

GLOBAL CONFERENCE ON  
**ADDICTION MEDICINE AND  
BEHAVIORAL HEALTH**

AUGUST 22-24, 2019  
LONDON, UK



THEME:  
UNIFYING THE NEW DISCOVERIES AND  
ADVANCED APPROACHES TOWARDS ADDICTION

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*Global Conference on*

# ADDICTION MEDICINE AND BEHAVIORAL HEALTH

*Theme:*  
*Unifying the new discoveries and  
advanced approaches towards Addiction*

AUGUST 22-24, 2019  
LONDON, UK

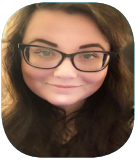


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# GAB 2019



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**Helen Snooks**  
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**Isabella Ingram**  
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**Jonathan Chick**  
Consultant Psychiatrist and  
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**Matt Kammer-Kerwick**  
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USA



**Mbachu Chioma Ngozichukwu Pauline**  
Nnamdi Azikiwe University  
Teaching Hospital, Nigeria

# GAB 2019



**Meliha Bijedic**  
University of Tuzla  
Bosnia & Herzegovina



**Noel Busch-Armendariz**  
The University of Texas at  
Austin, USA



**Nuno Albuquerque**  
UK Addiction Treatment Cen-  
tres, UK



**Olga Inozemtseva**  
Universidad de Guadalajara  
Mexico



**Pasqualina Rocco**  
Addiction Treatment Public  
Center, Italy



**Rajendra D. Badgaiyan**  
Icahn School of Medicine at  
Mount Sinai, USA



**Stephanie Kewley**  
Liverpool John Moores  
University, UK



**Scott Giacomucci**  
Phoenix Center for  
Experiential Trauma Therapy  
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**Scott Stevens**  
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**T. Wing Lo**  
University of Hong Kong  
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**Xiaowei Guan**  
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**Yaacov J Katz**  
School of Education, Bar-Ilan  
University, Israel



**Ying Ying Leung**  
Middlesex University  
Hong Kong



**Yih-Tsu Hahn**  
Shih Chien University  
Taiwan



**Zengzhen Wang**  
Tongji Medical College  
China

Thank You  
All...



# Welcome Message



Dear Colleagues,

I was surprised to read recently that the manufacture of pharmaceuticals is a major source of CO2 emissions and thus of global warming. My concerns were more local – that I was being asked to see more and more patients who, because of ‘dual diagnosis’, were being prescribed medications that might actually worsening their addiction to alcohol and drugs. At this conference I look forward to hearing others’ views of the vexed question of comorbidity – how can we better disentangle self-medication for a mental disorder from the sometimes devastating effects on the emotions – indeed on the brain – of misuse of substances.....and thus how better to help our patients.

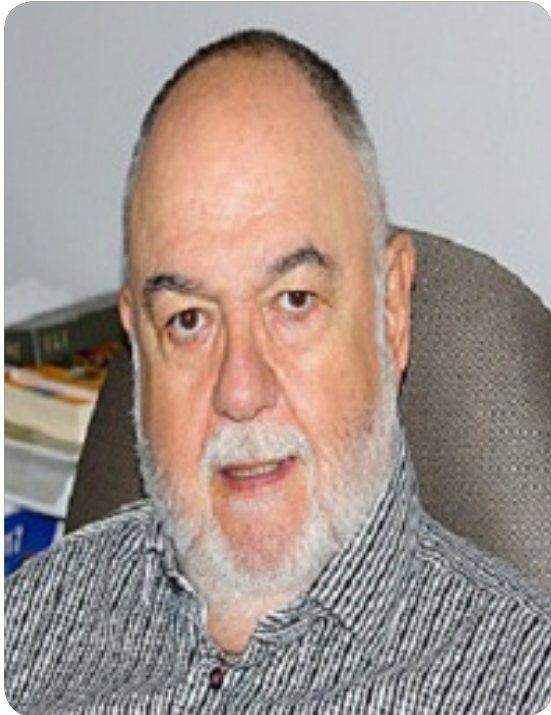


A handwritten signature in black ink, which appears to read 'J. Chick'.

**Jonathan Chick**  
Castle Craig Hospital  
UK



# Welcome Message




Dear congress visitors, it is a pleasure to extend to you words of welcome to this conference. In the last three decades Addiction Medicine has evolved from a few physicians who used methadone to treat opioids use disorder and offered disulfiram to the victims of alcoholism to a discipline that has a expanding pharmacopeia. WE now have medication that can support the recovery of those who struggle with opioids, alcohol and tobacco. We now have a better understanding of those factors that contribute to addiction and in many cases have the skills to mitigate those factors. The practitioners of this subspecialty have become increasingly aware that there is so much more to addiction than addiction. In order to treat the addiction, we must understand and treat the whole patient. That is what makes addiction medicine exciting and rewarding and leads the addictionist to a never ending pursuit of new knowledge. Welcome to a conference that promise to give you that.




**Leo O. Lanoie**  
Saskatchewan Health Authority  
Canada

# Welcome Message



Dear participants, I am so pleased to welcome you all to the 2019 Global Conference on Addiction Medicine and Behavior Health. I'm looking forward to the robust exchange of ideas and learning from you. My scholarship is in the fields of interpersonal violence, sexual assault, sexual harassment, human trafficking, and domestic & dating violence. According to the WHO's 2001 report on violence and health, sexual assault is a global issue. It is in our cities, towns, neighborhoods, backyards, our homes, and at our universities. I feel privileged to have led a study at the University of Texas Systems that included 14 associated universities. I will share the findings and methodology from this study during my keynote. Our research is unprecedented in its scope, duration, and depth of understanding on these issues as they relate to college students. I look forward to seeing you there. Safe travels.



**Noel Busch-Armendariz**  
The University of Texas at Austin  
USA

# keynote speakers



***Jonathan Chick***

Castle Craig Hospital  
UK



***Leo O. Lanoie***

Saskatchewan Health Authority  
Canada



***Rajendra D Badgaiyan***

Icahn School of Medicine at  
Mount Sinai, USA



***David J. McCann***

National Institute on Drug  
Abuse, USA



***Noel Busch-Armendariz***

The University of Texas at  
Austin, USA



***Anna Gagat Matula***

Pedagogical University of  
Cracow, Poland

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# About MAGNUS GROUP

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Magnus Group (MG) is initiated to meet a need and to pursue collective goals of the scientific community specifically focusing in the field of Sciences, Engineering and technology to endorse exchanging of the ideas & knowledge which facilitate the collaboration between the scientists, academicians and researchers of same field or interdisciplinary research. Magnus group is proficient in organizing conferences, meetings, seminars and workshops with the ingenious and peerless speakers throughout the world providing you and your organization with broad range of networking opportunities to globalize your research and create your own identity. Our conference and workshops can be well titled as 'ocean of knowledge' where you can sail your boat and pick the pearls, leading the way for innovative research and strategies empowering the strength by overwhelming the complications associated with in the respective fields.

Participation from 90 different countries and 1090 different Universities have contributed to the success of our conferences. Our first International Conference was organized on Oncology and Radiology (ICOR) in Dubai, UAE. Our conferences usually run for 2-3 days completely covering Keynote & Oral sessions along with workshops and poster presentations. Our organization runs promptly with dedicated and proficient employees' managing different conferences throughout the world, without compromising service and quality.

## About GAB 2019

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GAB 2019 is the annual event, bringing together professionals of all types for networking and important dialogue. In the midst of the national opioid epidemic, addiction medicine is undergoing extraordinary changes. To provide professionals with the tools they need to address these trials, GAB 2019 is expanding to gather all the international network scientists, scientists, professors, and other researchers in the field of addiction and behavioral health. GAB 2019 platform provides the delegates with an opening to team up, earn expert development ideas, network and learn from like-minded professionals.

Scope of the conference: GAB 2019 Presentations are of top level and widespread band of basic, medical and translational training with the multidisciplinary strategies to develop and upsurge the patient care.



# ABOUT EXHIBITOR



Wisepress.com, Europe's leading conference bookseller, has a complete range of books and journals relevant to the themes of the meeting. Books can be purchased at the stand or, if you would rather not carry them, posted to you – Wisepress will deliver worldwide. In addition to attending 200 conferences per year, Wisepress has a comprehensive medical and scientific bookshop online with great offers.





DAY 1

# KEYNOTE FORUM

GLOBAL CONFERENCE ON

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### Biography

Professor Chick worked for the Medical Research Council for Epidemiological Studies in Psychiatry and then as Consultant Psychiatrist for the Alcohol Problems Service, Royal Edinburgh Hospital, and as Senior Lecturer, Department of Psychiatry University of Edinburgh. He is now Medical Director, Castle Craig Hospital. Latterly, he extended his area of research from treatment of alcohol problems to prevention, and the role of changes in affordability of alcohol. He has been an advisor to the World Health Organisation and government departments in the UK, Australia, Canada, USA and Brazil. He is the Chief Editor of the international journal *Alcohol and Alcoholism*.

## Prescribing psychiatric medications in alcohol use disorders and other addictions: Risks and avoiding risk

### Jonathan Chick

Castle Craig Hospital, UK

Depression, anxiety, impulsivity, difficulty concentrating, mood swings and occasionally psychotic symptoms are recognized symptoms in addiction to mind-altering substances. Sufferers who protect their use of the substance may precipitate GPs and psychiatrists into inappropriate psychiatric diagnosis and thus unhelpful prescribing. Powerful antidepressants, antipsychotics, stimulants and anti-epileptic drugs get prescribed and their effects can confuse the clinical picture; in the case of SSRIs and some antipsychotics relapse rates in alcoholism can be increased. Management requires explanation to referrers and patients, and collaboration between the treating team and the patient to adjust or discontinue unnecessary medications. The upsurge in diagnosis of 'ADHD' in substance use disorders is not accompanied by evidence for the efficacy of stimulants in treating these disorders and prescriptions are often abused. A study shows stimulants can be discontinued without risk.

### Audience Take Away:

- Advice on distinguishing symptoms of addictions from symptoms of other psychiatric disorders
- Learn how unwanted effects of psychiatric medications can impair recovery in addictions, and understand the pertinent evidence
- Gain confidence in helping addicts give up unnecessary and perhaps harmful medications



### Biography

The author is currently Chief of Addiction Medicine for the Northeastern Area of the Saskatchewan Health Authority. He is Medical Director of the Prince Albert Cooperative Health Centre, a family practice clinic where non HIV positive patients receive care for the SUD. He is lead physician at Access Place, a centre that houses the sexual health, BBV clinics and the needle exchange. He is lead physician at Saskatchewan Penitentiary, where he and five of his colleagues have provided medical care for inmates for about fifteen years. He is clinical assistant professor in Family Medicine.

## He who knows addiction know medicine

### Leo O. Lanoie, MD

Saskatchewan Health Authority, Canada

Persons with Substance Use Disorder are subject to a host of medical, psychiatric and social conditions that predispose to SUD and/or complicate it. These conditions negatively impact quality of life, and all too frequently can end life if not recognized and addressed.

Many persons with SUD do not find the health care system user friendly. There may be visits to the ER and to walk in clinics but often their “Addiction Doctor” is the only consistent source of medical care – the only doctor who knows them. If that doctor knows only addiction they are in big trouble.

This presentation will provide an overview of some of the common, and somewhat less known, conditions that afflict persons with SUD. It has been erroneously said that the first goal of Addiction Medicine is to help the patient achieve sobriety. That is the second goal. The first goal is to have the patient survive long enough to achieve sobriety.

#### Audience Take Away:

- A renewed awareness that for many SUD patients their addiction is rooted in other conditions that must be addressed if recovery is to be achieved
- A renewed awareness that for many SUD patients their addiction is only one of the many afflictions the patient have, and that in some cases the SUD is, for the moment, the least of their problems
- A renewed awareness that addiction kills, sometimes directly by overdose, but as often by other treatable conditions that prove deadly is the neglected
- A renewed awareness of (something we all know) we do not treat addicts, we treat complex persons with complex problems, of which addiction is of the main contributing factor



### Biography

Rajendra D. Badgaiyan, MD, is a psychiatrist and cognitive neuroscientist. He is Professor of Psychiatry at Icahn School of Medicine at Mount Sinai in New York. Dr Badgaiyan was awarded the prestigious BK Anand National Research Prize in India and Solomon Award of Harvard Medical School. His research is focused on the study of neural and neurochemical mechanisms that control human brain functions. He developed a neurotransmitter imaging technique called, the single scan dynamic molecular imaging technique (SDMIT) to detect, map, and measure neurotransmitters released acutely in the human brain during task performance. Using this technique, he studies dopaminergic control of human cognition and behavior. His research is funded by the National Institutes of Health, Department of Veterans' Affairs, Dana Foundation and other agencies. He has published over 200 papers and book chapters.

## A novel approach to study the brain mechanism of addiction

### Rajendra D Badgaiyan, MD

Icahn School of Medicine at Mount Sinai, USA

Dopamine plays a predominant role in establishment and maintenance of addiction. The precise mechanism involved in this process however is unclear. An important reason for our lack of knowledge is difficulties associated with measurement of dopamine release in healthy human brain. To address this problem we recently developed a novel neurotransmitter imaging technique called the single scan dynamic molecular imaging technique. The technique allows us to detect, map and measure dopamine released acutely (phasic release) in the live human brain during performance of a cognitive or behavioral task. It can be used to detect dopamine released at rest (tonic release). The technique exploits the competition between endogenously released dopamine and dopamine receptor ligand for occupancy of the same receptor site. Using this technique we are currently studying dopamine neurotransmission in people with opiate addiction and compared it with those of non-addict healthy volunteers. This study has allowed us to characterize the nature of dysregulated dopamine neurotransmission in addiction. Results of this ongoing study and their possible use in development of novel therapeutic strategies for treatment of addictive disorders will be discussed.

#### Audience Take Away:

- A novel neuroimaging technique
- Dopamine neurotransmission and its influence on addiction
- Help audience use a novel technique to study the brain mechanism of addiction

DAY 1

# SPECIAL TALK

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### Biography

Dr. Haraldsen graduated as MD in Bergen, Norway in 1983. He ended up becoming a general practitioner (GP), working for 15 years in Sandefjord from 1991-2006. There he was frustrated by the miserable lives of the many heroin-addicted, who eventually got his help from year 2000, outside the official, rigid Norwegian system. Then high-dosed buprenorphine became available, after having shown its effect in France for four years. There overdoses had been reduced by 79% by low-threshold, no-cost substitution by GPs, for taking at home. Co-addiction of tranquilizers (benzodiazepines) must be treated besides by slowly tapering off.

## Optimal opioid substitution treatment (OST), based on the European union (EU) statistics through 30 years: What to learn from diverging France and Norway?

### Alf Martin Haraldsen

General practitioner (GP) Norway

Is it possible to reduce “Opioid overdose deaths” by more than 50%? Opioids (heroin/methadone/morphine/phentanyl/buprenorphine etc.) contributes to about 70-80% of total “Drug related deaths” (DRD) in a country. DRD is the parameter used by the EU in its annual reports.

1. What is the implication of reducing the DRD (i.e. reducing the impact of heroin) – for the addict and the many affected persons; open drug scenes, work capability, health, welfare?
2. The EU (from the EMCDDA bureau in Lisbon) has a unique statistic material to study – from their 28 member countries, but also yearly reports from Norway and Turkey. This goes back about 30 years. From the 1990-ies the different countries established their specific method for opioid substitution treatment (OST), mostly with the drugs methadone (MDN) and buprenorphine (BPN), some with heroin for a minor group. Some let the general practitioners (GPs) start OST for one or both drugs (BPN only, or also MDN), while other countries use a Special Unit (SU) for start of OST.
3. From my studies of the EU reports it struck me that France was very lucky with the combination of GP starting BPN (from 1996), while MDN was started by SU (and supervised the dosing closely), with 79% reduction of DRD during five years. Also Portugal, Czech Republic and Cyprus have adopted the “French system”, resulting in the lowest DRD in EU; while the worst countries (like Norway) have DRDs 10-15 times higher.
4. My own experience from 2001-2003 (3 years) in the Norwegian town Sandefjord (40.000 population), based on the “French system” is that all overdoses disappeared with low-threshold, no-cost OST with BPN from the GP (me). I opposed the national, diametrical opposite OST: high-threshold, rigid, with detox trials.
5. What are the implications for letting GPs doing this – including cooperation with the SU-system and NGOs?
6. What are the hindrances for other countries to adopt the “French system”?
7. How is the possibility to quit the opioid?

**Audience Take Away:**

- to regard opioid addiction as a CHRONIC RELAPSING DISEASE, with quite similar expression worldwide. One can then learn from other countries how to reduce OVERDOSE DEATHS. Lowering this also means less criminality, better health, improved social life and working capacity.
- to learn the importance of the study of trend curves for OVERDOSE DEATHS related to different OPIOID SUBSTITUTION TREATMENT (OST) in European countries. These OSTs differ hugely, by a factor of 15.
- to see that two countries (France and Portugal) have reduced OVERDOSE DEATHS by 80% by offering very low-threshold, no-cost OST: the GPs offering buprenorphine, NGOs assist following-up. Methadone started and difficult cases being treated in a specialized setting. Benzodiazepines being an “instrument” during rehabilitation (for those co-addicted), avoiding the peer group.





