The 13th International Conference on Treatment of Addictive Behaviors

31st of May - 4th of June of 2015
Odense, Denmark

PROGRAM AND ABSTRACTS
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<td>10:00 am</td>
<td>Richard Saitz: Screening and Brief Intervention for Unhealthy Substance Use in General Health Settings: What’s the Evidence?</td>
<td>Jon Morgenstern: Population Health Approaches to Integrate Social and Health Care Services: Implications for Chronic Substance Use Disorder Treatment</td>
<td>Amanda Baker: A Healthy Lifestyles Approach to Co-Existing Mental Health and Substance Use Problems</td>
<td>Kevin Knight: Treatment of Addictions and the Criminal Justice System: An International Service Delivery Perspective</td>
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<td>01:30 pm</td>
<td>Symposium Session 1: *Adolescents and Young Adults *Mental Health and Substance Dependence *Physical Activity as treatment *Pain and Alcohol/Drug Treatment</td>
<td>Symposium Session 2: *Interventions in Health Care and Social Service Settings *Translating Efficacy into Effectiveness *New Instruments *Treatment of Alcohol and Drug Problems</td>
<td>Symposium Session 3: *Levels of Care *Integrating Substance Use Treatment with Health and Social Service Systems *Comorbid Youth Treatment *Alcohol Dependence and Elderly</td>
<td>Symposium Session 4: *Muddy Waters *Somatic Hospitals and Prevention of Alcohol problems *Process Research *Mental Health Bridges</td>
<td>End of Conference – the Big Picture: William R Miller: Addicts as People</td>
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<tr>
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<td>Poster session 1 and Coffee break</td>
<td>Poster session 2 and Coffee break</td>
<td>Poster session 3 and Coffee break</td>
<td>Coffee break</td>
<td>Wrap up and departure</td>
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<td>03:45 pm</td>
<td>End of day - the Big Picture: Thomas McLellan: Integrating Treatment for Substance Use Disorders into Mainstream Medicine: Who Benefits?</td>
<td>End of day - the Big Picture: Alex Copello: Addictive Behaviours and the Family: Impacts, Models and Interventions</td>
<td>Social arrangement</td>
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<td>07:00 pm</td>
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The overall programme for the conference

Welcome to the 13th International Conference on Treatment of Addictive Behaviours
Treating addictions where we find them

We would like to share a little about the ICTAB series. Begun in 1979 at Taos, New Mexico (USA) the ICTAB was designed as a meeting of researchers and clinicians to discuss common factors in the etiology, process, and treatment of addictive behaviors including alcohol and other drug abuse, smoking, and eating disorders. We seek to convey current theory and research of clinical relevance. Invited addresses are always research based, but aimed at a knowledgeable practitioner audience. A real strength of the ICTAB conference is the atmosphere that is designed to promote interaction among participants. After the second (1981) ICTAB at the Grand Canyon, the meeting has been organized around a central theme. These have included Stages and Processes of Change (Scotland, 1984), Prevention and Early Intervention (Norway, 1987), Self-Regulation (Sydney, 1990), Motivation (Santa Fe, 1993), Longitudinal Perspectives (Netherlands, 1995); Family (Santa Fe, 1998), Research to Practice (Germany, 2003); Efficacious Treatments (Santa Fe, 2006); and Systems Issues (Santa Fe, 2010).

The 13th ICTAB focuses on the integration of addictions services into four broad mainstream service areas: health care, mental health, social services, and the criminal justice system. Given the prevalence of persons with problematic use of alcohol, tobacco, and other drugs in these service settings, the goal of the meeting is to consider issues ranging from service delivery for individuals with addictions in these settings to broader organizational issues about addictive behaviors in these diverse settings.

Welcome to Denmark - Welcome to ICTAB

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University of New Mexico
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Albuquerque, NM 87106 USA00
The overall programme for the conference

Programme Monday 1\textsuperscript{st} of June 2015
Theme: Addiction and Health

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<td>07.30 am – 9.00 am</td>
<td>Check in</td>
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<td>08.00 am – 09.00 am</td>
<td>Morning buffet</td>
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<td>09.00 am – 09.15 am</td>
<td>Opening, announcements and introductions</td>
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<td>09.15 am – 10.00 am</td>
<td>Key note speaker Dr. Jürgen Rehm,</td>
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<td>University of Toronto</td>
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<td>\textit{Screening and brief intervention for}</td>
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<td>04.00 pm – 05.00 pm</td>
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<td>University of Pennsylvania</td>
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Addiction, health and treatment interventions
Jürgen Rehm

Addictive behaviours are prevalent and while such behaviours are linked to numerous health consequences, treatment rates are low, arguably the lowest among all chronic mental or somatic disorders. Based on a large scale European project, ALICE RAP, we will give an overview on

a) current estimates of prevalence for addictive behaviours in countries of the European Union

b) health consequences (mortality and burden of disease; direct and indirect estimates)

c) current treatment rates.

Using alcohol as an example, we will further explore the reasons for the low treatment rates and also give some estimates on how the above indicators would change if treatment rates increased.

Screening and brief intervention for Unhealthy Substance Use in General Health Settings: What’s the evidence?
Richard Saitz

This keynote will address the evidence for efficacy of brief intervention for alcohol and other drugs among people in general health settings identified by screening. Screening can be done with valid tools. These tools identify people across the spectrum of unhealthy current substance use. Once identified severity can be briefly assessed and brief counseling done. Randomized controlled trials tell us whether the brief counseling has efficacy for various outcomes of interest. To date, the literature tells us that the approach has efficacy for decreasing self-reported alcohol use among those without an alcohol use disorder, in primary care settings, though findings for “hard” outcomes are few and inconsistent. Referral to specialized treatment has been suggested as a way to address those with a disorder but few data indicate that patients will benefit. Alcohol brief intervention has been generally disappointing in other settings such as emergency departments, hospitals and trauma centers though some trials are positive and careful data review is required to understand the results. One key principle is keeping trials of brief intervention in people identified by screening separate from others (in which participants are identified in other ways). Other drug use brief intervention studies have generally found lack of efficacy (even among those
with risky, not severe use), particularly studies that measure biological outcomes. For alcohol screening and brief intervention, a recommended practice, there have been some rare successes in implementation that retain efficacy but several other examples of failed implementation or successful implementation without retaining efficacy. There also appears to be a discrepancy between recommendations to implement screening and brief intervention and the evidence to support the practice. Reasons for this discrepancy will be discussed.

**Big picture talk:**

“Integrating Treatment for Substance Use Disorders into Mainstream Medicine: Who Benefits?”
Thomas McLellan

The presentation is comprised of three parts. Part 1 reviews the clinical, scientific, and ethical bases for integrating the prevention, treatment and management of substance use disorders within general medical settings. Part 2 examines available evidence suggesting why such an integrated approach has the potential for improved effectiveness and reduced costs of care for individuals with primary substance use problems. Part 3 reviews the prevalence and effects of secondary substance use problems within the large populations of patients with various, primary chronic illnesses. The presentation concludes with an argument that the most significant potential for benefits from the described integrated approach will accrue to general healthcare, through elevation of clinician diagnostic and treatment management skills, improved effectiveness and reduced untoward effects from contemporary treatments and significant reductions in costs of care.
**Symposium Session 1**

**1A: Adolescents and young Adults**

Eric F. Wagner  
A RCT of School-Based Brief Motivational Intervention with Native American Teenagers

Helle Larsen  
Cognitive bias modification and the role of impulsivity: piloting a smoking cessation intervention for adolescents

Tammy Chung  
Treated adolescents’ personal network characteristics predict cannabis use outcome

Anne Berman  
Mobile phone brief intervention applications for risky alcohol use among university students: Three randomized controlled studies

Christopher Martin  
Moderator and Discussant

**1B: Mental Health and Substance Dependence**

Daniel Leung  
Can cognitive bias modification training targeting alcohol dependence also reduce comorbid anxiety?

Angela Simpson  
Social anxiety negatively impacts entry into residential treatment for substance dependence

Kate Hall  
MAKING WAVES: A Pilot Study of Acceptance and Commitment Therapy-Based Intervention for Co-Occurring Substance Use Disorder and Borderline Personality Disorder

Amanda Baker  
Telephone Delivered Interventions provide an effective treatment option for Individuals with Comorbid Mental Health and Substance Use Problems

**1C: Physical Activity as treatment**

Eigil W. Martinsen  
Exercise and mental health

Ulrik Becker  
Physical activity and risk of alcohol use disorders

Kirsten Kaya Roessler  
Interpersonal problems of alcohol patients undergoing an exercise intervention – Reflections on relational psychological aspects

Ashley Muller  
Improving addiction patients’ quality of life through physical activity
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<td>Andrzej Jakubczyk</td>
<td>Physical pain in alcohol-dependent patients entering treatment in Poland – prevalence and correlates</td>
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<td>Mark Ilgen</td>
<td>The efficacy of a psychosocial pain management approach in adults treated for substance use disorders</td>
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<td>Frederic Blow</td>
<td>Acute pain in adults receiving SBIRT in the Emergency Department</td>
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1A: Adolescents and young Adults

Recent Developments and New Techniques in Adolescent and Young Adult Addictions Interventions

Organizers:
Christopher Martin (University of Pittsburgh, USA) and Eric Wagner (Florida International University, USA)

Presenters:
Eric Wagner (Florida International University, USA)
Helle Larsen (University of Amsterdam, The Netherlands)
Tammy Chung (University of Pittsburgh, USA)
Anne Berman (Karolinska Institutet, Sweden)

Moderator/Discussant:
Christopher Martin (University of Pittsburgh, USA)

Overarching abstract
A variety of traditional youth addictions interventions have been shown to work, but effect sizes are modest and gains diminish over time. There are a number of emerging ideas and new techniques that may increase the effectiveness of addiction treatment and prevention efforts with teens and young adults. In this symposium, a group of investigators from The Netherlands, Sweden and the United States will describe recent innovative treatment development efforts directed at youth substance problems. There will be four presentations. Eric Wagner will describe his work adapting and testing a brief motivational intervention for, and conducting a large-scale RCT with, Native American teenagers. Helle Larsen will present data on interventions in Dutch and American youth that are designed to modify implicit cognitive processes concerning cigarette smoking. Tammy Chung will present data on how peer and family social network characteristics predict treatment outcomes in US adolescents, and implications for using social networks as a treatment target. Anne Berman will present results from her research on using smart phone apps to deliver intervention content to heavy drinking university students in Sweden. Chris Martin will discuss the presentations in the context of the history and potential future of youth addictions treatment efforts.
Introduction: The rate of alcoholism among American Indians and Alaska Natives (AI/AN) is six times the U.S. average. Compared with youth of other races/ethnicities, AI/AN youth report the highest rates of past month binge drinking, illicit drug use, and cigarette use. Despite the greatly elevated risk for alcohol and drug use problems among AI/AN, clinical researchers have done a poor job understanding and addressing this profound health disparity.

Method: “SACRED Connections” is an ongoing National Institute on Drug Abuse (NIDA)-supported randomized clinical trial examining the effectiveness of a school-based, brief motivation intervention intended to reduce substance use problems among Native American teenagers. A community-based participatory research framework was followed in developing, implementing, and interpreting the study. A school-wide paper-and-pencil substance use screening questionnaire was used to identify substance users, who were randomly assigned to: (1) brief advice and a personalized feedback report alone, (2) brief advice, a personalized feedback report, and motivational interviewing, or (3) brief advice, a personalized feedback report, motivational interviewing, and a booster session at 6-months.

Results: Participants (n=346) were on average 16.2 years old, mostly male (56%), and mostly from the Cherokee or Choctaw tribes (76%). Using a 3 x 2 repeated measures analysis of variance, alcohol (F(1,55) = 5.7; p = .02) and marijuana use (F(1,18) = 8.94; p < .01) were found to decrease significantly from baseline to 3-months follow-up as a function of treatment group; significant within group reductions occurred for alcohol and marijuana. Group x Time interactions were non-significant.

Discussion: Findings suggest that substance using Native American youth are amenable to school-based brief motivational intervention; all three conditions yielded significant reductions from baseline to 3-months post-intervention. However, we anticipate differences among the conditions will emerge (with the booster session condition most effective) with 6- and 12-month follow-up assessment data, which are still being collected.
Cognitive bias modification and the role of impulsivity: Piloting a smoking cessation intervention for adolescents

Helle Larsen, Ph.D. b, Grace Kong, Ph.D. a, Daniela Becker, MSc. b, Dana Cavallo, Ph.D. a, Janna Cousijn, Ph.D. b, Elske Salemink, Ph.D. b, Annemat Collot D'Escury-Koenigs, Ph.D. b, & Suchitra Krishnan-Sarin a & Reinout Wiers, Ph.D. b

a Yale University School of Medicine
b University of Amsterdam, RPA Yield, ADAPT lab

Introduction: Recent intervention studies retraining relatively automatic impulsive action tendencies using cognitive bias modification (i.e., CBM) increased treatment outcome (i.e., alcohol relapse). Given these findings, we combined CBT with CBM to increase smoking cessation in adolescents. We hypothesized that treatment outcome would be higher when adolescents received both CBT and CBM than CBT only. We also explored the role of impulsivity.

Methods: The study was conducted in the United States and the Netherlands. Adolescent smokers (N=63) participated in a 4-week smoking cessation program combining weekly CBT with CBM to avoid smoking stimuli or placebo condition with no training with a 90-day follow-up. Impulsivity was assessed at baseline. Treatment outcome was determined by cotinine confirmed 7-day point prevalence abstinence.

Results: Action tendencies did not significantly change after CBM. There was a differences in action tendencies toward neutral and smoking-related between the sites (F (1, 35) = 27.62, p ≤ 0.001), with American adolescents showing an approach bias and Dutch adolescents showed an avoidance bias at baseline and at three-month follow up. Intent-to-treat analyses showed that the CBM condition demonstrated trends towards higher end-of-treatment seven-day point prevalence abstinence rates compared to the sham condition (17.2% vs. 3.2%, p = 0.071). This was not found for three-month follow-up. Treatment effect was not moderated by impulsivity, but behavioral impulsive adolescents demonstrated greater abstinence days.

Discussion: The preliminary findings from this pilot study suggests that re-training approach biases toward cigarettes smoking cessation among adolescent smokers using CBM should be examined using larger samples. Further research to understand the importance of site difference on approach-avoidance bias is needed. In line with previous findings, behavioral impulsivity predicted greater abstinence days.
Treated adolescents’ personal network characteristics predict cannabis use outcome

Tammy Chung, Ph.D.a and Stephen A. Maisto, Ph.D.b

aUniversity of Pittsburgh

bSyracuse University

Introduction: Peer substance use is a robust predictor of treatment outcome. However, little is known regarding the composition and structure of treated youths’ personal social networks (household members and peers), or the extent to which network characteristics predict treatment outcome.

Method: Adolescents (age 14-18) in intensive outpatient addictions treatment (N=155; 75% male; 31% alcohol use disorder; 91% cannabis use disorder) reported on substance use and personal network characteristics shortly after treatment entry and at 6-month follow-up (78% retention). Change in network features was examined, and multivariate regression tested baseline predictors of alcohol and marijuana involvement at follow-up.

Results: There was a trend toward fewer peers in the network at follow-up (baseline: 8.1±2.0, 6-months: 7.6±1.8); the most common reasons for dropped friends were “bad influence” and “conflict/argument”. Motivation to reduce contact with alcohol and marijuana using network peers was relatively low and stable over follow-up. The proportion of peers who abstained from alcohol and marijuana increased over follow-up (alcohol: from 41.2% to 51.1%; marijuana: from 41.3% to 59.5%). Network structural characteristics (e.g., density of network connections) were stable. Multivariate regression indicated that more total peers named (p=.01) and greater proportion of marijuana abstinent household members (p=.01) predicted fewer marijuana symptoms at 6-months. For alcohol, only greater motivation to abstain from alcohol predicted fewer alcohol symptoms at 6-months.

Discussion: Although motivation to change one’s peer network was relatively low, there was a shift toward a greater proportion of abstinent peers over follow-up. Specific peer and household network characteristics predicted better marijuana outcomes, but network features had a limited role in predicting alcohol outcomes in this predominantly marijuana using sample. Interventions that address household substance use and facilitate positive shifts in peer networks may improve youth treatment outcomes.
Mobile phone brief intervention applications for risky alcohol use among university students: Three randomized controlled studies

Anne H Berman1,2*, Mikael Gajecki1, Kristina Sinadinovic1,2, Morgan Fredriksson3,4, Charlie Lindviken4, Claes Andersson1,5


*Corresponding author: Anne H Berman, anne.h.berman@ki.se

Introduction: Most university students overconsume alcohol and have smartphones. Brief online interventions reduce students’ alcohol intake. Delivering brief interventions to students via smartphone apps should be investigated.

Method: Students at several Swedish universities were invited to the 3 studies described via e-mails and online ads. Students with a smartphone and risky alcohol consumption according to the Alcohol Use Disorders Identification Test (AUDIT) were included, following informed consent. Three apps were tested, two targeting individual drinking choices on party occasions (Promillekoll and PartyPlanner), and one targeting high-risk users (TeleCoach™). Study 1 offered randomization into 3 groups: Promillekoll (1), offering real-time estimated blood alcohol concentration (eBAC) calculation; PartyPlanner (2), a web-based app with real-time eBAC calculation and additional planning/follow-up functions; a control group (3). Follow-up occurred at 7 weeks. Study 2 replicated Study 1; changes included improved apps based on Study 1 results, and follow-up times extended from 7 to 14 and 21 weeks (T1, T2 & T3). Study 3 offered participants at T1 from Study 2, who drank over 9 (women) and 14 (men) standard drinks/week, randomization into an intervention group (TeleCoach™) and a wait-list control group (intervention offered at T2).

Results: For Study 1, 1932 fulfilled eligibility criteria for randomization. Attrition was 22.7–39.3 percent, higher among heavier drinkers and highest in Group 2. Per-protocol analyses revealed one significant time-by-group interaction, where Group 1 participants increased the frequency of their drinking occasions compared to controls (p = 0.001). Among all participants, 29 percent showed high-risk drinking, over the recommended weekly drinking levels of 9 (women) and 14 (men) standard glasses. Preliminary results will be reported for Studies 2 and 3.

