

GAB 2022



EXHIBITORS



3RD EDITION OF
GLOBAL CONFERENCE ON
ADDICTION
MEDICINE,
BEHAVIORAL
HEALTH AND
PSYCHIATRY

24-26

OCTOBER
2022

ORLANDO,
FLORIDA, USA

Theme: Insights into Progressive Lookup in
Addiction and Psychiatry

Venue:

Hilton Garden Inn Lake Buena Vista/Orlando
11400 Marbella Palm Ct, Orlando, FL 32836,
United States

24-26th
OCT

BOOK OF
ABSTRACTS

3RD EDITION OF
GLOBAL CONFERENCE ON
**ADDICTION MEDICINE,
BEHAVIORAL HEALTH AND
PSYCHIATRY**

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Welcome Message

Dear congress visitors and speakers

It is my distinct honor and pleasure to welcome you to the 3rd Edition of Global Conference Addiction Medicine, Behavioral Health and Psychiatry 2022 in Orlando, Florida, USA. Addiction continues to rise more and more each year within the United States and across countries globally. The need for ongoing research and evidence-based practices to help those suffering with Addiction is necessary to assist with providing healing and a quality of life. This conference will provide a rich format of learning to enhance skills sets and provide on-going levels of interventions that are needed and warranted to bring about ongoing humanity of care. Every human life impacted by the Disease of Addiction has the right to a healthy, peaceful, productive way of life. I look forward to meeting everyone at the conference.

Dr. Ann L-Zabel

Ann Marie Leonard-Zabel

Curry College, NEALAC Clinic, United States of America



Welcome Message

It is my honor and privilege, as a 2022 scientific committee member, to welcome you to the Global Conference on Addiction Medicine, Behavioral Health and Psychiatry. New advances in neurogenetics have revolutionized treatment potential, to address the underlying cause of mental health disorders, especially addictions, whether they be substance use or non-substance use.

Our industry was once built upon the remarkable contributions of the Hazelden model, cutting edge, in the 1950's. Today in 2022, we have entered the genomic era of addiction medicine. Reward Deficiency Syndrome Solutions is the new standard of excellence. The new RDS paradigm shift is underway.

Advances from the research arena, make it clear that addiction needs to be being reconceptualized, in the minds of both providers and the public. These advances highlight the need for the integration of the sciences of addiction medicine, brain reward circuitry and wellbeing.



RDS treatment is affordable, easy, and a natural progression of the continuing care model throughout the lifespan. It is a stage two treatment, implemented after completion of substance use disorder treatment. It is especially important for those patients with mental health disorder comorbidity, and the relapse prone who have experienced the revolving door of treatment.

As you will become aware, RDS solutions are already available to the public and I am excited for their prevention potential. Imagine the future, when family members, the next generation of children of addicts, and mental health patients, have access to Genetic Addiction Risk Severity (GARS) testing. GARS testing provides insight into those neurogenetic predisposition challenges which interfere with brain chemistry, before addiction and mental health disorder begins.

The field of psychiatric genomics now utilizes GARS results, for the proper selection of pharmaceutical therapies for the genome, and phenotype. Addressing the underlying neurogenetics of addiction minimizes the damage from epigenetic insult. In a more practical sense, this eliminates years, of prescription medicine by trial and error, those "wait and let's see if it works" tactics.

It makes sense that to treat mental illness, the provider must consider the brain! Contributions from the new fields of psychiatric genomics and neuropsychology, improve the odds of successful outcome. Therapists and counselors in the know wish to become certified in Reward Deficiency Syndrome Solution Focused Brief therapy, to give their patients the best chance possible to overcome psychopathology and thrive.

Addiction treatment of the future includes Substance Use Disorder treatment to stop poisoning the brain with drugs, and to stabilize the client for the second stage Reward Deficiency Syndrome Solutions treatment, to learn to manage dopamine deficiency and achieve dopamine homeostasis. A continuum of care, over the lifespan, includes cognitive, positive and transpersonal therapies to assist the client in transition from psychopathology, to autonomy, and eventually, to thriving.

These are indeed exciting, exhilarating times in addiction medicine, behavioral health and psychiatry, as we stand on the cutting edge of a better tomorrow. Please join me with your enthusiasm, as we prepare to give and receive, presentations by scientists, practitioners, and industry conglomerates from around the whole. WE are the future. Celebrate with me, as we come together to share our vision for a better tomorrow.

Elizabeth Gilley, MAP, PMC Addictions, Research Review Analyst, Scientist, and Founder, The Elle Foundation

This year The Elle Foundation will be offering participation and presentation certificates as a thank you for your contributions to improving global awareness of resources, for those who are still suffering.

Elizabeth Dale Gilley

The Elle Foundation, United States

Welcome Message

We do believe that meetings with presentations of research results of participants and especially discussions about them will provide space not only to maintain current knowledge about addictions and their treatments but also other related disciplines, whose knowledge can contribute to broader solutions to addictology. In this way, it will probably be also important to support progress and discuss cooperation with disciplines that can be used to address addictology issues such as radiology, nuclear medicine, nuclear, radiobiology, medical physics, and their practical advances.

I am looking forward to following the signs of progress presented during the GAB 2022.



Alexandra Sulcova

St. Anne's University Hospital, Czech Republic



Keynote Speakers



Frederick J Goldstein
Philadelphia College of Osteopathic
Medicine, United States



Deni Carise
Recovery Centers of America,
United States



John Giordano
Life Enhancement Recovery
Center, United States



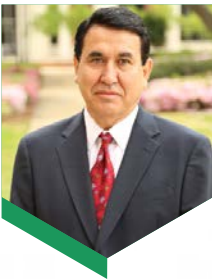
Ann Marie Leonard-Zabel
Curry College & NEALAC Clinic,
United States



Elizabeth Dale Gilley
The Elle Foundation,
United States



Denis Larrivee
Loyola University Chicago,
United States



Mustafa Younis
Jackson State University,
United States



John Michael Weber
Open Door Mission in Houston Texas,
United States



Joseph Sadek
Dalhousie University,
Canada



Sam Vaknin
Southern Federal University,
Russian Federation

*Thank You
All...*



ABOUT MAGNUS GROUP

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

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



ABOUT GAB 2022

GAB 2022 serves as a podium for the interaction between experts in the areas of Addiction Medicine, Behavioral Health and Psychiatry around the world and aims in sharing some research and translational studies on various advances in the related fields.

The global congress is well known for providing a forum to interact with people from all over the world who have dedicated their professional lives to helping people recover from addiction and return to their fruitful lives as early as possible. This worldwide conference is likely to be a massive event that provides an excellent venue for sharing knowledge on modern technology in addiction recovery, behavioral health, and psychiatry advancements. This is a forum where you will learn about practical, evidence-based solutions, lessons learned through life experience, and the most recent research results on substance abuse, dependency, gambling harm, and other behavioral addictions. The main goal of GAB 2022 is to bring together like-minded people including researchers, scientists, psychiatrists, neurologists, healthcare professionals, therapists, students, and caregivers to determine the future of research, which will affect the world's future. The event will rewire your brain using cutting-edge technology and techniques that will enhance your self-esteem and confidence.



