



CONCURRENT DISORDERS

— CAPACITY BUILDING TEAM —

January 2023 Newsletter

Psychedelics on Cannabis-Like Fast Track to Legalization

Alberta is set to become the first province to regulate psychedelic-assisted therapy, however, this is outpacing research to guide their use. In early 2022, Health Canada revised its Special Access Program to allow physicians to request otherwise illegal psychedelics, such as psilocybin and MDMA for research purposes and to treat patients who have not responded to other therapies. Alberta announced back in October that it would amend provincial mental health regulations to make room for the expansion of psychedelics to treat mental disorders. Starting this month, clinics in Alberta can obtain a provincial license, appoint a psychiatrist to oversee treatment, and ensure clinic staff meet qualification and training standards, in addition to other requirements.

Advocates say that provincial regulations are a step toward pushing for legalization, which closely follows the path of cannabis legalization. Additional research is required for psychedelics to meet the same bar for approval as other medicines.

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

Alcohol Use Disorder (AUD) Tool

The Alcohol Use Disorder Tool aims to guide primary care providers through the identification and management of individuals who have challenges with alcohol use. Specifically, the tool walks providers through screening, diagnosing, treating and communicating with patients who have or are at risk of developing AUD. It includes information on special patient populations, tips for screening patients, pharmacotherapy treatment options and talking tips to help guide primary care providers through conversations with their patients about alcohol use. The tool emphasizes a stigma-free and empathetic approach.

Please [click here](#) to continue reading



HAPPY
New Year
2023



“My Life Isn’t Defined by Substance Use”: Recovery Perspectives Among Young Adults with Substance Use Disorder

Substance use disorder is a leading cause of morbidity and mortality for young adults, however, rates of treatment engagement and retention continue to be low. One explanation offered for this trend is that substance use disorder (SUD) treatment approaches are not in line with young adults’ expectations for recovery. The present study aimed to describe the perspectives of recovery among young adults with SUD through in-depth interviews with 20 young adults, between 21-29 years of age, diagnosed with SUD.

Four themes related to recovery were identified:

- 1. Young adults described recovery as a way to grow up and to live a “normal” life not defined by their substance use**
 - Participants mentioned the desire to meet developmental milestones other individuals in their age group, such as finishing school and finding purpose
 - Recovery was viewed as a way to move beyond their substance use
- 2. Recovery needed to include multiple components, such as mental health treatment, in order to be successful**
 - Participants stated it was not enough to only stop using substances, but it was needed to engage in a variety of recovery-related
 - Need to combine medication with other recovery activities including, but not limited to, counseling, job training, and finding a community of other individuals who do not use substances
 - Individuals cited the need to develop coping skills and healthy ways of dealing with their emotions
- 3. Young adults described recovery as a self-motivated process, and identified the importance of having agency in recovery decision-making; and**
 - Important that recovery was self-motivated, with the desire to change patterns of use being up to the individual
 - Recovery about confidence in self
 - Participants critical of institutions, groups, and supports that impinged on their individualism
- 4. Recovery was described as a lifelong journey requiring vigilance and commitment**
 - Participants described their recovery as a process, an activity and aim requiring constant work
 - Stressed importance of recovery commitment, vigilance, and regimented structure

[Click here for the study](#)

Cannabis Column— Getting High or Getting By? An Examination of Cannabis Motives, Cannabis Misuse, and Concurrent Psychopathology in a Sample of General Community Adults

This study examined, in a sample of community adults, cannabis motives in relation to cannabis misuse, and whether there was a link between cannabis misuse and concurrent psychiatric symptoms.

Participants completed assessments related to cannabis misuse, cannabis use motives, and symptoms of depression, anxiety, post traumatic stress disorder (PTSD) and somatic experiences. The motives of coping, enjoyment the psychoactive effects, conformity, the experience of heightened perceptions, and the enhancement of a social experience were significantly related to cannabis misuse. Coping motives were the strongest motivator of cannabis misuse in adults in this study.