# SPEAKERS

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## TIME: Take-home naloxone in multicentre emergency settings: Protocol for a feasibility study

Helen Snooks<sup>1\*</sup>, Matthew Jones<sup>1</sup>, Jenna Bulger<sup>1</sup>, Bridie Evans<sup>1</sup>, Ann John<sup>1</sup>, Alan Watkins<sup>1</sup>, Adrian Edwards<sup>2</sup>, Penny Buykx<sup>3</sup>, Simon Dixon<sup>3</sup>, Gordon Fuller<sup>3</sup>, Steve Goodacre<sup>3</sup>, Jonathan Benger<sup>4</sup>, Rebecca Hoskins<sup>4</sup>, Chris Moore<sup>5</sup>, Sarah Black<sup>6</sup>

<sup>1</sup>Medical School, Swansea University, Swansea, Wales, United Kingdom

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<sup>5</sup>Welsh Ambulance Service, St.Asaph, Wales, United Kingdom

<sup>6</sup>South West Ambulance Service Foundation Trust, Bristol, England, United Kingdom

### Background:

Opioids such as heroin kill more people worldwide than any other drug. In the UK, death from opioid poisoning is at record levels. Naloxone is an opioid agonist which can be distributed in take home 'kits', known as Take Home Naloxone (THN).

### Methods:

We are in the early stages of carrying out a randomised controlled feasibility trial (RCT) of THN distributed in emergency settings clustered by Emergency Department (ED) catchment area, and local ambulance service. The trial will include distribution of THN by paramedics and ED staff to patients at risk of opioid overdose. A discriminant function will be developed retrospectively identify people at high risk of overdose death using routine anonymised linked data.

### Results:

We will gather anonymised linked data outcomes at one year including; deaths; emergency admissions; intensive care admissions; ED attendances; 999 attendances; THN kits issued; and NHS resource usage. We will agree progression criteria related to successful identification and provision of THN to eligible participants; successful follow up of eligible participants and opioid decedents; adverse event rate; successful data matching and data linkage; and retrieval of outcomes within three months of projected timeline.

### Conclusions:

THN programmes are currently run by some drug services in the UK. However, saturation is low. There has been a lack of experimental research in to THN, and so questions remain: Does THN reduce deaths? Are there unforeseen harms associated with THN? Is THN cost effective? This feasibility study will establish whether a fully powered cluster RCT can be used to answer these questions.

### Audience Take Away:

- The challenges associated with measuring treatment effects of THN
- The use of linked data to collect outcomes in devolved nations
- Ethical considerations when delivering trials of peer-administered interventions in emergency settings

### Biography

Helen currently working as Professor of Health Services Research in the Medical School at Swansea University. Snooks lead the Patient and Population Health Informatics research theme within the School. She is the seconded for one and a half days a week to the National Institute for Health Research Evaluation, Trials and Studies Coordinating Centre (NETSCC) at University of Southampton, as Health Technology Assessment Journal Editor and Senior Scientific Advisor to the Health Services and Delivery Research programme also she led the Trials Unit in Swansea to full registration with the UKCRC, retain a strong interest in experimental evaluation methods and have a strong record of grant capture, totalling 30 million. Her main research interests and expertise lie in the fields of Emergency Pre-hospital and Unscheduled Care, Primary Care, and research support. In these areas, the focus of her work is to plan, design and carry out evaluations of health technologies and new models of service delivery which often involve changing roles and working across boundaries between service providers. The research is applied, pragmatic and leads to change and impact in the real world of policy and practice. She actively encourages and support public and patient involvement in her research to enhance relevance, accountability and quality. Her work is strongly patient-focused and collaborative, and uses mixed methods to achieve study aims.

## The development and implementation of a multi-disciplinary curriculum and training for screening brief intervention and referral to treatment

Joan Carlson

Indiana University, USA

The purpose of this paper is to describe the development and implementation of a multi-disciplinary curriculum and training of screening, brief intervention and referral to treatment (SBIRT) at a large mid-western university in the U.S. The program called “Advancing Multidisciplinary Education for Screening Brief Intervention and Referral to Treatment (SBIRT)” was a consortium of Schools of Social Work, Nursing, and Medicine, that integrated SBIRT into selected core courses within a Midwestern state’s healthcare and allied health care education system. The ultimate aim of this project is to design and sustain a curriculum across health care disciplines that improve the standard of care related to substance use as well as reduce the cost of substance use disorders in the local community and the state.

The World Health Organization [WHO] (2004) reports that mental and substance use disorders will exceed all physical diseases as the foremost cause of disability by the year 2020. Substance abuse continues to take its toll on society emotionally, physically and economically. The National Institute on Drug (2017) estimates the abuse of alcohol, tobacco and illicit drugs cost the U.S. 772 billion dollars annually.

Educating and training practitioners in screening and brief intervention for SUDs is paramount to addressing healthcare needs. Schools of social work, nursing, and medicine have long placed students in areas that serve vulnerable and diverse populations. Key faculty from each school as well as community stakeholders collaborated on the development of a curriculum that addresses the needs for the local community and the state. This project builds on training initially designed for medical residents.

The three-step sequential curriculum for this project included distinctive and innovative tailored interactive web-based educational modules, as well as face-to-face training that included motivational interviewing. Following the training students were able to integrate SBIRT into their appropriate clinical practice. Because the students were co-educated, they also had opportunities to collaborate inter-professionally, allowing for the development of team building skills for their future clinical practice.

In this presentation, the three-step sequential training - including the development of curricular materials, as well as students’ baseline knowledge, skills, and attitudes, along with the development of an SBIRT Handbook web-based app - will be presented and discussed.

### Audience Take Away:

- Identify and examine the benefits of an interprofessional (social workers, nurses, and medical residents) curriculum to provide screening, brief intervention, and referral to treatment (SBIRT) for substance use disorders
- Provide a description of specific examples of an interdisciplinary curriculum for SBIRT. This includes the three-step sequential trainings addressing motivational interviewing, change processes, and case-based role plays for students
- Demonstrate how an interdisciplinary team from the professional schools of social work, nursing, and medicine at a large mid-western university collaborated to develop and implement a federally funded SAMHSA grant for SBIRT

### Biography

Dr. Joan Carlson is an Associate Professor with Indiana University’s School of Social Work. She has extensive research and practice experience with ethnically diverse adolescents and adults. She also has a number of publications/presentations spotlighting the development of substance use prevention and intervention materials for adolescent youth. Currently, she is the Co-Principal Investigator on a Breakthrough Collaborative Series working side-by-side with community agencies in the dissemination of trauma-informed knowledge that translates into amelioration. Most recently she served as the principal investigator on a grant funded by Substance Abuse and Mental Health Services Association.

## ADHD in heroin addicts: Prevalence and psychiatric comorbidity

**Pasqualina Rocco**

Addiction Treatment Center, Local Health Service, Italy

### Introduction:

Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder that in most cases persists into adulthood. Often associated with other psychiatric disorders and the most frequent is substance use disorder. The ADHD-substance use comorbidity has received considerable attention in research for clinical implications. But most studies concerning the use of stimulants (amphetamines, cocaine), alcohol and cannabinoids. Few studies concern the use of heroin in patients with ADHD. The aim of this research is to evaluate the prevalence of ADHD (and its association with other psychiatric disorders) in heroin-dependent patients.

### Methods:

Outpatients with heroin addiction being treated with opioid agonists at a public addiction service were enrolled. They performed psychiatric examination + ASRS scale (Adult ADHD Self-Report Scale). Subjects with positive results performed another psychiatric visit + Brown scale ADD (second level test for ADHD), Mini International Neuropsychiatric Interview (M.I.N.I.), Hypomania / mania checklist (HCL-32).

### Results:

111 patients were enrolled. There were no socio-demographic differences between ADHD and non-ADHD patients. The prevalence of ADHD in this sample was 18%. In ADHD patients the most frequently associated psychiatric disorders are depression and anxiety. Patients who have at least two other psychiatric diagnoses in addition to ADHD and substance use disorder are around 40%. The diagnosis of ADHD appeared very difficult also due to the high comorbidity. About 10% of the sample does not meet all the criteria but is borderline for ADHD.

### Conclusion:

the data of this study are compatible with the literature. There seems to be a high percentage of ADHD even among heroin addicts. Agonist therapy appears to have an effect on ADHD symptoms, but more studies are needed to confirm it.

### Audience Take Away:

- Seeks to raise public awareness of the problem of ADHD in drug addicts. In Italy and other countries, this problem is still underestimated with serious consequences for patients
- Reports that there is a high percentage of ADHD even among heroin addicts. The literature does not deal much with this association, which instead seems important. This research aims to stimulate further studies
- Report that the diagnosis of ADHD is difficult in addicts due to the high presence of comorbidities. The presence of psychiatrists who are experts in studies of this kind seems to be necessary
- This study scheme can also be used in other researches because it uses validated and complete tests

### Biography

Degree in medicine and surgery at the University of Trieste, Italy 20/07/1994 and Specialization in Psychiatry at the University of Trieste, Italy 18/11/1999 and Specialization in Psychotherapy at the International School of Psychotherapy in the Institutional Setting (I.I.P.R.T.H.P.), Rome, Italy 12/11/2011; Diploma "Multidisciplinary training program for professionals in the Italian dependency system" of the Presidency of the Council of Ministers, National Administration School, Anti-drug Policy Department, Rome. Basic course 11/30/2014; advanced course 21/01/2015 also Master "addictology", University of Pisa, Italy, 18/01/2016; Oral presentation: "Diagnostical stability in dual diagnosis", 12th European Opiate Addiction Treatment Association Conference, Leiden, 27-29/05/2016; Poster: P. Rocco, M. Pistorello: "Drug addicts in the emergency room: study on first aid reports", 9th National Congress of the Italian Society of Drug Addiction, 23-25/11/2017; P. Rocco: "Attention Deficit Hyperactivity Disorder in heroin use disorder patients", 13th European Opiate Addiction Treatment Association Conference, Krakow, 25-27/05/2018; P. Rocco: "ADHD in heroin addicts: prevalence and psychiatric comorbidity", 2nd World Congress of the World Association on Dual Disorder 25-27/10/2018 Florence, Italy; Publication: P. Rocco, R. Manera, G. Bellio: "Diagnostic stability in dual diagnosis: study on a sample of patient with opiate addiction", J. of Health Science 5 (2017) 18-24.

## The utility of cognitive behavioral therapy for insomnia (CBTI) in reducing sleep medication usage

**Derek Loewy**

Scripps Clinic Viterbi Family Sleep Center, La Jolla, CA, USA

For many years, the most common medical treatment for chronic insomnia has been sedative hypnotic drugs. Chief among these have been benzodiazepines and the so called “non-benzodiazepine” drugs (i.e., zolpidem, eszopiclone) which act more selectively on GABA receptors. Other off-label sedating agents have also been employed (i.e., trazodone, amitriptyline). Studies have shown that GABA agonists are associated with adverse short to medium term adverse events such as side effects, tolerance and physical dependence, when used for an extended period. More recent findings suggest these drugs are also associated with longer term health consequences such as dementia, increased cancer risk, and decreased mortality. Moreover, the risk for unintentional opioid overdose increases significantly when used in combination with benzodiazepines. A safe and effective alternative treatment for chronic insomnia is cognitive behavioral therapy for insomnia (CBTI). CBTI is comprised of an array of techniques designed to enhance natural sleep propensity by increasing homeostatic sleep drive, modulating the sleep-wake circadian rhythm, and countering conditioned arousal and anxiety which often interfere with effective wake to sleep transitions. The efficacy of CBTI has been demonstrated in numerous randomized, controlled studies. CBTI has greater long term benefit than sedative hypnotics. In 2016, CBTI was recognized by the American College of Physicians as the preferred first line treatment for chronic insomnia. CBTI is a highly effective stand-alone treatment for insomnia and can also serve as a useful therapy to support the tapering and discontinuation of sleep medications. The process of sleep medication discontinuation can be challenging to physicians and unpleasant for patients, often leading to failure. Data will be presented showing the effectiveness of CBTI in reducing sleep medication usage in a complex clinical population

### Audience Take Away:

- Understand the key components of cognitive behavioral therapy for insomnia (CBTI)
- Learn an effective behavioral medicine strategy for treating chronic insomnia as an alternative to initiating sleep medication
- Practical steps for implementing CBTI for the purpose of reducing sleep medication usage in conjunction with a sleep medication taper regimen

### Biography

Dr. Loewy is a clinical psychologist with board certifications in Sleep Medicine and Behavioral Sleep Medicine. He received his doctorate in psychology at the University of Ottawa, Canada in 1996. He completed a post-doctoral research fellowship on the psychophysiology of insomnia at the University of Arizona in 1999. He completed his fellowship in Sleep Medicine at the Stanford Sleep Center in 2001, during which time he co-founded the Stanford Insomnia Program. He is presently the Director of Behavioral Sleep Medicine at the Scripps Clinic Sleep Center and Insomnia Specialist at Better-Night® Medical Group in San Diego, California.

## **Empowering through connection: A case for helping clients heal through the therapeutic relationship**

**Amy Turnbull-Drilingas Ed. S, LPC, NCC, QMHP, MARS**

FCC Behavioral Health Cape Girardeau, USA

**T**he therapeutic relationship can be a powerful catalyst to engage clients in building healthy relationships with others and healing from the trauma in their past. While most practitioners can agree that the therapeutic alliance is important, there has been a change of focus that has some questioning if ‘person-centered care’ is more than just a turn of phrase. In this oral presentation, the case is made for a return to one of the “basics” of counseling and psychotherapy—the raw power of the therapeutic relationship and how the utilization of the relationship can help our clients move beyond their past, embrace the present and engage in their future. Topics discussed during the talk: ethical concerns, amount of clinical interactions potentially needed to offset the effects of trauma, and the importance of individualized ‘person-centered’ care for every client.

### **Biography**

Amy Turnbull-Drilingas studied Mental Health Counseling at Southeast Missouri State University in Cape Girardeau, Missouri and graduated as MA in 2017. She was the 2016-2017 president of the Sigma Epsilon Sigma chapter of Chi Sigma Iota, the international honor society for counseling students. She has worked in substance use treatment facilities, mental health treatment centers and with children who have experienced severe trauma. Mrs. Turnbull-Drilingas graduated as Ed. S. in Counseling from Southeast Missouri State University in 2019. She specializes in treating substance use, women and children, and trauma.

## **An indigenous insight into the opioid crisis and the rehabilitation of the soul**

**Jay Hansford C. Vest**

University of North Carolina at Pembroke, USA

**I**n 2001, while teaching at Hamilton College in Clinton, New York, a former student – having taken my Native American Religious traditions course - sought me; he complained of soul sickness after experimenting with an opioid. Receiving him within the context of my indigenous medicine ritual practice, I telescoped his soul to diagnose the illness, and in doing so I determined he had the soul sickness of addiction and prepared to treat him with my indigenous traditional medicine power for soul revivification. The paper will present a shamanic insight to addiction and illustrate indigenous treatment for restoring balance in such cases.

### **Biography**

Jay Hansford C. Vest PhD is an enrolled member of the federally recognized Monacan Indian Nation, and he is a direct descendent of the seventeenth century Pamunkey chief Opechancanough who arrested Captain John Smith as a murder suspect during British Colonization of Tsenacomoco (Powhatan Virginia) in 1607, and he is an honorary Pikuni (Blackfeet) in ceremonial adoption (June 1989). Dr. Vest is a full professor in the Department of American Indian Studies at the University of North Carolina at Pembroke. He is author of *Will-of-the-Land: A Philosophy of Wilderness Praxis* (2010), *Native American Oralcy: Interpretations of Indigenous Thought* (2014), *Beyond the Ram's Horn Tree: Studies in Salish Sacred Geography: Lolo Peak to Waterton-Glacier Park* (in press) and *Packs-Pulled-Up Pass: Studies of Kootenai Sacred Geography: Waterton – Glacier Pass* (in Press), and *Thunder at the Backbone of the World: Waterton- Glacier Park – Badger Two Medicine Wildlands* (forthcoming) and *The Bobtail Stories: Growing Up Monacan* (forthcoming), as well as more than two hundred fifty scholarly journal articles, chapters in books and other published writings.



## Building recovery capital through community theatre

**Stephanie Kewley**

Natural Sciences and Psychology, Liverpool John Moores University, Liverpool, UK

It is well documented that engaging with arts-based activities, provides general populations a wide range of social, health, and well-being benefits. Yet, the evidence for arts-based activities delivered with/to people in drug and alcohol recovery treatment communities, in the UK at least, is unfortunately negligible. Dr Kewley argues for a greater investment and understanding of the effectiveness of arts-based interventions for people in recovery from drugs and alcohol. Findings from one arts-based intervention is presented during this session.

