AAAP American Academy of Addiction Psychiatry

23rd Annual Meeting and Symposium

December 6-9, 2012

Turnberry Isle Hotel Miami, Aventura, Florida

Jointly sponsored by
Medical University of South Carolina and
American Academy of Addiction Psychiatry

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Funding for this conference was made possible (in part) by 1H79T1022022 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

AAAP American Academy of Addiction Psychiatry

AAAP wishes to thank the following contributors for supporting the 23rd Annual Meeting and Symposium through unrestricted educational grants:

Center for Substance Abuse Treatment
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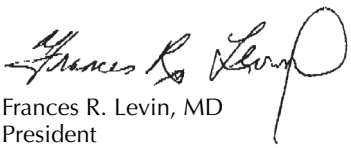
Welcome

On behalf of the AAAP Board of Directors, I want to welcome you to the 23rd AAAP Annual Meeting at the Turnberry Isle Hotel Miami, Aventura, Florida. This year marks the 27th anniversary of our organization which has a rich history of improving the quality of addiction treatment for all who need it. Central to our mission is our Annual Meeting that blends quality education and an atmosphere that promotes learning and a sense of comradery among its members. I trust you will find that unlike many other organization's meetings, AAAP has little hierarchy. It is a place where national leaders in the field are willing and accessible to meet attendees and both learn from each other. I encourage you to be an active participant in symposia, workshops, area and committee meetings throughout the next few days as your involvement is essential to our continued success. Should you have any questions, please contact any of the AAAP staff or any of us on the Board. First and foremost, please enjoy the meeting and take advantage of the beautiful surroundings that Aventura, Florida has to offer. Have a great time!



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Data and Training Coordinator PCSS-B Project

Coreen Domingo, PhD
Associate Editor, The American Journal on Addictions

About AAAP

What is AAAP?

The American Academy of Addiction Psychiatry (AAAP) is a professional membership organization founded in 1985 with approximately 1,000 members in the United States and around the world. Membership consists of psychiatrists who treat patients with addictive disorders and their families, faculty at academic institutions engaged in Addiction Psychiatry research and teaching, medical students, residents and fellows, and non-psychiatrist professionals who are making a contribution to the field of Addiction Psychiatry.

AAAP Mission Statement

- Promote high quality evidence-based screening, assessment and treatment for substance use and co-occurring mental disorders.
- Translate and disseminate evidence-based research to clinical practice and public policy.
- Strengthen Addiction Psychiatry specialty training and foster careers in Addiction Psychiatry.
- Provide evidence-based addiction education to health care trainees and health professionals to enhance patient care and promote recovery.
- Educate the public and influence public policy for the safe and humane treatment of those with substance use disorders.
- Promote prevention and enhance addiction treatment and recovery across the life span.
- Promote research on the etiology, prevention, identification and treatment of substance use and related disorders.

Community

- AAAP provides the opportunity for members to share ideas, affect public policy while increasing their skills in treating addictions.
- AAAP provides networking opportunities and a community of leading experts in the addiction field.

Education

- AAAP actively seeks ways to achieve protections and benefits for patients.
- AAAP promotes adequate training of health professionals to screen, diagnose and treat individuals with substance use and mental health disorders.
- AAAP educates members, policy makers and others about new issues affecting Addiction Psychiatry.

Included with your membership!

- **AAAP Email Blasts** - Email blasts are sent to members and provide important information relating to the addiction field. They also give you the latest information about upcoming AAAP events and educational programs.
- **AAAP Patient Referral Program** - When you participate in the AAAP Patient Referral Program, patients who are seeking treatment in your area are able to find your contact information easily.
- **The *American Journal on Addictions*** - A leading clinical journal in Addiction Psychiatry, the journal features research from experts in the field and is an outlet for researchers to share their findings with others.
- ***AAAP News*** - Published three times a year, *AAAP News* includes such features as updates on research, current events which impact the addictions field and activities of the organization and its membership.
- **AAAP Website** - The members' only section of the AAAP Website gives you online access to the *American Journal on Addiction, AAAP News,* educational resources, training and other useful information.
- **Maintenance of Certification (MOC)** - AAAP offers a Self-Assessment Examination to all members attending the AAAP Annual Meeting and Symposium.
- **Discounted Rates on AAAP Meetings and Trainings!** - You will receive the special member rates for the AAAP Annual Meeting and Symposium.
- **International Society of Addiction Medicine (ISAM) Affiliate Membership** - All AAAP members will receive an affiliate membership to International Society of Addiction Medicine (ISAM).

Continuing Medical Education

Addictions and Their Treatment - 2012

(Formerly known as the Review Course)

Wednesday, December 5, Thursday, December 6 and Friday, December 7, 2012

Jointly sponsored by Medical University of South Carolina and American Academy of Addiction Psychiatry

Learning Objectives

1. Describe new advances in the pharmacotherapy and psychotherapy of alcohol, cocaine, opioid and nicotine addictive disorders.
2. Discuss the epidemiology of substance use disorders and their co-occurrence with other mental disorders and review current recommended approaches for concurrent treatment of substance use disorders and other mental health disorders.
3. Describe the role of genetics in the risk for developing alcohol and drug use disorders.
4. Identify the major neurobiological pathways involved in addictive disorders.
5. Identify the molecular mechanisms that are altered following drug and alcohol use.
6. Review the literature on screening and brief intervention effectiveness, and teach this technique so it is applied.
7. Review current treatment guidelines and how to utilize them in clinical practice.

Accreditation Statement
This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of Medical University of South Carolina and American Academy of Addiction Psychiatry. The Medical University of South Carolina is accredited by ACCME to provide continuing medical education for physicians.

Credit Designation
The Medical University of South Carolina designates this live activity for a maximum of *20 AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

PA Accreditation
American Academy of Physician Assistants accepts certificates of participation for educational activities certified for *AMA PRA Category 1 Credit™* from organizations accredited by ACCME or a recognized state medical society. Physician assistants may receive a maximum of 20 hours of Category 1 credit for completing this program.

Disclosure
In accordance with ACCME Essentials and Standards, anyone involved in planning or presenting this educational activity is required to disclose any relevant financial relationships with commercial interests in the healthcare industry. This information will be made available to participants at the beginning of the activity.

Speakers who incorporate information about off-label or investigational use of drugs or devices will be asked to disclose that information at the beginning of their presentation.

AAAP Annual Meeting

December 6-9, 2012

Jointly sponsored by Medical University of South Carolina and American Academy of Addiction Psychiatry

AAAP 23rd Annual Meeting and Symposium Learning Objectives

At the conclusion of this conference participants will be able to:

1. Identify and diagnose substance use disorders and co-occurring mental disorders in clinical populations.
2. Utilize and promote evidence-based approaches for clinical treatment of substance abuse disorders and co-occurring mental disorders.
3. Utilize established treatment guidelines to develop biopsychosocial treatment plans for patients with substance use disorders, including those with co-occurring mental disorders.
4. Demonstrate the use of evidence-based approaches and treatments to trainees.

Pain and Risk Management
The following workshops included in the Annual Meeting will emphasize identification and management of pain in patients related to drug and alcohol use disorders and complications: Workshop A3 and Workshop A4.

The following symposia and workshops included in the Annual Meeting will emphasize identification and management of risk to patients related to alcohol and other drug use disorders and complications: Workshop A5, Workshop B2, and Friday's Trainee Workshop.

Accreditation
This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of Medical University of South Carolina and American Academy of Addiction Psychiatry. The Medical University of South Carolina is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation
The Medical University of South Carolina designates this live activity for a maximum of *24 AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

PA Accreditation
American Academy of Physician Assistants accepts certificates of participation for educational activities certified for *AMA PRA Category 1 Credit™* from organizations accredited by ACCME or a recognized state medical society. Physician assistants may receive a maximum of 24hours of Category 1 credit for completing this program.

Disclosure
In accordance with ACCME Essentials and Standards, anyone involved in planning or presenting this educational activity is required to disclose any relevant financial relationships with commercial interests in the healthcare industry. This information will be made available to participants at the beginning of the activity.

Speakers who incorporate information about off-label or investigational use of drugs or devices will be asked to disclose that information at the beginning of their presentation.

Buprenorphine Training

Saturday, December 8, 2012

Jointly sponsored by Medical University of South Carolina and American Academy of Addiction Psychiatry

Learning Objectives

At the conclusion of this course participants will be able to:

1. Identify and treat substance use disorders in outpatient medical settings
2. Identify the clinically relevant pharmacological characteristics of buprenorphine
3. Describe the resources needed to set up office-based treatment with buprenorphine for patients with opioid use disorders
4. Describe and contrast the functions of opioid agonists, partial opioid agonists and antagonists
5. List special treatment considerations associated with adolescent opioid-dependent patients and list factors to consider in evaluation of a pregnant opioid-dependent woman
6. Describe symptoms of opioid withdrawal or intoxication that mimic symptoms of a mental disorder
7. Discuss clinical practice with buprenorphine including patient assessment, buprenorphine induction maintenance and medical withdrawal via lectures, online and CDROM modules, and clinical vignettes
8. Identify and provide or refer buprenorphine-treated patients for ongoing substance abuse psychosocial treatment
9. Identify and describe treatment considerations for patients with co-occurring medical or mental illness

Accreditation Statement
This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of Medical University of South Carolina and American Academy of Addiction Psychiatry. Medical University of South Carolina is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation - CD Training
The Medical University of South Carolina designates this enduring material for a maximum of *3.75 AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Credit Designation - Live Training
The Medical University of South Carolina designates this live activity for a maximum of *4.25 AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

PA Accreditation
American Academy of Physician Assistants accepts certificates of participation for educational activities certified for *AMA PRA Category 1 Credit™* from organizations accredited by ACCME or a recognized state medical society. Physician assistants may receive a maximum of 8 hours of Category 1 credit for completing this program.

Disclosure
In accordance with ACCME Essentials and Standards, anyone involved in planning or presenting this educational activity is required to disclose any relevant financial relationships with commercial interests in the healthcare industry. This information will be made available to participants at the beginning of the activity.

Speakers who incorporate information about off-label or investigational use of drugs or devices will be asked to disclose that information at the beginning of their presentation.

Faculty and Planning Committee Disclosure Information

The Medical University of South Carolina College of Medicine, as an ACCME accredited provider, endorses and strives to comply with the Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, federal and private regulations and guidelines on the need for disclosure and monitoring of proprietary and financial interests that may affect the scientific integrity and balance of content in continuing medical education activities provided by our institution. The Medical University of South Carolina College of Medicine requires that all CME activities accredited through this institution be developed independently and be scientifically rigorous, balanced and objective in the presentation and discussion of its content, theories and practices.

This activity's planning committee has determined that the speakers' disclosure information listed below poses no bias or conflict to this presentation. In addition, speakers who incorporate information about off-label or investigational use of drugs or devices have been asked to disclose that information at the beginning of their presentation.

Presenters and Annual Meeting Planning Committee With Relevant Relationships:

Frederick Altice, MD: Speaker's Bureau: Bristol Myers Squibb, Genentech, Merck; Advisory Committee: Bristol Myers Squibb, Genentech

Genie Bailey, MD: Research Grant and Travel Reimbursement: Titan Pharmaceuticals, Inc.

Kathleen Brady, MD, PhD: Consultant: TEVA Pharmaceuticals, Ovation Catalyst Pharmaceuticals, CRC, Lilly, Pfizer, Shire

Martin Cheatle, PhD: Clinical Research: Ameritox, Inc.; Advisory Committee: Ameritox, Inc.

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Wilson Compton, MD: Stock/Ownership: Pfizer, Honeywell, General Electric

Timothy Fong, MD: Clinical Research: Reckitt Benckiser, Psyadon Pharmaceuticals, Lilly

John Fromson, MD: Editor: McKesson and New England Journal of Medicine

Tony George, MD: Research Grant: Pfizer; Advisory Committee: Novartis; Speaker's Bureau: Pfizer

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Lisa Marsch, PhD: Research: HealthSim, Inc., LLC

Barbara Mason, PhD: Stock Options: Addex and Arkeo; Advisory Committee: Lohocola

Carolina Mercader, DO: Clinical Research: Bergen Regional Medical

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Edward Nunes, MD: Advisory Committee: Lilly; Received medication for research: Alkermes and Cephalon

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Richard K. Ries, MD: Speaker's Bureaus: Alkermes, Janssen Pharmaceuticals

John Renner, Jr., MD: Stock Holdings: Johnson & Johnson and General Electric

Ihsan Salloum, MD: Research Grant: Catalyst Pharmaceutical; Speaker's Bureau: Axio Research; Consultant: Axio Research, Otsuka Pharmaceutical, and E.Tect

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Nalan Ward, MD: Consultant: Massachusetts Department of Health Bureau of Substance Abuse Services

Roger Weiss, MD: Consultant: Reckitt Benckiser and Titan Pharmaceuticals

Tim Wilens, MD: Consultant: Baycove Human Services and Major/Minor Leagues Baseball; Research Grant: NIH and Shire; Consultant: Euthymics, Lilly and Shire; Employment: Guilford Press and Center for Addiction Medicine at Massachusetts General Hospital

Mark Willenbring, MD: Employment: Alltyr, Inc. and Asset Clinic

Jill Williams, MD: Research Grant: Pfizer; Advisory Committee: Pfizer

Please Be Courteous

Please be sure to set your cell phones and pagers on vibrate. If you must take a call during an educational session, AAAP asks that you exit the session room before taking the call.

Faculty and Planning Committee Disclosure Information

The following faculty, planning committee members, and staff have reported that they have no commercial relationships relevant to the content of this series to disclose:

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Douglas Ziedonis, MD
Penelope Ziegler, MD

Schedule at a Glance

Wednesday, December 5, 2012	**Addictions and their Treatment - 2012**	
11:30 pm - 1:00 pm	**Addictions and Their Treatment - 2012 Registration**	Conference Lobby
1:00 pm - 7:00 pm	**Addictions and Their Treatment - 2012 (Part 1)**	Veranda East & West
2:00 pm - 4:00 pm	PCSS-B Steering Committee Meeting	Salons VI/VII
4:00 pm - 6:00 pm	PCSS-O Steering Committee Meeting	Salons VI/VII
Thursday, December 6, 2012		
8:00 am - 2:00 pm	Board of Directors' Meeting	Salons I/II
8:00 am - 6:30 pm	**Addictions and Their Treatment - 2012 (Part 2)**	Veranda East & West
12:00 pm - 6:00 pm	Registration Desk Open	Conference Lobby
12:00 pm - 3:00 pm	Exhibit Set Up	Ballroom South Foyer
12:00 pm - 9:00 pm	Poster Set Up for Session A (see page 32-42)	Garden I and II
2:00 pm - 4:00 pm	**Symposium I:** Adolescent Substance Abuse from Developmental Perspectives to Treatment	Grand Ballroom
3:00 pm - 8:00 pm	Exhibit Hall Open	Ballroom South Foyer
4:00 pm - 5:30 pm	**Concurrent Workshop Session A (1-5)**	
	Workshop A-1: What Psychiatrists Don't Know About AA and NA Sponsorship, and What They Should	Salons I/II
	Workshop A-2: Buprenorphine 201	Garden I
	Workshop A-3: Treatment of Co-Occurring Pain and Addiction: Evidence-Informed Approaches to Effective Care	Salons IV/V
	Workshop A-4: Addiction in Film 10: The Prescription Opioid Epidemic	Salons VI/VII
	Workshop A-5: The Rationale Use of Benzodiazepines	Garden II
5:30 pm - 6:30 pm	**Welcome Reception - Highlighting New Members and Trainees**	Magnolia Courtyard
7:30 pm - 8:30 pm	Recovery Meeting	Salon II
Friday, December 7, 2012		
7:00 am - 8:00 am	**Breakfast for Trainees**	Signature Restaurant
7:00 am - 8:00 am	**Committee Meetings**	
	Controversial Issues	Salon II
	Child and Adolescent Treatment	Salon III
	Twelve-Step and Physician Health	Salon IV
7:30 am - 6:00 pm	Registration Desk Open	Conference Lobby
8:00 am - 3:15 pm	**Addictions and Their Treatment - 2012 (Part 3)**	Veranda East & West
8:00 am - 5:00 pm	Exhibit Hall Open	Ballroom South Foyer
8:00 am - 9:00 am	**Keynote Session: Founder's Award:** Stephen C. Scheiber, MD *ABMS Approved Certification and ACGME Approved Accreditation: The March Toward Official Recognition and Excellence in Addiction Psychiatry*	Grand Ballroom
9:00 am - 10:30 am	**Concurrent Workshop Session B (1-5)**	
	Workshop B-1: Tobacco Use and Cessation in Patients with Co-Occurring Disorders	Salons IV/V
	Workshop B-2: The Addictionologist in Court	Garden I
	Workshop B-3: Addiction and Suicide in the Military	Salons VI/VII
	Workshop B-4: Advances in Integrated Dual Disorders Treatment	Garden II
	Workshop B-5: Psychedelic Medicines and the Treatment of Addictive Disorders in Cross-Cultural Contexts and Academic Research Settings	Salon VIII
10:30 am - 11:30 am	**Awards Ceremony and Annual Business Meeting**	Grand Ballroom
11:30 am - 1:00 pm	Poster Luncheon A	Garden I and II
1:00 pm - 3:00 pm	**Symposium II:** The Perfect Storm: Substance Abuse in the Correctional System	Grand Ballroom
1:30 pm - 2:30 pm	Remove Posters from Session A	Garden I and II
2:30 pm - 7:30 pm	Set Up Posters for Session B (see pages 43-54)	Garden I and II
3:00 pm - 4:30 pm	**Case Conference** - Evaluation and Treatment of Ethnic Minority Patients	Grand Ballroom
4:30 pm - 5:30 pm	**Area I - IX Meetings**	(see page 22)
5:30 pm - 6:30 pm	**Reception/Auction**	Magnolia Courtyard
6:30 pm - 7:00 pm	Area Directors Meeting	Salons I/II

Schedule at a Glance

6:30 pm - 7:30 pm	**Trainee Workshop:** Careers in Addiction Psychiatry 5: Starting your Private Practice in Addiction Psychiatry	Salons IV/V/VI
8:00 pm - 9:00 pm	Recovery Meeting	Salon I
Saturday, December 8, 2012		
6:30 am - 8:00 am	Education Committee Meeting	
	PGY I-IV, PGY-V, Undergraduate Medical Education	Salon I
7:00 am - 3:00 pm	Registration Desk Open	Conference Lobby
7:00 am - 8:00 am	**Committee Meetings**	
	Publications and Products	Salon II
	The American Journal on Addictions	Salon III
8:00 am - 10:00 am	**Symposium III:** The START Study (Starting Treatment with Agonist Replacement Therapies): A Randomized Comparison of Buprenorphine and Methadone	Grand Ballroom
8:00 am - 3:00 pm	Exhibit Hall Open	Ballroom South Foyer
10:00 am - 11:30 am	**Concurrent Workshop Session C (1-5)**	
	Workshop C-1: Understanding Differences Between the Etiology and Treatment of Pathological Gambling and the Substance Use Disorders	Salons II/III
	Workshop C-2: Questions in the Use of Buprenorphine in Opioid Dependent Pregnant Women: Induction and HCV	Veranda West
	Workshop C-3: Glutamate and Alcohol Craving: From Research to Clinical Practice	Salons IV/V
	Workshop C-4: International Perspectives on the Treatment of Opioid Dependence: British, Taiwanese, and Canadian Approaches	Veranda East
	Workshop C-5: Conducting a Patient-Centered Psychosocial Treatment for Substance Use Disorder, "Natural Recovery"	Salons VI/VII
11:30 am - 12:30 pm	Poster Luncheon B	Garden I and II
12:30 pm - 3:00 pm	Remove Posters from Session B	Garden I and II
12:30 pm - 2:00 pm	Paper Session	Grand Ballroom
2:00 pm - 3:00 pm	**Dessert with the Experts** (Small Group Discussions with Experts in the Field)	Magnolia Courtyard
2:00 pm - 3:00 pm	Maintenance of Certification (MOC) Committee Meeting	Salon I
3:00 pm - 5:00 pm	**NIAAA Symposium:** Pharmacotherapy of Alcohol Dependence: New Findings	Ballroom I and II
3:00 pm - 7:15 pm	**Buprenorphine "Half and Half" Course**	Ballroom III
8:00 pm - 9:00 pm	Recovery Meeting	Salon I
Sunday, December 9, 2012		
7:00 am - 11:00 am	Registration Desk Open	Conference Lobby
7:00 am - 8:00 am	**Committee Meetings/Continental Breakfast**	
	Program Committee	Salon II
	Evidence-Based Treatment	Salon III
	Public Policy	Salon IV
8:00 am - 9:00 am	**Medical Update:** Obesity Update - The Pleasure of Feeding	Grand Ballroom
9:00 am - 11:00 am	**Symposium IV:** ehealth: Exciting New Strategies for Substance Abuse Treatment	Grand Ballroom
11:00 am	Conference Adjourns	

Addictions and Their Treatment - 2012

(Formerly known as AAAP Review Course. Separate registration is required.)

Wednesday, December 5 from 1:00 pm - 7:00 pm

Thursday, December 6 from 8:00 am - 6:30 pm

Friday, December 7 from 8:00 am - 3:15 pm

Who Should Attend

The Addictions and Their Treatment course helps psychiatrists prepare for American Board of Psychiatry and Neurology (APBN) examination for subspecialty certification and recertification in Addiction Psychiatry. The course is recommended for PGY-V residents, general psychiatry residents, and periodically for all academic and treatment personnel to stay updated on the most recent trends in the addiction field. It is equally relevant to junior faculty and clinicians as well as experienced practitioners.

Both General Psychiatry and Addiction Psychiatry require knowledge of Addiction Psychiatry/Medicine. The expanded (20 hours) Addictions and Their Treatment course will assist diplomates as they prepare for their Maintenance of Certification (MOC) requirements and/or to anyone preparing for a MOC examination. AAAP will continue to develop CME activities to assist those preparing for MOC.

Course Director

Kevin Sevarino, MD, PhD, Medical Director, Newington Mental Health Firm, Connecticut V.A. Healthcare System, Assistant Clinical Professor, Yale University School of Medicine and University of Connecticut School of Medicine.

Topics Include:

- General Concepts
- Pain and Addiction
- Special Populations
- Psychostimulant Use Disorders
- Opioid Use Disorders
- Alcohol Use Disorders
- Club Drugs
- Neurobiology/Genetics
- Cannabis
- Adolescent Addiction
- Psychosocial Treatments
- Medical Comorbidities
- Sedative/Hypnotic Addictions
- Personality Disorders and Psychosis
- Tobacco Use Disorders and Smoking Cessation
- Screen/Brief Intervention and Prevention
- Children and Transitional Youth and ADHD
- Forensic Issues in Addiction
- Dual Diagnosis: Affective and Anxiety Disorders
- Non-Substance Based Addictions

Review Course Learning Objectives

At the conclusion of this course participants will be able to:

1. Describe new advances in the pharmacotherapy and psychotherapy of alcohol, cocaine, opioid and nicotine addictive disorders
2. Discuss the epidemiology of substance use disorders and their co-occurrence with other mental disorders
3. Discuss the role of genetics in the risk for developing alcohol and drug use disorders
4. Identify the major neurobiological pathways involved in the addictive disorders
5. Identify the molecular mechanisms that are altered following drug and alcohol use
6. Assess appropriate treatment to most effectively address patients' substance use and mental health disorders and develop strategies for implementation
7. Implement use of substance abuse treatment guidelines in your clinical practice

Credit Designation

The Medical University of South Carolina designates this live activity for a maximum of *20 AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Accreditation

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of Medical University of South Carolina and American Academy of Addiction Psychiatry. The Medical University of South Carolina is accredited by ACCME to provide continuing medical education for physicians.

Disclosure

In accordance with ACCME Essentials and Standards, anyone involved in planning or presenting this educational activity is required to disclose any relevant financial relationships with commercial interests in the healthcare industry. This information will be made available to participants at the beginning of the activity.

Speakers who incorporate information about off-label or investigational use of drugs or devices will be asked to disclose that information at the beginning of their presentation.

