



# CONCURRENT DISORDERS

— CAPACITY BUILDING TEAM —

## October 2022 Newsletter

### Integration of Indigenous Healing Practices and a Harm Reduction Approach

Indigenous people's in Canada have experienced intergenerational trauma that has led to increased rates of substance use and mental health needs in Indigenous communities. Yet, because of systemic health inequities and treatment without a trauma-informed lens Indigenous people's have a lower likelihood of accessing treatment and a higher treatment drop-out lens. This paper investigates if integrating Indigenous healing practices and a harm reduction approach with principles of safety seeking would increase program completion rates in a residential addiction treatment facility. They also examined if this integration effected health service use.

Integrated Indigenous Healing Practices and Safety Seeking (IHSS) is a program developed by Dr. Teresa Marsh based upon the evidence-based Safety Seeking model., which combines cognitive behavioral therapy, interpersonal therapy, self-care

skills and case management. IHSS blends Indigenous healing practices with this model.

This study had 402 participants with 266 in the original abstinence based treatment and 136 in the IHSS based treatment, The cohort included all patients of the 28-day residential program with no exclusionary criteria. Patients could be self-identified Indigenous or have Indigenous status. They found that patients in the IHSS treatment had a higher program completion rate once patient variables were controlled for—they controlled for some differences between groups as well as factors that are known to decrease program completion. They also found that IHSS treatment did not effect health service use for 6 months after treatment, except for increase mental health physician appointments. This data was effected by the start of the COVID-19 pandemic as the study ended in March 2020 and health service use largely decreased across Canada during the 6 months after due to the pandemic.

[Click here to read the full article](#)



### Co-occurring Mental Disorders in Transitional Aged Youth with Substance Use Disorders– A Narrative Review

Transitional aged youth are individuals 15 -25 who are transitioning between youth and adulthood and whom therefore are also transitioning between the youth and adult addiction and mental health services. This is the time period when problematic substance use and addiction is most likely to develop, and is also the time period when many psychiatric disorders begin to emerge. This review screened literature published until October 31st 2021 using the keywords " substance use disorder", "co-morbidity", "juvenile", "adolescence", "youth" and "transitional psychiatry". Using data found from this review and clinical experience with Transitional Aged Youth (TAY) they focused on exploring the connection between substance use and the following disorders: Attention-Deficit-Hyperactivity Disorder, Conduct Disorder, Personality Disorders, Affective Disorders, Personality Disorders, Overdose and Suicidality.

**ADHD**— The link between childhood ADHD and early development of an SUD is well-established, with studies showing that 1/4 of TAY with an SUD have ADHD. Data is inconsistent regarding the reason behind this connection with some believing it is due to the symptoms of ADHD increasing risky and drug seeking behavior, or because of dysfunctions in the reward circuit in the brain, whereas others believe it is conduct disorders which link ADHD and SUDs. Gender differences in ADHD co-occurring with SUDs have been found. Data around gender differences are convoluted due to the systemic underdiagnosis of women with ADHD. Evidence suggests that this later diagnosis leads to worse outcomes including higher likelihood of developing SUDs.

**Conduct Disorders**— The link between conduct disorders and SUDs is not well known. Studies have shown that co-occurring conduct disorders and SUDs increase the risk of premature death for these patients, and their siblings. Conduct disorders co-occurring with ADHD is quite common as there is symptom overlap. Conduct disorders in childhood can develop into anti-social personality disorder in adulthood which is linked to substance use in adults, and an initial diagnosis of conduct disorders may be a predictor of substance use in adulthood.

**Personality Disorders**— The connection between personality disorders and substance use in adults is well-established, but data on TAY and personality disorders is limited. Findings show that certain personality traits or disorders in adolescence can heighten risk of developing SUDs but also show that use of substances from a young age can lead to onset of personality disorders. More research in this area is needed to further understand how they are correlated.

**Affective Disorders**— Affective disorders are among the most prevalent to be co-occurring with SUDs in TAY. Estimates of concurrent depression in TAY range from 11.1%-32% with a mean of 18.8%. In a sample of TAY diagnosed with bipolar disorder 27.4% met the criteria for SUDs. Data on depression in specific SUDs is varied. Depression has found to increase risk of amphetamine use and levels of depression have been linked to level of use. Depression is the most common co-occurring mental disorder with alcohol use and is also highly linked to cannabis use.