Discussion: Mobile phone apps offer a huge potential for making brief interventions available to more university students than ever before. Research is needed to identify effective app content.
1B: Mental Health and Substance Dependence

Can we more effectively integrate the treatment of mental health problems and substance dependence?: Innovations from a range of alcohol and drug service settings.

 Moderator: Kate Hall, School of Psychology, Deakin University, Australia.

Overview

The majority of individuals attending treatment for substance dependence have a comorbid mental health problem. It has become clear that we cannot effectively treat these issues independently and yet silo-based service systems make integrative treatment difficult. Over the last ten years alcohol and drug services have become more able to respond to this challenge. The current symposium presents four innovative examples of how a range of alcohol and drug services have responded to the comorbid presentations of clients. The first presentation reports on a novel neuro-cognitive intervention which focuses on reducing the approach bias of alcohol dependent clients with comorbid anxiety during inpatient alcohol detoxification. This is followed by a study which examines the negative impact social anxiety has on entry into residential treatment for substance dependence. The third study presents pilot findings from a successful outpatient treatment for individuals with borderline personality disorder and substance dependence. This treatment is based on acceptance and commitment therapy. The final presentation reports on the findings of an innovative telephone delivered intervention for individuals with mental health, substance abuse and chronic health conditions. The moderator concludes by drawing together the implications of these findings.
Can cognitive bias modification training targeting alcohol dependence also reduce comorbid anxiety?

Daniel Leung, Petra Staiger, Kate Hall, Victoria Manning, Antonio Verdejo-Garcia, Jarrad Lum and Dan Lubman

Daniel Leung, School of Psychology, Deakin University, Australia.

Introduction: Recent outcomes of novel cognitive bias modification (CBM) interventions targeting approach-bias have shown promising results in reducing drinking behaviour in inpatient and community settings (e.g., Eberl et al., 2013). Similar CBM interventions have been applied successfully to anxiety disorders (e.g., Taylor & Amir, 2012). Alcohol misuse and comorbid anxiety are common clinical presentations, and evidence suggests the two domains function as both reciprocal risk factors and determinants. These findings suggest that common psychological processes (i.e., cognitive biases) may affect both these variables, providing a target of intervention for this comorbid population. Thus, the present study aimed to assess whether an approach-bias CBM intervention targeting alcohol generalises to anxiety in a group of individuals undergoing alcohol detoxification. We also explored the role of impulsivity.

Method: Thirty-seven alcohol-dependent inpatients were randomly allocated to four sessions of approach-bias CBM training or sham training. Assessments of alcohol use and anxiety were obtained at baseline and two-week follow-up post-discharge.

Results: Statistical analyses indicated that participants who completed CBM training reported significantly less alcohol consumption, $F(1,34) = 1.74, p = .022, \eta_p^2 = .15$ at follow up. Findings revealed a significant main effect of time on anxiety, $F(1,31) = 35.83, p < .01, \eta_p^2 = .54$, however no main effect of training condition on anxiety was found, $F(1,31) = 1.37, p = .25$.

Discussion: Supporting previous research, findings suggest that approach-bias CBM continues to be a promising treatment for alcohol misuse. Despite similar applications for anxiety, the effects of CBM training for alcohol use were not found to generalise to comorbid anxiety. These results suggest that CBM training is affecting domain-specific cognitive biases rather than universal mediating processes. Given the flexibility through which CBM interventions may be delivered, the results of the present study suggest that CBM may be best suited as a targeted, discrete intervention for substance users with comorbid anxiety.
Social anxiety negatively impacts entry into residential treatment for substance dependence

Petra K. Staiger¹, James S. Williams¹², Michael Kyrios³, Caroline Long¹, Nicolas Kambouropoulos¹

¹ Deakin University, School of Psychology, Australia, ² Swinburne University of Technology, Melbourne, Australia.

Presentation: Angela Simpson, School of Psychology, Deakin University, Australia.

Introduction: While there is a substantial literature examining predictors of treatment retention for substance dependence, there is a paucity of research exploring determinants of entry to residential treatment. Given the social nature of residential rehabilitation, there was a specific interest in exploring the role of social anxiety in treatment entry.

Methods: Treatment seeking substance users (n=74, 63% male) completed intake assessment interviews for entry into a residential rehabilitation program. Assessment comprised the Mini International Neuropsychiatric Interview (Mini), the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), the Circumstances, Motivation and Readiness to Change Scale (CMR), the Beck Depression and Anxiety Scales (BDI/BAI) Participants were tracked to determine whether they entered treatment or disengaged. A binary logistic regression was performed with residential treatment entry as the DV, and age, substance abuse severity (ASSIST), motivation (CMR), depression (BDI), anxiety (BAI) and diagnosis of Social Anxiety Disorder (SAD) entered as predictors.

Results: A diagnosis of Social Anxiety Disorder was found to significantly reduce the likelihood that an individual would enter residential treatment for substance dependence. Interestingly, age, substance abuse severity, depressive symptoms and general anxiety symptoms did not differentiate between those who entered treatment and those who did not.

Discussion: Results suggest that SAD may represent a significant barrier to entry to treatment into residential rehabilitation programs. The current results suggest that for individuals seeking entry to residential rehabilitation, screening for SAD is warranted. For individuals who meet DSM-5 criteria for SAD, brief evidence based intervention focused on ameliorating social anxiety symptoms (e.g., CBT) may improve the rate of entry into treatment. A treatment intervention for this comorbid group is presented – the effectiveness of which is being currently trialed.
MAKING WAVES: A Pilot Study of Acceptance and Commitment Therapy-Based Intervention for Co-Occurring Substance Use Disorder and Borderline Personality Disorder

Kate Hall, Angela Simpson, Romy Briner, Petra Staiger, Jane Morton, Dan Lubman

Kate Hall, School of Psychology, Deakin University, Australia.

Introduction: While around 1-2% of the general population meets criteria for Borderline Personality Disorder (BPD), up to 65% of substance users in treatment meet criteria for BPD. It is common for these individuals to engage in impulsive, maladaptive behaviours (e.g. risk taking, self-harm). The severity of emotional and behavioural symptoms in these treatment-seeking individuals presents considerable challenges for addiction treatment services. Treatment studies highlight that clients with co-occurring SUD and BPD have higher rates of relapse, treatment noncompliance and poorer outcomes than those with either diagnosis alone. There is a clear need for effective treatment options which can occur within the context of alcohol and drug treatment services.

Method: A single arm pilot evaluation of an individually administered acceptance and commitment therapy (ACT)-based intervention for treatment-seekers with co-occurring substance use disorder (SUD) and borderline personality disorder (BPD) was conducted. The study investigated whether 12 sessions of the ACT-based intervention improved SUD and BPD outcomes, and emotion regulation skills. The sample consisted of 23 adult treatment-seekers attending psychological counselling at an outpatient addiction treatment service.

Results: Following the ACT-based treatment, participants demonstrated a significant reduction in the severity of BPD, as well as significant improvements in both ACT-related and emotion regulation skills. There was a significant reduction in drug use, but not alcohol use, following treatment. There were significant inverse post-treatment relationships between the severity of BPD symptoms and level of ACT-related skills, as well as between the severity of BPD symptoms and emotion regulation skills.

Discussion: The outcomes of the present study suggested that the ACT-based intervention could be an effective and practical treatment option for co-occurring SUD and BPD delivered within an outpatient addiction treatment service. Feedback from counsellors indicated that ACT was well received as a treatment option for this challenging client group.
Telephone Delivered Interventions provide an effective treatment option for Individuals with Comorbid Mental Health and Substance Use Problems

Amanda Baker

School of Medicine and Public Health, The University of Newcastle, Australia.

Introduction: People with severe mental health problems experience chronic physical health problems and poor quality of life before dying on average 20 years sooner than people without mental health problems. These chronic physical health problems are often related to smoking, alcohol misuse and also low fibre diets and physical inactivity. Recently, telephone delivered interventions targeting smoking and alcohol misuse and other health behaviours have been trialed as an effective alternative to face to face interventions.

Method: Findings from a pilot study and a randomised controlled trial testing the efficacy of telephone-delivered interventions are presented. Participants consist of individuals with comorbid mental health, alcohol and drug problems in addition to chronic physical health problems. The telephone interventions are delivered by psychologists and also peer workers with experience of living with a mental illness.

Results: Preliminary findings reveal that telephone delivered interventions can be an effective mode of treatment for this difficult to reach population. Improvements in mental health and alcohol and drug use are reported.

Discussion: It is recommended that as telephone delivered interventions may successfully overcome many of the barriers to attendance at health services, they should be considered as potentially useful additions to the treatment of co-existing mental health and substance use problems.
1C: Physical Activity as Treatment

Physical activity as treatment for alcohol use disorder

Alcohol use disorder is a widespread problem with severe impact on health and quality of life of individuals, their families and partner. The clinical treatment of alcohol use disorder involves evidence-based knowledge on medical treatment, physical training, and socio-psychological management.

Aim of this interdisciplinary symposium is to discuss the existing knowledge and the challenges regarding the role of physical activity in alcohol treatment. The effects of physical activity on alcohol intake, cardio-respiratory fitness, and socio-psychological outcomes will be discussed.

The symposium will present the status of knowledge regarding the role of exercise (Egil W. Martinsen), examine the effect of leisure time physical activity on the risk of developing alcohol use disorder (Ulrik Becker), elaborate psychological reflections (Kirsten K. Roessler), and present a recent Norwegian study using physical activity (Ashley Muller).

Contributions will be held by:

Egil W. Martinsen, professor, Institute of Clinical Medicine, University of Oslo, and Division of Mental Health and Addiction, Oslo University Hospital

Ulrik Becker, professor, DMSc, National Institute of Public Health, University of Southern Denmark and Gastrounit, medical division, Hvidovre Hospital

Kirsten K. Roessler, professor, Department of Psychology, Faculty of Health Science, University of Southern Denmark

Ashley Muller, Ph.D. student, Norwegian Centre for Addiction Research, University of Oslo

Moderation: Kirsten K. Roessler (Odense) & Egil W.Martinsen (Oslo)
Exercise and mental health

Symposium discussant: Egil W. Martinsen, professor, Institute of Clinical Medicine, University of Oslo, and Division of Mental Health and Addiction, Oslo University Hospital

Introduction: There is a growing interest in the relation between exercise and mental health, and the number of scientific studies has grown rapidly during the last years.

Method: The main aim of this presentation is to present the status of knowledge regarding the role of exercise in the prevention and treatment of mental disorders.

Discussion: The presentation will also address the dose-response relationship, whether the mental benefits of vary among the various forms of exercise, and potential mechanisms that may explain how bodily exercises may affect mental health. Finally gaps in our present knowledge will be identified and some challenges for future research will be outlined.
Physical activity and risk of alcohol use disorders

Ulrik Becker, MD, DMSc1,2, Louise Kristiansen Ejsing, MSc1, Janne S Tolstrup, PhD, DMSc1, Trine Flensborg-Madsen, PhD3

1National Institute of Public Health, University of Southern Denmark, Øster Farimagsgade 5A, 1399 København K, Denmark; 2Gastrounit, Medical Division, Copenhagen University Hospital Hvidovre, Kettegårds Allé 30, DK-2650 Hvidovre, Denmark; 3Unit of Medical Psychology, Institute of Public Health, University of Copenhagen, Øster Farimagsgade 5A, 1399 København K, Denmark

Symposium discussant: Ulrik Becker, Professor, DMSc, National Institute of Public Health, University of Southern Denmark and Gastrounit, medical division, Hvidovre University Hospital

Introduction: Physical activity has not yet been linked to the prevention of alcohol use disorders, but is associated with a lower risk of developing other psychiatric disorders, and may be effective in the treatment of alcohol use disorders. The aims were to examine the effect of leisure time physical activity on risk of developing alcohol use disorders in a large prospective cohort study.

Method: Data came from Copenhagen City Heart Study from 1976 and onwards. Information on physical activity (classified as Moderate/high, low or sedentary) and covariates was obtained through self-administered questionnaires, and information on alcohol use disorders was obtained from the Danish Hospital Discharge Register, the Psychiatric Central Register, and an alcohol treatment database. 18,359 people participated with a mean follow-up time of 20.9 years. Cox proportional hazards model with delayed entry was used adjusted for available covariates (age, smoking habits, alcohol intake, education, income, and cohabitation status) including updated time-dependent variables.

Results: Individuals with a sedentary leisure time physical activity had a 1.5-2-fold increased risk of developing alcohol use disorder (Hazard ratios for men 1.64; 95% CI 1.29-2.10 and women 1.45; 1.01-2.09) compared with a moderate to high level. This translates into almost half the risk of developing alcohol use disorder those with low or moderate/high leisure time physical activity compared with a sedentary leisure time physical activity and with no statistical difference between low and moderate/high levels of activity. However, when stratifying by presence of other psychiatric disorders, no association was observed in women with psychiatric comorbidity.

Discussion: This large prospective population based study with long follow up suggests a positive effect of physical activity in the prevention of AUD. The results may strengthen the general recommendations of increased leisure time physical activity, although the data warrants further research into this association.
Interpersonal problems of alcohol patients undergoing an exercise intervention – Reflections on relational psychological aspects

Symposium discussant
Kirsten K. Roessler, professor, Department of Psychology, University of Southern Denmark

Abstract

Introduction: Alcohol use disorder is a health problem with severe impact on the quality of life of each patient. The clinical treatment of alcohol use disorder involves evidence-based knowledge on medical treatment, physical training, and psychological management. The aim of this presentation is to investigate the interpersonal problems of a patient population undergoing a physical exercise intervention. Understanding interpersonal problems is considered significant for relieving common symptoms, including anxiety and depression.

Methods and design: The study is a randomized controlled trial with three arms: (A) Standard treatment alone, (B) Standard treatment and physical exercise in groups, or (C) Standard treatment and physical exercise on an individual basis.

Primary outcome is a reduction of alcohol intake. Here, baseline results of the secondary outcome interpersonal problems are presented. The patients fill in the Inventory of Interpersonal Problems (IIP, Horowitz et al.) at baseline, and after 6 and 12 months. In addition, qualitative interviews are accomplished with patients, who quit the group exercise before having completed the six months of intervention.

Results: Baseline questionnaire data of circa 175 patients and qualitative interview data of 15 patients will be analysed. We will present the study and inform about the first baseline results.

Perspectives: If this study detects a positive relationship between exercise as a supplement to alcohol treatment and patients’ well-being and interpersonal problems, it will be recommended to implement exercise as an offer to users of the outpatient clinic in the future.
Improving addiction patients’ quality of life through physical activity

Symposium discussant

Ashley Muller, doctoral student at the Norwegian Centre for Addiction Research, University of Oslo

Abstract

Introduction: Quality of life is a well-established outcome within clinical practice. Despite substance use disorders’ adverse effects on a wide range of patients’ functioning and the multidimensional composition of quality of life, the treatment field does not yet systematically assess quality of life among patients. Exercise has established positive effects on the quality of life of healthy and numerous clinical populations. The potential to integrate exercise within treatment in order to improve quality of life has not been satisfactorily explored. Aims: To measure changes in quality of life after group exercise among residential substance use disorder patients, and to explore the feasibility of the program within a treatment setting.

Method: Thirty-five patients in four long-term, residential substance use disorder treatment facilities in Oslo enrolled in a 10-week group exercise program. Twenty-four participants exercised and were analyzed as completers, while eleven did not and were analyzed as non-completers. Quality of life, mental distress, somatic health burden, and addiction severity were measured at program start and end.

Results: The program was feasible for participants, and the completion rate was 69%. Completers’ physical health domain and psychological health domain of quality of life improved significantly. The program engaged the most physically and mentally vulnerable participants, and flexibility and motivational factors were important elements.

Discussion: This study provides promising evidence that low doses of group exercise can yield appreciable benefits, even to patients with more severe health problems.
1D: Pain and alcohol/drug treatment

Pain and the Treatment of Alcohol or Drug Problems.

Symposium Moderator: Mark Ilgen, PhD; Associate Professor, Department of Psychiatry, University of Michigan; Researcher, VA Center for Clinical Management Research.

Discussant: Richard Saitz, MD, MPH; Professor, Departments of Community Health Sciences and Medicine, Boston University

Symposium overview: Pain is common in individuals with drug or alcohol problems but the treatment of pain remains controversial in these individuals because of concerns about the abuse and diversion of many pharmacological treatments. However, if not managed effectively, pain has the potential to negatively impact longer-term health and functioning as well as substance-related outcomes. This symposium will focus on understanding the implications of pain for the treatment of substance-related problems as well as emerging data on the impact of non-pharmacological interventions for those with both pain and substance use disorders. The symposium will begin with an overview of the prevalence and correlates of pain in a large residential alcohol use disorder treatment program in Warsaw, Poland. Then, early results will be presented from an ongoing randomized trial of psychosocial pain management approach (which combines cognitive-behavioral and acceptance-based principles) for adults in treatment for drug or alcohol programs who report co-occurring chronic pain. The third presentation will utilize data from a recently-completed randomized trial to examine the potential impact of acute pain on engagement in, and response to, a drug-focused SBIRT delivered in the Emergency Department. The discussion will focus on the importance of assessing for, and treating, pain in those with problematic use of drugs or alcohol.
Physical pain in alcohol-dependent patients entering treatment in Poland – prevalence and correlates

Speaker: Andrzej Jakubczyk, MD; Assistant Professor, Department of Psychiatry, Medical University of Warsaw, Poland; Marcin Wojnar MD, PhD; Professor and Chair, Department of Psychiatry, Medical University of Warsaw.

Introduction: Chronic pain and problematic alcohol use commonly co-exist. The purpose of this study was to characterize pain and pain-related problems in a group of primary alcohol-dependent individuals entering treatment facilities.

Method: A sample of 366 alcohol-dependent subjects was recruited in alcohol treatment centers. Information was obtained about demographics, social functioning, childhood abuse, severity of alcohol and sleep problems as well as level of impulsivity and general psychopathology. The study group was divided into a “mild or no pain” group and a “moderate or greater pain” group.

