

**2ND GLOBAL CONFERENCE ON
ADDICTION MEDICINE,
BEHAVIORAL HEALTH AND PSYCHIATRY**
October 21-23, 2021



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HEALTH AND PSYCHIATRY

OCTOBER 21-23, 2021

Theme:

Unifying the new discoveries and advanced approaches
towards Addiction and Psychiatry

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About **MAGNUS GROUP**

Magnus Group (MG) is initiated to meet a need and to pursue collective goals of the scientific community specifically focusing in the field of Sciences, Engineering and technology to endorse exchanging of the ideas & knowledge which facilitate the collaboration between the scientists, academicians and researchers of same field or interdisciplinary research. Magnus group is proficient in organizing conferences, meetings, seminars and workshops with the ingenious and peerless speakers throughout the world providing you and your organization with broad range of networking opportunities to globalize your research and create your own identity. Our conference and workshops can be well titled as 'ocean of knowledge' where you can sail your boat and pick the pearls, leading the way for innovative research and strategies empowering the strength by overwhelming the complications associated with in the respective fields.

Participation from 90 different countries and 1090 different Universities have contributed to the success of our conferences. Our first International Conference was organized on Oncology and Radiology (ICOR) in Dubai, UAE. Our conferences usually run for 2-3 days completely covering Keynote & Oral sessions along with workshops and poster presentations. Our organization runs promptly with dedicated and proficient employees' managing different conferences throughout the world, without compromising service and quality.

About **GAB 2021**

Magnus Group warmly welcomes you to its successional "2nd Edition of Global Conference on Addiction Medicine, Behavioral health and Psychiatry" - Online Conference occurring during October 21-23, 2021 with the theme of "Unifying the new discoveries and advanced approaches towards Addiction and Psychiatry"

GAB 2021 has been intended in an interdisciplinary way with an assembly of tracks to choose from every division and provides you with a unique opportunity to meet up with the peers from both academia and industry and establish a scientific network between them. It is our ideology to bring the extreme exposure to our attendees, so we make sure that this event is a blend which covers high experts, research professionals, scientists and young scholars.

WELCOME MESSAGES

I welcome the participants to this morning's session on Day 2 of the 2nd Global Conference on Addiction Medicine, Health, and Psychiatry sponsored by the Magnus Group. The session builds on a general conference theme of the neurological and psychiatric underpinning of addiction, its medical management, and the societal implications of extended care beyond the clinic. This morning will balance issues of psychiatry and clinical and extra clinical medical management. The session draws its global representation from the Asian nations of Russia and India, the Middle East from the nation of Iran, Europe with a Swedish representation, North America, from the USA, and Africa, from West Africa. I thank all participants for their contributions.



Denis Larrivee, PhD/Chair

Loyola University Chicago

Greetings Colleagues!

It is my pleasure and honor to address you at commencement of our significant international meeting! This *2nd Global Conference on Addiction Medicine, Behavioral Health and Psychiatry* encompasses presentations from leading researchers around the world.

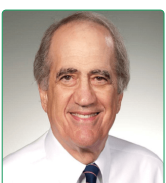
Major themes are treatment and prevention of substance use disorders involving drugs such as marijuana, opioids, alcohol and hallucinogens. There is also attention to internet addiction.

Besides neuropharmacological and psychological management, therapeutic processes to be discussed include music, aromatherapy and holistic modalities.

Attention will be given to the influence of age, gender, and areas of residence as well as the impact of COVID.

I thank Ms. Rebecca Joseph and her staff for their excellent handling and assembling of all the many moving parts required to create this important conference!

Welcome!



Frederick J Goldstein, PhD, FCP

Professor of Clinical Pharmacology
Philadelphia College of Osteopathic Medicine

PLATINUM SPONSOR

About Shenzhen Sciencare Medical Industries Co Ltd

Sciencare Medical has always been committed to the research and development, production and marketing of innovative drugs. Engage with the world's top scientific leaders and doctors, our goal is to further exploring medical research. In 2003, Sciencare began to develop naltrexone implants.

With decades of continuous research, Sciencare has accumulated rich experience in long-acting sustained-release technology, and has made contributions to the field of Substance Abuse and Mental Illness. And become technology leader in the field of Sustained-release and Naltrexone application.

About Sciencare Naltrexone Implants

Oral naltrexone's effectiveness as an opioid antagonist has been limited due to poor patient adherence. A long-acting naltrexone formulation may be beneficial. Naltrexone implant developed by Sciencare Medical can be implanted into subcutaneous tissue, targeted for a five-month duration of action in blocking opioid agonist challenge effects in humans. Because of unique innovative patent technology, naltrexone implant takes effect quickly and can be controlled release stably without initial burst release effect. Long-acting naltrexone implant was safe and the main adverse events were mild and reversible.



KEYNOTE FORUM

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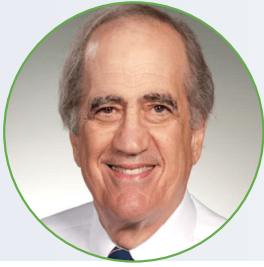
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Frederick J Goldstein

Philadelphia College of Osteopathic Medicine, USA

Clinical pharmacology of marijuana

Marijuana use in the United States has increased substantially for both recreational and medicinal purposes. Self-treatment of many conditions includes anxiety, post-traumatic stress disorder (PTSD) and, most significant, chronic pain. However, high-level clinical research needed to document such applications is lacking.

Although still classified as a Drug Enforcement Agency (DEA) Schedule I product, marijuana has been approved for purchase in a majority of states but only if grown in that specific state. In addition to sales of the plant in various forms, active substances extracted such as delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD) are also available at retail stores. Some states require physician certification for purchase of THC products.

In humans, an endogenous cannabinoid (CB) system is comprised of CB1 and CB2 receptors; THC and CBD activate these sites.

THC is available as nabilone (DEA Schedule II) and dronabinol (DEA Schedule III) prescription products which are FDA-approved for administration as appetite stimulants and antiemetics. CBD (not DEA-scheduled) is officially sanctioned for seizures associated with Lennox-Gastaut syndrome or Dravet syndrome in patients 2 years of age and older. Although numerous studies have found some evidence supporting analgesic efficacy of cannabinoids across various pain disorders, they are not currently FDA-approved for treatment of chronic neuropathic pain (NP).

NP results from damage to the nervous system, either centrally or peripherally. Unlike nociceptive pain, which results from acute traumatic or noxious insults such as burns or fractures, NP occurs from derangements in biological pain processing systems caused by disease, toxins, drugs or chronic injury. Examples include postherpetic neuralgia, diabetic peripheral neuropathy, chemotherapy-induced neuropathy, post-mastectomy pain, and chronic regional pain syndromes.

The current FDA-approved armamentarium for treatment of NP includes calcium channel blockers, tricyclic antidepressants, antiepileptic agents, and a selective serotonin-norepinephrine re-uptake inhibitor. Many of these medications have limited effectiveness or cause unpleasant and intolerable side effects (e.g., sedation, drowsiness, weight gain), and are often self-discontinued. NP patients often seek relief with opioid analgesics but these drugs have their own attendant risks (e.g., Hyperalgesia, Endocrinopathy). Additional clinical research is needed to determine the efficacy of various drugs for NP, a common chronic and debilitating pain condition.

In an ongoing pilot study led by Dr. Goldstein, daily doses of THC over a four-week period have been shown to reduce pain scores and use of other analgesic medications in patients with chronic NP; these data will be presented.

In addition, other clinical pharmacological aspects of marijuana will be discussed, i.e., location of CB receptors, mechanisms of action, adverse effects, addiction liability, physical dependence, withdrawal, contraindications, and drug interactions.

Biography:

Goldstein is Professor of Clinical Pharmacology in the Department of Bio-Medical Sciences at PCOM, and serves as Coordinator of Pharmacology. His research interests have focused on pharmacologic methods to reduce pain in post-operative, cancer and hospice patients. He currently conducts a research study using THC to improve analgesia in patients presenting with chronic neuropathic pain. In addition to his teaching and research at PCOM, he lectures in pharmacology at the University Of Pennsylvania School Of Dental Medicine. Goldstein serves on the editorial board of, and reviews submissions for, the Journal of Opioid Management.

He is an active member of the National Board of Osteopathic Medical Examiners where he writes and reviews questions for the COMLEX Level 1 test.



Wei Hao^{2*}, Wei Qu¹, Xuyi Wang², Tao Chang¹, Zhijun Sun¹, Shiqiang Wang¹

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A randomized, double-blind clinical trial of the efficacy and safety of opioid challenge evaluation of blockade by naltrexone implant

Background: Oral naltrexone's effectiveness as an opioid antagonist has been limited due to poor patient adherence. A long-acting naltrexone formulation may be beneficial. This study evaluated the efficacy and safety of long-acting implantable naltrexone (LA-NTX) and its pharmacokinetics profile, targeted for a five-month duration of action, in blocking opioid agonist challenge effects by hydromorphone injection in humans.

Methods: The participants who were ex-dependent opioid abusers (N=31) were recruited and assigned to a randomized double blind subcutaneous implantation of 0.9, 1.5 g LA-NTX. To assess the extent of opioid blockade, hydromorphone challenges (0, 3, 4.5, 6 mg IM in ascending order at 1-h intervals [up to 13.5 mg total]) were given at pre-treatment baseline and on days 7, 30, 60, 90, 120, and 150 after implantations. Opioid blockade was assessed by: (1) visual analogue scale (VAS) ratings of subjective opioid effects of hydromorphone injection; (2) pupil diameter changes after the injection; (3) tolerability of the ascending doses of hydromorphone assessed by the combined indicators of pupil diameter changes and VAS; (4) PK concentrations of naltrexone, 6-naltrexol and hydromorphone. Effects on the VAS and pupils were assessed via the slope of the time-action function over ascending hydromorphone doses, with zero slope indicating complete blockades.

Results: Blockade of the VAS "any drug effect" response to 3 mg hydromorphone injection was completed for 7, 30, 60, 90, 120, and 150 days, respectively, for all the LA-NTX doses groups. And the effective blood concentration of naltrexone (≥ 1 ng / ml) started from the third day, lasting for more than 148 days for the two groups. With the 1.5g LA-NTX dose the slope of VAS responses remained at or near zero for five month even with maximal cumulative hydromorphone dosing (13.5mg). At all post baseline visits, all subjects in both group had a statistically significant antagonistic effect on 3 mg hydromorphone challenges. On the days of 60 and 90, all subjects in 1.5g group and 75% of subjects in 0.9g group were able to tolerate the challenge of accumulated 7.5mg dose of hydromorphone. On the day 150, 66.7% of subjects in 1.5g group and 33.3% of subjects in 0.9g group were able to tolerate the challenge of accumulative dose of hydromorphone (13.5mg). In sum, the antagonist efficacy of 1.5g group was better than that of 0.9g group in the hydromorphone challenge tests.

All subjects had good tolerance to naltrexone implant. The adverse events (AE) in the two treatment groups were mild or moderate. Except for one case of "remission", the outcome was "recovery". There was no dose-related toxic reaction and serious liver function abnormality. The incidence of AE in the two groups was similar, and the low-dose group of local AE was higher than that in the high-dose group.

Conclusions: These data quantify the five month-long opioid blockade underlying LA-NTX's antagonistic effect in opioid dependence treatment, with significant dose dependence. LA-NTX was safe and the main AE were mild and reversible.

Keywords:

Naltrexone; Opioid Blockage; Opioid Challenge; Long Acting Naltrexone (LA-NTX); Hydromorphone

Audience Take Away:

To know the recent development of drug treatment of opioid dependence

To know the clinical efficacy and safety of newly developed naltrexone implant preparation

To improve the understanding on the measurement and design of clinical trial

Biography:

Dr. Wei Hao is Professor of psychiatry in Mental Health Institute, Central South University, Changsha, China, and Director of the World Health Organization (WHO) Collaborating Centre for Psychosocial Factors, Substance Abuse and Health.

Currently Prof. Hao is the Member of WHO Expert Advisory Panel on Drug Dependence and Alcohol Problems (2006-present); member of the Working Group on the Classification of Substance Abuse for the eleventh revision of the International Classification of Diseases (ICD-11), WHO (2011-present), and President of Chinese Association of Drug Abuse Prevention and Treatment (2015-present). He was First-Vice President of International Narcotics Control Board (2017, 2019) of United Nations.



Deni Carise

University of Pennsylvania, USA

Is Addiction Treatment Effective? Compared to what? How would we know?

Treatment of Substance Use Disorders has made great strides recently – from changing the way addiction is viewed to the development of new therapies and medications. We will look at the current state of the treatment field and explore the effectiveness of treatment– from examining the public’s expectations of treatment, to studies comparing treatment vs. no treatment, various treatment goals, and the role of motivation in treatment. We look at genetic heritability, twin studies, and predictors of relapse for addiction compared to other chronic medical disorders. Finally, we look at the ways to measure effective care and the argument against defining “total abstinence” as the only form of success.

Audience Take Away:

- Attendees will be able to compare genetic heritability, success rates, and predictors of relapse of individuals with substance use disorders to those with other chronic disorders such as asthma or diabetes
- Attendees will be able to discuss studies that have shown that motivation for recovery upon entering treatment is not an essential ingredient in predicting outcomes or success
- Attendees will be able to compare the public’s goals for substance abuse treatment to treatment provider goals

Biography:

Deni Carise, PhD, is Chief Science Officer at Recovery Centers of America (RCA) and Adjunct Assistant Professor at University of Pennsylvania, Perelman School of Medicine (1997). She earned her BS (1988) and PhD (1993) from Drexel/Hahnemann University, completing her post-doc training at UPENN (94-96). Her career has spanned 18 years as an NIH-funded researcher, multiple clinical and treatment positions, the oversight of large clinical systems of care (>100 programs), and most recently, as one of the founders of RCA. She’s published >100 articles, blogs, and chapters, worked extensively internationally, and values having a voice on important behavioral health/SUD topics.

SPEAKERS | DAY
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Deni Carise

Recovery Centers of America, King of Prussia, USA

Substance use disorders: Scope of the problem, what to look for in a treatment program

The opioid epidemic in our country has understandably been given much attention. Here we discuss the prevalence of opiate use/addiction in population, present how the opioid crisis came about in the country, what's helped address this problem and why this problem isn't going away. We then look at what to look for when referring a patient to treatment providing a virtual Top 10 list of those things your treatment program should be doing to be successful clinically. Focus will include how to identify and select from among a wide array of practices, including technology-based practices, cognitive-behavioral treatments, and medication-assisted treatments, with substantial scientific proof of effectiveness. We will explore what to look for in staffing and curriculum to ensure the best outcomes. We will look at how to measure whether services are being delivered with fidelity by the right staff, to the right patients and how to evaluate their results. From experience in implementing staffing and evidence-based practices in over 250 public and private treatment programs, we show how all treatment systems can offer a cost-effective, evidence-based continuum of care.

Audience Take Away:

- Know the top components to look for when selecting substance abuse treatment programs
- Identify key factors in a full continuum of care
- Recognize the best “evidence-based practices” from among the myriad of available services and practices
- Demonstrate how all treatment systems – private and public - can offer a cost-effective, evidence-based continuum of care
- Learn how to evaluate if a program is delivering practices with fidelity to ensure best chances at success

Biography

Deni Carise, PhD, is Chief Science Officer at Recovery Centers of America (RCA) and Adjunct Assistant Professor at University of Pennsylvania, Perelman School of Medicine (1997). She earned her BS (1988) and PhD (1993) from Drexel/Hahnemann University, completing her post-doc training at UPENN (94-96). Her career has spanned 18 years as an NIH-funded researcher, multiple clinical and treatment positions, the oversight of large clinical systems of care (>100 programs), and most recently, as one of the founders of RCA. She's published >100 articles, blogs, and chapters, worked extensively internationally, and values having a voice on important behavioral health/SUD topics.