**Psychotic Disorders**— Data on TAY and psychotic disorders is limited. First episodes of psychosis typically occur between 15 and 30 making distinguishing between first episodes of primary psychotic disorders and substance-induced psychosis especially important in the TAY age group. Previous research has shown that SUDs are common in early stages of psychotic disorders. However, there is currently no concrete answer as to if certain mental pre-conditions causes the development of the SUD or if the mental illness is the result of SUDs.

**Overdose and Suicidality**— Mental disorders and SUDs are associated with higher rates of suicidal ideation, attempts, and completed suicide. The distinction between suicidality and unintentional overdose is important in TAYs. In treatment seeking youth high rates of overdose have been reported and with more complex SUDs and psychiatric comorbidity. Likelihood of overdose is higher in TAY with two SUDs compared to TAY with one.

[Click here to read the full review](#)

## Cannabis Column— Correlates of treatment engagement and client outcomes: results of a randomised controlled trial of nabiximols for the treatment of cannabis use disorder

This article is a secondary review on a recently published placebo-controlled randomized study that examined the effect of the cannabinoid agonist nabiximols on illicit cannabis use in individuals with CUD. This study found that patients taking the cannabinoid agonist used cannabis on fewer days, had greater odds of reducing cannabis by 50% or more and that the advantage over the placebo was still present after 3 months. This study must be replicated and nabiximols is not yet an approved treatment for CUD. This article further reviews the data from that study to find baseline characteristics which were associated with treatment engagement and whether treatment conditions or client characteristics were associated with reduced cannabis use.

Clients with longer histories of cannabis use were more likely to remain engaged in treatment and reduce the amount of cannabis used. In line with previous research older clients stayed in treatment longer. Clients who used greater amount of cannabis per day overall stayed in treatment longer, used a higher dose of nabiximols and attended more counselling. Consistent with prior mental health findings women tended to attend more counselling

sessions than men. Patients reporting greater pain at base-line used less illicit cannabis and more medication during the study whereas clients with sleep-issues were less likely to reduce cannabis use. Unlike previous studies patient reports of cannabis-related issues, depression, anxiety, stress or belief in the ability to quit was not independently related to outcomes. Further research and exploration of this inconsistency is needed. It was found that attending counselling was associated with reduced cannabis use and as mentioned nabiximols was associated with reduced cannabis use. This study also found that nabiximols was associated with increased treatment engagement mirroring the findings that opioid agonists are associated with treatment engagement in opioid use disorder.

The implication of both nabiximols and counselling reducing cannabis use and increasing treatment engagement and the finding that nabiximols increases counselling attendance suggests that the combination of these treatment options would be more effective than either on their own for the treatment of CUD.

[Click here to read the full study](#)

### Clinical Corner: Clinical outcomes and health care costs among people entering a safer opioid supply program in Ontario

London Ontario began a safer opioid supply program in 2016 looking to investigate how access to safer opioid supply would impact healthcare utilization and healthcare costs. This program included access to off-label pharmaceutical opioids (primarily daily dispensed hydromorphone paired with a long acting opioid medication), and health and social services including primary care, management of infection with HIV, Hepatitis C and a team that provided harm reduction education, housing support, counselling and social services. This study included two groups comparing individuals with an opioid use disorder who entered the safer

opioid supply program against those who had not been exposed to safer opioid supply. The primary outcomes examined were emergency room visits, admissions, admissions for infection and healthcare costs.

Rates of ED visits, hospital admissions, and healthcare costs not related to primary care and medications all decreased significantly after starting to the safer opioid supply program. There was no significant change in rate of infection. In the year after ED visits, hospital admissions, rates of infections and healthcare costs not related to primary care and medications were all significantly lower in safer opioid supply clients compared to the year before. No significant change occurred in patients not connected with the safer opioid supply program.

[For the full story on this program click here](#)

*“Our greatest glory is not in never failing, but in rising up every time we fail” – Ralph Waldo Emerson*

# Tobacco Addiction Recovery Program

**New Cycle Starting October 26th - Now Taking  
Referrals!**

The Tobacco Addiction Recovery Program (TARP) is an 8-week group program for clients living with mental illness and/or addiction who are motivated to quit smoking.

Participants are able to receive up to a total of 26 weeks of Nicotine Replacement Therapy (NRT) at no cost!

Self-referral or referral by a health care professional is required.



