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Volume 2, Issue 3 I Fall

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Spring 2017 NEWSLETTER

Welcome to the spring edition of the ISAM newsletter. In this issue, we present the latest news about ISAM 2017 in AbuDhabi and we **ARE ASKING YOU WHAT YOU WANT TO FIND IN OUR NEWSLETTER**.

LET ISAM NEWSLETTER BE YOURS!

PLEASE Take our Poll:

Give Feedback

JUST CLICK THE LINK ABOVE AND ANSWER 3 SIMPLE QUESTION

ISAM ABU DHABI 26-29 OCTOBER 2017

Attention New Location for ISAM 2017 is EMIRATE PALACE in ABU Dhabi







IMPORTANT DATA

Registration Fees (26-29 October 2017)

Registration Fees	Early Bird Rates till 30th June 2017	Regular Rates 1st July – 20th October	Onsite Registration Rates 21st October Onwards
ISAM Members	\$600	\$650	\$700
Affiliated Society Members* AAAP, ASAM, CSAM, VVCN, EPA, PALY, ILSAM, Japanese Society Korean Society, Swiss Society of Addiction Medicine	\$650	\$700	\$750
Non ISAM Members	\$700	\$800	\$900
Students	\$300	\$350	\$400
Accompanying Persons	\$200	\$250	\$350

Registration Fee Inclusions:

- Registered ISAM Members, Non Members, Affiliated Society Members, Students are entitled to attend all scientific sessions, the exhibition, receive the conference material as well as attend the Gala Dinner (28 Oct. 2017, Saturday).
- All registrants are required to pre-register.
- For administrative and preparatory reasons, pre-registration & name changes are possible until 25th September 2017 12:00 hrs (GMT+4). From this
 date onwards, we advise you to register and pay the applicable fee on-site during conference registration hours commencing on 25th October 2017

Abstract submission deadline: 1 May 2017
Early bird registration deadline: 30 June 2017
Workshop date: 25 October 2017

HOW TO TRANSFER OUR KNOWLEDGE ON ADDICTION MEDICINE TO THE NEXT GENERATION?

In the ISAM 2017 Fundamentals Workshop 'BEST PRACTICE IN TEACHING ADDICTION MEDICINE'

this question will be answered by two members of the education and training committee.

WHY?

Training in the field of Addiction Medicine is often lacunar and patchy at under- and postgraduate level. In our era we have competent physicians and healthcare workers in addiction medicine. The next step is that we need to transfer our knowledge to our colleagues and the next generation.

FOR WHOM?

The course is developed for clinicians, teachers and policy makers from different disciplines who are interested in medical education and who want to improve addiction medicine training in their clinic, their university or at a governmental level. This fundamentals is highly relevant for all addiction medicine specialists and scientists who want to transfer their knowledge to the next generation, and for those who are already doing this and want to improve their skills in teaching.

HOW?

Examples of "best practice in education" exist and will be shared. Exchange of ideas and experiences will be stimulated by means of plenary and small group discussions and exercises: Learning from each other by collaborating! Curiosity is highly appreciated. The effect of training increases if a course is also fun. A learning environment will be created that is open, safe, enjoyable and relaxing.

This is how we want to make the next step in teaching Addiction Medicine.

Prof. Dr.Barbara Broers

Prof. Dr. Cornelis DeJong

For more information visit: www.isam2017abudhabi.ae

THOUGHTS ON ADDICTION

The new "Kids" on the Block

Following the model set by the antiretroviral treatment for HIV, the researchers focused in the last period on treating chronic HCV infections. Consequently, in the past 3-4 years, the rise of new associated treatments pushed the medical world to think at the "cure and eradication" for chronic VHC hepatitis. The Direct Acting Antivirals (DAA), disregarding the genotype, have a chance of more than 95% for a sustained viral response (SVR) with a 3 to 6 months regimen.

The medical data gathered in the last period* has determined all the major medical associations involved in the VHC chronic hepatitis treatment, including the European Association for the Study of the Liver (EASL), the American Association for the Study of the Liver (AASL), the International Network on Hepatitis in Substance Users (INHSU), and also the World Health Organization (WHO) to strongly recommend the generalization of treatment for all the HCV patients as soon as possible.

More importantly, our patients - the intravenous drug users - (IDUs) are in the first line of those that MUST be treated, as they are from Public Health perspective, an important source of disseminating the infection.

The harm reduction measures like Needle Exchange Programs (NPS) and Opioid Substitution/Maintenance Treatment centers (OST/OMT) have proved cost effective in reducing the new cases, but if we want to obtain a reduction over 40%, treatment as prevention must be added*.