Bernice Lottering^{1*}, Yi-Wen Lin^{1,2}

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²Chinese Medicine Research Center, China Medical University, Taichung, Taiwan

TRPV1 responses in the cerebellum using electro acupuncture treatment for chronic pain and depression co-morbidity in a murine model

Depression is a prominent complex psychiatric disorder, usually complicated through expression of co-morbid conditions, with chronic pain being among the most prevalent. This comorbidity is consistently associated with a poor prognosis and has been shown to negatively impact patient outcomes. With a global rise in this condition presenting itself, the importance of discovering long-term, effective and affordable treatments is crucial. Electroacupuncture has demonstrated renowned success in its use for the treatment of pain, and is a widely recognized therapy in clinical practice for the treatment of various psychosomatic disorders, most notably depression. Our study aimed to investigate the effects and mechanisms of Acid-Saline (AS) inducing states of chronic pain and depression co-morbidity in the cerebellar lobules VI, VII and VIII, using the ST36 acupoint as the therapeutic intervention. A SHAM EA group was incorporated as to allow accurate extrapolation of the true effects of EA at ST36. Furthermore, the role of TRPV1 was relatedly explored through the use of TRPV1^{-/-} mice (KO). Behaviour tests of chronic pain and depression were evaluated to make sure of the successful induction of this comorbidity. This evidence was additionally substantiated in the protein levels observed in immunoblotting techniques, and further visibly corroborated through the presentation of immunofluorescence. Conclusively we hypothesized that EA at ST36, via its action on the TRPV1 and related molecular pathways, could attenuate AS induced chronic pain and depression co-morbidity as observed in the cerebellum lobules VI, VII and VIII.

Keywords:

Chronic Pain; Depression; TRPV1; Electroacupuncture; ST36; Cerebellum

Audience Take Away:

- This specific treatment approach in major chronic comorbid disorders is a novel piece of evidence supporting the efficacy of acupuncture treatment as a TCM based intervention approach
- Acupuncture treatment functions on fundamental molecular mechanisms that explain the analgesic effect and benefit
- TRPV1 is specifically examined for its role in pain comorbid disorders, whereby we focused on chronic pain and depression conditions
- The dynamic research provides an opportunity to explore new and fresh treatment approaches, and benefits the medical industry in providing effective, affordable and available treatment targets for the support of patients across the globe
- The shared topics will provide valuable insight into the field of Addiction and Behavioral Health. By discussing important topics of health communicated at the conference, the attendance of young and talented researchers, business representatives and student communities presenting their diverse name across the globe will encourage networking opportunities and collaboration

Biography

Dr. Lottering studied Medical Science at China Medical University, Taiwan, and succeeded in her endeavors of graduating as MS in 2017. Given her driven nature and research oriented determination, she then persevered and received her Ph.D degree in 2021. As a fresh innovative doctoral graduate, she has maintained an active research status, participating in broader research projects. Having displayed a keen enthusiasm for experimental treatment regimes in the field of Acupuncture Science, Dr Lottering should be an observable force in the epidemiological communities.



Anne-Frederique Naviaux^{1,4*}, Pascal Janne^{2,3}, Maximilien Gourdin^{2,4}

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Pediatric obesity, addiction and family dynamics: Concept of co-obesity

Introduction: The obesity epidemic has been a crucial health concern over the past few decades. Multiple contributing factors have been identified at various levels: genetic, biological, environmental, social, economic etc. In many ways obesity presents some similarities with substance dependence and abuse. The term “co-dependency” originates from the realm of addiction. Co-dependency mechanisms can also appear between parents and children and enable obesity.

Aim: This research features the concept of co-obesity within the paediatric population. It develops new ideas and ways of thinking about food and food system, including an integrative biopsychosocial model of parent-child co-dependencies in obesity. This work has quite a significant impact as it retraces 30 years of literature on the subject but also because the obesity epidemic is constantly expanding.

Materials and Methods: Between January 2020 and May 2020, a literature search based on electronic bibliographic databases as well as other sources of information (grey literature) was conducted in order to investigate the most recent data on obesity, addiction and co-dependencies. Some clinical examples of these concepts applied to everyday life were chosen to illustrate how they are all linked together, especially in terms of familial co-obesity (between children and parents).

Results: Many studies link obesity and addiction, even though, the Diagnostic and Statistical Manual of Mental Disorders (DSM) does not list obesity as a psychiatric disorder. Both obesity and addiction share a common neural basis and use the same reward pathways which has been described and studied through many works. Dopamine certainly plays an important part in that system. Pediatric obesity is particularly worrying but might offer an opportunity for intervention, and once tackled, reduce the severity of adult obesity. Working with children, means working with families, and investigating intra-familial contributing dynamics. The concept of co-obesity emerged from the addiction model applied to pediatric obesity. Clinical examples illustrate an integrative biopsychosocial model of parent-child co-dependencies in obesity.

Conclusion: Co-obesity often emerges from great altruism, tolerance towards inappropriate and maladaptive behaviours and emotions that are difficult to manage. A new and promising model of intervention is developed, based on addiction techniques (withdrawal/abstinence) associated to behavioral strategies (distraction, alternative behaviors, distress tolerance, trigger avoidance and stress lessening).

Keywords:

Pediatric Obesity; Addiction; Co-dependence and Co-dependency; Co-Obesity; Family Dynamics; Family Intervention

Biography

Anne-Frederique Naviaux is a consultant Psychiatrist and Child Psychiatrist, who finished her Master in Psychiatry in 2004 (Universite Catholique de Louvain, Belgium). She worked in France as a 'praticien hospitalier' in Child Psychiatry and for the World Health Organization, before joining the research department in Trinity College (Dublin, Ireland) in 2011. She has been a lecturer in France (IFSI) since 2004 but has also joined the College of Psychiatrists of Ireland in 2012.

She currently works for the Health Service Executive in Ireland as Head of Service in Summerhill Adult Mental Health Centre (Wexford) and as Clinical Lead for Liaison Psychiatry in Wexford General Hospital (WGH). Since 2016, she has been developing in collaboration with the Paediatric Team in WGH and University Hospital Waterford, an out of hour's emergency service for young people with Mental Health Issues. She has published many articles and is part of several editorial boards.

In 2020, AF Naviaux became a member of Universal Scientific Education and Research Network (USERN) and a supervisor in the NIIMA group. She has a special interest in nutrition and eating disorders.



Sonali Salunkhe^{1*}, Beatrice Ugiliweneza²

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Disparities in drug-related mortality in Appalachian and non-Appalachian regions of Kentucky

Introduction: The opioid epidemic is a significant public health crisis faced by the United States, and some areas in the country are suffering more than others. It is crucial to identify differences in drug-related mortality's geographical distribution to ensure the appropriate focus of governmental interventions addressing this issue. This study's objective was to compare Appalachian rural, Appalachian urban, non-Appalachian rural, and non-Appalachian urban regions of Kentucky in terms of crude drug-related mortality, opioid-related mortality, and overall crude mortality rates.

Methods: We used the Center for Disease Control and Prevention's Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data from 1999-2018 to calculate crude drug-related mortality, opioid-related mortality, and overall crude mortality rates. We compared these outcomes between Appalachian rural, Appalachian urban, non-Appalachian rural, and non-Appalachian urban regions of Kentucky with and without adjusting for county-level demographic (age, sex, race, and ethnicity) and socioeconomic (poverty). Statistical analyses were performed with Poisson regression with a log link.

Results: According to the 2010 population estimates of KY, the population in the four regions was as follows: non-Appalachian urban = 2317,627, non-Appalachian rural = 785,562, Appalachian urban = 133,683, and Appalachian rural 1048,956. Across all the four regions, there was comparable distributions of males and females, with the age group of 18 to 65 years comprising of the majority of the population, and the elderly (65+ years) making up the least of the population. The White made up the majority of the population within each region with Appalachian rural having a significant higher rate than non-Appalachian urban (97% vs 85%, $p = 0.021$). Conversely, the black population was significantly lower in Appalachian rural (2%) compared to non-Appalachian urban (12%, $p < 0.0001$), and non-Appalachian rural (6%, $p < 0.0001$). There was a significantly lower all-cause mortality for the non-Appalachian urban region (872 per 100,000) compared to non-Appalachian rural (1,131 per 100,000, $p < 0.0001$), Appalachian urban (1,154 per 100,000, $p < 0.0001$), and Appalachian rural (1,144 per 100,000, $p < 0.0001$). The Appalachian rural region (26 ± 0.36 per 100,000) had significantly higher drug-related mortality when compared to non-Appalachian urban (19 ± 0.2 per 100,000, $p < 0.0001$) and non-Appalachian rural regions (15 ± 0.31 per 100,000, $p < 0.0001$). Similarly, the opioid-related mortality was significantly higher ($p < 0.05$) for Appalachian urban (20 ± 0.86) and Appalachian rural (17 ± 0.28) regions compared to the non-Appalachian (urban = 11 ± 0.16 and rural = 7 ± 0.21).

Conclusion: The study demonstrated significant intra-state geographical disparities in Kentucky in all-cause, drug-related, and opioid-related mortalities, with the Appalachian region having significantly higher mortalities (all-cause, drug-related, and opioid-related) when compared to the non-Appalachian regions of Kentucky.

Public Health Implications: The findings from this study can inform healthcare practitioners and public health officials to develop interventions addressing drug-related and opioid-related mortalities in Kentucky, targeting the regions where the mortalities are significantly higher. Also, the information on geographic, demographic, and socioeconomic factors related to these mortalities can be factored into the interventions' design specific to targeting the population's socio-demographics.

Biography

Dr. Salunkhe is a doctoral student in Health Management and Policy and a graduate research assistant at the University of Louisville School of Public Health and Information Sciences, where she also received her MPH in Health Policy in 2019. She received her MD degree from Saratov State Medical University, Russia in 2011 and has over five years of clinical experience in a hospital setting. She is an inductee of the prestigious Beta Pi Chapter of Delta Omega Honorary Society in Public Health and a winner of 2020 National Delta Omega Student Poster Competition.



Grace Noonan^{1*}, Jason Glenn²

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Pandemics interlaced: The impact of the covid-19 pandemic on the psychological and social wellbeing of sober living home residents

The COVID-19 pandemic disrupted the provision of healthcare in a number of different areas: surgical care, nursing care, palliative and hospice care. Patients put off seeking dental care, eye care, and had extensive delays in basic preventive care. One area not well studied has been the impact of COVID-19 on persons in Substance Use Disorder (SUD) recovery needing long-term residential care in sober living environments. We initiated this study to assess how the COVID-19 pandemic progression impacted the psychological and social wellbeing of sober living home residents and to identify significant predictors of relapse risk. We surveyed 106 individuals in sober living residencies to assess how the pandemic impacted social connectivity, utilization of social support services, and relapse predictors at three different time points throughout the COVID-19 pandemic. We found that the pandemic led to significant declines in social interconnectedness and utilization of social support services, leading to increases in thoughts of relapse. Additionally, we interviewed individual residents of sober living residences who provided valuable information that supported the decline in social connectivity and the increase in relapse risk throughout the COVID-19 pandemic. Given the documented increased rates of overdose deaths during the pandemic, treating patients in recovery will require the development of novel and non-traditional methods of providing social support and interventions to increase social connectivity.

Audience Take Away:

- The audience will gain an understanding of how the COVID-19 pandemic impacted the course of treatment for patients with substance abuse disorder (SUD) by decreasing social connectivity and the utilization of support services, leading to an increase in relapse risk
- The audience will learn the importance of social connectivity in the treatment of patients with SUD, which will allow them to directly apply this information for treatment of patients
- The audience will learn how to anticipate relapse risk in patients within SUD recovery in response to a decline in social support or extraneous stressful factors, such as the COVID-19 pandemic
- This presentation will enhance physicians' understanding of treatment methods for patients with SUD. This project also draws on the importance of this vulnerable population and will encourage providers to ensure best practices for these patients

Biography

Ms. Grace Noonan graduated with a bachelor of arts in human biology and psychology from the University of Kansas in 2020. She then entered medical school at the University of Kansas School of Medicine and anticipates to graduate in 2024. She joined the 2021 Clendening Research Fellowship through the Department of History and Philosophy of Medicine where her research in addiction medicine treatment originated. She also works with the Department of Cardiovascular Research with the goals to complete several projects in addition to her work in addiction medicine research.



Michelle Blain

Family Medicine Residency, PGY-3, Kaweah Health Medical Center, Visalia, California, USA

Hallucinogen-persisting perception disorder after first-time psilocybin mushroom consumption: Case report

Hallucinogen-persisting perception disorder (HPPD) is a poorly understood disorder which is characterized by visual disturbances, distortions, and flashbacks after hallucinogen consumption. This disorder is rarely diagnosed in the clinical setting, with very limited literature found; however, can cause significant impairment in patients' lives. This is a case report of a 22-year-old female patient who developed persistent visual disturbances and distressing traumatic flashbacks after first-time consumption of psilocybin mushrooms. After outpatient treatment with risperidone, her symptoms worsened. She was diagnosed with hallucinogen-persisting perception disorder and treated with anticonvulsant medication. This report will explore a rare and underdiagnosed disorder, discuss possible etiology of HPPD, as well as elaborate on comorbidities with other psychiatric conditions. Possible pharmacotherapy, such as benzodiazepines, selective serotonin reuptake inhibitors, alpha-2 agonists, and anticonvulsants, will also be discussed. What was once considered to be a fallacy in the 1960s to deter people from recreational drug use, may in fact carry clinical significance in the psychiatric and primary care domains today.

Audience Take Away:

- The audience will learn to identify and treat a rare and underdiagnosed disorder which causes significant distress to those affected
- This presentation will help the audience to recognize HPPD, a disorder found in the DSM-5 under addiction and substance-related disorders. It will also provide a description of possible etiology and neurobiological processes which have been studied
- Finally, the audience will further understand the possible pharmacotherapy which has been researched thus far, especially medications to avoid once the diagnosis of HPPD has been established

Biography

Dr. Blain studied Neuroscience and French at the University of Michigan in Ann Arbor, and graduated with her Bachelor of Science in 2013. At that time, she participated in Neuroscience research evaluating executive function in school-aged children. She then received her osteopathic medical degree from Liberty University College of Osteopathic Medicine in 2019. Dr. Blain is currently a third year Family Medicine resident at Kaweah Health Medical Center in Visalia, California.



Catherine M Cahill*, Jack T Rogers

Department of Psychiatry, Massachusetts General Hospital and Harvard Medical School, Charlestown, MA, USA

Ironing out the Alpha Synuclein in alcohol use disorder

Alpha-synuclein (α -Syn) is a 140-amino acid (aa) protein encoded by the Synuclein alpha gene, SNCA. It is the synaptic protein associated with Parkinson's disease (PD) and is the most highly expressed protein in the Lewy bodies associated with PD and other alpha synucleopathies. Iron deposits are present in the core of Lewy bodies and ferrous iron enhances the aggregation of α -Syn. Both PD and Alcohol Use Disorder (AUD) are associated with liver and brain iron dyshomeostasis. Alpha-Syn has iron import functions with an ability to oxidize the Fe^{3+} form of iron to Fe^{2+} to facilitate entry into cells. Increased expression of α -Syn is associated with alcohol use disorder (AUD), and specific genetic variants contribute to the risk for alcoholism, including alcohol craving. We have identified an iron-responsive element (IRE) in the 5' untranslated region (5'UTR) of α -Syn mRNA. Iron response elements are RNA motifs which bind to Iron Regulatory Proteins either to repress the translation (5'UTR, IREs) or enhance the stability (3'UTR IREs) of iron regulated genes such that in low iron conditions the iron import, Transferrin receptor mRNA is stabilized (3'UTR IRE) and iron storage protein Ferritin, containing 5'UTR IRE is repressed. There are at least 17 mRNA variants of α -Syn, the result of alternative splicing of exons 2, 3 and 5 some which harbor the 5' UTR IRE and some which do not. The result is the translation of both full length as well as truncated forms of α -Syn. The presence/absence of IREs in these transcript variants may be able to predict at-risk populations for PD, including secondary Parkinsonism and AUD. Shorter forms of α -Syn with c-terminal truncations, which are more prone to aggregation are associated with both PD and AUD. We have used the α -Syn 5'UTR to screen for small molecules that modulate its' expression in the H4 neuronal cell line. These screens have led us to identify specific small molecules capable of modulating α -Syn expression that may have the potential to normalize expression in different regions of the alcoholic and PD brain.

