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EDITOR'S MESSAGE

Dear Colleagues:

Hope everyone had a good summer! As most of us have discovered, the Fall is a time to get back into our usual routines. Our new Section is no different! I am very happy to announce that at this year's CPA Annual Conference in Halifax, the By-Laws were approved. In addition to this, our membership has swelled from 27 people, who first signed the petition to lobby for the forming of our Section, to a whopping 548 members!

The next goal of our Section is to eventually move from an Interim Board to one in which members can democratically cast their votes for the various Board positions that will be up for grabs when that time comes. In this same vein, my hope is that some members will seriously consider giving presentations at next year's convention, or perhaps consider presenting posters on their current work in the field. In addition, I would ask that if any of our Section members are presenting at any upcoming conferences, recently having published a journal article or a book, that they let me know. That way, in turn, I can share such information with the whole Section membership.

In closing, I would again like to thank all of you for your continued support in both the development and growth of our new Section. Finally, I would like to dedicate this current edition of the Chemical Independent to Dr. Tad Crohn, an Interim Board member of our Section, who very unexpectedly passed away during the summer. Tad was a great friend, colleague and close confidant, and he will forever remain in my heart and my head.

Dr. David Teplin, Section Chair



"I can't handle myself...I've started gambling at the races again..."

*“Be who you are
and say what you
feel because those
who mind don't
matter and those
who matter don't
mind”.*

-Dr. Seuss

What's Up!

Can Heroin Maintenance Treatment be Called a Therapy?

Heroin administration may be reasonably accounted for in order to handle the cases of patients who proved refractory to methadone, despite repeated attempts and the employment of enhancement techniques to favour retention and rehabilitative processes. In most countries this is not the case, since standard effective treatments are often neglected or applied with unjustified limitations resulting in hampered effectiveness. As a consequence, effective treatment is far from being actually available to all those who apply for it, let alone those who may benefit from it. The first step to empower the addiction care system is to spread and enhance resources to grant patients with correct and powerful application of effective techniques, methadone/buprenorphine maintenance being regarded as the gold and first-line standard for the average addict. If that will ever be the case, as we hope, we would need to provide patients identified as refractory with a salvage option, along the concept of harm reduction. In any other context, the introduction of heroin administration programs would rather reduce the benefit than the harm

Guelfi G. P., Cibin M., Pani P. P., & Maremmani I., (2007). *Heroin Addiction and Related Clinical Problems*, 9(1):5-10.

CI's Best Fall Picks!

- * **The Craving Brain** (2nd edition)
by Ronald Ruden
- * **Therapists' Guide to Evidence-Based Relapse Prevention**
Edited by Katie Witkiewitz and G. Alan Marlatt
- * **Substance-Abusing High Achievers-Addiction as an Equal Opportunity Destroyer**
by Abraham J. Twerski
- * **Introduction to Addictive Behaviors** (3rd edition)
by Dennis L. Thombs
- * **Drug & Alcohol Abuse-A Clinical Guide to Diagnosis and Treatment** (6th edition)
by Marc A. Schuckit
- * **The Treatment of Opioid Dependence**
Edited by Eric C. Strain and Maxine L. Stitzer

Effects of Potential Agonist-Replacement Therapies for Stimulant Dependence on Inhibitory Control in Cocaine Abusers

Two experiments were conducted to determine whether methylphenidate or modafinil, two potential pharmacotherapies for stimulant dependence, would impair inhibitory behavior in cocaine users. Eleven cocaine abusers were administered methylphenidate (0, 15, 30, and 45 mg) or modafinil (0, 150, 300, and 450 mg) across four experimental sessions. A cued go-no-go task was used to measure response execution and inhibition. Subjective and cardiovascular measures were collected. Neither methylphenidate nor modafinil impaired inhibitory control, but produced prototypical subject-rated and cardiovascular effects. The results of these studies may have implications for the use of these drugs as agonist-replacement therapies for stimulant dependence.