The EASL recommendations on Treatment of Hepatitis C 2016 state the following indications for treatment*:

- treatment should be considered without delay in patients with significant fibrosis or cirrhosis (METAVIR score F2, F3 or F4)
- ...and in individuals at risk of transmitting HCV (active IDU's, men who have sex with men with high-risk sexual practices, women of child-bearing age who wish to get pregnant, haemodialysis patients, incarcerated individuals) (level of proof = A1)

The AASL and INHSU recommendations are quite similar. The scientific data accumulation has determined WHO, when issuing their Global Health Sector HCV Strategy toward 2030 to state as objectives for 2020*:

- 90% of the patients to be diagnosed
- 90% of eligible patients to be treated
- 90% of those treated to be cured
- 50% of the PWID to be covered by harm reduction services
- 50% reduction in HCV incidence
- 0 new infections due to unsafe blood transfusions
- 75% reduction in new infections due to unsafe medical practices
- 60% reduction in HCV related deaths

To reach these goals an important step is to REDUCE the stigma of IDU's first among the health staff. Many "health providers" defer treatment for active IDUs either for HIV or for hepatitis*.

Studies have shown that the SVR rates in IDUs are similar with those in other categories of patients, even with the Pegilated IFN + Ribavirine regimens*.

The new DAA therapies with much shorter treatment periods, fewer adverse reactions and fewer drug-drug interactions than Pegilated interferon therapy have greatly increased IDUs acceptance and adherence to treatment*.

The concerns that there are high reinfection rates among IDUs were dismantled by the research data that has found a maximum 13,2% reinfection rate*.

Another major obstacle in treating HCV infection among IDU's is the lack of trust among IDU's to access new/unfamiliar health care facilities*. This is why many models of care have been tried. Data* has shown that:

- adherence to treatment and regular attendance to visits should be clearly discussed with the patient before inclusion
- treatment readiness should be assessed before starting therapy and monitored during treatment

New data from 2017* has show that a good model to be used is implementing DAA treatment directly in the OMT/OST centers as its feasible and with positive results.

Adrian Abagiu MD, PhD Senior doctor in Infectious Diseases

* for bibliography email the author at adyaba@gmail.com

UPCOMING EVENTS

EVENT	Date	Town/Country	submission	
			deadline	Early bird/final

	1	ı	1	
ECCMID 2017 - The 27th	22 25 April			
European Congress of	22 - 25 April	Vienna, Austria	closed	closed
Clinical Microbiology and	2017	,		
Infectious Diseases				
17th Global Summit on				
Cognitive, <u>Psychological</u> and	1-3 May	Toronto, Canada	closed	closed
Behavioral Sciences				
4-th International		Barcelona,		
Congress on Infectious	11-12 May	Spain	closed	on site
Diseases		Spain		
25th International Harm	44 47 14	Montreal		
Reduction Conference	14-17 May	Canada	closed	on site
15th Conference of the	14 10 14	Dawa lawa		
International Society of	14–18 May	_	closed	closed
Travel Medicine (CISTM15)	2017	Spain		
2nd International				
Conference and Exhibition	15-17 May	Munich, Germany	closed	on site
on Dual Diagnosis				
American Psychiatry		San Diego,CA		
Association APA	20-24 May	USA	closed	on site
European Meeting on HIV &				
Hepatitis - Treatment	7-9 June			
Strategies & Antiviral Drug	2017	Rome, Italy	closed	on site
Resistance				
NIDA Forum/College of				
Problems on Drug	16-22 June	Montreal Canada	1 Dec2016	closed
Dependence				
7th International				
Conference	3-4 July	Kuala Lumpur,		
on Addictive Disorders	2017	Malaysia.	?	?
and Alcoholism		,		
STI & AIDS World Congress	9-12 July	Rio de Janeiro		_
2017	2017	Brazil	?	?
3rd International				
Conference on Drug and	20-21 July	Lisbon, Portugal	?	?
Addiction Research	2017	,		
American National	16 20 1			
Conference on addiction	16-20 Aug	Baltimore USA		
disorders	2017			
5 th World Congress on	21-23 Aug			
Infectious Diseases	2017	San Francisco USA		on site
7th World Congress on				
addiction disorder and		Prague, Czech		
Adiction therapy	2017	Republick		
	Sept-oct	Prague Czech		
Global addiction	(tba)	Republick		on site
	\-~~/	· ·		
Medical CRT Tools:	0_20	Western		
Medical CBT Tools: Ten-Minute Techniques for	9–20	Western Mediteraneean		
Medical CBT Tools: Ten-Minute Techniques for Real Doctors (Cognitive	9–20 October 2017	Western Mediteraneean Cruise from		

Behavior Therapy)		Civitavecchia, Italy Canadian CBT Tuition \$895 (tax-free)		
WPA 2017 - The 17th World	08 - 12 October 2017	Berlin, Germany		
2nd European conference on addictive behaviours and dependencies	24-26 Oct	Lisbon, Portugal	closed	on site
International Society of Addiction Medicine ISAM	26-29 Oct	Abu Dhabi, UAE	1 May	30 June

Newsletter Editorial Board:

Jens Reimer (Germany); Adrian Abagiu (Romania); Jan Klimas (Canada); Jenna Butner (USA); Susanna Galea (Australia)

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