Audience Take Away:

- Knowledge of the connections between the Parkinson's disease associated protein, α -Syn and Alcohol Use Disorder
- Understanding that Brain iron dys homeostasis may be an important and yet underestimated factor in AUD which may predispose to neurodegenerative disease
- Role of alternative splicing in α -Syn mRNA variant expression and the role of Iron Response Elements in translational regulation
- Potential novel therapeutics for AUD that modulate α -Syn expression and its' comorbidities, anxiety and depression

Biography

Dr. Cahill studied Biology at University College Dublin, Ireland graduating in 1985 with her bachelors degree. She received her PhD degree in 1990 at the same institution. After a 3 year postdoctoral fellowship at the Babraham Research Institute, Cambridge UK, she came to the U.S. where she carried out research at the Dana Farber Cancer Institute and several other Harvard affiliated hospitals including Massachusetts General Hospital. She is an Assistant Professor of Psychiatry at Massachusetts General Hospital and Co-Directs the Neurochemistry lab with her colleague Dr. Jack Rogers. She has published widely in topics such as cancer and inflammation, diabetes, neurodegenerative diseases and now alcohol use disorder, bringing to the field her interdisciplinary background and new perspectives to this research area.



Laura M Boff

The Cleanse Clinic, USA

Engaging adolescents and their families in outpatient or intensive outpatient addiction treatment

Working with adolescents and their families can be one of the most challenging and rewarding experience a counselor and other medical professions can have. However, many professionals have expressed difficulties engaging their adolescent client's and their families in the treatment process, which ultimately has a negative effect on the adolescent's treatment prognosis. In this workshop counselors will develop the skills to: effectively communicate and work together with parents and guardians of their clients, improve therapeutic rapport with their clients, develop an understanding regarding adolescent brain development and age appropriate behaviors that often lead to adolescent clients being referred into treatment, and how to utilize harm reduction techniques with the intention of eliminating or decreasing high risk substance use behaviors.

Biography

Miss. Laura Boff studied at the State University of New York at Oneonta receiving a Bachelors of Arts in Psychology in 2011. She then pursued her Masters in Social Work at the University of South Carolina where she completed her degree in 2013. Since joining the field of Social Work she has dedicated her career in working with individuals who have been diagnosed with Alcohol Use Disorders and Substance Use Disorders. Miss Boff has experience in working with children, adolescents, adults and families and now is the Director of Clinical Services at the Cleanse Clinic where she creates and implements therapeutic programs for clinic locations in Kentucky and Indiana.



John Michael Weber

Serenity House Detox Center, USA

Addict's first memory

The following research results spanned six months and 175 people addicted to some form of substance, from alcohol to heroin. One question was asked, and the answers were amazing and consistent. The following work is the detailed results of this writer's answer to his own question and the 175 that followed. A constant pattern took shape throughout the bio-psycho-social assessments, these addicts had "first memories," the memories were vivid and took place between the ages of three to six years old, almost to a person those first memories were traumatic. This writer's personal search into his childhood was not to find an excuse for the way he became, but to explain the reason for becoming an addict. In order to treat addiction, these memories that have caused Post Traumatic Stress Disorder (PTSD), must be recognized as the catalyst that sparked a predisposition. Cognitive Behavioral Therapy (CBT), integrated with treatment specifically focused on PTSD, gives the addict a better chance at recovery sans relapse. This paper seeks to give the findings of first memories of the addicts assessed and provide the best treatment plan for such an addict, taking into account, the childhood trauma in congruency with treatment of the Substance Use Disorder (SUD). The question posed was, "What is your very first memory?"

Biography

John Michael Weber, born May 14, 1958 in Houston, Texas. At 12 years old he began a journey into the world of addiction that would continue until the age of 43 years old, specifically it ended on November 19, 2001. Mr. Weber began working in the field of substance abuse recovery in 2005. He founded a 501c3 not for profit ministry helping addicts and their loved ones from 2008 to 2018. In addition, he received a BS in Psychology/Addiction and a MA in Addiction and Family Counseling from Liberty University when he is currently pursuing a doctorate in Traumatology. He is a master's level Licensed Chemical Dependency Therapist at Serenity Detox Center in Houston, Texas. He has authored 5 books of autobiographical nature chronicling his life as a drug addict. Mr. Weber is always searching for new and better ways to keep others from going down the path he encountered because of drugs and alcohol addiction. He has 2 daughters and 5 grandchildren and has repaired all relationships because of his continued life without mind altering substances.



Victor Moxley^{1,2,3*}, Lelinneth B Novilla¹

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Following admission to discharge: Analyzing treatment episode dataset for homelessness risk

One in five homeless people in the United States has a substance use and/or a mental health disorder. Substance use disorders substantially impact the ability to obtain and retain appropriate housing. Conversely, lack of adequate housing interferes with recovery. Professionals who provide substance use treatment are typically required to provide housing assistance by prioritizing clients according to their risk for becoming or remaining homeless. However, existing methods for prioritizing clients can be time-consuming and staff- and training-intensive. This study analysed the potential use of variables from locally collected and readily available treatment admission records to prioritize clients needing housing assistance or identify clients for referral to additional housing assessment or resource providers.

This study analysed county-level substance use treatment admission and discharge records of 1862 treatment episodes for 1642 clients in publicly funded treatment programs in Utah County, Utah. For at least one admission or discharge, 185 clients lived on the streets or in a homeless shelter. More than half (55%) of treatment episodes that ended in homelessness at discharge did not originally begin with clients being homeless, suggesting a gap in prioritizing individuals for housing assistance. Logistic regression showed statistically significant associations between eventually becoming homeless at the time of discharge and being originally homeless on admission; older age (45 years or older); methamphetamine as primary drug used; and a diagnosis of axis I/II psychiatric disorder besides substance use disorder. These findings suggest that local and routinely collected substance use treatment records may be predictive of homelessness and potentially useful in prioritizing clients for housing assistance.

Audience Take Away:

- Addiction treatment providers should be aware of and pre-empt risk of homelessness in patients that may not have been homeless when they were screened for treatment to improve patient housing outcomes
- Access to housing may decline during a patient's substance use disorder treatment episode
- Especially vulnerable groups including older patients, patients co-occurring substance use and mental health disorders, and patients with a history of methamphetamine use should receive greater attention to their housing needs
- Federally mandated patient admission and discharge questionnaires like the SAMHSA Treatment Episode Dataset (TEDS) may be used novel ways to supply treatment providers with additional information

Biography

Victor Moxley holds an MPH and BS in statistics. His experience includes Data Manager for Utah County drug and alcohol programs and Program Analyst and Honorary Auditor for the U.S. Department of Health and Human Services Office of Inspector General. As an administrator and researcher, Victor has presented at several professional conferences and published multiple studies. He served as a co-chair of the Utah Behavioral Health Process Development Committee and an Executive Board Member of the Utah Valley Drug Prevention Coalition. Victor is currently a Juris Doctorate candidate at J. Reuben Clark Law School focusing on healthcare regulatory policy.



Nina Liu^{1*}, Jeffrey M Downen¹, Brittney A Gaudet¹, Taylor L Jarvill¹, Cecilia E Zemanek¹, Allison N Kayne¹, Amy B Smith², Hoonani M Cuadrado³, Robert D Barraco⁴, Marna Rayl Greenberg¹

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Substance use behaviors and associated psychosocial characteristics of homeless youth

Introduction: There are currently between 1 and 1.7 million young homeless Americans living in the United States. A significant proportion of these homeless adolescents use recreational substances such as alcohol, tobacco, and other drugs. Substance use among this vulnerable population can amplify the numerous psychosocial challenges they already face. Our study examined the prevalence of substance use behaviors and its relationship to psychosocial characteristics of homeless adolescents.

Methods: A cross-sectional study was conducted on homeless adolescents who underwent state-mandated physical exams at a youth shelter between 2/19/2015 and 9/05/2019 in the Lehigh Valley, Pennsylvania. Patient demographics, along with psychiatric, social, and substance use histories were recorded. Substance use data was categorized into tobacco, alcohol, marijuana, and other illicit drugs. A chi-square test of independence was used to determine the association between substance use behaviors and psychosocial data.

Results: 440 total patient charts were reviewed. 55.7% of patients were female, 42.5% were male, and 1.8% were transgender. 47.0% were white and the mean age was 15.3. The most commonly used drug was marijuana (37.6%), followed by tobacco (27.7%) and alcohol (12.0%). Only 9.7% of patients reported using other illicit drugs, such as inhalants, cocaine, and methamphetamine. Tobacco use was associated with psychiatric diagnoses ($X^2 = 6.92, p = .01$), previous suicide or self-harm attempts ($X^2 = 16.05, p < .001$), past aggressive behaviors ($X^2 = 10.30, p = 0.001$), history of traumatic events ($X^2 = 6.53, p = .01$), and sexual activity ($X^2 = 79.60, p < .001$). Alcohol use was associated with past aggressive behaviors ($X^2 = 6.97, p = .01$) and sexual activity ($X^2 = 25.29, p < .001$). There was a relationship between marijuana use and past aggressive behaviors ($X^2 = 34.27, p < .001$), history of traumatic events ($X^2 = 7.53, p = 0.01$), and sexual activity ($X^2 = 52.13, p < .001$).

Conclusion: Our study found that many homeless adolescents used at least one type of recreational substance, with marijuana being the most popular choice. Additionally, substance use habits were associated with various psychiatric diagnoses, behavioral factors, and sexual activity practices commonly seen among homeless youth. In particular, a history of aggressive behavior toward others and being sexually active were associated with the use of most types of recreational substances. This study highlights the need to address substance use behaviors and associated psychosocial factors when providing medical care to homeless adolescents.

Audience Take Away:

- Identify psychiatric, behavioral, and social characteristics associated with substance use behaviors in homeless adolescents
- Utilize the relationship between psychosocial factors and substance use to develop tools to identify homeless youth at risk for substance use disorders
- Further investigate the correlation between psychosocial factors and substance use

Biography

Nina Liu is a fourth-year medical student studying at the University of South Florida in Tampa, FL, USA. She plans to continue her training in an internal medicine residency program. She has an interest in researching underserved and vulnerable patient populations.

Ismail Louragli¹, Samir Bikri¹, Youssef Aboussaleh¹, Abderrazak Khadmaoui², Hakim Harchaoui¹, Nada Fath³⁻⁴, Ahmed Ahami¹

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Remediation program for addiction to social networks based on the scout method and beneficial effects on the working memory

Background: The daily attachment to social networks turns into an addiction causing deterioration in psychological health resulting in disturbances in neurocognitive performances, especially the working memory and perception. This implies a decrease in academic performances in adolescents and young people.

Aims: The objective of this study is to experiment a non-drug remediation method to test these effects on the working memory and perception in adolescents.

Method: This research is carried out within a summer camp organized by Moroccan Hassania Scouting, Kenitra branch, on nine adolescents. Four boys and five girls were chosen randomly from the 50 participants. We used the digital test of complex figure of Rey, Facebook addiction test, Nomophobia test and a questionnaire, in addition to our own remediation model LAR-P inspired by the "Scout Method" reformulated and adapted to our own camping program for a period of 10 days.

Results: The results obtained by the t-test confirm the positive effect of our non-drug remediation method on the working memory, with an improvement in the FCR-A test score.

Conclusions: This non-drug remediation method through the application of our own program "LAR-P", set up with inspiration from the Scout method, is valid for improving neurocognitive skills and performance through the use of 'learning by doing' element.

Keywords:

Scouts; Addiction; Working Memory; Perception; Adolescents



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Zolmitriptan, a 5-HT_{1B} receptor agonist, attenuates the rewarding effects of methamphetamine in adolescent rats

Activation of 5-HT_{1B} receptors was previously found to disrupt the expression, but not the acquisition of methamphetamine (METH) conditioned place preference in adult mice, an animal model of drug reward. The present study tested the hypothesis that activation of 5-HT_{1B} receptors would attenuate the acquisition of METH reward in adolescent male and female rats. Specifically, we examined whether Zolmitriptan, a 5-HT_{1B/1D} agonist, modulates the acquisition of METH-induced CPP. Beginning on postnatal day (PD) 28, male and female adolescent rats underwent a 10-day methamphetamine CPP procedure. On days 1 and 10, rats were tested for their pre-conditioning and post-conditioning place preferences, respectively, during 20-min sessions. On days 2-9, rats underwent 30-min conditioning sessions with saline in their initially preferred chamber or METH (0, 0.125, 0.25, 0.5, 1.0 mg/kg) in their initially non-preferred chamber on alternating days. For male rats, administration of Zolmitriptan (10mg/kg) 15 min before METH dose-dependently decreased preference for the METH-paired environment. Female rats displayed METH CPP after administering any dose of METH (i.e., 0.125-1.0 mg/kg). However, pretreatment with Zolmitriptan modestly reduced the preference for the METH-paired compartment. These results indicate that Zolmitriptan reduces METH reward in male and female adolescent rats. Furthermore, our findings, coupled with previous research, suggest that age, sex, and species may be important determinants for 5-HT_{1B}-mediated attenuation of METH reward. Overall, these findings add to a growing body of literature that implicates 5-HT_{1B} receptors as a potential target for psychostimulant addiction treatments.

Audience Take Away:

- Pharmacological stimulation of 5-HT_{1B} receptors can attenuate the rewarding effects of methamphetamine in adolescent rats
- Serotonergic systems, specifically 5-HT_{1B} receptors, seem to offer promise in altering the rewarding effects of psychostimulants like methamphetamine
- These preclinical findings may help guide the direction of future clinical research on treatments for methamphetamine addiction

Biography

Brendan Coyne is an undergraduate neuroscience researcher who studied Molecular Cell Biology and Chemistry at California State University Long Beach. He will be graduating with a BS in May 2021, subsequently matriculating into either Loyola's Master of Science in Medical Physiology program or George Washington's School of Medicine and Health Sciences. He has conducted behavioral addiction research in Dr. Zavala's lab for approximately three years, presenting his work at numerous conferences and symposiums. He is currently authoring his Honors thesis as well as two manuscripts that will be submitted for publication.

Awstin Gregg, Anna Karen Arwine*

Texas A&M and Texas Christian University, USA

How 2020 proved mental health is health. Magnifying the importance of taking a Holistic approach to mental health

In this session, Vertava Health's SVP Outpatient Division, II Awstin Gregg, MBA, LCSW, LCDC who is based in the Dallas Fort-Worth metro area will discuss the critical importance of taking a holistic approach to mental health and advancing a continuum of care for patients wherever they are in their mental health journey. Drawing on recent data and lessons learned from helping families in therapy over the past year, Awstin will explore enhanced strategies focused on the outpatient adolescent population and factors that contributed to high-quality care. One of the factors includes strategies to optimize communication with family and caregivers to help level set in terms of what the patient and the family can expect through every facet of their treatment - before they enter into programming, during their treatment and how to communicate post-treatment. Awstin can also speak to evolving perceptions about mental health care from his experience and based on his work with colleagues and patients across Vertava Health's broader network of treatment centers and ongoing efforts aimed to continue to reduce the stigma of treating mental health.

