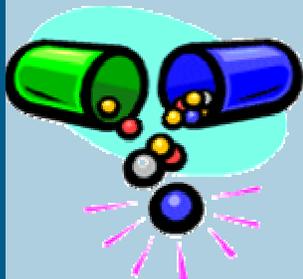


The Chemical Independent

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Editor's Message



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Disclaimer:

The opinions expressed in this newsletter are strictly those of the authors and do not necessarily reflect the opinions of the Canadian Psychological Association, its officers, directors, or employees.

Dear Colleagues:

Happy Belated 2008!

Putting this season's winter weather conditions aside, we are in high gear around a number of administrative issues, including the establishment of our Section's By-Laws. My aim is to have those completed over the coming fortnight. As we are a brand new Section, we are also required to put together an Interim Board until such time as we can hold an Election for the members to democratically cast their votes. In this interim phase of our brand new existence I have asked Drs' Chris Courbasson and Tad Crohn to serve alongside with me to help ensure a smooth transition period. My personal and professional experience of them is that they are extremely solid citizens in every sense of the word. In addition, they are both experts in our field as well as outstanding clinicians.

As you are all aware, the Annual CPA Convention is just down the road. Of course, this year we are not quite ready to hold our Section's Business Meeting, but will be doing so next year. I am very pleased to say that we had a rather large number of persons submitting abstracts for this year's convention, and it is likely that there will be approximately 20 Posters representing the area of substance related disorders!

It remains my aim to publish The Chemical Independent three times during the year. As mentioned previously in the last one, please feel free to let me know if any of you are interested in being involved with the CI. At this point, I have the privilege of working very closely with my colleague Carolyn Plater, our Associate Editor.

This current edition of the CI will be the "format" for all subsequent editions, including an update on Section activities itself, recommended texts, upcoming conferences, useful websites, and a synopsis of recently published peer reviewed journal articles. Please feel free at anytime to inform me of anything else (related or not to the current "format") that you would like to be posted in upcoming editions of the CI. These include your own recently published research articles, helpful website links you may have found useful, cartoons, or upcoming workshops or seminars that you are giving yourselves, or would like to recommend to the rest of us

In closing, again I want to thank you all for your continued support in moving forward with our new Section. And in those famous words echoed by NASA, "**Houston, we have lift off !**"

David Teplin, Section Chair



What's Up!

Factor and item-response analysis DSM-IV criteria for abuse of, and dependence on, cannabis, cocaine, hallucinogens, sedatives, stimulants and opioids.

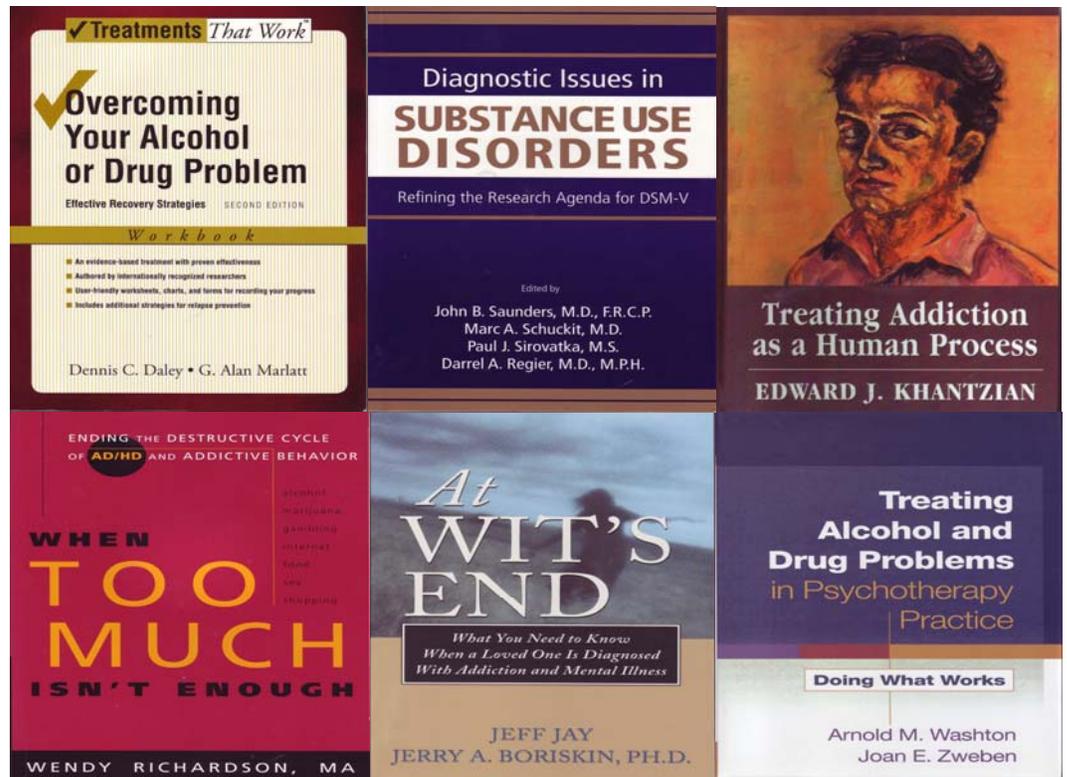
The findings suggest that the DSM-IV abuse and dependence criteria, within each drug class, are not distinct but best described in terms of a single underlying continuum of risk. Because individual criteria performed very differently across substances in IRT analyses, the assumption that these items are measuring equivalent levels of severity or liability with the same discrimination across different substances is unsustainable. Compared to other drugs, cocaine usage is associated with more detrimental effects and negative consequences, whereas the effects of cannabis and hallucinogens appear to be less harmful.