Chemisys Laboratory

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- We take the guess work out of insurance policies with our close partnership with other national labs. If for any reason an issuance plan requires a particular lab, we are able to automatically reroute the samples internally to provide seamless one point access to all your samples and results
- Compassionate and affordable cash prices for those patients that either do not have health insurance or chose to pay directly
- Results: Customized reports provided to you within 24 hours for most testing after receiving the sample. Easily accessible via web, email, fax, and EMR Integration
- Individualized Test Orders: Customize your testing panel based on your needs
- Real time support by highly trained Chemisys Labs specialists and science team to mitigate all your concerns
- Extended menu of available STAT test that far exceeds other national labs



Company: Castle Biosciences is a leading diagnostics company improving health through innovative tests that guide patient care. We aim to transform disease management by keeping patients and clinicians first. Our innovative tests for skin cancers, uveal melanoma, Barrett's esophagus and mental health conditions provide personalized, clinically actionable information to clinicians and patients to guide treatment decisions and improve health outcomes. (www.CastleTestInfo.com)

Product: IDgenetix® is a next-generation pharmacogenomics test that provides medication guidance for mental health conditions. The test integrates drug-gene and drug-drug interactions along with lifestyle factors, improving medication response and remission. IDgenetix is supported by data from a published randomized, controlled clinical trial showing that the test enhances therapeutic efficacy over standard of care when used to guide optimal medication selection in depression and anxiety. (www.IDgenetix.com)



US WorldMeds

US WorldMeds is a specialty pharmaceutical company that develops, licenses, and brings to market unique healthcare products designed to improve the lives of patients with challenging conditions and unmet medical needs

Vision: We will remain a sustainable, privately held specialty pharmaceutical company.

Mission: We will develop, license, and market meaningful and accessible healthcare products that improve lives and result in a thriving community of patients, employees, and shareholders.

Values: We will embrace a culture that values honesty, creativity, and action, integrity in relationships, a passion for success, and good stewardship of Company resources. We will endeavor to develop, recognize, reward, and retain teammates who deliver results and embody our Vision and Mission.

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DAY 01

KEYNOTE FORUM

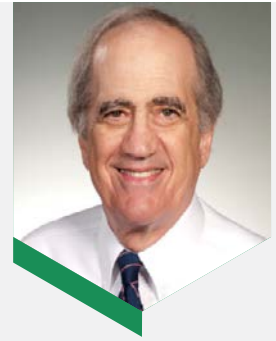
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Clinical Pharmacology of Marijuana: Update

Marijuana use throughout the world has increased substantially for both recreational and medicinal purposes. According to the 2022 World Drug Report published by the United Nations Office on Drugs and Crime, cannabis is the most widely used drug on earth. Additional relevant information from this document will be presented.

Other aspects to be discussed regarding clinical pharmacological aspects of marijuana include the endogenous cannabinoid (CB) receptor system, mechanisms of action, adverse effects, addiction liability, physical dependence, withdrawal reactions, contraindications, and drug interactions.

Self-treatment of many conditions includes anxiety, Posttraumatic Stress Disorder (PTSD) and, most significant, chronic pain. However, high-level clinical research needed to document such applications is lacking. In an ongoing pilot study led by Dr. Goldstein, daily doses of FDA-approved THC over a four-week period have been shown to reduce pain scores and use of other analgesic medications in patients with chronic neuropathic pain; these data will be presented.



Frederick J Goldstein,
PhD, FCP

Professor of Clinical
Pharmacology

Philadelphia College of
Osteopathic Medicine,
United States

Biography

Dr. Goldstein is Professor of Clinical Pharmacology in the Department of Bio-Medical Sciences at PCOM, . His research interests have focused on pharmacologic methods to reduce pain in post-operative, cancer and hospice patients. He currently conducts a research study using THC to improve analgesia in patients presenting with chronic neuropathic pain. He created the term "Suicidogen": any factor that causes a person to think about and possibly commit suicide [can be searched on the internet] In addition to his teaching and research at PCOM, he lectures in pharmacology at the University of Pennsylvania School Of Dental Medicine. Dr. Goldstein serves on the editorial board of, and reviews submissions for, the Journal of Opioid Management. He is an active member of the National Board of Osteopathic Medical Examiners where he writes and reviews questions for the COMLEX Level 1 test.

Leadership in the “covid decade” – long-term effects of pandemics and disasters: What to expect, how to prepare

The COVID-19 pandemic has driven unprecedented changes around the world and in our industry. It has impacted our patients, our treatment, and us, personally and professionally. History is clear – there are significant long-term effects seen from any major crisis, whether a natural disaster, tragic event, or pandemic. For example, from low birth weight to an “epidemic of mistrust”, it’s estimated that the impact from the 1918 pandemic was not fully realized till more than 60 years later. As leaders, we must be aware of the long-term sequela we can expect and prepare to navigate the challenges and help our colleagues, patients, and communities. This presentation will briefly review what we know from other traumatic events and pandemics and what we’ve seen with the Covid-19 pandemic to identify what we can anticipate – in the next year as well as the next decade. We will then look at the lessons learned (or not) from prior experiences and responses and identify how we can lead the way in preparing for and addressing these long-term effects. Approaches and resources covered will include looking at the role of critical incident stress debriefing, coping with ambiguous loss and disenfranchised grief, addressing the effects of social distancing, the psychological impacts seen in “long-haulers,” as well as the rapid rise documented in symptoms of fear, anxiety, and depression. We will also examine ways to expand training and services we can deliver to those struggling with these issues and provide resources for further training.

Audience Take Away:

- The attendee will be able to identify the long-term societal, professional, and personal symptoms and struggles we can expect resulting from the Covid-19 pandemic based on information from prior events
- The learner will be able to describe the roles of disenfranchised grief, ambiguous loss, and social distancing in the increases in anxiety and depression
- The participant will be able to identify resources for additional training for pandemic-related issues such as critical incident stress debriefing, treating ambiguous loss and disenfranchised grief



Deni Carise

University of Pennsylvania,
United States

Biography

Deni Carise, Ph.D. is a Clinical Psychologist and part of the recovery community for over 35 years. She is a founder and Chief Science Officer of Recovery Centers of America (RCA). RCA treatment and recovery campuses include detoxification, residential, partial hospital, intensive and traditional outpatient, and family services, all available on one campus. RCA has 9 campuses, multiple, local satellite outpatient programs and three opioid treatment programs.