Audience Take Away:

- Analyze strategies to optimize communication with family and caregivers before they enter mental health programming
- Articulate strategies to optimize communication during a patient's treatment
- Describe effective communications post-treatment to support a patient's continued mental health journey
- Effective communication to drive change
- Using data to inform decision making

Biography

Awstin Gregg, MBA, LCSW, LCDC, Senior Vice President of Division II, Vertava Health Awstin Gregg serves as Senior Vice President of Outpatient Division II at Vertava Health. He focuses on oversight of the virtual care segment of Vertava Health across the company's national network. Awstin specializes in the treatment of adults who experience mental health illness in leadership positions and adolescents. In addition, Awstin has written and published numerous articles on behavioral health management systems focused on mental illness and behavioral health management techniques. Prior to joining Vertava Health, Awstin became one of the youngest CEOs of an international Fortune 500 company.

KEYNOTE FORUM

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OCTOBER 21-23, 2021

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Denis Larrivee

Loyola University Chicago, USA

Addiction and impairment in self-control: Relating etiology to the neural representation of the agent

Addiction has often been described as a disease of impaired self-control, where the patient is incapable of resisting addictive substances. While neural mechanisms for self-regulation are largely unknown, several psychiatric or degenerative diseases have been linked to impairments of the phenomenal construct of the self, generally regarded as the source of decision making capacity. Accordingly, study of these impairments could yield insight into how self-regulation is altered in addiction. Schizophrenia, for example, is marked by disturbances of the self-construct, seen in such symptoms as an abnormal sense of the body, loss of ego boundary and a confused sense of agency. Likewise, Alzheimer's Dementia manifests as a progressive loss of control of default mode, self-circuitries that modulate task positive and task negative activity. Schizophrenia, notably, has been shown to negatively affect motor planning and execution, influences that have been linked to defects in goal pursuit and self-agency. Theories of the motor plan invoke a predictive processing model in which the identification of expected actions are confirmed through their sensory identification, a process that could serve to identify the source of actions. However, goal specific information does not appear to be contained in action identification processes of the motor plan, since schizophrenia patients have been shown to be capable of identifying their actions in automatic behaviors, whereas they are impaired in the intentional performance of motor tasks. Hence, action selection processes appear to involve neural mechanisms other than those of action identification. Among these, representations of body posture are likely to be important proxies for global self-representation during dynamic action, one that could be influenced or directly modified by goal specific content. This talk will explore several mechanisms that may structure these representations and how they may be modified in cognitive diseases like schizophrenia and in addiction.

Biography:

Denis Larrivee is a Visiting Scholar at the Mind and Brain Institute, University of Avarra Medical School and Loyola University Chicago and has held professorships at the Weill Cornell University Medical College, NYC, and Purdue University, Indiana. A former fellow at Yale University's Medical School he received the Association for Research in Vision and Ophthalmology's first place award for studies on photoreceptor degenerative and developmental mechanisms. He is the editor of a recently released text on Brain Computer Interfacing with InTech Publishing and an editorial board member of the journals *Annals of Neurology* and *Neurological Sciences* (USA) and *EC Neurology* (UK). An International Neuroethics Society Expert he is the author of more than 80 papers and book chapters in such varied journals/venues as *Neurology* and *Neurological Sciences* (USA), *Journal of Neuroscience*, *Journal of Religion and Mental Health*, and *IEEE Explore*. In 2018 he was a finalist in the international Joseph Ratzinger Expanded Reason award sponsored by the Francis Vittorio University of Madrid.

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Ramesh Nagarajappa^{1*}, Gayathri Ramesh²

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Challenges and approaches in the management of digital craving

Addiction is a horrible disease, and no one wishes to see someone they love go through it. Digital devices have largely occupied all the fields and taken the place of almost everything in our life activities. We're all spending too much time on our phones and computers. The average American stares at a screen - usually one connected to the internet - for 11 hours a day.

As internet has become increasingly matted in our lives, experts have raised concerns around the concept of people having an internet addiction. Internet addiction, often referred to as internet addiction disorder (IAD), isn't a recognized condition in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Still, many psychologists argue that excessive internet use should be treated the same as other types of addiction.

As with other types of addiction, there's no single cause of internet addition. Several factors can play a role in the development of addiction. These factors vary from person to person. A person suffering from addiction deals with a daily obsession to use, and is constantly faced with triggers and temptations that can lead to major health issues. Many individuals can't get rid of technology entirely, and they are unable to focus on other parts of life. A digital detox can help them lower the stress and physical effects of constant technology use.

This digital detox refers to a period of time when a person refrains from using tech devices such as smartphones, televisions, computers, tablets, and social media. Similarly, various approaches can be planned to overcome the suffering from internet use, and those effects will be appreciated if it is holistic.

Audience Take Away:

- To maintain a balance in use of digital technology and social media
- Detoxing from digital devices assists us to focus on real-life social interactions without distractions
- Certainly, helps to have good sleep, improve concentration, reduce stress, recover happiness, and even boosts our mental health
- Practically supports in improving the efficiency at office, and also students will excel academically securing well in examinations

Biography:

Ramesh Nagarajappa, graduated from the prestigious Bapuji Dental College and Hospital, Davangere, India in 1999. I am presently working as a Professor and Head, in the Department of Public Health Dentistry affiliated to Siksha 'O' Anusandhan (Deemed to be University) at Bhubaneswar in India. I have a post-graduation teaching experience of over 21 years and guiding both PhD and MDS students. I have also authored 130 publications in various international and national reputed journals. Been a regular reviewer too in many journals. I do have an experience of delivering scientific presentations and chairing scientific sessions in various conferences.



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WPSU (wellness programme for substance user) - For alcohol relapse prevention: A ray of hope in dark

Objectives: A large unmet need for a robust system for relapse prevention in alcohol dependent. Meditation is an emerging non pharmacologic treatment for alcohol relapse prevention. This 16-week prospective study was done to evaluate efficacy of WPSU (a combination of meditation, motivation, coping strategies and group support) for relapse prevention.

Materials and Methods: 72 adult alcohol-dependent patients were enrolled for online WPSU. 68 patients completed the 7 day online WPSU meditation course supplemented by at-home meditation and “standard of care” therapy. Outcome measures included relevant surveys.

Results: 59 patients (86.76 %) were abstinent for 30.9 (SD = 22.2) days at enrollment. Completers (N = 59) attended 85% of meditation course sessions and meditated on average 4.6 (SD = 1.1) days per week; they were abstinent on 94.5% (SD = 7.4) of study days, with 49% reporting complete abstinence and 51% reporting 1 or more heavy drinking days. Their severity of depression, anxiety, stress ($P < 0.05$), and craving ($P < 0.08$), documented relapse triggers, decreased, and the degree of mindfulness increased ($P < 0.05$). The WPSU course was rated as a “very important” (8.7/10, SD = 1.8) and “useful relapse prevention tool” (8.5/10, SD = 2.1); participants reported being “very likely” to continue meditating (9.0/10, SD = 1.5). “Gaining skills to reduce stress,” “coping with craving,” and “good group support” were the most common qualitative comments about the course value. There were no adverse events or side effects.

Conclusions: Meditation may be an effective adjunctive therapy for relapse prevention in alcohol dependence. Needs revalidation in larger RCT.

Keywords:

WPSU (wellness programme for substance user); Alcohol Dependence; Meditation; Relapse Prevention Addiction; Substance Use Disorders



Rejani Thudalikunnil Gopalan

Department of Clinical Psychology, Mahatma Gandhi University of Medical Sciences & Technology, Jaipur, Rajasthan, India

Internet addiction: Effectiveness of Acceptance and Commitment Therapy (ACT)

The use of internet has been increased all over the world and issues such as internet addiction is also on rise. Just like addiction to substance, it affects the individual's personal, familial, social and financial aspects depends on the severity of the addiction. The addiction could be cyber sexual addiction, cyber-relational addiction, net compulsions, information overload, computer addiction and internet gaming disorder. The most identified categories of internet addiction include gaming, social networking, email, blogging, online shopping, and inappropriate internet pornography use. Dealing with issues related to addiction is also poses challenges as the efficacy of various treatments are inconclusive. There are many treatment options are available like pharmacotherapy, psychological therapies such as Cognitive behaviour therapy, commitment therapy, Dialectical behaviour therapy (DBT), Recreation therapy and Reality therapy and multimodal therapies. Many therapies are found to be effective for internet addiction but still there is no conclusive remarks can be made which is the best.

Acceptance and Commitment Therapy (ACT) is a young psychotherapeutic approach which encourages individual to open up to unpleasant feelings, and learn not to overreact to them, and not avoid situations where they are invoked. Its therapeutic effect is a positive spiral where feeling better leads to a better understanding of the truth and it uses acceptance and mindfulness strategies mixed in different ways with commitment and behavior-change strategies, to increase psychological flexibility or the ability to enter the present moment more fully and either change or persist in behavior when doing so serves valued ends. Many studies have found it to be effective in dealing with internet addiction. The present paper would be focusing on the effectiveness of commitment in treating internet addiction. The paper will also explore the process of psychotherapy and the challenges. The cases treated from the medical college will be presented and the strengths and limitations of the therapy will be explored.

Audience Take Away:

- Practical knowledge of handling internet addiction
- More knowledge on Acceptance and commitment therapy
- Expansion of research in the area of internet addiction

Biography:

Dr. Rejani Thudalikunnil Goapalan currently working as Professor and Head, Department of Clinical Psychology at Mahatma Gandhi University of Medical Sciences & Technology, Jaipur, India. She has almost two decades work experience and won many prestigious awards for her academic and research excellences and her contribution to mental health area. Recently she was awarded Fellow by International Institute of Organizational Psychological Medicine, USA. She is an alumina of National Institute of Mental Health and Neuro Sciences, serving as Editorial board member of many journals and academic board member. She has published many research articles and academic books.



Sam Vaknin

Southern Federal University; Rostov-on-Don, Russia

Triggering cascade, trauma imprinting, and total reactance

”Triggering cascade” is when a seemingly minor trigger results in vastly disproportional trauma. Total reactance characterizes Psychopaths, Borderlines, trauma victims (PTSD and CPTSD), and people with mood disorders and impulse control issues. They escalate every conflict, however minor or imaginary, to the level of nuclear, apocalyptic, all-annihilating warfare and make disproportionate use of every weapon in their arsenal simultaneously.

Trauma imprints everything and everyone involved or present in the stressful event, however tangentially. Places, people, smells, sounds, circumstances, objects, dates, and categories of the above, all get “stamped” with the traumatic experience.

Keywords:

Trauma; Triggering; Emotions; Victims; PTSD; CPTSD; Post-Traumatic; Stress; Disorder; Imprinting; Reactance; Psychopath; Narcissist; Personality disorder

Biography:

Sam Vaknin is Visiting Professor of Psychology; Southern Federal University; Rostov-on-Don; Russia and Professor of Finance and Psychology in CIAPS (Centre for International Advanced and Professional Studies). Sam Vaknin is the author of *Malignant Self-love: Narcissism Revisited* and other books about personality disorders. His work is cited in hundreds of books and dozens of academic papers. He spent the past 6 years developing *Cold Therapy*: a treatment modality for Narcissistic Personality Disorder (NPD). Over the years, with dozens of volunteers; he found that it was effective with clients suffering from a major depressive episode as well.



Hossein Dezhakam, Shahin Shahryari*

Congress 60 Human Revivification Society, Tehran, Tehran, Iran

Treating Opioid Dependence with Opioids and DST Method

Drugs and their destruction are an issue that has occupied the minds of many families, government officials, experts, psychologists and sociologists for many years. For this reason, the present study aimed to investigate mental and physical disorders on drug abusers, as well as the effect of DST method on the parameters caused by abuse. Three sample groups including 100 people (men) were randomly selected from abusers aged 18-60 years who are being treated in the Congress 60 Human Resuscitation Population. The first group used opium, the second group used heroin and the third group used marijuana.

Initially, behavioral and psychological performance tests were taken from each group to assess mental and physical states, and these tests were taken from each group continuously during DST treatment.

The results showed that behavioral and psychological performance was more appropriate for people being treated with DST than other methods. From the findings of this study, it can be concluded that drug abuse leads to brain damage, the frequency and type of treatment has been very effective in recovering these defects. Therefore, the use of treatment based on the treatment of each of the defects (physical and mental) became necessary and undeniable.

Audience Take Away:

- Is Addiction A Disease?
- Is Opioid Tincture Really Treatment for Addiction?
- Is DST Treatment Really Treatment?
- Biography of presenting author (should not exceed 100 words)
- Mr. Dezhakam has written several books on treatment of drug addiction and human's psyche. Some of the titles are:
- "Crossing the Zone 60 degrees below Zero", "Love, 14 Valleys for Recovery", "The Blissful state", "White eagle"



Mohammadbagher Rezaee, Farzaneh Fatemi

Research Institute of Forest and Rangelands, Tehran, Iran

Aromatic plants, aromatherapy, addiction, and human behavioral health

The total of the herbal, animal, and mineral knowledge used in the maintenance of health and treatment of illnesses is from nature. Natural medicine or herbal therapy in Iran was left by the great physician Avicenna (980-1037 A.D). So, up to now, all scientists have followed traditional remedies and are interested in finding ways to natural treatments. Iranian botanists have led to the recognition of around 150 spontaneous families of Angiosperms, including 124 Dicotyledonous, 22 Monocotyledonous, and 4 Gymnosperm families. Totally, there are about 1450 genera and 8000 species, of which nearly 1000 species are medicinal and aromatic plants. Data shows the olfactory system, the nose-brain association, is the most direct connection we have with the environment or nature. So, in this way, “Aromatherapy”, which uses aroma from nature, can be defined as the art of utilizing naturally extracted aromatic components from different parts of aromatic plants to balance, promote health, improve sleep, psychological and spiritual wellbeing, reduce addiction, and relax the mind and body. Some important aromatic plants are *Mentha piperita*, *Citrus aurantium*, *Lavandula angustifolia*, and *Rosa damascena* blooms, which the average amount found in 60,000 rose blooms (6,000 kg) produces 1 kg of rose oil. Attention is given to everyone. Nowadays, many perfumes or oils obtained from flowers, seeds, or leaves are produced almost synthetically. So, this research focuses on extracting essential oils as natural products to substitute synthetic compounds by steam or hydro-distillation processes.



Mentha piperita



Citrus aurantium



Lavandula angustifolia



Rosa damascena

Audience Take Away:

- Nature's gift to mankind.
- Natural products from plants are used as lead compounds.
- Phytopharmaceuticals, Fragrances and Flavors
- Awareness of the Importance of Medicinal Plants in Health and the Economy
- Linking traditional knowledge with modern science and technology

Biography:

Mohammadbagher Rezaee obtained his Ph.D. in Phyto-chemistry from India (NS. Institute). He has experience of more than 28 years in teaching, research and the herbal industry. He is currently a Professor of Phyto-chemistry, Research Associate, and Co-Investigator of the university and the National Institute of Standards and Technology (NIST) on herbs. He also worked full time as a scientist in the M.P. department of the Research Institute of Forests and Rangelands (RIFR)-Tehran-IRAN. He was awarded 3 national awards. As an example, the "Razi research festival on medicinal sciences" award for excellent work in the "Medicinal plants as natural products and their biological uses" field. He has been serving as an Editorial Board Member of some national and international journals, including herbs and their essential oils. He has published 8 books in the Persian language and two chapters in English abroad, nearly 200 papers in reputed journals, and supervised 25 Ph.D. and more than 60 in MSc., Now he is on duty at the Union of Medicinal Plants of Iran (Chairman, UMPI) and the Iranian Medicinal Plants Society (Board member, IMPS).



David Matscheck*, Katarina Piuva

Department of Social Work, Stockholm University, Stockholm, Sweden

Department of Social Work, Stockholm University, Stockholm, Sweden

Complex needs and user involvement: Coordinated individual plans

Specialization in care and welfare services often leads to inflexible boundaries between organizations and professions, resulting in fragmented and ineffective care, not least in the areas of addiction and severe mental illness i.e. dual diagnosis. Studies have shown that help for social problems can make treatment for substance abuse more effective, and that personal economy, employment and housing and other social questions are important for the process of recovery from substance abuse and/or mental health problems.