Staging Recovery is a three year project delivered by the Geese Theatre Company in the UK. The project delivers intensive group work sessions (approx.10 per block), using Geese Theatre drama methods, each of which result in two performances; one in a 'traditional' theatre context, the other, in a less formal community setting. Staging Recovery, serves as a complementary intervention to conventional medical models of recovery, and uses the Arts as a vehicle to enhance the recovery capital of its participants. During this presentation, Dr Kewley summarises findings from her three year evaluation, in which participants experiences are documented. Encouraging findings demonstrate that through participation in community-drama, participants begin to: develop non-stigmatised identities; reduce harmful behaviours; develop a range of new skills; improve mental and physical wellbeing and; experience a sense of achievement and hope. However, the arts-based recovery community in the UK is in its infancy. This presentation therefore, concludes with an introduction to "Recovery and the Arts" an emergent project and network developed at Liverpool John Moores University.

### Audience Take Away:

- Greater understanding of Staging Recovery, how it is delivered by the Geese Theatre Company including the drama techniques and methods used
- Learn of the 'lived' experiences of those in recovery after engaging in community-drama
- This presentation provides delegates an alternative approach to working with people in recovery. It offers practitioners and clinicians alternatives strategies to draw upon when developing care or treatment plans for clients
- What's next for Recovery and the Arts in the UK?

### Biography

Dr Stephanie Kewley is a Senior Forensic Psychology Lecturer at Liverpool John Moores University. She has worked in several Criminal Justice and Forensic Psychology research, educational, and correctional contexts. Her work has included the delivery and design of psychological interventions (risk assessment tools, risk management planning, and the delivery of cognitive behavioral programs) to drug and alcohol users, sexual offenders and domestic violent perpetrators; as well as correctional staff (police, probation officers, and psychologists). The central focus of her work is with marginalized and highly stigmatized populations, the aim being, to help them safely (re)integrate into the community.

## The role of reinforcement sensitivity and parental behaviour in development of aggressive behaviour regarding its form and function

**Marija Saric Drnas**

Department of psychology, Faculty of Education, Zagreb, Croatia

A multidimensional approach to studying aggressive behaviour is based on a distinction between the various functions and various forms of aggression. The function of aggressive behaviour is related to the motive of the perpetrator. Therefore, a distinction is made between reactive and proactive aggression. Reactive aggression is a reaction of defense from a real or perceived threat. Proactive aggression does not appear as a reaction to a threat but as anticipated aggressive behaviour that serves as a means to achieve a particular goal. Proactive and reactive aggression differ in terms of biological and parental etiological factors. Proactive aggressive behaviour is formed under the influence of parental permissiveness, while reactive aggressive behaviour is formed under the influence of low parental acceptance. Reactive aggressive behaviour is connected to a disposition for anxiety, emotional deregulation, and high emotional reactivity to aversive stimuli. Proactive aggressive behaviour is related to low anxiety, lesser sensitivity to aversive stimuli, callous personality traits and proneness to reward-motivated behaviour. Proactive and reactive aggression manifest in different forms. The forms of aggressive behaviour include overt and relational aggression. Overt aggression refers to endangering others by verbal and physical means, while relational aggression refers to endangering others through social relationships. The forms of aggression are differently related with parental behaviour under which they are formed. Thus, overt aggression has been linked to coercive discipline. Although, no consistent association is suggested between particular parental behaviour and relational aggression, most studies suggest psychological control to be related to development of relational aggression. Moreover, forms of aggression have different biological correlates. Particularly, a low predisposition toward anxiety and fear is a significant predictor of overt aggression, while a high predisposition toward anxiety and fear is a significant predictor of relational aggression. Namely, a person with a low anxiety and fear propensity will have a problem with internalising social norms which represents a risk for developing overt aggression. On the other hand, anxious individuals use relational forms of aggression which are more socially acceptable and a risk for retaliation is minor. Namely, there is an area in the brain the stimulation of which has an effect of reward and an area the stimulation of which has an effect of punishment. Clear differences are established between aggressive reactions during conditions of reward and punishment. One of the most important theories in this field is the Reinforcement sensitivity theory (Gray 1970), according to which personality represents individual differences in sensitivity to reward and punishment. Hence, proactive aggression is, unlike reactive aggression, significantly correlated with aggression during conditions of reward while, reactive and relational aggression are, unlike proactive and overt aggression significantly correlated with sensitivity to punishment. Mediator and moderator roles of parental behaviour and reinforcement sensitivity in a relationship with forms and functions of aggression are discussed.

### Audience Take Away:

The theoretical contribution of this presentation lies in the fact that, up to now, it presents the first study. That connects aetiological factors of forms and functions of aggression into one theoretical model. The presentation allows for a more complex insight into the aetiology of aggressive behaviour and sets new problems for future research. Programs aimed to prevent bullying, delinquency and other psychosocial problems of adjustment can be improved. Namely, understanding child's reinforcement sensitivity and its potential risk for psychosocial problems can help parents to modulate their behaviour with the aim to minimize the risk. Furthermore, unique treatment approach is suggested for certain type of aggression. Namely, emotion regulation and anger control training is aimed to help reactive aggressive individuals for controlling their aggression when they feel angry and frustrated. Contrary, empathy training is aimed to help proactive aggressive individuals to engage in more assertive ways in reaching their goals.

### Biography

Dr. Marija Saric Drnas studied psychology at the University of Zagreb, Croatia and graduated in 2009. She then worked at the Clinic for Psychiatry at the Clinical Hospital Sisters of Mercy in Zagreb. From 2011. Till now, she works at the Faculty of Education in Zagreb. She received her PhD degree in psychology in 2017 at the Faculty of Humanities and Social Science in Zagreb. She works as a postdoctoral researcher, publishes scientific articles in the field of aggression and presents her work at international conferences.

## The effects of yoga on addiction disorders

**Fruzsina Iszák**

Károli Gáspár University of the Reformed Church, Budapest, Hungary

**T**he focus of the presentation will be the effects of practicing yoga on addictions. From the point of addiction theories, the connection between emotional regulation and addictive disorders is emphasized. Psychoactive substance use can be interpreted as a tool for balancing extreme emotional situations. On this basis, the self-medication hypothesis of substance use is added, i.e. users try to regulate their emotions, behaviour and interpersonal relationships.

Yoga is a practice that has its core in India, in the Hindu philosophy of Yoga. It is a complex system that contains the eight limbs of Ashtanga yoga. The original practice and aims of yoga are listed; besides bodily postures and meditation, the eight limbs also contain ethical principles for a meaningful and purposeful life and they focus on one's health, too. Empirical evidences suggest that the integrated form of yoga was found to be more beneficial for physical and psychological well-being than just the physical part in itself. The relaxation achieved by practicing yoga might enhance the ability to face situations in a more relaxed state of mind and solve problems with greater ease. This implies that the mindfulness character of yoga might help patients to realize and understand their emotional mechanisms in more depth. Although, yoga is gaining increased attention as a complementary therapeutical tool, more studies should be conducted to provide further material for a deeper understanding of this notion. So, the purpose of the presentation is to draw attention to the potentials of yoga which might have an effect on the physical and psychological aspects of addictions.

### Audience Take Away:

- Drawing attention to the potential benefits of yoga as a complementary therapy can result in many benefits. Although there are already existing therapies based on yoga, further therapeutic tools could be added
- Moreover, recently, the scientific literature of yoga enhances, but there would be a need to conduct further studies to provide evidence so that the decision makers could have a clearer picture about the processes encompassing this topic
- Thirdly, there could be an indirect effect of addiction care by providing new insights and first theoretical, then practical implications. On the long run, these notions could be used in the treatment of addictions

### Biography

Dr. Iszák completed her PhD at the Department of Clinical Psychology and Addiction at Eötvös Loránd University, Budapest, Hungary. Her scientific interest contained the effects of psychoactive substance use and mental disorders related to creative artists. In the recent period, she worked on her research further, as a postdoctoral fellow in Mysore, India. Her previous studies and knowledge have been completed by Eastern philosophical traditions, containing yogic science and meditation. Currently, she is a lecturer at the Institute of Psychology, Károli Gáspár University of the Reformed Church in Hungary. The results of her research have been published in SCI (E) journals.

## The relationship between depression and suicide: Clarifying mediating and moderating factors

**Josephine Ridley PhD**

Psychology Service, VA Northeast Ohio Healthcare System-Cleveland VA Medical Center, USA

Somewhere in the world, someone dies by suicide every 40 seconds (WHO, 2014). The relationship between depression and suicide is complicated. In the U.S., mental health problems were the most commonly found precipitating circumstance to suicide with roughly 38% describing a depressed mood prior to their death (Jack et al., MMWR, 2018). Approximately 75% of those individuals had diagnoses of clinical depression or dysthymia. Although much research has linked suicide to depression, the relationship is not linear or perfect (Overholser & Ridley, 2015). There are multiple mediating and moderating factors that seem to draw a line between clinical depression and the suicidal act. This presentation will explore those factors utilizing existing research in the field including studies conducted by the presenter. Participants will develop clinically relevant insights into variables that may lead a depressed person to die by suicide including substance use (alcohol and substance use disorders are present in 25-50% of all suicides), perceived burdensomeness, low sense of belonging or social connectedness, and hopelessness (Cavanaugh, 2003; Schneider, 2009; WHO, 2014). Participants will be able to apply new insights immediately to their clinical populations. Areas needing further research also will be explored.

### Audience Take Away:

- Participants will understand the relationship between suicide and depression based on current research
- Participants will be able to identify specific factors that mediate or moderate the relationship between depression and suicide including substance use, perceived burdensomeness, low sense of belonging, and hopelessness
- Participants will be able to recognize these factors and intervene with their clinical populations
- Participants will explore the need for further research examining specific roles or impact of the identified variables

### Biography

Dr. Josephine Ridley received her Ph.D. and M.A. in Clinical Psychology from West Virginia University. She is currently an Associate Professor in the Dept. of Psychological Sciences at Case Western Reserve University and a Supervisory Psychologist / Assistant Chief of Psychology at the VA Northeast Ohio Healthcare System/Cleveland VA Medical Center. Dr. Ridley is recognized by the Suicide Prevention Resource Center as a Master Trainer for the Assessing & Managing Suicide Risk Workshop and conducts trainings in suicide prevention across the U.S. She conducts research on depression and suicide and has published articles and book chapters in these areas.

## Comorbidity between alcohol consumption and other psychiatric disorders - Importance of group intervention

Moutinho, L<sup>1\*</sup> & Teixeira, J.<sup>2</sup> & A. Paixão<sup>3</sup>

<sup>1</sup>Alcohol Treatment and Rehabilitation Unit, Lisbon Psychiatric Hospital Center, Lisbon, Portugal

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<sup>3</sup>Alcohol Department Treatment and Rehabilitation Unit, Lisbon Psychiatric Hospital Center, Lisbon, Portugal

Clinical epidemiology supported by neuroscience shows a strong interconnection between psychiatric disorders and substance use/abuse. This comorbidity is recognized by the World Health Organization as Dual Pathology. It is estimated that a percentage varying between 40% and 70% of users with psychiatric disorders also exhibit substance use/abuse. The existence of this comorbidity leads to a greater number of relapses and the more chronic course of psychiatric pathology with more frequent exacerbations.

The existence of psychiatric disorders are pointed out as risk factors for additive behavior, since the substance, in many situations, is used as a means of controlling / appeasing symptoms. This underlines the need for interventions to increase knowledge and insight into additive behaviors and their consequences.

The need for a multidisciplinary approach to these individuals in different treatment contexts has therefore arisen in order to optimize results in the treatment, rehabilitation and enhancement of social capacities. Due to all the aforementioned and taking into account the increase in demand for health services as well as the lack of interventions aimed at this population, the “Dual Pathology Group” was implemented in the Alcohol Treatment and Rehabilitation Unit (UTRA).

### Audience Take Away:

- The need to identify other psychiatric disorders besides the use of alcohol
- Advantages of treating in parallel the use of alcohol and other psychiatric disorders
- The advantages of maintain abstinence from alcohol consumption, to control the other pathologies and increase quality of life
- The identification of comorbidities will facilitate the treatment to be instituted
- Increase the effectiveness of treatment that will translate into lower relapse rate
- The identification of the problem of alcohol use associated with other psychiatric disorders may be accomplished through the use of instruments (scales) and clinical history
- Working strategies that promote adherence to treatment
- Identification of risk factors for relapse
- Identification of factors leading to withdrawal of therapy
- Suggestions to improve the diagnosis of clients using alcohol and other psychiatric disorders
- Suggestions for intervention in patients with comorbidities

### Biography

Dr Lidia Moutinho studied Nursing at the School of Nursing of Leiria (ESEL), and graduated in 1997. She studied at University Lusófuna and obtained the degree of master in Comportamental Cognitive therapy on 2007. She received her PhD degree in 2018 at the University of Lisbon. She has been collaborating since November 2017 with the Ribeiro Sanchez School of Health and the Portuguese Red Cross Health School in the discipline of Mental Health and Psychiatry Nursing. She has published research articles in SCI (E) journals and was been Co-author of Poster Communications in a total of 16 in the last 10 years.

## Assessing the efficacy of MOTI-4 for reducing the use of cannabis among youth in the Netherlands: A randomized controlled trial

Hans B Dupont, PhD<sup>a,b,c,\*</sup>, Math JJM Candel PhD<sup>b</sup>, Charles D Kaplan PhD<sup>d</sup>, Dike van de Mheen PhD<sup>b,c</sup>, Nanne K de Vries PhD<sup>b</sup>

<sup>a</sup>Moti-4 Research Project Coordinator Maastricht University/VPN/Mondriaan, Maastricht, The Netherlands

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<sup>c</sup>Addiction Prevention Department Mondriaan, Heerlen, The Netherlands

<sup>d</sup>Hamovitch Center for Science in the Human Services, School of Social Work, University of Southern CA, Los Angeles, USA

<sup>e</sup>Addiction Research Institute, Erasmus University, Rotterdam, The Netherlands

The Moti-4 intervention, in which motivational interviewing, self-monitoring, and strengthening behavioral control are used, was developed in the Netherlands in response to several rapid assessments of problematic use of cannabis among vulnerable adolescents. The main goal of the study reported in this article was to determine whether the Moti-4 intervention was able to reduce two outcome measures pertaining to the level of cannabis use; the amount of Euros spent a week on cannabis and the mean number of cannabis joints (cigarettes) smoked in a week. In a randomized controlled trial (RCT) with a 6-month follow-up, 27 trained Dutch prevention workers recruited 71 Moti-4 participants and 60 controls assigned to usual care. Participants were Dutch youth aged 14–24 years who had used cannabis during the preceding month. At baseline (T0), post-test (T1) and 6-month follow-up (T2), participants completed a questionnaire with 51 items. The 27 prevention workers also completed a checklist to assess the fidelity of delivering each item to each participant in the Moti-4 protocol. Multilevel and binary logistic regression was used to assess the impact of the prevention worker and 14 participant variables on the likelihood of drop-out. Mean scores for cannabis use outcome measures by Moti-4 participants and controls at baseline, T1 and T2 were compared using paired sample t-tests. Top-down multiple regression was used to assess relationships between Moti-4 and 13 other variables on the one hand and changes in weekly cannabis use at T1 and T2 on the other. The Moti-4 experimental condition had a significant and positive influence in reducing the level of expenditure on cannabis ( $p < 0.05$ ). There was no significant difference in outcome, neither for the 4 participating institutes nor for the professionals implementing the intervention. Baseline cannabis use was the strongest predictor ( $p < 0.001$ ) of weekly cannabis expenditure at posttest and 6-month follow-up. This effect was still present at T2. Being female, having two Dutch parents and perceived behavioral control also made significant positive contributions ( $p < 0.05$ ). Attitude at baseline was only related to cannabis expenditure after 6 months ( $p = 0.005$ ). At T2 Moti-4 participants were found to have a significant reduction in the number of joints smoked weekly compared to T0 (on the average 4 joints). The study demonstrated that Moti-4 is an effective intervention to reduce cannabis use in youth.

### Biography

Hans B Dupont working as a Research Project Coordinator Maastricht University in The Netherlands.

## Hidden drug abuse in Hong Kong

**T. Wing Lo**

Head, Department of Social and Behavioral Sciences, City University of Hong Kong, Hong Kong

**T**he paper examines the issue of hidden drug abuse in Hong Kong. Although official statistics show that the reported number of drug-abuse cases has been in decline in recent years, it has been reported that drug abusers tend to hide themselves at home to take drugs; thus, they are not discovered easily by the law enforcement and social control agents who report drug abuse cases to the Central Registry of Drug Abuse, resulting in the decrease in the reported number of drug-abuse cases. This “dark figure” phenomenon is a reflection of the official figure and reporting behavior, not the actual situation of drug abuse in Hong Kong. Through in-depth interviews of 30 ex-drug addicts, the majority of them started drug taking in early youth, the present paper identifies five stages of drug taking from social acquaintance to social isolation. It argues that although drug taking among abusers is a kind of social activity in their initial stage of drug use, they become socially isolated when their drug use is prolonged. Several reasons are identified, including users’ easy accessibility to drugs and changes in the popularity of drugs and use of drug equipment. Most importantly, the hidden process is triggered and aggravated by numerous negative drug effects, such as decline in physical health, weak physical appearance leading to self-perceived discrimination, co-occurrence of psychiatric symptoms of increased anxiety and suspicion, and decline of trust among peers due to prolonged drug abuse.