Vansickel, A.R., Fillmore, M.T., Hays, L.R., & Rush, C.R. (2008). *The American Journal of Drug and Alcohol Abuse*, 34 (3): 293 – 305.

The Efficacy of Acamprosate and Naltrexone in the Treatment of Alcohol Dependence: A Relative Benefits Analysis of Randomized Controlled Trials

Random controlled trials on the efficacy of naltrexone and acamprosate in the treatment of alcohol dependence were reviewed, using a Relative Benefit (RB) analysis approach. A total of 42 studies were included, showing acamprosate use demonstrated a modest improvement, with a RB of 1.76 at three month follow-up. Short-term administration of naltrexone significantly reduced the relapse rate, but was not associated with modification in the abstinence rate. There was insufficient data available to ascertain the efficacy of naltrexone and acamprosate over prolonged periods of time, or the effectiveness of the medications relative to each other.

Snyder, J.L. & Bowers, T.G. (2008). *The American Journal of Drug and Alcohol Abuse*, 34 (4): 449-461.

Violence perpetration and childhood abuse among men and women in substance abuse treatment

Despite an association between violence perpetration and substance use, the characteristics associated with violence among patients in treatment for SUD's are not well documented. Data were gathered from a national sample of men (n = 4,459) and women (n = 1,774) entering SUD treatment on history of violence perpetration, exposure to childhood physical abuse (CPA) and childhood sexual abuse (CSA), and reasons for entering treatment. Rates of violence perpetration were high (72% of men, 50% of women), and violence was associated with being referred by family members, prior SUD treatment, CPA, and CSA. In multivariate analyses, CPA was a significant correlate of violence perpetration across gender; however, CSA was only significant among women. Findings highlight the need for increased screening and treatment of violence perpetration among patients.

Mandi L. Burnette, M.L., Ilgen, M., Frayne, S.M., Lucas, E., Mayo, J., & Weitlauf, J.C. (2008). *Journal of Substance Abuse Treatment*, 35: 217–222.



"Hey, feel free to tell me your secrets! I'm gonna be a shrink!..."

What's Up!

Patient versus therapist alliance: Whose perception matters?

Development of working alliance was examined for 25 opioid-abusing pain patients and their therapists. Patients participated in an eight session intervention based on adherence strategies and employment of a supportive, psycho-educational approach; methadone was prescribed for pain. Treatment goals included opioid analgesic adherence and decreasing pain, functional interference, and substance abuse. Patients and therapists completed the Helping Alliance Questionnaire-II following each treatment session. At baseline, scores of patients and therapists indicated good alliance. Patient alliance grew significantly over time regardless of addiction severity and independent of treatment outcomes. In contrast, therapist alliance grew only for patients without substance abuse co-morbidity and/or who had good outcomes. Patients' and therapists' alliance scores were consistent during sessions focused on emotional bonds but diverged during sessions that demanded behaviour change, suggesting that therapists may have reacted negatively to patients' lack of progress. Whether therapists' reactions to poor performers impacted subsequent patient outcomes is unknown but should be investigated.

Bethea, A.R., Michelle C. Acosta, M.C., & Haller, D.L. (2008). *Journal of Substance Abuse Treatment*, 35: 174–183

Upcoming Conferences

- The National Council on Alcoholism & Drug Dependence (NCADD)**
 October 22-25, 2008
 Kansas City, Missouri
<http://www.ncadd.org>
- 8th International Conference on Pain and Chemical Dependency (ICPCD)**
 October 29– November 1, 2008
 Philadelphia, Pennsylvania
<http://www.iapcd.org>
- Canadian Society of Addiction Medicine (CSAM) Annual Scientific Conference**
 October 30 – November 1, 2008
 Vancouver, Canada
http://www.csam.org/non_member/conference/
- Association for Medical Education and Research in Substance Abuse (AMERSA)**
 November 6-8, 2008
 Washington, DC
<http://www.amersa.org/conf.asp>



Upcoming Conferences.....