Trainee Events

Suggested Events for Medical Students, Residents and Fellows:

Thursday, December 6 ◆ 5:30 pm - 6:30 pm — **Location: Magnolia Courtyard**
Welcome Reception - Highlighting New Members and Trainees

Thursday, December 6 ◆ 4:00 pm – 5:30 pm — **Location: Salons VI/VII**
Workshop: Addiction in Film 10: The Prescription Opioid Epidemic

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Friday, December 7 ◆ 7:00 am - 8:00 am — **Location: Signature Restaurant**
Breakfast for Trainees - "Speed Mentoring"

Jeffrey DeVito, MD
Rebecca Payne, MD

Friday, December 7 ◆ 6:30 pm - 7:30 pm — **Location: Salons IV/V/VI**
Trainee Workshop: Careers in Addiction Psychiatry 5:
Starting your Private Practice in Addiction Psychiatry

Saturday, December 8 ◆ 6:30 am - 8:00 am — **Location: Salon I**
Education Section Meeting

John J. Mariani, MD, Chair, Education Section

Undergraduate Medical Education Committee
Christopher J. Welsh, MD, Chair

PGY I-IV Committee
Stephen Ross, MD, Chair

PGY-V Curriculum Committee
John J. Mariani, MD, Chair

Saturday, December 8 ◆ 2:00 pm - 3:00 pm — **Location: Magnolia Courtyard**
Dessert With the Experts

This is a unique opportunity to have small group discussions with experts in the field.

Saturday, December 8 ◆ 8:00 pm — **Location: TBD**
Soiree - Hosted by Drs. Petros Levounis, Stephen Ross, and Laurence Westreich

Wednesday, December 5

1:00 pm – 7:00 pm **Location: Veranda East & West**
Addictions and Their Treatment - 2012 (Part I)
(Separate registration is required)

Thursday, December 6

8:00 am - 6:30 pm **Location: Veranda East & West**
Addictions and Their Treatment - 2012 (Part 2)
(Separate registration is required)

Maintenance of Certification (MOC)

This year, AAAP members attending the Annual Meeting were given a link to a 100 question Self-Assessment Examination. ABPN approved this program as part of a comprehensive Self-Assessment Program which is mandated by the ABMS as a necessary component of Maintenance of Certification. This Self-Assessment Examination was designated for *8 AMA PRA Category 1 Credits™* and 8 Self-Assessment CMEs.

Members who completed all 100 questions in the Self-Assessment Examination and received a passing grade of 60% or more, were then given a full list of their responses along with the correct responses, explanations and references to each question. Peer comparison data was also distributed prior to the Annual Meeting. The examination is to be used as a basis to identify CME courses relevant to AAAP member needs and will provide members with areas for further study for MOC preparedness.

Although AAAP will report self-assessment member data back to ABPN, we encourage our members to keep the documentation to demonstrate completion of required Self-Assessment CMEs for your MOC records. We also strongly encourage you to register your portfolio at www.abpn.com to track your MOC progress - visit the ABPN exhibitor booth while you are here!

This important new initiative was offered to AAAP members free of charge. It is a great value which we hope to continue to offer AAAP members every year at our Annual Meeting and members will be able to take advantage of it as they prepare for MOC.

2:00 pm - 4:00 pm **Location: Grand Ballroom**
Symposium I: Adolescent Substance Abuse from Developmental Perspectives to Treatment

Symposium Chair: *Robert Milin, MD, FRCPC, DABPN, University of Ottawa and Institute of Mental Health Research*
Presenters: *Robert Milin, MD, FRCPC, DABPN; University of Ottawa and Institute of Mental Health Research; Kevin Gray, MD, Medical University of South Carolina; Brooke Molina, PhD, University of Pittsburgh; and Timothy Wilens, MD, Harvard Medical School*

Adolescence is a critical period in the development of substance use disorders (SUD). When SUD and other mental health disorders co-occur, they may confound presentation, negatively impacting treatment and outcome. This symposium will provide a critical clinically relevant research update on the development of SUD in youth with comorbidity and the treatment of cannabis use disorder in youth.

Dr. Milin will present findings from a prospective, high risk bipolar disorder (BD) offspring study. Dr. Gray will briefly review marijuana dependence in adolescents, and existing cessation treatments. Dr. Molina will present findings from the longitudinal follow-up of children in the Multimodal Treatment of ADHD study at twelve years. As discussant, Dr. Wilens will provide his insights into three diverse but related topics on adolescent SUD and preliminary observations from his longitudinal study of substance abuse in youth with bipolar disorder as a complement to Dr. Milin's presentation. Novel and clinically significant findings in key areas of comorbidity and treatment will be presented highlighting the importance of a developmental perspective for SUD.

At the end of the symposium participants will be able to:

1. Discuss the impact of substance misuse on development of bipolar disorder in adolescents at high risk
2. Explain pharmacotherapy for adolescent marijuana abuse with a focus on the effectiveness of N-Acetylcysteine (NAC)
3. Describe the effects of stimulant treatment in ADHD children and its relationship to the risk for future substance misuse in adolescence/young adulthood

Source of Funding: Canadian Institute of Health Research MOP102761 and NIH/NIDA grant R01DA012945

Concurrent Workshop Session A • 4:00 pm - 5:30 pm

Workshop A1: What Psychiatrists Don't Know About AA and NA Sponsorship, and What They Should **Location: Salons I/II**

Workshop Presenters: *Marc Galanter, MD, NYU School of Medicine; John A. Fromson, MD, Massachusetts General Hospital and Harvard Medical School; Penelope P. Ziegler, MD, Virginia Commonwealth University School of Medicine and Virginia Health Practitioners' Monitoring Program; and Richard Ries, MD, University of Washington and Harborview Medical Center*

At the end of this workshop participants will be able to:

1. Describe the unique clinically relevant issues that characterize the sponsor/sponsee relationship
2. Effectively work with patients to maximize the utility of Twelve-Step sponsorship
3. Develop approaches to managing patients' AA or NA experience with reference to pharmacologic issues

Addicted people encountering AA and NA are encouraged to acquire a sponsor, and longstanding attendees almost always do acquire a sponsor. This can have a significant impact on professional treatment, which can generally be beneficial, but can also present issues of concern to the treating psychiatrist. Members of the panel will discuss aspects of the sponsorship process that bear directly on the treating psychiatrist's role. After a brief presentation of related research, three discussants will speak, each followed by an exchange with the audience:

1. The psychiatrist as an AA sponsor: An AA member will discuss what it's like to be sponsored, and to serve as a sponsor of both impaired physicians and non-physicians. This will provide a personal view of the issues discussed.
2. Sponsor/sponsee issues that a psychiatrist will need to address: These include management of dually diagnosed patients and their medications, treatment of patients on suboxone maintenance who wish to attend Twelve-Step meetings, and referral of poly-substance-abusing patients.
3. An innovative adaptation of the use of sponsors as "buddies" for physicians in recovery: This is utilized in the Massachusetts physician health program, Physician Health Services, to maximize engagement, particularly when considerable ambivalence may be encountered. It is one model for working with sponsors.

Following this, audience members will be encouraged to give examples of the issues which have arisen in relation to sponsorship among their patients. In an exchange, panel members will then amplify on the techniques available for dealing with them.

Source of Funding: The John Templeton Foundation and National Institutes of Health

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Workshop A2: Buprenorphine 201 **Location: Garden I**

Workshop Presenters: *Laura F. McNicholas, MD, PhD, Philadelphia VAMC and John A. Renner, Jr, MD, Boston University School of Medicine*

At the end of the workshop participants will be able to:

1. Improve the ability to manage patients on buprenorphine maintenance and increase the knowledge base with new research findings.

This workshop is designed for the physician who is currently treating patients with buprenorphine or buprenorphine/naloxone for opioid dependence or anticipates treating such patients soon. An update on new information, ongoing research and other critical topics concerning buprenorphine use in the treatment of opioid-dependent patients will be presented. Participant cases and questions will be discussed to illustrate issues in successfully managing opioid-dependent patients in both clinic and private practice situations. Participants are strongly encouraged to bring cases and questions/issues for discussion.

Source of Funding: None

Workshop A3: Treatment of Co-Occurring Pain and Addiction: Evidence-Informed Approaches to Effective Care **Location: Salons IV/V**

Workshop Presenters: *Seddon R. Savage, MD, Geisel School of Medicine at Dartmouth; Elinore McCance-Katz, MD, PhD, University of California at San Francisco; and Martin Cheatle, PhD, University of Pennsylvania*

At the end of the workshop participants will be able to:

1. Employ a methodical approach and practical tools to effectively assess patients with co-occurring pain and addictive disorders and identify the myriad biopsychosocial factors that may contribute to their distress
2. Create a safe and effective treatment plan to address both pain and addiction
3. Utilize optimum strategies to manage opioids when they are indicated as a component of ongoing treatment

This workshop is intended to help clinicians develop greater comfort and competence in treating patients with co-occurring pain and addiction or other opioid-related problems. As opioids are more commonly prescribed for chronic pain, clinicians increasingly encounter patients with both pain and co-occurring opioid misuse, abuse or dependence. Effectively addressing pain, while treating an addictive disorder, can be a major clinical challenge and is often accompanied with uncertainty and stress for both provider and patient. Emerging research is beginning to provide guidance on best practices, but the art of medicine remains important.

Thursday, December 6

The workshop will examine the differential etiology of opioid use problems commonly encountered in chronic pain treatment and the multi-dimensional nature of chronic pain, and it will explore safe and effective strategies to address both pain and opioid use disorders when they co-occur.

Source of Funding: None

Workshop A4: Addiction in Film 10: The Prescription Opioid Epidemic **Location: Salons VI/VII**

Workshop Presenters: *Petros Levounis, MD, MA, Director, The Addiction Institute of New York at St. Luke's and Roosevelt Hospitals; Seth Flesher, MD, MPH, Co-Chair, PGY-3 Resident; Joseph Insler, MD, PGY-3 Resident; Noam Koenigsberg, MD, PGY-3 Resident; and Todd Rankin, MD, PGY-3 Resident, St. Luke's and Roosevelt Department of Psychiatry Residency Training Program*

At the end of the workshop participants will be able to:

1. Utilize movie clips to enhance didactics, and teach fundamentals of addiction medicine to medical students, residents, fellows and other health professionals
2. Critically evaluate addiction treatment portrayals in film

This is the tenth year that we offer a workshop for addiction medicine educators who would like to incorporate clips from popular films in their teaching. This year, we focus on the prescription opioid epidemic. We will discuss the history of opioids, both legal and illegal, in the United States; routes of access and diversion of narcotic pills; self-medication of physical and psychiatric conditions; and the most challenging conundrum of pain and addiction. From documentaries such as "The Eyes of Tammy Faye" (2000) and "Generation Rx: Prescription for Pain" (2008); to narrative features such as "All That Jazz" (1979) and "50/50" (2011); to fictional films such as "The Departed" (2006) and "Rachel Getting Married" (2008), popular movies offer us an invaluable tool in exploring the complexities of using prescription opioids.

Furthermore, we will address the more technical aspects of using film clips as teaching tools including choice of scenes, optimal length of scenes, timing during a lecture, and suggestions for lecturer's comments before and after showing a scene. Participants are encouraged to bring their own examples for discussion and add to the list of addiction-related films, which will be provided at the workshop.

Source of Funding: None

Workshop A5: The Rationale Use of Benzodiazepines **Location: Garden II**

Workshop Presenters: *Martin Kron, MD and Prameet Singh, MD; Associate Chairmen, Education, St. Luke's-Roosevelt Hospital Center, Assistant Professor, Clinical, Columbia University College of Physicians and Surgeons*

At the end of the workshop participants will be able to:

1. Discuss the history of the pharmacological management of anxiety
2. Describe the pharmacology of benzodiazepines
3. Discuss the current state of benzodiazepine use

Prescription drug misuse (including abuse/dependence/diversion) has recently emerged as a major public health concern. Prescription drugs seem the new "drugs of choice" in this epidemic. Psychiatrists have become enmired in this recent epidemic for a multitude of reasons including their traditional role as the treatment providers of anxiety and sleep problems among other conditions.

One topic of concern to many providers is the reasonable prescribing of benzodiazepines. This workshop will dig deeper into the prescribing of benzodiazepines. Topics to be reviewed include the history of the pharmacologic management of anxiety, the pharmacology of benzodiazepines, acute and chronic benzodiazepine dependence and the current state of benzodiazepine prescribing. The presenters will discuss recommendations from the literature as well as personal experience in managing acute and long term benzodiazepine use. These recommendations will focus on indications for the use of benzodiazepines, signs to alert prescribers to possible problematic use of benzodiazepines by patients and management of patients on benzodiazepines. Although material will be presented, the workshop is also an open forum for colleagues to discuss their approaches for management of the patient using benzodiazepines.

Source of Funding: None

5:30 pm - 6:30 pm
Location: Magnolia Courtyard

Welcome Reception - Highlighting New Members and Trainees

7:30 pm - 8:30 pm
Location: Salon II

Recovery Meeting

Friday, December 7

7:00 am
Location: Signature Restaurant

Breakfast for Trainees - "Speed Mentoring - Get Ready, Set, Mentor"

If you are a resident or medical student, be sure to attend the Breakfast for Trainees. This breakfast provides an opportunity to meet with other students, trainees, and senior colleagues. Network with fellow members and get to know the AAAP community. There will be a brief introduction at the breakfast by Drs. Jeffrey DeVito and Rebecca Payne.

Everyone will be matched with a mentor during this breakfast.

7:00 am - 8:00 am
Committee Meetings

Controversial Issues — **Location: Salon II**

Penelope P. Ziegler, MD, and Jon Streltzer, MD, Co-Chairs

The Controversial Issues Committee arose several years ago out of the Chronic Pain Task Force that was under the auspices of the Treatment Section. Its mission is to use the principles and lessons of Addiction Psychiatry to help sort out proper medical practice in areas of uncertain and conflicting evidence. Its initial project was to address the rapidly expanding morbidity and mortality associated with the exponential growth of the prescription of opioids for chronic pain. A policy providing cautionary guidelines for opioid analgesic prescription resulted and was adopted by the Board of AAAP. Currently, work continues in this area. A new focus of interest has to do with the prescription of benzodiazepines for psychiatric and other medical conditions, and the underrecognition of associated dependence.

Child and Youth Treatment — **Location: Salon III**

Ximena Sanchez-Samper, MD, Chair

The Child and Youth Treatment Committee seeks to identify and address issues unique to our youngest patients. The committee promotes the visibility of addiction treatment of minors by presenting symposia and workshops about child and adolescent substance abuse and distributing educational materials to a broader audience.

Physician Health — **Location: Salon IV**

John Fromson, MD, Chair

The Physician Health Committee serves as an educational and policy planning resource for clinical, administrative and research issues related to the identification and treatment of physicians with psychoactive substance use or other psychiatric disorders as well as factors relating to the prevention of such illnesses.

Twelve-Step Recovery Committee — **Location: Salon IV**

Marc Galanter, MD, Chair

The purpose of this committee is to (1) clarify the state of research on the mode of operation of Twelve-Step programs; (2) promote clinically-related approaches, such as the dissemination of Twelve-Step facilitation to enhance psychiatrists' ability to refer patients to such programs effectively; and (3) consider means by which psychiatric residents and fellows can best be given training on these issues.

8:00 am - 3:15 pm
Location: Veranda East & West

Addictions and Their Treatment - 2012 (Part 3)

(Separate registration is required.)

Friday, December 7

8:00 am - 9:00 am **Location: Grand Ballroom**

Keynote Session: ABMS Approved Certification and ACGME Approved Accreditation: The March Toward Official Recognition and Excellence in Addiction Psychiatry

Introduction: Frances R. Levin, MD, President, AAAP

AAAP 2012 Founders' Award Recipient

Stephen C. Scheiber, MD

Stephen C. Scheiber MD is an Adjunct Professor of Psychiatry in the Department of Psychiatry and Behavioral Sciences at the Feinstein School of Medicine of Northwestern University in Chicago. He has served in this capacity since 1986 when he moved from Tucson, Arizona where he was Professor of Psychiatry at the University of Arizona (U of A). In the course of his sixteen years at the U of A he served as Director of Medical Student Education in Psychiatry, as Founding Director of Psychiatric Residency Training, and as Clinical Director of the Inpatient Service at the Arizona Health Sciences Center.

The move from Arizona to greater Chicago was prompted by his appointment as the first full time Executive Secretary of the American Board of Psychiatry and Neurology (ABPN). The title was later changed to Executive Vice President. In the course of his more than twenty years at ABPN his accomplishments included overseeing the application process to the American Board of Medical Specialties (ABMS) for ten new subspecialties for psychiatry and neurology, the third of which was for Addiction Psychiatry. All applications submitted were ultimately approved by ABMS. In his ex officio capacity with the Residency Review Committee for Psychiatry and the one for Neurology, he facilitated the establishment of training requirements for these subspecialties. He was responsible for negotiating the requirements for combined training programs for psychiatry and neurology with other ABMS boards including those for the three primary care specialties: internal medicine, family medicine and pediatrics.

Dr. Scheiber was responsible for implementing the recertification programs for the two specialties and all the subspecialties. These have since evolved into the maintenance of certification programs. He provided oversight for the transition of the production of cognitive examinations from the National Board of Medical Specialties in Philadelphia to the Board offices in Deerfield, Illinois. He supervised the replacement of the paper and pencil proctored examinations in fifty three nationwide sites in departments of psychiatry and neurology with computer administered examinations at Pearson Vue Computer Centers. As a transition measure he was administratively responsible for the computer administered examinations at the Board's headquarters for some of the candidates of ABPN as well as for those from the American Board of Pathology and of the American Board of Radiology.

Dr. Scheiber was responsible for organizing and administering up to five oral examinations for general psychiatry, adult neurology, child neurology and child and adolescent psychiatry each year at different sites across the country. During his tenure as Executive Vice President, ABPN was the only board to use real patients as part of its oral examination. He also was responsible for overseeing the changes in the oral examination. In particular, this involved moving from an audiovisual section to clinical vignettes sections and a change in scoring.

Dr. Scheiber served as ABPN's liaison to major professional organizations for both general psychiatry and for neurology and all the approved subspecialties. This included the American Academy of Addiction Psychiatry. He also played a major role in the American Board of Medical Specialties as a delegate from ABPN.

Honors that Dr. Scheiber has received include the Life and Career Achievement Award from the Medical Alumni Association of the University of Buffalo School of Medicine in 1999, the Lifetime Educator Award in 2002 and the Inaugural Life Fellowship from the Association for Academic Psychiatry in 2006, the Distinguished Psychiatrist Service Award from the American College of Psychiatrists in 2007, the NIMH/APA Vestermark Award in 2007, the Distinguished Service Award from the American Board of Medical Specialties in 2007, and the Berson Award from the American Psychiatric Association Lifers' organization in 2012. He was made a Life member of the Group for the Advancement of Psychiatry in 2007. He is a distinguished Life Fellow of the APA and is a Fellow in the American College of Psychiatrists and the Academy of Psychosomatic Medicine.

He has been a co-editor of four books including three books related to ABPN activities. One was for core competencies in psychiatry, one for neurology and one on lifetime learning. He has been an author of over seventy five journal articles for psychiatry and for neurology.

Dr. Scheiber has served as President for the following national organizations: the Association for Academic Psychiatry, the American Association of Directors of Psychiatric Residency Training, the Group for the Advancement of Psychiatry, and the American Psychiatric Association Lifers organization.

Dr. Scheiber received his Bachelor of Arts degree as an undergraduate student at Columbia College in New York before entering medical school in Buffalo. Upon completion of his rotating internship at the Mary Fletcher Hospital in Burlington, Vt., Dr. Scheiber served as an officer of the U.S. Public Health Service and was assigned to the Peace Corps in Sierra Leone, West Africa where he was a general medical officer for eighteen months. He finished his six months of duties at the National Institutes of Health in Bethesda, Maryland in the Continuing Education Branch of the Regional Medical Programs for Heart Disease, Cancer and Stroke. He then was a psychiatric resident at the University of Rochester's Strong Memorial Hospital in Rochester, New York where he was a chief resident in his third year.

Dr. Scheiber married Mary Ann (Mickie) in Sierra Leone. He met her as a medical student when she was a research nurse on the cardiorenal service at the E. J. Meyer Memorial Hospital (now Erie County Medical Center). They have three children and three grandchildren.

Sheldon I. Miller, MD

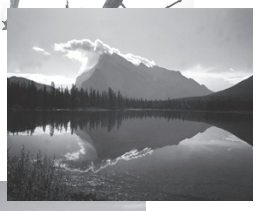
Sheldon I. Miller, MD was a founding member of the organization, and a mentor and friend to several generations of Addiction Psychiatrists. He advocated, passionately, for psychiatric education, the field of Addiction Psychiatry, and the best possible care for addicted individuals.

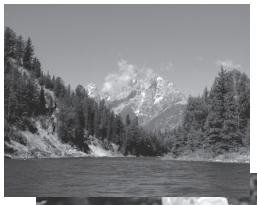
Dr. Miller's professional accomplishments ranged through the academic, administrative and clinical spheres. He was the Emeritus Professor of psychiatry at Northwestern University Feinberg School of Medicine, Department of Psychiatry and Behavioral Sciences, having joined the Northwestern Faculty in 1991. He served as Chairman of Northwestern's Department of Psychiatry and Behavioral Sciences, and Director of the Stone Institute of Psychiatry at Northwestern Memorial Hospital, where his research and clinical interests included addiction, Fetal Alcohol Syndrome, and the psychoimmunology of AIDS vulnerability. The American Academy of Psychiatry in Alcoholism and Addictions, later the American Academy of Addiction Psychiatry, was founded by Dr. Miller and his colleagues in 1985, and he served as its president from 1988 to 1989.

In addition to his service to AAAP, Dr. Miller was Editor-in-Chief of *The American Journal on Addictions* since 1990, and sat on the Editorial Board of the *American Journal of Drug and Alcohol Abuse*. Dr. Miller was an active member of the American Psychiatric Association and over the years served on a variety of its committees and councils, including serving as chair of the APA Council on Addiction Psychiatry. Dr. Miller's numerous articles and book chapters served as beacons of good sense in the sea of advice for practicing psychiatrists.

Dr. Miller provided an example of calm, competent, and determined leadership for the many professional organizations he led. His visionary stewardship of the field of Addiction Psychiatry, from its inception, helped untold numbers of suffering addicts obtain the treatment and respect they deserve.

Dr. Miller was tireless as a mentor, promoter of the field of Addiction Psychiatry, and powerful voice for maintaining the highest of standards in the field. More than that, his kindness and abundant good humor made him a much-loved and respected colleague. He will be sorely missed. In an effort to commemorate Dr. Miller's many contributions in fostering research and education in the field of Addiction Psychiatry and as a leader in establishing the American Academy of Addiction Psychiatry (AAAP), the Sheldon I. Miller Educational Fund has been established in his honor. The proceeds from this year's auction will benefit this fund. Also, notecards depciting Dr. Miller's beautiful photographic images will be available for purchase. The cost is $20 per pack of ten. Each pack will offer ten different cards and all proceeds will benefit the fund.







Additional contributions to the fund
can be made through the AAAP National Office:

American Academy of Addiction Psychiatry
Attention: Sheldon I. Miller Educational Fund
400 Massasoit Avenue
Suite #307, Second Floor
East Providence, RI 02914

Friday, December 7

Concurrent Workshop Session B ◆ 9:00 am - 10:30 am

Workshop B1: Tobacco Use and Cessation in Patients with Co-Occurring Disorders **Location: Salons IV/V**

Workshop Presenters: *Maher Karam-Hage, MD, UT MD Anderson Cancer Center; Jill Williams, MD, UMDNJ-Robert Wood Johnson Medical School; Douglas Ziedonis, MD, University of Massachusetts Medical School; and Tony George, MD, University of Toronto*

At the end of the workshop participants will be able to:

1. Recognize the high comorbidity of smoking and tobacco use among patient with psychiatric comorbidities
2. Recognize the challenges of quitting tobacco for those with co-occurring disorders
3. Discuss the latest treatments and research available on response to treatment among psychiatric

Presenters intend to describe the high comorbidity of tobacco use with psychiatric disorders including substance use disorders. We plan to present the current understandings of the comorbidity and the implication on a person's ability to quit using tobacco as well as relapsing to use after quitting. We will present the most recent studies that were done and recently published for smoking cessation among patients in this population.