### Biography

Professor T Wing Lo is Head and Professor of the Department of Social and Behavioural Sciences at City University of Hong Kong. He received his PhD in criminology from the University of Cambridge (1991). He used to work with Chinese triad gangs and was invited to address the UN delegates attending the Palermo Convention against Transnational Organized Crime (2010), and officials of the US Department of Defense (2015). He is Founding Editor of the Routledge Studies in Asian Behavioral Sciences, member of the International Advisory Board/Editorial Board of the British Journal of Criminology, Youth Justice, and Asian Journal of Criminology.



## The relationship between religiosity, spirituality and substance abuse

**Yaacov J Katz**

Bar-Ilan University, Ramat-Gan, Israel and Michlala - Jerusalem Academic College, Jerusalem, Israel

**R**eligiosity may be defined as the adoption of a core set of previously established religious beliefs and practices concerning the ultimate nature of life and existence. Religiosity seems to reliably predict lower levels of substance abuse (Yonker, Schnabelrauch, & De Haan, 2012), and recent studies have characterized the mechanisms that may explain this effect. Koenig, King, & Larson (2012) stated that among other variables, religiosity contributes to reduced substance abuse of adolescents. In addition, these researchers indicated that religiosity can be helpful in contributing to the prevention of substance abuse.

Spirituality, defined as the integration of meaning and purpose in life through connectedness with oneself, others, nature, or a power greater than oneself, has been shown to be negatively related to substance abuse. Kelly et al. (2011) found evidence suggesting increased spirituality may mediate the effect of reduced substance abuse among adolescents. In addition, higher levels of spirituality have been linked to lower levels of substance abuse as well as to the facilitation of recovery from substance abuse (Hawley et al., 2014).

The purpose of the present study was to investigate the relationship between the rate of substance abuse (cannabis and alcohol) and the level of religiosity and spirituality of 318 12th grade Israeli Jewish high school students. The students were administered three research questionnaires: a) Substance Abuse Questionnaire; b) Religiosity Questionnaire; and c) Spirituality Questionnaire.

Results of the statistical analyses performed on the data collected in the study in order to assess potential differences between students who were characterized by regular substance abuse and those who refrained from the use of cannabis and alcohol indicate that participants who abstained from the use of cannabis and alcohol were characterized by significantly higher levels of religiosity and spirituality than those who were typified by substance abuse.

Preliminary conclusions derived from the results of the study indicate that high school students who refrain from using prohibited substances such as cannabis and alcohol have significantly higher levels of religiosity and spirituality than students who indulged in substance abuse. This conclusion indicates the potential that religiosity and spirituality may have as key variables in a carefully constructed substance abuse counseling program.

### **Audience Take Away:**

- The relationship between religiosity, spirituality and substance abuse among adolescents
- Results of the study indicate that both religiosity and spirituality have a moderating effect on substance abuse of adolescents. Thus, the use of key counseling elements related to religiosity and spirituality in counseling programs designed to reduce substance abuse among adolescents
- Obviously, the integration of elements related to religiosity and spirituality in a substance abuse counseling program will necessitate caution and sensitivity so as not to cause among those being counseled perceptions and feelings of religious or ideological coercion by the counselor

### **Biography**

Prof Yaacov J Katz is Professor Emeritus at the School of Education, Bar-Ilan University in Israel and presently serves as President of Michlalah - Jerusalem Academic College. He received his B.A. (Psychology and Education) and M.A. (Educational Counseling) from Bar-Ilan University, Ramat-Gan, Israel, and his Ph.D. (Education) from the University of the Witwatersrand, Johannesburg, South Africa. Prof Katz specializes in religious education & values, affective education, ICT use in education and social attitudes in education. Prof Katz served as Chief Pedagogic Officer of the Israel Ministry of Education where he was responsible for all subject matter taught in Israeli state schools. Prof Katz has published more than 200 scientific chapters and papers in refereed scientific books and journals.

## Rate and sociodemographic predictors of psychoactive substance use among secondary school students in a rural community in Nigeria

Mbachu Chioma Ngozichukwu Pauline<sup>1\*</sup>, Ebenebe J<sup>1</sup>, Mbachu I I<sup>2</sup>, Ndukwu C I<sup>1</sup>, Elo-Ilo J C<sup>1</sup>, Ofora V C<sup>1</sup>, Azubuike C M<sup>1</sup>

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Use of Psychoactive substances by adolescents and young people poses a significant public health threat despite mass campaigns and education. Adolescence being a period of transition from childhood to adulthood is a potential target for health education aimed at initiating and maintaining positive habits. The study determined the rate and sociodemographic predictors associated with psychoactive substance use among secondary school students in a rural community in Anambra state, Nigeria as part of school health education.

**Learning objectives:** The audience is expected to know the pattern of use of psychoactive substances among secondary school adolescents in a rural community in Nigeria. The sociodemographic predictors associated with the use of different psychoactive substances were also determined.

**Method:** This was a cross-sectional, descriptive study in which multi staged sampling was used to select 494 students from selected secondary schools in Anambra state. A pretested questionnaire was used to obtain data on sociodemographic profile, alcohol, tobacco use, intravenous drug use. Data was analyzed using IBM SPSS statistics software version 20.0. Level of significance for tests of association was set at 5%. Logistic regression was done to determine independent factors.

**Results:** A total of 494 students were studied of which 48.8% (n = 241) were males. The mean age was  $14.5 \pm 1.8$  years. The ratio of males to females and boarding to day students was 1.1:1 respectively. The prevalence of lifetime use of psychoactive substances was 21.9% (n = 108), 1.8% (n = 9) and 0.8% (n = 4) respectively for alcohol, tobacco and illicit intravenous drugs. Only 9 out of the 494 students (1.8%) smoked tobacco. Neither age, gender, student status nor social class of students was significantly associated with smoking ( $p = 0.61$ ,  $p = 0.23$ ,  $p = 0.32$ ,  $p = 0.83$ ) respectively. There was significant association between male gender (67.6% vs. 32.4%), lower socioeconomic class, student status (day students) and alcohol consumption ( $p < 0.001$ ) respectively. No association was found between class of participants, age of participants and alcohol consumption. No association was also found between age of participants, gender, social class, student status and intravenous drug use ( $p = 0.82$ ,  $p = 0.29$ ,  $p = 0.34$ ,  $0.13$ ) respectively. Independent sociodemographic predictors for alcohol use after logistic regression were lower socioeconomic class ( $p = 0.02$ , {OR=1.84, CI=1.11-3.05}) and male gender ( $p < 0.001$ , {OR =2.37, CI =1.49-3.75}).

**Key Messages:** There is need to incorporate health education on the negative impacts of alcohol in the national curriculum of the secondary schools in view of the high rate and sociodemographic predictors observed. Positive reinforcement using all available media should be encouraged to further reduce the use of tobacco and intravenous drugs among adolescents.

### Biography

Dr Chioma Ngozichukwu Pauline Mbachu studied Medicine at Nnamdi Azikiwe University, Awka, Anambra state, Nigeria and graduated as bachelor of medicine and surgery in 2009. She proceeded to do a residency training in Paediatrics and completed her fellowship in the West African College of Physicians in April, 2019. She is working as a post fellowship senior registrar in Nnamdi Azikiwe University Teaching Hospital, Nnewi, Anambra state. She has special interest in child and adolescent mental health.

## Look what dragged the cat in, Part II: Prioritizing the gateway drug

**Scott Stevens**

author, [alcoholologist.com](http://alcoholologist.com), USA

**T**he decade of the 2010's shelled hospitals and first responders with an explosion of opioid-related illness, injury, and death. Preventable drug overdoses tallied 54,793 lives lost in 2016 – an increase of 391 percent since 1999. Accidental drug overdose deaths increased 327 percent over the same period. The majority of OD deaths (38,000) involve opioids, the drug category most frequently involved in opioid overdoses and growing at the fastest pace includes fentanyl, fentanyl analogs, and tramadol. The fentanyl category of opioids accounted for nearly half of opioid-related deaths.

Look What Dragged the Cat In: The Rise of an Opioid Crisis (aka Part I) presented in 2018 looked at the conclusive evidence that EVERY opioid related death is alcohol related. Part II uses data collected for the Monitoring the Future project at the University of Michigan along with results from the American Addiction Centers study on gateway drug use, behaviors, attitudes, and values. Alcohol was clearly the most common first substance used, the most widely consumed, and the one that was initiated the earliest-with some students reporting that their use began as early as the 5th grade. Researchers found that these children typically progressed to trying other illicit drugs in the following years. The notable contrast was children who had not tried alcohol by 12th grade and had almost never attempted using any other substance.

The abuse of drugs, regardless of classification, begins with the permissiveness granted the world's most lethal drug and third-leading cause of all preventable deaths: Alcohol. It's a straight line. Nearly every non-Muslim civilization on this rock has embraced alcohol. As a result, ours is largely a numbing society, especially in the sedation-happy Americas. This is the root. This is the seed of the opium trade that has gone unstemmed since prehistory. There is legit medical use for opium derivatives: What has driven growth is demand – not by the sick but by people who cannot get the mind alteration they desire through alcohol use alone. Alcoholics and non-alcoholics alike drink the first drink for the same reason: To relieve a stress. In the U.S., which has a laissez faire agenda toward alcohol since its prohibition failure, the culture embraces a drinking lifestyle. Western culture normalizes alcohol use. In other words, we normalize drug use. What you ignore, you permit. What you permit, you condone.

The World Health Organization (WHO) indicates that alcohol use is the third leading preventable cause of death. Look What Dragged the Cat In: Part II looks at preventing or delaying first use. In 1967, 72 percent of adult men smoked. Today, 72 percent don't. Prevention works. If there is genuine interest in healthy outcomes and preventing premature death from opioids, permissiveness of the tarter or feeder or gateway or predecessor drug has to be addressed on five levels to reduce demand for all antecessor drugs. One of those ways is not legalizing recreational use of marijuana – no longer prioritized as the gateway drug, but a gateway nonetheless. When we rethink the drink we can douse the pandemic that begat the current opioid crisis. Legislators and treatment experts must lead the transition from managing aftermaths of the current crisis to prevention of the next one. And phase out the ancient alcohol crisis – the elephant in the room – western culture ignores.

### Biography

Stevens is a journalist, posting regularly on health and alcohol issues for online news services and is a founding influencer at the world's largest medical portal, HealthTap. Stevens blends intensive evidence-based research, wit, journalistic objectivity, blunt personal dialogue and no-nonsense business perspective in his five award-winning health and addiction books.



DAY 1

# VIDEO PRESENTATION

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## Love as an Addiction

**Sam Vaknin, PhD**

Visiting Professor of Psychology, Southern Federal University, Rostov-on-Don, Russia

**T**he unpalatable truth is that falling in love is, in some ways, indistinguishable from a severe pathology. Behavior changes are reminiscent of psychosis and, biochemically speaking, passionate love closely imitates substance abuse. Appearing in the BBC series *Body Hits* on December 4, 2002 Dr. John Marsden, the head of the British National Addiction Center, said that love is addictive, akin to cocaine and speed. Sex is a “booby trap”, intended to bind the partners long enough to bond.

Using functional Magnetic Resonance Imaging (fMRI), Andreas Bartels and Semir Zeki of University College in London showed that the same areas of the brain are active when abusing drugs and when in love. The prefrontal cortex - hyperactive in depressed patients - is inactive when besotted. How can this be reconciled with the low levels of serotonin that are the telltale sign of both depression and infatuation - is not known.

Other MRI studies, conducted in 2006-7 by Dr. Lucy Brown, a professor in the department of neurology and neuroscience at the Albert Einstein College of Medicine in New York, and her colleagues, revealed that the caudate and the ventral tegmental, brain areas involved in cravings (e.g., for food) and the secretion of dopamine, are lit up in subjects who view photos of their loved ones. Dopamine is a neurotransmitter that affects pleasure and motivation. It causes a sensation akin to a substance-induced high. On August 14, 2007, the New Scientist News Service gave the details of a study originally published in the *Journal of Adolescent Health* earlier that year. Serge Brand of the Psychiatric University Clinics in Basel, Switzerland, and his colleagues interviewed 113 teenagers (17-year old), 65 of whom reported having fallen in love recently.

The conclusion? The love-struck adolescents slept less, acted more compulsively more often, had “lots of ideas and creative energy”, and were more likely to engage in risky behavior, such as reckless driving. “We were able to demonstrate that adolescents in early-stage intense romantic love did not differ from patients during a hypomanic stage,” say the researchers. This leads them to conclude that intense romantic love in teenagers is a “psychopathologically prominent stage”. But is it erotic lust or is it love that brings about these cerebral upheavals? As distinct from love, lust is brought on by surges of sex hormones, such as testosterone and estrogen. These induce an indiscriminate scramble for physical gratification. In the brain, the hypothalamus (controls hunger, thirst, and other primordial drives) and the amygdala (the locus of arousal) become active. Attraction transpires once a more-or-less appropriate object is found (with the right body language and speed and tone of voice) and results in a panoply of sleep and eating disorders. A recent study in the University of Chicago demonstrated that testosterone levels shoot up by one third even during a casual chat with a female stranger. The stronger the hormonal reaction, the more marked the changes in behavior, concluded the authors. This loop may be part of a larger “mating response”. In animals, testosterone provokes aggression and recklessness. The hormone’s readings in married men and fathers are markedly lower than in single males still “playing the field”.

Still, the long-term outcomes of being in love are lustful. Dopamine, heavily secreted while falling in love, triggers the production of testosterone and sexual attraction then kicks in. Helen Fisher of Rutgers University suggests a three-phased model of falling in love. Each stage involves a distinct set of chemicals. The BBC summed it up succinctly and sensationally: “Events occurring in the brain when we are in love have similarities with [HYPERLINK “http://www.bbc.co.uk/science/hottopics/love/brain.shtml”](http://www.bbc.co.uk/science/hottopics/love/brain.shtml) mental illness”. Moreover, we are attracted to people with the same genetic makeup and smell (pheromones) of our parents. Dr Martha McClintock of the University of Chicago studied feminine attraction to sweaty T-shirts formerly worn by males. The closer the smell resembled her father’s, the more attracted and aroused the woman became. Falling in love is, therefore, an exercise in proxy incest and a vindication of Freud’s much-maligned Oedipus and Electra complexes. Writing in the February 2004 issue of the journal *NeuroImage*, Andreas Bartels of University College London’s Wellcome Department of Imaging Neuroscience described identical reactions in the brains of young mothers looking at their babies and in the brains of people looking at their lovers. “Both romantic and maternal love are highly rewarding experiences that are linked to the perpetuation of the species, and consequently have a closely linked biological function of crucial evolutionary importance” - he told Reuters. This incestuous backdrop of love was further demonstrated by psychologist David Perrett of the University of St Andrews in Scotland. The subjects in his experiments preferred their own faces - in other words, the composite of their two parents - when computer-morphed into the opposite sex.

### Biography

Sam Vaknin is the author of “Malignant Self-love: Narcissism Revisited” and other books about personality disorders. His work is cited in hundreds of books and dozens of academic papers: He spent the past 6 years developing a treatment modality for Narcissistic Personality Disorder (NPD). Over the years, with volunteers, it was found to be effective with clients suffering from a major depressive episode as well.

DAY 2

# KEYNOTE FORUM

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### Biography

Dr. McCann is Associate Director of the Division of Therapeutics and Medical Consequences at NIDA. He received a B.S. in Pharmacy (1981) from the Albany College of Pharmacy and his Ph.D. (1988) from the Department of Pharmacology and Experimental Therapeutics at the State University of New York at Buffalo. He conducted his postdoctoral research at the NIDA Intramural Research Program in Baltimore, MD. In his current position, his primary responsibility is to facilitate the discovery and development of medications to treat substance use disorders through oversight of the Division's contract program and by establishing NIDA/private sector collaborations.

## Medications development for the treatment of substance use disorders: Recent advances, ongoing projects and funding opportunities

### David J. McCann

National Institute on Drug Abuse, USA

For almost 30 years, the U.S. National Institute on Drug Abuse (NIDA) has supported development of medications for the treatment of substance use disorders and their consequences. Working in close partnership with the private sector and the U.S. Food and Drug Administration (FDA), NIDA supports related research efforts through a series of NIDA-directed contracts as well as through investigator-initiated grants. Resulting FDA approvals to date include buprenorphine (Subutex) and buprenorphine/naloxone (Suboxone) SL tablets for the treatment of opioid use disorder (OUD), naltrexone (Vivitrol) monthly injection for the treatment of both OUD and alcohol use disorder, buprenorphine (Probuphine) implants for the treatment of OUD, naloxone nasal spray (nasal Narcan) for the treatment of opioid overdose, and lofexidine (Lucemyra) tablets for the treatment of opioid withdrawal. Building on the success of the initial buprenorphine products, recent private sector research has resulted in regulatory approvals for a monthly buprenorphine injection product (Sublocade) in the U.S. and a set of weekly and monthly buprenorphine injection products (Bupival) in the E.U. and Australia.

