Shared environmental factors accounted for 15% of variance in initiation. There was no evidence of shared environmental influences on AD. The genetic correlation between timing of first alcohol use and AD was 0.59. Findings highlight the substantial role of genetics in the development of AD and the early manifestation of that genetic risk in the timing of alcohol use initiation which, unlike AD, is also influenced to a modest degree by shared environmental factors. The considerable overlap in heritable influences—and the virtual absence of overlap in individual-specific environmental influences—on initiation of alcohol use and AD indicates that the association between age at first drink and AD is attributable in large part to common genetic sources of variance.

Sartor, CE., Lynskey, MT., Bucholz, KK., Madden, PAF., Martin, NG., Heath, AC. (2009). *Addiction*, 04 (9):1512 - 1518

Validation of Self-Report Instruments to Assess Attention Deficit Hyperactivity Disorder Symptoms in Adults Attending Community Drug and Alcohol Services

The symptoms of attention deficit disorder of predominantly inattentive, predominantly hyperactive-impulsive subtype, or combined (hereafter referred to as ADHD), may persist into adulthood, although the diagnosis in adults remains controversial. The study aimed to validate self-report instruments for assessment of adult ADHD in a sample of treatment-seeking adults attending community drug and alcohol teams. Adult patients attending 3 National Health Service (NHS) community drug and alcohol teams in England completed several self-report instruments for assessment of adult ADHD symptoms, and a diagnosis of adult ADHD was determined using Diagnostic and Statistical Manual of Mental Disorders, fourth edition criteria with an interview with both the patient and an informant. One hundred seven subjects completed the project. Thirty-nine percent of subjects had an undisputed diagnosis of adult ADHD. The most accurate self-report instrument for diagnosis of adult ADHD was the Connors Adult ADHD Rating Scale Self-report Long version—a cutoff of 91 of 198 gave a sensitivity of 97% and specificity of 83%. Analysis of the WHO Adult ADHD Self-report Screener confirmed the optimal recommended cutoff as 12 of 13 giving 89% sensitivity and 83% specificity for adult ADHD against diagnostic interview. Although the Wender Utah adult ADHD scale is designed to retrospectively assess symptoms of ADHD in childhood it gave a sensitivity of 88% and specificity of 70% for diagnosis of ADHD in adults. The symptoms of ADHD in adults can be reliably assessed by self-report instruments.

Luty, J., Rajagopal Arokiadass, SM., Sarkhel, A., Easow, JM., Desai, R., Moorti, OP., El Hindy, N. (2009). *Journal of Addiction Medicine*, 3(2): 103-108

B.Z. Toons

www.bztoons.com

by Brian Zaikowski



What's Up!

“Change is
Inevitable
except from a
vending
machine”.

-Robert C. Gallagher

High-Dose Naltrexone Therapy for Cocaine-Alcohol Dependence

This randomized, double-blind, placebo-controlled study compared the effects of high-dose (100 mg/d) naltrexone versus placebo in a sample of 87 randomized subjects with both cocaine and alcohol dependence. Medication conditions were crossed with two behavioral therapy platforms that examined whether adding contingency management (CM) that targeted cocaine abstinence would enhance naltrexone effects compared to cognitive behavioral therapy (CBT) without CM. Primary outcome measures for cocaine (urine screens) and alcohol use (timeline followback) were collected thrice-weekly during 12 weeks of treatment. Retention in treatment and medication compliance rates were low. Rates of cocaine use and drinks per day did not differ between treatment groups; however naltrexone did reduce frequency of heavy drinking days, as did CBT without CM. Notably, adding CM to CBT did not enhance treatment outcomes. These weak findings suggest that pharmacological and behavioral interventions that have shown efficacy in the treatment of a single drug dependence disorder may not provide the coverage needed when targeting dual drug dependence.

Schmitz, JM., Lindsay, JA., Green, CE., Heron, DV., Stotts, AL., Moeller, FG. (2009). *American Journal on Addictions*, 18 (5): 356-362

Uses of Diverted Methadone and Buprenorphine by Opioid-Addicted Individuals in Baltimore, Maryland

This study examined the uses of diverted methadone and buprenorphine among opiate-addicted individuals recruited from new admissions to methadone programs and from out-of-treatment individuals recruited from the streets. Self-report data regarding diversion were obtained from surveys and semi-structured qualitative interviews. Approximately 16% (n = 84) of the total sample (N = 515) reported using diverted (street) methadone two-three times per week for six months or more, and for an average of 7.8 days (SD = 10.3) within the past month. The group reporting lifetime use of diverted methadone as compared to the group that did not report such use was less likely to use heroin and cocaine in the 30 days prior to admission (ps < .01) and had lower ASI Drug Composite scores (p < .05). Participants in our qualitative sub-sample (n = 22) indicated that street methadone was more widely used than street buprenorphine and that both drugs were largely used as self-medication for detoxification and withdrawal symptoms. Participants reported using low dosages and no injection of either medication was reported.