Results: Overall, 34.4% of individuals reported moderate or greater physical pain during last 4 weeks. The experience of physical pain was significantly associated with lower level of education, unemployment, experience of sexual abuse before 18 years of age, and also with severity of alcohol dependence as well as other potential predictors of relapse (global impulsivity, sleep problems, general psychopathology) in bivariate analyses. Logistic regression analysis showed that the level of general psychopathology, severity of sleep problems, age and education were significantly associated with pain severity.

Discussion: Physical pain is a prevalent and potentially-impairing experience in adults seeking treatment for alcohol dependence.
The efficacy of a psychosocial pain management approach in adults treated for substance use disorders

Speaker: Mark Ilgen, PhD; Associate Professor, Department of Psychiatry, University of Michigan; Researcher, VA Center for Clinical Management Research.

Introduction: Despite the large numbers of individuals receiving treatment for substance use disorders (SUDs) who report significant pain, treatment providers lack clear data on efficacy of evidence-based treatments for pain in these individuals. Psychosocial treatments for pain, such as cognitive behavioral therapy (CBT) and acceptance-based approaches, represent promising treatment options; however, the impact of these strategies has not been closely examined in SUD patients.

Method: This study is a randomized controlled trial of a combined CBT and acceptance-based pain management approach, referred to as Improving Pain during Addictions Treatment (ImPAT), compared to a supportive psychoeducation control (SPC) condition in adults receiving residential addictions services. For both conditions 8 group sessions were delivered over the course of 4-weeks and added onto standard SUD treatment services.

Results: Data collection is ongoing but early analyses (N = 426) indicate that, compared to SPC, receipt of ImPAT is associated with significantly greater pain-related functioning and higher self-efficacy to manage pain without the use of substances at the 1-month (post intervention) assessment. Subsequent analyses will examine other pain- and substance-related outcomes for up to 1-year.

Discussion: These findings provide initial support for the potential efficacy of psychosocial pain management services delivered during SUD treatment.
Acute pain in adults receiving SBIRT in the Emergency Department

Speaker: Frederic Blow, PhD; Professor, Department of Psychiatry, University of Michigan; Researcher, VA Center for Clinical Management Research.

Introduction: Screening, Brief Intervention and Referral to Treatment (SBIRT) approaches are designed to address a wide array of substance-related problems when delivered in busy health care settings, such as the Emergency Department (ED). Not surprisingly, many patients seen in ED settings are in acute pain and there is some debate about the potential impact of SBIRT – on one hand, it may be a significant distractor that prevents an individual from benefiting from SBIRT; on the other, it could motivate someone to contemplate change.

Method: This is a secondary analysis of data collected as part of a randomized controlled trial of SBIRT (computerized vs. intervener-delivered vs. control condition) in 779 adults with recent drug use recruited from the ED.

Results: Receipt of computer- or intervener-delivered SBIRT was associated with decreased days using marijuana. Receipt of intervener-delivered SBIRT was associated with decreased days using any drug. Greater acute pain was associated with increased days using marijuana. However, no significant interactions were seen between acute pain and SBIRT condition.

Discussion: These findings indicate that pain may be a predictor of poorer prognosis following an ED visit but it does not significantly moderate the effects of computerized- or intervener-delivered SBIRT on subsequent substance use.
## Programme Tuesday 2\textsuperscript{nd} of June 2015

Theme: Addiction and Social Services

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<td>Morning buffet</td>
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<tr>
<td>09.00 am – 09.15 am</td>
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| 09.15 am – 10.00 am | **Key note speaker Dr. Joanne Neale, King’s College London**  

*Development of a patient reported outcome measure of addiction recovery that can be used in non-specialist social care setting.*  

| 10.00 am – 10.45 am | **Key note speaker Professor Jon Morgenstern, University of Columbia**  

*Population Health Approaches to Integrate Social and Health Care Services: Implication for Chronic Substance Use Disorder Treatment*  

| 10.45 am – 11.15 am | Coffee break                                                        | Foyer 2                       |
| 11.15 am – 12.00 pm | Panel Discussion                                                    | K2 (Pro Musica Hall)          |
| 12.00 pm – 01.30 pm | Lunch                                                               | Foyer 1                       |
| 01.30 pm – 03.30 pm | **Symposium Session 2**                                            | K2 (Pro Musica Hall)          |
|                   | • *Interventions in Health Care and Social Service Settings*        | Room K3                       |
|                   | • *Translating Efficacy into Effectiveness*                         | Room BC                       |
|                   | • *New Instruments*                                                 |                               |
|                   | • *Treatment of alcohol and drug problems*                          | Room D                        |
| 03.30 pm – 04.00 pm | **Poster session 2 and coffee break**                              |                               |
| 04.00 pm – 05.00 pm | **Key note speaker Professor Alex Copello, University of Birmingham**  

*Addictive Behaviours and the family: Impacts, models and interventions.*
Key note speakers Tuesday 2\textsuperscript{nd} of June 2015

Theme: Addiction and Social Services

Development of a patient reported outcome measure of addiction recovery that can be used in non-specialist social care settings.

Dr. Joanne Neale, King’s College London

Recovery is a widely used but complex and contested concept within the field of addiction. In this presentation, I will draw upon data collected from several related UK studies to explore what people who use drugs and alcohol understand by recovery and how they think that recovery should be measured. Findings demonstrate that addiction specialists and people who use addiction services often have different views about what recovery means. However, both agree that addressing drug and alcohol use is only one element of addiction recovery. Working collaboratively with addiction service users, we are currently developing a new patient reported outcome measure (or PROM) for addiction recovery. The draft measure has already demonstrated good acceptability to people in recovery, and comprises 28 questions. Of these 28 questions, only 3 relate to substance use; the remaining 25 focus on broader everyday health, social and wellness goals. The measure is currently undergoing psychometric testing and, once validated, should be particularly useful for those working within non-specialist social care settings.

Population Health Approaches to Integrate Social and Health Care Services: Implications for Chronic Substance Use Disorder Treatment.

Professor Jon Morgenstern, Columbia University

Studies indicate that a significant portion of individuals seeking Substance Use Disorder (SUD) treatment have other mental health, medical, and social service needs. Among individuals with a severe and chronic course of SUD these needs represent a major barrier to engaging in SUD treatment and maintaining long-term recovery. Efforts in the United States to provide comprehensive services to those with chronic SUD have proved difficult, in part, because of the siloed and fragmented nature of the health care and social service systems. Interestingly, new efforts to address this longstanding problem have come from sectors other than the SUD treatment community. This presentation will discuss new models to integrate health and social services for SUD populations that have emerged from state welfare, homelessness services, and health agencies. The presentation will briefly review each model in the context of treating SUD as a chronic illness. In addition, outcome of three, large-scale, state-level demonstrations - two focused on care management and the other on housing first - will be presented. Finally, the presentation will discuss a
recent bold plan by New York State to create regional, multi-stakeholder healthcare entities that fully incorporate behavioral health and social services at a population level.

**Big picture talk**

**Addictive behaviours and the family: Impacts, models and interventions**

*Professor Alex Copello, Ph.D, University of Birmingham*

Despite increased recognition of the potential influence of families and wider social networks of substance users in addictive behaviour change processes and the significant impact that addiction problems can have on family members psychological health, interventions that attempt to respond to these needs and build on these influences are still limited compared to individually focused interventions to respond to addiction problems. The talk will focus initially on the highly prevalent impact and harms that addictive behaviours have on families worldwide. Starting with a broad view of the experiences of families affected and existing conceptual and theoretical models, the talk will then focus on ways of delivering help that attempt to involve families and wider social networks in the treatment of the substance user or support family members in their own right. The research evidence for various family and network approaches will be reviewed and discussed. It is argued that a significant shift from an individual to a social focus is needed if we are aiming to reduce the significant harm that addiction problems generate for the family members and others affected. It is also argued that unless responses to families are integrated into mainstream services e.g. primary care, mental health and social services, the reduction of harm to families will be significantly limited.
## Symposium Session 2

### 2A: Interventions in Health Care and Social Service Settings  
**K2**

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<td>Jennis Freyer-Adam</td>
<td>Alcohol screening and brief intervention among general hospital inpatients: Comparative efficacy of an in-person and a computer-based intervention</td>
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<td>Sophie Baumann</td>
<td>The effect of brief intervention on different alcohol use trajectories among job-seekers initially not intending to change</td>
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### 2B: Translating Efficacy into Effectiveness  
**Room K3**

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<td>Richard Saitz</td>
<td>The best evidence for alcohol screening and brief intervention in primary care supports efficacy, at best, not effectiveness</td>
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<td>Anders B. Gottlieb Hansen</td>
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<td>Alcohol related health problems in general practice; pragmatic case-finding instead of screening as a basis for brief interventions</td>
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### 2C: New Instruments  
**Room BC**

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<td>Mads Uffe Pedersen</td>
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**Moderator and Discussant**

**Tom McLellan**
### 2D: Treatment of alcohol and drug problems

**Room D**

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<td>Duangta Pawa</td>
<td>Factors Associated with Midazolam Injection among People who Inject Drugs (PWID) in Bangkok, Thailand</td>
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<td>Marleen De Waal</td>
<td>SOS-training: a novel intervention to diminish victimisation in psychiatric patients with substance use disorders: a randomised controlled trial.</td>
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<td>Asgeir Mamen</td>
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<td>Denise D. Walker</td>
<td>Attracting substance abusing soldiers to voluntarily take stock of their use: Preliminary outcomes from the Warrior Check-Up MET intervention.</td>
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**2A: Interventions in Health Care and Social Service Settings**

Results from randomized controlled trials on proactive alcohol interventions in health care and social service settings

**List of speakers**

Gallus Bischof, Jennis Freyer-Adam, Sophie Baumann

**Overview of the symposium:** The symposium incorporates results on the efficacy of proactive alcohol interventions in the settings of health care and employment agency. The aim of proactive intervention approaches is to provide interventions to as many persons as possible. Through screening and brief intervention, proactive intervention approaches reach out to persons with unhealthy alcohol use and do not expect them to ask for interventions. Consequently, proactive interventions reach particularly large proportions of persons not yet ready to change, challenging interventions to produce effects on the behavioral level.

The randomized controlled trials presented in this symposium have been conducted by the research collaboration on Early Intervention in health risk behaviors in Germany. Gallus Bischof presents results on the efficacy of the Community Reinforcement and Family Training in a European sample of concerned significant others of persons with alcohol use disorders. Jennis Freyer-Adam reports on results on the efficacy of alcohol screening and brief interventions among general hospital inpatients with unhealthy alcohol use, and with particular focus on whether interventions delivered in person vs. by computer differ in their efficacy over time. Sophie Baumann presents different alcohol use trajectories in response to alcohol screening and brief intervention among job-seekers initially not intending to change drinking.

**Symposium moderator**

Jennis Freyer-Adam
Efficacy of the Community Reinforcement and family training for treatment-resistant individuals with alcohol use disorders: A randomized controlled trial

Gallus Bischof*1, Julia Iwen2, Jennis Freyer-Adam3, Hans-Juergen Rumpf1

1 Department of Psychiatry and Psychotherapy, Medical University of Luebeck, Ratzeburger Allee 160, 23538 Luebeck, Germany, 2 University of Hamburg, Germany, 3 University Medicine Greifswald, Germany

Introduction: Concerned significant others (CSOs) of individuals with alcohol use disorders show elevated rates of psychosocial impairment. In addition, the majority of subjects with alcohol dependence (AD) refuse to be engaged in treatment. Community Reinforcement and Family Training (CRAFT) is a promising approach for engaging treatment refusing patients in alcohol treatment and to improve the functioning of the CSO. However, only two randomized controlled trials from the US are available yet. This study analyzes for the first time the efficacy of CRAFT in a European sample of CSOs in a randomized controlled trial.

Methods: Participants were recruited through the treatment system (general practitioners, psychotherapists, addiction counselling services) and through media solicitation. After a brief screening, 107 CSOs were included in the study and were randomly allocated to an immediate intervention condition (IG) or a three-month waiting list (WL). Among these, 89 CSOs participated in the intervention programme (IG N=52; WL N=37) and provided data for the follow-up assessments at 3 and 6 months. In addition, a follow-up assessment (f-u) was conducted after 12 months (Response rate 92%).

Results: At the 3-month f-u, IG revealed significant higher IP engagement rates compared to WL; after WL received the CRAFT intervention, engagement rates did not differ between both groups at 6- and 12-month f-u. CSOs in both groups reported significant improvements in terms of mental health and family cohesion after having received the intervention.

Discussion: Data show that CRAFT is an effective approach for treating CSOs of individuals suffering from AD.

Symposium Discussant: Jennis Freyer-Adam
Alcohol screening and brief intervention among general hospital inpatients: Comparative efficacy of an in-person and a computer-based intervention

Jennis Freyer-Adam*, Sophie Baumann1,2, Inga Schnuerer1,2, Katja Haberecht1,2, Gallus Bischof3, Ulrich John1,2, Beate Gaertner4

1 Institute of Social Medicine and Prevention, University Medicine Greifswald, Walther-Rathenau-Str. 48, 17475 Greifswald, Germany, 2 German Center for Cardiovascular Research, Partner site Greifswald, Germany, 3 Department of Psychiatry and Psychotherapy, Medical University of Luebeck, Germany, 4 Department of Epidemiology and Health Monitoring, Robert Koch Institute Berlin, Germany

Introduction: Alcohol screening and brief interventions delivered in-person have the potential to reduce alcohol use in general hospital inpatients screened positive for unhealthy alcohol use. Computer-based interventions have been shown to decrease alcohol use in different settings and may provide a cost-saving alternative. The aim of the study was to investigate the comparative efficacy of an in-person intervention and a computer-based intervention among general hospital inpatients with unhealthy alcohol use over 24 months.

Method: On wards of internal, surgical and ear-nose-throat medicine, inpatients aged 18-64 years were screened using the Alcohol Use Disorder Identification Test (AUDIT). Those with an AUDIT-Consumption (AUDIT-C) score of ≥4/5 for women/men and an AUDIT total score <20 were eligible for trial inclusion. Participants were randomized to in-person intervention (IP), computer-based intervention (CB) and assessment only (controls). IP contained health behavior change counseling by psychologists. CB contained computer-generated individualized feedback letters and stage-matched self-help manuals. Both interventions included aftercare at months 1 and 3. A total of 961 participants received their allocated intervention. At months 6, 12, 18 and 24, computer-assisted follow-up phone interviews were conducted. Latent growth curve analyses were calculated, with highest blood alcohol concentration (hBAC), gram alcohol per day, AUDIT-C score and positive AUDIT-C screening as outcomes.

Results: In contrast to assessment only, IP more strongly reduced the probability of having a positive AUDIT-C screening at month 6 (p<0.05), and CB more strongly reduced the hBAC and gram per day at all follow-ups (ps<0.05). With regards to gram per day, CB resulted in greater reductions than IP at month 24 (p<0.05). These changes were more evident among women than men.

Discussion: Both, IP and CB have the potential to reduce alcohol use among general hospital inpatients, more so among women than men. CB resulted in more sustainable changes over 24 months.

Symposium discussant: Gallus Bischof
The effect of brief intervention on different alcohol use trajectories among job-seekers initially not intending to change

Sophie Baumann*1,3, Beate Gaertner2, Inga Schnuerer1,3, Katja Haberecht1,3, Ulrich John1,3, & Jennis Freyer-Adam1,3

1 Institute of Social Medicine and Prevention, University Medicine Greifswald, Walther-Rathenau-Str. 48, 17475 Greifswald, Germany, 2 Department of Epidemiology and Health Monitoring, Robert Koch Institute Berlin, Germany, 3 German Center for Cardiovascular Research, Partner site Greifswald, Germany

Introduction: As persons not intending to change their drinking constitute a large part of pro-actively recruited populations, they are an important target population for public health efforts. The aims of this study were 1) to identify subgroups with different trajectories of drinking frequency and quantity over 15 months among job-seekers not intending to change unhealthy alcohol use, and 2) to investigate whether these subgroups benefitted differently from proactive brief intervention.

Method: Data for this study were gathered as part of the randomized controlled “Trial Of Proactive Alcohol interventions among job-Seekers” (TOPAS) conducted at job-agencies. The participants of the intervention group (n=413) received computer-generated feedback letters tailored to their motivational stage. The control group (n=414) received minimal assessment only. Among all participants, 629 (76%) did not intend to change alcohol use and constitute the study sample (60% men; mean age=30 years). Three-, 6-, and 15-month follow-ups were conducted. Growth mixture modeling was applied to identify classes representing the heterogeneity in the trajectories of alcohol use frequency and quantity over time and the effect of the intervention on different trajectories.

Results: Four latent drinking trajectory classes were identified: a class of persons with low-frequent drinking and declining quantity over 15 months (35%), a class with constant heavy episodic drinking (33%), a class with high-frequent drinking with low but slightly increasing quantity (30%), and a small class of persons who achieved abstinence (2%). Although non-significant, there was a tendency of different intervention effects for different classes.

Discussion: A sample of proactively recruited job-seekers initially not intending to change unhealthy alcohol use was composed of subgroups characterized by different trajectories of alcohol use quantity and frequency. Trends towards beneficial effects of brief intervention on motivation and alcohol use were not statistically significant, possibly due to low power.

Symposium discussant: Gallus Bischof
2B: Translating Efficacy into Effectiveness

Translating efficacy into effectiveness: how to interpret the existing evidence base of brief alcohol intervention trials?

Symposium Moderator: Ulrik Becker, Professor, DMSc, National Institute of Public Health, University of Southern Denmark and Gastrounit, medical division, Hvidovre University Hospital.

List of speakers:

Richard Saitz, MD; Professor, Departments of Medicine and Epidemiology, Boston University.

Torgeir Gilje Lid, MD; Department of Global Public Health and Primary Care, University of Bergen, Norway, Research Unit for General Practice, Uni health, Uni Research, Bergen, Norway, and Centre for Alcohol and Drug Research, Stavanger University Hospital, Norway.

Anders Blaedel Gottlieb Hansen, Scientific Advisor; PhD, Faculty of Health and Technology, Metropolitan University College, Denmark.