Collaborative models such as case management, multidisciplinary teams and coordinated care plans are used in many countries to address this problem. In a parallel development, demands have been made for individual patients to have more influence over their own care, and research has shown that user involvement can support the recovery process. In Sweden, legislation requires the social service and health care to draw up Coordinated Individual Plans (CIP) to clarify responsibility, improve the care process and increase users' involvement in their own care. The purpose of this legislation is to achieve effective collaboration for a larger number of individuals than is possible with case management and team-based models.

This presentation summarizes findings from a research project which had as its aim to study the impact of coordination of care and interventions for persons with addiction and mental health problems and user involvement in this context, using the Swedish CIP as an example. In two studies, social service case files which included CIPs have been examined to investigate what could be learned about the conditions for integrated care. Using a model which conceptualizes collaboration as a form of organizational integration, analysis of the findings indicated low to moderate levels of collaboration and few indications of user involvement.

In a follow-up study, 20 professionals in addiction and psychiatric clinics and social workers in the social service were interviewed concerning factors which influence the degree of collaboration when CIP was used. Interviewees were often positive to CIP, but also experienced hinders to successful collaboration with the CIP model. Two main themes concerned issues of responsibility and professional identity. Using domain theory for analysis, the researchers concluded that organizational support for CIP only partially compensated for conflicting organizational and professional logics. Concerning user involvement, findings show that professionals experience ambivalence. On the one hand, they support the user's own demands of services and on the other hand, they correct the user's demands to fit the range of services and organization of care. The user/patient's position was expressed as vulnerable, caught between caregivers who often safeguard their organizational duties and economical restrictions.

Results of the project indicate that more distinct models with stronger organizational and, if necessary, legislative support are needed if collaboration around the target groups is to be successful.

Audience Take Away:

- The importance of coordinated planning between sectors and organizations in individual cases
- The need for welfare organizations to develop strategies to overcome hinders to effective collaboration in individual cases

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- Advantages and difficulties in incorporating user involvement in collaborative models
- A major welfare problem is that political and economic demands on welfare organizations create borders that hinder professional creativity regarding the care of individuals with dual diagnosis
- Professional social workers and health care professionals are aware of the problem of boundaries between and within welfare organizations
- The gap between political power and professional knowledge in this area may jeopardize the trust in welfare services

Biography:

David Matscheck has long experience in the social service as a case worker, manager, and method developer. He has been a researcher and project leader at RD Northeast, a unit for research and development, where issues of collaboration with addiction and psychiatric care were at the center of his work. He is now a lecturer at the Department of Social Work at Stockholm University, where his main area of research is collaboration and social perspectives on mental health. He has published articles on coordinated individual plans in international journals, as well as on other subjects.



John Asogonnde

Better Life Organization, Ghana, West Africa

Marijuana addiction in youth and recovery

The use of marijuana and other substances has been on the rise among young people across the world. The situation is considered near normal with the popularization of marijuana on social media and showbiz. However, there are grave dangers on marijuana abuse especially among young people. Use of addictive substances during adolescence interferes with brain development, reduces academic performance and increases the risk of accidents, homicides, suicides and serious health conditions, including addiction. Teens and young adults are more inclined than adults to take risks, including smoking, drinking or using other drugs. Research indicates that people who begin using addictive substances before age 15 are nearly 7 times likelier to develop a substance problem than those who delay first use until after age 21 or older. Use of any addictive substance while the brain is still developing increases the chances of future use of that and other addictive substances. Marijuana basically eliminates willpower, focus and ambition. It kills the creativity in people. It kills the kindness, the connection to other people, the awareness of others. The ability to tell right from wrong. I can tell because I've been there before as a former marijuana addict. By the grace of God, I took the bold step to quit the hideous habit in 2018. I was obsessed with smoking, and thought it brought me so much happiness. Gratefully, it's a different story now. Smoking marijuana isn't really good for our wellbeing. Recovery from marijuana addiction may seem impossible, but I wish to help people understand they can do it and still remain happy. It starts with the realization of your addiction and the decision to act on it. You don't get over an addiction by simply stopping usage. You recover by creating a new life where it is easier not to use. If you don't create a new life, then all factors that brought you to your addiction will catch up with you again.

Biography:

John Asogonnde is a young passionate and visionary leader seeking to transform the youth, inspire generations and motivate people to live a more purposeful life. His interest in promoting a better lifestyle devoid of addiction among young people led to his publication of "Breaking up with Mary Jane", a self-help motivational book that speaks about his own personal 6-year experience with smoking marijuana and provides a guideline to help other people dealing with addictions. He won the award for Literal Excellence at the 2019 Youth Excellence Awards in Ghana and has been on several speaking engagements in schools, churches and communities inspiring young people to break the chains of addiction. He is also an ambassador for the Ghana Mental Health Authority. He aims to use his powerful testimony to touch people from all walks of life and promote a healthier lifestyle which leads to productivity and fulfilment.



John Giordano

South Beach detox life enhancement recovery center, USA

Evidence-Based holistic modalities to overcome addictions

This workshop demonstrates the integration of the most current evidence-based holistic modalities with the best of the traditional treatment model. Discussion will feature information about Amino Acid and Nutraceutical use for brain repair, Ibogaine 1-day detoxification, Hyperbaric Oxygen Therapy for brain and tissue repair. The session will also cover the utilization of group/individual/family therapy with nutrition, massage, microbiome repair, acupuncture, yoga, vocational/educational assistance, sauna detoxification, colonic therapies, karate, exercise, 12 - step program participation and other modalities. The workshop will be conducted in a lecture format with open question and answer.

Audience Take Away:

- Be familiar with the “global approach” to assessing client’s needs
- Understand 21st century modalities including the Microbiome which is called the second brain
- Have a general understanding of EMDR and trauma techniques
- Understand the importance of aftercare strategies
- Understand the relevance of hair and nutritional analysis including Heavy Metals
- Understand acupuncture as a stress and craving reduction technique
- Learn about the use of vitamins, minerals, amino acids and herbal remedies, According to the genetic addiction risk score developed by Dr. Ken Blum
- Develop a general knowledge base regarding the co-existence of mental health disorders and addictions
- Learn about the use of ‘rain forest botanicals’ (Ibogaine) in detoxification
- Understand the applicability and benefits of hyperbaric oxygen therapy and its importance in treating addiction’s
- Understand the benefits of combining ‘alternative’ and traditional treatment modalities
- Learn about reality-based program approaches
- Learn about the latest sound/color/image therapies currently in use in Europe and at the V.A
- All of the above modalities are evidence based and the participants will learn the importance of using evidence based therapies in treating addictive disorders

Biography:

John Giordano, D.H.L.C.A.P., M.A.C., C.C.J.S. is former owner of G & G Holistic Addiction Treatment center in North Miami Beach, Florida a 62 bed JCAHO accredited inpatient treatment center. He has received the Martin Luther King Award and the Homeless Humanitarian Award. He is also the author of the book *How to Beat your Addictions and Live a Quality Life*. He co-authored the book *Molecular Neurobiology of Addiction Recovery the 12 Steps Program and Fellowship* along with Dr. Kenneth Blum and Dr. Mark Gold, professor of psychiatry and neuroscience. He is also a contributor in 70 published medical and scientific journals.

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OCTOBER 21-23, 2021

GAB 2021



Jenni Guentcheva, Brian Monahan*, Cole Monahan, Brett Penvose

GTI, Canon City, Colorado, USA

GTI – A non-traditional approach to behavioral prevention

Green Thumb Initiative (GTI) is a Colorado non-profit organization seeking alternatives to traditional psychotherapy. GTI provides primary prevention, predominantly in its universal and selective form. We work with youth 12-18 and adults in the community in providing education and implement evidence-based prevention programs to reduce the demand for substance use, along with research-based practices increasing the effects of the protective factors in youth and families. We are addressing the behavioural health needs of adults and children through STEAM education, behavioural prevention, therapeutic horticulture and building physical and psychological resilience. The organization's staff has background in education, biology, horticulture, and mental health. This allows us to custom-design collaborative projects including evidence-based practices in substance abuse prevention. The programs currently are implemented in school and community settings. Sixty-eight students who participated in GTI programming during Spring 2020 completed Baseline Surveys. Challenges reported by these students show that there is substantial need for programs to increase access to healthy food, reduce stress, and increase resiliency. One in five students reported having a diagnosis for a learning disability, such as ADHD, dyslexia, or autism (19%). Fifteen percent reported difficulty concentrating, remembering, or deciding, and 7% reported a traumatic brain injury or TBI. The top areas of improvement in the recently researched three-month school programs are Connection to Resources (70%), Overall Health (66%), Food Insecurity (55%), Compassion (54%), School Performance (51%).

These initial results hold promise that the GTI program could be effective in preventing behaviour disruption and the need for “talk” therapy, and in aftercare upon completion of mental health treatment

Audience Take Away:

- GTI develops non-traditional approaches to healthy coping with stress and communal connections
- We offer flexible solutions to communities struggling to find effective substance abuse prevention strategies
- We provide practical and specific solutions to a priority national/international problem by engaging youth and families in natural environment prevention and recovery activities and assisting participants to maintain high motivation and engage in building community health equity

Biography:



Brian is also a co-founder of GTI and a volunteer Business Director/Coach. He holds a B.S. in Business Administration, works on his master's degree in Clinical Psychology, and is a Certified Strength and Conditioning Specialist. He served his country as a US Army Special Forces Operator (Green Beret); His love of the outdoors, gardening, and learning was first cultivated by his grandparents who were environmental engineers and educators and helped to establish best environmental practices and institutions of higher education all over the eastern seaboard and Midwest. His father was an FBI agent, and his mother was an experienced social services worker. Brian's unique background drives his dedication to help improve the quality of life in the community.

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Jenni is the co-founder and the Executive Director of GTI. As a licensed Professional Counselor and Licensed Addiction Counselor in the US, and a Psychologist in Europe, Jenni's mission is to reveal opportunities for growth to her clients, both individuals, and organizations. She has pursued this goal in developing numerous human services collaborative programs in Colorado, California, Bulgaria, the Netherlands, UK, Spain, etc. In addition to leading the GTI programs, Jenni is also the CEO of Goodneighbor LLC, a treatment, training, and consulting agency with a footprint in both the US and Europe.



Cole Monahan is committed to developing community and corporate partnerships as GTI's Director of Business & Program Development as well as being a Peer Coach. He enjoys while inspiring organizations and individuals of every size to reconnect with nature, themselves, and their communities. Cole's other career as an international model cultivated his love for living a healthy, balanced lifestyle and has allowed him to share his knowledge and skills with middle & high schools from Miami, FL to Canon City, CO and everywhere in between. Cole is a NASM Certified Personal Trainer, Nutrition Coach, and Functional Range Conditioning Specialist; Cole is currently pursuing his Business Degree.



Brett Penrose is a Colorado Native. Living in the beautiful state of Colorado has helped foster his love for the outdoors, nature, and fellow humans. Brett first got his hands dirty with HVAC employment and honed his people skills in the hospitality industry, working his way into the role of Regional Chief Engineer for Holiday Inn. After nearly 15 years Brett was compelled to serve his community and those most in need so he began volunteering for organizations like Project Healing Waters and the Wounded Warrior Project Brett. This is where he shared his passion of fly fishing and found his love of teaching and gardening. Brett is currently GTI's Head of Horticulture and a Peer Coach where he teaches young and old how to deal with life's challenges by going back to our roots, nature, and all the valuable life skills that accompany any path to self-exploration. Brett's

recent specialties and certifications center around earth friendly practices such as Regenerative Farming Practices/No Till, Permaculture, Aquaponics, Hydroponics, and soil biology.



Allison J Huff^{1*}, Karen Lutrick²

¹Department of Family and Community Medicine, University of Arizona, Tucson, Arizona, USA

²Department of Family and Community Medicine, University of Arizona, Tucson, Arizona, USA

Impact of COVID-19 on treatment seeking and relapse prevention for females in substance use disorder treatment in a female-only provider in Southern Arizona

Objectives: This pilot study was conducted in response to the COVID-19 pandemic to investigate how the pandemic has impacted stress and substance use disorder recovery management for women in outpatient treatment. In March 2020, COVID-19 interrupted everyday life and adapting has proven to be challenging for many. Preliminary evidence suggests that the pandemic has caused an increase in substance use, and substance use disorder potentially increases the risk and severity of COVID-19 infection.

Methods: A Corona Virus Impact Scale was used from the NIH Coronavirus ToolKit and adapted by the authors. Adaptations to the existing survey did not change the substance of the primary survey questions. The authors added questions to capture the direction of impact (no change, mild, moderate, severe) and an open-ended option to capture qualitative responses. Additionally, using the same format, the authors included questions specific to SUD treatment and relapse prevention. Finally, the authors added questions to capture demographic data and drug use history. The adapted survey was entered into RedCap and all responses were anonymous with no identifying data collected.

Fifteen females receiving outpatient treatment in a gender-specific clinic in Southern Arizona filled out the survey during a voluntary gathering at one of the treatment facility's outpatient locations. Pizza was offered and a short presentation explaining the survey was given.

Results: Results indicate respondents were ambivalent about virtual recovery practices but also indicated access to treatment was not greatly affected. Overall, women felt more stressed and lonely and disconnected due to COVID-19, but reported that they spent more time focusing on themselves because they had access to fewer activities that increased drug-seeking/drug-use, which they attributed to a positive increase in sobriety.

Discussion: Although participants reported negative consequences of the pandemic, the greatest reported positive change was to sobriety, in spite of no significant change in access to treatment and mixed results of virtual modalities. The fewer social activities and decreased access to bars and people possibly served as a disrupter to the cycle of drug-seeking and drug-using behaviors. Perhaps the length of this disruption, coupled with fewer distractions served as an unintended "intervention," facilitating more self-reflection that led to a voluntary decision to seek treatment. Known disrupters to the cycle of drug-seeking/drug-using behaviors include incarceration and emergency department admissions. For many individuals with SUD, these disrupters are brief, often fewer than 24 hours. Further research to explore the relationship between length of time for disrupted cycle of drug-seeking/drug-using behaviors, coupled with interventions that facilitate self-reflection at these two points of known disruption may inform clinical best practices.

Audience Take Away:

- The audience will gain information into how the COVID-19 pandemic impacted various life domains for this small sample of females with Substance Use Disorder in Southern Arizona
- The audience will gain insight into the results of this pilot study
- The audience will be encouraged to brainstorm and perform further research on possible reasons for the results of increased treatment-seeking and sobriety during a time when psychosocial barriers were also increased

Biography:

Dr. Huff is an assistant research professor in University of Arizona's Department of Family & Community Medicine and focuses on the impact of sociocultural factors on SUD as well as peer-led interventions for justice-involved adults with SUD. Dr. Huff leads the Center for Quantum Network's Workforce Development group in the College of Optical Sciences, and serves as PI on several NSF grants. Dr. Huff earned her Doctor of Health Education degree from A.T. Still University, her MEd in Instructional Psychology from the University of Oklahoma, and her BA in Psychology from the University of West Florida.



Orrin D Ware

Behavioral Pharmacology Research Unit, Johns Hopkins University School of Medicine, Baltimore, MD, USA

Examining distress tolerance and residential treatment length of stay among heroin users

Entering residential treatment for an opioid use disorder (OUD) can elicit a stress response. Further, entering treatment diminishes the ability to use substances to cope. An inability to tolerate stressors while in residential treatment may impact treatment retention. Distress tolerance is described as the perceived ability to withstand stressors. The more distress tolerance someone has, the greater their ability to withstand stressors. This study uses clinical chart data from 197 individuals with heroin as their primary substance admitted to residential treatment in Baltimore, Maryland, USA, between October 2019 through February 2020. The purpose of this study is to examine the relationship between demographic characteristics, substance use characteristics, the distress tolerance scale, and treatment retention. Demographic characteristics, substance use characteristics, and the distress tolerance scale are captured during treatment admission. The treatment retention outcome is captured after an individual is discharged from treatment. Bivariate analyses will be conducted to examine the level of association between key variables. A linear regression model will be used to predict the length of stay in treatment. A logistic regression model will be used to predict treatment completion versus premature discharge. The primary predictor for these analyses is the total distress tolerance score. Findings from this study may provide insight into the relationship between distress tolerance and treatment retention.