Deni has held similar positions at CRC Health Group, providing behavioral health services to more than 42,000 men, women and teens every day at more than 140 programs in 33 states and Phoenix House, a nonprofit substance abuse treatment provider with over 100 programs in 10 states where Dr Carise developed national standards for clinical care, Clinical Toolkits for over 30 evidence-based practices, and helped usher in a new era of care to position the company to successfully address changes secondary to healthcare reform. Dr Carise was also Chief Clinical Advisor for Sierra Tucson, a premier facility treating substance abuse, pain, mood, eating and trauma disorders. Dr Carise was an NIH-funded scientist and Director of the

Treatment Systems Section at Treatment Research Institute. At TRI from 1994 to 2010, she made significant advances in the quality of substance abuse treatment through the development, application, and research of new interventions, systems, and technologies through receipt of numerous NIH and other federal grants. She has published over 100 articles, books, and chapters. Dr Carise is currently an Adjunct Assistant Professor at the University of Pennsylvania, Perelman School of Medicine (since 1997). She has been affiliated with UPENN since completing a NIDA Post-Doctoral fellowship at the Center for Studies of Addiction in the Department of Psychiatry from 1994-1996. She earned both her bachelor's degree and Doctorate in Clinical Psychology from Drexel/ Hahnemann University, she interned in Baltimore at Homewood (part of the Johns Hopkins Health system) and Union Memorial hospitals in behavioral medicine. She has worked extensively internationally, with treatment providers in Nigeria, Mexico, Thailand, Egypt, Greece, Singapore, Brazil, and China and numerous other countries to help develop national systems that integrate scientifically-validated tools into clinical treatment delivery. Committed to the accurate portrayal of addiction, treatment, and recovery in the media, Dr. Carise consulted on 2 major films; Martin Scorsese's *Wolf of Wall Street*, teaching the lead cast on depicting characters under the influence of cocaine and other drugs, and *Sno Babies*, out in 2020 working with the cast, director and producers on the portrayal of heroin addiction, recovery and drug culture. She is also featured in numerous national news media segments (Nightline, MSNBC, Fox News, ABC, CBS and NBS evening news, Access Hollywood, the Today Show), and has also been quoted in popular newsprint media such as US News and World Report, Fox News, Wall Street Journal, and others. Dr. Carise has presented over 200 lectures by invitation (approximately 35 internationally). She is also a frequent blogger on Huffington Post (<http://www.huffingtonpost.com/deni-carise>) and is an active voice on LinkedIn, Facebook Live, and Twitter focusing on topics including treatment, recovery, prescription drug abuse, the media's portrayal of drug problems, and emerging drug trends.

Precision genomic addiction medicine as a frontline modality as a function of inducing “Dopamine homeostasis” in Reward Deficiency Syndrome (RDS): The future is now

Globally we are facing a serious pandemic of uncontrollable addictive seeking behaviors. The opioid crisis in America is just one important facet of this worldwide dilemma. The unfortunate fact is that in the United States 100,000 people prematurely died from opioid induced overdoses in 2021. Clinically providing opioids for opioid abuse reduces harm, it does not actually treat the underlying causes of this unwanted behavior. It is appreciated that one issue is linked to genetic polymorphisms tied to reward genes that constitute the well-characterized brain reward circuitry. In 1995 Blum’s group coined the term Reward Deficiency Syndrome (RDS) as an umbrella term to help define the known common neurochemical overlap between substance and non-substance addictive behaviors. This construct has received some mixed reviews but is continually emerging as an acceptable psychological based disorder having both genetic polymorphic antecedents as well as known epigenetic insults. Currently, there are 213 articles listed in PubMed using the term RDS and “Reward Deficiency” with 1,406 listed (12/14/21). Understanding the potential impact of this construct may have on the addiction medicine field, the purpose of this perspective may provide the primary care physician and others with evidence related to RDS and its scientific basis. Moreover, we also highlight a case whereby RDS science was utilized to successfully treat a Substance Use Disorder (SUD) treatment resistant patient. A RDS treatment plan developed by one of us (EG), using Genetic Addiction Risk Severity (GARS) analysis, assessed neurogenetic challenge, for appropriate design of temporary pharmaceutical and long term nutraceutical intervention. As such we describe the RDS Solution Focused Brief Therapy (RDS-SFBT) and the RDS Severity of Symptoms Scale (SOS) which could provide the clinician with a viable tool for achieving neurological balance, allowing the patient to achieve self-efficacy, self-actualization and thrive.

Audience Take Away:

- Audience will be introduced to Reward Deficiency Syndrome Solution which include Genetic Addiction Risk Score Testing to determine phenotype and appropriate nutraceutical amino acid therapy
- The presentation introduces the new RDS paradigm, another frame through which to view addictive behavioral expressions which self-medicate dopamine deficiency challenge
- RDS Solution Focused Brief Therapy is explained. A personalized RDS Severity of Symptom (RDS SOS!) self-measurement test scale is introduced
- This case study report contributes novel application for personalizing comprehensive holistic treatment to address those neurogenetic issues which have previously remained untreated
- This case study example of precision genomic addiction medicine is a model for the current transition of the treatment of Reward Deficiency Syndrome as a frontline modality to address RDS over the lifespan, not just in regards to addictive behavioral expression



Elizabeth D Gilley*¹,
John J Giordano²

¹The Elle Foundation, West Palm Beach, United States

²The National Institute of Holistic & Addiction Studies, North Miami Beach, United States

Biography

Elizabeth Dale Gilley founded The Elle Foundation in 1995, in Dallas, Texas. She earned her BS in Business Administration from Wake Forest University, in 1983, her Masters in General Psychology, 2017 and Post Masters Certificate in Addictions, in 2019, from North Central University in San Diego, CA and Scottsdale AZ. This presentation contains part of her PhD research for her dissertation titled Reconceptualizing Addiction: Integrating the Sciences of addiction medicine and Reward Deficiency Syndrome (RDS). She serves as an Editorial Board Member for the Journal of Addictive Disorders and Mental Health. She has contributed to the scientific body of knowledge through continuous peer reviewed publication for more than five years.

Evidence based holistic modalities to overcome addictions

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



John Giordano
Life Enhancement Recovery
Center, United States

Biography

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

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DAY 01

SPEAKERS

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IN-PERSON

**Thersilla Oberbarnscheidt**

University of Pittsburgh, United States

The effect of Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD) in incarcerated populations

The opioid epidemic continues to be a major concern in the U.S. There were an estimated 93,331 drug overdose deaths in the United States during 2020, an increase of 29.4% from the 72,151 deaths in 2019. At highest risk of overdose are populations that are incarcerated or recently released from incarceration. The risk of overdose death in the first 2 weeks post incarceration is increased 129-fold compared to the general population.

One-quarter to one-third of all heroin users in the U.S. are incarcerated at least once within a year, as substance use and in particular opioid use disorder is highly associated with illicit activities. Estimates indicate that 80% of all arrests are related to drug or alcohol use and associated lifestyles. The length of heroin use has been shown to increase the likelihood of incarceration. Each additional year of opioid use increases the risk of incarceration by 11%. The risk increases even further among ethnic minorities.

Medication assisted treatment (MAT) options for opioid use disorder (OUD) are available and well researched. Several studies have shown their efficacy in reduction of opioid use and injecting behavior, as well as providing social/health benefits and safety. The first state to incorporate MAT in correctional facilities was Rhode Island in 2016. However, throughout the U.S., MAT for OUD in correctional facilities remains widely underutilized.