Authors will present their recent work on smoking or tobacco use and the relationship with psychiatric diagnosis. With emphasis on outcomes of smoking cessation, impact of cessation on the psychiatric disorder, if any, and the ability of psychiatric population to work on relapse prevention.

Source of Funding: None

Workshop B2: The Addictionologist in Court **Location: Garden I**

Workshop Presenters: *Tonia Werner, MD; Almari Ginory, DO; and Gary Reisfield, MD, University of Florida*

At the end of this workshop participants will be able to:

1. Describe the multiple roles the Addiction Psychiatrist can play in Court
2. Differentiate between an expert witness and a fact witness
3. Describe the difference between the civil and criminal courts
4. Recognize the constraints placed on the Addiction Psychiatrist in the legal arena
5. Determine how to present effectively and credibly in Court

With more and more frequency, addiction psychiatrists are being requested to participate in legal cases. In this workshop, we will explore the different types of legal cases and the different roles in which an addiction psychiatrist may be utilized in such cases. Through specific case presentations, the presenters will differentiate between civil and criminal cases and the roles that fact witnesses and expert witnesses may play.

Legal cases will be presented from the civil and criminal legal arenas which encompass a substance use issue. Presenters will discuss the potential roles in which an addiction psychiatrist could be employed for each case presentation. Each case will be discussed with regards to the five learning objectives. Audience participation will be encouraged.

Source of Funding: None

Workshop B3: Addiction and Suicide in the Military **Location: Salons VI/VII**

Workshop Presenter: *John Rodolico, PhD, McLean Hospital/Harvard Medical School*

At the end of the workshop participants will be able to:

1. Discuss military culture, drug/alcohol use, abuse, and dependence in the armed services and their relationship to the increased suicide rate

The workshop will give an introduction to who is fighting our wars, the new generation of veterans and how they differ from past generations. It will then turn toward research that is being conducted on the ground in Afghanistan and also in Iraq showing the increase in the use of prescription drugs and the further abuse of these drugs. Discussion will then dovetail into the link between the increase in mental health issues including PTSD and drug abuse. Ten year trends will be reviewed in terms of what drugs soldiers are using and comparing this to past wars going to back to WW II. Next it will cover the new interventions that the Army has been using for the past two years including the Army's Comprehensive Soldier Fitness

program which is based on Martin Seligman's Positive Psychology model. CSF was launched in 2009 and outcome data will be available over the summer. The last broad topic of discussion will be the idea of resiliency in the reintegration of returning troops which will also include family readjustment.

Source of Funding: None

Workshop B4: Advances in Integrated Dual Disorders Treatment **Location: Garden II**

Workshop Presenters: *Zev Schuman-Olivier, MD, WestBridge Community Services/Harvard Medical School; Troy Pulas, MD; Mary Brunette, MD; Delia Cimpean, MD; Dartmouth University; and Roger Weiss, MD, Harvard Medical School*

At the end of the workshop participants will be able to:

1. Describe the key elements of Integrated Dual Disorder Treatment (IDDT).
2. Outline the evidence supporting the integration of mental health and addiction services for people with co-occurring disorders.
3. Discuss the risks and benefits of prescribing buprenorphine in people with co-occurring disorders, and describe an IDDT-based method for increasing buprenorphine prescribing safety.
4. Recognize the prevalence and implications of sleep disorders in people with co-occurring disorders, and how to implement an effective sleep program.
5. Recognize the prevalence and implications of smoking among people with co-occurring disorders, and be able to describe both novel shared decision-making strategies and evidence-based pharmacologic protocols for smoking cessation in this population.

Integrated Dual Disorder Treatment (IDDT) is an evidence-based practice that improves outcomes for people with co-occurring severe mental illness (SMI) and substance use disorders. IDDT combines substance abuse and mental health services, and promotes access to evidence-based practices, including family psycho-education, motivational interviewing, cognitive-behavioral therapy, supported housing, and supported employment and/or education. The IDDT model uses a collaborative, multidisciplinary team approach to coordinate all aspects of a client's recovery. IDDT emphasizes that individuals achieve sobriety, symptom management, and independent living via incremental changes over time. Therefore, IDDT takes a stages-of-change approach to treatment, which is individualized to address the unique circumstances of each person's life, encouraging organizations to provide clients with continuous services throughout the lifespan.

This workshop will describe key elements of IDDT and then review the evidence for providing integrated mental health and substance abuse treatment to people with SMI. This workshop will provide information about the IDDT-enhancement protocols WestBridge has developed to target important co-morbidities in this population: opioid dependence, sleep disorders and tobacco dependence.

Source of Funding: WestBridge Community Services (non-profiting operating foundation) (all), Bristol-Meyers Squibb Foundation (MB), National Institute for Disability and Rehabilitation Research (MB), West Family Foundation (MB)

Workshop B5: Psychedelic Medicines and the Treatment of Addictive Disorders in Cross-Cultural Contexts and Academic Research Settings **Location: Salon VIII**

Workshop Presenter: *Stephen Ross, MD, NYU School of Medicine/Bellevue Hospital and Jeffrey Guss, MD, New York University School of Medicine*

At the end of the workshop participants will be able to:

1. Recognize the cultural and historical contexts in which psychedelic medicines (in a therapeutic context) have successfully treated addictive disorders
2. Describe the parallels between the spiritual awakening evoked through Twelve-Step participation and that experienced in supported psychedelic treatment sessions
3. Discuss current models for treatment of addictive disorders with serotonergic hallucinogens including psilocybin, ayahuasca, and ibogaine

Although there have been significant gains in both the psychotherapeutic and pharmacologic treatments available for the treatment of addictive disorders, treatment dropout and relapse rates remain high. Critical periods in the recovery process are the resolution of intense ambivalence regarding the commitment to sobriety and the establishment of a recovery-oriented lifestyle early in the treatment process, with the incorporation of behavioral, cognitive and affective changes that will support a stable

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early recovery. We will be describing a research protocol underway at New York University School of Medicine that utilizes three psilocybin treatment sessions in a context of Motivational Interviewing and Twelve-Step Facilitation Therapy to facilitate movement from active addiction into early recovery.

The serotonergic hallucinogens have a complex history in psychiatry and this will be briefly reviewed, along with the multiple studies, albeit with methodological flaws, that were conducted in the United States and Europe that suggested an anti-addictive effect of hallucinogen-assisted psychotherapy treatment. Contemporary settings in which addictive disorders are treated with hallucinogens will be described, along with an introduction into the neurobiology of possible mechanisms of actions of these agents in interrupting addiction.

The basic structure of the NYU based study on the treatment of alcoholism with psilocybin-assisted therapy will be presented, with detailed description of the rationale, protocol and safety concerns. Additionally, the training of therapists to administer the supportive therapy as part of the research project will be described.

Source of Funding: National Institute on Drug Abuse and Heffter Research Institute

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10:45 am - 11:30 am
Location: Grand Ballroom

Awards Ceremony and Annual Business Meeting

The AAAP Travel and Research Awards are supported by:

National Institute on Alcohol Abuse and Alcoholism

and

National Institute on Drug Abuse

Medical Student Travel Award Recipients

The medical student travel scholarships offer the opportunity for medical students interested in pursuing residency and education in the field of Addiction Psychiatry to attend the Annual Meeting.

Justine Giddens

PGY I-IV/Resident Travel Award Recipients

The resident travel scholarship offers the opportunity for PGY I-IV residents interested in learning about the etiology, diagnosis and treatment of substance use disorders to attend the Annual Meeting.

Michael Ascher, MD
Leah Bauer, MD
Michelle Davids, DO
John Douglas, MD, MBA
Marie-Josee Lynch, MD, CM
Iman Parhami, MD, MPH
Rachel Ross, MD, PhD
Joan Streibel, MD
Steven Szabo, MD, PhD

PGY-V/Fellow Travel Award Recipients

The PGY-V travel scholarship offers the opportunity for PGY-V+ Addiction Psychiatry residents interested in furthering their careers in the field of Addiction Psychiatry to attend the Annual Meeting.

Margaret Haglund, MD
Meredith Kelly, MD
Todd Magro, MD
John Long Nguyen, MD
Carla Reese, MD

Research Award Recipient

The Young Investigator Award is chosen based on the quality of original research conducted by the applicant and their demonstrated commitment to the field of Addiction Psychiatry. This award-winning research will be presented during the Paper Session on Saturday, December 8, 2012.

Joshua D. Woolley, MD, PhD

Regional Travel Awards Supported by American Academy of Addiction Psychiatry

Gregory Caudill, MD, *Area V*
Adriane De la Cruz, MD, PhD, *Area VIII*
Michael Hoefer, MD, *Area VI*
Brian Hurley, MD, MBA, *Area I*
Matt Iles-Shih, MD, *Area VII*
Reetta Marciano, MD, *Area III*
Dana Marlowe, MD, *Area IV*
Clairelaine Oullet-Plamondon, MD *Area IX*

Friday 11:30 am - 1:00 pm

Location: Garden I and II

Poster Presentation Luncheon A

(Posters #1–23, Pages 32-42)

1:00 pm - 3:00 pm

Location: Grand Ballroom

Symposium II: The Perfect Storm: Substance Abuse in the Correctional System

Symposium Chair: *William B. Lawson, MD, PhD, DLFAPA, Howard University*
Presenters: *William B. Lawson, MD, PhD, Howard University; Frederick Altice, MD, Yale University; Faye Taxman, PhD, George Mason University; and Arthur Burnett, JD, Howard University*

The war on drugs and deinstitutionalization created a "perfect storm" in which the correctional system saw an increase in nonviolent offenders with complicated treatment needs, increased risk for HIV/AIDS, hepatitis, and social and health concerns for the public after the offender is released. Moreover incarceration disproportionately affect racial and ethnic minorities, who are at risk for underdiagnosed, undertreatment and high prevalence of HIV/AIDS. Those involved in the justice system have increased rates of substance abuse (four times the general population), mental illness (twice the general population), and somatic health issues that contributes to poor treatment adherence, and health risks for the general public. This symposium will address how the increased rates of substance abuse in corrections impacts the larger community.

Dr. Lawson will discuss the problem of comorbid mental and substance abuse disorders which contribute to disparities in care in minorities, high recidivism and poor community outcomes. Dr. Altice will show the impact of HIV positive released inmates on the community and provide evidence that treatment of substance use disorders improves HIV treatment outcomes and prevents new cases. Dr. Taxman will review our knowledge of evidence-based interventions in the criminal justice settings. Judge Burnett will discuss the impact of drug/mental health courts on public health outcomes.

At the end of the symposium participants will be able to:

1. Explain how substance abuse contributes to misdiagnosis of minorities with mental disorders
2. Discuss the public health consequences of substance abuse in the correctional system

Source of Funding: National Institute on Drug Abuse A08167 M11A11068

3:00 pm - 4:30 pm

Location: Grand Ballroom

Case Conference: Evaluation and Treatment of Ethnic Minority Patients

Chair: *Michael M. Scimeca, MD*. Fellow: *Mark Duncan, MD. Clinicians, Joseph Westermeyer, MD, MPH, PhD and Eric Collins, MD*

The conference this year will focus on a case that requires special attention to cross cultural clinical issues. The patient is a member of an Alaskan native group who has addiction problems and has left Alaska. The discussion will aim at understanding the patient's symptoms, clinical history (or "story"), perceptions, cognitions, memories, emotions, decisions, behavior and transference in cultural context. As always the conference will include major participation by those attending to elicit their clinical experience and comments.

Friday, December 7

4:30 pm - 5:30 pm
Area Meetings

Area Meetings I-IX

Area Director Chair: Ismene L. Petrakis, MD, Yale University School of Medicine, VA Connecticut Healthcare System

Area Meetings will take place in breakout rooms. AAAP organizes members geographically by areas to allow addiction professionals to identify colleagues practicing in their region and to meet and discuss topics of regional interest.

Area I: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont — **Location: Salons I/II**
Hilary Smith Connery, MD, PhD, Area I Director

Area II: New York — **Location: Veranda East**
Michael Scimeca, MD, Area II Director

Area III: Washington, DC, Delaware, Maryland, New Jersey, Pennsylvania — **Location: Salons IV/V**
Jack Blaine, MD, Area III Director

Area IV: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin — **Location: Garden I**
Jonathan Dunn, MD, Area IV Director

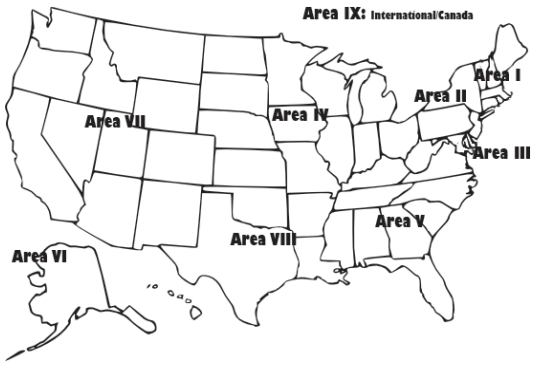
Area V: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, West Virginia, Puerto Rico — **Location: Veranda West**
Lon R. Hays, MD, Area V Director

Area VI: Alaska, California, Hawaii — **Location: Salons VI/VII**
Martin H. Leamon, MD, Area VI Director

Area VII: Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming — **Location: Salon VIII**
Elizabeth Howell, MD, Area VII Director

Area VIII: Arkansas, Louisiana, Oklahoma, Texas — **Location: Garden II**
Bryon H. Adinoff, MD and Michael A. Dawes, MD, Area VIII Co-Directors

Area IX: Canada, International — **Location: Salon III**
Robert Milin, MD, Area IX Director



23rd Annual Meeting Auction

Auctioneers: **Petros Levounis, MD and Charles Silberstein, MD**
When: **Friday, December 7th**
Time: **5:30 - 6:30 pm**
Where: **Magnolia Courtyard**

Don't miss out - Complete your Holiday shopping early! Join us for food and fun! AAAP is hosting an auction to benefit the Sheldon I. Miller, MD Educational Fund. This fund supports educational activities for trainees.

Many thanks to all our donors!

6:30 pm – 7:00 pm — Location: Salons I/II
Area Directors Meeting

Friday, December 7

6:30 pm - 7:30 pm
Location: Salons IV/V/VI

Trainee Workshop: Careers in Addiction Psychiatry 5: Starting your Private Practice in Addiction Psychiatry

Workshop Presenters: *Jose Vito, MD, Albert Einstein College of Medicine; Petros Levounis, MD, MA, Director, The Addiction Institute of New York at St. Luke's and Roosevelt Hospitals; Timothy Fong, MD, Associate Professor of Psychiatry UCLA; Elizabeth S. Cho, MD, Private Practice; Laurence Westreich, MD, New York University School of Medicine; Alex Horowitz, MD, Assistant Professor, New York University*

At the end of this workshop participants will be able to:

1. Describe a wide range of career opportunities in Addiction Psychiatry
2. Determine how to solve common logistical problems in starting a private practice
3. Identify possible obstacles in integrating private practice in Addiction Psychiatry with academia, hospital work, community psychiatry, industry, and personal life

This workshop is particularly relevant to trainees and early career addiction psychiatrists. The workshop will offer ample opportunity for attendees to question faculty and explore the relative advantages and limitations of having a private practice in Addiction Psychiatry.

This workshop will help residents, fellows, and early career addiction psychiatrists determine what form of private practice (if any) meets their needs, makes the most of their talents, and aligns best with their career goals. Speakers will discuss their own decision-making process; give personal accounts of how they chose their area of specialization and particular form of private practice; and offer their own insight on what they wish they had done differently.

Speakers will describe their career paths and address how they have negotiated several aspects of private practice, including: buprenorphine inductions, logistics of office space, referrals, malpractice, fees, medical records, partnerships, and family obligations. Following the brief presentations, workshop participants will question speakers. An active interplay between presenters and attendees will sculpt the majority of this workshop.

Source of Funding: None

Saturday, December 8

6:30 am - 8:00 am
Location: Salon I

Education Committee Meeting

John J. Mariani, Chair, Education Section

Undergraduate Medical Education Committee
Christopher J. Welsh, MD, Chair
The Undergraduate Medical Education Committee is in charge of encouraging medical student interest in the field of Addiction Psychiatry. The committee works to expand the opportunities available for medical students to attend the AAAP Annual Meeting. The committee also participates in the Mentor program and the "Breakfast for Trainees." The committee promotes and supports addiction education at the medical school level.

PGY I-IV Committee
Stephen Ross, MD, Chair
The primary role of the PGY I-IV Committee is to promote the quality of teaching and clinical experience in the addictions in general psychiatry residency programs.

PGY-V Committee
John J. Mariani, Chair
The primary role of the committee is to support high quality training for PGY-V Addiction Psychiatry residents.

7:00 am - 8:00 am
Committee Meetings

Publications and Products Committee — **Location: Salon II**

Elinore F. McCance-Katz, MD, PhD and Kevin A. Sevarino, MD, PhD, Co-Chairs
The Publications and Products Committee produces or oversees the production of AAAP educational products. The committee generates products on its own and works with other AAAP committees to facilitate the development of products. The committee also manages and oversees the AAAP Website, www.aaap.org.

***The American Journal on Addictions* Editorial Board** — **Location: Salon III**

Thomas R. Kosten, MD, Editor-in-Chief
AJA Editorial Board provides oversight of the production of the Journal
(Note: By invitation only - members of this committee are appointed by the Editor-in-Chief.)

Saturday, December 8

8:00 am - 10:00 am

Location: Grand Ballroom

Symposium III: The START Study (Starting Treatment with Agonist Replacement Therapies): A Randomized Comparison of Buprenorphine and Methadone

Symposium Chair: *Andrew J. Saxon, MD, University of Washington*
Presenters: *Andrew J. Saxon, MD, University of Washington; Cheryl Teruya, PhD, UCLA Integrated Substance Abuse Programs; and Lindsay DeVane, PharmD, Medical University of South Carolina*

This symposium will present results of the NIDA Clinical Trials Network Starting Treatment with Agonist Replacement Therapies (START) Study. The study was a large (N=1269), open-label randomized controlled trial examining the liver health effects of methadone and buprenorphine. Dr. Saxon will present the main study results focusing on the liver and over all drug use and retention outcomes. Dr. Teruya will describe a qualitative study conveying the perceptions of patients about the medications and treatment. Dr. DeVane will report on the pharmacogenetics of study outcomes.

At the end of the symposium participants will be able to:

1. Describe the effects of methadone and buprenorphine on the liver
2. Discuss the personal reactions of patients to treatment with methadone or buprenorphine
3. Describe genes that may affect pharmacokinetics and outcomes with methadone or buprenorphine

Source of Funding: National Institute on Drug Abuse 5 U10 DA013714-08

Concurrent Workshop Session C ◆ 10:00 am - 11:30 am

Workshop C1: Understanding Differences between the Etiology and Treatment of Pathological Gambling and the Substance Use Disorders

Location: Salons II/III

Workshop Presenters: *David Crockford, MD, FRCPC, DABPN, University of Calgary, Foothills Medical Centre Addiction Program and Timothy Fong, MD, DABPN, UCLA*

At the end of the workshop participants will be able to:

1. Determine the basis for inclusion of Pathological Gambling in DSM-5 under the section of addiction and related disorders
2. Recognize the differences in neurobiology between Pathological Gambling and the substance use disorders and how this influences treatment seeking and natural recovery rates
3. Implement a comprehensive management plan for patients with Pathological Gambling and how it differs from patients with substance use disorders

The DSM-5 taskforce has proposed to move Pathological Gambling (PG) from the Impulse Control Disorders Not Elsewhere Specified into the section of Addiction and Related Disorders and rename it Gambling Disorder. It is slated to be the only behavioral addiction to be included for DSM-5. The implications of including behavioral addictions with the substance use disorders will affect treatment paradigms as well as how addictions are understood by treating professionals. This workshop will help attendees understand current concepts of etiology and clinical course of PG, which will improve the ability to develop, and implement treatment plans.

Source of Funding: University of Alberta

Workshop C2: Questions in the Use of Buprenorphine in Opioid Dependent Pregnant Women: Induction and HCV

Location: Veranda West

Workshop Presenters: *Karol Kaltenbach, PhD, Jefferson Medical College, Thomas Jefferson University; Marjorie Meyer, MD, University of Vermont College of Medicine; and Laura McNicholas, MD, PhD, VA Medical Center and University of Pennsylvania School of Medicine*

At the end of the workshop participants will be able to:

1. Describe factors related to unsuccessful induction onto buprenorphine in pregnant opioid dependent women
2. Describe elements of a successful protocol for induction onto buprenorphine in pregnant opioid dependent women

This workshop will discuss the use of buprenorphine in the management of opioid dependence during pregnancy in regards to induction issues and liver enzymes in women with HCV infection. Although the MOTHER RCT study reported more positive outcomes for neonates born to women treated with buprenorphine than with methadone (Jones et al. NEJM, 2012), the study reported a non-significant but potential clinical concern of a higher dropout rate during the induction phase for women randomized to buprenorphine. Factors and procedures

related to successful induction from two different modalities will be discussed: the MOTHER RCT research protocol and a clinical treatment service. A secondary analysis of MOTHER data that examined withdrawal symptoms during induction indicates buprenorphine produced only a very mild increase in withdrawal symptoms but that the trajectory of increase differed significantly from methadone and may have been disconcerting to patients. Moreover, patients who had been transitioned from methadone and who had higher drug problem severity were more likely to be dissatisfied with buprenorphine. Clinical experience will be presented from 127 pregnant opioid dependent women seeking treatment in Burlington, Vermont who have been successfully inducted onto buprenorphine since 2006. The induction procedure will be described as well as outcome data comparing the buprenorphine group to women inducted onto methadone during pregnancy and women inducted onto buprenorphine prior to their pregnancy. In addition, this workshop will also discuss the safety of buprenorphine during pregnancy in terms of hepatic effects for HCV positive and HCV negative patients.

Source of Funding: National Institute on Drug Abuse, grant RO1 DAO15738

Workshop C3: Glutamate and Alcohol Craving: From Research to Clinical Practice **Location: Salons IV/V**

Workshop Presenters: *Terry Schneekloth, MD; Osama Abulseoud, MD; Victor Karpyak, MD, PhD; and Larissa Loukianova, MD, PhD, Mayo Clinic*

At the end of the workshop participants will be able to:

1. Differentiate the negative "relief" craving potentially responsive to acamprosate treatment from other types of craving and identify physiological and genetic mechanisms considered to be involved in treatment effects of acamprosate
2. Identify different brain metabolites measured by MR Spectroscopy and understand the changes in GLX (glutamate, glutamine, and GABA) observed during intoxication
3. Recognize the rationale for educating patients about the basic neurobiology of addiction and recognize the role biologically informed patient education materials on patient self-efficacy for recovery

The role of glutamate in alcohol craving and relapse remains a focus of alcoholism research, particularly in the development of novel pharmacotherapies and biologic treatment interventions. This workshop will explore a translational spectrum including theories of craving and the proposed role of glutamatergic transmission, acamprosate as a pharmacologic agent for craving reduction, novel biologic investigations, and patient education on neurobiology of addiction.

The primary objective of this workshop is a presentation and discussion of the translational spectrum of the role of glutamate in craving and relapse from theories of craving to neuroimaging to patient education in a treatment program. Each presenter will communicate data through slides while facilitating audience engagement in the content, questions for exploration, discussion of the topics, and implication for future research and clinical practice.