The current opioid overdose crisis in the U.S. has stimulated new research to increase treatment options for OUD and opioid overdose patients, and to develop safer and/or less addictive analgesics. In addition, substantial resources are being directed toward the development of medications to treat stimulant (cocaine and methamphetamine) use disorders. Small drug molecules as well as immunologic (vaccine and monoclonal antibody) products are under evaluation.

Multiple funding opportunities are available for future medication development efforts. Researchers in the private sector as well as academia are eligible to apply for grants. In addition, NIDA has established a contract infrastructure that can facilitate the development of high priority compounds.

#### Audience Take Away:

- Clinicians in the audience will learn about the most recently approved medications for the treatment of substance use disorders and their consequences
- Details of ongoing medication development products will give the audience an understanding of new medications that may receive regulatory approval in the near future
- Researchers in the audience will benefit from a description of NIDA funding opportunities for future medication development efforts in a design problem?



### Biography

Busch-Armendariz is the University Presidential Professor and founding director of IDVSA. As nationally recognized researcher in sexual assault/harassment, human trafficking, domestic/dating violence, she has been awarded 90 research and training projects totaling approximately \$10 million in external funding. Well published in all these areas, she is first author on the first college textbook on human trafficking, *Human Trafficking: Applied Research, Theory, and Case Studies* (2018) in the US. Busch-Armendariz testifies and consults with state legislative bodies, the US Congress, and media, and she often serves as an expert witness in criminal and civil cases. As a research integrity practitioner, Dr. Busch-Armendariz also served as the Associate Vice President and as the Associate Dean for Research at the University of Texas at Austin.

## Lessons learned from a study to cultivate learning and safe environments (CLASE):

### Reducing college campus sexual assault and misconduct in the context of the U.S

#### Noel Busch-Armendariz PhD

The University of Texas at Austin, USA

This session will focus on a discussion about the Cultivating Learning and Safe Environments (CLASE), a 5-year comprehensive and scientific effort to eradicate intimate and interpersonal violence at all 14 University of Texas (UT) System Institutions of Higher Education (IHEs). As a research action project, the study is unprecedented in its scope, duration, and depth of understanding on the issues of sexual assault, sexual harassment, dating violence/domestic violence, and stalking that college students may face. The project's dataset informed the findings of the acclaimed National Academies Science Engineering and Medicine report, *Sexual Harassment of Women: Climate, Culture, and Consequences in Academic Sciences, Engineering, and Medicine* (2018).

The research team developed a research plan that included:

- Benchmarking the prevalence and perceptions of students about their experiences with and concerns about sexual assault, sexual harassment, dating violence/domestic violence, and stalking through a comprehensive online survey;
- The impact of students' personal experiences with sexual assault, sexual harassment, dating violence/domestic violence, and stalking in their lives, including understanding the use of alcohol and other drugs, addictions, PTSD, depression, time off from school or work, and other variables;
- A four year longitudinal study of 1,200 first year students;
- In-depth qualitative interviews with members of the entire IHE ecosystem (i.e. administrators, campus police, student leaders, student program staff, faculty, and others), at five of the IHEs that sought answers to questions not well understood by the survey findings;
- On-going engagement of institutional working groups at all 14 IHEs with the aim that the CLASE project was the "means to the beginning."

These findings inform institution-specific efforts that address victimization and perpetration risks across the UT System, including the impact of victimization, health and well-being, and addiction among college students. The "means to the beginning" objective acknowledges that the CLASE research team must hand over the findings to campus working groups comprised of thought leaders, researchers, and representatives from multiple disciplines around their campuses to implement the research findings into programs to increase student safety. Implementation/evaluation is on-going.

**Audience Take Away:**

- Increased understanding of the methodology and measures appropriate for researching college campus student safety and well-being in the US context
- New strategies for reducing acts of sexual harassment, stalking, dating/domestic abuse and violence, and unwanted sexual contact on college campuses
- Increased understanding of the measures used to capture the impact of the issues under study and outcomes such as use of alcohol, other substances, need for time off from classes, social events and other significant variables in college student's lives
- Better understanding of the pedigree of US-based measures for studying prevalence at college campuses, with some assessment of their strengths and limitations
- New strategies for engaging the campus community in action research with the aim of viewing prevalence findings as the “means to the beginning.”



### Biography

Anna Gagat Matula was Adjunct Professor, Speech therapist, Statistician, Oligopedagogue, Psychologist. A therapist in the scope of such concepts as applied behaviour analysis (behavioral psychology), sensory integration, biofeedback, Hallwick, Weronika Sherborne. She also works at the Specialty Care Clinic for Persons with Childhood Autism. An author of over 40 scientific works published in ranked journals and monographs, including the author of the monograph titled "Functioning of a Temporarily Single Parent Family System Due to Migration from the Perspective of Adolescents with Cerebral Palsy", Oficyna Wydawnicza Impuls, Cracow, 2016. Keynote speaker and session chair of at numerous scientific conferences in Poland and abroad, e.g. in Australia, Japan, USA, Italy, and Germany. Many times she was awarded with grants for talented scientists.

## Social communication and addiction to computer games among adolescents with Asperger syndrome

**Anna Gagat Matula**

Pedagogical University of Cracow, Poland

The aim of studies was to recognize social communication and addiction to computer games among adolescents with Asperger Syndrome. The character of studies was pilot. In this research under diagnostic survey the authorship questionnaire survey was used. The study was conducted in 2019 in Poland. The purposive sampling was used for this aim 50 persons with Autism spectrum with Asperger syndrome and 50 persons of control group (i.e. with "normal" development) took part in the study. Respondents were aged from 14 to 17. Research has previously suggested that children with Asperger Syndrome are at risk for problematic video game use, or so-called "video game addiction" and that it disturbs communication and social interaction.

### Audience Take Away:

- The research shows the Asperger syndrome symptoms may be related to the development of problematic video game playing patterns
- Adolescents with Asperger Syndrome - in particular - can be socially isolating. And role-playing games, where a player is exposed to the challenge of self-confidence
- Addiction to computer games delay the acquisition of interpersonal communication and social skills



DAY 2

# SPECIAL TALK

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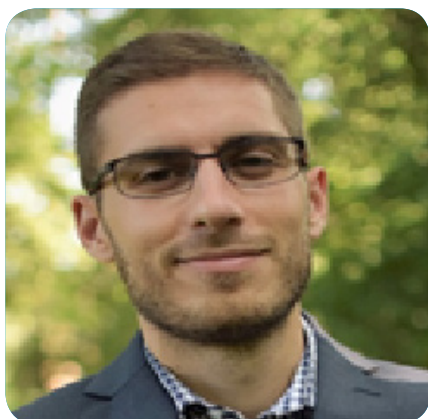
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### Biography

Scott is the Director/Founder of the Phoenix Center for Experiential Trauma Therapy; Director of Experiential Trauma Services at Mirmont Treatment Center, and Adjunct Professor at Bryn Mawr College. He is a Diplomate of the American Academy of Experts in Traumatic Stress (AAETS) and the American Society of Group Psychotherapy and Psychodrama (ASGPP). He has provided experiential trauma therapy trainings at local, regional, and international conferences. The majority of Scott's clinical work has been at the intersection of trauma and addiction. He has clinical experience in multiple settings, including inpatient, partial hospitalization, outpatient, prisons, and community work.

## Experiential group treatment at the intersection of addiction and trauma

### Scott Giacomucci MSS, LCSW, CTTS, CET III, CP, PAT

Phoenix Center for Experiential Trauma Therapy; Mirmont Treatment Center, USA

This interactive presentation will highlight the connection between addiction and trauma while emphasizing the importance of providing treatment that addresses both. Experiential Therapy will be introduced as an alternative to traditional talk therapy. The triadic system of J.L. Moreno, sociometry, psychodrama, and group psychotherapy, will be outlined in the context of addiction treatment. The historical trajectory of group therapy, in the context of Moreno's triadic system will be incorporated into the presentation.

The Therapeutic Spiral Model of trauma-focused experiential therapy will be presented for its utility in providing safe, strengths-based treatment. A brief overview of the Therapeutic Spiral Model clinical map will be provided with emphasis on its capacity to guide clinicians in the implementation of safe clinical work with trauma, addiction, and other mental health disorders. Sociometry tools and TSM safety structures will be presented for their ability to establish group safety, uncover connections within a group, provide group assessment, and strengthen relationships. An experiential sociometry tool will be used for experiential learning, demonstration, and to provide participants with the opportunity to connect with each other. Neurobiology and clinical research evidence will be referenced to ground experiential therapies into the research literature.

The presenter will leverage his clinical, academic, and research experience with experiential therapy providing clinical vignettes and adaptations for addiction treatment. Case examples will be provided from the presenter's clinical experience at Mirmont Treatment Center, as well as the Phoenix Center for Experiential Trauma Therapy.

#### Audience Take Away:

- The cyclical relationship between trauma and addiction will be highlighted
- Experiential therapy will be outlined as an alternative to traditional talk therapy
- J.L. Moreno's triadic approach, Sociometry, Psychodrama, and Group Psychotherapy, will be introduced
- Supporting Neurobiology and Clinical Research will be referenced
- The Therapeutic Spiral Model will be introduced as clinically-modified psychodrama model for working safely with trauma and addiction



# SPEAKERS

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## Lessons on methodology and impact from a study of campus sexual violence: Reducing college campus sexual assault and misconduct in the U.S. context

**Matt Kammer-Kerwick, PhD<sup>1\*</sup> and Bruce Kellison, PhD<sup>2\*</sup>, Noël Busch-Armendariz, PhD, MSSW, MPA<sup>3</sup>**

<sup>1</sup>Bureau of Business Research, IC2 Institute, University of Texas at Austin, USA

<sup>2</sup>Bureau of Business Research, IC2 Institute, University of Texas at Austin, USA

<sup>3</sup>Institute on Domestic Violence & Sexual Assault (IDVSA), Steve Hicks School of Social Work, The University of Texas at Austin, USA

**T**his presentation will focus on the methodology of conducting a 5-year comprehensive and scientific effort to study and reduce intimate and interpersonal violence at all 14 University of Texas (UT) System Institutions of Higher Education (IHEs). It will also present findings specifically related to economic and personal impacts from sexual assaults identified by study participants. As a research action project, the study is unprecedented in its scope, duration, and depth of understanding on the issues of sexual assault, sexual harassment, dating violence/domestic violence, and stalking that college students may face.

The research team developed a research plan that included:

- Benchmarking the prevalence and perceptions of students about their experiences with and concerns about sexual assault, sexual harassment, dating violence/domestic violence, and stalking through a comprehensive online survey;
- The impact of students' personal experiences with sexual assault, sexual harassment, dating violence/domestic violence, and stalking in their lives, including understanding the use of alcohol and other drugs, addictions, PTSD, depression, time off from school or work, and other variables;
- A four-year longitudinal study of 1,200 first-year students;
- In-depth qualitative interviews with members of the entire IHE ecosystem (i.e. administrators, campus police, student leaders, student program staff, faculty, and others), at five of the IHEs that sought answers to questions not well understood by the survey findings;
- On-going engagement of institutional working groups at all 14 IHEs with the aim that the CLASE project was the "means to the beginning"

These findings inform institution-specific efforts that address victimization and perpetration risks across the UT System, including the impact of victimization, health and well-being, and addiction among college students. The "means to the beginning" objective acknowledges that the CLASE research team must hand over the findings to campus working groups comprised of thought leaders, researchers, and representatives from multiple disciplines around their campuses to implement the research findings into programs to increase student safety. Implementation/evaluation is on-going.

### Audience Take Away:

- Increased understanding of the methodology and measures appropriate for researching college campus student safety and well-being in the US context
- New strategies for reducing acts of sexual harassment, stalking, dating/domestic abuse and violence, and unwanted sexual contact on college campuses
- Increased understanding of the measures used to capture the impact of the issues under study and outcomes such as use of alcohol, other substances, need for time off from classes, social events and other significant variables in college student's lives
- Better understanding of the pedigree of US-based measures for studying prevalence at college campuses, with some assessment of their strengths and limitations.
- New strategies for engaging the campus community in action research with the aim of viewing prevalence findings as the "means to the beginning"

### Biography

**Dr. Matt Kammer-Kerwick** is Research Scientist at the Bureau of Business Research, The University of Texas at Austin. His research interests focus on decision-making under uncertainty, mathematical optimization, quantitative analysis, and applications in information, logistics, and manufacturing systems. He is currently using mixed-methods research for problems in the domains of sexual assault prevalence and the economic impact of human trafficking. He is the co-principal investigator for the UT System "Cultivating Learning and Safe Environments" study. His work in human trafficking

has been funded by the National Science Foundation.

**Bruce Kellison**, PhD, is Director of the Bureau of Business Research, and co-director of the Institute on Domestic Violence and Sexual Assault, at The University of Texas at Austin. Kellison was principal investigator of a multi-year grant from the Texas Office of the Governor to study the prevalence and impact of human trafficking in Texas, and he was co-investigator on the UT System “Cultivating Learning and Safe Environments” study. He served as president of the Association for University Business and Economic Research in 2017, a leading professional organization devoted to improving the quality and application of research in public policy and business economics.

## How training and stigma interplay in buprenorphine prescribing in the treatment of opioid use disorder

Bridget C. Bailey MSW, LISW<sup>1\*</sup> Helen Anne Sweeney MS<sup>2</sup> Laura Potts MA<sup>3</sup>

<sup>1</sup>The Ohio State University College of Social Work United States

<sup>2</sup>Ohio Department of Mental Health and Addiction Services, United States

<sup>3</sup>Ohio Department of Mental Health and Addiction Services, United States

**M**edication Assisted Treatment (MAT) is the gold standard for treatment of opioid use disorder (OUD) and is preventing OUD related overdose deaths. To increase the provider capacity in administering MAT, the U.S. Drug Addiction Treatment Act 2000 (DATA 2000) enabled physicians to obtain waiver certifications to prescribe buprenorphine to treat OUD in office-based settings. Yet, only 3.6% of physicians have obtained a DATA 2000 waiver. Research demonstrates physicians' attitudes towards individuals diagnosed with OUD, treating OUD with buprenorphine, and resource barriers decrease their willingness to obtain a DATA 2000 waiver. This study aims to examine how physician attitudes towards treating OUD and the use of MAT differ by a lack of training, including both experiential and DATA 2000 waiver training in order to inform policymakers' efforts to increase DATA 2000 waiver physician capacity.

**Methods:** We designed a 36-item cross-sectional survey from existing instruments used to measure physician attitudes towards substance use disorder (SUD). The survey examined physician training, attitudes towards individuals diagnosed with OUD, OUD treatment, the effectiveness of MAT, knowledge and training about OUD, and available resources. The survey was administered online to all Ohio physicians holding a current medical license (n = 50,777) with a response rate of 5.4% (n = 2,757).

**Analysis:** We divided physicians into three groups: DATA 2000 waiver physicians (n = 320); non-DATA 2000 waiver physicians with experiential training in SUD or OUD (n = 122), and non-DATA 2000 waiver physicians without experiential training in SUD or OUD (n = 2315). We used ANOVA to compare attitudinal differences among the three groups. When the ANOVA resulted in significant main effects, we then used a Turkey post hoc comparison of groups.

**Results:** Group comparison resulted in a significant main effect (p = 0.000) for all attitudes except that all three groups agreed family involvement was a very important part of treatment. Post hoc comparisons revealed that while DATA 2000 waiver physicians had the most favorable attitudes, non-DATA 2000 waiver physicians with experiential training in SUD or OUD had significantly more favorable attitudes towards working with individuals diagnosed with OUD, treatment using MAT, as well as confidence in knowledge and willingness to pursue further training than non-DATA 2000 waiver physicians without experiential training. Yet, non-DATA 2000 waived physicians with experiential training felt most strongly about the lack of resources, information, guidance for working with individuals with OUD, and need for supportive services.

**Conclusions and Implications:** Results suggest policy initiatives to increase experiential training in OUD may destigmatize physician's attitudes about treating individuals diagnosed with OUD, MAT, and receiving a DATA 2000 waiver. Potential barriers are identified.

### Audience Take Away:

- Training initiatives should target physicians with previous experiential training to increase DATA 2000 physician capacity and increase access to MAT
- Experiential training in OUD, especially exposure to individuals in recovery, during medical school, residency, and continuing education may increase willingness to obtain a DATA 2000 waiver
- Coordination of care with behavioral health and recovery support services is needed to reduce physician burden and increase willingness to obtain and utilize a DATA 2000 waiver

### Biography

Bridget Bailey received her master's in social work from The Ohio State University in 2009 and is currently a doctoral candidate in the College of Social Work at The Ohio State University. Bridget is a licensed independent social worker with 10 years' experience working in community mental health and substance use treatment. Bridget was a co-investigator on a community needs assessment of opioid treatment services for the Ohio Department of Mental Health and Addiction Services. Bridget has published two research articles in peer-reviewed journals.