To reduce the rate of overdose deaths from opioids, correctional facilities and the ongoing treatment in those settings should become a higher focus of concern. Providing MAT for OUD in correctional settings can reduce the mortality rate, avoid re-incarceration, and improve psycho-social functioning.

Withholding life-saving medications from incarcerated populations also raised ethical concerns as it was pronounced unethical by the National Academies of Science.

Audience Take Away:

- Learn about available medication treatment options for opioid use disorder (OUD)
- Hear about the current situation of treatment of OUD in correctional facilities
- Learn about Legal regulations and barriers in the treatment of OUD in correctional facilities
- Discuss ideas to improve current situation

Biography

Thersilla Oberbarnscheidt is an Assistant Professor at the Western Psychiatric Hospital at the University of Pittsburgh where she also completed her fellowship in Addiction Psychiatry. She completed her residency at Central Michigan University in Psychiatry and her graduated Medical School from the Christian-Albrechts University in Germany as well as Yale University School of Medicine. She completed her PhD in neuroscience at the Christian-Albrechts University as well with the thesis of "The effect of phenazone in the acute migraine attack".

Thersilla has a long-standing interest in the field of Addiction and has published numerous articles in the field of Addiction. Her particular interest is in Marijuana and Opioids.

IN-PERSON

**Dawn Duhaime**

Executive Director, Spring Green Foundation, Maumee, OH, United States

One: A documentary

Attendees will have the opportunity to view a clip from the award-winning documentary ONE, which touches on the opioid crisis in our nation, underlying a major fundamental truth about addiction; our culture will do almost anything to avoid pain. This film uses the philosophy of Alan Watts coupled with Dr. Vincent Felitti's explanation of ACES and its direct correlation into the likelihood of becoming an IV drug user. ONE looks at the perspective of addiction from all aspects of life experiences. From the gang leader to the cheerleader, it breaks down the passageway to the dependence and ultimately revealing all paths lead to the same road, pain. Immediately following this film the moderator facilitates a discussion that allows individuals to self-reflect into their own past and how their life experiences led them to unhealthy coping patterns. In reality, we all have some form of addiction whether it be in the manner of a drug or another outlet such as spending, pornography, repeating a cycle of unhealthy relationships, eating, etc. This event opens up the understanding to the significance of these conversations, how they should be facilitated in all treatment centers and more importantly, in our schools and living rooms before it becomes a habit/pattern/addiction.

Audience Take Away:

- The group will have multiple abilities for both personal and professional growth through this experience. Since most impactful learning is obtained experientially, we believe it is critical for the viewer to connect their own respective path to what the documentary is revealing. Through their understanding, they have a better ability to lead others into to their own personal insight of how much our life experiences play into our behavioral patterns. This feature has multiple adults with diverse backgrounds. It is likely the viewer will see themselves in one or more pieces of this, giving them the ability to connect their life events with a behavior pattern
- It is our belief this is a foundational piece that must be addressed in all addiction prevention and treatment. If we do not understand the why, we cannot fully address the how. Our hope is that everyone viewing this film and participating in the discussion will be able to lead others through the same discussion, drawing in other mental health professionals in their field to support group participants. This creates an ongoing dialogue that directs each person back to the 'heart of the matter. When new coping tools are given alongside this form of education, it provides a greater ability to sustain recovery
- While this film has some profane language and does show some drug use, many parents are opting to sit with their teens and watch this together to begin the conversation at home. The discussion guide is a fantastic tool for those who feel ill equipped for this type of dialogue. The film's producer, Dawn Duhaime, shares her own personal experience of discovering her son's addiction while in the middle of production, thus thrusting her into the midst of the very darkness she was learning about. His overdose 911 call has been incorporated into the film for viewers to get a glimpse into the collateral damage that comes with addiction for so many families
- We see this as sort of a "book club" discussion but as a film. The documentary is broken into multiple segments so it can easily be stopped for discussion on topics such as identity, addiction, feelings and how we cope, pursuit of life's meaning, our resistance to change, and personal responsibility

Biography

Dawn Duhaime received her bachelor's degree majoring in social work, becoming a licensed social worker. From there she went on to complete her masters in the general studies of human behavior. Her desire to understand the 'why' drives her to continually challenge herself personally. She has been in the field of social work for 35 years and has served in numerous roles, including working with inner city gang youth, leading a family ministries counseling program, a school social worker to school dean to eventually training teachers on how to connect with high risk youth in the classroom. She currently is an executive director for a nonprofit that serves to provide healing to individuals who have experienced trauma through their life experiences, addiction, and incarceration. However, her greatest achievement was her son, Justin, whom she always referred to as her 'heart with legs.' Justin lost his battle to addiction in 2019 and Dawn uses her grief as a tool to be his voice to others struggling with personal pain.

IN-PERSON

**Deni Carise**

Recovery Centers of America, United States

Addressing the triple threat of stimulants, opioids and COVID-19

Lethality, availability and use of stimulants have greatly increased in the US in past years. The Centers for Disease Control and Prevention has reported that overdose deaths have more than tripled for cocaine and increased nearly five-fold for methamphetamine since 2012. A UN report shows Colombian coca production more than tripled between 2012 and 2016 while over the same period, prices fell 23%, and purity increased nearly 20%. The threat from meth includes a new wave of purer methamphetamine and cocaine, coming directly from Mexico, not “backyard cookeries, houses or sheds.” Some areas of the country have seen staggering increases in meth seizures as high as 1600%. USA Today reports that “people addicted to opiates hear others talk about a new high, cheap and easy to get and safer than fentanyl. Meth is that alternative.” With more than 130 deaths every day in this country attributed to opioid overdose, there is understandable – and much appreciated – attention to this issue. A significant increase in overdose death rates from synthetic opioids such as fentanyl make it very clear that we must continue to address the threat from the opioids in this country. These two major drug problems, and our field, are now impacted by an unprecedented 3rd threat in this country, that of the Covid-19 pandemic. At the time of this writing, just over 1.5 million Americans have tested positive for Covid-19 and 93,705 people have died of this disease. Individuals struggling with substance use disorder (SUD) or those in recovery may find COVID-19 and the non-medical impacts of COVID-19 more difficult than the general population. Individuals with SUD are more vulnerable to getting COVID-19 and more likely to have severe cases when they do get it. There has been an increase in substance use for those with a period of remission, particularly those with 3-12 months in recovery. Social isolation has led to increases in depression, anxiety, domestic violence, and other mental health disorders. With this “triple threat” of opioids, stimulants, and Covid-19, we need to rethink how we deliver assess, support, and deliver treatment to those with SUD. This is particularly true for cocaine and amphetamines as there is no “gold standard” of treatment and no effect medications available.