Source of Funding: NIAAA (1P20AA017830-01)(V Karpyak); NIH/NCRR CTSA KL2 (O Abulseoud)

Workshop C4: International Perspectives on the Treatment of Opioid Dependence: British, Taiwanese, and Canadian Approaches **Location: Veranda East**

Workshop Presenters: *John Renner Jr., MD, Boston University School of Medicine and Brian Hurley, MD, MBA, MGH-McLean, Harvard Medical School*
Panelists: *Brian Hurley, MD, MBA, MGH-McLean, Harvard Medical School; Tae Park, MD, Boston University School of Medicine; Ronald Fraser, MD, CSPQ, FRCPC, McGill University*
Discussant: *Jeffrey Samet, MD, MPH, Boston University School of Medicine*

At the conclusion of the workshop participants will be able to:

1. Conceptualize the advantages and disadvantages of the approach to the treatment of opioid dependence in other national contexts as compared with the United States (US)
2. Identify and put into practice those components of opioid treatment systems in other countries which might, if adopted within the US, enhance the US approach to opioid dependence treatment
3. Strategically navigate the opportunities and pitfalls that might accompany the implementation of specifically identified opioid dependence treatment approaches from other countries within the US

The approach to opioid dependence treatment in the United Kingdom (UK), Taiwan, and Canada is distinct from the United States in many respects. HIV prevalence rates are higher in injection drug users in the United States, in part due to national approaches to addiction treatment services. Core features of the UK approach include a low threshold initiation of opioid agonist maintenance pharmacotherapy in a broad community-based distribution.

In 2005 Taiwan introduced opioid agonist maintenance pharmacotherapy, and have now enrolled over 15,000 heroin dependent patients, offering free services to HIV positive patients and charging HIV negative patients for opioid agonist medical treatment. In Canada, the British Columbia Ministry of Health Services finances a supervised injection site which saves about one life a year as a result of intervening in overdose events.

Saturday, December 8

The purpose of this panel is to provide a forum for discussion of the approaches to the treatment of opioid dependence in other countries and identify the implications that may be relevant to the treatment of opioid dependence in the United States. The organization of health services in these different nations will be contrasted. Low threshold initiation of addiction services including opioid agonist pharmacotherapy will be highlighted as an approach to increase engagement of the opioid dependent patients. Additionally, the use of community pharmacies to coordinate the dispensing/observing of opioid agonist treatment will be identified as an important discussion element.

Source of Funding: None

Workshop C5: Conducting a Patient-Centered Psychosocial Treatment for Substance Use Disorder, "Natural Recovery" **Location: Salons VI/VII**

Workshop Presenters: *Kathleen P. Decker, MD, Hampton VAMC, Eastern Virginia Medical School; Stephanie Peglow, DO, Eastern Virginia Medical School; and Abigail Dwiggins, Eastern Virginia Medical School*

At the end of the workshop participants will be able to:

1. Discuss factors associated with successful substance use rehabilitation treatment completion in standard programs
2. Describe a novel patient-centered treatment program, "Natural Recovery"
3. Facilitate patient-centered treatment in a simulated group therapy session

A novel psychosocial substance use treatment program component called "The Natural Recovery Program" was developed as an elective component in an inpatient substance use rehabilitation program. It is a patient-centered program which includes group therapy and structured pursuit of patients' hobbies on weekends during treatment. Pilot data from an 18-month period indicates that participants in Natural Recovery have a higher rate of treatment retention and treatment completion (78% vs. 65% with usual care).

Natural Recovery has been chosen as a "Promising Practice" in the Veterans Healthcare Administration system due to high patient satisfaction and its patient-centered approach. The workshop is designed to teach participants how to incorporate this program component into standard substance use treatment programs to enhance patient satisfaction and outcomes. The workshop will begin with a review of psychosocial treatments for substance use treatment and then review data on how "The Natural Recovery Program" impacts patient satisfaction, treatment retention and completion. This will be followed by division of the audience into groups for a simulated Natural Recovery group therapy session. Each group will experience a different module of the three tracks of Natural Recovery (sports/dance, art/music, horticulture) with a faculty facilitator. Participants will be given a "script" to portray substance use treatment patients. The script is based on actual (anonymous) patient responses to the modules. Following the simulated group therapy session participants will discuss their experience, how the program differs from standard group therapy and what they learned about how to facilitate this program.

Source of Funding: Veterans Health Administration, Office of Rural Health

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11:30 am - 12:30 pm **Location: Garden I and II**

Poster Presentation Luncheon B

(Posters #24-47, Pages 43-54)

Attention Attendees

You must wear your AAAP Name Badge at all times to attend conference events and for meals.

Make sure to congratulate the AAAP Travel Scholarship Awardees!

If you see attendees with a special star on their name tag, please take a moment to congratulate them! These stars are in recognition of excellence as awardees as they pursue further study in the field of Addiction Psychiatry.

Questions? Find a AAAP Staff member or stop by the Registration Desk.

Paper Presentations

Location: Grand Ballroom

Moderator: William B. Lawson, MD, PhD

12:30 pm – 12:45 pm
Randomized, Double-Blind, Placebo-Controlled Trial of Nicotine Nasal Spray for Smoking Cessation in Schizophrenia

Presenter: *Jill M. Williams, MD, Robert Wood Johnson Medical School*

Background: Individuals with schizophrenia smoke at rates higher than the general population and are only half as successful in attempts to quit smoking. More studies are needed to determine the efficacy of treatments since smoking is the number one cause of preventable death. Several aspects of the nicotine nasal spray (NNS), including its rapid onset of action and peaking blood nicotine level, its intermittent dosing, its effective craving relief and reinforcing properties make it a particularly appealing treatment for smokers with schizophrenia.

Methods: In this randomized, double-blind, placebo-controlled trial, subjects were clinically-stable adult outpatients, with confirmed schizophrenia who smoked ≥ 10cigarettes/day and were motivated to quit. Subjects were randomized to receive either Nicotine Nasal Spray or piperine nasal spray placebo for 20 weeks, with post-treatment follow-up up to 1 year. Both groups received behavioral intervention designed for schizophrenia delivered as 15 sessions over 26 weeks.

Results: A total of 66 patients have been consented to participate in the study with 55 randomized as the intent to treat group. All study visits including 1 year follow-up have been completed. Data analysis is underway and will be presented and includes reporting of abstinence rates and reductions in smoking for the two treatment groups. Self-reported abstinence is verified by expired carbon monoxide verification at all visits. Additional collected measures that will be presented include NNS tolerability and usage, study dropout rates and adverse events.

Conclusions: This is the first placebo controlled trial of a nicotine replacement product in schizophrenia. More studies are needed to determine the efficacy of tobacco dependence treatments in at-risk groups like smokers with schizophrenia.

Source of Funding: Work was supported by a grant from the National Institute on Drug Abuse (R01- DA024640-01A1 to JMW).

12:45 pm – 1:00 pm
Pharmacogenetics of Naltrexone and Disulfiram in Alcohol Dependent, Dually-Diagnosed Veterans

Presenters: *Albert Arias, MD, MS; Joel Gelernter, MD; Ralitza Gueorguieva, PhD; Elizabeth Ralevski, PhD; Ismene Petrakis, MD, Yale University School of Medicine*

Background: Disulfiram (DSF) and naltrexone (NTX) were evaluated in treatment of individuals with co-occurring alcohol dependence and other Axis I disorders (e.g., Major Depression). We explored pharmacogenetic interactions in genotyped subjects.

Methods: Subjects were randomized to four groups: NTX (50mg daily) alone, DSF (250mg daily) with placebo, both medications, or placebo without DSF, for 12 weeks. Subjects were genotyped for *OPRM1* rs1799971 (Asn40Asp; A118G) (encoding the mu-opioid receptor protein), and *DBH* rs1611115 (C-1021T) (encoding the dopamine beta-hydroxylase enzyme).

Results: 129 European American (EA) subjects were genotyped; 34 non-EAs were excluded from the analysis. 98% of subjects were male, so only males were included in the analysis. There were no significant interactions between *OPRM1* and medication. *DBH* interacted significantly with NTX on the primary outcome of abstinence from heavy drinking, ($\chi^2(1)=5.23$, $p=0.02$). "T" allele carriers on NTX had higher rates of abstinence from heavy drinking compared to "T" allele carriers on placebo, but this effect was reversed for "CC" subjects. There was a significant interaction between *DBH* and DSF ($F(1,17)=7.52$, $p=0.01$) on "drinks per drinking day," with less drinking for "CC" subjects on DSF than on placebo.

Conclusions: For rs1799971*G, we did not replicate findings from previous studies showing a more favorable response to NTX; likely due to the small available sample. The variant rs1611115*T associated with a better response to NTX, but "CC" subjects had a better response to DSF.

Acknowledgements: Bruce Rounsaville, and the MIRECC VISN1 research group.

Sources of Funding: U.S. Federal Government Veterans Affairs, MIRECC VISN1, National Institute of Alcohol Abuse and Alcoholism K23 AA017689

Saturday, December 8

Location: Grand Ballroom

1:00 pm – 1:15 pm
Topiramate Treatment of Alcohol Dependence in Veterans with PTSD: Preliminary Analysis of Outcome From a Pilot Controlled Trial

Presenters: *Steven L. Batki, MD; Brooke A. Lasher; Adrienne Heinz, PhD; Glenn-Milo Santos, MPH; Ellen Herbst, MD; Thomas Metzler; Angela Waldrop, PhD; Thomas C. Neylan, MD; Gary Tarasovsky; Sridhar Prathikanti, MD, UCSF Department of Psychiatry and San Francisco VA Medical Center*

Background: PTSD and alcohol dependence frequently co-occur among veterans, yet little is known about effective pharmacotherapy for these comorbid conditions.

Methods: A 12-week RCT of topiramate vs placebo in 30 veterans with PTSD and alcohol dependence. Subjects also received weekly Medical Management counseling. Mean (+SD) age was 50 (+13). 93% were male. 50% were Vietnam and 20% were Iraq/Afghanistan veterans. 73% had combat-related PTSD. Mean baseline CAPS was 78 (+17). Mean baseline % drinking days was 78% (+25), mean % heavy drinking days was 69% (+30), and mean drinks/drinking day was 10.6 (+5.7).

Results: A mixed effects Poisson model found that topiramate treatment resulted in significantly fewer drinking days/wk over the 12 wks, with baseline adjusted means of 1.4 (+2.2) vs 2.8 (+1.9) drinking days/wk (p=.037). There was a trend toward significance for fewer drinks/wk: 13.3 (+16.2) vs. 21.8 (+23.2) (p =.095). Alcohol craving on OCDS was significantly lower in the topiramate group (p=.004). PTSD Symptom Checklist (PCL) scores in the topiramate group were nonsignificantly lower (p=.117). The topiramate group had significantly higher retention, mean11.5 wks vs 9.6 wks (p<.05). The topiramate group also had significantly higher proportion of weeks in which medication was actually taken (p<.05). There were no medication-related serious adverse effects.

Conclusions: Topiramate treatment resulted in lower frequency and amount of alcohol use and reduced alcohol craving as compared to placebo in alcohol dependent veterans with PTSD. Topiramate was also associated with higher retention and medication adherence. PTSD symptoms were nonsignificantly lower in the topiramate group.

Source of Funding: Department of Defense Grant No: W81XWH-05-2-0094

1:15 pm – 1:30 pm
The Effects of Intranasal Oxytocin on Cue-Induced Craving, Social Cognition, and Implicit Preferences for Drug Stimuli in Opioid-Dependent Patients Receiving Methadone Treatment: Preliminary Results of a Pilot Study

Presenters: *Joshua D. Woolley, MD, PhD; Peter Arcuni, BA; Christopher Stauffer, MD; David Kan, MD; Sophia Vinogradov, MD; Steven L. Batki, MD, UCSF Department of Psychiatry and San Francisco VA Medical Center*

Background: Impaired social functioning is both a risk factor for developing substance abuse, a consequence of substance abuse, and a key prognostic factor in the treatment of substance abuse. Improved social functioning is also a key outcome of effective substance abuse treatment. No pharmacological interventions currently exist to address social functioning in substance abuse patients. The neuropeptide oxytocin has prosocial effects in multiple patient groups including autism and schizophrenia, and animal studies demonstrate that oxytocin administration decreases multiple aspects of addictive behavior for drugs of abuse. Our goal is to investigate whether oxytocin administration has positive behavioral and psychological effects in substance abusers.

Methods: Subjects will be administered 40 IU of oxytocin or placebo in a double-blind, cross-over, within-subject design study. Subjects will complete tests to measure drug cravings (Visual Analog Craving Scale in response to a video of intravenous heroin use), social cognition (The Awareness of Social Inference Test and Reading the Mind in the Eyes Test (RMET)), and implicit preferences for drug-related and social stimuli (Implicit Association Task). Subjects will consist of 26 men with opiate dependence who are receiving methadone maintenance therapy and who have not used an illicit substance 14 days prior to testing. To date we have recruited 4 subjects (age mean (±SD) 57 (±2), daily methadone dosage 166 mg (±92)).

Results: Watching a video of heroin use induced an increase in craving for using (mean (±SE), 1.1 ± .93, p=.32). Patients also did relatively poorly on social cognitive tasks (TASIT 3: 0.76 (± .03) vs 0.83 (± .02) in healthy controls from a separate study, RMET: 0.64 (± .06) vs. 0.70 (± .02) in healthy controls from a separate study). In the implicit association task, patients demonstrated an implicit preference for drug versus neutral stimuli: -0.14 (± .33) and social versus neutral stimuli: 0.46 (± .40).

Conclusions: While we remain blind to drug randomization, our preliminary data indicate that patients our tasks are working as expected in that patients experience increased drug cravings after watching the drug-related video, may have impaired social cognition, and appear to have implicit preferences for drug-related stimuli. We are now working on increasing the sample size for this study, which will allow us to test our hypotheses concerning oxytocin's beneficial effects in substance abuse disorders. Results from this pilot study may support the use of oxytocin as an adjunct therapy with current psychosocial treatments of substance abuse.

Source of Funding: The San Francisco Treatment Research Center (SFTRC) at the University of California, San Francisco (UCSF), Pilot Studies in Substance Abuse Research grant.

2:00 pm - 3:00 pm
Location: Magnolia Courtyard

Dessert With the Experts

Co-Chairs: Steven L. Batki, MD and Timothy Fong, MD

This is a unique opportunity to have small group discussions with experts in the field. All attendees are encouraged to participate!

Experts and Topics:

Addiction in Health Care Professionals
Penelope Ziegler, MD

Addiction in LGBT Communities
Petros Levounis, MD, MA

Addiction in the Older Population
Joseph G. Liberto, MD

ADHD and Substance Abuse
Timothy Wilens, MD

Behavioral Addictions: Pathological Gambling and Hypersexual Disorders
Timothy Fong, MD

Biomarkers of Alcohol Consumption for Screening and Monitoring Relapse to Drinking in Treatment Settings
Raye Litten, MD

Cannabis and Psychosis in Youth or Adolescent Substance Abuse
Robert T. Milin, MD

Cocaine Dependent Pharmacotherapy
Adam Bisaga, MD

Computer-Assisted Treatment for Addicted How does it Fit in?
Edward V. Nunes, MD

EKG and Trough/Peak Blood Levels in Methadone Maintenance
Joseph Westermeyer, MD, MPH, PhD

Forensics in Addiction Psychiatry
Laurence M. Westreich, MD

Individual and Group Psychotherapy
Edward J. Khantzian, MD

Integrating SU Services in Primary Care
Mark Willenbring, MD

Liver Disease
Andrew Saxon, MD

Management of Sedative-Hypnotic Use Disorders
John J. Mariani, MD

Neuroethics
Richard Rosenthal, MD

Obesity as an Addiction Disorder
Peter R. Martin, MD

Obesity Physiology, Neuroscience and Therapeutics
Kevin Niswender, MD, PhD

Overlap of Law and Medicine in Treating Addictions
Arthur Burnett, Sr., JD

Research Careers
Kathleen T. Brady, MD, PhD

Substance Abuse and Bipolar Disorder
Roger D. Weiss, MD

Substance Abuse in the Severely Mentally Ill
William Lawson, MD

Successfully Integrating AA/NA into Psychiatric Care
Marc Galanter, MD

Teaching Addiction Psychiatry
John A. Renner, Jr., MD

Treating Alcohol and Cannabis Dependence
Barbara Mason, PhD

Treatment Resistant Patient
Richard Frances, MD

12-Step Referral Work with Suboxone Patients
Richard K. Ries, MD

Veterans, PTSD, and SUDs
Ismene Petrakis, MD/Steven L. Batki, MD

2:00 pm - 3:00 pm
Location: Salon I

Maintenance of Certification (MOC) Committee Meeting

Saturday, December 8

3:00 pm - 5:00 pm
Location: Ballroom I and II

NIAAA Symposium: Pharmacotherapy of Alcohol Dependence: New Findings

Symposium Chair: *Raye Litten, PhD, National Institute on Alcohol Abuse and Alcoholism*
Presenters: *Barbara Mason, PhD, The Scripps Research Institute; Raye Litten, PhD, National Institute on Alcohol Abuse and Alcoholism; and Steven L. Batki, MD, University of California, San Francisco*

Alcohol abuse and dependence (i.e., Alcohol Use Disorders) are among the most prevalent mental health disorders found in the world today. More than 76 million people worldwide are estimated to have diagnosable Alcohol Use Disorders. Pharmacotherapy offers promising means for treating alcohol addiction, and significant progress has been made in the past 20 years. Currently, three medications (four formulations) have been approved by the FDA for the treatment of alcohol dependence. Unfortunately, these medications do not work for everyone; as a result, active research continues to search for effective medications to treat an even wider range of patients.

In this symposium, the efficacy and safety findings of recently completed alcohol clinical trials of promising medications will be presented. Findings on ondansetron, toparimate, baclofen, injectible extended-release naltrexone, and gabapentin will be discussed. Complementing the update on these medications, a synthesis of current research on medications for co-morbid alcohol and psychiatric disorders will be presented with an emphasis on mechanisms of action, efficacy, and use in real-world treatment settings. As alcohol research continues to unravel the biological mechanisms that underlie alcohol addiction, more, differently targeted medications will be available for the treatment of alcoholism. As a result, affected individuals and their families will be spared a myriad of costly alcoholism-associated medical, psychological, social, economic, and personal problems.

At the end of the symposium participants will be able to:

1. Recognize novel targets for discovering and developing candidate compounds
2. Determine the efficacy and safety of a number of new promising medications in recently completed clinical trials
3. Determine the latest clinical findings of medications for the treatment of serious and persistent mental disorders
4. Identify the latest research strategies to develop and deliver new and more effective alcohol medications

Source of Funding: National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health

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3:00 pm - 7:15 pm
Location: Ballroom II

"Half and Half" Buprenorphine Training
Office-Based Treatment for Opioid Use Disorders (Separate registration is required.)

Faculty
Course Director: Elinore F. McCance-Katz, MD, PhD, Professor of Psychiatry, University of California at San Francisco, CA
Laura F. McNicholas, MD, PhD, Philadelphia VAMC, Philadelphia, PA

The Buprenorphine training course is a conference workshop that requires separate registration and registration fees. For more information about buprenorphine training, please visit AAAP Annual Meeting registration desk. AAAP is one of five organizations designated by the U.S. Department of Health and Human Services (DHHS) to provide training for physicians to obtain the waiver needed to prescribe buprenorphine in office practice for the treatment of opioid use disorders. AAAP buprenorphine training sessions meet the eight hour requirement. Participation in training will provide physicians with a comprehensive overview of buprenorphine prescribing and its' safe and effective use in an office-based setting.

Course Topics
- Overview of Office-Based Treatment of Substance Use Disorders
- Review of Opioids
- Introduction To Buprenorphine/Naloxone
- Special Aspects of the Treatment of Substance Use Disorders
- Special Treatment Populations and the Use of Buprenorphine
- Overview: Opioid Dependence Treatment with Buprenorphine/Naloxone
- Patient Evaluation
- Clinical Use of Buprenorphine
- Clinical Case Studies

Funding for this training was made possible (in part) by contract #1H79T1022022 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Sunday, December 9

7:00 am - 8:00 am
Committee Meetings

Annual Meeting Program Committee **Location: Salon II**

Steven L. Batki, MD, Chair, Timothy Fong, MD, Co-Chair

The Annual Meeting Program Committee is charged with developing a high-quality scientific program for the AAAP Annual Meeting and Symposium. The Program Committee receives guidance from the Board of Directors and AAAP membership on the content and sessions to be offered.

Evidence-Based Treatment Committee **Location: Salon III**

Dean D. Krahn, MS, MD and Margaret Mary Kotz, DO, Co-Chairs

The Evidence-Based Treatment Committee was formed because of the growing need for members to be informed about evidence-based treatment in addictions. What works, and how do we know? The overarching goal is to provide resource information that will be clinically useful to the field.

Public Policy **Location: Salon IV**

Richard N. Rosenthal, MD, Section Head, Chair and Hilary S. Connery, MD, PhD, Co-Chair

The Public Policy Section is comprised of two committees (the Public Policy Committee and the Public Information Committee) with the goals of coordinating the disseminating AAAP policy recommendations and disseminating knowledge of addictive disorders to the general public. The Public Policy Section works in close collaboration with the Research, Treatment and Education Sections of AAAP to promote excellence of clinical practice in Addiction Psychiatry, to educate the public regarding substance use disorders, to promote accessibility and quality of treatment for all patients, and to support research in the field.

8:00 am - 9:00 am
Location: Grand Ballroom

Medical Update: Obesity Update: The Pleasure of Feeding

Presenter: *Kevin Niswender, MD, PhD, Vanderbilt University School of Medicine*

In this presentation, Dr. Niswender will review major mechanisms involved in the regulation of energy balance and feeding behavior. An overview of homeostatic mechanisms involved will be provided, and major structure and function aspects of these pathways described. Then, newer models incorporating a fundamental role of reward/hedonics in feeding behavior will be reviewed and implications for obesity pathogenesis described. Finally, insights into shared mechanisms between obesity and neuropsychiatric disorders will be briefly highlighted.

At the end of the symposium participants will be able to:

1. Explain basic structure-function aspects of physiological models for homeostatic feeding, satiety, and reward
2. Discuss evolving hypotheses implicating dysfunction in reward circuits in obesity pathogenesis
3. Provide feedback on potential shared pathophysiological mechanisms involved in metabolic and psychiatric disorders

Source of Funding: None

9:00 am - 11:00 am
Location: Grand Ballroom

Symposium IV: ehealth: Exciting New Strategies for Substance Abuse Treatment

Symposium Chair: *Mary F. Brunette, MD, Dartmouth Medical School*
Presenters: *Sarah Lord, PhD, Dartmouth Psychiatric Research Center; Mary F. Brunette, Dartmouth Medical School; Lisa A. Marsch, PhD, Psychiatric Research Center at Dartmouth College; and Edward V. Nunes, MD, NYS Psychiatric Institute*

Technology can provide new ways to deliver evidence-based treatments as well as to deliver novel treatments that can function as clinician extenders or provide access to treatment for those who do not wish to come to a clinic. The presenters of this symposium will provide three examples of innovative, technology-based assessments and treatments for addictions.

Dr. Lord will discuss current technology-based approaches to screening and assessment of substance use and co-occurring disorders in adolescents and young adults. Dr. Brunette will discuss key modifications that allow people with cognitive impairments and low computer experience to be able to access and easily use technology-delivered interventions. Dr. Marsch will provide an overview of her research focused on the development and evaluation of technology-based treatments for people with substance use disorders. Dr. Nunes will comment on the promise of technology-based approaches in the assessment, prevention and treatment of addictions, as well as their integration into systems of care and their capacity to reach those not in such systems.

Symposium

At the end of the symposium participants will be able to:

1. Evaluate the clinical utility of technology-based substance use screening and assessment tools for youth populations in different systems of care
2. Identify potential barriers to adoption of technology-delivered screening and brief intervention tools in care settings, and describe at least two solutions for overcoming barriers to implementation
3. Identify strategies to ensure that technology-delivered interventions are usable by people with cognitive deficits and low computer experience
4. Discuss the key components of motivational interventions to engage smokers into effective treatment for nicotine dependence
5. Develop an increased ability to assess the clinical utility of, and empirical support for, various technology-based interventions targeting substance use disorders and behavioral health

Source of Funding: National Institute on Drug Abuse R01DA025072 P30DA029926, National Institute of Mental Health R34 MH093162-01, and Bristol-Meyers Squibb Foundation

Poster Session A ◆ Friday, December 7

Location: Garden I and II

Poster 1: Outcome of Dual Diagnosis Participants of a Novel Substance Use Treatment Program Component by Gender

Kathleen P. Decker, MD, Hampton VAMC, Eastern Virginia Medical Center and Abigail Dwiggins, MD, Eastern Virginia Medical School

Background: To determine whether participation or outcome differed by gender in participants of a novel treatment program component, "Natural Recovery" (NR) during substance use rehabilitation treatment.