## Opioid system and rewarding effects of alcohol consumption

Jorge Juárez\*, Luz Molina-Martínez and Eliana Barrios De Tomasi

Instituto de Neurociencias, Universidad de Guadalajara, México

It has been described a  $\beta$ -endorphin deficiency in alcoholic patients or in men with a family history of alcoholism. It is well known that alcohol consumption release  $\beta$ -endorphin from hypothalamus; therefore, it has been hypothesized that high alcohol intake in alcoholics could be due to a compensatory strategy with the purpose of increase the  $\beta$ -endorphin levels. There are two opioid pathways that apparently are involved in the rewarding effects of alcohol. The main one is characterized for the projections from arcuate nucleus to ventral tegmental area (VTA). In VTA there are interneurons GABA that have an inhibitory action on dopamine (DA) neurons; this GABA neurons contain  $\mu$ -opioid receptors (MOR); therefore, when  $\beta$ -endorphin binding these receptors, GABA neurons are inhibited and DA release is facilitated, increasing this way the rewarding effects of alcohol. In the other pathway DA is no directly involved; in this case, when alcohol release  $\beta$ -endorphin from arcuate nucleus its action is directly on nucleus accumbens (NAc), afterwards, the disinhibition of projections to structures as ventral pallidum seems to be an additional mechanism of alcohol rewarding. Besides the activation or inhibition of opioid receptors, the density and probable a differential sensitivity of MORs seems to play an important role in rewarding effects of alcohol. It has been described higher density of MOR in rats selected genetically for its alcohol preference when compared with no-preference rats, mainly in structures of mesolimbic-cortical system, which is intimately related to rewarding perception. The questions are, this difference is the result of the inbreeding after several generations? Is consequence of chronic alcohol exposure? Or this molecular difference is an intrinsic characteristic of organisms with high liking for alcohol? Recent studies in our laboratory suggest that differences in MOR density may depend on high vs. low liking for alcohol in wild type rats, and that chronic alcohol consumption also produces adaptive changes in MOR expression. Therefore, evidence supports adaptive changes as a result chronic alcohol consumption as well as intrinsic characteristics related to proclivity for high alcohol consumption.

The findings from the study and the clinic use of opioid antagonists have an additional support of the participation of the opioid system in the rewarding effects of alcohol; therefore, several pharmacological strategies have been used as therapy in alcoholic patients. There is no doubt concerning the important role of the opioid system in the rewarding effects of alcohol; however, is evident that other neurotransmission systems are involved in this phenomenon; therefore, it is necessary to make a comprehensive analysis of the neurophysiological and molecular mechanisms underlaying to alcohol abuse as an addictive behaviour.

### Audience Take Away:

- The provided information is the result of several studies from many research groups including the own. I hope this information will be useful to understand the neurophysiological mechanisms underlaying the alcohol abuse, particularly the opioid system case
- The use of the information will depend on the professional characteristics of audience. It is possible that researcher may expand their knowledge on this topic or outline new hypothesis; the professor may use the information for teaching, and in the student might arise the interest for learning and research on this topic
- The solution of any problem in science depends on the available information, its comprehensive analysis and the creativity for use it adequately

### Biography

Dr. Juárez received his Master's Degree in Psychobiology in 1990 and his Ph.D. in Biomedical Sciences in 1994 at the Universidad Nacional Autónoma de México. Currently he is Full-time Researcher and Professor at the Institute of Neuroscience, University of Guadalajara. He has more than 70 scientific publications among articles, chapters and books as editor. His research is devoted to the study of neurophysiological mechanisms involved in behavioural disorders, mainly that related to addiction. Dr. Juárez has been Research Coordinator, president of the Ethics Committee, and member of the Editorial Council in his institution. Currently, he has the highest meritorious level in the National System of Researchers, México.

## Treating addictions with an integrative approach

**Nuno Albuquerque<sup>1\*</sup> and Geoff Mascal<sup>2\*</sup>**

<sup>1</sup>Group Treatment Lead at UK Addictions Treatment Centres, UK

<sup>2</sup>Registered Manager at Primrose Lodge, UK

**T**reating addiction – whether at rehab or not – can be divided into three main phases. Firstly, is detoxification, the process by which an addict's system is cleansed of substances of abuse. Once this cleansing process has taken place, and the immediate pressures of drug dependency have been lifted, the addict will then need to address the psychological aspects of their addiction, including understanding the root causes and seeking to put measures in place to ensure that they do not stumble back into active addiction. The next stage is the need to work on the social factor of one's life. Family dynamics, re-integration, transition to “normal” living. This integrative approach to treat addiction has been proved successful with our 7 treatment centres spread throughout the UK.

Of those treatment methods that are medically approved, not all are equally effective in terms of providing the best possible basis for a permanent recovery. It's generally agreed that residential rehabilitation – “rehab” – is the best approach to treating addiction and has consistently delivered the highest rate of success. Of course, every addict is unique and responds differently to different types of treatment, different therapy models, different medications et cetera; however, the medical and therapeutic staff at rehab have experience of working with countless individuals and their expertise can be invaluable when it comes to optimising your own journey to recovery.

We will cover themes, such as, possible causes of addiction; substance and process/behavioural addictions; inpatient treatment; family support and continuing care planning, as well as duration of treatment stay.

### Audience Take Away:

Theory behind an integrative treatment approach; Causes of Addiction; Substance and Process/Behavioral Addiction; Inpatient treatment at UK Addiction Treatment Centres; Family Support; Importance of a robust Continuing Care Program; and research about best suggested duration of inpatient treatment for effective recovery.

- The audience will be able to become more aware of an integrative model to treat addictions
- The audience will become more aware of the work UK Addiction Treatment Centres do in case they need to refer a patient in need for residential addictions treatment in the UK
- It provides a solution. With addiction treatment there is no such thing as “one size fits all”. However this presentation offers a practical solution for some people

### Biography

**Nuno Albuquerque** is an Addictions Counsellor with more than 18 years of worldwide experience in working in the field. Nuno comes to GAB 2019 with a wealth of clinical, enhanced by continuous study and interest in approaches made to support and sustain change in human beings. The following demonstrates Nuno's drive in self-development, just to mention a few: BSc (Hons) in Substance Misuse Management, University of Kent, UK 2014; Diploma in Addictions Counselling, Open College Network, Plymouth College of Further Education, UK 2004; Supervision & Reflective Practice, London, UK 2010; International Coach Certification & Coach Practitioner Certification, Expertise Coaching Training, Lisbon, Portugal, 2008; Motivational Interviewing Practitioners Course, Plymouth, UK 2004; International Certified Relapse Prevention Specialist, CENAPS, USA, 2005; Chemical Dependency Counsellor Training Programme, Weston-super-mare, UK 2002; Over the years Nuno has developed a well-deserved professional reputation as a gifted Counsellor. Nuno is a member of FDAP (Federation of Drug & Alcohol Professionals) since 2004; from 2008 Nuno also obtained membership at the Certified Coaches Federation; and from 2018 achieved Certification as an Alcohol and Drug Counsellor by the UK Professional Certification Board of Alcohol and Drug Counsellors (IC&RC).

**Geoff Mascal** has been involved in substance misuse work most of his career; specializing in the field early during his nurse training. He has worked alongside leading international medical experts in both London and Wiltshire. Geoff has been a Non-Medical Prescriber since 2007 and has extensive experience of a variety of detox regimes. Registered Mental Health Nurse (Bournemouth University, 2000); Independent Non-Medical Prescriber (Oxford Brookes University, 2007); He brings with him a wealth of clinical experience of addiction treatment in a variety of settings and has extensive prescribing experience in both community and inpatient settings. As an experienced manager Geoff is skilled at leading large multidisciplinary teams and is particularly interested in developing staff teams to deliver high quality, evidence-based interventions. Geoff is driven by his passion to support people to be the best version of themselves and promotes this approach within his team.

## Insights and resilience in addiction treatment

**Deborah Mosby, MS, LADC, MAC**  
Metropolitan State University, USA

It is a well-known fact, that in addictions counselling, success rates are dubious at best and recidivism is high. In any other industry, would you pay for a service that only worked 50% of the time? Many treatment centers lack follow-up with clients and boast high success rates because they only count those who completed the program. Long term recovery is often not measured at all. It is imperative that we work to find more successful methods for clients to attain healthy long-term sobriety. There are new and hopeful treatment options that go beyond utilizing evidence-based practice, fusing holistic health with the understanding of Health Realization. Health Realization is based on the understanding of the Three Principles introduced by Sydney Banks. These principles are known as mind, thought, and consciousness. Mind is the universal energy that is the source of life and is the foundation of innate health. Consciousness is the ability to be aware of one's thoughts and incoming sensory data. Thought is the power to think, and combined with mind and consciousness is the source of our experience of reality. Clients with addictions are encouraged to realize their inner health by learning that all people can access their own healthy resiliency. Although similar to cognitive therapy, Health Realization accentuates the role of thought, instead of the content of thought. So, instead of "positive thinking", one would rather be aware of the thoughts themselves. This shift in paradigm promotes a consciousness that can result in inside-out rationale, meaning that the client can become aware that stress and negativity are self-generated and thus, recovery and health come from within as well.

A three principles practitioner practices the understanding of Health Realization, and in doing so, develops skills that will insulate them from the effects of secondary trauma, as well as enhancing an authentic listening skillset.

International clinicians are utilizing Health Realization in their successful practices in the United States and in Europe.

### Audience Take Away:

- The audience will be able to demonstrate a basic understanding of The Three Principles (Health Realization) as applied to addiction counseling
- In working with clients who have addictions, this information will help clinicians enhance their genuine listening technique
- The audience will develop skills to insulate the effects of secondary trauma
- There is a growing body of evidence about resilience that researchers can expand upon to develop more effective treatment

### Biography

Deborah Mosby, MS, LADC, MAC has worked in the Human Services field for over twenty years before arriving at Metropolitan State University. She was the Director of the Alcohol and Drug Counseling Practicum program for ten years and served as the Program Director of the Alcohol and Drug Counseling Bachelor's degree program for three years. She presently teaches Psychopharmacology, Group Counseling, Use of Addictive Drugs and Substance Use and Families. Her focus in teaching is the resilience of the client and the resilience of the counselor. She strives to incorporate the principles of anti-oppression into all that she teaches.



## Analyzing contributing factors of recreational and problem gambling among young people of Hong Kong: An interpretative phenomenological analysis

**Ying Ying Leung**  
Middlesex University, Hong Kong

### Introduction:

DSM-V has re-categorized gambling disorder as an addiction rather than impulsive control disorder. Recent research studies found that gambling among youths has been increasing in Hong Kong.

### Objectives:

The current study aims to explore how individuals develop and perceive their gambling behaviours and what particular factors they believed contributing to their gambling behaviours.

### Methods:

This current study employed interpretative phenomenological analysis (IPA) and aimed to explore dynamics of gambling experiences of sixteen adolescents, including 10 frequent recreational gamblers and 6 problem/former problem gamblers (Age: 18 to 24). 10 frequent recreational gamblers were recruited from community and universities. 6 problem/former problem gamblers were recruited from Lutheran Social Service (gambling counseling centre) in Hong Kong.

### Findings and Conclusions:

The IPA produced 4 and 4 super-ordinate themes accounting for the contributing factors of the gambling experiences for the 10 frequent recreational gamblers and the 6 problem/former problem gamblers respectively. The 4 super-ordinate themes for frequent recreational gamblers were boredom relief, social gathering, gambling strategies practicing, and family influence. The 4 super-ordinate themes for problem/former problem gamblers were perceiving gambling as a way to earn money, a way to improve living standard, the downward spiral (early big wins and then chasing loss), and negative family history/conflicts. The findings showed the differences of contributing factors of gambling between recreational gamblers and problem/former problem gamblers. The current findings and implications of the emergent themes may have practical implication for future gambling prevention and intervention.

### Audience Take Away:

- The audience will be able to understand the contributing factors of recreational and problem gamblers by using interpretative phenomenological analysis
- The audience will be able to understand the differences between recreational and problem gamblers
- Results of this research can provide insights and practical implication for future gambling prevention and intervention
- Results of this research could be used to expand audience's research and teaching

### Biography

Ying Ying Leung working as a lecturer at The Education University of Hong Kong as a Gambling Counselor. Professional Qualification: Registered Counselor of Australian Counseling Association; Registered Gambling Counselor of Canadian Council of Professional Certification; Associate Member of American Psychological Association; Member of Hong Kong Psychological Society; Educational Background: Doctor of Professional Studies (DProf) (Middlesex University) Candidate; Master in Counseling (Monash University); Postgraduate Diploma of Psychology (Bond University); Bachelor of Arts in Psychology (Ohio University) ; Certificate in Counseling Drug Abusers; Certificate in Play Therapy.

## Subcutaneous naltrexone implants for relapse prevention after opiate detoxification: A one year follow up study

**Catherine De Jong**  
Miroya Foundation, Netherlands

### Background:

Since the year 2000, oral Naltrexone in combination with Cognitive Behavioural Therapy (CBT) has been implemented at our clinic for relapse prevention after opiate detoxification. Naltrexone implants were introduced in 2003. All patients receive a 6-week or 2-month implant upon detoxification and are offered 6-week, 2-month or 6-month repeat implants, depending on the patient's wish and availability of implants. A prescription for oral Naltrexone is also an option. The 6-month implants were no longer available after December 2008. Only 2-month Naltrexone implants have been available since that time.

### Aim:

Evaluation of the efficacy of Naltrexone implants in our relapse prevention program after opiate detoxification and to report of complication rate of this treatment.

### Method:

Retrospective descriptive study: all the patients who received a Naltrexone implant after detoxification during the study period (May 2003–January 2009) were included in the study. We used patient notes, the number of implants, and the duration of implant treatment. The types of implants were counted, and complications were noted.

### Results:

A total of 186 patients (148 men, 38 women) were detoxified and received at least 1 implant.

We used 535 implants (74 Wedgwood 6-week implants, 99 O'Neil 6-month implants and 362 of the 2-month implants). The patients used an average of 3.3 implants each (range 1–18). The duration of implant use averaged 7.66 months (range 1.5–38 months). Patients who had 6-week and 2-month implants (N=122) were under protection of an implant for an average of 5.11 months (range 1.5–36 months). Patients with a 6-month implant (N=64) were under protection of an implant for an average of 12.25 months (range 6–38 months). The difference is significant at  $p < 0.001$ . See Table 1.

	Number of patients	Average duration implant use in months	Range duration implant use in months	
All implants	186	7.66	1.5–38	
6-week and 2-month implants	122	5.11	1.5–36	
O'Neil/ 6-month	64	12.25	6–38	$p < 0.001$

Number of patients using implants at 3, 6, 9 and 12 months after detoxification were 119 (64%), 82 (44%), 56 (30%) and 32 (17%), respectively. The number of patients who switched to oral Naltrexone was 47(9%). The number of patients that relapsed during implant treatment was 7 (1.3%). At one-year follow-up, 107 (58%) patients were opiate abstinent (implant, tablets or no Naltrexone) and still in regular contact with the psychotherapists and/or addiction doctor, or they had finished treatment clean and in good condition 3 months before follow-up. The number of patients who relapsed were 39 (21%), and 40 (21%) patients were lost to follow-up and were considered to have relapsed. Database of urine samples is not complete but is still in the process. Complications are shown in Table 2.

Number of implants used	535 (100%)	
Major complications	19 (3.6%)	
Incision and/or drainage abscess		7 (1.3%)

Wound infection, antibiotics pre-scribed		12 (2.2%)
Minor complications	36 (6.7%)	
Hematoma		11 (2.1%)
Itching		21 (3.9%)
Swelling		4 (0.7%)
Relapse	7 (1.3%)	
heroin use while on implant weeks 1-4		2 (0.4%)
heroin use while on implant > week 4		5 (0.9%)
reports of craving while on implant		8 (1.5%)

#### Conclusion:

Patients with subcutaneous Naltrexone implants had a very low relapse rate of 1.3% while using implants. Patients who had at least one 6-month implant remained under the protection of implants significantly longer than patients who used 6-week and 2-month implants. Major and minor complications were infrequent. At one-year follow-up, 58% of patients were opiate abstinent.

**Conflict of interest:** nothing to report

#### Audience Take Away:

- The audience will learn that naltrexone implants are effective and safe to use in patients who wish pharmacological support in staying opiate abstinent.
- Will be aware of the type of complications that can occur and know how to deal with them.
- will have the necessary information to advise patients on the use of naltrexone implants

#### Biography

Catherine de Jong studied medicine and anesthesiology at Rijks Universiteit Groningen (1994) and Intensive Care at OLVG Hospital (1996) in Amsterdam. She worked at the pain clinic in Amsterdam Medical Center in 1999. From 2000 until 2012 she worked for the Miroya Foundation, an addiction clinic that specialized in opiate detoxification under general anesthesia. She has presented her work at the annual meeting of ISAM (International Society for Addiction Medicine), Stapleford conferences and several European conferences.

