



# ISAM 2018 SPRING NEWSLETTER

   한국중독학인사협회

[www.isam2018-busan.com](http://www.isam2018-busan.com)



## ISAM BUSAN 2018

The 20<sup>th</sup> International Society of Addiction Medicine Annual Meeting

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From the Past to the Future

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November 3 [Sat] – 6 [Tue] , 2018 BEXCO, Busan, Republic of Korea



## Online Registration Information

Deadline for **Early Registration 31 May 2018**

\* The standard currency is Korean Won(KRW) 100,000 KRW ≈ 90 USD [Currency Converter](#)

Category	Early Bird Rates ~ 31 <sup>st</sup> May, 2018	Regular Rates ~ 31 <sup>st</sup> Aug, 2018	On-site Reg. Rates
ISAM Members	600,000	650,000	700,000
Affiliated Society Members	650,000	700,000	750,000
Non-ISAM Members	700,000	800,000	900,000
Students/ Post-G/ Residents	300,000	350,000	450,000
One Day Registration Fee:	400,000		
Paid Accompanying Persons (Attending Symposiums)	200,000	250,000	350,000
Gala Dinner (5 <sup>th</sup> Nov.(Mon))		100,000	150,000



## Call for Abstract

**Submission deadline** has been extended from 31 March to **31 May!**



## Peace Movement of South & North Korea

### Inter-Korean summit to be held April 27: Unification Ministry

By Jung Min-kyung, for the Korea Herald

South and North Korea agreed Thursday to hold an inter-Korean summit on April 27 at the truce village of Panmunjeom, a joint statement released by Seoul's Ministry of Unification said.

et seq.



Over the last 5 years, South Korea has been ranked in top 50 of safest destinations for travelers in the world so please don't hesitate to register for the 20th ISAM Meeting in Busan - the second biggest city in South Korea! As the 2nd largest city in Korea, Busan is a safe, bustling city of approximately 3.6 million residents, and is located on the southeastern tip of the Korean peninsula. The Republic of Korea (Korea) is a country with a long history in culture and tradition, a safe country that has a lot to offer to travelers.

## Key Dates

Deadline for Symposium & Abstract(Oral and Poster) Submission	<b>31 May 2018</b>
Deadline for Early Registration Fee	<b>31 May 2018</b>
Deadline for Speaker Abstracts for Accepted	<b>By the End of May 2018</b>
Deadline for Regular Registration Fee	31 August 2018

## Dear Colleagues,

Under the theme of Addiction Medicine from the Past to the Future, The 20<sup>th</sup> International Society of Addiction Medicine Annual Meeting(ISAM BUSAN 2018) will be held in Bexco, Busan, Korea on November 3 (Sat) - 6 (Tue), 2018.

The Organizing Committee is committed to hosting the scientific must-attend event of 2018, with a broad range of plenary lectures, symposiums, young investigator's sessions, poster presentations, and lively social calendar of networking events and sightseeing activities.

I hope you will accept my invitation to ISAM BUSAN 2018 and I look forward to welcoming you and your colleagues to beautiful 'Dynamic Busan'!

See you in Busan!



*Sung-Gon Kim*

**Sung-Gon Kim** | M.D., Ph.D.

President of the Local Organizing Committee, The 20<sup>th</sup> International Society of Addiction Medicine Annual Meeting  
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Official Website: [www.isam2018-busan.com/2017/english/main/index\\_en.asp](http://www.isam2018-busan.com/2017/english/main/index_en.asp)

Constructing Symposium: [www.eiseverywhere.com/eSites/315898/Login](http://www.eiseverywhere.com/eSites/315898/Login)

Abstracts Submission: [www.eiseverywhere.com/eSites/310535/Login](http://www.eiseverywhere.com/eSites/310535/Login)

## THOUGHTS ON ADDICTION

by Adrian Dunlop

The recent development of a range of therapeutic options in the addiction field and translation of these into practice treatment has the potential to change the lives of our patients for the better. It is noteworthy that under the Obama presidency in the USA, a memo “Changing the Language of Addiction Treatment” was circulated to US Executive Heads of Departments and Agencies to encourage non-stigmatizing language by those bodies. While academic journals have for some time encouraged appropriate use of language it is a positive development to see government, at a senior level, follow this direction.

However, medications development and implementation also show great promise now in reducing the stigma associated with substance use problems in what is being treated and how treatment occurs.