Biography

Chief Science Officer, Recovery Centers of America (RCA) Adjunct Clinical Asst Professor, University of Pennsylvania
Deni Carise, Ph.D. is a Clinical Psychologist and part of the recovery community for over 35 years. She is a founder and Chief Science Officer of Recovery Centers of America (RCA). RCA treatment and recovery campuses include detoxification, residential, partial hospital, intensive and traditional outpatient, and family services, all available on one campus. RCA has 9 campuses, multiple, localsatellite outpatient programs and three opioid treatment programs. Deni has held similar positions at CRC Health Group, providing behavioral health services to more than 42,000 men, women and teens every day at more than 140 programs in 33 states and Phoenix House, a nonprofit substance abuse treatment provider with over 100 programs in 10 states where Dr Carise developed national standards for clinical care, Clinical Toolkits for over 30 evidence-based practices, and helped usher in a new era of care to position the company to successfully address changes secondary to healthcare reform. Dr Carise was also Chief Clinical Advisor for Sierra Tucson, a premier facility treating substance abuse, pain, mood, eating and trauma disorders. Dr Carise was an NIH-funded scientist and Director of the Treatment Systems Section at Treatment Research Institute. At TRI from 1994 to 2010, she made significant advances in the quality of substance abuse treatment through the development, application, and research of new interventions, systems, and technologies through receipt of numerous NIH and other federal grants. She has published over 100 articles, books, and chapters. Dr Carise is currently an Adjunct Assistant

Professor at the University of Pennsylvania, Perelman School of Medicine (since 1997). She has been affiliated with UPENN since completing a NIDA Post-Doctoral fellowship at the Center for Studies of Addiction in the Department of Psychiatry from 1994-1996. She earned both her bachelor's degree and Doctorate in Clinical Psychology from Drexel/Hahnemann University, she interned in Baltimore at Homewood (part of the Johns Hopkins Health system) and Union Memorial hospitals in behavioral medicine. She has worked extensively internationally, with treatment providers in Nigeria, Mexico, Thailand, Egypt, Greece, Singapore, Brazil, and China and numerous other countries to help develop national systems that integrate scientifically-validated tools into clinical treatment delivery. Committed to the accurate portrayal of addiction, treatment, and recovery in the media, Dr. Carise consulted on 2 major films; Martin Scorsese's *Wolf of Wall Street*, teaching the lead cast on depicting characters under the influence of cocaine and other drugs, and *Sno Babies*, out in 2020 working with the cast, director and producers on the portrayal of heroin addiction, recovery and drug culture. She is also featured in numerous national news media segments (Nightline, MSNBC, Fox News, ABC, CBS and NBS evening news, Access Hollywood, the Today Show), and has also been quoted in popular newsprint media such as US News and World Report, Fox News, Wall Street Journal, and others. Dr. Carise has presented over 200 lectures by invitation (approximately 35 internationally). She is also a frequent blogger on Huffington Post (<http://www.huffingtonpost.com/deni-carise>) and is an active voice on LinkedIn, Facebook Live, and Twitter focusing on topics including treatment, recovery, prescription drug abuse, the media's portrayal of drug problems, and emerging drug trends.

VIRTUAL

**Brandon Lucke-Wold**

MD, PhD, MCTS, University of Florida, United States

Persistent headache following aneurysmal subarachnoid hemorrhage: Pathophysiology and therapeutic strategies

Objective: This critical review of the literature concerns persistent headaches after subarachnoid hemorrhage (SAH), and discusses which patients are most at risk of developing these post-SAH headaches based off demographic and clinical features. We also discuss the pathophysiologic mechanisms by which these headaches occur, which medical and interventional treatments have the most evidence for pain alleviation, and what pre-clinical evidence is there for emerging treatments for these patients.

Background: Following initial stabilization and treatment of spontaneous SAH, most commonly due to aneurysmal rupture, persistent headache in the immediate inpatient setting and chronically after discharge are an important cause of morbidity. These persistent headaches often receive heterogenous treatment of uncertain efficacy, and the risk factors and pathophysiology of their development has received little study.

Results and Conclusion: Overall, these persistent headaches post-SAH are shown to decrease quality of life, have a multi-modal pathophysiology in their occurrence, and only a select few medications (reviewed herein) have been demonstrated to have efficacy in alleviation of these headaches while also harboring significant possible risks including vasospasm and re-bleeding. An effective treatment paradigm of these headaches will include trials of evidence-based therapeutics, rapid reduction of opioid medications if not effective, and consideration of multi-modal pain control strategies including nerve blocks.

Biography

Brandon Lucke-Wold was born and raised in Colorado Springs, CO. He graduated magna cum laude with a BS in Neuroscience and distinction in honors from Baylor University. He completed his MD/PhD, Master's in Clinical and Translational Research, and the Global Health Track at West Virginia University School of Medicine. His research focus was on traumatic brain injury, neurosurgical simulation, and stroke. At West Virginia University, He also served as a health coach for the Diabetes Prevention and Management program in Morgantown and Charleston, WV, which significantly improved health outcomes for participants. In addition to his research and public health projects, he is a co-founder of the biotechnology company Wright-Wold Scientific, the pharmaceutical company CTE cure, and was a science advocate on Capitol Hill through the Washington Fellow's program.

He has also served as president of the WVU chapters for the American Association of Pharmaceutical Scientists, Neurosurgery Interest group, and Erlenmeyer Initiative Entrepreneur group. In addition, he has served as vice president for the graduate student neuroscience interest group, Nu Rho Psi Honor Society, and medical students for global health. He was an active member of the Gold Humanism Honor Society and Alpha Omega Alpha Honor Society. He is currently a member of the Young Neurosurgeons' Committee. He is married to Noelle Lucke-Wold, and has a toddler daughter named Esme. As a family, they enjoy running with their dogs, rock climbing, and traveling the world. In his spare time, Brandon frequently runs half marathons and 10ks together with his wife. Brandon also enjoys reading and discussing philosophy and playing chess. He is excited to join the neurosurgery residency program at University of Florida.

VIRTUAL

**Michele M Mahr**

California State University Los Angeles, Los Angeles, CA, United States

Applying the biopsychosocial model when treating individuals with substance use disorder and addiction

The purpose of this presentation is to educate, inform, and discuss a multidisciplinary approach to treat individuals abuse and addiction can impact individuals within several domains. Within the biopsychosocial model, there is a significant focus for human service professionals, counselor educators, and primary care physicians to observe, analyze, and assess the biological, psychological, and social factors relevant to an individual when treating addiction. Despite the fact that addiction is multi-layered with several factors contributing to the addictive behavior, heritability estimates have indicated that approximately 40–60 percent of the population variability in developing an addiction to nicotine, alcohol, or illicit drugs is attributable to genetic factors (Koob & Volkow, 2016; Agrawal et al., 2012). Addiction, similar to several behavioral health outcomes, is the result of environmental and genetic variables that affect an individual over the lifespan (Buchanan & Lovallo, 2019). From a genetic and behavioral understanding of addiction, the perspective would be consistent with cultural ideologies that highlight an individual's cause of an illness, in addition to therapies and prevention strategies focused on an individual's physical makeup and choices (Link & Phelan, 1995). The two terms that most behavioral genetics researchers focus on when studying the influence of genetics and behaviors are the gene environment correlation and the gene environment interaction. The gene-environment correlations depict the situation in which one's genetics influence the type of environment one may be exposed to (Buchanan & Lovallo, 2019).