**Download the referral form here:**

**<https://www.cdcapacitybuilding.com/smoking-cessation>**

# Brief Interventions for Substance Use

THURSDAY, OCTOBER 27TH  
12:00PM - 1:00PM

Presented by:

Michelle Sanderson, Community Support Counsellor Concurrent  
Disorders Capacity Building Team and Tracie Groff, Addiction  
Attendant Concurrent Disorders Capacity Building Team

**Please join us on October 27th**

for a discussion of Brief Interventions for Substance Use

This presentation will include a brief overview of  
Motivational Interviewing, Screening and Assessment for  
Substance Use, and Common Substances seen.

**[Register through Eventbrite HERE:](#)**

Contact: [rblair@stjosham.on.ca](mailto:rblair@stjosham.on.ca)

St. Joseph's  
Healthcare  Hamilton

# Young Adult Substance Use Program (YA-SUP)

A program designed to meet the unique needs of young adults (17-25 years of age)

## Who is this program for?

- Young adults age 17-25
- Young Adults looking to make changes to their substance use
- Young Adults committed to attending **group-based** treatment
- Those not in immediate crisis

## How to Refer?

**CONNECT** (*self or professional*)

(905) 522-1155, Ext.36499

### Internal referrals

can be made via Dovetale

## Loved Ones Education Group

An 8-week group for the parents and other supporters of young adults with substance use problems focusing on changing the way you interact with your child or loved one to promote positive relationships and recovery.

Please register on the website:  
<https://www.cdcapacitybuilding.com/youth-program>

## The Young Adult Stream has a core ~12-week group structure and includes:

### Five individual sessions including:

- ✓ Intake assessment (2 hours)
- ✓ 1 week feedback session (1 hour)
- ✓ Check-ins (1 hour) at weeks 4, 8, and 12

**YA-SUP**

### Group Programming including:

- ✓ **Mind-Drug Connection** based in Cognitive Behavioural Therapy and Relapse Prevention.
- ✓ **Balancing Emotion and Mind** based on Dialectical Behavioural Therapy.
- ✓ **Mindfulness** based on Mindfulness-Based Stress Reduction.

*Other Groups Coming Soon*

**We recommend attending 2 or more groups per week.**



*Young adults can continue accessing groups even after individual sessions are completed.*



**Consultations** (time-limited) with a Nurse Practitioner, Psychiatrist, or Psychologist *may* be offered to help clarify diagnoses, recommend medications, and conduct additional testing. YA-SUP is **not intended for those only requiring access to consults.**

**We want to work together.** The YA-SUP is one part of a complex health and mental health system. We want to work together with current health and mental health providers to share care and collaborate to optimize treatment.

**Reduce negative impacts of substance use**

**Improve mental health and wellbeing**

**Increase substance-free activities**

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More information here: <https://www.cdcapacitybuilding.com/youth-program>

## One-Page Overview

[Click here](#) for a one-page overview of the YA-SUP program

## In The News: Addictions and Substance Use: 5 Lessons the Pandemic Taught US

Dr. James MacKillop director and chair of the Peter Boris Centre for Addiction Research and Dr. Jennifer Brasch lead of Addiction Psychiatry for the Mental Health and Addiction Program went over 5 things the pandemic taught the medical community about what was learned from the pandemic in terms of addictions and substance use.

1. The pandemic did not uniformly result in the expected increase in alcohol and drug use.
2. The pandemic hurt marginalized populations the most.
3. Digital health support reduces barriers.
4. Digital health support isn't for everyone.
5. Community is still important.

This news article details each of these points and also includes a detailed registry of each addiction support and St Joe's , who the program supports and the intake process.

[To see the full news article click here.](#)

## Your CD Capacity Building Contacts

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<b>Jonathan Paul (Community Support Counsellor), West 5<sup>th</sup> &amp; Charlton Site</b>	Ext. 36287; Pager 5799
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<b>Michelle Sanderson (Community Support Counsellor), West 5<sup>th</sup> &amp; Charlton</b>	Ext. 36868; Pager 5707
<b>Nick DiCarlo (Addiction Attendant), West 5<sup>th</sup> &amp; Charlton Site</b>	
<b>Patrick Geuba (Registered Nurse)</b>	
<b>Cora Perrin (Community Support Counsellor), West 5<sup>th</sup> &amp; Charlton Site</b>	Ext. 35324; Pager 5799
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<b>Rowan Blair (Concurrent Disorders Intern/Research Student)</b>	Ext. 39124
<b>*Opioid Replacement Therapy consultations available through Addiction Medicine Service Team*</b>	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>**