Methods: A retrospective review of 643 medical records from patients admitted between 2009 and 2011 to a Veterans Administration residential substance use treatment program (DAP) was conducted. Univariate statistics and logistic regression analysis was performed in SPSS.

Results: Males completed treatment at a higher rate overall (75 vs. 55.8%, p=0.005). Females overall had a higher frequency of comorbid psychiatric diagnoses and males with an Axis II diagnosis were more likely to complete treatment (31% vs. 14.5%, p=0.01). Participation in Natural Recovery did not differ by gender (31%) and both genders rated it 4.5/5 on satisfaction. Natural Recovery participation was associated with higher treatment completion in both genders. There was no difference in treatment completion by gender for NR-Horticulture but females in NR-Art/Music completed treatment at a higher rate (88% vs. 75%, p=0.05). Participants in Natural Recovery had no difference in frequency of Axis II diagnosis by gender but there were differences in frequency of Axis I diagnosis by gender.

Conclusion: The Natural Recovery Program appears to enhance residential substance use treatment outcome in terms of satisfaction and treatment completion for both genders including patients with comorbid disorders. Limitations of the study include that participation in this program was elective, so participants might be more highly motivated to engage in and/or complete treatment and that there were fewer females (n=52/643).

Source of Funding: This material is based upon work supported in part by the Department of Veterans Affairs.

Poster 2: Predictive Modeling and Nonlinear Treatment Effects in a Multicenter, Randomized Controlled Trial of Methylphenidate in Smoke Cessation Intervention

Sean X. Luo MD, PhD; Lirio Covey, PhD; Mei-Chen Hu, PhD; Frances R. Levin, MD; and Edward V. Nunes, MD, New York State Psychiatric Institute

Background: Cigarette smoking continues to contribute to significant morbidity and mortality in the United States. There is evidence suggesting that cigarette smoking is more common in children and adults with attention-deficit/hyperactivity disorder (ADHD) compared to the general population. Whether and for whom treating the co-morbid ADHD would be part of an effective smoking cessation intervention remains uncertain.

Methods: Leveraging the NIDA CTN28 trial data, we built and evaluated the performance of linear and nonlinear predictive models, and calculated the probability that a patient would stop smoking when treated either with methylphenidate or with a placebo.

Results: Consistent with previous findings, we recapitulated a number of covariates of treatment effects in the linear model. Simulations using the nonlinear models revealed a significant nonlinear treatment effect for baseline ADHD severity, with methylphenidate superior to placebo for patients with high baseline ADHD severity, but placebo superior to methylphenidate for those with low baseline

Poster Session

Location: Garden I and II

ADHD severity. The threshold of ADHD severity above which treatment is efficacious was calculated and varied as a function of other demographic characteristics. Simulations also reaffirmed that methylphenidate would improve ADHD symptoms for patients with both high and low baseline severity.

Conclusions: Predictive modeling provides an intuitive and clinically tractable measure of treatment success incorporating possible nonlinear treatment effects, and suggests a way to customize smoking cessation treatment for patients with co-morbid ADHD. This method can be used to improve future trial design and assist in personalizing treatment in other substance use disorders.

Source of Funding: None

Poster 3: Integrated Substance Abuse Treatment: Buprenorphine in a Primary Care Clinic

Genie L. Bailey, MD, Warren Alpert Medical School of Brown University

Background: Since 2004, Stanley Street Treatment and Resources Inc. (SSTAR) has offered buprenorphine in our PHS 330 Federally Qualified Health Center (FQHC). Medical care is provided by waivered, family practice physicians working closely with nurse care coordinators. We have developed nursing protocols for medication induction and maintenance. Manualized, evidence-based group therapy is required and delivered by mental health providers employed by the clinic. The clinic has transitioned from an abstinence-only focus to a harm-reduction model that increases support and substance abuse counseling when illicit use occurs. Behavioral health treatment has become more integrated by use of electronic medical records and regular team meetings. hese analyses describe the patient demographics, enrollment process, treatment outcomes and profits.

Methods: Medical records, state tracking reports and internal accounting records were reviewed.

Results: Since 2004, we have treated 865 patients. The current patient population is male (60%), white (88%) and IV heroin abusers (75%). We maintain rapid access with 4.62 days between initial contact and enrollment vs. the state average of 16.6 days. 59% of our clients receive 20 mg or less of Suboxone. We demonstrate retention consistent with the national average and have a current length of stay of 892 days. ~2400 group sessions are delivered annually. In 2010 and 2011, the total revenues generated by the medical component was $636,000 and $669,581, respectively; after expenses a $282,000 and $395,037 profits were demonstrated, respectively. Mental health services were billed separately and generated $73,000 in 2010.

Conclusions: Buprenorphine can be successfully provided in a primary care setting. Care is best delivered in a team model with integrated electronic medical records. Such programs can be financially viable.

Source of Funding: None

Poster 4: Effects of Baclofen and Naltrexone, Alone and in Combination, in Rat "Food Addiction" Model

Nicole M. Avena, PhD and Mark S. Gold, MD, University of Florida College of Medicine

Introduction: Addiction insights have been applied to models of overeating and palatable food binge eating. Drugs of abuse as well as pharmaceutical treatments used to treat drug addiction can change appetite and food preferences. Specifically, the GABA agonist baclofen (BAC) can reduce intake of some drugs of abuse, and naltrexone (NAL), an opioid antagonist, can suppress alcohol intake. The present study tested the effect of NAL-BAC combinations on binge intake of fat- and sugar-rich diets.

Methods: Male Sprague-Dawley rats (n=10/group) were maintained on binge access to standard chow and a 10% sugar solution, 10% sugar-35% fat emulsion, or 35% fat emulsion, for 21 days. Rats were then given i.p. injections of NAL (0.1 or 1.0 mg/kg), BAC (1.0 or 1.8 mg/kg) and NAL-BAC (0.1 mg/kg NAL and 1.0 mg/kg BAC, or 1.0 mg/kg NAL and 1.8 mg/kg BAC).

Results: NAL-BAC (1.0 and 1.8 mg/kg, respectively) suppressed binge eating. Cohen's revealed that NAL-BAC was more effective in decreasing intake than either drug alone, both 1 and 12 h after injection. Similarly, BAC (1.8 mg/kg) suppressed intake in the fat and sugar-fat groups up to 12-h post injection, but did not affect intake in the sugar group. NAL alone did not suppress intake, and none of the drugs decreased chow intake.

Conclusions: NAL-BAC is superior to either drug alone in suppressing binge intake of palatable foods rich in fat and/or sugar, and this combination might be a useful therapeutic tool for patients who binge eat.

Source of Funding: University of Florida Foundation

Poster Session

Location: Garden I and II

Poster 5: Therapeutic Mechanisms Underlying the Effects of Alcoholics Anonymous: Results of a Systematic Literature Review
Marie-Josee Lynch, MD, CM and Tony P. George, MD, FRCPC, University of Toronto

Background: There has been growing evidence to support the efficacy of Alcoholics Anonymous (AA) in assisting individuals with alcohol dependence achieve abstinence. The present study reviewed our understanding of psychological mechanisms underlying the therapeutic effects of AA.

Methods: A MEDLINE and PsycINFO search (1996-May, 2012) was conducted for articles examining links between AA and various psychotherapy theories and modalities, including psychodynamic theory, attachment theory, interpersonal group therapy and cognitive behavioral therapy. This systematic review was conducted by the first author, who identified 17 peer-reviewed studies.

Results: Psychodynamic factors which may underlie AA's effectiveness include assistance with addressing and correcting affective deficits, narcissistic defenses and self-care deficits. Studies have also demonstrated that AA participation is negatively correlated with insecure attachment ratings, and that having a sponsor was associated with increased rates of abstinence. Group therapy and AA were found to share important features such as self-disclosure, interpersonal repair and self-discovery. AA cognitions that correlated with increased abstinence included commitment to abstinence and AA, the intention to avoid high-risk situations, increases in self-efficacy and decreases in positive alcohol expectancies.

Conclusions: There appear to be multiple common mechanisms of action shared by AA and various psychotherapies. This conceptualization can be used as a framework to assist in adapting standard psychotherapy practices for patients with alcohol use disorders, and used in the teaching of psychotherapy for addictions to psychiatric residents.

Source of Funding: This work was funded in part by the Department of Psychiatry, University of Toronto to M-J.L. who is currently a PG-4 Resident in Psychiatry, and by the Chair in Addiction Psychiatry at the University of Toronto to T.P.G.

Poster 6: Rates of Identification and Treatment of Nicotine Dependence Among Veterans Seeking Primary Care Services
Julie Burke, MD, Medical University of South Carolina; Ralph H. Johnson, VAMC; Steven LaRowe, PhD; David Friedrich; and Karen Hartwell, MD, Medical University of South Carolina

Background: Prior data indicates approximately 22% of all veterans enrolled in the Veterans Health Administration are current smokers and with continued smoking half will die from smoking related causes. Our study aims to further establish current data on smoking rates in veteran patients with and without psychiatric and substance use disorders across primary care and mental health settings. This study will attempt to elucidate how well smoking is identified and treatment initiated at initial assessment by a physician. Additionally the project will assess the need for potentially novel educational programs in training psychiatrists to identify and treat patients with nicotine dependence. Only results from primary care are presented.

Methods: A random 156 initial physician assessments from 2011 were reviewed from the Ralph H. Johnson VAMC Primary Care clinic. Demographic information and information regarding nicotine dependence diagnosis, treatment, and co-morbid medical diagnoses were gathered.

Results: Findings revealed that 43% of primary care patients were identified as current smokers. Only 50% of patients identified as smokers had a diagnosis of nicotine dependence recorded for the intake visit and 52% were offered pharmacologic intervention for smoking cessation. Of those offered treatment, 83% refused treatment and 17% received a medical intervention for smoking cessation.

Conclusions: Our findings indicate that prior studies may underestimate rates of nicotine dependence in the veteran population. Additionally, only half of those identified as smokers were offered treatment. Development of educational programs to train health care providers to identify and treat patients with nicotine dependence may be indicated.

Source of Funding: None

Poster Session

Location: Garden I and II

Poster 7: Suicidal Ideations Associated with PTSD on PTSD Checklist but not on SCID among SUD Veterans

Jack Cornelius, MD; Gretchen Haas, PhD; Cathleen Appelt, PhD; Jon Walker; and Lauren Fox, University of Pittsburgh; and Ihsan Salloum MD, University of Miami

Background: The DSM-IV system used for diagnosing PTSD with the SCID is complicated, and has proven to be controversial. Some researchers have found that the PTSD Checklist is superior to the SDM-IV system for diagnosing PTSD. It is unclear which diagnostic system is best to diagnose PTSD among veterans. The clinical correlates of PTSD are also unclear, such as level of suicidal ideations (SI). Those questions are timely because of upcoming changes in the DSM diagnostic system. The current study assessed whether SI are associated with PTSD, as diagnosed by those two instruments. We hypothesized that SI would be associated with PTSD on the PTSD Checklist but not on the SCID.

Methods: This study involved 101 veterans recruited from a VA substance use treatment clinic in Pittsburgh. The study compared the PTSD Checklist (PTSD defined as score >50) versus the SCID (with its DSM-IV criteria) to diagnose PTSD, and utilized question 9 of the Beck Depression Inventory for assessing presence of SI.

Results: PTSD was diagnosed in 15 subjects using the SCID and in 13 subjects using the PTSD Checklist. SI was reported by 16 subjects. The presence of SI was associated with the diagnosis of PTSD on the PTSD Checklist (Chi-square=5.73, p=0.017) but not on the SCID (Chi-square=0.08, p=0.773).

Conclusions: These findings suggest that SI are associated with PTSD as diagnosed by the PTSD Checklist but not as diagnosed by DSM-IV criteria among veterans with SUD. Further studies are warranted to evaluate the utility of various instruments for diagnosing PTSD among various populations, and for clarifying its clinical correlates.

Source of Funding: Supported by a VA MIRECC Comorbidity grant to VISN 4.

Poster 8: Hypersexual Disorders and the DSM-V: Clinical and Research Implications Hypersexual Disorders

Timothy Fong, MD, UCLA and Reef Karim, DO, UCLA

Hypersexual behaviors are known by many names, such as sexual addiction and compulsive sexual behaviors. These behaviors, characterized by excessive engagement in sexual behaviors despite adverse consequences commonly present in a variety of treatment settings, especially in patients with substance use disorders. Currently, the DSM-IV does not formally recognize these behaviors as a clinical condition, other than sexual disorder NOS. Clinicians oftentimes do not receive formalized training or supervision in how to treat hypersexual disorders, even though these behaviors can be disabling and troubling. This workshop will review the history of hypersexual disorders in the scientific literature and will then present results from a recently completed diagnostic field trial that tested DSM-V proposed criteria for hypersexual disorders. This field trial, consisted of structured interviews of 97 patients presenting to 7 different treatment clinics for hypersexual behaviors compared to 37 patients presenting to substance abuse and mental health treatment. Symptom endorsement, manifestations of hypersexual behaviors and interviewer reliability and validity were established. In addition, this workshop will present clinical cases that showcase the wide variety of presenting signs and symptoms of hypersexual disorders. From this a discussion on how clinicians would manage hypersexual disorders will follow. Finally, this workshop will discuss and review the current research and clinical knowledge gaps in the field of hypersexual disorders, which will help to create a roadmap for clinicians and researchers interested in further understanding this disorder.

Source of Funding: NIDA K23 Career Development Award and Annenberg Foundation

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Poster 9: The Relationship Between Cannabis Use and Psychosis in a Nationally Representative Sample

Glen P. Davis, MD, Columbia University/New York State Psychiatric Institute; Frances R. Levin, MD; Shuai Wang, PhD; and Carlos Blanco, MD, PhD

Background: Epidemiological surveys have characterized the association between cannabis use and psychosis, but most studies to date describe relatively small samples sizes. This study is a population based approach to (1) Evaluate cannabis use as a risk factor for psychosis; (2) Determine demographic and clinical differences between cannabis users and non-users among individuals with psychosis.

Methods: We analyzed a nationally representative sample of individuals in the U.S. who were assessed in the National Epidemiological Survey on Alcohol and Related Conditions (NESARC; N = 43,093). Logistical regression was performed to observe the association between cannabis use and risk of psychosis. We also compared cannabis users with psychotic disorder to non-users with psychotic disorder to observe descriptive characteristics of each group.

Poster Session

Location: Garden I and II

Results: Cannabis users had more than twice the risk of psychosis (OR = 2.18) compared to non-users (OR = 1.00). Odds ratio increased from cannabis use (OR = 2.18) to abuse (OR = 4.81) to dependence (OR = 12.82), suggesting a dose response relationship between severity of cannabis use and risk of psychosis. Among individuals with psychotic disorder, those with lifetime cannabis use were more likely to have been hospitalized (OR = 2.17) and have a greater severity of physical disability (OR = 2.11).

Conclusions: This study of a large population-based sample adds to the evidence that cannabis use may be a risk factor for development of psychosis in a dose-dependent manner. Among those with psychotic disorder, illness course is more severe in cannabis users, as evidenced by their frequency of hospitalization and severity of physical disability.

Source of Funding: NIDA (DA007294-19; DA 019606)

Poster 10: A Regional Healthcare Plan to Combat Prescription Drug Abuse in Rural Maine

Frederick C. Goggans, MD; Jeffery Landfair, MD; Kevin Ohlenik, MD; and Chris Michalakes, DO, Pen Bay Medical Center

Background: This study describes a plan created to organize a healthcare system's response to the epidemic of prescription drug abuse in rural Maine. The plan was coordinated with input from psychiatry primary care emergency and surgical services and is presented as a model for similar community healthcare systems.

Methods: Input was sought from local, regional and national experts. The plan was written by the authors and presented to the medical staff and executive leadership for adoption by the institution

Results: The plan was adopted by the Medical Executive Committee and Board of the healthcare system and is being implemented.

Conclusions: The plan is aimed to reduce drug diversion and associated medical misadventures and to promote proper referral and treatment of chronic pain and addictive disease.

Source of Funding: Institutional funds of Pen Bay Medical Center. Maine State Office of Substance Abuse

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Poster 11: Family History of Substance Use Disorders (SUD) and Offspring SUD: Results from a Controlled Family Study

Timothy E. Wilens, MD, Massachusetts General Hospital

Background: We have previously shown that juvenile bipolar disorder (BPD) is a risk for substance use disorders (SUD). Here we examine the influence of family history of SUD on SUD risk in proband offspring with and without BPD.

Methods: 105 adolescents with BP (mean age ±SD=13.6±2.50 years) and 98 controls (13.7 ± 2.10 years) were comprehensively assessed with a structured psychiatric diagnostic interview for psychopathology and SUD. We used logistic regression to assess the potential risk of parental substance use disorders and cigarette smoking on offspring SUD.

Results: Although associated with offspring SUD, offspring BPD did not affect the relationship between parental SUD history and offspring SUD (all p values > 0.05). We found that among the combined group of BP and control probands who had a family history of SUD were more likely than those without a family history to have an alcohol use disorder (Odds Ratio: 4.0; 95% CI: 1.1, 14.2; p=0.03). We found no other significant differences in the prevalence of any SUD, any drug use disorders, and cigarette smoking (all p values > 0.05) across the groups. There was no significant effect of the timing of exposure to parental SUD on risk for SUD in the combined adolescent proband offspring.

Conclusions: With the exception of an offspring alcohol use disorder, parental history of SUD was not uniformly associated with SUD in adolescent offspring. BPD did not pose any additional risk between family history of SUD and offspring SUD.

Source of Funding: NIH RO1 DA12945

Poster Session

Location: Garden I and II

Poster 12: Cannabis Anyone

Reetta Marciano, MD, University of Maryland/Sheppard Pratt Program; Christopher Welsh, MD, University of Maryland School of Medicine; Vinay Nagaraj, MD; Sarah Gilllman, MD; Chad Lennon, MD; Ifeoma Uyanwune, MD, University of Maryland/Sheppard Pratt Program; and Bernard A. Fischer, MD, Veterans Affairs Capital Network (VISN 5) Mental Illness Research, Education, and Clinical Center (MIRECC)

Background: Although 17 states and the District of Columbia have legalized 'medical marijuana', cannabis has not been evaluated for safety and efficacy by the U.S Food and Drug Administration. This abstract addresses areas of safety concern for prescribers. The concentration of Δ(9)-tetrahydrocannabinol, which affects learning and memory, appetite control, pain, coordination, immune response, lipogenesis, and bone mass, is on the rise- leading to the potential for multiple adverse effects.

Method: A PubMed search was conducted using the search terms: cannabis, psychosis, opioids, birth defects, warfarin, P450 enzyme, and pain. Articles were selected for review if in English and in peer reviewed journals.

Results: Multiple adverse effects of cannabis are described in the literature. These include psychosis, impaired attention, T-cell suppression and growth stimulation of certain cancers, and hepatic steatosis and fibrosis. Maternal cannabis use along with other effects during pregnancy can lead to altered pain regulation in the neonate. THC is a cytochrome P450 substrate and an inhibitor causing concern for drug interactions. It can lead to adverse interactions when paired with a variety of medications including warfarin.

Discussion: Moving forward with state approval of medical marijuana bypasses the safety evaluation function of the FDA. Adverse effects of Cannabis have been well documented, but the rates of these events are unclear. Is this a safe drug to prescribe? Does the public recognize the safety concerns of its use?

Conclusion: Controlled studies are needed to more fully examine the risks, benefits, and long-term ramifications of cannabis use.

Source of Funding: None

Poster 13: How Come I'm Addicted? Making Sense of Addiction

Kathleen Heaney, MD, Hennepin County Medical Center; Molly J. Dingel, PhD, University of Minnesota Rochester; Jenny E. Ostergren, MPH; Jennifer B. McCormick, PhD, MPP; Rachel R. Hammer, BA, Mayo Clinic College of Medicine and Biomedical Ethics Research Unit; Marion Warwick, MD, Minneapolis VA Medical Center; and Barbara A. Koenig, PhD, University of California San Francisco

Background: To date, there has been little research about what people with addictions think about their addiction. We know that addiction results from interactions among multiple biological and environmental factors. The recent explosion of genetic research has pulled attention away from environmental contributions. Increased attention to the biology of addiction could lead to a reductionist view and influence patients' treatment preferences.

Methods: We interviewed 64 patients undergoing treatment for alcohol or nicotine dependence to elicit their understanding of the etiology of addiction. Semi-structured, open-ended interviews were transcribed, coded by consensus, and novel themes were identified.

Results: Most participants incorporated biological, psychological and environmental factors into their understanding of addiction etiology. Each had unique, often biographical explanations for the cause of their addiction and choice of drug(s). None believed themselves automatons to biology. For example, one participant said: "I didn't plan on getting addicted. I first started drinking at five when my parents left me alone in the basement with a bottle of wine. I found that the more I drank, I liked it and I wasn't so lonely." Some were "past the point of having a choice" with addiction.

Conclusions: The expanding body of knowledge about genetic underpinnings of addiction influences how individuals view their disorder. This information may allay a sense of guilt and responsibility for addiction. On the other hand, genetic explanations could influence patients' willingness to seek psycho-social treatment and discourage self-motivation for treatment. Thus it is critical for addiction clinicians to understand how patients integrate biological findings into their illness narratives.

Source of Funding: This project was supported by R01DA014577 from the National Institute on Drug Abuse, UL1 RR024150 from the National Center on Research Resources, and the Mayo Clinic S.C. Johnson Genomics of Addiction Program.

Poster Session

Location: Garden I and II

Poster 14: Utilizing (Catechol – O – Methyltransferase) COMT-Inhibition Effect in Detoxification off Buprenorphine, Methadone and Other Opioids

Rahim Shafa, MD, Metrowest CNS Research Center; Hamid Mostafavi Abdolmaleky, MD, Harvard Medical School, Tehran University of Medical Sciences and Boston University; Mohamadreza Eskandari, MD, Harvard Medical School, Zanjan University of Medical Sciences, Zanjan, Iran; Sahab Yaqubi, MD, Stanford Medical School; and S. Nassir Ghaemi, MD, MPH, Tufts University School of Medicine

Background: Approximately 213,000 individuals ages twelve or older are opiate dependent or abuse Heroin in the U.S. Buprenorphine maintenance is becoming the preferred treatment protocol, due to high rate of treatment drop-outs at the point of detoxification as a step towards abstinence achievement. The treatment outcome depends on the severity and durability of dependence and the treatment protocols. Dopamine as the main player in reward/dependence pathway has a major role in intense craving which could be balanced by COMT enzymatic activity. We used Entacapone, a COMT inhibitor to decrease the intensity of craving in acute detoxification of opioids or the opioids substitutes.

Methods: Entacapone (200-1000mg) was added to clonidine protocol detox, in subjects going through acute phase of opiate withdrawal to achieve opiate free state (in 15 days) or in individuals going off Buprenorphine or Methadone treatment. The subjects were followed up to 12 weeks through random urine screening and scheduled semi-structured interview.

Results: Entacapone significantly improved the success rate in the acute detoxification in patients who had historically failed multiple attempts. Among 38 patients who were under evaluation, in 47.2% their urine toxic screen was clean and they become able to get naltrexone in the form of long-acting injection or implant and an additional 13.2% reported high level of anti-craving benefit and achieved clean urine screen but did not get naltrexone maintenance. In 26.3% of the patients entacapone had minimal satisfactory effects, in 8% had no effect and in 5.2% had side effects resulting in discontinuation of the drug. The anti-craving effect of Entacapone was well maintained throughout study period with no evidence of abuse potential.