Symposium overview: When it comes to the interpretation of the existing evidence base of brief alcohol intervention trials, the issue is contested. A lack of clarity remains about the extent to which the existing evidence base can be interpreted as efficacy or effectiveness studies. This has important implications for the generalizability of the trials and thus for the potential implementation of brief alcohol interventions.

This symposium will have a focus on the extremely important question of internal and external validity and the efficacy/effectiveness distinction in brief alcohol intervention trials and will encourage discussion from these questions:

How we can translate efficacy into effectiveness, when it comes to interpreting the existing evidence base of brief alcohol intervention trials?

What consequences does the interpretation of the existing evidence base have for the lack of widespread implementation of brief alcohol interventions?

Why are effectiveness trials so scarce in the literature?

Is systematic screening and brief intervention the right approach when implementing brief alcohol interventions or is pragmatic case finding a more relevant and viable strategy for talking about alcohol in general practice?
The best evidence for alcohol screening and brief intervention in primary care supports efficacy, at best, not effectiveness

**Symposium Discussant:** Richard Saitz, MD, MPH; Professor, Departments of Community Health Sciences and Medicine, Boston University.

**Description:** The evidence for alcohol screening and brief intervention (ASBI) supports efficacy, not effectiveness. Meta-analyses find that patients with nondependent, unhealthy, alcohol use (identified by screening) who are randomized to receive brief counseling subsequently report drinking less than those randomized to control groups, a finding subject to social desirability bias. ASBI was designed and developed as a brief service for all patients (i.e., unselected) to be delivered by practitioners who are not highly specialized, in general care settings. So those characteristics should not be used to conclude that studies of the practice are effectiveness studies. ASBI trials have been efficacy studies. Practitioner training was usually implemented and orchestrated by researchers championing the effort. ASBI would not have occurred in the studies if it was not for substantial researcher involvement. Investigators have been generally available to support ongoing ASBI implementation. And studies often monitored and assured fidelity of the BI. Many patients with unhealthy drinking have been excluded for clinical and research reasons, such as drinking too little or too much, having alcohol dependence, having significant psychiatric or medical comorbidity, being difficult to follow up, and simply choosing not to participate. The few trials designed as effectiveness studies have found no intervention effects.

**Implications:** Prior to widespread efforts at dissemination and implementation, research should aim to design and implement trials that can demonstrate whether or not ASBI is effective.

**Discussion:** Questions remain regarding ASBI efficacy, and claims of real-world effectiveness are premature. Scales have classified ASBI trials as “effectiveness” studies but they are not applicable to studies of interventions in primary care settings. Studies should be designed to include realistic interventionist training, interventions as they would be delivered in the real world, and participants representative of those in clinical practice, with outcomes that reflect measurable changes in health.
Insufficient evidence on the effectiveness of very brief alcohol interventions in health care

Symposium Discussant: Anders Blædel Gottlieb Hansen.

Description: Very brief alcohol interventions (approx. 5 min.) are recommended for implementation in Danish municipalities by The Danish Health and Medicines Authority. What is the evidence for this recommendation?

Where efficacy for longer brief motivational interventions (approx. 20 min.) is established, efficacy for very brief single contact alcohol interventions is questionable. A recent meta-analysis found that very brief interventions (up to 5 minutes, single-contact) and brief interventions (up to 15 minutes, single-contact) are less effective or ineffective, compared to multi-contact brief interventions (about 10 to 15 minutes per contact). The meta-analysis found no benefit of longer extended multi-contact (greater than 15 min.) approaches over brief multi-contact interventions.

A recent effectiveness trial did not find additional significant benefit of 5 min. advice or 20 min. counselling over feedback and the provision of a patient information leaflet.

Tendencies in the literature have been to conflate evidence for the efficacy of longer brief motivational interventions with efficacy for very brief alcohol interventions and to suggest that there is little evidence that longer or more intensive input provides additional benefit over shorter, simpler input.

Implications: It is problematic when recommendations are based on a misinterpretation of the evidence and when evidence of efficacy is conflated with evidence of effectiveness.

Discussion: We need to know whether brief alcohol interventions are ready for widespread implementation and if they are not ready, what further research we need to justify their widespread implementation. It is only when interventions have proved their worth in both efficacy and effectiveness trials, we can justify the widely dissemination of an intervention.
Alcohol related health problems in general practice; pragmatic case-finding instead of screening as a basis for brief interventions

Symposium Discussant: Torgeir Gilje Lid.

Description: The assumption in pragmatic case finding is that alcohol consumption is relevant in many clinical situations, beyond the traditional signs and symptoms of risky or harmful drinking. The key issue is an identification strategy tailored to the present problem and the clinical situation, and to address the health problems of the individual patient, in contrast to general screening strategies.

In pragmatic case finding, there are two types of situations where it is relevant for the general practitioner (GP) to address alcohol without the patient bringing it up. 1) is where the patient’s health problems or worries may be associated with, or complicated by, but not necessarily caused by, alcohol. This must be explored together with the patient. 2) is routine consultations where alcohol is relevant, e.g. pregnancy checkup, when addressing health and lifestyle, and different health certificates. These situations call for simple screening measures.

We know that GPs accept responsibility for addressing alcohol, when it is relevant for the patient’s health. But screening and brief intervention (SBI) has so far not been a strategy well suited for this important clinical setting and scalable for general use in normal everyday practice.

Implications: Pragmatic case finding as a novel approach needs to be tested in controlled trials. Such studies must test the feasibility, and study the scalability of the approach. The conditions for widespread dissemination of results from small experiments into real life conditions while retaining effectiveness – scalability - is crucial for the method to be widely implemented. Research and testing of health promoting programs must give sufficient attention to issues of effectiveness, feasibility, human, technical and organizational resources, and contextual factors.

Discussion: How can we operationalize pragmatic case finding for controlled trials? How can we ensure sufficient rigidity for research and at the same time maintain pragmatic case finding as a robust basis for personalized medicine?
2C: New Instruments

New Generic Instruments for Measuring Patient Characteristics in Substance Abuse Treatment

Moderator: Thomas McLellan

Symposium overview

In Europe, like in the US, substance abuse treatment practices are still far from evidence based. One of the means to improve this is the promotion of evidence based and patient-centered treatment planning. The allocation to levels and kinds of care (triage), diagnostics and treatment fine tuning, monitoring of progress, evaluation of treatment outcomes, and doing research all require structured assessment of patient characteristics. Therefore a multidimensional assessment tool is needed. For many years, one of the few available tools that was used widely is the Addiction Severity Index (ASI), developed by McLellan for the Veterans Administration (VA) in ‘80s. Implementation of the (Europ) ASI helped greatly in professionalizing assessment in the addiction in a series of countries – it disciplined intake processes in substance abuse treatment centers and supported many health services research projects. However, despite its high face validity, the ASI has limited feasibility, high level of complexity, and limited clinical relevance. Further, there are different versions around. All this made the development of new instruments advisable, in particular for European substance abuse treatment practices. In the Netherlands and Germany the MATE (Measurements in the Addictions for Triage and Evaluation) was designed and implemented; in Denmark, the YouthMap, for young people. This symposium presents these two instruments and some of the research that has been done with them.

Authors: Gerard M. Schippers (1) presenter, Theo G. Broekman (2), Angela Buchholz (3), Maarten W.J. Koeter (1), & Wim van den Brink (1)

Affiliations: 1) Academic Medical Centre, University of Amsterdam, 2) Bureau Bêta, Nijmegen The Netherlands; 3) Department of Medical Psychology: University Medical Center of Hamburg-Eppendorf, Germany.

Introduction: The Measurements in the Addictions for Triage and Evaluation (MATE) is designed as a measurement tool for assessing characteristics of people with drug and/or alcohol problems for triage and evaluation in treatment. The MATE is composed of 10 modules, selected on the basis of a detailed set of specifications. Conceptually, the MATE was constructed according to the ICD and International Classification of Functioning (ICF) in the World Health Organization (WHO) classification system. Two of the ICF-related modules were newly designed.

Method: Monitoring feasibility and field-testing in a treatment-seeking population with researcher and clinician-administered test–retest interviews, construct validation with related instruments and evaluation of the dimensional structure of the ICF-related modules. This was conducted in a large, regional substance abuse treatment centre in the Netherlands and at the Municipal Health Service of Amsterdam. A total of 945 treatment-seeking patients were recruited during routine intakes, 159 of whom were interviewed twice; 32 problem drug users were also recruited from the Amsterdam cohort studies among problem drug users.

Results: Completion time was reasonably short, and there were relatively few missing data. The factor structure of the ICF-related modules revealed a three-factor model with an acceptable fit. Inter-rater reliability ranged between 0.75 and 0.92 and was satisfactory, but interviewer reliability ranged between 0.34 and 0.73, indicating that some of subscales need to be improved. Concurrent validity was indicated by significant correlations (R>0.50) between the ICF-related modules and the WHO Disability Assessment Schedule II (WHODAS II) and WHO Quality of Life brief version (WHOQOL-BREF).

Discussion: The MATE can be used to allocate patients to substance abuse treatment. Because it is a comprehensive but flexible measurement tool that is also practical to use, the MATE is well suited for use in a heterogeneous population.
Using the MATE-Crimi standardized assessment for treatment planning in forensic psychiatry

Authors: A. Buchholz, PhD, (Presenter) & A. Lachmanski

Affiliation: Department of Medical Psychology: University Medical Center of Hamburg-Eppendorf
Martinistraße 52, 20246 Hamburg, Germany

Introduction: About 50–70% of the patients with substance abuse disorders who are mandated to forensic treatment according to the section 64 of the German penal code are discharged from treatment irregularly. Systematic assessment of risks factors and their consideration for treatment planning may help to improve treatment retention. Aim of this study was therefore to develop an assessment-based treatment protocol informing treatment decisions.

Methods: From 2007-2012, patients entering forensic treatment completed the MATE-Crimi and a sociodemographic questionnaire. Using latent class analysis, risk factors for early dropout were identified. Based on these risk factors, different treatment options were derived and compiled in a comprehensive protocol. Feasibility of the protocol was investigated by interviews with 3 therapists in the cooperating clinic. To evaluate interrater reliability of the allocation to one of the different risk groups included in the treatment protocol, 8 therapists were asked to allocate 10 case reports each based on information from the MATE-Crimi.

Results: Of the 357 included patients 35.9% dropped out from forensic treatment irregularly. Young age, low treatment motivation and a primary criminal behaviour with the substance use as a consequence were identified as risk factors for early drop-out. Three patient groups were found differing regarding these risk factors. The treatment protocol included the allocation to one of these risk groups but also other information relevant for treatment planning (i.e. level of perceived stress). Most parts of the treatment protocol were found to be feasible. Although interrater reliability of the allocation to risk groups was acceptable (κ = .45), this part of the protocol was found to be not feasible in routine care due to the ambiguity of the risk groups.

Discussion: Treatment planning based on the MATE-Crimi was found to be useful and mostly feasible in forensic psychiatry. However, the treatment protocol needs further revision and evaluation.
YouthMap: from data collection to a mutual accepted treatment plan.

Author: M.U. Pedersen, PhD

Affiliation: Centre for Alcohol and Drug Research, University of Aarhus, Denmark

Introduction: YouthMap is a new instrument capturing psychosocial problems/resources and the use of alcohol/drugs of adolescents that can be used in drug treatment facilities as a registration and monitoring instrument and as feedback instrument in counselling sessions. The aim of the feedback was to formulate a mutual accepted treatment plan. YouthMap include different screening instruments such as ASRS- v1.1. (Adult ADHD Self-Report Scale), the impulsivity scale from YPI (Youth Psychopathic traits Inventory), the Cannabis Abuse Screening Test (CAST), questions from EuroADAD (European Adolescent Assessment Dialogue), EuropASI (European Addiction Severity Index), different trauma lists/tests and different other questionnaires used in national surveys.

Method: The instrument has so far been used a) in a national survey including a representative sample of 3,064 young Danes in the age range 15-25 years, b) in school based surveys (661 10th grade students) and c) in drug treatment facilities. A test-retest has been conducted including 90 drug users and 220 non-drug users, different classes and factors has been identified and norm figures for Danish youth have been calculated (the national survey).

Results: In this presentation special attention will be paid to YouthMap used as an instrument for formulating a mutual agreed treatment plan. The treatment plan will include decisions on treatment modality, intensity, need for additional specialized services etc.

Discussion: The synergy between using the same instrument for registration, monitoring outcome and treatment planning will be discussed.
Associations Between Outcome Domains In Substance Abuse Treatment Using The MATE

Authors: Suzan Oudejans Phd (presenter), Masha Spits MSc

Affiliations: Academic Medical Center, University of Amsterdam and Mark Bench VOF.

Description: Measuring outcomes is a hot topic in Dutch substance abuse treatment and mental health care. The MATE-Outcomes assesses several domains relevant for substance abuse treatment, rooted in the conviction that assessing multiple domains ensures a multidimensional picture of treatment success. The present study is an example of outcome-assessment on multiple domains, demonstrating the association between treatment outcome on substance use and on emotional distress, as assessed by the MATE-Outcomes. Although many studies confirm that psychiatric symptoms like emotional distress decrease on average (group level) after substance abuse treatment, little is known on the level of emotional distress given a certain level of substance (ab)use within patients after treatment for substance abuse. Furthermore, most outcome research is focused on patients in substance abuse treatment with a diagnosed comorbid psychiatric disorder, not on patients with -moderate to severe- emotional distress but without a diagnosis. The latter group of patients are -also due to the absence of co-morbidity- often referred to lower treatment intensities, but do experience emotional complaints and therefore impairment. The question is to what extent emotional distress varies with different post-treatment outcome levels.

Implications: An answer on this question enhances insight in the proportion of patients that can expect to be free of emotional distress after substance abuse treatment. This can support practice guidelines recommending to focus primarily on treatment of substance use disorder, before (severe) emotional distress can be diagnosed as an independent disorder.

Discussion: The present study assesses outcomes of substance abuse treatment on the domains of substance (ab)use and emotional distress, focusing on the association between both domains within patients. Outcome-data are collected with the MATE Outcomes from a substance use disorder treatment facility in Amsterdam will be used. Preliminary results and implications for further analysis are discussed.
2D: Treatment of alcohol and drug problems

Treatment of alcohol and drug problems

Treatment for addiction covers a broad variety of interventions. Treatment interventions will vary, depending on the level of dependency, the nature of the addiction, co-morbidity and additional problems which the alcohol or drug dependent individual may suffer from, just to mention a few factors to take into consideration.

In this symposium, focus will be on the rehabilitation aspects of treatment in particular. The symposium will discuss interventions that may improve harm reduction in drug users, and interventions that may reduce vulnerability for victimisation of dually diagnosed patients. The symposium will also discuss the perspectives in using support and ‘training contacts’ as a mean to support change in lifestyle for patients, suffering from substance abuse, after discharge. Finally, the symposium will discuss whether interventions like the Warrior Check-Up can to attract voluntary participation from soldiers who are abusing or dependent on alcohol or other drugs but not engaged in formal treatment.
Factors Associated with Midazolam Injection among People who Inject Drugs (PWID) in Bangkok, Thailand

Presentation: Duangta Pawa, Chitlada Areesantichai, PhD.

Affiliations: Chulalongkorn University, Thailand

Introduction: In Thailand, the illegality of injecting drug use and high levels of stigma of PWID mean that information on PWID in Thailand is limited. Not only HIV infection, unsafe behaviors among PWID can cause many blood-borne viruses infection, drug overdose and other health problems. This includes injecting midazolam, a short-acting drug in the benzodiazepine class, and using drugs in combination.

Methods: To improve effectiveness of harm reduction intervention among PWID in Bangkok, data from quasi-experimental study were analysed by using logistic regression to examine factors associated with risk behaviors. 125 PWID from the community participated in this study and 91 PWID who reported not being in any kind of drug treatment in the past six months were included in this analysis.

Results: 87% of PWID are male. Mean age of PWID are 41 years old and they had been injecting drugs for 20 years. 73% reported injecting midazolam in the past month and of this, 71% reported injecting midazolam in combination with other drugs.

In multivariate analyses, midazolam injection was associated with having a history of methadone treatment (OR = 4.227, 95% CI: 0.74-0.90) and using drugs in combination (OR = 2.277, 95% CI: 1.86-2.27).

Discussion: High percentage of PWID reported injecting midazolam instead of heroin because it is cheaper and more easily accessible. Midazolam injection affected PWID in their vein and health. Some of them may cause serious problems with their veins after injection. Harm reduction intervention should focus on reducing risk from injection of midazolam together with injection in combination with other drugs to prevent drug overdose. The association between having a history of methadone treatment suggests that improving follow-up system after treatment has a role to play to reduce risk of PWID in Thailand.
SOS-training: a novel intervention to diminish victimisation in psychiatric patients with substance use disorders: a randomised controlled trial.

Authors: Marleen de Waal, Martijn Kikkert, Jack Dekker, Anneke Goudriaan

Presentation: Marleen de Waal

Affiliations: Stichting Arkin, Amsterdam, the Netherlands; Academic Medical Center, Amsterdam, the Netherlands.

Introduction: In contrast to what the general public assumes, psychiatric patients are more often victims of crime than perpetrators (Choe, 2008; Maniglio, 2009). A rapidly growing amount of research shows that psychiatric patients are far more likely to be violently victimised than others (Latalova, 2014). Especially prone to victimisation are patients with co-occurring psychiatric and substance use disorders (Guy, 1997; Sells; 2003).

We developed a group-based intervention, the SOS-training, to reduce vulnerability for victimisation of dually diagnosed patients. Since no evidence-based interventions to diminish victimisation were available so far, the SOS-training is based on research on risk factors for victimisation (van Weeghel, 2009; Stevens, 2007), evidence based interventions that focus on diminishing these risk factors (Wilner, 2013, Bellack, 2006; Berking, 2008) and the experience of mental health professionals and patients.