The biopsychosocial model is a viable option to treat individuals with SUD developed by George Engel (1977) and contradictive to the traditional medical model. The evidence of the biopsychosocial model indicates that biological, genetic, personality, psychological, cognitive, social, cultural, and environmental factors integrate to the etiology of substance use disorder, and several factors must be addressed in prevention and treatment programs (Skewes & Gonzalez, 2013). Research suggests that to decrease illness, or in this case, substance use disorder, or to notice and be able to cope with it earlier to prevent the progressive of a condition, and improve to provide community and social care where possible to avoid or shorten hospital admissions. Implementing this last strategy involves practical psychological and social factors, such as availability of social supports (Bolton et al., 2018). The first two strategies, primary and secondary prevention, interplay with the following psychosocial factors: lifestyle, social capital and health literacy (Bolten et al., 2018). At the same time, individuals with SUD have to become aware of what changes need to be made as well as acceptance of these changes.

Audience Take Away:

- Participants will learn strategies to address the biological, psychological, and social factors that are impacted and influence individuals who have been diagnosed with SUD
- Participants will learn strategies to assist individuals including, but not limited to, youth, by identifying common protective and risk factors that related to the progression of a SUD

- Participants will learn strategies to advocate for counselor educators and rehabilitation counselors to incorporate aspects of the biopsychosocial model within existing treatment plans
- Participants will become familiar and be educated on the following Models/Theories:
 - Positive Psychology Principles
 - Motivational Interviewing Techniques
 - Social Cognitive Theory Tenets
 - Peer Support Recovery Model
- Participants will be educated on the significance of social supports during the abstaining, maintaining, and managing of recovery and addiction
- Participants will be informed on neuropsychology and neurochemistry that is connected to individuals with SUDs
- Participants will learn how to assist individuals to build resiliency, mental toughness, and rewire neurons in their brain to “fire and wire” positive new messages during the recovery process

Biography

Dr. Michele M. Mahr, PhD, CRC, is an Assistant Professor of Rehabilitation Counseling at California State University, Los Angeles. She is the author of one published textbook on substance abuse: *Research and Strategies for Counselor Educators: A Modern Approach to Substance Abuse and Addiction*. She is currently publishing her second textbook on: *Understanding Substance Abuse and Addiction: A Macro-Level Approach*. Dr. Mahr has published several manuscripts on substance abuse and addiction, health promotion, counseling strategies, and social justice issues related to mental health. She has been a previous assistant professor at the following universities: California State University, Sacramento, St. Cloud State University, and the University of Wyoming. Her research and passion to assist individuals with substance abuse and addiction within the rehabilitation counseling discipline continues to expand and evolve in her academic and scholarly pursuits.

24-26th
OCT

DAY 01

WORKSHOP

3RD EDITION OF
GLOBAL CONFERENCE ON
**ADDICTION MEDICINE,
BEHAVIORAL HEALTH AND
PSYCHIATRY**

Building recovery capital through learning optimization

Just like learning to swim or ride a bike, skills cannot be learned through passive absorption of information alone. Have you ever had a group where silence seemed to be the norm or where you were quite certain have of the patients weren't paying attention? Have you met patients that knew so much they could basically recite the curriculum talking points by heart, but were in treatment yet again?

Group therapy plays an influential role in behavioral health and recovery, yet current delivery methods often fail to engage patients or effectively build recovery skills necessary for success outside of the treatment space. Didactic facilitation and instruction can quickly lead to patient disinterest and disengagement.

Using the tools of adult educational pedagogy, in this participatory workshop attendees will work to design therapeutic delivery methods and then practice specific intervention techniques in a way that maximizes whole-group engagement and recovery capital skill-building. This is an ICAADA-approved training course.

Audience Take Away:

- Maximize engagement strategies in a group setting
- Maximize recovery capital skill-building in a group therapy setting
- Identify at least 5 focus tasks that enable high levels of engagement



Andrew Bordt*¹,
Nick Jaworski²

¹Executive Director, The Institute for the Advancement of Group Therapy, Sugar Land, Texas, United States

²Founder, The Institute for the Advancement of Group Therapy, Indianapolis, Indiana

Biography

Andrew Bordt has been working in the field of education for over 15 years as a teacher, teacher trainer, curriculum designer, and academic administrator. He received his M.Ed from the University of Illinois Urbana Champaign in 2015, is a licensed teacher in the State of Texas, is certified in TEFL through Cambridge University, TELF-C through Columbia University Teacher's College, EC-STEM through Shanghai Normal University in association with the Children's Center at Caltech, and is a certified Disney Trainer.

24-26th
OCT

DAY 01

POSTERS

3RD EDITION OF
GLOBAL CONFERENCE ON
**ADDICTION MEDICINE,
BEHAVIORAL HEALTH AND
PSYCHIATRY**

IN-PERSON



Katherine Reavis*¹, Cameron Terrell², Adam Fusick³

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³Mental Health and Behavioural Sciences, James A. Haley Veteran Affairs Hospital, Tampa, Florida, USA

COVID-19 and the “Check Effect”

Background: Income assistance programs serve a crucial role in influencing the health and well-being of those with socio-economic marginalization. The term “Check Effect” refers to the cyclical pattern of substance use that correlates with the timing of social assistance payments. The COVID-19 pandemic has seen an unprecedented economic crisis, leading to various mitigation measures including eviction moratoriums and increased financial assistance. Unsurprisingly, the pandemic has also led to an increase in prevalence, frequency, intensity of substance use. This poses the question: does this supplemental financial aid lead to unintended increases in drug-related harm and overall drug use?

Methods: A retrospective chart review was performed on admissions with a primary diagnosis of a substance use disorder from October 1, 2019, to the end of the calendar year 2021 to the James A. Haley Veterans Affairs Hospital. From this data set, patients were grouped by their substance use disorder diagnosis. As all our patients receive some government assistance on the first Friday of every month, analysis was performed with patients placed in one of two categories, either admitted within 5 days of their government assistance check or admitted outside of this window. Furthermore, data sets were made comparing admission rates before statewide COVID-19 lockdown (April 1, 2020) and afterwards to see what, if any, the impact of the pandemic and its policies may have had.

Results: Analyzing trends in Cocaine Use Disorder both before and after statewide lockdown revealed that in the 6 months before lockdown, 5 out of 14 total admissions occurred within five days of receiving their government funded assistance. Comparatively, in the 6 months after the lockdown, 5 of the 6 total encounters occurred within 5 days government assistance: an overall decrease in total number of admissions but a substantial increase during the timing of government assistance (35.7% to 83.3%). Analysis of alcohol related disorders showed in the 6 months prior to the lockdown, 44 out of the total 155 patients were admitted within 5 days of receiving their government funds. In the 6 months following the lockdown’s initiation, 32 out of 123 admissions occurred within 5 days receiving their government assistance, a decrease from 28.4% to 26.02%. Overall, this trend in alcohol related admissions was not statistically significant ($p = 2.4$) but further analysis revealed that the total amount of alcohol related admissions of patients with comorbid Post Traumatic Stress Disorder (PTSD) significantly decreased from 73 admissions 6 months prior to lockdown to 46 admissions after the lockdown ($p = 0.044$).