Conclusions: Dopamine as the major monoamine involved in reward pathway and euphoria, is a logical target to minimize craving, resulted from the opioids withdrawal. This study suggests that COMT-inhibition is an effective way to modulate this target.

Source of Funding: None

Poster 15: Association of Cannabis Use with Opioid Outcomes Among Opioid-Dependent Youth

Kevin P. Hill, MD, MHS; Heather E. Bennett, BA, McLean Hospital; Margaret L. Griffin, PhD; Garrett M. Fitzmaurice, PhD, McLean Hospital and Harvard Medical School; Geetha Subramaniam, MD, National Institute on Drug Abuse; George E. Woody, MD, University of Pennsylvania; and Roger D. Weiss, MD, McLean Hospital and Harvard Medical School

Background: Cannabis use is common among opioid-dependent patients, but studies of its association with treatment outcome are mixed. In this secondary analysis, the association of cannabis use with opioid treatment outcome is assessed.

Methods: In the main study, participants (N=152) aged 14-21 years were randomized to receive psychosocial treatments and either a 12-week course of buprenorphine-naloxone or a 2-week detoxification with buprenorphine-naloxone. Drug use was assessed by self-report and urine drug screen during the screening, baseline, and treatment phases of the study (weeks 1-12). The association between cannabis and opioid use at weeks 4, 8, and 12 was examined using GEE models.

Results: Participants reported a median of 3.0 days (range=0-30) of cannabis use in the past month; half (50.3%; n=77) reported occasional use, one-third reported no cannabis use (33.1%; n=50), and one-sixth reported daily cannabis use (16.6%; n=25). Median lifetime cannabis use was 4.0 years (range=0-11). The median age of initiation of cannabis use was 15.0 years, with a range from 9-21. Neither past cannabis use (age of initiation and use in the month prior to baseline) nor concurrent cannabis use were associated with opioid use during treatment.

Conclusions: Overall, cannabis use had no association with opioid use over 12 weeks in this sample of opioid-dependent youth. While cannabis use remains potentially harmful, it was not a predictor of poor opioid treatment outcome in this sample.

S**ource of Funding:** This study was supported by NIDA K99/R00 DA029115 (Kevin P. Hill, MD, MHS, PI), NIDA K24 DA022288 (Roger D. Weiss, MD, PI), NIDA CTN U10 DA15831 and the Adam Corneel Young Investigator Fellowship from McLean Hospital to Dr. Hill.

Poster Session

Location: Garden I and II

Poster 16: Tobacco Use Highly Prevalent in Prescription Opioid Abusers

Erinn Stauter, MD[1], Charles Shuman, MD[1,2], Carol Traut, MD[1,2], Ali Zirakzadeh, MD[3,4], Becki Bucher-Bartelson, PhD[5].
[1]University of Colorado Department of Psychiatry, [2]Denver Health Outpatient Behavioral Health Services, [3]Denver Health Internal Medicine Department, [4]University of Colorado Division of Internal Medicine, [5]Rocky Mountain Poison & Drug Center

Background/Objective: Substance abusers use tobacco at high rates, (up to 94%). Prescription opioid abuse is a growing public health problem. Data on the epidemiology of tobacco use in prescription drug abusers is scant. Our objective was to obtain smoking prevalence and demographics of prescription opioid abusers enrolling for treatment at Denver Health's methadone clinic and substance used disorder service in Denver, CO.

Methods: Data were collected from new admissions of 226 subjects enrolling in treatment at Denver Health for prescription opioid abuse between 1/1/2009 and 12/31/2011. Subjects signed consent for data to be used for research purposes. Measures included: Age, Ethnicity, Gender, Treatment Modality, Primary Drug Route, Smoking Status, Pregnancy Status, Marital Status, Prior Treatment Episodes, Disability Status, Employment Status, Family Issues, Education Issues, Medical Issues, and Secondary and Tertiary Drugs for which Treatment was sought. Analysis conducted by x2 test using SAS version 9.3 (SAS, Cary, NC).

Results: A total of 226 subjects sought treatment for prescription opioid abuse between 1/1/2009 and 12/31/2011. Prevalence of tobacco use was 63.3%. Tobacco use does not appear to be associated with age, ethnicity, gender, route of use (injection vs. oral), level of family, education or work related difficulty, medical status, employment status, disability (including psychiatric), or number of previous treatment episodes.

Conclusion: Tobacco use is highly prevalent among prescription opioid abusers seeking treatment at Denver Health and affects all subgroups equally. Future research should evaluate the efficacy of tobacco cessation treatment on both tobacco and prescription opioid use outcomes.

Funding: None

Poster 17: Characteristics of Medical Inpatients with Acute Pain and Suspected Non-Medical Use of Opioids

Joji Suzuki, MD, Brigham and Women's Hospital/Harvard Medical School, Karla Garcia; Elliot Twiggs; Fremonta Meyer, MD; and Ajay Wasan, MD, MSc

Background: Hospitalized patients often experience significant pain associated with their illnesses or injuries, and even those actively addicted to opioids may still require pain relief. There is a need for more research on hospitalized medical patients who may be requesting prescription opioids for non-medical reasons. However, research on identifying patients misusing prescription opioids has focused on outpatients with chronic pain rather than medical inpatients with acute pain.

Methods: Medical inpatients treated with opioids for acute pain referred for psychiatric consultation were administered questionnaires including: Screener and Opioid Assessment for Pain Patients (SOAPP), Structured Interview for DSM-IV, Brief Pain Inventory (BPI), and Hospital Misuse Checklist (HMC), developed for this study.

Results: The nine subjects referred for evaluation of possible non-medical opioid use, compared to the twenty three subjects referred for other reasons, were younger (37.7 vs 51.3, t=2.81, p=0.012), more likely to score positive on the SOAPP (100% vs 47.8%, Fishers $p<0.05$) and report lifetime histories of any substance use disorder (SUD) (88.9% vs 30.4%, $\chi 2=9.7$, p=0.002). The two groups reported similar pain severity (6.72 (SD 1.78) vs 5.74 (SD 2.31), NS), but those subjects referred for possible non-medical use of opioids reported greater disability from their pain (8.04 (SD 1.2) vs 6.4, (SD 2.21), t=2.68, p=0.013). No differences were found on items on the HMC.

Conclusions: The results of this preliminary study indicate that medical inpatients with suspected non-medical use of opioids resemble chronic pain outpatients misusing opioids. Further research is needed to better characterize this patient population and to validate the HMC measure.

Source of Funding: None

Poster Session

Location: Garden I and II

Poster 18: Innovations in Substance Abuse Care Delivery: Does "Orientation Group" Before Intake Increase Clinician Productivity?

Nalan Ward, MD; Margaret Harvey, PsyD, Massachusetts General Hospital and Harvard Medical School; and Kristen Czarnecki, Massachusetts General Hospital

Background: High no show rate for intake is identified as one of the major causes of loss in revenue and decrease in productivity. The aim of this study was to examine the effect of an intake orientation group offered to patients before the intake appointment on revenue and clinician productivity.

Methods: This was a 4-month examination of weekly intake orientation group performed as a process improvement initiative in a hospital based, academic outpatient substance abuse treatment center. Rather than being scheduled with an individual clinician for intake, patients who called were scheduled with an "intake orientation group". During the group, patients received information about the services provided by the clinic, completed necessary intake forms, toxicology screening and were triaged for appropriateness for outpatient level of care. Those who were appropriate were given an appointment to meet with a clinician to complete the intake process.

Results: During the 4-month study, a total of 269 patients called for an intake. No show rate for the intake group was 48%. About 89% of those who showed up for the orientation group completed the intake assessment with a clinician. With this new process initiative, rather than requiring 269 intake slots, we only had to book 129 intake appointments.

Conclusions: Our findings point out to the value of offering an intake orientation group to decrease the negative impact of no shows on revenue and clinician productivity. Reduced need for intake appointment slots helped clinicians free up time for other clinical services and increased morale among staff.

Source of Funding: None

Poster 19: Substance Use and Psychiatric Comorbidity in Alcohol Use Disorders

Ihsan M. Salloum, MD, MPH, University of Miami Miller School of Medicine; Jack R. Cornelius, Western Psychiatric Institute and Clinic, University of Pittsburgh School of Medicine; and Levent Kirisci, University of Pittsburgh School of Pharmacy

Background: High rates of comorbid psychiatric and other substance use disorders have been reported with alcohol use disorders. Specific patterns of comorbidity may differentially impact treatment planning and outcome. General population surveys provide less biased estimate of patterns of comorbidity. The aim of this study was to examine patterns of comorbidity with alcohol use disorders (AUD) in a large, population based sample.

Methods: The NIAAA National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) is a survey of over 43,000 respondents of a representative sample of the U.S. population. Cluster analysis of this sample identified four major clusters.

Results: Alcohol use disorders and associated comorbidity were identified in three of these clusters. A predominantly AUD cluster with an average of 3.9 (sd = 1.7) comorbid diagnoses; most frequent comorbid diagnoses in this cluster were nicotine dependence (40.4%) and major depressive disorder (19.7%). A second cluster with an average of 7.2 (sd = 3.0) comorbid diagnoses; most frequent comorbid diagnoses were cannabis (85.7%) and nicotine (67%) dependence, major depressive disorder (37%), mania (18.5%), and antisocial (49.6%) and paranoid (35.5%) personality disorders. A third cluster with an average of 9.2 (sd = 4.4) comorbid diagnoses; most frequent comorbid diagnoses were cocaine use disorders (91.7%), nicotine dependence (81.3%), major depressive disorder (41.7%), paranoid (41.7%) and antisocial (33.3%) personality disorders.

Conclusions: The results of this study highlight the high frequency of multiple comorbid disorders associated with alcohol use disorders. Differential patterns of comorbid disorders with AUD have important clinical implications in terms of service programming and treatment planning.

Source of Funding: Supported in part by USPHS Grants R01 R01AA015385; R01 DA019992; R01 DA019142; R01 AA151173, K02 DA017822; & VA MIRECC grant.

Poster Session

Location: Garden I and II

Poster 20: The Use of Agomelatina in Drugs Addicted Patients with Psychiatric Disorders

Maria Chiara Pieri, MD; Arfedele del Re, MD; and Antonio Claudio Comaschi, MD, Drug Addiction Unit, Bologna, East Italy

Background: Agomelatine is an antidepressant drug that has a type melatoninergic agonist action on receptors MT1 and MT2, and an antagonistic action on receptor 5HT/20. Agomelatine has no interactions with the reuptake of monoamines and has no affinity for alpha receptors Beta-adrenergic, histaminergic, cholinergic, dopaminergic and benzodiazepine. This is very important in the treatment of patient drugs addicted.

Methods: We selected randomly by the total number of patients treated for heroin, cocaine, benzodiazepine and alcohol abuse or dependence at the SerT East Bologna, a group of 34 patients. We observed this group during a period of 6 months, from T/0 to T/6 every month, using Ham A, Ham D, VAS craving substances, the weight, the number of hours for the sleep and the sensation of the patient for the sleep and quality of life.

Results: We did a media of score of Hamilton A, Hamilton D, Vas x Craving, the monitoring of weight and of the number of hours slept and the type of sleep. We observed a decrease of craving of substance, and the score of Hamilton A and Hamilton D and no modifications in the weight of the body and an improved of quality of life and of hours slept.

Conclusions: Agomelatine is the first in a class of melatoninergic drugs that could be very important in the treatment of sleep disorder, anxiety and mood in patients. In particular, with dependence heroin in opioid agonist treatment, but also in other dependence patients improve the quality of your life and improve the number of hours of sleep. We can see a decrease of heroin, cocaine alcohol and benzodiazepine use.

Source of Funding: None

Poster 21: Finding "Disuncomfortability": Patient's Methadone Dose Perceptions and a Model to Promote Adherence to MMT

Justin J. Sanders, MD, MSc, Montefiore Medical Center & Albert Einstein College of Medicine; Robert J. Roose, MD, MPH; Michael C. Lubrano, BA; and Sean C. Lucan, MD, MPH, MS, Albert Einstein College of Medicine

Background: Methadone maintenance treatment (MMT) effectively reduces illicit opioid use and its negative consequences when patients adhere to treatment. Adherence may relate to patient's perceptions about doses and dose adjustments and the meanings that patients associate with treatment. This study assessed patient perceptions about dosing and the meanings of methadone treatment in order to better support patient adherence to MMT.

Methods: We conducted semi-structured interviews with 19 patients in an urban MMT program. Interviews were transcribed verbatim and analyzed through an iterative process.

Results: Participants' beliefs about ideal methadone doses related to "comfort" and "function," which depended on a variety of factors both intrinsic and extrinsic to MMT. We derived a model of dose and function to explain the upward or downward effect of these factors on a perceived "comfortable" dose. Intrinsic factors exerting downward pressure included lack of control in treatment, disdain for getting "high," concerns about methadone dependence, and desire to avoid side effects; exerting upward pressure was concern about withdrawal; methadone formulations exerted mixed pressures. Extrinsic factors exerting downward pressure included shame about and stigma around MMT; exerting upward pressure were medical conditions and medication interactions; family and peer relationships exerted mixed pressures.

Conclusions: Patients held perceptions about methadone dosing that included considerations beyond typical medical parameters used by physicians and other MMT providers to determine appropriate methadone doses. MMT providers may make use of the patient-derived insights that emerged from this research to support greater patient adherence to MMT.

Source of Funding: One researcher (ML) was supported by a Summer Research Grant provided by Albert Einstein College of Medicine.

Poster Session

Location: Garden I and II

Poster 22: Drugs at the Dinner Table: Emerging Interface in the Science of Addiction and Appetitive Behavior

Rachel Ross, MD, PhD[1,3,5], Luke Stoeckel, PhD[2,5], Michael Krashes, PhD[3,5], Hilary Connery, MD. PhD[4,5] [1]MGH/McLean Adult Psychiatry Residency Training Program; [2]Massachusetts General Hospital; [3]Beth Israel Deaconess Hospital; [4]McLean Hospital Alcohol and Drug Abuse Treatment Program; [5]Harvard Medical School

Background: In both human and animal models, palatable food is consumed regardless of energetic need due to its satisfying properties. This hedonic drive and the resulting alterations in reward circuitries in response to overconsumption play a major role in the obesity endemic affecting Western societies. In fact, this hijacking of energy balance regulation shows striking similarities to the neural response induced by addictive drugs. While neurobiological research in the field of obesity and overweight has mainly focused on the homeostatic mechanisms regulating food intake, the neural underpinnings underlying reward-related feeding behaviors and the interaction between them is critical to delineate the neurobiology associated with pathological appetitive drives and altered hedonic circuitry.

Methods: PubMed was searched using terms related to food, substance abuse, and reward neurobiology in rodents and humans.

Results: This search yielded 195 articles detailing clinical and basic science research that help elucidate neurocircuitry involved in homeostatic and non-homeostatic contributions to appetitive behavior and the overlap of these networks, on both the molecular and circuit level, with those known to be involved in substance use disorders.

Conclusions: Convergence points, which include the motivation-associated circuits of the striatum and ventral tegmental area, the interoceptive system of the insula, the stress pathways of the amygdala, the attention and executive function pathways of the fronto-parietal areas, the energy sensing and reward routes of the mediobasal and lateral hypothalamus, and myriad neuropeptide and neurotransmitter systems (endocannabinoid, opiate, dopamine, dynorphin, and more) have potential implications for development of innovative treatment interventions for certain phenotypes of obesity and addiction.

Source of Funding: None

Poster 23: Excited Delirium Follow Use of Synthetic Cathinones (Bath Salts)

Thomas M. Penders, MD, FAPA, Brody School of Medicine, East Carolina University; Deborah Mash, PhD, Miller School of Medicine, University of Miami; Johnny Lee, Assistant Medical Director, Farley Center, Williamsburg, VA

Background: Patients abusing stimulant drugs commonly present to emergency medical facilities with agitation, irritability, paranoid delusions and violent acting out suggesting an acute psychosis. Patient utilizing stimulant drugs, including the synthetic cathinones commonly known a “bath salts” may develop such a syndrome. These individuals are at risk for development of a syndrome of severe agitated delirium that frequently is complicated by medical co-morbidities. Such a syndrome has been characterized as “excited delirium”.

Methods: A series of eight patients presenting with the syndrome of excited delirium presenting to general hospitals in Eastern North Carolina are described including medical co-morbidities such as severe dehydration, hyperthermia, rhabdomyolysis and renal failure.

Results: Patient abusing synthetic cathinones is subject to development of the syndrome of excited delirium (ExD) including extreme agitation, paranoid delusions, and hallucinations in multiple modalities, disorders of thermoregulation, dehydration, elevated CPK and renal failure.

Conclusions: Psychiatric physicians treating patients in acute care settings are advised to be alert to consideration of the syndrome of ExD as common approaches to managing patients with paranoid psychosis such as restraints, antipsychotics and electronic control devices (Tasers) frequently used by law enforcement when transporting these patients may lead to treatment related morbidity related to the underlying pathophysiology of this constellation of medical and psychiatric sequelae.

Source of Funding: None

Poster Session

Location: Garden I and II

Poster Session B ◆ Saturday, December 8

Poster 24: TBI, Chronic Pain, PTSD, and Buprenorphine

Adelkola Alao, MD and Jamie Vizcarra, DO, SUNY Upstate Medical University

Background: Chronic pain is a serious complication of TBI reported by a majority of these patients regardless of severity of the injury. Treatment of chronic pain can be challenging as patients with TBI may be on highly sedating medications like benzodiazepines and anticonvulsants for impulse control. Use of opioid analgesics may increase the risk of respiratory depression. Buprenorphine is a partial mu (μ) receptor agonist which plateaus at a higher dose where it begins to behaves as an antagonist. This property limits its dose-dependent respiratory depression. Buprenorphine thus has the advantage of effective analgesia with minimal sedation and may be useful for treating chronic pain among TBI patients already taking benzodiazepines.

Methods: A 27-year-old Iraq War veteran with no previous psychiatric history sustained severe traumatic brain injury (TBI) following a blast from an improvised explosive device. He developed severe PTSD controlled by combination therapy using benzodiazepines and venlafaxine. The patient experienced intractable headache and shoulder pain which were disabling and unresponsive to non-steroidal anti-inflammatory agents, tramadol, gabapentin, or NMDA-receptor antagonists. Opioid analgesics were not preferred for pain management given the risk of respiratory depression. He was treated with sublingual buprenorphine/naloxone and dose was maintained at 8/2mg three times per day. This resulted in significant improvement and patient was able to function relatively pain free.

Conclusions: Treatment of patients with PTSD and other co-morbid conditions can be complex as there are limited therapeutic options. With the awareness of possible benefits, more studies are needed to evaluate the efficacy of buprenorphine in patients with TBI and chronic pain/ pain from poly-trauma. It may also be of clinical interest to unravel the effects of mu receptor antagonism towards PTSD symptom control.

Source of Funding: None

Poster 25: Prescription Pain Medication Abuse in Elderly

Pavle Joksovic, MD; Paul Kirwi, MD and Louis Trevisan, MD, Yale University School of Medicine

Background: Americans over the age of 65 (currently ~38 million) represent 13% of the total US population. They are one of the fastest growing cohorts with the number expected to increase by 7-10% by the end of 2020. The elderly currently use 1/3 of all medications prescribed in US. Nationally, 2.8 million older adults abused prescription drugs in the last year. This number is expected to reach over 4.4 million by 2020, as predicted by the Substance Abuse and Mental Health Administration. Physiologic changes in the elderly as well as an increase in multiple medical co-morbidities in this population require an informed clinical approach with emphasis on knowledge of risk factors, differential diagnostic considerations and pharmacologic interventions involving dose adjustments and drug-drug interactions in this population. The objectives of this presentation will be to identify and accurately assess pain medication abuse in the elderly as well as help to advance the evidence base in terms for developing consensus treatment approaches for this growing problem within the addiction and geriatric fields.

Methods: The objectives will be met by demonstrating epidemiologic data of this increasing problems and present systematic and evidence-based approach to evaluating and treating prescription pain medication abuse in the older American with focus on epidemiology, clinical assessment techniques and evidenced based specialized treatment approaches in the geriatric population.

Results: 20% of population 65 years and older take analgesics several times a week, with rates of abuse and/or addiction in chronic pain populations up to 18%. Oxycodone, hydrocodone, and methadone are involved in up to 40% opiate misuse related deaths.

Conclusion: The rapidly emerging problem of pain medication misuse and abuse is becoming increasingly important to general, geriatric and addiction psychiatrists, and requires further research and better understanding, recognition and identification of the problem in addition to developing better age related evidenced based treatments.

Source of Funding: None

Poster Session

Location: Garden I and II

Poster 26: Improving Flow and Time to SARRTP Admission for Dual-Diagnosed Alcohol-Dependent Veterans

Michael A. Dawes, MD, South Texas Veteran's Health Care System and the University of Texas Health Care; Nicole Braida, MD; Miguel Ybarra, PhD; Dan Busheme, RN; Raina Rochon, RN; Carrie Covington, RN; and Michael S. Ludvigsen, PhD

Background: Dual-diagnosed alcohol-dependent Veterans admitted to acute high intensity inpatient psychiatry are often not effectively stabilized and referred to Substance Abuse rehabilitation. Data from the 6 months prior to implementation of this quality improvement project showed that Substance Abuse Treatment Program (SATP) consults were seen in about 20 days, and SATP residential admission was 2 or more weeks later. With several weeks wait between detoxification and residential admission, many Veterans relapsed to alcohol and other drug use. Clearly, improving flow and throughput of dual-diagnosed alcohol-dependent Veterans into SATP services would be good for Veterans and consistent with VA national and regional (Veterans Integrated Service Network, VISN 17) priorities.

Goals/Objectives/Aim: For dual-diagnosed alcohol-dependent patients admitted to acute high intensity inpatient psychiatry at Audie L. Murphy VA Hospital, our aim is to reduce the time for completing a SATP consult to less than 7 days, and from completed SATP consult to SATP residential admission to less than or equal to 13 days. This aim would be completed by August 31, 2012.

Methods: Pre-Post Design; Settings: Acute High Intensity and Residential Inpatient; Measures: Variability analysis, number of detoxifications, average time from SATP consult to acute high-intensity admission, average time from acute high intensity inpatient to residential admission.

Results: For the Veterans who have participated in this quality improvement project, we have reduced the time for completing a SATP consult to less than 7 days (usually within 3 days), and from completed SATP consult to SATP residential admission to less than or equal to 13 days (usually within 5 days).

Conclusions: Our new consult process has resulted in faster throughput from acute high intensity inpatient admission to residential admission. The implications of these findings, based on operations management and continuous quality improvement methods, include improved clinical outcomes and cost-savings for health care systems. Future studies will examine clinical outcomes, including numbers of readmissions, and financial outcomes, including actual or known revenue results based on project outcomes, cost decreases or cost avoidance, and actual or known cost results based on project outcomes.

Source of Funding: VHA Flow Academy funded by VA Central Office and STVHCS funds

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Poster 27: Impact of Buprenorphine Training During Psychiatry Residency on Post-Graduation Prescribing Patterns

Joji Suzuki, MD, Brigham and Women's Hospital/Harvard Medical School; Gloria Suarez, BA; Tatyana Ellison, MD; Elinore McCance-Katz, MD, PhD, University of California, San Francisco; Hilary Connery, MD, PhD, McLean Hospital/Harvard Medical School; and John Renner, Jr., MD, Boston University School of Medicine

Background: The American Academy of Addiction Psychiatry has been offering a modified version of the 8-hour course to psychiatry residency programs called the "half-and-half" course. However, it remains unknown if targeting residents will have any impact on the future prescribing patterns of these physicians.

Methods: All training programs in the US were approached for the contact information of those who graduated between 2008 and 2011. Psychiatrists were recruited via email to complete an on-line survey.