Method: The SOS-training is being implemented in a randomised controlled trial, to investigate the effectiveness. Overall, 200 patients of Arkin GGZ in Amsterdam will be included. Participants are interviewed at baseline and 2, 8 and 14 months follow-up. The primary outcome measure is victimisation measured with the Safety Monitor. The Safety Monitor addresses 15 different crimes, including burglary, robbery, physical and sexual abuse. Secondary outcome measures are: perpetration, substance use, psychopathology, emotion dysregulation, interpersonal functioning and quality of life.

Results: At baseline, 84% of the participants included so far (N=122) reported victimisation in the last 12 months. More specified, 34% reported physical abuse, 16% reported robbery, 12% reported sexual abuse and 10% reported burglary. Psychopathology, drug abuse and interpersonal problems contributed to the risk of being violently victimised.

Discussion: The high prevalence of victimisation at baseline again shows the urgent need for interventions like the SOS-training. Although the effectiveness of the SOS-training is still being investigated in this randomised controlled trial, first reactions of patients and therapists are very promising.

Note
Baseline data on the prevalence of victimisation of dually diagnosed patients and the content of the SOS-training will be presented.
The use of training partners in the treatment of substance use disorder patients

Presentation: Asgeir Mamen

Affiliation: Kristiania University College, Norwegian School of Health Sciences, Oslo, Norway

Introduction: Patients suffering from substance use disorder (SUD) would benefit from a change of lifestyle. Not only their substance abuse, but also nutritional habits, social life and level of physical activity should change. This is relatively easy to do with in-patients. The challenge comes when the patients are required to do the same for themselves. Skrede, Munkvold, Watne and Martinsen (2006) therefore suggested using the already existing support apparatus, the support contacts (støttekontakt in Norwegian) that a SUD patient gets for nine months’ time when leaving the institution after detox in a new way; as coaches and motivators. The county has educated 300+ lay people to serve as “training contacts” by giving them a 40 hour course in applied physiology, SUD and psychiatry. The feasibility of such training contacts have been investigated in SUD treatment projects, such as (Mamen, 2011).

Method: 47 SUD patients with finished detox volunteered to have a training contact assigned to him/her. Together, they choose how much training and what type of training to do. They performed tests of physical and mental health before and after the project.

Results: The mean training time in the project was 300 h, range 220 h. The training contacts were rated positively by the SUD patients (1–4 scale where 4 is best):

Cooperation with the training contact: 3.4 (0.7)

Importance of the training contact: 3.1 (0.3)

Discussion: The use of training partners was positively received by the SUD patients. The amount of training was higher than that reported in other training projects with SUD patients, and it might be speculated that the training contact had a role in this development. The experience is that it is possible to use specially educated lay people to help SUD patients organise and conduct training when they are out of the institution.
Attracting substance abusing soldiers to voluntarily take stock of their use: Preliminary outcomes from the Warrior Check-Up MET intervention

Denise D. Walker, PhD  Corresponding Author, Thomas O. Walton, MSW, Clayton Neighbors, PhD, Lyungai Mbilinyi, PhD, Roger Roffman, DSW

Presentation: Denise D. Walker, Research Associate Professor

Affiliations: University of Washington, School of Social Work

Introduction: Multiple barriers interfere with soldiers seeking substance abuse treatment including stigma and career repercussions. The Warrior Check-Up is a randomized clinical trial to develop and evaluate a telephone-based Motivational Enhancement Therapy (MET) intervention for active-duty Army personnel with untreated substance use disorder. A main focus of the Warrior Check-Up was to attract voluntary participation from soldiers who were abusing or dependent on alcohol or other drugs but not engaged in formal treatment.

Methods: This Department of Defense funded study recruited 242 participants over three years. Participants were stationed at a large Army post in the US Pacific Northwest and were mostly male (93%) and Caucasian (59%), with a mean age of 28. Participants were screened, and assessed at baseline 1-week, and 3- and 6-month follow-ups. Eligible participants met DSM-IV criteria for substance abuse or dependence, were active-duty Army, were not currently enrolled in SUD treatment, and screened negative for psychosis. Participants were randomly assigned to receive one session of MET or psycho-education (control). All participation occurred over the telephone.

Results: Generalized linear models were used to test group differences in drinking behaviors and substance use problems. Results indicated that all participants significantly reduced their drinking over time and participants receiving the MET intervention reduced drinking significantly more than participants in the control condition. Similarly, participants in the MET condition lowered rates of substance dependence diagnosis significantly more than control participants at the 6-month assessment. Substance abuse treatment-seeking significantly increased for both conditions.

Conclusions: Advertising an opportunity to talk confidentially about substance use, where Command is not notified elicited voluntary referral to the Warrior Check-Up. Findings suggest this method does attract soldiers meeting diagnosis for SUD and has high acceptability. The novel adaptation of MET shows promise for decreasing drinking among this high risk sample in a clinically significant way.
# Programme Wednesday 3rd of June 2015

**Theme:** Addiction and Mental Health

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<td>09.15 am – 10.00 am</td>
<td><strong>Key note speaker Professor Keith Humphreys,</strong>&lt;br&gt;Department of Psychiatry, Stanford University&lt;br&gt;Case Studies of Mental Health Care System Policy Change</td>
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<td>10.00 am – 10.45 am</td>
<td><strong>Key note speaker Professor Amanda Baker,</strong>&lt;br&gt;The University of Newcastle&lt;br&gt;<strong>A healthy lifestyles approach to co-existing mental Health and substance use problems</strong></td>
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Case Studies of Mental Health Care System Policy Change
Professor Keith Nielsen Humphreys, Department of Psychiatry, Stanford University

Researchers and clinicians tend to focus attention on provider-patient interactions when engaging issues around mental health and substance use disorders. Although this level of analysis is important and merits attention, all screenings, interventions, therapies, clinics and programs are nested within a larger health care system and health care policy framework. This presentation focuses on this higher level of analysis and examines two case studies of systems change in the U.S.: (1) The adoption of ‘parity’ requirements in insurance covering mental health and addiction treatment, and (2) The passage and implementation of the substance use and mental health-related provisions of the Affordable Care Act (aka “Obamacare”). Through a mixture of policy analysis and a first-person account as an involved participant, the presenter will discuss the uses and limitations of science in public policy formation. The presentation will also describe the challenges and opportunities arise when attempting to integrate mental health and substance use disorders into the mainstream of health care provision and health care policy.

A healthy lifestyles approach to co-existing mental health and substance use problems
Professor Amanda Baker, The University of Newcastle

Addressing substance use disorders within mental health systems can be challenging. Over the last decade, research into the treatment of co-existing mental health and substance use problems has grown. Studies cover the spectrum of comorbidity, including psychoses, depression and anxiety and tobacco, alcohol and illicit drug use. Interventions include brief motivational interventions, intensive face-to-face therapy, computer-based delivery, and telephone delivered interventions. The 20 year gap in longevity between people with versus without co-existing mental health and substance misuse problems has drawn recent focus to quality of life and physical health more broadly. The progression from single focus (mental health) to dual focus (mental health and substance misuse) and then to a broader recovery focus is described. Recommendations for conceptualising, screening and addressing substance use disorders within mental health systems are made.
Symposium Session 3

3A: Levels of Care  
**K2 (Pro Musica Hall)**

- **Maarteen J.M Markx**
  Feasibility and Predictive Validity of Evidence Based Treatment Allocation Guidelines to Levels of Care in Routine Outpatient Addiction Treatment

- **Angela Bucholz**
  Placement Matching Of Alcohol-Dependent Patients Based On a Standardized Intake Assessment: Preliminary Results of A Randomized Controlled Trial

- **Gerard M. Schippers**
  Differentiation of Substance Abuse Disorder Patients in A Treatment Seeking Population: Indications For A Staging Model.

3B: Integrating substance use treatment with health and Social Service Setting  
**Room K3**

- **Susan Rose**
  Integrated Care for Incarcerated Mothers with Health, Mental Health, and Substance Use Disorder

- **Joan Blakey**
  We’re All in This Together: Moving Toward an Interdisciplinary Model of Practice between Child Protection and Substance Abuse Treatment Professionals.

- **Mary Marden**
  Preventing Substance-Exposed Pregnancy: The CHOICES Family of Studies.

- **Allen Zweben**
  Moderator and Discussant

3C: Comorbid Youth Treatment  
**Room BC**

- **Jaime Houston**
  Treating Comorbid Youth Addiction in Outpatient Mental Health Care Settings: Contingency Management for Youth as an Adjunct to Mental Health Treatment

- **Kristyn Zajac**
  An Integrated Outpatient Treatment for Adolescents with Co-Occurring Substance Use and Internalizing Problems Delivered in a Mental Health Care Setting

- **Ashli J. Sheidow**
  Treatment Research on an Integrated Treatment for Adolescents with Co-Occurring Problems Delivered in a Mental Health Care Setting

- **Dagfinn M. Thøgersen**
  Moderator and Discussant
**Room D**

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<td>Introduction to the treatment system in Dresden and Munich, Germany and a presentation of the characteristics of the German participants enrolled in the Elderly Study.</td>
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<td>Anette Søgaard Nielsen</td>
<td>Moderator and Discussant</td>
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3A: Levels of care

Levels Of Care In Addiction Treatment: Matching And Patient Characteristics

Moderator: Gerard M. Schippers, PhD

Symposium overview

Patients with substance use disorders are heterogeneous with respect to several clinical features such as kind, pattern, and amount of substances used; length of abuse, age of onset, comorbid disorders, treatment history, social instability, and treatment response. One of the key questions is which of the different treatment options is most likely to result in a favorable outcome for a particular patient. According to the Institute of Medicine (IOM, 1990), the most appropriate way for patient treatment matching is to use explicit guidelines which are objective, reproducible, and assessable. Matching studies have been conducted in three basic areas: matching clients to treatment modalities, to treatment services, and to treatment settings or intensity (levels of care). Although there is some evidence for matching to treatment services, matching to intensity of treatment seems to be most promising in enhancing outcomes (and most needed from a cost-effectiveness point of view). We will present some studies in the Netherlands and in Germany, applying and testing a guideline for allocation to level of care in the addictions, based on an evidence based algorithm introduced in Dutch treatment centers around a decade ago, and a test of a staging model in accordance with the algorithm.
Feasibility and Predictive Validity of Evidence Based Treatment Allocation Guidelines to Levels of Care in Routine Outpatient Addiction Treatment

M.J.M. Merkx, MSc

Affiliation: Academic Medical Center, University of Amsterdam;

Introduction
The presentation pertains to the feasibility and predictive validity of guidelines for allocating patients to outpatient or inpatient treatment in routine outpatient addiction treatment. In a series of studies, the practical usability of such guidelines was tested first. Further, it was tested whether patients who were matched to the recommended level of care would have better or equivalent outcomes than non-matched patients. Matched patients were allocated according to an algorithm introduced in Dutch treatment centers about a decade ago and based on their treatment history, addiction severity, psychiatric impairment, and social stability at baseline. Outcomes were measured in terms of self-reported substance use at follow up.

Method
Multi-center observational prospective studies comparing treatment outcomes between patients treated at the recommended LOC and patients not treated according to allocation guidelines.

Results
Guidelines were feasible and successfully followed in a majority of the patients. However, not all patients were actually treated according to the level of care prescribed by the guidelines; 49% were undertreated; and 29% were over-treated. The results were not in line with our hypotheses. Patients treated at a more intensive level of care than recommended had more favorable outcomes compared to patients treated at the recommended level of care.

Discussion
Strengths (large cohorts in routine treatment) and weaknesses (administrative restrictions) of the study will be mentioned. Based on the results, ways to improve the algorithm for allocating patients to treatment to level of care will be suggested.
Placement Matching Of Alcohol-Dependent Patients Based On A Standardized Intake Assessment: Preliminary Results Of A Randomized Controlled Trial

A. Buchholz, PhD

Affiliation: Department of Medical Psychology: University Medical Center of Hamburg-Eppendorf

Introduction: Despite considerable research on substance-abuse placement matching, evidence is still inconclusive. Objectives of this study were to evaluate (a) the effects of following matching guidelines developed in the Netherlands on health-care costs and heavy drinking, and (b) factors affecting the implementation of matching guidelines in the treatment of alcohol-dependent patients.

Methods: Alcohol-dependent patients entering one of four participating detoxification units and having no arrangements for further treatment have been asked to participate in the study. During the first week of treatment, all patients received an interview using the Measurements in the Addictions for Triage and Evaluation (MATE), European Quality of Life-Five Dimensions health status questionnaire (EQ-5D), and the Client Socio-Demographic and Service Receipt Inventory—European Version (CSSRI-EU). Patients who were randomly allocated to the intervention group (IG) received feedback regarding their assessment results, including clear recommendations for subsequent treatment. Patients of the control group (CG) received treatment as usual and, if requested, global feedback regarding their assessment results, but no recommendations for subsequent treatment. At discharge, treatment outcome and referral decisions were recorded. Six months after discharge, patients were called for a follow-up interview including the MATE-Outcomes, EQ-5D, and CSSRI-EU. After the study was finished, therapists and interviewers from all participating clinics were invited to a focus group to discuss feasibility of this approach.

Results: Of 299 eligible patients, 253 participated in the study, 125 in the intervention group (IG) and 128 in the control group (CG). Most of the participants were German (n = 230; 94.5%) and male (n = 167; 66.8%). At follow-up, 167 patients could be reached (34% dropout; n_{IG} = 87 n_{CG} = 80). Results of the focus group suggest feasibility of this approach in routine care. Discussed barriers included time constraints and the fact that decisions regarding treatment referral are influenced by many other factors than a given treatment recommendation of the therapist.

Discussion: Preliminary results of our study imply that the use of a placement matching guideline based on a standardized intake assessment can be helpful to facilitate referral decisions by increasing transparency in communication with the patient and other health professionals. Further analyses will include effects on treatment outcomes but also possible adjustments of the underlying algorithm.
Differentiation Of Substance Abuse Disorder Patients In A Treatment Seeking Population: Indications For A Staging Model.

R. Rutten, MSc (1); G. M. Schippers, PhD (2) (presenter)

**Affiliations**: Tactus Addiction Treatment Centre, Academic Medical Center, University of Amsterdam;

**Introduction**: Addicts who sign up for treatment differ widely in terms of severity, co-morbidity (drug use, psychiatric disease and physical problems and diseases), disease phase, environment, available aid and acceptance of the patient role. There have been suggestions for developing a model for staging and profiling for the various psychiatric disorders in general (McGorry 2010). Van de Brink and Schippers (2012) suggested a model for staging of addiction, in analogue with the staging models in oncology. They distinguished the following stages: Addicted, seriously addicted, addicted in combination with psychiatric co-morbidity, and addicted in combination with psychiatric co-morbidity and social disintegration. This model is tested in an intake cohort of a large treatment institute.

**Method**: Cross sectional test in 6,677 treatment seeking individuals with use of the MATE (Schippers et al, 2010).

**Results**: 87,8 % of the patients have characteristics in accordance with the suggested staging model. 813 persons (12,2 %) have combinations that are in violation with of the model. Most violations (66,5%) appear in people who suffer from psychiatric comorbidity without having a severe addiction, and 23,7% are of individuals who are socially disintegrated, but don’t suffer from psychiatric co morbid disease.

**Discussion**: Results are in accordance with a disease development model, and are robust as to age, sex, and primary problem substance. Strengths (large cohort; strong operationalizations) and weaknesses (cross sectional test) of the study will be discussed. The implication of a staging model, in particular for understanding the development of the disorder and the planning of treatment will be discussed as well.
3B: Integration of Substance use treatment with other health and social service systems.

Integration of Substance use treatment with other health and social service systems

Symposium Overview:

Individuals with substance use disorders (SUD) typically experience an array of social, economic, health, and psychiatric problems accompanying the substance use resulting in many being seen in treatment settings whose primary focus is not on the SUD but on the co-occurring problems. Thus large numbers of individuals with SUD can be seen in diverse treatment settings such as child protective services, primary care clinics and criminal justice programs. The complexity and pervasiveness of these problems often require a collaborative or integrative approach to address the multifaceted needs of these individuals and to produce clinically meaningful change. The symposium will present data from a series of studies aimed at improving treatment for individuals with SUD seen in non-substance abuse settings. Key issues encountered by practitioners in these settings such as access, utilization, and retention will be addressed. Moreover, obstacles that interfere with help-seeking behavior along with the delivery of services will be considered. Presenters will discuss innovative features of their programs that reduce barriers and enhance clinical benefits. The discussant will comment on the implications of the findings for service improvement, discuss emerging models of integrated care and consider potential questions for future research.

Moderator and Discussant: Allen Zweben, Ph.D., Senior Associate Dean for Academic Affairs and Research and Professor School of Social Work, Columbia University
Integrated Care for Incarcerated Mothers with Health, Mental Health, and Substance Use Disorders.

Susan J. Rose, Ph.D., Professor and Thomas P. LeBel, Ph.D., Assistant Professor, Helen Bader School of Social Welfare, University of Wisconsin-Milwaukee

Introduction: In a study screening incarcerated women for substance use problems, their physical and mental health statuses were also explored. Incidence of individual as well as co-morbid conditions suggests the need for more integrated care with this population.

Methods: Mothers of minor children (N=240) and pregnant women (N=27) were screened while incarcerated for substance abuse, mental health and health problem 30-45 days before their release. Those who screened positive for substance abuse were then given a small resource book, seen in an individual session to learn how to use the book, and engaged in a discussion on how to overcome barriers to accessing services.

Results: The mean age of the mothers screened was 31.5 years. Almost three-quarters (73.8%) had been in jail before with 24.3% incarcerated six or more times. Nearly three-fourths (70.4%) screened positive for substance use. More than half (57.7%) reported at least one serious physical health problem, and almost two thirds (65.2%) reported treatment for a mental health problem. Those with a mental health treatment history were more likely to score positive on the substance use screen \[\chi^2 (1, n=267) = 12.34, p < .001\], and more likely to have a co-occurring physical health problem \[\chi^2 (1, n=267) = 9.16, p = .002\]. Nearly one-third (33%) of the women reported all three conditions - physical health, mental health, and substance use problems. In addition, 17.6% reported both mental health and substance use problems, 8.9% reported physical health and mental health problems, and 7.8% reported both physical health and substance use problems.

