



CONCURRENT DISORDERS

— CAPACITY BUILDING TEAM —

May Newsletter

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Isotonitazene identified in Toronto's unregulated drug supply

Toronto's drug checking service has identified isotonitazene in Toronto's unregulated drug supply. Isotonitazene is an opioid originally synthesized in the 1950s to relieve pain, was never clinically approved for market use, and has recently been found in unregulated drug supplies. It is believed to be extremely potent, potentially five times stronger than fentanyl.

Isotonitazene produces effects which are similar to other opioids such as morphine and fentanyl. These effects include euphoria, relaxation, sedation, and a slowing of heart rate and breathing. When used in combination with other opioids or other central nervous system or respiratory depressants, there is an increased risk of suppression to an individual's vital signs. As over 60% of opioid samples checked by Toronto's drug checking service have contained at least one type or opioid, this is especially dangerous.

The chance of an overdose from isotonitazene is increased due to its greater strength, and may require a larger dose of naloxone to an individual experiencing an overdose.

Advice to reduce potential harms is provided by Toronto's drug checking service:

1. **Carry and be trained to use naloxone**
2. **Get your drugs checked before using**
3. **Use at supervised consumption sites**
4. **Use with someone else and take turns spotting for each other**
5. **If you must use alone, let someone know before you use**
6. **Do a small test dose**
7. **Call 911 in an overdose situation**
8. **Consider talking to the person you got your drugs from**

[Click Here](#) for the full article

Exploring Factors Associated with Alcohol and/or Substance Use During the COVID-19 Pandemic

The COVID-19 pandemic has impacted individuals, families, and communities across the world, and not all have been affected equally. As each person copes differently, increased alcohol and/or substance use has been identified during this time.

A study that sampled adults in Canada and the United States examined the relationship between alcohol and substance use in the general population during the first few months of the COVID-19 pandemic as related to individual, family, and community stressors. The research found that more than one-third of the sample reported using alcohol and/or substances as a source of support. Four factors were identified as being related to a higher level of agreement with alcohol and/or substance use, which were a higher use of social media, being more personally affected by COVID, being more likely to experience childcare challenges during COVID, and being less likely to be associated with a religious community.

The results of this study provide important insight as to alcohol and/or substance use as a means of coping during the pandemic. The findings were also used to provide implications for practice, such as encouraging practitioners to assess who is at risk of alcohol and/or substance use, and training clinicians in the use of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) assessment tool online. Public health officials and clinicians might also consider creating anxiety-mediating interventions targeting social media users during times of crises in an attempt to promote healthy coping among social media users.

[Click Here](#) for the full article

*"I can't change
the direction of
the wind, but I
can adjust my
sails to always
reach my
destination
—Jimmy Dean*



Cannabis Corner:
Considering Quetiapine Treatment
for Cannabis Use Disorder

With cannabis existing as a widely consumed substance, there continues to be no pharmacological treatment that is clearly recommended to assist those who experience cannabis use disorder. Many treatment options have been well studied, however, there is no particular medication that significantly supports individuals in making large changes in use or abstinence.

A study within Drug and Alcohol Dependence considers Quetiapine as part of treatment for cannabis dependence due to potential shown from previous trials. Quetiapine is an atypical antipsychotic medication, typically used for schizophrenia, bipolar disorder, or in conjunction with other medication when being used for major depressive disorder. Within the 12-week study, participants who identified as wanting treatment for their cannabis use were given Quetiapine titrated over four weeks or an identical placebo.

The outcome of the study showed that those taking Quetiapine experienced a reduction in cannabis use from a heavy amount to a moderate amount. The results did not indicate a transition in use from a heavy amount to a light amount or to abstinence from use. A secondary outcome was that there was no impact on cravings, however, there was a reduction in withdrawal symptoms for those who were not taking the placebo.

Recommendations are made for further studies to consider additional potential benefits of this medication and to study its use in conjunction with contingency management.

[Click Here](#) for the full study.

