



GLOBAL EXCELLENCE IN ADDICTION MEDICINE



ISAM Interest Group Updates:

NIG (Neuroscience):

2nd Webinar: "**Cognitive Training/Rehabilitation Interventions for Addiction Medicine:**" full recorded video of the webinar on the [ISAM-NIG channel](#) and the slides from [this link](#). This webinar was a first step towards developing best practice standards for cognitive training/remediation in addiction treatment, which we hope will crystallize in a Delphi consensus. Therefore, if you are willing to share your expertise in cognitive training/remediation with us, we would be glad to welcome you to be part of the Expert Committee that will drive the Delphi consensus from development to publication.

PPIG (Practice & Policy):

Three different initiatives were developed within PPIG with the goal of presentation of symposia at the next ISAM Virtual Congress and publish position papers by early 2021

1. **Reshaping the future of addiction prevention and treatment: Opioid prescribing and its role in analgesia.** Lead authors: Steve Gilbert (Australia) and Patrice Forget (Scotland). Other authors: Champika Pattullo (Australia)
2. **International approaches to management of SUD in pregnancy.** Lead authors: Anna Maria Vella (Malta), Fatemeh Chalabianloo (Norway) and Shalini Arunogiri (Australia).
3. **Clinicians' attitudes and experiences regarding the transition to telehealth in the treatment of Substance Use Disorders.** Lead author: Joe Tay Wee Teck (Scotland).

ISAM-NEXT (New Professionals EXploration, Training & Education) Committee

What: newly formed ISAM-NEXT Committee with predefined role of Exploration (Opportunities and Research), Training & Education for new professionals (Early Career Addiction Medicine Professionals)

Why: to increase and improve the capability and capacity of addiction medicine training & other educational activities

How: a symposium presentation on setting up this committee scheduled at the upcoming

ISAM-CSAM 2020 conference. ISAM members who are in their early stage of career are encourage to get connected and join the activities; contact: isam.next@gmail.com

AAAP Annual Meeting

AAAP is going virtual in 2020! The AAAP Annual Meeting and Scientific Symposium provides the latest scientific developments in Addiction Psychiatry for physicians and health professionals who treat patients with substance use disorders and mental disorders. The experience of attending [AAAP's](#) annual meetings facilitates the research careers of these physicians. Join AAAP at their Annual Meeting and Scientific Symposium *virtually* in December 2020!

Editorial: Trust, telehealth and addiction treatment during the pandemic
When Pandemic Meets Epidemic: Utility of Urine Drug Screens and Monitoring During COVID-19?
Jan Klimas, Jenna Butner

Believe it, or not, trust is something that has been emphasized in addiction treatment for many years. One can hardly argue that it has become one of the common themes in the life stories of most people in recovery from substance use disorders. But how does telemedicine impact trust during the pandemic?

In this editorial, we reflect on trust in relationships and telehealth drawing upon two main findings of our recent research (Dr Klimas) published in the journal [Adiktologie](#) and in the [Canadian Journal of Addiction](#), as well as observations from clinical practice (Dr Butner).

Trust is key for building or restoring relationships of all people. No matter if they have drug problems or not. In this way, our research confirmed what common sense tells us without any special knowledge of research. Re-prioritisation of relationships during treatment was facilitated by the experience of help, support and restoration of trust between provider and patient.

This research has further deepened our understanding of how people who use drugs operate in relationships. Some readers may not like this, but they may be less different to 'us' than we thought. Drug-related barriers prevent them from engaging in the usual social contacts, such as keeping in touch with non-drug-using friends, visiting parents, etc. Our research highlights that they disengaged from these activities because they had different priorities, which were not compatible with their new lifestyle.

The question that remains to be answered by future research is what would happen if the barriers of engaging in culturally-acceptable social activities were removed? Would 'they' be more like 'us'? A growing body of evidence to answer this question comes from experiences with opioid agonist treatment (OAT). People receiving OAT (buprenorphine or methadone) lead more stable lives, commit less crime and have better chances of being employed than people without these medications.

Do more drug tests improve addiction treatment? Frequent UDS tests in OAT treatment have become a common practice, and even mandated in some programs, despite proven benefits of such testing. The ongoing pandemic hampers routine usage of urine drug tests. Dr. Butner's experience in New York City, specifically for opioid and alcohol use disorders has rapidly changed in a short period of time. She relates, "the inability at this time to utilize UDS reinforces an inherent trust between provider and patient. Patients have been more forthcoming and have reported an increased level of comfort in the visit itself." When do tests become the end instead of the means to health and wellness? A recent [blog](#) looks at the scientific evidence (or the lack of it) for frequent drug testing in

addiction treatment and brings more details about the studies discussed in this article. Finally, we conclude with the words of Dr. El-Guebaly, the editor of the Canadian Journal of Addiction: “There has been considerable debate in the clinical community about the uses and frequency of urine drug screening (UDS) as part of management. Moss et al present the results of a policy scan of UDS guidelines published in each province. The frequency recommendations vary greatly, with little evidence as to the rationale for the variation. I am reminded of a recent visit to a program in Geneva where our colleagues asked as to their use of UDS responded “What for?” Routine screening had been eliminated with no perceived negative consequences. This practice requires further scrutiny.”

References:

- Klimas, J. [Adiktologie](#) 2012(12)1: 36-45
- Moss, E. [Canadian Journal of Addiction](#) 2018
- el-Guebaly, N. [Canadian Journal of Addiction](#), 2018

Newsletter Committee: Susanna Galea-Singer (New Zealand), Adrian Abagiu (Romania), Jano Klimas (Canada), Jenna Butner (USA)