Discussion: These findings suggest that screening and targeted information about treatment resources while incarcerated may need to be augmented with more coordinated care approaches. Innovations derived from this study as well as recommendations for micro and macro change will be presented.
We’re All in This Together: Moving Toward an Interdisciplinary Model of Practice between Child Protection and Substance Abuse Treatment Professionals.

Joan Blakey, Ph.D. Assistant Professor, Helen Bader School of Social Welfare, University of Wisconsin-Milwaukee

Introduction: Many studies have documented the deleterious effect of substance abuse on the child protection system. The lack of collaboration between child protection and substance abuse treatment professionals has been identified as a contributing factor related to poor outcomes among parents with histories of addiction. The purposes of this study were to: (1) identify key components and conflicts of interdisciplinary practice between 21 child protection and substance abuse treatment professionals and (2) explore ways to move toward an interdisciplinary model of practice.

Methods: Using a qualitative approach, in-depth interviews and participant observation were conducted with six child protection caseworkers, eleven substance abuse treatment counselors, and four substance-abuse parenting workers. Pattern matching, which is a suitable technique for a qualitative study analysis, involved looking within and across cases to dissect the data to identify patterns and themes.

Results: Analysis of themes revealed interdisciplinary components and conflicts that influenced interdisciplinary practice between child welfare caseworkers and substance abuse treatment professionals. Interdisciplinary components focused on ways in which child protection and substance abuse treatment professionals’ roles complemented one another such as having the same vision and presenting as a unified team. Interdisciplinary conflicts highlighted issues that threatened interdisciplinary practice such as having different goals, taking sides, and limited information sharing and involvement.

Discussion: Children of substance-abusing parents are more likely to be placed in out-of-home care, have multiple placements while in foster care, remain in care longer, and are less likely to be reunified with their parents. There is a need to move beyond collaboration toward interdisciplinary practice. The presenter will identify ways child protection and substance abuse treatment professionals and agencies can move toward an interdisciplinary model of practice. Such an approach is vital to the success of children and families involved with the child protection system resulting from substance abuse.
Preventing Substance-Exposed Pregnancy: The CHOICES Family of Studies.

Kirk von Sternberg, Ph.D and Mary Marden Velasquez, Ph.D, Associate Professor, Health Behavior Research and Training Institute, The University of Texas at Austin.

Introduction: Alcohol-exposed pregnancies (AEP) are associated with a range of birth defects and developmental difficulties from behavioral and attention deficit disorders to FAS. Women who are not using effective contraception while heterosexually active and drinking at risk levels are at significant risk of having an AEP. The CHOICES family of studies has targeted preconception women at risk of AEP in several opportunistic settings.

Methods: The original CHOICES intervention consisted of four sessions and a visit with a contraception provider and was tested in a randomized controlled trial (n=830) in jails and substance abuse treatment centers (Texas), primary care and OB-Gyn clinics (Virginia), and HMO primary care and through the media (Florida). In CHOICES Plus, the intervention was reduced to two sessions and a contraception visit. In addition, the intervention targeted tobacco for the prevention of tobacco-exposed pregnancy (TEP). CHOICES Plus was tested in a randomized controlled trial (n=261) in 11 primary care clinics in a public hospital system.

Results: In the original CHOICES study, at the 9-month follow-up, 69% of women who received the CHOICES intervention were at reduced risk of an AEP with approximately twofold greater odds than women in the control group (OR=1.90; 95% CI1.36–2.66). In CHOICES Plus, the odds ratio (ORs) of being at reduced risk for AEP at the 9 month follow up was over two times greater compared to the Brief Advice + referral control group: 2.60 (95% CI=1.54-4.40). The odds ratio for being at reduced risk for TEP was nearly threefold greater, 2.86 (95% CI=1.26-6.51). Between group differences were 23.4% for AEP and 25.1% for TEP.

Discussion: Additional randomized controlled trials have demonstrated the efficacy of CHOICES and CHOICES-like interventions in national and international diverse settings. These implementation efforts will be discussed along with new initiatives for extending CHOICES to additional targets.
3C: Comorbid Youth Treatment

Concurrent Treatment of Comorbid Youth Addiction in Outpatient Mental Health Care Settings: Adjunct and Integrated Treatments

Symposium Discussant/Moderator:

Name: Dagfinn Mørkrid Thøgersen, Clinical Psychologist
Affiliation: The Norwegian Center for Child Behavioral Development, University of Oslo, Norway

Symposium overview:

Youth addiction results in significant negative outcomes and extraordinary costs for youth, their families, communities, and society. Moreover, rates of comorbid mental health and addiction disorders are high, frequently with multiple mental health conditions being present. Community-based treatment for youth with comorbid disorders most often is disjointed, with families having to navigate separate treatments for each disorder or only receiving treatment of a single disorder. Notably, youth with a dual diagnosis of addiction and mental health disorders are more costly to treat and consistently have worse outcomes and more rapid return to pre-treatment substance use levels. This symposium summarizes research on concurrent treatments for comorbid addiction and mental health conditions in youth, focusing on two empirically supported options for treating addiction within mental health care settings. First, the treatment and dissemination research for an evidence-based treatment, Contingency Management (CM), is summarized to support CM as a viable adjunct treatment to existing mental health treatments. Then, an integrated treatment specifically developed for comorbid conditions in youth is described. Finally, results from pilot research and a randomized clinical trial of this integrated treatment conducted within a community mental health center are presented. Discussion includes clinical descriptions as well as research summaries.
TREATING COMORBID YOUTH ADDICTION IN OUTPATIENT MENTAL HEALTH CARE SETTINGS: CONTINGENCY MANAGEMENT FOR YOUTH AS AN ADJUNCT TO MENTAL HEALTH TREATMENT

Presentation: Jaime Houston, Psy.D., Clinical Director
Affiliation: Arena Training Support System for Contingency Management

Description: Contingency Management (CM) is one of the most extensively validated interventions for substance use disorders, with demonstrated success in treating adolescent substance abuse. In fact, CM for adolescents was one of the few treatments deemed efficacious by the 2014 extensive Journal of Clinical Child and Adolescent Psychology review of the empirical literature. CM for youth includes family-based strategies built upon specific cognitive behavioral and behavioral framework. Clinical trials of CM for adolescents have demonstrated significantly better outcomes for youth receiving CM versus comparison treatments. Further, outcomes have included drug use abstinence, as well as improved mental health, conduct, and employment/school outcomes. CM for youth has been well explicated and considerably tested with community-based practitioners in specialty addiction care settings, but also in mental health care settings. Researchers found mental health practitioners actually had greater adoption of CM than substance abuse treatment practitioners. An entirely online training support system to support practitioner fidelity for CM also has been developed and tested in community-based settings. Importantly, the methods utilized in CM are consistent with the majority of evidence-based treatments for other youth conditions (e.g., conduct disorders, internalizing disorders).

Implications: Thus, CM is an optimal adjunct intervention practitioners can use in treating youth presenting to mental health care settings who have comorbid mental health and substance abuse disorders.

Discussion: The specific components of CM for youth will be detailed, with concrete strategies for utilizing CM as an adjunct treatment in mental health care settings. As part of this, the research data supporting CM for youth addiction will be presented, as will the research data on effective dissemination of CM into community-based settings. The overview will demonstrate the ease in combining CM with youth mental health services, as well as a discussion of tools used to make this approach effective in such settings.
An Integrated Outpatient Treatment for Adolescents with Co-Occurring Substance Use and Internalizing Problems Delivered in a Mental Health Care Setting

Presentation: Kristyn Zajac, Ph.D., Assistant Professor of Psychiatry & Behavioral Sciences
Affiliation: Medical University of South Carolina

Description: Co-occurring substance use and mental health problems are one of the more prevalent and challenging presenting problems among adolescents receiving treatment in outpatient clinics. Research indicates that multiple comorbidities are often present and different approaches might be needed to effectively treat such youth. However, there is a striking paucity of treatment research for this population. In light of the existing literature, development of an effective model for outpatient psychosocial treatment of co-occurring substance use and mental health problems is timely and significant. Such a model should integrate findings from previous clinical trials, establishing certain cognitive, cognitive-behavioral, and behavioral techniques as central to treating specific problems while including ecological conceptualization methods and the essential components of family-based treatment to maintain therapeutic change. Such multimodal, individualized interventions have consistently been the recommended approach for adolescent outpatient treatment development, especially with dually-diagnosed youth, but little research of this nature exists. To bridge this gap, an integrated psychosocial treatment specifically designed for youth presenting to outpatient mental health care settings with co-occurring internalizing (i.e., mood and/or anxiety) and substance use problems was developed. The treatment, OutPatient Treatment for Adolescents (OPTION-A), will be described in detail. Based on existing research for effectively treating the individual disorders, OPTION-A employs cognitive-behavior, behavior modification, and family therapy approaches utilizing the Multisystemic Therapy (MST) framework for conceptualization and treatment planning.

Implications: Mental health care settings may benefit from having an integrated treatment for youth who have comorbid mental health and substance abuse disorders.

Discussion: In addition to summarizing the research data on rates of co-occurring mental health and addiction disorders among youth and treatment studies for this population, OPTION-A’s elements will be described with concrete examples from cases. Further, the process of delivering OPTION-A in a community mental health center will be discussed.
Treatment Research on an Integrated Treatment for Adolescents with Co-Occurring Problems Delivered in a Mental Health Care Setting

Presenter and Symposium Chair: Ashli J. Sheidow, Ph.D., Senior Research Scientist
Affiliation: Oregon Social Learning Center (OSLC)

Introduction: A National Institute on Drug Abuse (NIDA)-funded Stage I research project piloted an integrated treatment for youth with comorbid addiction and internalizing conditions. In the pilot research, youth receiving OPTION-A were compared to youth receiving treatment-as-usual in the community. There were high rates of multiple comorbidities: 61% had comorbid substance use, mood, and anxiety problems, 30% had substance use and anxiety problems and 9% had substance use and mood problems. The OPTION-A group exhibited significantly less substance use across both self-report and biological indices, more youth in recovery, and more rapid reductions in anxiety and depressive symptoms compared to the treatment-as-usual group. Further, caregiver satisfaction with and involvement in treatment was significantly higher for OPTION-A. These promising pilot findings led to NIDA-funded Stage II research. A mental health care setting was selected for the Stage II research to test OPTION-A in a real-world setting, enhancing future dissemination potential of the intervention.

Method: A randomized controlled trial was recently completed with 140 youth presenting for treatment at a community mental health center with co-occurring substance use and internalizing problems. Participants ranged in age from 13 to 17, and over half were male (62%). Race and ethnicity reflected the population where the study was conducted, with most youth being Caucasian (76%) or African American (16%). Following informed consent, youth and their families were randomized to receive OPTION-A or usual services at the mental health center.

Results: Multi-method, multi-respondent assessments were used to evaluate clinical improvement from pre-treatment through 18 months. Results will be presented on the efficacy of OPTION-A relative to treatment-as-usual for (a) reducing substance use problems; (b) improving mental health symptoms; and (c) improving behavioral, school, peer, and family functioning.

Discussion: Delivery and research results of this intervention in a mental health care setting, as well as potential next steps, will be discussed.
3D: Alcohol Dependency and Elderly

Alcohol Dependence among the Elderly

Symposium overview: The symposium will introduce and discuss the perspectives and challenges to expect in the near future, given by the fact that the number of elderly raises considerately. Not only the number of elderly grows; in the Western culture the alcohol intake also seems to increase in the elderly population as such.

Currently, no specific treatment tailored for alcohol use disorder among the elderly is available. Consequently, they receive either no treatment, are given brief advising from the general practitioner or are referred to treatment at specialized treatment institutions with inappropriate competence. In the symposium, an introduction to the ongoing randomized controlled trial *The Elderly-study: Treating alcohol Problems among 60+* will be given. The study tailored relatively short treatment to match the specific needs of elderly with alcohol problems at three sites in Denmark, one site in US and two sites in Germany. The symposium will also present what is known so far about the elderly who seek treatment at the three sites. How easy are they to enrol, what problem profile do they present and what are they aiming for through treatment, and does this differ between sites? The Elderly study is the first multisite treatment study in the alcohol field, performed across the Atlantic.

Chair: Project director Anette Søgaard Nielsen, University of Southern Denmark, Denmark.
The Aging Society: Are we doing well? Are we doing good?

Professor Kaare Christensen, MD, PhD, Dr Med Sci
Professor of Epidemiology, Institute of Public Health, University of Southern Denmark, and Senior Research Scientist at the Terry Sanford Institute, Duke University, North Carolina, USA.

Affiliation: Danish Aging Research Center, University of Southern Denmark.

A rapidly increasing proportion of individuals in the Western world are surviving into their tenth decade. While there is no doubt that we are doing well in making the elderly survive better than previously, the key question is whether we are also doing good for the oldest-old. There is widespread concern that the basis for the survival success is better survival of frail and disabled elderly into the highest ages, the so-called “Failure of Success Hypothesis”. An alternative hypothesis is that we are experiencing a “Success of Success”, i.e., an increasing proportion of the population is living to the highest ages in better health than previous generations. The planning of and policy development for the future care of the oldest-old will be highly dependent on whether one or both genders are experiencing the “Failure of Success” or the “Success of Success” as they reach the highest ages. This scientific knowledge is of fundamental importance for the sustainability of modern societies.
**Introduction to the Elderly study: Treatment for alcohol problems among 60+ year persons.**

**Presentation:** Professor Kjeld Andersen, University of Southern Denmark.

Kjeld Andersen, Michael Bogenschutz, Gerhard Bühringer, Silke Behrendt, Barbara Braun, Randi Bilberg, Alyssa Forcehimes, Christine Lizarraga, and Anette Søgaard Nielsen

**Affiliations:** University of Southern Denmark.

Our societies age and alcohol consumption among persons aged 60+ years has increased in the last decades and is of a considerable size, the number of persons with a high alcohol consumption will, all other things being equal, rise, and poses a challenge for the health care system. Knowledge about treatment of elderly with alcohol problems is essential, but there are no strong evidence-based treatment methods for this particular subpopulation. Data indicates that the severity of alcohol abuse is less compared to younger adults. Two approaches have been used in older adults with promising results, low-intensity brief intervention intended to trigger motivation for change, and behavioral self-control strategy for managing alcohol use.

In the *The Elderly Study: Treating alcohol Problems among 60+* two outpatient behaviour therapy programs for alcohol use disorders for seniors (≥ 60 years) are tested, which – if effective – can be easily implemented in routine care. The design is an add-on design with two treatments offered. All participants will receive four sessions (one session/week) based on Motivational Enhancement Therapy (MET) to trigger motivation and to clarify what maintains the alcohol consumption and what the person needs to change in order to reduce or stop alcohol consumption. Half of the participants are randomized to further eight sessions (one session/week) to implement these changes. These eight sessions are based on Community Reinforcement Approach (CRA). The CRA is based on the manual from the Combine Study including a newly developed module targeting problems that may arise specific to aging.

The primary outcome is abstinence or controlled consumption defined as a blood alcohol content of less than 0.05% at all times during the last 30 days leading up to 6 month after treatment initiation. This is measured by the Form-90.

We expect 1,000 participants: 500 will receive MET and 500 will receive MET followed by CRA. Alcohol treatment facilities in Denmark, New Mexico (USA), and Germany participate. So far (week 4, 2015) 325 participants have been enrolled.
Introduction to the Danish treatment system and a presentation of the characteristics of the Danish participants enrolled in the Elderly Study.

Presentation: Professor Kjeld Andersen, University of Southern Denmark.

Kjeld Andersen, Randi Bilberg, and Anette Søgaard Nielsen

In Denmark the municipalities offer alcohol treatment in outpatient facilities. The treatment is free and is given to all persons contacting the outpatient clinics. You do not need a referral, but can “come in” from the street and ask for treatment. If needed acute detoxification may be offered first (either as an ambulant treatment or during admission to a psychiatric ward). Subsequently a variety of treatments are offered, including Motivational Interviewing, cognitive behavioral therapy, and family therapy. Highly educated therapists under continuous supervision deliver the therapy. Finally, preliminary baseline characteristics, including age, sex, and history of alcohol consumption of Danish participants in the Elderly Study is presented.
Introduction to the treatment system in Albuquerque, New Mexico, USA and a presentation of the characteristics of the American participants enrolled in the Elderly Study.

**Presentation:** Assistant Professor Alyssa Forcehimes

Michael Bogenschutz, Alyssa Forcehimes, and Christine Lizarraga

In the United States, addiction treatment is provided in varied settings and according to a variety of models. Currently most treatment is provided on an outpatient basis. Although traditional models of treatment based on the 12-steps of Alcoholic Anonymous are still prevalent, other evidence-based approaches such as motivational interviewing, various cognitive-behavioral approaches, and pharmacotherapies are also frequently provided. Access to care is often limited by a lack of treatment providers, lack of health insurance, or lack of health insurance coverage for addiction treatment. The Affordable Care Act is intended to address some of these issues, and also places an emphasis on the provision of basic behavioural health treatment (including addiction treatment) in medical, e.g., primary care, settings.

Because patients over 60 years old do not frequently seek treatment for addiction in specialty care settings, but often see primary care providers, primary care settings are particularly promising for the detection and treatment of substance use disorders in older people in the USA. Therefore, in Albuquerque we have implemented the study in a primary care clinic. Due to the large number of patients in this clinic who speak Spanish as a first language, we are conducting the study both in English and in Spanish. Implementation of the study at this site will be discussed, and we will provide basic descriptive data for the study participants recruited thus far (e.g., demographics, substance use history, and current alcohol consumption).
Introduction to the treatment system in Dresden and Munich, Germany and a presentation of the characteristics of the German participants enrolled in the Elderly Study

Presentation: Dr. Barbara Braun, IFT Institut fuer Therapieforschung, Munich, Germany

Gerhard Bühringer, Silke Behrendt, and Barbara Braun

In Germany treatment is offered by a specialized addiction care system, with about 1,400 outpatient and 360 inpatient facilities, and altogether about 380,000 cases per year. A national treatment monitoring system provides regular trend analyses of core staff, patient and treatment data. Counselling and treatment is free: the facilities receive city and State funds for outpatient services; detoxification, if needed, is paid by the health insurance, and rehabilitation treatment by the pension insurance; for patients without insurance, coverage is provided by the social security system. Staff education is high, and specialized training in addiction treatment mandatory. Interventions are mostly based on cognitive behaviour therapy and related concepts.