Mitchell, S., Kelly, SM., Brown, BS., Schacht Reisinger, H., Peterson, JA, Ruhf, A., Agar, MH., O'Grady, KE., Schwartz, RP. (2009). *American Journal on Addictions*, 18 (5): 346 - 355



The Cost Effectiveness of Naltrexone Added to Cognitive-Behavioral Therapy in the Treatment of Alcohol Dependence

The purpose of this study was to evaluate the comparative cost of treating alcohol dependence with either cognitive behavioral therapy (CBT) alone or CBT combined with naltrexone (CBT+naltrexone). Two hundred ninety-eight outpatients dependent on alcohol who were consecutively treated for alcohol dependence participated in this study. One hundred seven (36%) patients received adjunctive pharmacotherapy (CBT+naltrexone). The Drug Abuse Treatment Cost Analysis Program was used to estimate treatment costs. Adjunctive pharmacotherapy (CBT+naltrexone) introduced an additional treatment cost and was 54% more expensive than CBT alone. When treatment abstinence rates (36.1% CBT; 62.6% CBT+naltrexone) were applied to cost effectiveness ratios, CBT+naltrexone demonstrated an advantage over CBT alone. There were no differences between groups on a preference-based health measure (SF-6D). In this treatment center, to achieve 100 abstainers over a 12-week program, 280 patients require CBT compared with 160 CBT+naltrexone. The dominant choice was CBT+naltrexone based on modest economic advantages and significant efficiencies in the numbers needed to treat.

Walters, D., Connor, JP., Feeney, JFX., Young, R. (2009). *Journal of Addictive Diseases*, 28 (2): 137-144

Upcoming Conferences

September 2009

- ◆ **The Association for Addiction Professionals (NAADAC) 2009 Annual Conference**
September 18-22, 2009
Salt Lake City, Utah
Contact: www.naadac.org
- ◆ **International Society of Addiction Medicine (ISAM) Annual Meeting**
September 23-26, 2009
Calgary, Canada
Contact: www.isamweb.org/
- ◆ **"The Moment of Change - Intervention-Approaches for Professionals"**
September 28-30, 2009
Palm Beach, Florida
Contact: www.DualDiagnosis.org/events
- ◆ **Co-Occurring Disorders & Treatment Conference**
September 28-29, 2009
Yakima, Washington
Contact: http://conferences.wsu.edu/dshs_co-occurring/
- ◆ **Illinois Alcoholism & Drug Dependence Association (IADDA) Annual Conference**
September 29-October 1, 2009
Naperville, Illinois
Contact: pthomas@iadda.org



Upcoming Conferences...

OCTOBER 2009

- ◆ **California Association of Alcohol and Drug Abuse Counselors (CAADAC) Annual Meeting**
October 1-4, 2009
Sacramento, California
Contact: <http://www.caadac.org/pages/caadac-news/caadac-annual-conference.php>

- ◆ **5th European Association of Addiction Therapy (EAAT) Conference**
October 5-7, 2009
Ljubljana, Slovenia
Contact: http://www.eaat.org/eaat_2009.html

- ◆ **California Society of Addiction Medicine (CSAM): Addiction Medicine State of the Art 2009**
October 7-10, 2009
San Francisco, California
Contact: <http://www.csam-asam.org/SOA2009.vp.html>

- ◆ **52nd International ICAA Conference on Dependencies**
October 11-16, 2009
Estoril, Portugal
Contact: http://www.icaa.ch/ICAA_Estoril_2009.html

- ◆ **American Society of Addiction Medicine (ASAM) - State of the Art in Addiction Medicine**
October 22-24, 2009
Washington, DC
Contact: <http://www.asam.org>

- ◆ **2009 National Conference on Injecting Drug Use**
October 26-27, 2009
Glasgow, Scotland
Contact: <http://www.exchangesupplies.org/index.html>

- ◆ **American Academy of Child & Adolescent Psychiatry (AACAP) Annual Meeting**
October 27 – November 1, 2009
Honolulu, Hawaii
Contact: <http://www.aacap.org>

- ◆ **Europad-Italia 4**
October 29-31, 2009
Pietrasanta, Italy
Contact: <http://www.europad.org>



Upcoming Conferences...

NOVEMBER 2009

- ◆ **Association for Medical Education and Research in Substance (AMERSA) 33rd National Conference**
November 5-7, 2009
Bethesda, Maryland
Contact: <http://www.amersa.org/conf.asp>
- ◆ **American Public Health Association (APHA) 137th Annual Convention**
November 7-11, 2009
Philadelphia, Pennsylvania
Contact: www.apha.org
- ◆ **Reform 2009: The International Drug Policy Reform Conference**
November 11-14, 2009
Albuquerque, New Mexico
Contact: <http://www.drugpolicy.org>
- ◆ **Society for the Study of Addiction (SSA) Annual Symposium 2009**
November 12-13, 2009
York, United Kingdom
Contact: http://www.addiction-ssa.org/ssa_10.htm

DECEMBER 2009

- ◆ **American Academy of Addiction Psychiatry (AAAP) 20th Annual Meeting & Symposium**
December 3-6, 2009
Los Angeles, California
Contact: <http://www.aaap.org/>