Audience Take Away:

- The audience will determine if the distress tolerance scale is a predictive measure for residential treatment retention
- If lower distress tolerance significantly predicts lower treatment retention in the residential setting, distress tolerance and coping interventions may increase treatment retention
- The audience will have a greater understanding of how distress tolerance is associated with other characteristics

Biography:

Dr. Orrin Ware received an MPH from the University of Alabama at Birmingham and an MSW and Ph.D. from the University of Maryland. Dr. Ware is a practicing LCSW-C social worker in Maryland, where he provided direct services to people recovering from substance use disorders (SUD). He has worked in various research contexts and recently joined the Behavioral Pharmacology Research Unit at the Johns Hopkins University School of Medicine. His primary areas of interest include treatment engagement and treatment retention for people with a SUD.



Joseph Ikekwere^{1*}, Rodney Eiger¹, Brady Heward², Joshua Longcoy³

¹Department of Psychiatry, University of Illinois at Chicago, IL, USA

²Department of Psychiatry, The University of Vermont Health Network, VT, USA

³Department of Preventive Medicine, Rush University Medical School, IL, USA

Patterns and predictors of opioid use disorder in youths with HIV: A 10-year trend

Introduction: Over the past decade, there has been a steady uptick in overdose deaths in the United States, including during this ongoing covid-19 pandemic. While the majority of drug overdoses occur in adults, about 9% (4,235) of youths between the ages of 13 and 24 years died from opioid-related overdose in 2015. Also, the Center for Disease Control and Prevention in 2017, reports that youth aged 13 to 24 made up 21% (8,164) of the 38,739 new Human Immunodeficiency Virus (HIV) diagnoses in the United States. It is worth mentioning that youths with HIV are the least likely of any age group to be linked to care in a timely manner and have the least suppressed viral load. The youths may engage in high-risk behaviors such as needle sharing for drug use, sex without a condom and are less likely to utilize pre- or post-HIV exposure prophylaxis when under the influence of drugs including opioids. In addition, adherence to medications is especially difficult for youths. Ultimately, Opioid Use Disorder (OUD) develop among this population of youths with HIV. This is a substantial clinical/public health concern given the resultant HIV comorbidity in addition to the elevated risk for fatal and non-fatal opioid overdose.

Method: We analyzed a cross-sectional study design of the National Inpatient Sample (NIS) dataset, a component of the Healthcare Cost and Utilization Project (HCUP) over a 10-year period (2008 – 2017). The variables of interest were identified using the ICD-9 & 10-CM codes. We selected the inpatient stays for all patients aged 13 - 24 years admitted for HIV-related medical condition. A diagnosis of OUD was the primary outcome of interest. Secondary outcomes were the patterns and predictors of OUD including sex, race, type of insurance, level of income, degree of urbanization, region of the country (USA) lived and a history of mental health diagnosis. Multivariable logistic regression was performed using SAS v9.4 (SAS Institute, Cary, NC) for the statistical analysis. Statistical significance was set at 95% confidence interval and p-value of 0.05.

Result: Of the 5,632 youths with HIV, 3.38% had a comorbid OUD diagnoses. After adjusting for sex, race, mental health diagnosis, having HIV was associated with higher odds of OUD ($p < 0.05$) among youths aged 13-24 years. Having a mental health disorder [O.R 2.26 (1.35-3.78)] was associated with increased odds of OUD in this age group.

Conclusion: OUD was significantly associated with youths living with HIV. This result highlights the importance of identifying these high-risk youths and initiating early interventions to limit risky misuse of prescription drugs particularly opioids. Hence, it is critical that providers and public health experts recognize and incorporate the unique needs of youths living with HIV especially the racial minority youths into traditional treatment and prevention models since comorbid HIV and OUD is associated with limited healthcare resource utilization and poor clinical outcomes.

Aims: To determine the patterns and trend of OUD among youths with HIV from the existing public health policy.

To predict factors that clinicians should keep in mind in the evaluation of OUD among youths with HIV. To expand the clinical knowledge base that other faculty could use in their teaching and/or research into the prevention and treatment of OUD among youths with HIV.

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Biography:

Joseph Ikekwe received his medical degree from the University of Ibadan, Nigeria. He later relocated to the United States where he obtained a Master of Public Health degree at the East Tennessee State University (ETSU). His active participation in HIV psychiatry research/projects kept him at the ETSU where he pursued his general psychiatry residency. His interest in neurodevelopment during childhood made him pursue Child and Adolescent Psychiatry fellowship at the University of Michigan. Currently, he is rounding off an addiction fellowship at the University of Illinois at Chicago (UIC) in Illinois, USA.

Mohammad Zare*, Jennifer LaHue*, Miguel Aguilar, Kathryn Crary, Cherise Ramirez, Rachel Ibanez, Mark Wong

Integrated Family Planning Opioid Response, Harris Health System-Ambulatory Care Services/University of Texas- Department of Family and Community Medicine, Houston, Texas, USA

Office based addiction treatment in a safety net system

Harris Health is the largest safety net care system in Texas and the fourth largest safety net in the nation. The patient population is comprised of a high rate of uninsured/underinsured patients, of which many have chronic diseases, including substance use disorders.

Access to treatment for substance use disorders has been somewhat limited due to multiple reasons such as resource constraints, increasing demand for mental as well as behavioral health.

Harris Health System's Ambulatory Care Services/University of Texas Health McGovern was selected as one of the six organizations across the country to participate in the national Opioid use disorder study funded by the National Institute of Health in collaboration with Kaiser Permanente for the past four years. The study was based on the Massachusetts model of Office Based Addiction Treatment where patients are in a primary care setting and the care of the substance misuse patient is seen through the lens of a chronic disease model. This is a program aimed at integrating treatment for opioid use disorder in primary care. This innovative program utilizes a nurse care manager role working closely with waived physicians.

The patient's treatment regimens include physical, social, behavioral and mental health. The implementation of Evidence Based Practice models of care ensure that our teams are constantly improving clinical care delivery models through technology, partnerships with community resources, education and research.

The multidisciplinary approach is used in multiple Harris Health clinical sites which entails the collaboration between the Physician (PCP), Nurse Care Manager, Psychiatrist, Behavioral Therapist, Social Worker/Case Managers, Patient Educators, Pharmacists, Information Technology and other community resources.

Our presentation will encompass the leadership journey, the model of care, treatment goals, bridging the treatment gaps, enhancement of access to care and clinical outcomes data.

Audience Take Away:

- New Evidence Based Practice model of care
- Improve access to substance use disorder treatment
- Bridging the knowledge and treatment gaps for providers and patients
- Practical solution to a complex issue of care delivery via established team approach
- Innovative care delivery model

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Biography:



Dr. Mohammad Zare studied Medicine at the University of Texas in Houston, Texas and graduated in the Residency program at UT Health- Department of Community and Family Medicine in 1996. He served as a Medical Director for 13 years in Harris Health System. Dr. Zare also served as the Assistant Chief of Staff and eventually Chief of Staff in 2010- 2020. Currently serving in a Faculty physician and Associate Professor of Family Medicine. He is also currently the Vice Chair in the Department of Family and Community Affairs. Dr. Zare is engaged in numerous publications and speeches across the country for the past 20 years.



Jennifer LaHue studied Nursing at the University of Texas in Houston, Texas and graduated with a BS in Nursing. She also received a double Masters in Business Administration with Our Lady of the Lake University in San Antonio, Texas. She served as the Medical Home Director in Harris Health System and is currently the Director of Nursing Strategic Initiatives and Clinical Informatics for Ambulatory Care Services.

Mohammad Zare, Jennifer LaHue*, Miguel Aguilar *, Kathryn Crary *, Cherise Ramirez*, Rachel Ibanez, Mark Wong

Integrated Family Planning Opioid Response, Harris Health System-Ambulatory Care Services/University of Texas- Department of Family and Community Medicine, Houston, Texas, USA

Nurse care managers in a safety net system OBAT program

Harris Health is the largest safety net care system in Texas and the fourth largest safety net in the nation. The patient population is comprised of a high rate of uninsured/underinsured patients, of which many have chronic diseases, including substance use disorders.

Access to treatment for substance use disorders has been somewhat limited due to multiple factors such as resource constraints, increasing demand for mental as well as behavioral health. In order to improve access to substance abuse treatment Harris Health System has adopted the Massachusetts model of Office Based Addiction Treatment. This is a program aimed at integrating treatment for opioid use disorder in primary care. This innovative program utilizes a nurse care manager role working closely with waived physicians. Currently Harris Health System has three clinical nurse care managers practicing in two separate satellite clinics within Harris County.

Clinical nurse care managers are tasked with being able to provide patient-centered care within the nursing license scope of practice including: initial assessment and intake, induction, stabilization, and maintenance phases of treatment. The Harris Health System OBAT program has been able to recruit and retain a large percentage of patients screened and found to suffer from opiate use disorder.

The patient's treatment regimens include physical, social, behavioral and mental health. The implementation of Evidence Based Practice models of care ensure that our teams are constantly improving clinical care delivery models through technology, partnerships with community resources, education and research.

The multidisciplinary approach is used in multiple Harris Health clinical sites which entails the collaboration between the Physician (PCP), Nurse Care Manager, Psychiatrist, Behavioral Therapist, Social Worker/Case Managers, Patient Educators, Pharmacists, Information Technology and other community resources.

Our presentation will encompass the leadership journey, the model of care, treatment goals, bridging the treatment gaps, enhancement of access to care and clinical outcomes data.

Audience Take Away:

- Nurse Care Manager role in OBAT
- New Evidence Based Practice model of care
- Improve access to substance use disorder treatment
- Bridging the knowledge and treatment gaps for providers and patients
- Practical solution to a complex issue of care delivery via established team approach
- Innovative care delivery model

2ND GLOBAL CONFERENCE ON ADDICTION MEDICINE, BEHAVIORAL HEALTH AND PSYCHIATRY

Biography:

Miguel Aguilar attended nursing school at University of Texas Health Science Center – Houston and graduated with a BS in Nursing in 2012. He served as team lead in Baytown Health center for 6 years prior to joining OBAT program and served as lead care manager at Baytown Health center since 2020. Collaborates with local community resources to achieve desired patient outcomes.

Cherise Ramirez attended nursing school at Houston Baptist University 1997 and graduated with an AS in nursing, she went on to receive her BS in Nursing at the University of Texas- Arlington 2013. She has been part of Harris Health System in various nursing roles for over 20 years including leadership roles, and is a member of AAACN. She joined the OBAT program in 2021.

Kathryn Crary is Director of Grant and Resource Development at Harris Health System in Houston, Texas. In this role, she develops the grant-related activities of the third-largest safety-net health system in the United States. Ms. Crary's background includes experience partnering with governmental, philanthropic, and corporate agencies to build clinical, research, and teaching partnerships in public health and medicine. She currently serves as co-project director on the Integrated Family Planning Opioid Response program, funded by a grant from the Texas Health and Human Services Commission.

Jennifer LaHue studied Nursing at the University of Texas in Houston, Texas and graduated with a BS in Nursing. She also received a double Masters in Business Administration with Our Lady of the Lake University in San Antonio, Texas. She served as the Medical Home Director in Harris Health System and is currently the Director of Nursing Strategic Initiatives and Clinical Informatics for Ambulatory Care Services.

KEYNOTE FORUM

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2ND GLOBAL CONFERENCE ON
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HEALTH AND
PSYCHIATRY

OCTOBER 21-23, 2021

GAB 2021





Ann Marie Leonard-Zabel

Professor of Psychology, Curry College, Milton, Massachusetts, USA

Unchaining the brain: The power of a school neuropsychological assessment involving adolescent substance use

This presentation will address the needs and approaches for performing an in-depth School Neuropsychological assessment to address the degree of issues surrounding adolescent Substance Use Disorder (SUD). We will explore an assessment model addressing various neuro-cognitive and neuro-behavioral substrates involving the Integrated School Neuropsychological/Cattell-Horn-Carroll (CHC) Conceptual Model. The Model explores broad and narrow brain-behavior classifications encompassing sensory-motor, visual-spatial, auditory/phonological functioning, and memory. Additional exploration will involve executive functioning, various aspects of attention, processing speed, acquired knowledge, language, and academic achievement, all of which are essential for the learning and psycho-social planning and recovery.

As an outgrowth of the School Neuropsychological assessment data, we will discuss a Brain and Behavior Coaching Model for dealing with an individual's Substance Use Disorder. The discussion will address any learning differences, neurodevelopmental concerns, and mental health issues, which will empower the School Neuropsychologist to provide productive feedback to all involved in an individual's neuro-educational care.

We will explore resources that may prove beneficial and provide helpful interventions leading to being a change agent for adolescents struggling with a Substance Use Disorder when fostering on-going quality care. As such, we will review an abbreviated case sample.

After completing the presentation, professionals will be able to:

Explore a School Neuropsychological model to assess the brain-behavioral impact involving adolescent Substance Use Disorder to guide the level of psycho-educational care.

Explain the assessment information to assist the professional to have a systematic approach for understanding and treating memory & learning, behavior, and social-emotional risk factors when planning for on-going recovery.

Describe the School Neuropsychological assessment approach providing practical brain-behavior coaching approaches to assist the individual, and all involved, with establishing a realistic picture of neuro-behavioral intervention and growth.

Audience Take Away:

- The audience will learn a School Neuropsychological model to assess the brain-behavioral impact involving an adolescent's Substance Use Disorder (SUD) to guide the level of psycho-educational care
- The information learned will assist the professional to have a systematic approach for assessing memory & learning, behavior, and social-emotional risk factors as an outgrowth of SUD
- The School Neuropsychological assessment approach will provide practical strategies to assist the SUD individual and all involved with establishing a realistic picture of neuro-behavioral growth

Biography:

Leonard-Zabel is a full professor of Psychology and serves as the Psychology Department Coordinator at Curry College in Milton, Massachusetts, USA. She owns and operates a private clinic specializing in School Psychology/School Neuropsychology and Clinical Forensic Examining, providing assessments, consultation, and training to schools, families, clinics, law firms, and courts locally, nationally, and internationally. She holds diplomat and fellow certificates/certifications in the fields of Neuropsychology, Forensic Counseling and Forensic Examining, Psychotherapy, Addictions, Cognitive-Behavioral Therapy, Clinical Anxiety, Disability Analysis, Brain Coaching and in Homeland Security, among others. The American Psychological Association-Monitor recognized her in the Psychology Journal under the personality and achievement section. She was awarded the Lifetime Career Achievement Award from the American Board of Disability Analysts, of which a select few ever received this honor. Dr. Leonard-Zabel is the recipient of the Lifetime Achievement Award from the American Board of School Neuropsychology. She serves on the Learning Disabilities Worldwide Congress as one of the Board of Directors (LDW). She was the opening Keynote speaker for LDW in London, England. Also, she recently received international awards acknowledging her keynote addresses encompassing school neuropsychological research on assessment approaches involving Autism Spectrum Disorders, Adolescent Addiction, and Traumatic Brain Injury. She also received several international recognition awards for her leadership and collegiality. She conducted TEDx style talks for the IBCCES/ISCRD organizations. She serves on three national and international editorial boards in the areas of Psychology, Psychiatry, and Disability Analysis. She has written articles and chapters in the areas of Mental Health, Addictions, and School Neuropsychology. She was awarded the Curry College “Excellence in Teaching Researcher of the Year” and “Person of the Year” acknowledging excellence in teaching, mentorship, collegiality leadership, and community service. Dr. Leonard-Zabel presents nationally and internationally on an on-going basis.