“Reality is merely an illusion, albeit a very persistent one”.

-Albert Einstein

- **20th Annual Conference on Attention-Deficit/Hyperactivity Disorder (CHADD)**
November 13-15, 2008
Anaheim, California
<http://www.chadd.org>
- **Association for Behavioral & Cognitive Therapies (ABCT) Annual Convention**
November 13-16, 2008
Orlando, Florida
<http://www.aabt.org>
- **The 7th National Harm Reduction Conference**
November 13-16, 2008
Miami, Florida
<http://www.harmreduction.org/article.php?list=type&type=60>
- **ISAM Annual Conference**
November 17-20, 2008
Cape Town, South Africa
<http://www.isamweb.org>
- **American Academy of Addiction Psychiatry (AAAP)**
December 4-7, 2008
Boca Raton, Florida
<http://www.aaap.org/meetings/meetings.htm>
- **2009 South-Western Conference on Alcohol and Drug Addiction**
February 9-11, 2009
Atlanta, Georgia
<http://www.SECAD09.com>



What's Up!

“There are some secrets we think we’re keeping, but those secrets are actually keeping us”.

-Frank Warren

Improvement in the Quality of Live in Heroin Addicts: Differences Between Methadone and Buprenorphine Treatment

The main goals of opioid treatment in heroin addiction is to eliminate or reduce the use of heroin and other substances of abuse, to promote patients’ social rehabilitation and to improve their quality of life. The purpose of this study is to evaluate the efficacy of buprenorphine and methadone on the quality of life of patients. These subjects were sampled on the basis of the same severity of illness and the same impairment of quality of life at the start of treatment. 50 patients (41 male and 9 female) in buprenorphine treatment and 83 patients (63 males and 20 females) in methadone treatment, were evaluated regarding their retention in treatment, the use of substances, their clinical improvement and their quality of life over a one year period. In markedly ill patients buprenorphine and methadone both successfully and similarly reduce substance abuse and the severity of illness. Patients treated with buprenorphine show a better improvement of quality of life especially regarding improvements in jobs, leisure activities, income and self-acceptance. We conclude that Buprenorphine is a good choice for markedly ill patients with severe impairment in their quality of life parameters.

Maremmani I., Pani P. P., Popovic D., Pacini M., Deltito J., & Perugi G. (2008). *Heroin Addiction and Related Clinical Problems*, 10(1):41-48.

Antisocial Behavioral Syndromes in Cocaine and Cannabis Dependence

Antisocial personality disorder (ASPD) is highly associated with substance use disorders (SUD). In addition to the full ASPD syndrome, which requires both childhood conduct disorder and the adult features, other antisocial behavioral syndromes, including conduct disorder (CD) alone without the adult syndrome, and the adult antisocial behavioral syndrome without childhood CD (AABS) are also frequently diagnosed in patients with SUD. The aim of this study was to compare the rates of these various ASPD syndromes between cocaine- and cannabis-dependent individuals seeking treatment. A structured interview for ASPD excluding symptoms that occurred solely in the context of substance use was conducted in 241 outpatients (cocaine dependence, n = 111; cannabis dependence, n = 130). Overall, the proportion of substance-dependent individuals in this study with AABS was significantly larger than the proportion with ASPD (30.9% vs. 17.3%). A diagnosis of CD-only, where CD did not progress to ASPD, was uncommon. No significant differences in the prevalence of antisocial behavioral syndrome diagnoses were found between cocaine- and cannabis-dependent patients. Antisocial behavioral syndrome diagnosis did not influence treatment retention. Antisocial behavioral syndromes are commonly diagnosed in patients with SUD and future research should evaluate prognostic implications of AABS compared to ASPD in a variety of clinical treatment settings

Mariani, J.J., Horey, J., Bisaga, A., Aharonovich, E., Raby, W., Cheng, W.Y., Nunes, E., & Levin, F.R. (2008). *The American Journal of Drug and Alcohol Abuse*, 34 (4): 405 - 414