Gillespie, N.A., Neale, M.C, Prescott, C.A., Aggen, S.H. & Kendler, K.S. (2008). *Addiction*, 2: 920–930

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

-Alfred Adler

CI's Best Picks!



Changes in illicit opioid use across Canada

Findings of this study suggest that although the vast majority of cohort participants reported buying their heroin from drug dealers, a substantial proportion of prescription opioids used were obtained directly or indirectly (e.g., through friends or partners) from sources in the medical system. It cannot be determined at this time whether the fundamental shift from heroin to prescription opioid abuse in Canada is driven mainly by demand or supply. A better understanding of illicit opioid users' co-morbidity profiles is also needed, as many participants reported that their prescription opioid abuse as being related to previous exposure to pain treatment or report psychiatric symptoms that are undiagnosed or untreated.

Fischer, B., Rehm, J., Patra, J., & Cruz, M. (2006). *Canadian Medical Association Journal*, 75 (11): 1385-1387.

Re-evaluating the Self-Medication Hypothesis among the Dually Diagnosed

Conclusions made by clinicians regarding the reasons that persons with mental disorders have high rates of co-morbid substance use disorders must be carefully considered. It is not always helpful or accurate to use concepts such as self-medication, especially if these concepts are not clearly articulated. The findings highlight that the reasons for substance use vary from person to person regardless of the presence or type of a mental disorder.

Henwood, B., & Padgett, D.K. (2007). *The American Journal on Addictions*, 16: 60-165.

Substance Dependence and Personality Disorders: What's the Deal?

Personality disorders are frequently found among the substance dependence population, and in particular, among those who are opioid dependent (Antisocial and Borderline Personality Disorders being overly represented). The co-existence of personality disorders increases the patient's risk of failure to form a therapeutic alliance with the treating clinician, to achieve abstinence, and to relapse. Therefore, it is strongly recommended that the treating clinician routinely screen opioid dependent patients for various clinical disorders, including personality disorders.

Teplin, D.A. (2007). *Journal of Opioid Management*, 3(5): 242-243.



What's Up!.....

Buprenorphine for Dual Dependency: Cocaine, Alcohol and Opiates

Heroin addicts are often dually dependent, most commonly on alcohol and cocaine. Pharmacotherapy for alcohol includes acamprosate, topiramate, and disulfiram, with observed ingestion needed for disulfiram. The promise of pharmacotherapy for stimulants include disulfiram, modafinil and tiagabine or similar GABA enhancing agents, which may be enhanced in opiate dependent patients by using relatively high doses of buprenorphine (e.g. 16 mg daily). Combining contingency management with medications is highly effective for enhancing the efficacy of cocaine therapy. In addition, sustained treatments such as the cocaine vaccine may offer great promise in preventing relapse.