Discussion: The ongoing COVID-19 pandemic has led to worse mental health outcomes and increased substance use. It has posed heavy economic and health system burden on the country; relief measures have included availability of additional financial assistance programs. This review establishes an association between the timing of financial assistance and hospitalizations as well as provides insight into the impact comorbid psychiatric conditions have on admission rates. Serious consideration should be given for increased money management interventions in the comprehensive treatment of those with substance use disorders.

Audience Take Away:

- Understanding the “Check Effect” and how it can be used to explain certain patterns of substance use and admissions
- The impact covid and mandated lockdown orders have on admission rates of substance use disorders
- The role of a comorbid PTSD diagnosis and how this may affect substance use disorder in veterans during a pandemic
- The importance of money management interventions in the comprehensive treatment of those with substance use disorders

Biography

Dr. Katherine Reavis studied at Florida Gulf Coast University and graduated in 2015. She then pursued a Master's of Medical Science at Lake Erie College of medicine and graduated in 2017. She then received her Doctorate of Osteopathic Medicine from Lake Erie College of Osteopathic Medicine in 2021. She is currently a Psychiatry Resident at University of South Florida and was awarded Resident Teacher of the Year for her class in 2022. Her interests include addiction medicine, cardiac psychiatry, and movement disorders.

VIRTUAL

**Dias Permeisari**

Department of Clinical Pharmacy, Airlangga University, Surabaya, East Java, Indonesia

Learn from the positive side of GHB in reducing alcohol dependence

Alcohol is a potent psychotropic depressant of the central nervous system that has neurological impact leading to changes in several neuronal pathways, behavioral, and biological. Based on a report from WHO 2022, harmful consumption of alcohol can affect more than 200 health conditions, ranging from liver diseases, cancer, cardiovascular diseases, suicides, tuberculosis, HIV/AIDS, road injuries and violence, and even death with an incidence of 5.3% annually, globally. Some of the drugs that have received FDA approval for alcoholism are disulfiram, acamprosate, and naltrexone, while GHB has been approved to reduce alcohol dependence in Italy. Based on various systematic reviews and meta-analysis literatures, original articles, expert opinions in PUBMED and Cochrane, although by several studies the mechanism of its inhibition is strongly influenced by the presence of anesthetic drugs and calcium ion levels, GHB as an off-label drug given during abstinence has good efficacy in reducing alcohol dependence, the mechanism involves specific inhibition on central release of dopamine. However, GHB also has a high toxicity and abuse rate, so further studies are required to obtain an effective and safer substance.

Audience Take Away:

- GHB has a unique mechanism on dopaminergic neuron in inhibiting dopamine release to decrease alcohol craving
- Even GHB effectively decrease alcohol dependence based on Cochrane study, some studies was conducted to find out positive allosteric modulation of GHB to reduce the abuse rate of GHB, and the study still undergoing more and more
- Alcohol dependence experienced by some mechanisms

Biography

The Author was currently studying at Airlangga University, Master degree in Clinical Pharmacy Department (as the last year of student). The number of her experiences in pharmacy hospital as a Pharmacy Manager in Mother and Child Hospital for 2 years and 1 year as a Pharmacy Manager in Private Hospital, also has an experience as a clinical pharmacy in another Private Hospital before she continues her master degree in the university. Besides her former work experiences and current study, she also has a project addressed to Prof Arthur Christopoulos Lab, Monash University Australia in Depression treatment.

IN-PERSON

**Brandon Williamson*¹, Meredith Williamson¹, Carly McCord²**

¹Department of Primary Care and Population Health, Texas A&M University, College Station, TX, United States

²Department of Psychiatry and Behavioral Sciences, Texas A&M University, College Station, TX, United States

Integrated behavioral health treatment and training for substance use and behavioral health disorders

Purpose: Given a shortage of mental health and substance abuse care providers, stigma associated with seeing a behavioral health provider, and limited insurance coverage for behavioral health services, results in patients commonly presenting to primary care physicians with their psychiatric and substance use concerns (Faghri et al., 2010). Thus, behavioral health services have begun to be integrated into primary care settings to allow individuals to receive comprehensive treatment for their health concerns from a team of health care providers. This integration is frequently accomplished through the coordination and partnership between physicians and behavioral health providers including psychologists (Blustein & Cubic, 2009). This poster presentation will describe the context of the problem of access and availability of providers and the extent of workforce shortages. The integrated behavioral health (IBH) model used for opioid use disorder (OUD) including behavioral interventions and medication assisted treatment (MAT) services along with other behavioral health and substance use conditions will be presented including information about workflow and collaboration models. The poster will describe screening processes to identify behavioral health and substance use concerns and options for care including MAT within the primary care setting. A grant from the Health Resources and Services Administration (HRSA) allowed for specific training in treating OUD and working in integrated settings. Furthermore, the poster will describe the training opportunities and the impact of increased availability of behavioral health and MAT options working together.

Methodology: Descriptive statistics related to amount of patient care provided within IBH settings in primary care will be presented along with qualitative data from recorded interviews with thematic abstraction related to trainee experience.

Results: To date, over 500 individuals have been provided comprehensive behavioral health services through the team based IBH services within the primary care clinic. Since transitioning to telehealth service delivery in 2020 due to COVID-19, there have been over 300 IBH patient encounters. Due to the team-based nature of the IBH services, patients have been able to receive medication management and behavioral interventions within one visit which reduced the burden on the patients for scheduling multiple appointments. Furthermore, since patients were often able to connect to IBH services from their homes due to the use of telehealth, transportation barriers that may have previously prevented or dissuaded patients from seeking BHC services, were lessened.

Numerous doctoral psychology students, social workers, and medical residents have completed training opportunities in IBH service delivery. Interview data revealed that trainees considered their experience in IBH, telehealth, and substance use disorder treatment to be the most valuable aspects of the program. The training program caused participants to shift their way of thinking towards a collaborative care model, which they considered helpful for their future practice. Key learning experiences focused on the primary care setting including collaborating with interdisciplinary teams and understanding how to integrate behavioral health into systems.

Conclusions: Integrating IBH service delivery within primary care for substance use disorders including OUD along with other behavioral health conditions appears to be one strategy for expanding access to treatment and training numerous disciplines to provide evidence-based treatment.