“I’m just a long history of people rejecting referrals” experiences of young people who fell through the gap between child and adult mental health services

The split in mental health care between adult and pediatric services requires young people with mental illness to make the transition from a child and adolescent mental health service (CAMHS), to adult mental health services (AMHS), in which the transition is often poor. A study explored the reasons why young people often fall through the gap between CAMHS and AMHS, and what effect this had on them and their families.

The study identified one of the reasons for falling through the gap as systemic barriers to continuity of care. Specifically, not being ill enough for AMHS, inadequate service provision after CAMHS, and a lack of joined up care between services. A second reason identified were problems with the quality of the care received, including not receiving appropriate care whilst in a mental health service, not being prepared for CAMHS care to end, and putting off accessing further care. Falling through the gap between services can have negative impacts on both the young people and parents. Young people often feel abandoned, struggle to manage without continued care, and experience problems with medication. Parents noted feeling the emotional impact of their child’s care ending, and having to take an active role in the young person’s care.

The study recommends that new models of care for youth in the age of transition between services should focus on filling this gap in service provision.

[Click Here](#) to see the full study

Clinical Corner

Associations Between Prenatal Antidepressant Treatment and Postnatal Self-Harm Ideation

A sub-study published in the International Journal of Environmental Research and Public Health explores the potential for prenatal antidepressant treatment to have impact on self-harm ideation in women that are postnatal. Women participating in this multi-national study identified experiencing new or continued depression and/or anxiety during their pregnancy and reported on their thoughts regarding self-harm from five weeks after giving birth to the end of the first postpartum year. Each woman also shared whether they used anti-depressant medication during their first trimester, all three trimesters, or not at all within their pregnancy.

The outcome of the study showed that there was no association between prenatal antidepressant use and a lowered experience of self-harm ideation within the first postpartum year. There was a weak amount of evidence that showed that those who experience more sporadic self-harm ideation, rather than frequent, had a reduced rate of ideation. Another finding was that there were higher experiences of postnatal self-harm thoughts for those that took medication for a single trimester compared to those who took no medications, while those that took medication for the entire pregnancy had comparable rates to those not taking medication.

More research would be valuable in this area as it would help women make more informed decisions on their treatment by allowing for them and their clinicians to have further understanding of the risks and benefits within their pharmacological care. Recommendations are made to continue research to determine effectiveness of antidepressants in perinatal psychiatry.

[Click Here](#) to view the study.

Lessons Learned Conducting Dialectical Behaviour Therapy via Telehealth in the Age of COVID-19

The COVID-19 pandemic has seen the delivery of behaviour health services transition from in person sessions to mainly online/virtual provision.

A study that surveyed DBT providers attempted to understand the challenges and lessons learned as clinicians transitioned to conducting DBT virtually. The outcome of the research discovered the most frequently noted challenges included, but were not limited to, difficulty building relationships with clients, novel therapy-interfering behaviours were engaged in, challenges in making skills training groups interactive and participatory, and challenges related to treatment structures typically used in person. Consultation teams also felt disengaged or disconnected with their team members. These challenges were in addition to technology, access, and administrative issues.

The study covers lessons learned during the move to providing DBT via telehealth. As only 26% of respondents had used telehealth prior to COVID-19, most providers had to adjust methods and strategies of traditional DBT provision. Lessons learned included adhering to DBT principles, planning ahead to problem solve therapy-interfering behaviours, strategies to make groups more interactive and engaging, and getting materials to clients ahead of time. Available data on the clinical provision of DBT via telehealth was quickly surpassed due to necessity of use in the COVID-19 pandemic. Additional research is needed to expand the understanding and effectiveness of DBT provided through this method, as well as research completed out of the context of the pandemic. The authors recommend several areas where future research can be conducted surrounding DBT via telehealth provision.