Results: A total of 88 psychiatrists completed the survey. Twenty three (26.1%) reported taking the "half-and-half" course during residency. Seven (30.4%) of those who took the "half-and-half" course were actively prescribing, compared to 9 (13.8%) of those who did not. Nevertheless, this finding was not significant ($X2=3.14$, $p=0.11$). Those who took the "half-and-half" course were more likely to report (1=strongly agree, 2=agree, 3=disagree, 4=strongly disagree) buprenorphine was more effective for the treatment of opioid dependence (1.35 vs 1.88, $p<0.01$), and were less likely to feel those on buprenorphine were "not really in recovery" (3.83 vs 3.2, $p<0.001$). Those who did not take the "half-and-half" course were more likely to report a lack of training (33.8% vs 12.0%, $p<0.05$) and concerns about diversion as barriers to prescribing buprenorphine (36.9% vs 4.3%, $p<0.01$).

Conclusions: More psychiatrists who took the "half-and-half" course during residency training currently prescribe buprenorphine than those who did not, although this did not reach significance. More research is needed to determine the impact of "half-and-half" training on post-graduation buprenorphine prescribing patterns.

Source of Funding: None

Poster Session

Location: Garden I and II

Poster 28: Residential Placement for Addicted Veterans: A Novel Evaluation of a Complex Intervention

Joseph Westermeyer, MPH, MD, PhD

Background: The goal of the study was to compare placements undertaken by (1) a unidimensional, protocol-driven independent, permanent housing program in which drinking was permitted (although not condoned) and (2) a multidimensional, patient-individualized approach (utilizing American Society of Addiction Medicine placement criteria). Sample consisted of 8 veterans in a single team's panel admitted to the "Housing and Urban Development – Veterans Affairs Supportive Housing" [HUD-VASH] program (with independent permanent housing) and 8 matched veterans on the verge of homelessness placed by the team according to ASAM criteria.

Methods: Method consisted of complex intervention evaluation. Both interventions as implemented were described by those administering them (rather than as described in written materials). The two groups (matched for gender, race-ethnicity, and age ± 5 years) were similar on demography, substance disorder, and psychiatric comorbidity. Measures consisted of (1) qualitative description of the placements; (2) 12 month post-placement outcomes using a 12-item scale; and (3) a modified DARP-based 10-item scale to assess recovery processes at two 6-month pre-placement and two 6-month post-placement intervals.

Results: Veterans in HUD-VASH placement escalated drinking and/or drug use; all were re-addicted by the end of 12 months post-placement. In the ASAM-criteria group, 5 of 8 patients had brief slips lasting 2 days or less; none was re-addicted at 12 months. The HUD-VASH group experienced five non-trivial outcomes (3 imprisonments for felonies, 1 life-threatening medical problems, and 1 death).

Conclusion: In conclusion, the HUD-VASH destabilized patients in treatment, undermined their sobriety, and precipitated morbid outcomes.

Source of Funding: None

Poster 29: Perceptions and Practices of Community Clinicians Recently Certified to Provide Treatment for Disordered Gamblers

Iman Parhami, MD, MPH, University of California, Los Angeles, Delaware Psychiatric Center, Division of Substance Abuse and Mental Health and Timothy W. Fong, MD, University of California, Los Angeles

Background: Little is known about the approaches and perceptions of those who treat disordered gamblers. This study will explore those components in recently certified gambling treatment providers and determine whether differences exist based on experience.

Methods: In February 2012, California clinicians, who were recently certified to provide fee-per service treatment for disordered gamblers, received a questionnaire inquiring about the perceptions and regularity of clinical practices. Responses were divided into two groups (1: those who either reported five years of experience treating disordered gamblers or those that treated at least five disordered gamblers in the year prior to certification versus 2: those that did not meet either of these criteria).

Results: Ninety-three percent (327/350) of the providers completed the survey. On average, they reported four years (sd=6.0) of experience treating disordered gamblers and saw two gamblers (sd=5.6) in the 12 months prior to their certification; the majority of providers were also female (67%) and had a masters in marriage and family therapy (62%). Many providers reported referring clients to Gamblers Anonymous all the time (73%), utilizing a client-based treatment manual (43%), distributing reading materials (14%), and referring clients to a physician (15%) or a specialist (i.e. lawyer, financial manager, etc.) (9%). On average, providers (using a seven point Likert scale; 0=strongly disagree, 6=strongly agree) agreed: that abstinent should be the initial goal for all clients entering treatment (3.4; sd=1.9); that problem gambling is a treatable condition (5.5; sd=0.93); and that after successful treatment clients are able to engage in controlled gambling (1.4; sd=0.93). Lastly, 30% of the providers believed reduction of gambling (dollars, duration, and number of episodes) is most indicative of successful treatment, while others believed either improved quality of life (16%) or reduction of gambling-related negative consequences (15%) is most indicative of successful treatment. Based on experience, the only statistical difference found between the two groups was the strength of agreeability regarding abstinent being the initial goal for clients (ANOVA, p=0.023).

Conclusions: Providers who treat disordered gamblers have a range of approaches and perceptions. New training and certification programs should address some of these perceptions and emphasize the benefits of certain practices in the clinic setting.

Source of Funding: California Office of Problem Gambling, Annenberg Foundation

Poster Session

Location: Garden I and II

Poster 30: DSM's Seventieth Anniversary: Vast Changes in Substance-Related Disorders

Roger Peele, MD

Background: As Psychiatry is about to publish DSM-5, it is useful to review the progress made since the first DSM, 1952.

Methods: Review of each of the past five DSMs, review of proposals for DSM-5, proposals for ICD-10, and proposals for ICD-11.

Results: There has been a remarkable maturing of the concept of alcoholism and drug abuse as "Personality Disorders" to "Use Disorders."

Conclusions: This year marks the seventieth anniversary of the first DSM, 1952. In reviewing the changes from DSM-I to the proposals for DSM-5, one finds a remarkable change from 1952 when alcoholism and drug addiction were conceptualized as personality disorders. The poster will present the evolution of substance-related disorders through the prior five DSMs as well as show the proposed changes for DSM-5, for ICD-10 and for ICD-11.

Source of Funding: None

Poster 31: Psychiatric Morbidity Following Use of Synthetic Cathinones, "Bath Salts"

Thomas M. Penders, MD, FAPA, and Richard Gestring, MD, Brody School of Medicine, East Carolina University

Background: Several published series have detailed the constellation of medical and psychiatric consequences of the use of newer synthetic stimulants commonly referred to as "bath salts". All clinicians working with patients with substance use disorders should be aware of the known symptom profile that has been documented with use of these substances.

Methods: Poster describing a series of cases observed at our hospital with included meta-analysis of psychiatric symptoms described in other published case series and case reports.

Results: A large number of such patient present with hallucinatory delirium. Others with various affective symptoms.

Conclusions: Report, review and summary of psychiatric morbidity accompanying new synthetic stimulant drugs.

Source of Funding: None

Poster 32: Nicotine Replacement Treatment in Patients with Comorbid Medical or Psychiatric Problems During Substance Use Rehabilitation

Kathleen P. Decker, MD, Hampton VAMC, Eastern Virginia Medical and Stephanie Peglow, DO, Eastern Virginia Medical School

Background: To determine whether free access to nicotine replacement therapy improved the rate of smoking reduction or cessation in a substance use rehabilitation program in patients with comorbid medical and psychiatric conditions.

Methods: A retrospective review of 643 medical records from all patients admitted between 2009 and 2011 to a Veterans Administration residential substance use treatment program was conducted. Nicotine dependent patients (n=527 or 82%) were offered combination nicotine replacement therapy during treatment and were referred to smoking cessation classes. Self-report of smoking reduction or cessation during treatment was charted. Univariate statistics and binary logistic regression analysis was performed in SPSS.

Results: Patients who used nicotine replacement reported a higher rates of smoking reduction (71.5% vs. 11.1%, p<.000) and smoking cessation (11.3 vs. 2.2, p<.000). Binary logistic regression analysis showed smoking reduction was associated with nicotine replacement therapy (OR=32.0, p<.000), treatment completion (OR=7.26, p<.000), back pain (OR=1.76, p=.035) and a lower rate of smoking reduction was associated with dental problems (OR=.48, p=.021), number of felony convictions (OR=.864, p=.056) or homelessness prior to admission (OR=.58, p=.044). Smoking cessation was associated with nicotine replacement therapy (OR=6.4, p<.000), Axis II disorder (OR=2.76, p=.063), older age (OR=1.09, p=.007), treatment completion (OR=5.96, p<.019), African-American ethnicity (OR=3.19, p=.058) and the number of non-felony convictions (OR=1.132, p=.008).

Conclusions: Free access to nicotine replacement appears to enhance smoking reduction and cessation during residential substance use treatment. Limitations of the study include the fact that reduction or cessation was based on self-report.

Source of Funding: This material is based upon work supported in part by the Department of Veterans Affairs.

Poster Session

Location: Garden I and II

Poster 33: Reward Learning and Anhedonia as a Function of Gender in Dually Diagnosed Adolescents in Residential Treatment

Boger, K.D.; Sternberg, A.; Gardiner, C.; Pechtel, P.; Auerbach, R.P.; Potter, M.; Kaplan, C.; Van der Feen, J.; Rodolico, J.; Pizzagalli, D.A.; Busch, A.B.; and Greenfield, S.F., McLean Hospital

Background: Anhedonia is frequently a feature of mood and substance use disorders. It is linked to decreased reward responsiveness in major depression and the intensity of withdrawal, cravings, and relapse in substance dependence. Given these associations, anhedonia and reward responsiveness may represent important underlying features of comorbid affective and substance use disorders. The purpose of the present study was to examine these constructs and potential gender differences in findings in a sample of dually diagnosed adolescents in cognitive-behavioral residential treatment.

Methods: Upon admission and discharge from an acute treatment program, adolescents (n=49) completed the Snaith Hamilton Pleasure Scale (SHAPS) and a Probabilistic Reward Task (PRT) examining reward responsivity (i.e., the ability to modulate behavior as a function of previous reinforcement history). The PRT is a computer-based task that uses an asymmetric reinforcement schedule to produce a response bias toward a more frequently rewarded stimulus (Rich), compared to a less frequently rewarded stimulus (Lean) and serves as an index of reward responsivity.

Results: Female adolescents exhibited overt improvements in reward responsiveness from pre- to post-treatment ($F(1,19)=10.11$, $p=.005$) while males did not ($F(1, 28)=.05$, $p=.832$).

Conclusions: These results indicate that blunted reward responsiveness in female dually diagnosed patients is responsive to treatment. Further research is warranted to explore gender differences and determine the degree to which these behavioral changes were specifically the result of this cognitive-behavioral treatment or other factors, including sober time.

Source of Funding: Andrew P. Merrill Fellowship Award through McLean Hospital

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Poster 34: Serotonin Syndrome in a Women's Suboxone Clinic: A Major Obstacle to Recovery

Shawn Cassady, MD; Fran Bjork, MS; and Megan Davis, MS, First Step of Maryland

Background: Serotonin Syndrome is increasingly recognized as a negative outcome of medication interactions. Similar clinical syndromes are seen in the treatment of substance abuse and dependence and can derail treatment and recovery.

Methods: We evaluated 58 patients admitted to a women's Suboxone clinic for the presence of Serotonin Syndrome based on Hunter Criteria. Brief motor and reflex examinations were conducted in the course of clinical care. Chart reviews were conducted to determine risk factors, symptoms and outcomes.

Results: 25 of the 58 (43%) of the women had mild to moderate Serotonin Syndrome. The syndrome was associated with anxiety, early drop-out, restless legs, use and abuse of benzodiazepines and marijuana. Risk factors included use of antidepressant medications, bipolar history, head trauma history. Reduction of the serotonin agents improved symptoms and outcomes.

Conclusions: The prevalence of mild to moderate Serotonin Syndrome is strikingly high in the Suboxone clinic. Routine screening should be conducted to identify the syndrome. Simple interventions can improve symptoms, suffering and outcomes.

Source of Funding: None

Poster Session

Location: Garden I and II

Poster 35: Factors Affecting Norbuprenorphine Level in Monitoring Clinical Outcome for Buprenorphine Maintained Patients

Ayman Fareed, MD, Atlanta VA Medical Center/Emory University

Background: We conducted an observational retrospective chart review to determine whether buprenorphine or norbuprenorphine levels could predict treatment outcomes.

Methods: Of the 174 patients treated in the clinic between 2006 and 2012, 123 were excluded from the study because they did not have a buprenorphine/nor buprenorphine level done at the time of data collection. Thus, 51 patient charts were selected for review.

Results: The multiple regression analysis of the predictable variables for positive UDS before and after the level showed that norbuprenorphine level (p=0.018 before and p=0.02 after the level) and the primary drug of addiction (p=0.047 before and p=0.01 after the level) are significantly associated with positive UDS for opiates before and after the level (R2=0.06 and R2=0.09 respectively). The multiple regression analysis of the predictable variables for norbuprenorphine level showed that age (p=0.01), race (p=0.006), hepatitis C status, (p=0.006), primary drug of addiction (p=0.0001) and buprenorphine dose (p=0.0003) are significantly associated with higher levels of norbuprenorphine (R2=0.70). The positive UDS for cocaine (p=0.02) before the level is significantly associated with lower norbuprenorphine level (R2=0.70).

Conclusions: This study suggests that norbuprenorphine levels could be used to guide dosing of buprenorphine, as well as determining whether taking buprenorphine would continue to be beneficial or whether a full agonist may be needed. This study opens the door for further studies on how buprenorphine levels may be used to guide treatment in the clinical setting.

Source of Funding: Atlanta VA Medical Center

Poster 36: Cannabis Dependence, Neurocognitive Function and Clinical Symptoms in Patients with Schizophrenia: Tobacco's Confounding Effect

Justine L. Giddens, MSc, University of Toronto School of Medicine; Rachel A. Rabin, MSc, The Institute of Medical Sciences (IMS), University of Toronto; and Tony P. George MD, FRCPC, University of Toronto Faculty of Medicine

Background: Tobacco and cannabis are highly prevalent in schizophrenia. Previous research demonstrates that core symptoms of the illness, such as positive and negative symptoms and cognitive deficits, may be altered by their use. Little is known about how cannabis use status modulates the relationship between cognitive measures and psychotic symptoms in schizophrenia, and how these relationships may be subserved by co-morbid tobacco use

Objective: We studied the association between positive and negative symptoms and cognitive function in patients with schizophrenia with current cannabis dependence (CD) and without current cannabis dependence (NCD), controlling for daily tobacco use.

Methods: Using a cross-sectional design, we assessed the relationships between positive, negative and cognitive symptoms in male outpatients (N=47), who were daily cigarette smokers, as a function of current cannabis status (CD, n=18; NCD, n=29).

Results: While no differences emerged on PANSS subscores or measures of cognitive performance by cannabis use status, daily tobacco use differed significantly, with NCD smoking more cigarettes than CD ($p<0.05$). Higher negative symptoms were associated with worse cognitive performance on attention, decision-making, response inhibition and spatial working memory tasks in CD. In NCD, associations were observed only between negative symptoms and measures of memory and executive function. Importantly, when controlling for daily tobacco use significant correlations disappeared in both CD and NCD groups.

Conclusions: Tobacco use may subserve complex relationships between cognitive outcomes and negative symptoms in both CD and NCD. Future research should examine the interactive effects of nicotine and cannabis use in patients with schizophrenia.

Source of Funding: This work was supported in part by operating grants from the Canadian Institutes for Health Research (CIHR MOP#115145, to Dr. George) and the Ontario Mental Health Foundation (to Dr. George), and the Chair in Addiction Psychiatry (to Dr. George) from the University of Toronto. Ms. Rabin was supported by a CIHR Frederick Banting and Charles Best Master's Studentship. Ms. Giddens was supported by a Comprehensive Research Experience for Medical Students (CREMS) Studentship Award from the University of Toronto Faculty of Medicine and a grant from the Mach-Gaensslen Foundation of Canada.

Poster Session

Location: Garden I and II

Poster 37: Impulsivity in Cocaine Dependent Cigarette Smokers and Non-smokers: Does Cigarette Smoking Make a Difference?

Karen J. Hartwell, MD; Max Owens, BS; Nathaniel L. Baker, MS; Megan Moran-Santa Ana, PhD; Kathleen T. Brady, MD, PhD; and Aimee McRae-Clark, PharmD, Medical University of South Carolina

Background: Prior research suggests that addiction can be viewed as an impulse control disorder. Individuals with cocaine dependence and nicotine dependence have been found to be more impulsive than the general population. However few studies have directly compared impulsivity scores between cocaine-dependent cigarette smokers and non-smokers with nicotine-dependent cigarette smokers without a substance use disorder and healthy controls.

Methods: Cocaine-dependent smokers (CD-CS; n=108), cocaine-dependent non-smokers (CD-NS; n=25) and healthy controls (HC; n=17) completed the Barratt Impulsiveness Scale (BIS) as part of several laboratory studies focused on the relationship between drug cue-reactivity and stress. Nicotine-dependent cigarette smokers (CS; n=95) without a lifetime history of substance dependence or history of substance abuse in the past 30 days completed the BIS as part of several neuroimaging cue reactivity studies.Differences in BIS variables between the two groups were determined using an ANCOVA analysis correcting for multiple comparisons.

Results: Findings revealed that the CD-CS ($p<0.0001$), CD-NS ($p<0.0001$), and CS ($p<0.005$) groups were significantly more impulsive than the HC group. The CD-CS ($p<0.0001$) and CD-NS ($p<0.0025$) were significantly more impulsive than the nicotine-dependent smokers. There was not a significant difference between the cocaine-dependent cigarette smokers and non-smokers.

Conclusions: These results indicate cocaine-dependent individuals regardless of smoking status are more impulsive than nicotine-dependent cigarette smokers without a substance use disorder. Cigarette smoking in addition to cocaine dependence did not significantly increase impulsivity. Clinical assessment and treatment efforts may need to specifically address impulsivity as a feature of cocaine dependence.

Source of Funding: P50 DA0165511 (PI: Brady), R01DA021690 (PI: See), R01DA023188 (PI: Brady), 5 K12 HD055885-02 (PI: Hartwell), GA 30523K (PI: Hartwell), R33 DA036085-03 (Co-PIs: Brady & George)

Poster 38: IOP vs. OP with Buprenorphine: 6-month Treatment Outcomes

Jerome H. Jaffe, MD, Friends Research Institute; Shannon Gwin Mitchell, PhD; Jan Gryczynksi, PhD; Robert P. Schwartz, MD; Kevin E. O'Grady, PhD; and Yngvild K. Olsen, MD

Background: To compare 6-month treatment outcomes for African American buprenorphine patients receiving intensive outpatient treatment (IOP; 9 or more hours of psychosocial services per week) versus standard outpatient treatment (OP; 2-8 hours of psychosocial services per week).

Methods: 300 African Americans newly admitted to buprenorphine treatment at one of two outpatient treatment centers in Baltimore, MD (USA) were randomly assigned to receive IOP or OP level treatment. Participants were assessed at baseline, 3-, and 6-month using a battery of standardized instruments and urine testing for opiates and cocaine. Outcomes included meeting diagnostic criteria for dependence on opioids and cocaine, drug use, and retention in treatment. Analyses were conducted using logistic regression and GEE.

Results: On average compared to baseline, participants in both conditions had substantially less drug use and drug-related impairment at each follow-up point. Overall, retention in buprenorphine treatment was 76% and 64% at 3- and 6-months, respectively. There were no significant differences between IOP and OP conditions in retention, opiate use, and meeting diagnostic criteria for opioid or cocaine dependence. However, participants in IOP had significantly greater reductions in cocaine-positive urine samples from baseline to 3 months ($OR=0.35$; $p<.05$) and 6 months ($OR=0.23$; $p<.01$) compared to the OP group.

Conclusions: Participants receiving OP level care generally did not have worse outcomes than those in IOP treatment, although IOP may offer some modest advantages for reducing concurrent cocaine use. Buprenorphine treatment is effective in retaining individuals in treatment and reducing drug use and its negative consequences, irrespective of the level of psychosocial services provided.

Source of Funding: NIDA 1RC1 DA 028407

Poster Session

Location: Garden I and II

Poster 39: Differences in Motivations to Smoke Marijuana between Treatment and Non-Treatment Seeking Marijuana-Dependent Individuals

Troy Kapral, MD, Medical University of South Carolina

Background: Treatment and non-treatment seeking marijuana dependent individuals may have different motives for marijuana use. Tailored interventions based on differing motivations to use have the potential to improve treatment outcomes. The current study examines reasons for drug use in individuals participating in a marijuana treatment study versus non-treatment seeking individuals participating in a marijuana cue reactivity study.

Methods: Marijuana dependent individuals (n=181) enrolled in either a 12-week medication treatment study for marijuana dependence (TS: n=83) or a non-treatment, single session laboratory study evaluating the impact of psychological stress on marijuana craving (NTS: n=98). The Inventory of Drug Taking Situation (IDTS) was administered to all participants during the screening visit to assess eight subscales and three global categories (negative, positive and temptation situations). Correlations between IDTS category scores were assessed using Spearman's rho. Multivariate analysis of variance was conducted to assess differences between study groups in drug taking situations across the three global categories of the IDTS.

Results: The TS group had a higher global negative score than the NTS group ($p=0.005$), and also scored significantly higher on all the negative subscale categories (unpleasant emotions, physical discomfort, conflict with others; all p's < 0.05). No significant group differences were observed in the global positive or global temptation scores.

Conclusions: These findings may help inform treatment interventions, as well as suggest potentially important clinical differences between treatment and non-treatment seeking marijuana dependent individuals. Interventions focused on skills acquisition to deal with negative emotions may be of interest to TS individuals.

Source of Funding: NIDA grants R21DA022424 and R01DA026782

Poster 40: Caffeine Abuse: The Phantom Differential in Sleep Complaints/Disorders?

Carolina Mercader, DO and Bharat P. Patel, MS, Bergen Regional Medical Center

Background: We aim to investigate the prevalence of caffeine abuse as an overlooked etiology in patients with sleep complaints and sleep disorders. Although strong evidence demonstrates that caffeine abuse is a common cause of sleep problems, this substance disorder is not being considered as a differential cause of poor sleeping habits and sleep disorders in the outpatient psychiatric setting. Caffeine has been shown to have various effects on sleep including the effects on polysomnographic sleep variables and effects on spectral electroencephalogram (EEG) sleep variables. Caffeine also exerts its influence on sleep via interaction with adenosine receptors and acts as an adenosine receptor antagonist. Thus we postulate that caffeine consumption may be an etiology in many sleep related complaints, and we suggest that when evaluating the history of substance abuse in a patient in the outpatient clinic, the history of caffeine consumption should be included in the psychiatric evaluation.

Methods: We conducted a chart review of 260 initital psychiatric assessments conducted between March 2011 and March 2012, of patients in the outpatient clinic setting. Inclusion criteria for this study include patients between 18-65 years of age, who have sleep complaints and have an Axis I diagnosis of either Major Depressive Disorder, Depressive Disorder NOS, Bipolar I Disorder or Bipolar Disorder NOS. We focused on the history of present illness and looked for any sleep complaints. If the patient had sleep complaints, we reviewed the substance abuse history, to see if history of caffeine use was inquired.

Results: Of our 260 charts, 150 patients had sleep disturbance documented in their history of present illness. 71 of these patients had Axis I of Major Depressive Disorder, 23 patients had Depressive Disorder NOS, 49 patients had Bipolar I Disorder and 7 patients had Bipolar Disorder NOS. However, 0/150 of these charts (0%) had documentation asking for history of caffeine consumption and 0% of these charts had caffeine abuse/dependence as an Axis I diagnosis.

Conclusions: Our data demonstrate that in patients with sleep complaints, caffeine abuse is neither being diagnosed nor being asked, confirming our suspicion that caffeine abuse is an overlooked etiology in people with sleep disorders. We suggest that psychiatrists need to become more aware of the significance of including history of caffeine consumption when inquiring about substance use. Applying this awareness will lead to a more accurate diagnosis, which can improve patient treatment and thus strengthen the quality of care.

Source of Funding: This is a retrospective study on patients of Bergen Regional Medical Center. No funding was needed.