## How opioid and benzo receptor antagonists can return the HPA axis to normal and correct stress related disorders such as addiction, neuroinflammatory diseases such as anxiety, depression and migraines

George O'Neil<sup>1, 2, 3\*</sup>, Alistair Mellon<sup>1, 3</sup>

<sup>1</sup>Fresh Start Recovery Programme, Perth, WA, Australia

<sup>2</sup>Division of Psychiatry, University of Western Australia

<sup>3</sup>Go Medical Industries Pty. Ltd. Perth, WA, Australia

Addiction is managed by

- 1) Recovery based organisations meeting psychosocial needs in a protected setting.
- 2) Medical practitioners are using agonists typically to the opioid and GABA systems supplemented by antidepressants and antipsychotics.
- 3) Medical practitioners using opioid and benzo antagonists.

Each of these groups competes for attention and funding often at the expense of each other.

The outcomes for each of these three approaches differ:

- 1) While recovery based groups can help a percentage of patients to change a lifestyle, the return to the home following a period of artificial protection in a rehab environment can be made safer by use of opioid antagonists delivered in a reliable way for a year or more following the initial recovery. In the US there are estimated to be 3000 residential organisations (NYT Dec 2018) with 50% offering no medications to protect patients from overdose on return to the home.
- 2) The use of opioid agonists reduces the risk of opioid overdose death but increases the length of time that people are held in opioid dependence. These have been the best established approaches to tackle opioid dependence in the absence of alternative treatments.
- 3) In 2012 the University of Western Australia defined that the risk of opioid overdose death following detox off opioids was 25 times higher if the detox was supported by oral naltrexone versus sustained release naltrexone. This was a 28,000 patient year study. In the case of implant naltrexone and flumazenil infusions and implants the patient is returned to a non-opioid dependant state with post withdrawal anxiety controlled without the risks of benzodiazepine dependence. In the UK there is no sustained naltrexone delivery systems of treatment currently available despite registration in the US since 2006.

In our presentation we will discuss the treatment of opioid, amphetamine, cannabis and benzodiazepine addictions with opioid and benzo antagonists. We will also discuss the 12,000 patients treated with this approach in Perth, and the NIDA funded studies on our implant work in the US. We will also discuss our work in the UK.

### Audience Take Away:

- Understanding the HPA axis in the treatment of stress related disorders.
- Use of opioid and GABA antagonists
- Detox and treatment practices for alcohol, opioid, amphetamine and cannabis dependence.
- Development of Long acting naltrexone delivery technologies

### Biography

Dr George O'Neil was born in Limerick, Ireland and immigrated as a child to Perth, WA. He studied medicine and became an obstetrician, helping to deliver babies in Australia, Africa and the UK. Through his work, he has developed many new medical devices and practices in the areas of obstetrics, pain management, malnutrition, urinary catheterisation, drug delivery and addiction. In 1984, he started Go Medical to develop and market his ideas. In 1997, he founded the Fresh Start Recovery Programme in Perth, where he has pioneered the use of long acting opioid and GABA antagonists in the treatment of addiction.

## How do new psychoactive substances affect the mental health of prisoners?

**Hattie Moyes, MSc, BSc (Hons)**

Research Manager, the Forward Trust, London, UK

**T**his presentation will assess the scale of the problem of new psychoactive substances (NPS) in English prisons and the impact they have on prisoner mental health. NPS is predominantly a prison problem – the use of NPS is much higher in prisons than in the community. Prisoners also have higher rates of mental health problems compared to the general population. The influx of NPS across UK prisons is exacerbating prisoner mental health, with the number of NPS-related deaths and suicides in prison increasing year-on-year.

The long term and short term effects of NPS use such as psychosis; violence; self-harm; and suicide will be examined. Additionally, the impact of the issues associated with NPS will be covered, which include bullying, debt and coercion; treatment dropout; and the currently unreliable prison regime. These issues also have a substantial effect on prisoner mental health.

This presentation is based on a service evaluation conducted across 19 prisons in England. Semi-structured interviews and surveys with prisoners, prison service providers, prison officers, governors and commissioners, outcomes from psychosocial group work programmes, figures from incident reports and findings from existing literature were used to explore how NPS affect the mental health of prisoners. Capturing the perspectives of many of those working with prisoners has provided a comprehensive picture of the problem of NPS and prisoner mental health, what is currently being done to tackle this and what more can be done to improve the situation.

This will all be summarised in the presentation through the 'Prison Spice Spiral' a simple, visual model explaining why prisoners use Spice in the first place and why they continue to use it, despite the negative effects it can cause to their mental (and physical) health. The Spice Spiral also shows the actions that substance misuse, mental health, healthcare providers and prisons can take to stop this vicious cycle of use and prevent the deterioration of the mental health of prisoners.

### **Audience Take Away:**

- The direct and indirect effects of NPS on the mental health of users
- How to address NPS use and appropriate interventions to use at different stages of the cycle of NPS use
- Practical changes that can be implemented in the services and prisons they work in to improve outcomes for those who use NPS

### **Biography**

Hattie Moyes is the Research Manager at The Forward Trust. Hattie co-authored Forward's policy briefing on NPS which was referenced in the House of Commons during the development of the Psychoactive Substances Act. Hattie has written three published papers on prisoners with substance dependence and mental health issues, including the award-winning 'Predicting recidivism for offenders in UK substance dependence treatment: Do mental health symptoms matter?' Hattie is the author of the book chapter 'How Do New Psychoactive Substances Affect the Mental Health of Prisoners?' in 'Mental Health in Prisons: Critical Perspectives on Treatment and Confinement' published by Palgrave in 2018.

## The Changing nature of America's drug crisis

**Laurence Armand French**

Justice Studies, University of New Hampshire, Durham, New Hampshire, USA

### **Problem:**

The United States is undergoing a drug crisis of epic proportion - one that crosses racial, ethnic, and socio-economic/class divides giving new emphasis on prevention and treatment and not just criminal adjudication. Currently, drug-related overdose in the United States (64,000 deaths in 2016) is the leading cause of death surpassing mortality due to human immunodeficiency virus, auto crashes, or firearms (the latter being the highest for any developed nation). The nature of the current crisis adds a new social/clinical dimension forcing a national review of both big pharmacology business practices and America's "pain free" mentality.

### **Purpose:**

Any viable assessment of the current, unique drug crisis needs to look at past social control mechanism that disproportionately targeted minorities and lower class members of society. Substance use disorders have long plagued American society from its colonial origins to the present. It is important to review these control methods to see how they fit the current opioid drug crises.

### **Methodology:**

Our assessment focuses on comparative, and often contravening, social, clinical, and legal attempts to address substance-use disorders. This analysis reflects a "societal reaction" perspective.

### **Results:**

A major concern during the colonial era and that of the emerging Republic was "rum fever" – a phenomenon that greatly impacted on society with concerns about public drunkenness, and its impact on working conditions and family stability. Indeed, the Prohibition Era began during this time often demarking society into religious opposites with those preaching abstinence (certain Protestant sects; Mormons) on one end of the continuum and those sects that used alcohol in their services (Catholics, Jews) at the other. "Prohibition," enacted during the early 20th century, was a dire failure ending in repeal. At the same time certain ethnic groups were being singled out for their preferred methods of substance use, notably heroin and marijuana, leading to laws prohibiting their use in 1914 and 1937 respectively. From the onset, these harsh laws were directed specifically to America's minority populations, notably Blacks, Hispanics, Asians, and American Indians. The double-standard reflecting the enforcement of drug laws became clearer during the 1970s and beyond with cocaine laws which coincided with President Nixon's "War on Drugs" –which continues to the present. Here, differential adjudication was doled out for "crack" cocaine, the form of the substance presented to the lower-classes and people-of-color, versus "powder" cocaine – the form used predominately by middle and upper class Anglos. America's prisons were overflowing with minorities serving long felony sentences for drug violations while Anglos often received misdemeanor or violation-type citations with little or no jail time. Changes in addressing drug abuse did not come about until the current "opioid" crisis when a substantial proportion of drug overdoses reflected Anglos. Instead of attempting to escape hopelessness like those in the ghettos and barrios, middle-class Anglos were inadvertently addicted to pain medications which were widely prescribed as non-addictive. Now big pharmacologic companies were seen as the main culprit with society now focusing on prevention and treatment for this population while continuing to provide harsh criminal sanctions for minorities. The challenge for law enforcement agencies, in the highly decentralized American system, is to discern between "criminal adjudication" and "treatment and preventive" interventions. As in the past, the street-level "offender" usually is also a "user" selling to fuel his/her own habit. Another major problem is that America has traditionally held big corporations to a lesser standard regarding culpability than organized criminal groups with "cease and desist orders," often without having to admit guilt, for the former and harsh criminal sentences for the latter (e.g. USA's RICO standards). Again, treatment is often associated with White, middle-class defendants while defendants of color still received prison sentences.

### **Audience Take Away:**

- The nature and extent of drug use and abuse in America;

- The socio-economic and geo-politics of drug laws;
- The use of drug offenses to incarcerate “people of color”;
- The historic context relevant to drug laws and clinical practices;
- The changing social views on drug use and dependency.

### **Biography**

Laurence Armand French has Ph.D.s in sociology and cultural psychology; is a Fellow of the American Psychological Association and clinical psychologist. He is professor emeritus of psychology at Western New Mexico University and an affiliate professor at the University of New Hampshire. He has over 300 publications including 22 books/monographs. His work with substance abuse with minorities earned him the “1999 Leadership in Research Award” from the USA National Institute of Drug Abuse (NIDA) and the 2014, “Distinguished Career Contribution to Research Award for outstanding contributions in serviced to ethnic minority psychology” by Division 45 of the American Psychological Association.



## The addicted person: World of life and synthetic psychosis. A new perspective from a phenomenological and a psychopathological point of view

Gilberto Di Petta<sup>1</sup> and Danilo Tittarelli<sup>2\*</sup>

<sup>1</sup> Mental Health Department of Addiction Department, ASL NA2 Nord, Naples, Italy

<sup>2</sup> Mental Health Department and Addiction Department, ASUR Marche AV2, Ancona, Italy

This talk intends to examine, both from a psychopathological and a phenomenological perspective, the state of “being-at-the-world”, which is common in individuals with drug addiction. Past abuse, as well as present abuse, are crucial in the modification of the psychiatric impact in the history of drug abuse. The former drug lifestyle characterized by the use of heroin led to a form of psychosis which is known with the symptomatological expression as basic psychosis. On the other hand, the contemporary poly-abuse of novel psychoactive substances leads to what is called a synthetic psychosis: a very rich paraphrenic state with continuous hallucinations caused by a mental automatism syndrome and secondary (interpretative) delusions. From a phenomenological point of view, all addictions lead to the final collapse of the Dasein structure (the constitution of the being-in-the-world-with-others). Subsequent to having travelled down many different psychopathological pathways, many addicts remain without the spatial-temporal “here and now” dimension. This makes it impossible for them to stay in a space-with-others and to project themselves in time. The result of this time/space cleavage is emptiness. The world-of-life of the addictive persons is conditioned by the presence or absence of the narcotic and psychostimulant substance. Whereas in normal conditions we have a fluid intentionality and our common sense is the obviously pre-reflexive result of this situation, under the influence of a drug intoxication we lose this intentional stability and, as a consequence, suffer from a kind of intentional instability, which we can identify with the term fluttering world. There is no present, no past, no future. Having lost the connection of interior time all the drug addict has left is the transient moment of satisfaction. On the other hand, following chronic drug assumption, which results in desensitization of substances, we have a sort of an intentional dramatic capture or seizure of the world, which we can call frozen world. His intentionality is coagulated, time is insular and has been reduced to a pure frozen present without past and without future until the complete loss of the passing of time is experienced. What’s happen in the state of acute drug deprivation? When the patient experiences craving, both past and future have been lost. The past is reduced exclusively to “the last time in which I have taken drugs”. Intentionality is totally directed to the search of substances. When the patient resists to relapse he lives a sort of depressed lucidity: this is the sign of detoxication. The structure of lived time experience is completely different from the structure of lived time in normal life and in depressive experience. In these addicted related conditions is the reduction of the present, without past and without future, the essential characteristic. The final collapse of the “Addictive Dasein” is a sort of being-in-nothingness. It is very difficult to treat this existential situation, which is characterized by patients frequently dropping out of conventional treatment, the loss of the being-in-the-world structure, boredom, emptiness, dread, anger, lack of meaning, loneliness and isolation. Dasein Group- Analysis (an original interpretation and application of Binswanger’s Dasein-Analysis) is proposed and discussed. Unlike Dasein-Analysis, this approach applies phenomenology, beyond the classic pair of analyst and patient, to a group of people composed of doctors and patients, in which everyone is simply a human being in the world.

### Audience Take Away:

- The massive increase and the chronicity of the behavior of abuse and related treatments, the lowering of the critical age of contact with substances, the change in the composition of the substances themselves, with a greater diffusion among the various social groups and the availability from the youth population also on the web, were only some of the factors that contributed to the change in a large proportion of “classic drug addicts” towards the symptomatic area of clinical psychiatry, with clinical manifestations of psychopathological urgency and emergency of general medicine.
- In fact, to date, a non-indifferent share of target subjects, in dangerously progressive increase, very problematically occupies the “no man’s land” between the area of addictions and the mental health area, which in the face of such clinical and treatment complexities, rediscover the common critical point of lack of network integration and common training.
- The tools of phenomenological psychopathology and those of the binswangerian Daseinsanalyse, and in a broad sense the ability to grasp the experiences, typical of the phenomenology, have shown themselves elective to the construction of this proposal, born from a rigorous theoretical framework, and with characteristics of efficacy and reproducibility.
- The most important idea of phenomenology, the deep union between the subject and the others in the world-of-life, from a transcendental point of view, is embodied in the Dasein-Group. This idea offers an enormous transforming potentiality, and we must be able to use, in a modified setting of group psychotherapy, in order to help our patients.

## **Biography**

Danilo Tittarelli is Medical Doctor since 2001 and Postgraduate in Psychiatry at the Ancona University, Italy and in Clinical Psychology, has a Master's degree in Criminology and Forensic Psychiatry at the Urbino University, Italy and Republic of San Marino. He undertook phenomenological-dynamic training at the Phenomenological-Dynamic Psychotherapy School of Florence. Referent of the "ARYA SpaceTime" Day Center, high complexity treatments for subjects with dual disorder, behavioral addictions abusers of new psychoactive substances. Is the author of some publications on the topic including. Member of Italian Lacanian Association of Psychoanalysis. (ALLpsi), Member of the European Psychiatry Association (EPA). He is a lecturer at the Phenomenological-Dynamic Psychotherapy School of Florence.

## Psychosocial consequences of gambling in adolescents

Meliha Bijedic

University of Tuzla, Faculty of Education and Rehabilitation Sciences, Department of Behavioral Disorders, Tuzla, Bosnia & Herzegovina

Gambling is a widespread activity in Bosnia & Herzegovina, young people grow up in a context where gambling is very available, accessible and positively promoted. Although gambling is illegal for minors, many adolescents gamble and suffer from a wide range of gambling related harms, and this study sought to examine consequences of adolescent gambling. The aim was to test the intensity of various harmful psychosocial consequences, how often an adolescent is feeling bad about the way in which he or she is gambling, how often he or she has a gambling problem, whether he has given up on some of his free gambling activities, has hidden his gambling from family members. These behavioral factors associated with psychosocial consequences, was measured by the Canadian Adolescent Gambling Inventory, the only instrument developed specifically for use on adolescents. The data was collected on a convenience sample of 1036 students, from first to final grade of high school, vocational and vocational-technical high school programs. It was also assumed that most high school students gamble on sports betting, then the lottery games of chance and slot machine clubs, while other kinds are less common, and that there are differences in gambling activities considering age so that older adolescents gamble more intense and frequent. Gambling problems in adolescents have historically received less focus than other related disorders and only relatively recently has attention been focused on this issue. Future research needs to focus on understanding the longitudinal course of adolescent gambling in general and how gambling problems in adolescents develop and progress in all dimensions.

**Key words:** Gambling, Adolescents, Psychosocial consequences

### Audience Take Away:

- Context of practical implications for prevention programs and treatment approaches of adolescent gambling.
- Audience will better understand high rates of risk-taking behavior during adolescence, including behaviors like gambling that have addictive potential and carry associated risks. They can use data for future research of understanding the longitudinal course of adolescent gambling in general and how gambling problems in adolescents develop and progress in all dimensions. Research like this will be important in developing appropriate prevention and treatment strategies for youth populations.

### Biography

Dr. Meliha Bijedic graduated from the Faculty of Defectology University of Tuzla (UNTZ) in March 2001, later in February 2002 she became a staff member in the same establishment. And in 2007. Obtained a Masters degree in social sciences, behavioral disorders area on the Education and Rehabilitation Faculty, University of Zagreb, Croatia. Then received her PhD at the same faculty of the University of Zagreb in 2012. Since October 2012, she obtained the position of a Professor at the UNTZ and teaches vocational subjects such as the treatment of children and young people with behavioral disorders and prevention of such. She has participated in several scientific fields of special education and rehabilitation as well as social pedagogy, published a book, many scientific papers and actively participated in national and international symposia. She has participated in national and international scientific research projects.