Coping motives were also a significant mediator for the tested symptoms of somatic, anxiety, PTSD, and depression. Coping motives fully accounted for the relationship between anxiety/somatic symptoms and cannabis misuse, but only partially accounted for the

relationship between PTSD/depression. Enhancement motives, enjoying the psychoactive effects of cannabis, were found to be a significant mediator between depression and cannabis misuse. This finding suggests that individuals higher in depressive symptoms may also use cannabis to get pleasure.

Coping as the strongest motivational indicator in relation to cannabis misuse in this study indicates that cannabis misuse is related to these symptoms through negative reinforcement motives, that it is used to avoid negative or adverse states. The results of this study suggest that using cannabis to cope will likely be an important area for treatment for individuals with a cannabis use disorder and for those experiencing concurrent cannabis use disorder and psychiatric disorders.

[Click here for the full study](#)

Clinical Corner: Virtual overdose monitoring services

Virtual overdose monitoring services use digital technologies to provide harm reduction support, including overdose monitoring.

According to new research published in the *Canadian Medical Association Journal*, drug overdoses can be prevented through the provision of telephone supervision for people who are using substances alone. The National Overdose Response Service (NORS) is a Canada-wide, toll-free phone line peer-led and peer-operated. Initial intake involves connecting callers anonymously with a peer operator to develop a personal emergency response plan that can be activated should an adverse event occur (e.g., overdose, mental health crisis). Subsequent calls involve an overdose prevention

operator monitoring callers throughout the duration of their episode of substance use. Staff took 2172 substance use calls from 222 unique callers from December 2020 to February 2022. Staff monitored callers over the phone while they used drugs such as opioids, cocaine and methamphetamine, in which during 53 calls the clients became unresponsive and emergency or community-based responses were alerted. No deaths were reported.

There is not much available evidence for virtual overdose monitoring services, however, the available literature highlight success and potential for these services. Evidence, including the pilot data from NORS, suggests that virtual overdose monitoring services have potential as an addition to supervised consumption services in the continuum of care for people who use substances.

“What the new year brings to you will depend a great deal on what you bring to the new year” - Vern McLellan

Tobacco Addiction Recovery Program

New Cycle Starting January 18th - 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 receive a 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.



For More Information Go To:

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

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

St. Joseph's
Healthcare  Hamilton

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

- [Businesses prepare for the rollout of the province's new naloxone program](#)
- [Canadian public health officials say opioid crisis uptick alarming](#)
- [Most Canadians believe supervised drug-use sites save lives, poll says](#)
- [Over half of car crash victims had drugs or alcohol in their systems, a study says](#)
- [Magic Mush: Ottawa's third psilocybin dispensary opens in Centretown](#)

Your CD Capacity Building Contacts

CDCBT Located at CPC West 5th Campus, Level 0 Outpatient	Fax: (905-521-6059)
Melissa Bond, CDCBT Admin Support (Part-Time)	Ext. 39343
Catherine McCarron, RSW, MSW, Manager	Ext. 34388
Victoria Stead, Psychologist for CDCBT, CDOP and YASUP	Ext. 39765
Tracie Groff, Addiction Attendant	Ext. 36287
Michelle Sanderson, Community Support Counselor—Addiction Specialist & Transitional Specialist	Ext. 36868
Jonathan Paul, Community Support Counselor—Addiction Specialist	Ext. 35324
Bill Baker, RP Mental Health Worker—Nights	Ext. 32801
Patrick Geuba, Registered Nurse	Ext. 35324
Cora Perrin, Community Support Counsellor—Addiction Specialist (PT)	Ext. 36287
BreAnne Dorion, RSW, Mental Health Worker CPT	
Paige Hastings, RSW, Community Support Counsellor—Addiction Specialist CPT	Ext. 34901
Jasmine Barahona (Concurrent Disorders Intern/Research Student)	Ext. 39124
The Young Adult Substance Use Program (YASUP) Located at CPC West 5th Campus, Level 0 Outpatient	Fax: (905-521-6059)
Meghan Barati, RSW, Mental Health Worker	Ext. 33213
Meaghan Lardie, Community Support Counsellor—Addiction Specialist	Ext. 33662
Opioid Replacement Therapy consultations available through Addiction Medicine Service Team	Contact Paging