Poster Session

Location: Garden I and II

Poster 41: Impact of Adolescent Substance Misuse on Treatment Outcomes in a Specialized Youth Psychiatry Program

Robert Milin, MD, and Selena Walker, MA, Royal Ottawa Mental Health Centre

Background: Substance use and mental disorders are closely intertwined requiring integrated developmentally appropriate concurrent treatment to improve outcome. The Youth Program has integrated educational and motivational interviewing on substance misuse as part of treatment for youth with early onset psychiatric disorders.

Methods: Study design, setting, population, measures and analytic procedures: 299 youth were sequentially admitted to the Program in 2011. 174 participated in program evaluation and were administered the following self-report screening and outcome measures Beck Depression Inventory, Multidimensional Anxiety Scale for Children, Youth Self Report, Youth Quality of Life Scale, and Adolescent Alcohol and Drug Involvement Scale (AADIS) at admission and discharge.

Results: 8.6% youth were diagnosed with comorbid substance use disorder (SUD), whereas the AADIS identified 36.8% youth with likely substance misuse. Substance misuse was identified in 43.6% of those with mood disorders, 23.8% of those with anxiety, 38.5% of those with thought disorders and 83.3% of those with disruptive behaviour disorders. 5.7% youth received specific treatment for substance misuse. Statistical analyses showed all youth significantly improved ($p < .01$) on the vast majority of outcome measures irrespective of substance use or treatment received. Youth with elevated AADIS scores indicative of substance misuse showed a significant reduction ($p < .05$) in all scores, but mean scores on the AADIS remained in the clinically elevated range.

Conclusions: The Youth Program integrated treatment services show a degree of benefit for youth with evidence of comorbid substance misuse. Inconsistent identification of youth with a diagnosis of comorbid SUD appears to have resulted in service gaps for those who require more specific SUD assessment and treatment.

Source of Funding: None

Poster 42: Auditory P3 and N2 Assessment in Abstinent Male Alcoholics

Suprit Parida, MBBS, SUNY Downstate

Background: Substantial evidence indicate the potential for using P300 (P3) as a biomarker of alcoholism as P3 amplitudes of the event-related potential (ERP) are reduced in abstinent alcohol dependent subjects and offspring at high-risk to develop alcoholism. While these findings have been replicated in visual oddball and Go/No-Go tasks, studies in the auditory modality have been inconsistent.

Methods: Abstinent male alcoholic subjects (n=92) and age-matched male control subjects (n=93) performed a two stimulus auditory oddball task, where they made a speeded button press response to rarely occurring target stimuli in a series of frequent non-targets. P3 and N2 components of the ERP in response to target processing, recorded from 31 scalp electrodes were compared between groups. The amplitudes and latencies were statistically analyzed using a mixed effects model.
Results: Alcoholic males had significantly lower P3 amplitudes in frontal, central and parietal regions. Reductions in the N2 component of the ERP were statistically significant in the frontal and central regions. No significant differences were found in the latencies of either P3 or N2 components between the groups. Current source density analysis revealed that alcoholic subjects had a weaker source for the P3 component in the parietal region, while the N2 component showed a weaker sink frontally in comparison to the controls.

Conclusions: These findings highlight the sensitivity of P3 and N2 amplitude measures in alcoholism, and indicate the possibility of evaluating auditory P3 and N2 ERP components as potential biological markers of alcoholism by examining high risk individuals in future studies.

Source of Funding: National Institutes of Health

Poster Session

Location: Garden I and II

Poster 43: Alcohol Use Diminished by Pregnancy

Kristen A. Schmidt, MAPH; Andrew J. Lancia, MD; Jean C. Aldag, PhD; and Saad Alvi, MD; University of Illinois College of Medicine

Background/Objective: Alcohol use has been reported to be diminished significantly in rats after they became pregnant. This finding prompted us to investigate how pregnancy affects human alcohol consumption.

Methods: 126 subjects, who were in weeks 1-12 of pregnancy and recruited from Obstetricians and Family Practices, completed an anonymous survey which included the Alcohol Use Disorders Identification Test (AUDIT). Participants were queried about current alcohol use and alcohol consumption 3 months prior to pregnancy. The AUDIT scores from pre to post pregnancy were tested using general linear model repeated. A $p =< 0.05$ was accepted as significant.

Results: Average subject age was 27.7 (sd=5.17); 25 (19%) had high school or less education with the remainder having some college; 22 (17%) were black with the remainder reporting other; 92 (73%) had a prior pregnancy. The AUDIT score for subjects before pregnancy (m=2.64, sd=3.01) was significantly higher ($p<0.001$) than the score during their first trimester (m=0.254, sd=1.11). Of the 6 with pre-pregnancy AUDIT scores of 8 or more, 5 (83.3%) reduced their scores to zero post-pregnancy. Pre-pregnancy to post-pregnancy score changes could not be accounted for by nausea and vomiting intensity ($p=0.62$), race ($p=0.72$), education ($p=0.99$), or any interaction.

Conclusions: Women reported reducing their alcohol consumption during pregnancy, including those with AUDIT scores indicating hazardous and harmful alcohol use as well as possible alcohol dependence. This change in alcohol use cannot be accounted for by race, education, or nausea and vomiting intensity during pregnancy.

Source of Funding: None

Poster 44: Benzodiazepine Use and Buprenorphine Treatment Outcomes

Zev Schuman-Olivier, MD, Harvard Medical School, MGH Center for Addiction Medicine

Background: Overdose from Benzodiazepine (BZD) misuse is a safety concern during buprenorphine/naloxone (B/N) treatment. We examine effects of BZD misuse and prescription BZD use on outcomes during B/N treatment.

Methods: We retrospectively characterized intake records from outpatient B/N treatment network based on past-year BZD misuse and approved BZD prescription. Primary outcomes included 12-month retention, urine toxicology for opioids/cocaine, and emergency department (ED) visits. We used ANCOVA for retention and ED visits, and GEE for urine toxicology.

Results: Subjects (n=328) were 40% female, with 40% retention at 12 months. No association of BZD misuse or BZD Rx on B/N treatment retention or urine toxicology, and no interaction effects. No association of BZD misuse on ED visits. Yet, ED visits were 1.9 times as frequent among patients with approved BZD Rx compared to those without Rx ($p<0.01$), even after adjusting for relevant covariates. However, females with a BZD Rx had 2.7 times as many ED visits as men with BZD Rx or women without Rx.

Conclusions: Past-year BZD misuse and BZD Rx were not associated with B/N treatment retention or urine toxicology. Patients receiving B/N and BZD Rx had more ED visits during treatment than those without a BZD Rx, irrespective of BZD misuse history. Prescribers should exercise caution when prescribing BZDs to patients receiving B/N, because of this association with increased ED visits, especially among females, without any clear benefit on treatment outcomes. Further clarification of reasons for ED visits will be necessary to establish a direct causal link between BZD Rx and ED visits.

Source of Funding: Harvard Medical School Dupont-Warren Fellowship (ZSO), Tufts SURS (JB), K24 DA022288 (RW), K01DA027097(BH), UL1RR025758 (Harvard Catalyst)

Poster Session

Location: Garden I and II

Poster 45: Substance Use in Young Adults with Bipolar Disorder: 5-Year Findings of an Ongoing Longitudinal Study

Timothy E. Wilens, MD, Massachusetts General Hospital

Background: Bipolar Disorder (BPD) is an increasingly recognized, serious psychopathologic condition affecting children and adolescents. Few data exists evaluating the course of BPD from adolescence into young adulthood focusing on comorbid substance dependence. We looked to evaluate the risk for comorbid substance dependence in young adults with BPD. We hypothesized that young adults with BPD would have higher levels of substance dependence than young adults in our control group.

Methods: Study design, setting, population, measures and analytic procedures. These data are based on a midpoint analysis of an ongoing 5 year follow-up study. Subjects were 57 BPD (mean age: 19.5 + 2.8 years) and 76 control probands (19.0 + 2.5 years) who received 5 year follow-up structured diagnostic interviews as part of an ongoing case-control family study of an initial cohort of adolescents with BPD and adolescents without a mood disorder.

Results: There were no statistically significant differences between the BPD and control probands for age or sex distribution (p values>0.05). We did detect a significant difference in socioeconomic status (p=0.001). As a result all analyses were adjusted for SES. At the 5-year follow-up, BPD probands were significantly more likely to endorse alcohol abuse, alcohol dependence, drug abuse, and drug dependence (all p values <0.05) compared to control probands.

Conclusions: We found that BPD continued to be associated with a much higher risk for co-morbid alcohol and drug dependence. Further studies examining this entire cohort and siblings on risk for substance use disorders are warranted.

Source of Funding: K24 DA016264

Poster 46: Acceptance of Rapid HIV Testing in an Ambulatory Detoxification Setting

Julie Kmiec, DO, University of Pittsburgh

Background: In 2003, the CDC launched Advancing HIV Prevention, which emphasized using rapid HIV tests to facilitate HIV testing in high risk populations. Rapid HIV tests ensure those tested get their results in a timely manner and may improve linkage to care for those found to be HIV positive. The purpose of this study is to assess patients' acceptance of rapid HIV testing in an ambulatory detoxification setting.

Methods: Patients presenting for ambulatory detoxification from alcohol, benzodiazepines, and/or opioids were offered rapid HIV testing. Patients were told this was a voluntary, free service that was being offered as part of the detoxification program. Patients who agreed to the testing signed consent. The number of patients who consented to or declined the testing was recorded as was the substance from which they were being detoxified.

Results: One hundred thirty-five patients presented for ambulatory detoxification and were offered rapid HIV testing. Of these, 41 were being seen for alcohol withdrawal, 83 for opioid withdrawal, 8 for benzodiazepine withdrawal, and 3 for benzodiazepine and opioid withdrawal. Of the 135 patients seen, 70.4% accepted rapid HIV testing. When grouping by substance used, 78% of the patients withdrawing from alcohol accepted testing, compared to 67.1% of the patients withdrawing from opioids, a nonsignificant difference.

Conclusions: Rapid HIV testing is accepted by a majority of patients in an ambulatory detoxification setting based on the data we have collected and can be easily implemented in this setting. Furthermore, it is equally accepted by patients detoxifying from alcohol and opioids.

Source of Funding: Internal

Poster Session

Location: Garden I and II

Poster 47: How to Increase Access to Substance Abuse Treatment: Implementing NIATx Model

Nalan Ward, MD, and Harvey Margaret, PsyD, Massachusetts General Hospital

Background: Founded in 2003, the Network for the Improvement of Addiction Treatment. (NIATx) has worked with behavioral health care organizations across the country to improve access to and retention in treatment for the millions of Americans with substance abuse and/or mental health issues. West End Clinic - Outpatient Addiction Services at the Massachusetts General Hospital is an adult outpatient substance abuse treatment center based in an academic general hospital in Boston, MA. West End Clinic is one of the sites that has participated in the NIATx service improvement project.

Methods: This was a 3 year examination of promising practices that were implemented to increase access and reduce wait time to intake in substance abuse treatment. A study-plan-do-adapt cycle was used to try promising practices. Yearly number of intakes and total patient visit volume were calculated to measure outcome.

Results: Yearly intakes increased by 34% within the first year of the study. From 2008 to 2011, the yearly patient visit volume increased from 7,540 to 14,714.

Conclusion: Our findings point out to the value of implementing NIATx model. Increase in access to treatment in a timely manner, increased number of intakes and total patient visit volume.

Source of Funding: None

Exhibitors — Location: Arizona I

American Board of Psychiatry and Neurology — **Booth 1**
The American Board of Psychiatry and Neurology serves the public interest and the professions of psychiatry and neurology by promoting excellence in practice through its certification and maintenance of certification processes. ABPN also oversees the certification process for physicians seeking certification in child and adolescent psychiatry.

Bradford Health Services — **Booth 21**
Bradford has been providing effective and affordable alcohol and drug addiction treatment for over thirty years. With 28 to 90 day treatment, a 24-hour medically monitored detoxification unit, licensed professional staff, insurance accessibility, and specialty programs involving chronic pain, grief, trauma, and relapse prevention, we can offer that helping hand.

Civilian Medical Corps — **Booth 2**
Vast Opportunities. Exceptional Benefits. Rewarding Careers. Practice your specialty with one of the largest healthcare networks in the world. The U.S. Army Medicine Civilian Corps provides care at more than 70 facilities throughout the United States, Europe and the Pacific. With over 2,500 positions available, come and explore your opportunities.

Hazelden Naples — **Booth 14**
Multiple treatment options are available at Hazelden in Naples, and the care option determined for each patient is based on individual needs. Patients may start in one program and move to another as needs or progress dictate. Hazelden's MORE* Program (My Ongoing Recovery Experience) provides you with web-based support 24/7 and online access to programs, resources, and fellowship to assist you during treatment and throughout your first 18 months of recovery.

Lifeskills South Florida — **Booth 20**
Lifeskills South Florida is a 28-bed, residential, extended care facility specializing in treating adults with psychiatric and/or addiction related issues. The clinical focus is working with adults that may have co-occurring diagnosis such as Addiction and/or Bipolar Disorder, PTSD, Mood Disorders, Psychotic Disorders, Schizo-affective Disorder or Borderline Personality Disorder. Lifeskills utilizes evidence based treatment modalities such as Motivational Interviewing, Cognitive Behavioral Therapy and Dialectical Behavior Therapy. We are an abstinence based, Twelve-Step supportive program located on a self-contained Key West style campus in Deerfield Beach, Florida.

McLean Hospital — **Booth 4**
The Alcohol and Drug Treatment Program at Harvard-affiliated McLean Hospital in Massachusetts offers a full continuum of specialized care: inpatient, residential, partial hospital, and outpatient. We offer both short and long-term care; buprenorphine treatment in adult programs; clinical expertise in treating co-occurring psychiatric disorders; individualized treatment plans; and handicapped accessible facilities. For more information, visit us at www.mcleanfernside.org or call 800.906.9531.

Millennium Laboratories — **Booth 16**
Millennium Laboratories is the leading research-based, clinical diagnostic company dedicated to improving the lives of people with chronic pain or addiction. The company provides healthcare professionals with the medication monitoring, drug detection and pharmacogenetic testing services required to personalize treatment plans to improve clinical outcomes and patient safety.

Mossman Associates — **Booth 17**
Mossman Associates offers diagnostic tests for addictions to Nicotine, Alcohol and Drugs of Abuse. Our rapid tests are accurate, reliable, and affordable with most not requiring instrumentation. Options for these tests are urine, breathe or saliva based. Many are CLIA waived including the CLIA waived urine test for nicotine.

National Institute on Alcohol Abuse and Alcoholism — **Booth 7**
The National Institute on Alcohol Abuse and Alcoholism exhibit highlights the importance of alcohol research, prevention, and treatment for maintaining the health of the individual, the family, and the Nation. The NIAAA booth features publications appropriate for the public, research findings for professionals and policy makers, and research grant opportunities available for biomedical and social science researchers. A direct link to NIAAA's Web site will be available at the booth.

Navajo Area Indian Health Service — **Booth 5**
Navajo Area Indian Health Service is a comprehensive health care providing inpatient, outpatient, contract, and community health programs centered around 6 hospitals, 8 health centers, and 12 health stations.

Pavillon — **Booth 12**
Pavillon is a recognized leader for its effectiveness in twelve-step residential treatment, research-based recovery services and education for substance use and co-occurring disorders. We provide intensive residential and outpatient treatment for adults and young adults, extended care for professionals and women with trauma and persistent relapse issues, alumni support and family education services for adult men, women and children.

Pine Rest Christian Mental Health Services **Booth 18**
Pine Rest is a non-profit organization founded in 1910 in Grand Rapids, Michigan. As the leading behavioral health system in the region, Pine Rest offers a full care continuum including inpatient (new co-occurring disorders unit opens soon), partial hospitalization, outpatient, and residential services for all ages. Unique strengths include Christian integrity, compassion, and diverse psychiatric career opportunities – One Employer, Endless Opportunities.

Professional Risk Management Services **Booth 8**
PRMS manages The Psychiatrists' Program, a full-service medical professional liability insurance program designed for psychiatrists. No other program offers the same risk management expertise, aggressive defense strategies and comprehensive policy. Coverage for forensic services, telepsychiatry, and administrative defense costs. Discounts include part-time, early career, child/adolescent, moonlighting residents, psychiatric groups and more!

Reckitt Benckiser Pharmaceuticals **Booth 15**
Products: Suboxone®, Suboxone Sublingual Film®
Reckitt Benckiser Pharmaceuticals is at the fore front providing educational resources and treatment options to physicians and patients dealing with the chronic relapsing disease of opioid dependence. Please visit their exhibit where Reckitt Benckiser clinical liaisons can discuss the indications and provide scientific information, and answer questions about a unique treatment option.

Ridgeview Institute **Booth 10**
Ridgeview Institute, a private, not-for-profit hospital treating people with addiction or mental health problems, has earned a national reputation for care and service. Since 1976, more than 70,000 people have turned to Ridgeview. Programs include Women's Eating Disorder Program, Young Adult Program, Youth Addiction Program and a Professional Program.

Silver Hill Hospital **Booth 9**
Founded in 1931, Silver Hill Hospital is a non-profit psychiatric hospital that provides inpatient and residential treatment for adolescents and adults, with specialty programs for Borderline Personality, Chronic Pain and Addiction, Co-Occurring and Psychotic Disorders. Silver Hill is an academic affiliate of the Yale University School of Medicine, Department of Psychiatry.

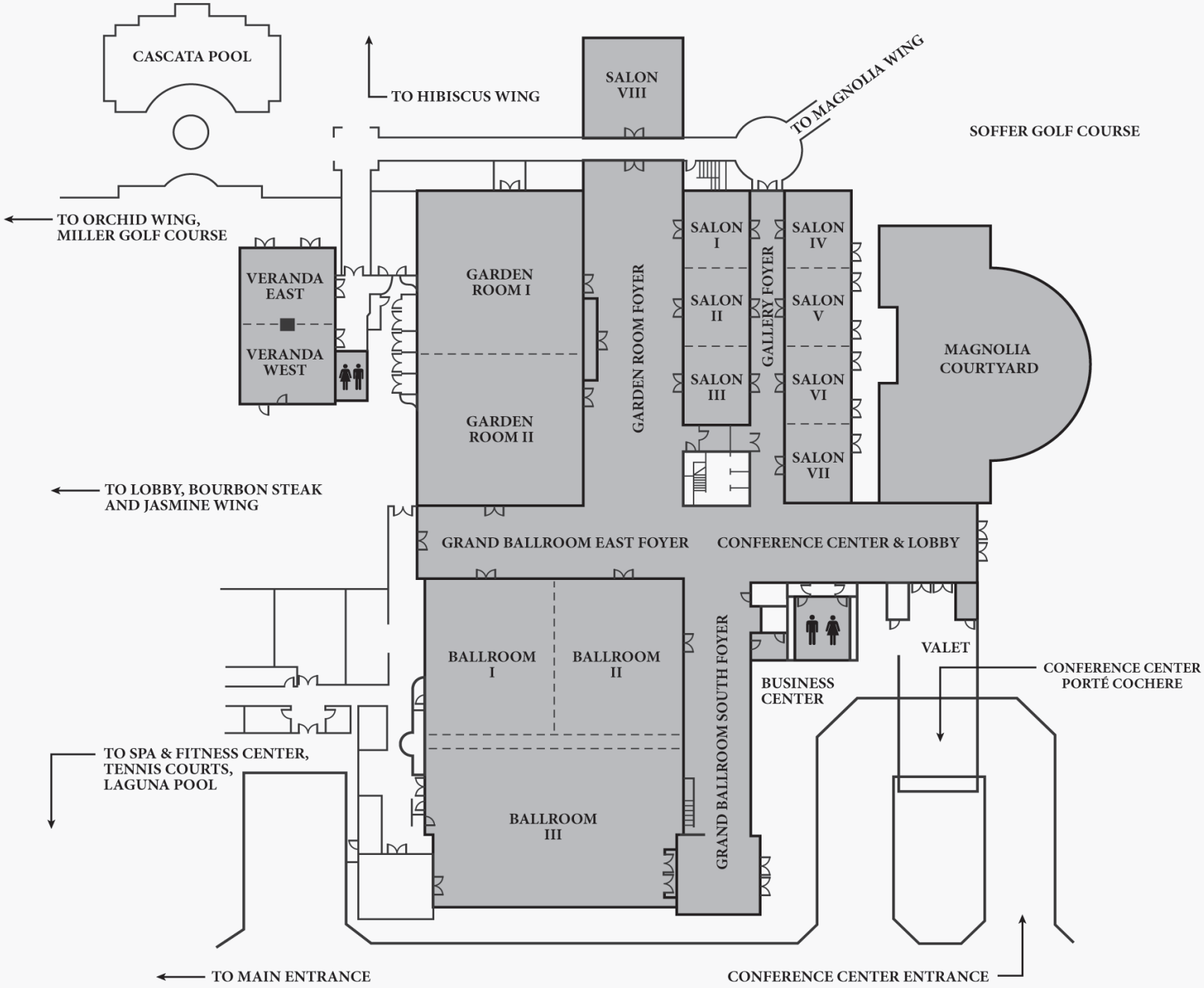
Sovereign Health of California **Booth 13**
Sovereign Health Group is a behavioral healthcare organization in Southern California offering treatment programs for Dual Diagnosis, Mental Health, and Eating Disorder conditions for adult males and females. We are Joint Commission accredited and offer evidence based treatment and comprehensive programming. We accept and direct bill all PPO's and most HMO insurances.

Talbott Recovery **Booth 3**
Talbott Recovery is recognized nationally as a leader and pioneer in the assessment and treatment of substance abuse and co-occurring psychiatric disorders with two locations in Metro Atlanta and one in Columbus, GA. We offer specialty programs for professionals, adults, and young adults. For more information contact Talbott Recover – www.talbottrecovery.com or call (800) 445-4232.

The Watershed Addiction Treatment **Booth 11**
The Watershed, as America's premier addiction treatment provider, operates a 24/7/365 State Licensed and Joint Commission accredited help line/crisis line to help those in need by providing information, referrals, and motivational and telephonic crisis intervention services to over 14,000 people a month, as well as those that are treated directly at The Watershed. The Watershed is recognized as a leading drug addiction and drug treatment provider offering medical alcohol and drug detoxification and drug rehabilitation for those suffering from the disease of alcoholism and drug addiction treatment. Watershed patients receive an unprecedented level of care by highly skilled professionals who know how to help people find long-term recovery.

U.S. Public Health Service Commissioned Corps **Booth 19**
Led by the Surgeon General, the U.S. Public Health Service Commissioned Corps is an elite team of over 6,500 well-trained public health professionals. Whether we're responding to a public health emergency or delivering patient care, our officers make a difference in the lives of people every day. Visit www.usphs.gov.

WestBridge **Booth 6**
WestBridge is a private, non-profit, organization dedicated to supporting the recovery of individuals that experience co-occurring mental illness and substance use. WestBridge utilizes evidence-based practices for Integrated Dual Diagnosis Treatment (IDDT) developed by the Dartmouth PRC.


CASCATA POOL
TO HIBISCUS WING
SALON VIII
TO MAGNOLIA WING
SOFFER GOLF COURSE
TO ORCHID WING, MILLER GOLF COURSE
VERANDA EAST
VERANDA WEST
GARDEN ROOM I
GARDEN ROOM II
GARDEN ROOM FOYER
SALON I
SALON II
SALON III
GALLERY FOYER
SALON IV
SALON V
SALON VI
SALON VII
MAGNOLIA COURTYARD
TO LOBBY, BOURBON STEAK AND JASMINE WING
GRAND BALLROOM EAST FOYER
CONFERENCE CENTER & LOBBY
BALLROOM I
BALLROOM II
BALLROOM III
GRAND BALLROOM SOUTH FOYER
VALET
CONFERENCE CENTER PORTÉ COCHERE
BUSINESS CENTER
TO SPA & FITNESS CENTER, TENNIS COURTS, LAGUNA POOL
TO MAIN ENTRANCE
CONFERENCE CENTER ENTRANCE

AAAP American Academy of Addiction Psychiatry

Save the Date!

24th Annual Meeting and Symposium

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www.aaap.org/meetings-and-events.