Core patient and alcohol consumption baseline characteristics from the Dresden and Munich sample will be provided, and compared with national averages.
## Programme Thursday 4th of June 2015

**Theme: Addiction and Criminal Justice**

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<td>08.00 am – 09.00 am</td>
<td>Morning buffet</td>
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<td>09.00 am – 09.15 am</td>
<td>Announcements and introductions</td>
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| 09.15 am – 10.00 am | **Key note speaker Dr. Robert Schwartz, University of Maryland School of Medicine**  
*Pharmacotherapy for opioid dependence in correctional Settings: research findings and recommendations.* | K2 (Pro Musica Hall)        |
| 10.00 am – 10.45 am | **Key note speaker Kevin Knight, PhD, Texas Christian University.**  
*Treatment of Addictions and the Criminal Justice System: An International Service Delivery Perspective* | K2 (Pro Musica Hall)        |
| 10.45 am – 11.15 am | Coffee Break                                                         | Foyer 2                     |
| 11.15 am – 12.00 pm | Panel Discussion                                                     | K2 (Pro Musica Hall)        |
| 12.00 pm – 01.30 pm | Lunch                                                                | Foyer 1                     |
| 01.30 pm – 03.00 pm | **Symposium Session 4**                                             | K2 (Pro Musica Hall)        |
|                   | • *Muddy Waters*                                                     |                             |
|                   | • *Somatic Hospitals and prevention of alcohol problems*             | Room K3                     |
|                   | • *Process Research*                                                 | Room BC                     |
|                   | • *Mental Health Bridges*                                            | Room D                      |
| 03.00 pm – 03.45 pm | **Key Note speaker William R. Miller, University of New Mexico (Emeritus)**  
*Addicts as people* | K2 (Pro Musica Hall)        |
| 03.45 pm –        | **Wrap up and departure**                                            | K2 (Pro Musica Hall)        |
Pharmacotherapy for opioid dependence in correctional settings: Research findings and recommendations

Dr. Robert P. Schwartz, M.D. University of Maryland School of Medicine

Opioid dependence is relatively common among incarcerated adults as well as those adults under community corrections supervision. Four effective medications are available in the community to treat opioid use problems. The opioid agonists buprenorphine and methadone are approved for the treatment of opioid dependence, the opioid antagonists naltrexone and naloxone are approved to prevent relapse and to reverse opioid overdose, respectively. These medications are underutilized in the criminal justice system and could be implemented to reduce the harm associated with opioid dependence. This presentation will briefly review the pharmacology of these medications and the evidence of their effectiveness. Research findings from the use of these medications in jails and prisons and in community corrections will be reviewed. Barriers to their implementation as well as potential benefits will be reviewed. The presentation will conclude with recommendations for their expanded use in corrections.

Treatment of Addictions and the Criminal Justice System: An International Service Delivery Perspective

Kevin Knight, PhD, Texas Christian University.

According to the UN, it is estimated that as many as 39 million people are regular drug users worldwide, and the number of people who have been in contact with the authorities for personal drug use and possession offenses has increased by one third over the past decade. Yet, according to the National Institute on Drug Abuse, approximately 15% of those in the US criminal justice system (CJS) who potentially could benefit from professional addiction services actually receive them, and the rate is lower for many other countries. Recent scientific findings about addiction treatment approaches for those involved in the CJS, however, are underscoring their potential effectiveness in addressing these issues and are beginning to have an impact on changing related policies. Specifically, evidence-based treatment services provided to this high risk population have led to reductions in ongoing drug use as well as improvements in public safety (lower recidivism) and public health (decreased HIV risk) outcomes. As a result, political and criminal justice agency perspectives have emerged recently that incorporate the delivery of formalized addiction
treatment services as a key strategy to counter excessive and often counterproductive spending within the CJS. This presentation will detail aspects of this international service delivery perspective along with supporting research findings.

Pig Picture talk – and end of conference. Addicts as People
Professor William R. Miller, University of New Mexico (Emeritus)

There has been a tendency to stigmatize those with addictive disorders as fundamentally different and “other” than normal people. This view has justified treatments that might with any other diagnosis be regarded as malpractice. Yet substance use disorders respond to the same principles of influence and change as other behaviors. Clinical research on addiction treatment seems to be pointing away from a search for the perfect therapeutic technique or medication, and toward a person-centered approach that honors and evokes the natural healing resources inherent within individuals and their social environment. As in health care more generally, treatment is about activating natural self-regulatory processes of change within clients and their social context. Effective treatments focus well beyond addictive behavior itself, on broader aspects of human life. This implies movement away from treating addiction in isolation within stigmatized specialist programs, and toward integrated care that facilitates physical, psychosocial and spiritual health.
Symposium Session 4

**4A: Muddy Waters**

Jennifer Hettema - The Feasibility and Acceptability of Developing and Implementing Brief Interventions for Risky Alcohol Use with Varying Degrees of Motivational Interviewing Consistency

Jacques Gaume - Motivational Interviewing Technical and Relational Skills in a Brief Alcohol Intervention: A Moderated Mediation Analysis

Nick Heather - Context, Synthesis, and Next Steps

**4B: Somatic Hospitals and Prevention of Alcohol problems**

Ulrik Becker - Alcohol problems in a gastroenterologic outpatient clinic – a survey and why it is important - alcohol and postoperative complications – a systematic review.

Anette Søgaard Nielsen - Hospitalized patients and their lifestyle

William Milchak - Prevailing practice in regards to assessment and treatment for substance abusing liver transplant candidates.

**4C: Process Research**

Nadine R. Mastroleo - Efficacy of a Multi-risk Intervention to Reduce Heavy Drinking and Sex Risk Behaviors in Emergency Department Patients

Lynn Hernandez - Efficacy of a Combined Parent and Adolescent Motivational Interview for Marijuana Using Truant Teens

Molly Magill - Probing Non-Significant Matching Effects in a Large-Scale Clinical Trial

Timothy R. Apodaca - Discussant
### 4D: Mental Health Bridges

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4A: Muddy Waters

Muddy Waters: The Role of Motivational Interviewing in Brief Intervention for Risky Alcohol Use

Symposium Overview

In Western countries, one in five primary care patients exceeds recommended drinking limits. Such risky drinking accounts for more than 50% of alcohol-related health consequences. Brief interventions (BIs) in medical settings have been found to reduce consumption by 10-30%. However, there are high levels of variability in effects, with meta-analyses reporting significant unexplained heterogeneity in outcomes that is likely accounted for by differences in BI components and strategies. While many published BI trials mention the incorporation of motivational interviewing (MI), little empirical information is available to determine whether MI is a necessary component of BI, and, if so, which MI behavioral and relational components drive effectiveness. These issues have serious implications for the dissemination and implementation of BI, as many MI skills and behaviors require significant training and supervision and increased patient-provider interaction time. In this symposium, we will provide an overview of the problem and what is known and share results from two empirical investigations designed to inform the field on the role of MI in BI. We will highlight gaps in the research and provide opportunity for brainstorming and discussion of future directions. The symposium will include opportunities for discussion and active learning.
The Feasibility and Acceptability of Developing and Implementing Brief Interventions for Risky Alcohol Use with Varying Degrees of Motivational Interviewing Consistency

Led by Jennifer Hettema with discussion by Nick Heather

Name: Jennifer Hettema, Ph.D.,
Associate Research Professor
Affiliation: University of New Mexico, Family and Community Medicine

Introduction: Improving the efficacy and efficiency of brief intervention (BI) for risky alcohol use by delineating key intervention components could have a profound public health impact. The integration of motivational interviewing (MI) principles and practices is one major source of BI variability that has been largely unattended to until recently. As part of a series of studies designed to inform this issue, the aims of the current study were: 1) to determine the feasibility of developing and implementing BI protocols that measurably and reliably differ in the dimension of MI consistency, and 2) to assess patient perceptions of the acceptability and effectiveness of BI approaches.

Method: Three discrete BI protocols were developed: brief advice (BA), National Institute on Alcohol Abuse and Alcoholism (NIAAA) Clinician’s Guide (NIAAA), and an MI-enhanced NIAAA Clinician’s Guide (MI). The protocols varied in terms of their consistency with MI principles and the inclusion of specific MI tools and strategies. Two study therapists received extensive training in protocol administration. Risky drinking primary care patients were randomly assigned to conditions. All sessions were rated using a fidelity checklist and the Motivational Interviewing Treatment Integrity (MITI) Code 3.1.1. Using Interpersonal Process Recall, patients then watched a video recording of their BI while participating in semi-structured, qualitative interview on the acceptability and perceived effectiveness of BI components. Interviews were transcribed and analyzed using Consensual Qualitative Research techniques.

Results: 45 risky drinking patients participated in the study and 84% returned for follow-up. Adherence to BI-specific protocol as measured by a fidelity checklist was 96% (BA), 94% (NIAAA), and 92% (MI). MITI global scores and behavior counts were differentiable across conditions and above competency levels for the MI condition. Overall, preference was highest for the MI condition. Specific themes will be discussed.

Discussion: Implications of the findings and next steps in this series of research will be highlighted.
**Motivational Interviewing Technical and Relational Skills in a Brief Alcohol Intervention: A Moderated Mediation Analysis**

Led by Jacques Gaume with discussion by Nick Heather

**Name:** Jacques Gaume, Ph.D., Head of Research  
**Affiliation:** Lausanne University Hospital, Alcohol Treatment Center

**Introduction:** The “technical” hypotheses of motivational interviewing (MI) have been partially supported in treatment literature, but little investigation has focused on brief interventions (BI).

**Method:** This is a secondary analysis of a randomized controlled trial of brief MI for heavy drinking Swiss men. We coded MI sessions using the MI Skill Code and derived the frequency of counselors’ overall MI-consistent behaviors (MICO), the frequency of the most frequent MICO (open questions (OQ), simple reflections (SR), and complex reflections (CR)), as well as Empathy and MI Spirit. We also derived the frequency of clients’ change talk (CT) in favor of change (CT+) and against change (CT-). Each counselor’s MICO was tested in a mediation model with client CT+ and CT- being parallel mediators, predicting client 3-month drinking, and controlling for baseline drinking. We then added Empathy and MI spirit as moderators of the path from MICO to both mediators. Indirect effects and conditional indirect effects were estimated using bias corrected bootstrap confidence intervals.

**Results:** In mediation models, there were significant indirect effects for QO and RS, but only with CT- as a mediator. Against MI theory, OQ and SR increased CT-, which was related to more drinking. Moderated mediation analyses showed similar findings for Empathy and MI Spirit. Conditional indirect effects were significant for overall MICO, OQ, and SR (more of these behaviors related to more CT- related to more drinking) when relational skills were low. Contrarily there was a significant conditional indirect effect for CR when relational skills were high (more CR related to less CT-).

**Discussion:** This study only partially verified the conceptualization of CT as an MI mechanism. Discussion will be given to the implications of the current findings and next steps in research.
Context, Synthesis, and Next Steps

Led by Nick Heather with support from Jacques Gaume and Jennifer Hettema

Name: Nick Heather, Ph.D. (moderator / discussant), Emeritus Professor of Alcohol & Other Drug Studies, Faculty of Health & Life Sciences
Affiliation: Northumbria University

Description: To promote engagement in the symposium, several active and participatory learning strategies will be used. Context for the theme of the symposium will be provided by evoking audience experiences with implementing, teaching, or researching brief interventions (BI) and ways in which those activities were impacted by their assumptions regarding the role of motivational interviewing (MI) in BI. Presenters will share additional demonstrative experiences. A literature review of what is currently known regarding the role of MI in BI will be provided. Dr. Gaume’s recently published narrative review and Dr. Heather’s recently published commentaries on this issue will be highlighted. Video examples of BI protocols with varying degrees of MI-consistency will be shared and discussed.

Implications: The entire symposium will emphasize the synthesis of available knowledge to identify gaps in the literature and appropriate next steps. Opportunity will be provided to form an informal working group of individuals interesting in collaborating around this issue.

Discussion: We hope that providing an interactive learning environment will promote engagement and increase the utility of the symposium for moving the field forward.
4B: Somatic Hospitals and prevention of Alcohol problems

Somatic Hospitals and prevention of Alcohol problems

Symposium overview

General hospitals are obvious places to identify and refer individuals to specialized treatment for alcohol use disorder, since the proportion of inpatients with alcohol use disorders is high. A systematic review of hospital screening studies concluded that the proportion of inpatients with alcohol use disorders ranges between 16% and 26% (Roche et al., 2006). The prevalence is influenced by many factors: e.g. patient population, definitions, and assessment methods. The present symposium will discuss new data on prevalence of alcohol problems in hospitals, the patients’ willingness to change lifestyle and the staffs attitude to addressing alcohol problems.
Alcohol problems in a gastroenterologic outpatient clinic – a survey and why it is important - alcohol and postoperative complications – a systematic review.

Presentation: Professor Ulrik Becker, Professor Ulrik Becker, Gastrounit, medical division, Hvidovre hospital and National Institute of Public Health, University of Southern Denmark.

Description: Previous studies in Copenhagen hospitals have shown that approximately 20% of somatic inpatients have Alcohol Use Disorders (AUD). In Gastroenterologic departments more and more patients are treated on an outpatient basis, and therefore we performed a survey of alcohol habits in all patients with an appointment in one week at the outpatient clinic of Gastrounit. Among 365 patients, 14% had AUDIT scores of 8 to 15 and 5% had scores of 16 or more.

Studies of the association between alcohol intake and postoperative complications have been inconsistent. Therefore we performed a systematic review and meta-analysis of this relation. 55 studies provided data for the meta-analysis. We found a high preoperative alcohol intake (especially alcohol intake > 24g/day for women and > 35 g/day for men or AUDIT score of 8 or more) was associated with increased postoperative morbidity, infections, wound complications, pulmonary complications, and prolonged hospital stay with relative risk estimates of 1.5 to 2. In patients with a preoperative alcohol intake > 60 g/day postoperative mortality was increased with a relative risk of 2.7.

Implications: It is possible with relatively few resources to obtain systematic data on alcohol habits in an outpatient clinic. Alcohol problems are frequent in outpatients. In addition, not only are many patients diagnosed with alcohol related diseases, but also patients with non-alcohol related diseases have an increased risk of postoperative complications if they have a high alcohol intake preoperatively.

Discussion: These findings warrant both a much more vigorous screening effort in somatic hospitals but also more research on effective preventive measures such as brief intervention and implementation of these methods.
Hospitalized patients and their lifestyle

Presentation: Assisting Professor Lene Bjerregaard & project director Anette Søgaard Nielsen, Odense University Hospital and University of Southern Denmark.

Introduction: Many diseases and the progress of their treatment are affected by the patient’s lifestyle. Hospitalization may therefore be an obvious opportunity to address the patients’ lifestyle and constitute a platform for brief interventions.

Method: A systematic screening study on patients admitted to the gastrointestinal, neurological and orthopaedic departments at Odense University Hospital (urban area, serving a population of around 220,000 citizens) and the same departments at Aabenraa Hospital (located in rural area serving a population of around 110,000 citizens). The patients are screened by the means of a self-report questionnaire, handed out by the staffs. Results: 26% of the men and 9% of the women are drinking more than recommended by the National Board of Health, 29% of the men are regular smokers and so are 20% of the women. Approximately one quarter of the patients are physically inactive. Many patients have previously tried to change their lifestyle.

Discussion: The patients are willing to discuss their lifestyle and seem open for trying to change it.
Prevailing practice in regards to assessment and treatment for substance abusing liver transplant candidates.

Presentation: William Milchak, Department of Psychiatry, Hershey, US.

Introduction: The majority of liver transplants are received by patients with Hepatitis C related to intravenous drug use and those with alcohol liver disease. Further, well established in the literature are significant rates of relapse, particularly to alcohol post-transplant.

Method: A (38) question survey was submitted to all 91 Medicare Approved liver transplant programs. A total of (72) surveys were returned accounting for centers in all 11 designated regions. The survey sought to capture the prevailing practice in regards to assessment and treatment for substance abusing liver transplant candidates.

Results: The surveys revealed the absence of substance abuse professionals. Transplant social workers account for the majority of the substance abuse assessments which are folded into their larger psychosocial assessments. Formal psychiatric evaluations are not routinely conducted. Determination of which candidates warrant treatment and determining levels of care reveals little consistency. Less than half of the programs mandate AA or NA participation. Nearly 70% have no substance abuse specific programming or support post-transplant despite high relapse rates.

Discussion: Although substance abuse may be the principal cause of the liver disease, it is not a primary focus realized in the treatment protocol. There is little consistency across centers in the assessment of substance abuse and less cohesion in regards to treatment referrals. It is often difficult to locate substance abuse providers that will accept the patients and funding issues for treatment persist. There is hesitancy on the part of many centers to mandate AA in light of its voluntary approach and adherence to anonymity. Clearly, models of excellence need to be established for liver transplant and the substance abusing candidate. Legislation to include Parity and the Affordable Care Act afford us the opportunity to consider models such as the bundling of care and chronic case management.
4C: Process Research

What Can Process Research Do For You? A Tale of Three Types of Clinical Trial Outcomes

Moderator: Molly Magill, PhD, Center for Alcohol and Addiction Studies, Brown University

Discussant: Timothy R. Apodaca, Children’s Mercy Kansas City, MO, USA: University of Missouri- Kansas City School of Medicine, MO, USA

Overview: As behavioral interventions for addictive disorders are applied in increasingly diverse settings, specific guidelines for training and implementation become even more critical. The current symposium examines three clinical trials to illustrate how process research can inform subsequent implications for practice, regardless of the type of outcome that was observed (i.e., null or significant). First, we consider a multi-target intervention delivered in an emergency department setting, where differential efficacy for a brief motivational intervention was found relative to brief advice. Next, another multi-target, two-component, intervention delivered in a school setting showed efficacy for some specified outcomes but not others. For each of these, the presenters will discuss the implications of their findings for subsequent process analysis. Finally, a large-scale study, delivered in a traditional addictions setting, is examined with regard to putative ‘common’ therapeutic factors. Together, the presenters highlight the role of post hoc process analysis in informing subsequent steps for practice and research.
Efficacy of a Multi-risk Intervention to Reduce Heavy Drinking and Sex Risk Behaviors in Emergency Department Patients

Mastroleo, N. R., Monti, P. M., Kahler, C. W., Barnett, N. B., Colby, S. M., Operario, D.