Highly effective treatment for hepatitis C using direct acting anti-viral agents exists using genotype specific (G1: sofosbuvir/ledipasvir, G3: sofosbuvir/daclatasvir) and now pan-genotypic regimens, (sofosbuvir/velpatasvir) making treatment for easier to initiate by addiction specialists other specialists and generalists. Becoming HCV RNA free is a very important factor for many patients with histories of injecting drug use, not only to reduce their risk of cirrhosis and hepatocellular carcinoma but also stigma related to HCV positivity. The world of addiction treatment world needs to respond by treating patients who are HCV RNA positive in addition to accessible affordable DAA treatments for patients.

Another recent important development is the increase in programs worldwide for take-home naloxone to prevent opioid overdose. While naloxone has been available to reverse opioid overdose for decades, implementation of use by those other than medical, nursing and ambulance staff has been more recent and is a welcome development. In the USA, with a dramatic increase in prescription and heroin overdoses over the past decade, training of police in naloxone administration has now occurred in several states. Training of peers and significant others (family and friends) in using naloxone to reverse overdose has meant that now there is wide availability of this important medicine to reduce fatal opiate overdoses. The WH draft international standards for drug treatment centers recommend take home naloxone programs should be available as part of clinical treatment of opioid use disorders. Again, uptake of this effective intervention is important.

A third recent development also promises to improve the lives of patients with substance use problems. While the USA and France have adopted models of buprenorphine dispensing that does not require supervised administration of doses at clinics or community pharmacies, many other jurisdictions across the world insist on supervised administration of this medication, in the form of buprenorphine or as buprenorphine-naloxone. Indeed, some criticism of the unsupervised dosing model is that diversion of doses for non-medical use can occur, resulting in non-opiate users being exposed to the drug (albeit with reduced risks of overdose compared to many full mopioid agonists), and some users injecting a preparation not developed for IV use, with resulting injection related injuries and other harms.

Three pharmaceutical companies have been developing small-volume, long acting depot buprenorphine preparations to treat opioid use disorders. Camurus and Braeburn have developed CAM 2038, with weekly and monthly depot injections of a range of buprenorphine doses, equivalent to 8 through to 32 mg doses). Indivior

(formerly Reckitt-Benckiser) have developed RBP6000, with high and low dose monthly depot injections. Both companies have completed phase 3 efficacy studies, with ongoing one year safety studies also completed.

These medications have the potential to significantly change the treatment landscape, especially in countries with supervised dosing buprenorphine models. The cost and burden of daily supervised dosing can be significant for many patients that could drastically be reduced with improvements in patient satisfaction and treatment outcomes. Depot buprenorphine treatment could reduce non-medical use of buprenorphine. It will be interesting to see how implementation of these new preparations occurs.

The combination of these factors, reducing stigma at multiple levels including at administrative levels, uptake of HCV DAA therapies, improved availability of naloxone and the new buprenorphine preparations, are all promising developments in our field.

**Adrian Dunlop** is a Conjoint Professor, Faculty of Health, University of Newcastle, Australia, Director and Senior Staff Specialist, Drug and Alcohol Clinical Services for the Hunter New England Local Health District and Chief Addiction Medicine Specialist for the Ministry of Health, New South Wales, Australia. He is a Foundation Fellow of the Australasian Chapter of Addiction Medicine, Past-President of the Australasian Professional Society on Alcohol and other Drugs, member of the College of Problems on Drug Dependence, Society for the Study of Addiction, and the International Society for Addiction Medicine.

Bibliography and questions at the author: [Adrian.Dunlop@hnehealth.nsw.gov.au](mailto:Adrian.Dunlop@hnehealth.nsw.gov.au)



More details at: <http://www.europad.org/wadd-conference-2018.php>

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### CALL FOR COVER ART!

Photographers, Visual Artists and Art Enthusiasts of all mediums submit your original art to us to be considered for the art section of our ISAM Newsletter free of charge. Send high-quality images to [office@isamweb.org](mailto:office@isamweb.org) by August 1st. Thank you so much for your support!

We're looking for photos and pictures that are striking, inviting, compelling, images that make the viewer look twice. In particular we seek images that are usable for an international newsletter, particularly images that are self-sufficient and don't lead the reader to expect additional explanation within the newsletter.

Every issue, the Newsletter features community and thematic artwork in our Art section.

**Newsletter Editorial Board :**

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Volume 4, Issue 1 | Spring