[Click Here](#) to access the full article

Your CD Capacity Building Contacts

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Opioid Replacement Therapy consultations available through Addiction Medicine Service Team	Contact Paging

***Updated evening/night coverage for ED/PES: Monday to Thursday 8:00pm-6:00am, Saturday and Sunday 12:00pm-12:00am.**

SJHH Intranet: <http://mystjoes/sites/Depts-A-L/concurrent>

External Website: <https://www.cdcapacitybuilding.com>

Virtual Drop-In Group Information

We are happy to have all of our drop-in groups now running virtually through ZOOM!

Below are the times and a brief description of the group offered by the Community Psychiatry team at W5th

All ZOOM links found at cdcapacitybuilding.com

Mondays 1:30-2:30pm Moving Forward Skillfully * No Referral Required *

- A weekly drop-in class with 6 different modules
- Start any week
- Learn skills from DBT including emotion regulation, distress tolerance, and mindfulness

Tuesdays 1:30-2:30pm SMART Recovery * No Referral Required *

- A drop-in self-help group for recovery from any type of addictive behaviour
- Groups are led by a clinician and volunteer with lived experience
- Limit of 8 participants per group

Wednesdays 1:30-2:30pm Steps to Recovery * No Referral Required *

- A drop-in self-help group with 6 modules to increase motivation to decrease substance use.

Last Wednesday of Every Month 6:30 – 8:30pm Friends and Family Night

- A group for loved ones of those with substance use, mental health or concurrent disorders
- Contains 4 modules on supporting loved ones, creating boundaries, and self-care

Thursday 1:30-3pm -ACT

- A weekly drop-in class with 4 different modules.
- Start any week
- Available to all clients in the Community Psychiatry Clinic with any mental health diagnoses
- Topics from ACT therapy include: mindfulness, clarifying values, committed action, fusion vs. diffusion, control vs. willingness, acceptance as an alternative, and action planning

Monday 10-11:30am PAWS

- Pick up a package and join any week!
- 6 different topic to help support and strengthen recovery: 1) education around post-acute withdrawal syndrome 2) Physical health exercise and nutrition 3) Mindfulness 4) Sleep hygiene 5) Budgeting and financial security 6) Self-care, balance and resiliency
- These 6 sessions provide us an opportunity to pause, reflect and build on our own foundations of recovery
- Please watch the video(s) listed on cdcapacitybuilding.com ahead of time



CONCURRENT DISORDERS FAMILY NIGHT LAST WEDNESDAY OF EVERY MONTH: 6:30- 8:30PM

The Concurrent Disorders Family Night series is a 4-session group (Does Not have to be attended in order) that focuses on supporting families and loved ones of individuals with co-occurring substance use and mental health disorders. Family Night is largely based upon the therapeutic interventions of CRAFT (Community Reinforcement and Family Training) and ACT (Acceptance and Commitment Therapy).

**No Referral Required* Do not need to attend in order!*

St. Joseph's
Healthcare  Hamilton

**All loved ones, friends
and family members
welcome!**

**Week 1: Values, Recovery
and Acceptance**

**Week 2: Supporting
Yourself while Supporting
Someone with a
Concurrent Disorder**

**Week 3: Effective
Communication and
Support**

**Week 4: Motivating to
Make a Change**

**MORE INFORMATION AND
ZOOM LINK AT**

<https://www.cdcapacitybuilding.com/online-group-link>



Motivational Interviewing: Reviewing the Basics

Presented by:

Holly Raymond MSW, RSW

Holly Raymond is the Clinical Director of General Psychiatry and Addiction Services at St Joseph's West 5th Campus. She is also a Registered Social Worker and we are excited to have her speak this month!

Please join us May 19th for a recap on the basics of Motivational Interviewing

[Attend the session virtually through ZOOM:](#)

Wednesday May 19th 2021 from 12:00 – 1:00pm

<https://stjosham.zoom.us/j/65269863297?pwd=UVBYSkRpTG56WCs3M0REMjB2OWVBZz09>

Please [CLICK HERE](#) to register online

If you have any questions, please contact
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