Center for Alcohol and Addiction Studies, Brown University, USA 02912

Nadine R. Mastroleo, Assistant Professor (Research).

Introduction: Emergency Department (ED) patients are at high risk for both heavy alcohol use and STI/HIV infection and may benefit from opportunistic interventions targeting these high risk behaviors. Past studies have found Brief Motivational Interventions (BMI) delivered in the ED reduce alcohol use, yet to date no BMIs targeting alcohol and sex-risk simultaneously have been tested. The current study examined the efficacy of a BMI for ED patients engaged in both harmful alcohol use and sex risk behavior compared to brief advice (BA).

Method: Male and female patients ages 18 to 65 who received ED medical care and reported (a) harmful alcohol use and (b) one or more sex-risk behaviors (e.g., multiple sex partners; sex without a condom; consumed alcohol or drugs prior to or during sex) were recruited. Of 400 consented patients, 372 (80% non-Hispanic White; 46% men) were randomized to treatment with follow-up rates at 3, 6 and 9 months between 86-90%.

Results: BMI significantly reduced heavy drinking days across follow-ups by about 33% relative to BA (adjusted incidence rate ratio (IRR) = 0.67, 95% CI [0.52, 0.85], p = .001) with small but nonsignificant loss of treatment effects over time (p = .41). Moreover, those receiving BMI compared to those receiving BA had a 45% lower adjusted number of unprotected sex events with non-steady partners across follow-ups (IRR=0.55, 95% CI [0.32, 0.93], p = .025) with effects largely maintained over the 6- and 9-month follow-ups.

Discussion: While results offer initial support that a face to face alcohol and sex risk BMI significantly reduced heavy alcohol use and unprotected sex with casual partners relative to BA, mechanisms of these changes are unknown and warrant further study of within-session processes. Specifically, studying the therapeutic interactions may offer important knowledge to assist in the refinement of this intervention approach.
Efficacy of a Combined Parent and Adolescent Motivational Interview for Marijuana Using Truant Teens

Hernandez, L. & Spirito, A., Center for Alcohol and Addiction Studies, Brown University, Providence USA 02912

Lynn Hernandez, PhD; Assistant Professor (Research).

Introduction: Interventions that are readily accessible, and designed to motivate adolescents to attend school and reduce substance use behaviors as well as motivate parents to increase monitoring, may be particularly beneficial for truant populations. The goal of the current study was to evaluate a potential model for incorporating brief intervention into truancy court programs with hard to reach families.

Method: The pilot trial combined a parent and adolescent motivational interview (MI) to reduce truant adolescents’ substance use. A total of 69 families (M\text{age} = 15.83) were recruited from truancy courts and schools and randomized into one of two conditions: a) an adolescent MI plus the Family Check-Up, a family based MI addressing parenting skills; or, b) adolescent plus parent psychoeducation (PE) providing information on substance use. Analyses examined group differences across substance use and truancy for adolescents and parenting skills for parents at 3 and 6-month follow-ups.

Results: Data analyses indicated significant reductions in marijuana and alcohol use across time for both conditions. Significant time by condition effects were detected for truancy and negative peer affiliations, such that adolescents in the MI condition demonstrated significant reductions in these risk behaviors when compared to their PE counterparts. The positive effects for the MI condition on adolescent behavior did not appear to be related to improved parenting skills. Parents in both conditions demonstrated increases in monitoring and there were no other significant effects on hypothesized parenting variables.

Discussion: Given the effects of both conditions on substance use and monitoring and the effects of the MI condition on truancy and negative peer affiliations, enhancing the MI intervention may be necessary to detect significant effects in a larger scale and fully powered trial. Further, enhancement of the MI intervention could be greatly guided by examining the mechanisms of change exhibited within each condition.
Probing Non-Significant Matching Effects in a Large-Scale Clinical Trial

Magill, M.; Walthers, J.W.; & Apodaca, T.R.

Center for Alcohol and Addiction Studies, Brown University, Providence USA 02912

Molly Magill, PhD; Assistant Professor (Research).

Introduction: In Project MATCH, 21 treatment-specific matching hypotheses failed to show significant differential efficacy. However, treatment effects across experimental conditions were demonstrated. Such a result presents a research crossroads when implications for direct care are of interest. Specifically, should treatment differences or similarities be probed to uncover ingredients and mechanisms? This study considers the latter by testing the effects of three ‘common factor’ therapeutic behaviors (Exploring client attitudes about change; Teaching about change behaviors; and Connecting to clients) on client verbalized decision-making.

Method: Two novel observational coding systems were applied to a sample of therapy sessions from a MATCH site (N = 485). Three raters coded therapist behaviors and client Change Talk (CT) in relation to Distal (drinking) and Proximal (coping) change discussions. Sequences of observed behaviors were entered into GSEQ software and therapist-to-client transitional probabilities (TPs) were computed for each of four sessions. Next, TPs were exported to SPSS and regressed on treatment condition and time (session number) using Generalized Estimating Equations.

Results. Analyses showed that compared to MET, both CBT and TSF therapists were less likely to elicit distal ($B_{CBT} = -.08, SE = .01, p < .001; B_{TSF} = -.08, SE = .01, p < .001$) and proximal ($B_{CBT} = -.04, SE = .01, p = .001; B_{TSF} = -.04, SE = .01, p = .002$) CT from exploratory behaviors. TSF therapists, but not CBT therapists, were less likely than MET therapists to elicit distal CT ($B = -.03, SE = .01, p = .001$) and more likely to elicit proximal CT ($B = .03, SE = .01, p = .028$) from teaching behaviors. Transitions from connecting behaviors to CT did not vary by condition.

Discussion: While client CT occurs broadly across behavioral alcohol treatments, this research underscores varying roles for therapeutic interventions in eliciting it.
4D: Mental Health and Bridges

Bridges between Mental Health and Addictions

**Symposium overview:** Persons suffering from addiction are often also having a diagnosis for other mental illnesses. Patients suffering from mental health problems, often also suffer with addictions. Nevertheless, addictions and mental health problems are often treated in separated treatment institutions, and for decades it has been discussed how to offer the best treatment of patients suffering from psychiatric co-morbidity, and who should be responsible for it. At this symposium, we will present models for bridging between mental health and treatment for addictions.

**Chair:** Professor Kjeld Andersen, Psychiatric Department, Odense University Hospital, Denmark.
Building Bridges between Mental Health and the Addiction Treatment Centre

Presentation: Professor Bent Nielsen, Psychiatric Department, Odense University Hospital, Denmark.

Introduction: For many alcohol dependent people, alcohol detoxification is the first part of treatment for their addiction. The acute treatment cannot, however, stand alone. In general, a subsequent psychosocial treatment is needed in order to change the patients’ addictions in the longer run.

The main objective of the study is to develop strategies to increase the likelihood that patients start outpatient alcohol treatment after discharge from hospital. An optimization of the transfer procedure between the detoxification units and the Addiction Treatment Centre is hypothesised to engage more patients in the outpatient psychosocial treatment for their alcohol abuse, hence improve the prognosis.

Method: The present study is a single-blind controlled trial. The target group is patients suffering from alcohol dependence admitted to a detoxification unit at a Mental Health Hospital. The intervention in the study involves the following procedures: A member of the staff from the local Addiction Treatment Centre meets and informs the patients at the detoxification unit at the Mental Health Hospital about the importance of continuing an outpatient aftercare treatment. The outgoing staff also informs the patients about the treatment offers, presents the patients with an “attendance contract”, and offers an appointment. Finally, the patients are informed that they will receive two letters at two weeks intervals offering a new appointment if they do not meet in the outpatient clinic at the agreed time.

Results: 99 patients were enrolled in the study and followed up. The effect of the intervention is currently being analysed. At the lecture the intervention, design and results from the study will be presented in details.
Mental health inpatient settings and residential substance abuse services: Ideal settings in which to provide ‘opportunistic’ interventions for smoking or alcohol misuse

Presentation: Amanda Baker PhD and Peter Kelly PhD

School of Medicine and Public Health, University of Newcastle, NSW, Australia, School of Psychology, University of Wollongong, Wollongong, NSW, Australia

People with mental disorders have very high rates of smoking and alcohol use disorders. While daily smoking in the general Australian community has now declined to around 18% for men and 15% for women, the corresponding figures for Australians with psychosis are 73% for men and 56% for women. Around 6% of men and 3% of women in the general Australian population have alcohol use disorders compared with 39% among men and 17% among women with psychoses. Rates of alcohol use disorder have doubled among people with psychotic disorders in Australia in the last decade. Two randomised controlled trials conducted within inpatient settings by our research group provide evidence of the effectiveness of addressing smoking and alcohol misuse. In one study, provision of smoking cessation care within the context of smoking bans in hospital, followed up with continued care post-discharge was associated with reductions in smoking in the short-term. In another study, a brief intervention for substance misuse within the inpatient setting showed promise for reducing alcohol misuse but not for cannabis use.

There have also been repeated calls for inpatient substance abuse services to address smoking cessation as part of routine care. Like more traditional mental health services, smoking rates in substance abuse populations are much higher than the general population. Our team has conducted pilot work where smoking was addressed as part of a group intervention. Participants completing the intervention reported significant reductions in their smoking that were maintained 1-month following discharge.

This presentation overviews our studies which show that addressing smoking ‘opportunistically’ within mental health inpatient settings and residential substance abuse services has met with promising results. Similarly, brief ‘opportunistic’ interventions for alcohol misuse have been associated with reductions in drinking following inpatient mental health stays. Inpatient or residential settings for people with mental illness or substance abuse problems can provide a context to address smoking and/or alcohol misuse ‘opportunistically’ within a recovery orientation.
Vista Balboa, Odense Municipality

Vista Balboa - Odense Municipality rehabilitation and treatment services for people with a dual diagnosis. An integrated effort consisting of rehabilitative support and addiction and psychiatric treatment from the same team.

Presentation: Erik Holm Psychiatric Nurse. MPM – Master of Public Management

Affiliation: Odense Municipality

The presentation describes an innovative program initiative that focusses on both mental illness and addiction, called Vista Bal Boa. Vista Bal Boa uses rehabilitation and treatment efforts are based on research recommendations on the field of dual diagnosis. The program offers a fully integrated and holistic approach for the clients. The approach consists of psychiatric and addiction treatment, help with health problems, and case processing. It also consists of managing private economy, education, employment, and household, amongst other things.

The efforts are aimed at helping citizens to achieve such a high degree of autonomy and meaningfulness as possible.

Vista Balboa works according to quality standards and guidelines for "best practice". Family and network are involved as important partners in the citizen’s rehabilitation process. The offer includes both individual and group-based interventions.

Vista Balboa consists of an outreach ACT team and a treatment center, and with more than 10 years of experience the results show reduction in consumption of alcohol / drugs and a significant reduction in readmissions. Data collected through the continuous quality assessment of the program will be presented.
# Poster presentations

## New technology and alcohol- and substance abuse

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<td><strong>Affiliation</strong></td>
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<td>Kristine Tarp¹, Bent Nielsen¹,², Anette Søgaard Nielsen¹</td>
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<tr>
<td><strong>Affiliation</strong></td>
<td>¹Unit of Clinical Alcohol Research, Institute of Clinical Research, University of Southern Denmark ² Department of Psychiatry Odense – University Clinic, Odense University Hospital, Denmark</td>
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<td><strong>Affiliation</strong></td>
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### Physical activity in treatment for alcohol and drug problems

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### Treatment for alcohol- and drug addiction

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<td>Affiliation</td>
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<td>Affiliation</td>
<td>National Institute of Public Health, University of Southern Denmark.</td>
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<tr>
<td><strong>Duangta Pawa</strong></td>
<td><strong>PhD</strong></td>
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<td><strong>Title</strong></td>
<td>Impact of Discourse on Drugs toward Stigma and Discrimination among Drug Users in Bangkok, Thailand</td>
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<tr>
<td><strong>Authors</strong></td>
<td>Jarunee Siriphan, Maneewan Pewnim Ph.D.</td>
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<tr>
<td><strong>Affiliation</strong></td>
<td>Silpakorn University, Thailand</td>
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<tr>
<th><strong>Lotte Kramer Schmidt</strong></th>
<th><strong>MD, Research Assistant</strong></th>
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<td>Treatment of alcohol use disorder: Does treatment duration matter?</td>
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<th><strong>Bryan Hartzler</strong></th>
<th><strong>PhD</strong></th>
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<tr>
<td><strong>Affiliation</strong></td>
<td>University of Washington, Alcohol &amp; Drug Abuse Institute</td>
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### Alcohol and employment

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<tr>
<th><strong>Maja Bæksgaard Hansen</strong></th>
<th><strong>PhD Student</strong></th>
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<td><strong>Title</strong></td>
<td>Alcohol and Employment – a Randomized Controlled Trial among unemployed individual with problematic alcohol use</td>
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### Substance use and young people

<table>
<thead>
<tr>
<th><strong>Denise D. Walker</strong></th>
<th><strong>Research Associate Professor</strong></th>
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<tbody>
<tr>
<td><strong>Title</strong></td>
<td>Teen Marijuana Check-Up</td>
</tr>
<tr>
<td><strong>Authors</strong></td>
<td>Denise D. Walker¹, Robert S. Stephens², Roger A. Roffman¹, Lauren Matthews¹</td>
</tr>
<tr>
<td><strong>Affiliation</strong></td>
<td>¹University of Washington \ ²Virginia Polytechnic Institute and State University</td>
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<tr>
<th><strong>Katie Witkiewitz</strong></th>
<th><strong>Associate Professor</strong></th>
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<tr>
<td><strong>Title</strong></td>
<td>Altering the Drinking Trajectories of Young Adults in the United States and Sweden with a Personalized Feedback Intervention: Patterns by Country of Origin</td>
</tr>
<tr>
<td><strong>Authors</strong></td>
<td>Katie Witkiewitz, PhD; Mary E. Larimer, PhD; Mats Berglund, MD, PhD; Tiara Dillworth, PhD; Christine M. Lee, PhD; Melissa Lewis, PhD; Jason Kilmer, PhD; Kent Johnsson, PhD; Claus Andersson, PhD; Timothy Pace; and Nicole Fossos.</td>
</tr>
<tr>
<td><strong>Affiliation</strong></td>
<td>Department of Psychology; Center on Alcoholism, Substance Abuse, and Addictions, University of New Mexico</td>
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### Health and alcohol

<table>
<thead>
<tr>
<th><strong>Gro Askgaard</strong></th>
<th><strong>MD, PhD student</strong></th>
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<tbody>
<tr>
<td><strong>Title</strong></td>
<td>Does admission with heavy alcohol intake precede incidence of alcohol-related liver and pancreatic disease? Results from a nationwide registry-based cohort study (1970-2014)</td>
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<tr>
<td><strong>Authors</strong></td>
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<tr>
<td><strong>Authors</strong></td>
<td>Dr. Mai Frandsen, Dr. Natalie Schuez, Dr. Julia Walters, Stuart Ferguson, Associate Prof.</td>
</tr>
<tr>
<td><strong>Affiliation</strong></td>
<td>Cancer Council Tasmania and Faculty of Health, University of Tasmania Postdoctoral Research Fellow.</td>
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<tr>
<td>Sven Andréasson</td>
<td>Treating alcohol dependence in primary care: a randomised controlled trial</td>
</tr>
<tr>
<td>Angelina Isabella Mellentin</td>
<td>The Risk of Offspring Developing Substance Use Disorders when Exposed to Parental Alcohol Use Disorder: A Register-based Prospective Cohort Study</td>
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<td>Bryan Hartzler</td>
<td>The bumpy road of disseminating evidence-based practices to the addiction treatment community: A look at the potholes</td>
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<td>Randi Bilberg</td>
<td>Study management – process experiences from The Elderly Study</td>
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<td>Anette Elkjær Ellermann</td>
<td>What information do patients want, when they seek treatment for alcohol problems?</td>
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<tr>
<td>Jakob Emiliussen</td>
<td>Causes for Late-onset Alcohol Use Disorder – a Critical Systematic Review.</td>
</tr>
<tr>
<td>Kathryn M. Whiteley</td>
<td>The Thread of Substance Abuse Woven into the Lives of Women Convicted of Murder</td>
</tr>
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Practical information

Conference office
In the conference office we will try to help you with all kind of questions regarding the conference and your stay in Odense.

The conference office is placed in Foyer 2 and is staffed during the conference in the following time:

- **Sunday 31st of May**: 7.30 am – 6.00 pm
- **Monday 1st of June**: 7.30 am – 5.00 pm
- **Tuesday 2nd of June**: 8.00 am – 5.00 pm
- **Wednesday 3rd of June**: 8.00 am – 4.00 pm
- **Tuesday 4th of June**: 8.00 am – 4.00 pm

What do the dots mean?
If you are registered for the following events you will have the dot on your nametag.

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<td>yellow</td>
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<td>green</td>
<td>blue</td>
<td>purple</td>
<td>orange</td>
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<tr>
<td>Welcome reception</td>
<td>Conference dinner</td>
<td>Guided city walk</td>
<td>Fairy tale at the river</td>
<td>Pre-conference workshop Motivational interviewing</td>
<td>Pre-conference workshop Family Therapy</td>
<td>Pre-conference workshop Primary Medical Care</td>
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</tbody>
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Social arrangements
For the social arrangements we meet outside the conference hotel at the H.C. Andersen statue 4.15 pm.

Both arrangements take place outside, so please be ready to dress after the weather.

- The guided city walk: Participant will be back at the hotel around 6.15 pm.
- Fairy tale at the river: Participants will be back at the hotel around 6.30 pm.

Conference hotel
Radisson Blu H.C. Andersen Hotel, Odense
Claus Bergs Gade 7, DK 5000- Odense Danmark. Telephone +45 6614 7800