## Acupuncture and Chinese herbal medicine in addiction

**Feifei Ge and Xiaowei Guan\***

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Addiction to methamphetamine (METH) and other psychostimulants represents a major public health crisis, which causing serious burdens to society and the economy. Nowadays, the number of meth abuser has increased rapidly, and meth has become one of most common abused drugs in China. Although various therapies for drug abuse and dependence have been developed, such as pharmacological, psychological and sociological intervention, their efficacy is still limited. In the last two decades, increasing number of clinical trials and animal models have shown that Traditional Chinese Medicine (TCM), including acupuncture and Chinese herbal medicine, may have potential roles in the treatment of drug addiction and related psychiatric disorders. Based on previous evidences and some referenced information from ancient TCM documents, “Baihui” combined with “Shenmen” acupoints (BS-A), and “Gegen Qinlan Decoction” (GQD) were used as acupuncture and Chinese herbal medicine approaches, respectively, against drug addiction and related psychiatric problems in this study. Animals are subjected to 15~30-day METH administration followed by 15~30-day withdrawal training. Several behaviors tests, including elevated plus maze, delayed discount task, forced swim, novel object recognition and conditioned place preference, were used to assess anxiety-like, impulsive control, depression-like, learning, and rewarding behaviors. We found that both BS-A and GQD intervention could partially reverse the impaired behaviors in METH withdrawal mice. Furthermore, the molecular mechanisms of action of acupuncture and Chinese herbal medicine in treating a range of METH withdrawal-caused abnormal behavioral outcomes have been also explored here.

### Biography

Dr. Xiaowei Guan, Professor & Vice Dean of School of Medicine and Life Sciences, Chinese University of Chinese Medicine, China. Research Field: Our Lab aims to investigate the neurobiological mechanisms underlying addiction and to develop new therapeutic approaches for treatment of addiction.

## Effect of EMDR-based five-step desensitization on addictive memory and self-esteem in patients with methamphetamine dependence

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**O**bjective To explore the effects of five-step desensitization therapy combined with question recalling, vipassana meditation, eye movement desensitization and reprocessing (EMDR), hypnotherapy and neural language programs (NLP) on addictive memory and self-esteem levels in patients with methamphetamine dependence.

### Methods:

Parallel control and pre-and post-control test design were used, and sampling was performed using multi-stage sampling method. A total of 128 methamphetamine-dependent patients were selected from five compulsory isolation and drug rehabilitation centers in Wuhan, Hubei Province, with 63 in the control group and 65 in the five-step desensitization group. The control group patients did not receive any other interventions except for the routine rehabilitation training for detoxification. The desensitization group received 5 consecutive days, 90 minutes per day for questioning, EMDR, vipassana, hypnotherapy, and NLP, called a five-step desensitization treatment. The addiction memory intensity scale (AMIS) and the Rosenberg self-esteem scale (RSES) were used to measure the addictive memory intensity and self-esteem of patients before and after intervention. Results: After covariance analysis and correction of the pre-intervention scale, the AMIS scores of the desensitization group were lower than those of the control group ( $P < 0.001$ ), and the RSES scores were higher than the control group ( $P = 0.004$ ). The differences were statistically significant. Conclusion: Five-step desensitization therapy could reduce the intensity of addictive memory in patients with methamphetamine dependence and improve the patient's self-esteem effectively.

### Audience Take Away:

- The audience will be able to use desensitization therapy for drug patients if they attend the workshop on desensitization therapy after meeting;
- The audience will know how to evaluate the results for desensitization therapy with the addiction memory intensity scale (AMIS) and the Rosenberg self-esteem scale (RSES).
- The other faculty could use this research to expand their research or teaching.
- This presentation does provide a practical solution to a problem that could simplify or make a designer's job more efficient.

### Biography

Professor WANG studied preventive medicine at Tongji Medical College, Wuhan, China and got her Master's Degree of medicine in 1986. From 1988, she has taken many psychological courses and workshops and got the certificate of senior counselor in 2007. She has been practicing in the field of drug prevention and psychological intervention for addiction since 1994, got the position of full professor in the year 2000 and published "Drug and AIDS Prevention Education" and "Guidelines and Cases of Psychotherapy for Addictive Behaviors" at People's Health Publisher in Beijing, and published more than 160 papers both in Chinese and English.



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## The role of insurance in early intervention to improve outcomes in selected mental illnesses

**Corinne Fitzgerald**

Swiss Re Institute, Swiss Re, London

**C**ommon mental disorders, comprised of both depressive and anxiety disorders, affect approximately 586million people globally (WHO, 2017). Given the stigma associated with mental disorders, as well as reliability in reporting and monitoring or conditions, this number could be significantly higher, before we even begin to consider less common disorders.

Public perception of insurance companies when it comes to mental health conditions is not positive. Insurance companies set an unreasonable bar for mental health coverage (Huffpost, 2018) and still don't treat mental illness like other medical conditions (LATimes, 2019). The Guardian recently looked at individual case studies of people with mental health conditions being refused access to insurance coverage, suggesting possible discrimination (The Guardian, 2018). In Asia Pacific, stigma of mental health sufferers means there is a significant barrier to treatment access with people facing inadequate insurance coverage (NCBI 2019).

Traditionally, insurers have been reactive in their coverage of mental health conditions. They have also been incredibly cautious, imposing restrictions such as limits on coverage in the event of recurrences and hoops to jump through in advance of any help, including pre- authorization.

Prior authorization is not unique to mental health claims and can also be required for other medical Or dental treatment, but it has been identified by Mind, the UK's leading mental health charity, as a barrier that was particularly inflexible for people looking for mental health treatment to be authorized. Insurance companies' prior authorization endangers psychiatric care (City and State, 2017) as denials are particularly common for mental health care.

At the Swiss Re Institute, we're focused on research into human behavior and medical innovations that allow earlier identification of warning signals and better, earlier interventions to improve long term mental health outcomes.

We are working on identifying more cooperative and extensive solutions that look at keeping better for longer, which ultimately benefits both the individual and society.

### **Audience Take Away:**

- Flaws in the current approach to mental illness by the insurance industry
- The difficulties in creating mental health policies and how they can be overcome, especially when it comes to addiction and behavior.
- Current research activities
- The future of insurance policies in the world of ubiquitous data

### **Biography**

Corinne has mentored startups working on a range of subjects in the healthcare field, including Mom Incubators, named winner of the Humanitarian category in MIT's Technology Review 30 under 30 awards, and Ideabatic, a last mile vaccination solution who won the ViiV award at Mass Challenge. Corinne has worked with startups across the world as an integral part of the Accelerate 2018 program, a joint endeavor between the UNDP and the Impact Hub, Geneva, who brought startups from emerging markets together to look at solving the sustainable development goals. She presented at the social good factory and helped construct the program, as well as mentoring the startups.

Now working as a researcher, Corinne is focusing on mental health research as she has extensive experience of working with those with mental health disorders, with a specific interest in addiction and bipolar disorder. She represents Swiss Re on the CfBI Medical Adherence Consortium, has published papers on digital ecosystems and health and is currently working on another white paper for the insurance industry on medical adherence. Corinne is currently studying for a Master's Degree in Mental Health Science and has studied prevention strategies for non- communicable diseases at Oxford University.

## Silencing microRNA-134 in ventral hippocampus attenuates anxiety-like and depression-like behaviors in cocaine extinction mice

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**M**icroRNA-134 (miR-134) is abundantly expressed in the hippocampus and play important roles in the process of brain development and neuropsychiatric disorders. The present study aims to explore whether miR-134 involves in cocaine exposure related psychiatric disorders and the mechanisms by which miR-134 influence addiction. In models of cocaine conditioned place preference (CPP), we found an enhanced anxiety and depression levels in cocaine extinction mice, accompanied by a significant upregulation of miR-134 level specifically in the ventral hippocampus (vHP). In parallel, some potential target genes of miR-134 related synaptic plasticity and neurochemical environment, including BDNF and CREB are markedly reduced in the vHP. As expected, synaptic plasticity and microenvironment were impaired by cocaine addiction. Most importantly, local silencing miR-134 in the vHP ameliorated the abnormal behaviors and reversed almost all the above changes in molecules induced by cocaine extinction in the vHP. Thus, miR-134 signaling pathway might become a promising therapeutic target for treatment of addiction.

### Biography

Feifei Ge, Ph.D. was Associate professor, School of Medicine and Life Sciences, Nanjing University of Chinese Medicine, China Research interest: Neuroplasticity and brain diseases. Our long-term research goal is to understand the neural mechanisms underlying emotional and motivational responses. We focus on animal models related to drug addiction.

## Inhibitory oculomotor control in cannabis and psychostimulant dependents

Inozemtseva Olga<sup>1,2</sup>, Núñez Mejía Edgar de J.<sup>1</sup> and Núñez Carranza Adrián<sup>1</sup>

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The loss of inhibitory control (IC) has been closely associated with addictive behaviors. The IC is a cognitive process that has considerably influence in the behavioral regulation. Alterations in IC in patients with substance use disorder have been identified mainly in inhibitory motor and interference control; however, the results are not always conclusive. The oculomotor inhibitory control is a type of inhibitory control related to the same brain areas where most drugs (including cannabis and psychostimulants) take place of action, predominantly in the prefrontal cortex and basal ganglia that are a neurobiological substrate of IC. Oculomotor tasks have been considered as a sensitive tool to detect inhibitory control alteration, because participants must suppress the automatic response, they not require complex cognitive processes and its activation time is quick. Therefore, the aim of this study was to determinate the presence of deficit in oculomotor inhibition in chronic cannabis consumers and psychostimulant dependents. Two experiments were carried out. The same pro-saccade and anti-saccade tasks under the overlap and gap conditions were applied with an infrared eye tracker in both experiments. In the first one, 39 psychostimulant dependents (GS) and 22 control persons (CG) participated. All dependents were inpatients in abstinence. The results revealed that GS showed significantly higher error rates under the pro- and anti- gap conditions; higher rates of express saccades under the pro- and anti- overlap condition, and anticipatory saccades rates than GC in all conditions. In the second experiment, 25 chronic cannabis users (THCG) and 25 control group participants (CG) were recruited. Inclusion criteria for cannabis users were consuming at least 4 times a week in the past year and having at least 12 hours of abstinence before the assessment. The THCG committed a greater number of anticipatory prosaccades in the gap condition than CG. The results point out that the inhibitory deficit in psychostimulant and cannabis users is associated to alterations in the oculomotor inhibitory system due to toxic effect of drugs mainly on the basal ganglia. Apparently, the psychostimulant use produces a greater deficit in oculomotor inhibitory control than the cannabis use. High anticipatory saccades rates and express saccades are related with impulsivity. Similar data have been reported in patients with Tourette's syndrome, whose main symptom is motor impulsivity and compromise the basal ganglia and frontal cortex. In addition, in cannabis users the inhibitory oculomotor deficit is evident when the task turns more complex (gap condition), i.e. when condition is given without contextual clues.

### Audience Take Away:

The patients with the substance use disorder present deficit in the oculomotor inhibitory control, that is considered as very sensible to detect inhibitory problems in different disorders.

Oculomotor inhibition is considered as more sensitive to measure the inhibitory processes that other types of inhibitory control, because an automatic response is inhibited and not learned, the participation of other cognitive processes is low, and the brain systems involved in oculomotor inhibitory control (visual and motor) have been well studied.

Specific components of oculomotor inhibitory control are affected in both cannabis and psychostimulants users.

Psychostimulant users show greater alterations in inhibitory control than cannabis users.

This presentation will be useful for:

- teachers to update the information of their classes and seminars;
- researchers to consolidate their knowledge in the area of addictions;
- clinicians for the most accurate diagnosis and rehabilitation of patients with substance use disorder.

### Biography

Inozemtseva Olga Ph.D, is Full-time Professor-Researcher of Neuroscience Institute and Department of Education of University of Guadalajara, Mexico. Head of the laboratory Neuropsychology of Addictions. Her work is focused on examining the role of executive functions (EF) —particularly the inhibitory control—in addictive behavior of both, substance dependents and pathological gamblers. Her professional interest is the study of factors involved in addictive behavior, particularly personality and cognitive characteristics in dependent patients and high-risk for substance use adolescents. Her work has been published in peer reviewed journals and scientific books. She participates actively in the training of postgraduate students in the Neuroscience area.

## **Reconstructing social support network of substance abusers: Exploring prevalent service models and the public-private relationships of private therapeutic communities in Taiwan**

**Yih-Tsu Hahn**

Department of Social Work, Shih Chien University, Taipei

**T**he population of substance abuse co-occurring social issues is increasing in Taiwan over the last years. In the professions of rehabilitation and recovery, how to reconstruct social support network of substance abusers has been caused for concern. Studies demonstrated gender differences need to be highly considered in terms of addiction treatment. However, few studies focused on gender and the changes of social network functions in treatment context in Taiwan. This study purpose to focus on 6 therapeutic communities to explore: (1) their organizational historical context, characteristics and government-nonprofit relationships on the treatment model, (2) the treatment model of gender differences and the changes over year,

This study applied literature review and in-depth interviews and found that the similarity of treatment models in those communities are: (1) isolation is as determination; (2) treatment stages are all bio-psych-social but not equal in the period of time; (3) building social connections with service providers, local communities, families, etc. are important; (4) previous drug abusers play important position.

The study also found their experiences of working with government include: their source of resources is scattered, many restrictions of working with the semi-official rehabilitation association, the requirements of public subsidized professionals are not realistic, some institutions are restricted by legalization, and they hesitate on some public resources for violating their mission. The findings depicts the dynamic relationships between services of private sector, government and the policy. Implications of future study and practice will be discussed.

### **Audience Take Away:**

- Audience may realize practical service model of therapeutic communities.
- Audience may understand the differences between Asian and Western model of therapeutic community.
- Audience may be able to explore how public-private relationship affect results of abstinence.

### **Biography**

Dr. Hahn received her PhD degree in Social Welfare in 2007 at Case Western Reserve University in the US. She then moved back to Taiwan, her home country, and became a faculty member of Department of Social Welfare, Chinese Culture University for many years. She is currently an associate professor of Department of Social Work, Shih Chien University at Taipei, Taiwan. Her research interests include social support and substance abuse, gender issues, and nonprofit organization and advocacy function. She has been a member of Social Welfare Association of Taiwan.

## Loneliness amongst addictions populations: Validation of the social and emotional loneliness scale for adults – short version

Isabella Ingram<sup>1\*</sup>, Kelly PJ<sup>1</sup>, Deane FP<sup>1</sup>, Baker AL<sup>2</sup>, Raftery DK<sup>1</sup>

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<sup>2</sup>School of Medicine and Public Health, University of Newcastle, New South Wales, Australia

**L**oneliness is a distressing emotional experience that is problematic for people accessing treatment for substance dependence problems. The first aim of the current study was to report on the validity of the Social and Emotional Loneliness Scale for Adults-Short version (SELSA-S), for use in substance dependent treatment populations. In order to further the understanding of loneliness amongst this population, demographic, and physical and mental health variables were examined in relation loneliness.

**Method:** Participants were attending Australian residential substance dependence treatment services provided by two non-government organizations. Participants completed cross-sectional surveys (N=316) consisting of measures of demographics, substance use, loneliness, and physical and mental health.

**Key findings:** Confirmatory factor analysis revealed high factor loadings and good concurrent and discriminant validity and reliability for the SELSA-S, however, model fit indices did not meet pre-specified cut-off criteria. Loneliness was deemed to be a serious problem for 69% of respondents, and 79% reported feeling lonely at least once per month. The highest levels of loneliness were experienced in the form of romantic loneliness (M=23.66, SD=8.20). The substance dependent population was found to be almost seven times more likely to experience loneliness on a monthly basis or more frequently, compared to the general population, OR= 6.82, 95% CI [4.79, 9.69]. Similarly, the substance dependent population was over five times more likely to identify loneliness as a serious concern, OR=5.76, 95% CI [4.22, 7.86].

**Conclusions:** Substance dependent populations appear to experience higher rates of loneliness compared with the general population and those reporting higher levels of loneliness also experienced poorer physical and mental health. Findings of this study suggest the need for further research in to the validity of the SELSA-S for use with substance dependent populations.

### Audience Take Away:

- The presentation will cover future research directions related to the experience of loneliness amongst substance dependent populations.
- The presentation will cover tips for clinicians to look out for/ discuss with clients in relation to loneliness based on these research findings.
- Emerging research suggests loneliness to be a predictor of morbidity and mortality - audience will obtain education about the physical and mental health effects of loneliness.
- The construct of loneliness is largely under-explored across addictions populations – other faculty can use findings of this presentation to inform future research directions.
- This presentation will provide insight into measurement issues related to loneliness and suggestions for future measurement.
- This presentation will highlight the magnitude of the problem – loneliness – across addiction populations and raise awareness amongst clinicians.

### Biography

Isabella Ingram is a psychologist who is undertaking a clinical PhD in the field of health psychology at the University of Wollongong, NSW, Australia. Isabella has coordinated a number of projects aimed at improving the physical health of people with serious mental illnesses or people accessing treatment for substance dependence problems. Isabella holds specific interest in loneliness and her PhD research is focused on exploring the impact of loneliness on health and developing a targeted intervention to reduce loneliness across substance dependent populations.



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