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2ND GLOBAL CONFERENCE ON
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Massimo Barra

Chairman of the Red Cross and Red Crescent Partnership on Substance Abuse, Villa Maraini Foundation, Rome, Italy

A health-centred approach to drug disorders: The humanitarian drug policy

The sense of the humanitarian policy framework to address drug problem worldwide comes from the need to give emphasis to a more humane attitude in support of people with drug disorders, to focus action and resources to alleviate suffering to those who are struggling with their sickness every day and avoiding any kind of punitive measures.

The primary objective of humanitarian aid and approach is to save lives, changing mind, and maintain human dignity. The main goal of the humanitarian approach is mostly focused on the urgency to decrease the harm, for people affected by addictions. A starting point is to reduce the side effects caused by social, legal and cultural criminalization and stigmatization of people that use drugs or are living with infectious diseases and above all is to facilitate their access to treatment.

Evidence says that a human and health-centred approach is exponentially more effective than punishment. The gap between recommendations and practice is significant. Indeed, 121 Red Cross and Red Crescent National Societies in 2005 felt the urgency to build up an international Consensus recognizing and reinforcing the Red Cross/Red Crescent's unique auxiliary role in encouraging policy makers nationally and internationally to adopt an innovative and humanitarian approach to this key public health issue, by providing access to treatments instead of let them be arrested or wait them to die of overdose or of some infection diseases. This humanitarian initiative was further developed and enlarged to civil society organizations in 2020 under the name of the "*Rome Consensus 2.0 towards a humanitarian drug policy*".

The main target of this international Campaign are the vulnerable with drug disorders who live a miserable life because they are discriminated, tortured, deprived of any health and social support, deprived of their rights and dignity because of their drug dependency.

Experience shows that repression can't prevent suffering people from using substances able to modify their relationship with the world.

It is in the interest of Government to be aware of all the drugs in each community. This is a realistic, feasible, sustainable goal in the long run. It is in everyone's interests to invest in therapy. This health approach allowed many European countries to play a key and positive role in the fight against drugs.

By therapy we mean any action that improves the condition of life for the addict. No therapy is decisive in itself, but the evidence tells us that the longer the person remains in therapy, the better the results are. Therapeutic institutions, instead of fighting with and criticizing each other to affirm their skills and various positions, should work to establish alliances aimed at proposing a person-centred intervention, in an effort to make available more care and treatment options for the client in every phase of his illness. A government that proposes a single type of intervention is bound to fail, since we assume that each subject is different from the others and different from himself in function of the moment in which he seeks help. The therapy that must be adapted to the subject and not vice versa. It is not enough to have therapeutic institutions waiting for drug users who are asking for help to arrive at their doors; a drug user able to request assistance is surely sick, but one who is not able

to make the request is sicker still, and in need of lower threshold interventions. That is why it is necessary to adopt different strategies; instead of waiting, governments should assist people in the street, where they live their daily tragedy, and attempt to alleviate their suffering with harm reduction interventions.

Biography:

Massimo Barra founded in Rome (Italy) in 1976 the Villa Maraini Drug Recovery Center, becoming one of the leading expert on drug and public health strategies worldwide. Over more than 40 years, the Centre radically increased its activities and services, becoming a reference organization in the field of substance abuse treatment as well as in the promotion of humanitarian drug policies. Nowadays, provides a wide range of therapies and services to around 600 drug users per day.

Barra is the author of hundreds of articles, speeches and publications on harm reduction, rehabilitation strategies and humanitarian drug policies. The main strategy of intervention of Dr. Barra consists of adapting the therapy to the subject and not vice versa. He was the first in the world to promote the use of Naloxone by non-medical staff for overdose emergencies. Thanks to this approach, have been saved over 2,500 patients in the streets of Rome that were about to die for overdose. He repeatedly intervened in institutional fora at the UN (New York, Geneva and Vienna), the Council of Europe, the European, Italian and Brazilian Parliaments. He was a member of the Global Fund Board.



Sara Alzarooni

Sharjah Police Headquarter, Private Drug Rehabilitation Center, Sharjah, UAE

Rehabilitation smart watch

The adoption of technology-driven interventions for following up on the patients suffering from drug addiction in the UAE is a major requirement for the improvement of the quality and effectiveness of services. The main challenge faced by organizations and entities associated with patients rehabilitation is the lack of appropriate follow-up after an individual has been released from the rehabilitation center. Smartwatches can play a critical role in monitoring the behaviors of recovering addicts and is an essential technology in saving lives. Without an appropriate follow-up, most addicts fall back into drug use and they end up becoming trapped into using even harder drugs. The technology would enable rehabilitation centers to collect data pertaining to the movement of individuals and thus enables the effective management of various cases since the authorities will have access to information pertaining to the recovering patients. Additionally, smartwatches provide the capability to monitor critical symptoms of individuals such as heart rate also contain of a GPS tracking system that enables rapid SOS calls. The main goal of deploying technology is to foster patients safety and to promote the collection of data that could be deployed to enhance safety in the future. The project will also enable policymakers to develop recommendations for future enhancement of smartwatch features.

This project proposes an intervention that will enhance the effectiveness of UAE rehabilitation centers in improving patients' outcomes. Notably, the rehabilitation centers would be operated by police officers to ensure patients who are addicted to drugs are accorded the necessary follow-up services on their health and drug usage

Audience Take Away:

- Explain how the audience will be able to use what they learn?
- How will this help the audience in their job? Is this research that other faculty could use to expand their research or teaching? Does this provide a practical solution to a problem that could simplify or make a designer's job more efficient? Will it improve the accuracy of a design, or provide new information to assist in a design problem? List all other benefits.

Biography:

Sara Alzarooni is a lieutenant pharmacist in Drug rehabilitation center in UAE, graduated from Higher Colleges of pharmacy in UAE as a pharmacist in 2013. Then she completed her Msc in leadership and innovation in healthcare from Royal Colleges Of Surgeons in Ireland.

She has been working in Drug Rehabilitation Center since 2014 until present. She came with an innovative idea about a smart watch that will help patients to be followed up remotely.

Sara was a winner of an award called 40 leaders under 40 years from IACP.



Elizabeth Dale Gilley

The Elle Foundation, Founder, Research Review Analyst, West Palm Beach, Florida, USA

Integrating the science of addiction and the science of wellbeing

A gap between public understanding, cutting edge brain science and the practice of addiction treatment has created hardship for those suffering. New perspective replaces the term addiction with the new concept of a continuum of substance use. Substance Use Disorder (SUD) is now regarded as a manifestation of Reward Deficiency Syndrome (RDS), which contributes to a spectrum of disorders related to genetic polymorphisms, especially in regard to impulsive, addictive and compulsive behaviors. The new brain science of addiction requires neurological medical intervention and novel treatment with nutraceuticals, the building blocks of neurotransmission. Innovative alternative holistic and wellness therapies are proving to be beneficial in helping the sufferer thrive despite chronic neurological challenge.

Biography:

Elizabeth Dale Gilley, graduated from Wake Forest University, in 1983 with a Bachelor of Science degree in Business Administration. She founded The Elle Foundation, Dallas, TX, in 1995, initiating the Award of Excellence within the addiction recovery industry in 2000. She went back to school in her 50's, graduated Magna Cum Laude with her Masters in Applied General Psychology (2017) and Post Masters Certificate in Addictions (2019) from NorthCentral University. She is currently a doctoral student at NorthCentral University, with a 4.0 GPA, studying the philosophy of psychology of addictions, gearing up for her own research in electromagnetic healing frequencies to help achieve dopamine homeostasis. She has published consistently in peer-reviewed doctoral journals for the past three years.



Elizabeth Dale Gilley

The Elle Foundation, Founder, Research Review Analyst, West Palm Beach, Florida, USA

Reconceptualizing addiction: Integrating the sciences of addiction and Reward Deficiency Syndrome (RDS)

Analytic review of research study results from psychology, addiction science, and interactive sciences like neurology, genetics, and epigenetics, implore psychology, psychiatry and addiction recovery treatment fields to enlarge their perspective, by considering underlying causal influence. The appropriate time to re-conceptualize addiction for the practitioner world is now! Treatment protocol must expand beyond mitigation of the symptoms and address genetic, epigenetic and neurological causal influence. The science of Reward Deficiency Syndrome (RDS), offers a new phenotype for addiction, providing a common rubric for all obsessive, compulsive, and addictive behavioral patterns, and contributes understanding of the psychiatric genetics and/or causal influence of dopaminergic dysfunction in other co-occurring mental disorders. In consideration and review of the body of scientific knowledge, to successfully bridge the gap between science and practice, (CASA, 2012) an integration of the sciences of addiction, and Reward Deficiency Syndrome must be achieved.

Audience Take Away:

- This tutorial will help bridge the gap between research science and practice in addiction recovery treatment
- The audience will receive Psycho-education of RDS concepts which they can then take back to their jobs, becoming aware of the underlying addiction syndrome, which has neurogenetic and epigenetic causal influences for SUDs, behavioral process addictions and dopaminergic dysfunction co-occurring mental health disorders like ADHD, PTSD, depression, etc
- This will help the addiction recovery industry address the cause of addiction, rather than just the symptoms
- Awareness of genetic and epigenetic causation, will help in addiction treatment, and prevention to stop the cycle of addiction in the next generation
- Improved treatment protocol to meet the demands of the opioid epidemic

Biography:

Elizabeth Dale Gilley, graduated from Wake Forest University, in 1983 with a Bachelor of Science degree in Business Administration. She founded The Elle Foundation, Dallas, TX, in 1995, initiating the Award of Excellence within the addiction recovery industry in 2000. She went back to school in her 50's, graduated Magna Cum Laude with her Masters in Applied General Psychology (2017) and Post Masters Certificate in Addictions (2019) from NorthCentral University. She is currently a doctoral student at NorthCentral University, with a 4.0 GPA, studying the philosophy of psychology of addictions, gearing up for her own research in electromagnetic healing frequencies to help achieve dopamine homeostasis. She has published consistently in peer-reviewed doctoral journals for the past three years.



Joseph Sadek^{1*}, Benjamin MacDonald²

¹Associate Professor, Department of Psychiatry, Dalhousie University, NS
Canada

²Department of Medicine, MD Candidate, Dalhousie University, NS Canada

The interaction between substance use and ADHD outcomes and function

Although Attention Deficit Hyperactivity Disorder (ADHD) is associated with an increased risk of substance use disorder (SUD), existing literature on how SUD interacts with ADHD outcomes is limited. This presentation will discuss the interaction between SUD among individuals with ADHD. The presentation will summarize the results of the new research conducted in that area. It will discuss the association between overall functioning of patients with ADHD who reported using substances. In addition, It will help participants understand the association between heavy cannabis use and ADHD outcomes and functioning.

Audience Take Away:

- Recognize the interaction between SUD among individuals with ADHD
- Recognize how heavy cannabis use may affect cognition and ADHD outcomes
- List the different hypothesis that support the interaction between SUD and ADHD
- Suggest management strategies in patients with comorbid SUD and ADHD

Biography:

Dr. Joseph Sadek is an Associate Professor of Psychiatry at Dalhousie University, the clinical and academic leader, NSH acute care and the Director of the Atlantic ADHD center in NS. He served as the VP of CADDRA and currently a member of CADDRA advisory council. He completed his psychiatry residency training at Dalhousie University in 2004 and his psychopharmacology research training and GCSRT at Harvard University.

Dr. Sadek is the author of five books “Clinician’s Guide to ADH (2013), Adult ADHD Comorbidities” (Springer, 2016) and Child and Adolescents ADHD comorbidities” (2018), Suicide Risk Assessment (2019) and Clinician’s Guide to psychopharmacology (2021). Dr. Sadek received several awards and grants. Latest from the Government of NS House of Assembly in 2019



Irena Honsnejmanova

Department of Geography, Faculty of Science, Masaryk University, Czechia

Substances abuse among Czech teenagers with regard to the quality of their school environment

Many of those people, who smoke tobacco, drink alcohol or use marijuana in adulthood start using them in their teens. The tradition of using these substances is quite strong in the general population in the Czech Republic, and the level of tolerance of such behavior is also very high in society. In addition, the legislation is one of the less stringent in Europe. For many children, it is therefore not a problem to obtain alcohol or cigarettes. This contributes to the high levels of alcohol and tobacco use among teenagers. Although this is a long-standing problem, we still do not know all its causes and contexts. Therefore, I decided to focus on the spatial aspect of the problem. Children spend a significant part of their lives in and around school, so it is this environment that I will focus on in my paper. I will attempt to answer questions about how important the school and its environment are in students' use of risky substances, whether teenagers who are more satisfied with their school are less likely to drink alcohol and smoke tobacco and marijuana or whether the risk behaviors of students differ in different types of developments.

This article analyses the rates of alcohol, tobacco and marijuana use among Czech adolescents in relation to the quality of the neighborhood around their school. The data come from an online survey of 9th grade primary school pupils in 19 schools in different parts of the two largest cities in the Czech Republic, Prague and Brno, conducted between November 2018 and October 2019.

Audience Take Away:

- The audience will be able to better understand the links between the physical environment in which children grow up and go to school and their risky behaviour. They can better determine which aspects of the environment matter more and which matter less and identify at-risk schools accordingly. Prevention activities can be strengthened in these schools and focus on preventing problems related to teenagers' substance use
- In the case of individual child patients, it is possible to consider the extent to which the spatial component contributes to their problems. If the environment is having a negative effect on the pupil, this should be dealt with comprehensively throughout treatment
- Listeners can use the main research methods and transfer them to their own country or national setting

Biography:

Irena Honsnejmanova is PhD student at the Department of Geography, Masaryk University in Brno, Czechia. Her professional interests include research of health and diseases in their spatial context. She is currently completing her dissertation studying the impact of the quality of school and home environments on the use of alcohol, cigarettes and marijuana by teenagers in the Czech Republic.



Kaikai Chen*, Zhijun Sun

Shenzhen Sciencare Medical Industries, Shenzhen, Guangdong, China

An innovative dosage form on Naltrexone, a new option for opioid addiction anti-relapse treatment

The introduction of Sciencare naltrexone implant is used to effectively block dependence on opioids and assist in the treatment of alcohol dependence. Sciencare has a unique patented release technology, which can effectively control the drug release curve and enhance the safety of patients and the effectiveness of treatment. A new type of sustained-release naltrexone implant with safe, effective, long-acting and controllable characteristics will be a high-value choice for the treatment of opioid addiction and alcohol addiction in the near future.

Audience Take Away:

- Characteristics of Sciencare naltrexone implants and its related effectiveness data in this introduction
- Clinicians may consider including Sciencare naltrexone implants into clinical treatment options
- Researchers may consider combining the characteristics of Sciencare naltrexone implants to develop new treatment methods and conduct more applied research

Biography:

Mr. Kaikai Chen studied Health Services Administration at the University of Detroit Mercy, USA and graduated as MS in 2014. He then joined the Community Health program at the Michigan Association of Chinese Americans. He was mainly committed to cooperating with the Michigan state government on substance abuse prevention and smoking projects in minority communities. Mr. Kaikai Chen then returned to China and joined Sciencare, mainly responsible for Sciencare's international marketing and global cooperation projects.



**Mohab Ali*, Meghan Breckling, Leah Tobey, Armenda Young,
Amanda Lunsford, Teresa Hudson**

Psychiatric Research Institute, University of Arkansas for Medical Science – Little Rock, Arkansas, USA

Academic detailing for opioid prescribing: Using educational outreach to reduce opioid prescribing rates

Purpose: The opioid epidemic remains a significant public health problem in the U.S. Overdoses (OD) involving opioids killed nearly 47,000 people in 2018. Arkansas (AR) is the 2nd highest opioid prescribing state. AR's rate in 2017 was 106.1 prescriptions per 100 persons, 93.5 in 2018, nearly double the U.S. average of 51.5. In 2019, AR's rate improved to 80.9, yet 40 of 75 counties continues to prescribe at a rate greater than the national average. This ongoing research uses educational interventions through Academic detailing (AD) outreach that has been developed by University of Arkansas for Medical Sciences' (UAMS) and provided to rural primary care providers (PCP) in AR counties with the highest opioid-prescribing rates and opioid - OD deaths. Our overarching goal of the program was to provide 1:1 in-person, evidence-based education to increase PCP's knowledge of alternative and multi-disciplinary pain care and treatment while reducing opioid prescribing when possible.