Gardner, T., & Kosten, T. (2007). *Heroin Addiction and Related Clinical Problems*, 9 (2):11-16.

Oral delta-9-tetrahydrocannabinol suppresses cannabis withdrawal symptoms

This study assessed whether oral administration of delta-9-tetrahydrocannabinol (THC) effectively suppressed cannabis withdrawal in an outpatient environment. The primary aims were to establish the pharmacological specificity of the withdrawal syndrome and to obtain information relevant to determining the potential use of THC to assist in the treatment of cannabis dependence. This study demonstrated dose-responsivity and the pharmacological specificity of the cannabis withdrawal syndrome. The efficacy of these doses for suppressing cannabis withdrawal suggests that oral THC might be used as an intervention to aid cannabis cessation attempts.

Budney, A.J., Vandrey, R.G., Hughes, J.R., Moored, B.A. & Bahrenburg, B. (2007). *Drug and Alcohol Dependence*, 86: 22–29



"Quack? No thanks. That stuff can really mess you up."

What's Up!.....

Prelude to Passion: Limbic Activation by “Unseen” Drug and Sexual Cues.

The findings represent the first evidence that brain reward circuitry responds to drug and sexual cues presented outside awareness. This underscores the sensitivity of the brain to “unseen” reward signals and may represent the brain’s primordial signature for desire. The limbic brain response to reward cues outside awareness may represent a potential vulnerability in disorders (e.g., the addictions) for whom poorly-controlled appetitive motivation is a central feature.

Childress, A.R., Ehrman, RN, Wang, Z, Li Y., & Sciortino, N. (2008). *Public Library of Science*, (1): e1506.

“I'm on the patch right now. Where it releases small dosages of approval until I no longer crave it, and then I'm gonna rip it off”

-Ellen DeGeneres



Thought you might find these sites to be of interest...

- ◆ **National Institute on Drug Abuse**
<http://www.nida.nih.gov/>
- ◆ **Canadian Centre on Substance Abuse**
<http://www.ccsa.ca>
- ◆ **Substance Abuse & Mental Health Services Administration**
<http://www.samhsa.gov/>
- ◆ **National Institute on Alcohol Abuse and Alcoholism**
<http://www.niaaa.nih.gov>

Upcoming Conferences

“The reason there are two senators for each state is so that one can be the designated driver”

- Jay Leno



- ◆ **Society of Behavioural Medicine Annual Meeting and Scientific Sessions**
March 26-29th, 2008 San Diego, California
www.sbm.org/meeting/2008
- ◆ **American Society of Addiction Medicine 39th Annual Scientific Conference**
April 10-13, 2008 Toronto, Canada
www.asam.org
- ◆ **Next Generation of Dual Diagnosis– 21st Century Integration of Mental Health and Substance Abuse**
April 28-30, 2008 Las Vegas, Nevada
www.dualdiagnosis.org/events
- ◆ **NIDA Blending Addiction Science and Treatment**
May 2-3, 2008 Cincinnati, Ohio
www.sei2003.com/nida/blendingcinci/
- ◆ **Harm Reduction 2008: IHRA's 19th International Conference**
May 11-15, 2008 Barcelona, Spain
www.ihra.net/Barcelona/Home
- ◆ **22nd Annual Addiction: Focus on Women Conference “Healing Through Connection”**
May 13-16, 2008 Hendersonville, North Carolina
www.mahec.net/calendar
- ◆ **2008 Hawaii Addictions Conference: medical Comorbidities of Addiction**
May 23, 2008 Honolulu, Hawaii
hawaii residency.org/psychiatry/cme_addictions.html
- ◆ **The College of Problems on Drug Dependence (CPDD) 69th Annual Conference**
June 14-19, 2008 San Juan, Puerto Rico
www.cpdd.vcu.edu
- ◆ **Washington State Institute on Addictions Treatment A Recovery Journey: Basics & Beyond**
June 25-27, 2008 Yakima, Washington
dasa.casat.org
- ◆ **NAADAC Annual Conference**
August 28-31 2008 Overland Park, Kansas
www.naadac.org