Methods: We provided AD education to 103 PCPs from June 21, 2019 to November 26, 2019 in 16 counties.

Findings: PCPs were asked to complete a post-visit survey evaluating the success of the educational outreach. The majority of PCPs surveyed felt their AD session disseminated useful information. Of the 30 survey responders, 22 (73%) implemented changes to their pain management approach as a result.

Conclusions: Many PCPs in rural areas reported barriers to acquiring patient resources including the lack of local access to non-pharmacological, multi-disciplinary practitioners, lack of adequate transportation and financial limitations. Providers in rural communities' struggle to apply the evidence - based, multi- disciplinary approach to pain management when access to such treatment disciplines and modalities are limited or nonexistent. In 2020, the COVID -19 pandemic halted in-person visits and the AD team modified their methods with alternative correspondence. This AD research will continue through November 2022.

Audience Take Away:

- Recognize the impact of educational intervention program on opioid prescribing rates
- Identify the high opioid prescription rate in the state of Arkansas especially in the rural counties
- Define the challenges facing primary care providers in rural areas in alternative pain care and treatment

Biography:

Mohab Ali MD, received his degree at Faculty of Medicine- University of Alexandria- Egypt. He practiced as a primary care physician before he decides to move to USA to pursue his career as a psychiatrist. He joined Psychiatric Research Institute – University of Arkansas for Medical Science in May 2021. Dr. Ali is participating in several projects, He is a member of the Academic Detailing team who provides 1:1 in- person, evidence-based education to primary care providers. Dr. Ali is interested in Addiction medicine and Psychiatry. He is looking forward to be a board certified Psychiatrist and be a Clinical Research Psychiatrist.



Traci A Owens

Attorney at Law, San Jose, CA

Generational trauma and pathology of the survivor

This session comes from the perspective of a criminal defense attorney who has examined the social history of thousands of criminal defendants with substance abuse issues. This session will examine the addicted client/patient as a reflection of generational trauma and familial issues that eventually manifest in the addiction of the family member who is labeled problematic.

This session will identify familial factors that lead an individual toward substance abuse, and offer methods for attorneys to use those factors in defense of the client. It will offer insight on treating the patient and defending the client as a group process involving the family and the acknowledgement that most addicts do not reach the breaking point on their own.

Audience Take Away:

- This session will define “generational trauma” and offer examples for context. This session will explain how addiction disorders are a partial manifestation of family and community history that are beyond the control of the patient/client. The session will offer interviewing techniques that will reveal the relevant factors. This session will offer methods of advocacy and treatment that honor the patient/client. This session will encourage restorative advocacy and treatment.

Biography:

I have my BA from Georgetown University and my JD from Emory University SOL. I have 23 years of experience in Criminal Defense practice. I’ve given trainings for CPDA since 2003. I’ve been an adjunct with Santa Clara University SOL Trial Techniques program since 2002, and the Stanford Trial Advocacy Program since 2009.

I am a repeat presenter for the International Academy of Law and Mental Health at their last three Congresses in Vienna, Prague, and Rome. I’m also a repeat lecturer for the Magnus Group. I recently lectured for the Sonoma County Bar Association on issues of race in February 2021, and on gender in March 2021 for Elimination of Bias credit. It was open to all (prosecutors included) through the Bar Association.

My last project was with 2nd International Webinar on Physical Health, Nursing Care, and COVID 19 Management on March 19, 2021. I served as the moderator, and my lecture was titled “Is PTSD The New Normal? Life and Practice After A Global Crisis.” I am published in The International Journal of Forensic Science



Silvia F. Shalaby*, Mona A. Soliman

Public Health Department, Faculty of Medicine, Cairo University, Cairo, Egypt

Knowledge, attitude and practice of medical students: Regarding smoking and substance abuse, Cairo University, Egypt

Involving medical personnel in all aspects of smoking control in the community is indispensable. In a trial to enhance the participation of healthcare professionals in smoking cessation activities; this study was conducted to evaluate knowledge, behavior and attitude of medical school students regarding smoking and substance abuse. Perception of their future role “as physicians” in combating smoking and substance abuse was also explored. Subjects and Methods: A cross-sectional descriptive study was conducted. A self-administered questionnaire based on standardized questionnaires prepared by the World Health Organization covering sections about knowledge, beliefs and practices of the students regarding smoking and substance abuse; was submitted to 296 students enrolled in the Faculty of Medicine of Cairo University, during the academic year 2014-2015. Results: Most of the participants had correct knowledge about health hazards of smoking, where 83.4- 93.6% correctly selected the answers, but still stated that they are in need for courses about this issue. Positive attitudes were also expressed towards smoking legislations and tobacco control policies. Cigarettes and shisha smoking, marijuana and addictive medications abuse were low among the studied group (13.5, 15.2, 2, 3 - 6.4% respectively). Conclusion and Recommendations: The prevalence of smoking and substance abuse was relatively low among Cairo University medical students who had generally correct knowledge about the hazards of these practices and positive attitude towards their future role in helping their patients to quit. It may be appropriate to train students about stress management skills through organizing regular “stress coping strategies” sessions to assist them to cope with various stressors and consider implementing counseling programs to support students, especially medical students; the future doctors; who have a leading role in combating smoking and substance abuse in the community.

Audience Take Away:

- Health education programs targeting young adults and especially those studying Medicine; is considered a priority for combating unhealthy behaviors. Smoking and substance abuse being very risky behaviors that are mainly prevalent among youth should come at the top of the list
- For all faculty members and stakeholders interested in the field of health promotion through discouraging healthy behaviors; medical students are a vital target and although they may be aware of the hazards of smoking or addiction, yet this does not protect them and they need to be approached with screening followed by educational programs
- The current study could be considered step one for conducting similar studies in other sessions that are to be followed by interventional programs to stop smoking and substance abuse not only among medical students but moreover among the whole community

Biography:

Dr. Silvia studied Medicine at Cairo University, Egypt and graduated as physician in 2000. She then worked as an internal medicine resident at Cairo university hospital. Due to her interest in the field of Public health and Community Medicine; she had career shift and worked as a Teacher Assistant at Public Health Department at same university. She received her PhD degree in 2011 at the same institution. She obtained her position of a lecturer of Public Health at Faculty of Medicine – Cairo University since 2011. She had shared in studies conducted by the FCTC. She has five published research articles. She is mainly interested in behavioral research and health promotion.



M Abo-Tabik¹, Y Benn² and Nicholas Costen^{3*}

¹Department of Computer Science, University of Liverpool, Liverpool, UK

²Department of Psychology, Manchester Metropolitan University, Manchester, UK

³Department of Computing and Mathematics, Manchester Metropolitan University, Manchester, UK

Using mixed deep learning methods to model smoker's behaviour from mobile phone location and movement data

In recent years a significant number of smoking-cessation apps have been developed to help smokers quit smoking. Although these apps offer easy access and low-cost support, most of them are designed without a scientific understanding of the complexity of nicotine addiction. They also mostly rely on the smoker to self-report their smoking craving and progress.

This project developed a model which can automatically predict smoking events based on data passively collected using a smartphone. The model combines deep learning methods with a Control Theory model of smoking to capture both internal and external smoking drivers.

The deep learning methods used in the design combine the 1D Convolutional Neural Network and the Bidirectional Long Short-Term Memory to take advantage of each method. It uses 1D Convolutional Neural Network to extract patterns and the Bidirectional Long Short-Term Memory to extract the sequential correlations in the input sequences. Additionally, to reach a near-optimal design, Genetic Algorithm are used for hyper-parameter selection; this model uses raw accelerometer values with coded GPS coordinates as an input.

Using the deep learning model and combining it with the Control Theory model of smoking, the model was able to predict smoking behaviour with an average smoking event prediction of 0.32, 0.59, 0.69, 0.76 for 5, 15, 30, and 60-min windows respectively, before the appearance of the smoking event.

The model opens the door to the possibility of automatic prediction of smoking behaviour, which can be used in the future to develop a smoking cessation app as it relies entirely only on data collected using smartphone devices.

Audience Take Away:

- The range of smoking-cessation apps and the deficiencies in the information and models they use to trigger messaging
- The need for the collection of consistent, public data-bases of smoking-related behaviours
- The use of modern models to describe addictive behaviour, including both behavioural and physiological effects

Biography:

Dr. Costen studied Experimental Psychology at the University of Oxford (B.A., 1989), and Mathematics and Psychology at the University of Aberdeen (PhD, 1994), focusing on computer models of face recognition. He then undertook research at Advanced Telecommunications Research, Kyoto, Japan and the University of Manchester. He joined Manchester Metropolitan University in 2001, now as Reader in Cognitive Computer Vision. His research focuses on deep-learning models of human anatomy and behaviour. He has published over 70 papers (H-index 20) and successfully supervised 7 PhD students and is a Fellow of the British Computing Society and the Higher Education Academy.



Hamid Mcheick

Department of Computer Science and Mathematics, University of Quebec,
Chicoutimi, Quebec, Canada

Health informatics framework for COPD diseases

Today, health informatics is reshaping the research in the medical domain due to its potential to concurrently overcome the challenges encountered in the traditional healthcare systems. Prediction of exacerbation of Chronic Obstructive Pulmonary Disease (COPD) is considered one of the most difficult problems in the medical field. Many issues face researchers in the medical domain, such as modelling context (risk factors) of a patient, uncertainty, accuracy of these factors and their relationship, and preventing exacerbation. These issues have been handled in many research projects. However, traditional treatment plan and non-fully automatic applications are still used. The goal of this research is to develop non-intrusive and reliable mechanism to improve life quality of COPD patients. In particular, we show in this talk the informatics framework developed to manage the treatment plan efficiently and prevent exacerbations.

Audience Take Away:

- How to protect the patients against the risk factors of COPD disease?
- How to choose an efficient treatment plan?
- How can we extend the lifetime of COPD patients?

Biography:

Dr. Hamid Mcheick is a full professor in Computer Science department at the University of Québec at Chicoutimi, Canada. He has more than 20 years of experience in both academic and industrial area. He has done his PhD in Software Engineering and Distributed System in the University of Montreal, Canada. He is working on design and adaptation of smart software applications; designing healthcare framework for medical domain; and designing smart Internet of Things and edge framework. He has supervised many post-doctorate, PhD, master and bachelor students. He has nine book chapters, more than 60 research papers in international journals and more than 150 research papers in international/national conference and workshop proceedings in his credit. Dr. Mcheick has given many keynote speeches and tutorials in his research area. Dr. Mcheick has gotten many grants from governments, industrials and academics. He is a chief in editor, chair, co-chair, reviewer, member in many organizations (such as IEEE, ACM, Springer, Elsevier, Inderscience) around the world.



Yihong Yang

Neuroimaging Research Branch, National Institute on Drug Abuse, National Institute of Health, USA

Neuroimaging markers of drug addiction: From preclinical models to substance-use-disorder patients

Compulsive drug use is a cardinal feature of substance use disorder (SUD). Using a forward- and backward-translational strategy, we investigated cortical-striatal circuits underpinning compulsive drug use in human drug addicts and preclinical models. We started with a cross-sectional human study, comparing cocaine users and healthy controls, to identify cortical-striatal circuits altered in cocaine users. We then demonstrated that the impaired circuits were associated with compulsive drug taking behaviors characterized by symptoms of loss-of-control over drug use described in the Diagnostic and Statistical Manual. For mechanistic understanding of the circuit alterations at various addiction phases, we “backward-translated” the findings from the human study to a compulsive drug taking model of rats. We found that cortical-striatal circuits in rats homologous to those of humans were disrupted and the severity of circuit disruption was associated with the level of compulsive drug taking in these animals. We further evaluate therapeutic potentials of these circuits in the rat model. We expect that findings from the preclinical model would then “forward-translate” to clinical studies for developing effective therapeutic treatments by restoring these altered brain circuits. In this presentation, identification of imaging biomarkers that underlie compulsive drug taking behaviors in humans and preclinical models will be presented. Potential treatment strategies based on neuromodulation, such as transcranial magnetic stimulation, will be discussed.

Audience Take Away:

- The audience will learn a forward (animal to human) translational and backward (human to animal) translational strategy in drug addiction research, which can be adopted in their own studies
- This study reveals a neurobiological mechanism of compulsive drug taking, which will help the audience to understand the neural substrates of compulsive drug taking behavior in SUD
- The audience will learn potential treatment strategies using neuromodulation techniques based on the neural underpinning of compulsive drug taking revealed in the study

Biography:

Yihong Yang is a Senior Investigator of the National Institutes of Health (NIH) and Chief of the Magnetic Resonance Imaging and Spectroscopy Section at the National Institute on Drug Abuse (NIDA). He has been developing neuroimaging and neuromodulation approaches and has been applying these techniques to drug addiction. He has published about 200 original research papers and book chapters and served on several research foundations. He was elected as a Fellow of the International Society for Magnetic Resonance Imaging in Medicine (ISMRM) in 2017 and Fellow of the American Institute for Medical and Biological Engineering (AIMBE) in 2018.

Fruzsina Iszaj

Scientific Leader, Innov Research Institute, Nyiregyhsza, Hungary

Changing trends in mental health & addictions

The presentation aims to highlight the connection between mental health, addiction disorders and ‘the era’ of home office. Thanks to the new circumstances caused by COVID-19, an increased number of people started working from home. Though this has been a long-standing phenomenon, during the present pandemic, this form of work was and is not a choice for most of the employees. Additionally, a significant percent of the CEOs decided to keep home office as an option in the long run because it has a lot of benefits for the companies. In short, working from home is considered to be an everyday change of our lives. How does this affect employees? What kind of mental problems tend to appear because of the change in the mode of work and regarding the situation COVID-19 resulted? And which advantages does home office have in point of the employees?

In this context, it is important to refer to the differences in psychoactive substance use, too. Recent studies have been published about the connection between the increase of certain addictive behaviors related to the pandemic. Psychoactive substance use can be interpreted as a tool for balancing extreme emotional situations. On this basis, the self-medication hypothesis of substance use is added, i.e. users try and tend to regulate their emotions and behaviour. The use of substances can be also understood as a coping mechanism to adjust to the sudden changes and stressful events which we all face nowadays. The presentation will analyze these interrelations and provide a picture about how home office and the pandemic effect our mental health. Additionally, the psychological benefits of remote working will be summarized, too.

Audience Take Away:

- The presentation gives up-to-date information about the possible mental health problems and addictive behaviors related to home office. As working remotely has spread recently, a wide range of professionals and laymen will be able to benefit from the lecture
- Health care professionals can get a clearer picture about the possible issues which might appear related to people working remotely in the present and the future. The lecture is intended to draw attention to those mental deficiencies, too, which have to be handled and cured as a result of the pandemic situation
- The biggest design problem of our present is to solve the issues that derive from COVID-19. Because our whole society and way of life are rapidly transforming, an urgent part is to maintain people’s mental health and support them if they have problems concerning psychoactive substance use. By attending the lecture, health care professionals might learn such theoretical material which might be useful and necessary for their work.

Biography:

Dr. Iszaj holds the position of scientific leader of the Innov Research Institute in Hungary. She finished her PhD studies at the Department of Clinical Psychology and Addiction, Institute of Psychology, Eotvos Lorand University, Hungary. Since then, she has been working actively in both academic and corporate settings. Her research interests involve mental health and disorders, psychoactive substance use, wellbeing in home office environment, complementary therapeutic techniques. The results of her academic work have been published in SCI(E) journals and she has given numerous lectures at international conferences.

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