Audience Take Away:

- Understand integrated behavioral health models for OUD treatment in a primary care setting
- Understand the scope and impact of health professions shortages on access to care in rural and underserved settings along with novel strategies such as telehealth interventions to address shortages
- Understand the role of primary care and IBH models in treating Opioid Use Disorder
- Understand the role of primary care and IBH model in training medical and behavioral health trainees in treatment of OUD and other behavioral health/substance use conditions

Biography

Dr. Brandon Williamson is board-certified in family medicine and works as a primary care physician at Texas A&M Health Family Care where he has led the development of integrated behavioral health interventions for substance use disorders within the primary care setting including MAT for OUD. He has additional expertise in endoscopy, maternal-child health and obstetrics including ultrasounds and operative obstetrics. He is the Co-I on a HRSA grant focused on integrating MAT for OUD into rural and underserved primary care clinics within Central Texas. Dr. Williamson completed medical school at the Texas A&M College of Medicine and completed residency at John Peter Smith Family Medicine Residency, where he also completed an area of emphasis in endoscopy and a fellowship in maternal-child health.

IN-PERSON



Jonathan Neufeld*¹, Carly McCord², Fred Ullrich³, Kimberly A. S. Merchant⁴, Divya Bhagianadh⁵, Knute D. Carter⁶, Marcia M. Ward⁷, James P. Marcin⁸, Evelynn Nelson⁹, Kari Law¹⁰

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⁹PhD, Department of Pediatrics, University of Kansas Medical Center, Kansas City, KS, United States

¹⁰MD, Department of Behavioral Medicine and Psychiatry, West Virginia University, Morgantown, WV, United States

A pragmatic comparative evaluation of telehealth vs in-person services for substance use in rural America

The use of telehealth in rural areas is particularly apt for patients with substance use disorders is supported by studies demonstrating equivalent outcomes between telehealth and in-person treatment for patient satisfaction and treatment retention rates (Lin et al., 2019; Mark et al., 2022; SAMHSA, 2021). But the literature on the use of telehealth treatment for substance use disorders is limited, especially from studies reporting clinical outcome measures. This poster will present data collected from a large, publicly funded, multi-site, multidisciplinary, multi-treatment telehealth comparative effectiveness trial. The findings from this measure are reported here from a cohort of patients that received care using either telehealth or in-person services.

Methods: The study involved 57 rural clinic sites across 11 grantees and enrolled 2,220 patients. Several clinical outcome measures were used in the evaluation, and clinicians were directed to use one or more of the available outcome measures as they deemed clinically appropriate. Among the entire sample, a small number of the patients completed and reported the DUDIT-C, the study's chosen substance use severity measure. A protocol was established which defined patient inclusion criteria and data collection timeframes. The telehealth cohort included all patients who began telehealth treatment as part of either grant-funded program during the data collection period. The comparison cohort included patients who began in-person treatment during the same time period. DUDIT-C was collected at baseline and monthly on all patients where appropriate, meaning patients presenting with substance use symptoms or concerns.

Demographic and clinical data were compared between cohorts using chi-square tests. The primary dependent measure was the DUDIT-C score at the last available assessment). Mixed methods, hierarchical linear regression models with random effects at the grantee level were used to test for differences between the telehealth cohort and the in-person cohort adjusting for covariates (i.e., age, sex, race, ethnicity, primary insurance type, baseline levels of the DUDIT-C, number of DUDIT-C assessments, number of encounters).

Results: Patients in the telehealth cohort differed significantly from patients in the in-person cohort in that patients in the telehealth cohort were more likely under 18 or over 35 years old, American Indian/Alaska Native, and insured by Medicare or Medicaid.

Average change scores in both cohorts were negative indicating that DUDIT-C scores decreased (improved) from baseline to follow-up. These average unadjusted change score decreases were 1.4 for the telehealth

cohort and 1.3 for the in-person cohort ($p=0.85$). Decreases in DUDIT-C scores were highly related to baseline scores, with patients with higher baseline scores showing greater symptom reductions. After adjustment for covariates, DUDIT-C changes scores did not differ between the telehealth and in-person cohorts.

Conclusion: The results of this study demonstrate that the outcomes of clinical interventions on reported drug use were similar whether delivered using telehealth or in-person, even after adjusting for potential confounders. Similar outcomes were seen on a standardized measure of drug use severity and observed patterns of clinical change were consistent between the two cohorts (telehealth and in-person).

Audience Take Away:

- The learner will be introduced to funding mechanisms for substance use/abuse treatment in rural and underserved areas
- Understand implementation and design of large pragmatic research across diverse data collection sites
- Increase knowledge of effectiveness of telehealth interventions for substance use concerns

Biography

Jonathan Neufeld, PhD, is Program Director of the Great Plains Telehealth Resource and Assistance Center (gpTRAC), a federally funded technical assistance program housed at the University of Minnesota. The Center provides telehealth training and consultation to healthcare providers and programs interested in implementing, evaluating, and enhancing all types of telehealth services in the Great Plains region.

Dr. Neufeld consults on a range of projects related to rural health and telehealth for 15 years. He has presented at regional and national conferences and published peer-reviewed articles in the telemedicine, clinical decision support tools, mental health services evaluation, and clinical outcomes fields.

IN-PERSON


Sveta Berdibayeva*¹, AssiyaKukubayeva², Alena Garber³, Farida Sakhiyeva⁴

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⁴Department of Psychology, M. Auezov South Kazakhstan State University Shymkent city, Republic of Kazakhstan

Early prevention of substance abuse by adolescents

Adolescent and youth drug addiction is currently developing into a problem of national disaster both around the world and in the Republic of Kazakhstan. Drugs among young people spread like a chain reaction, while early drug addiction prevention programs, despite their wide representation, are not yet effective enough.

Our study examines the effectiveness of the comprehensive program we have developed for the early prevention of substance abuse by adolescents based on techniques of psychophysical self-regulation in combination with an informational and practical block of classes aimed at revealing the topics of deviant behavior and its causes at the theoretical and practical levels.

We have developed a step-by-step research program to identify the effectiveness of an early program of substance abuse by adolescents based on psychophysical self-regulation techniques. It is assumed that the study will reveal the effectiveness of the program in several of its components: behavioral, emotional-cognitive, cognitive, value-cognitive.

To diagnose the behavioral component of the effectiveness of the program of early prevention of adolescent abuse, the following methods were used: questionnaire "Style of self-regulation of behavior"(V.I. Morosanova), the projective technique of "Hand – Test" and the personal questionnaire of A. Bass-A. Darcy; emotional-cognitive component: A. Bass-A. personality questionnaire. Darcy; cognitive component: questionnaire to determine the attitude of adolescents to drugs («Accountability in Drug Education: A Model for Evaluation», eds. Abrams, L. A.; Garfield, E.F.); value-cognitive: Methods of studying M.Rokich's value orientations.

Accordingly, the package of psycho diagnostic techniques developed by us allows to study the program of psycho prophylaxis of the use of surfactants by adolescents in a complex way: At the behavioral, cognitive, emotional and physical levels.

Prior to the program of early prevention of abuse of surfactants, initial diagnostics was carried out for the entire psycho diagnostic package of techniques, which allowed us to establish the absence of statistically significant differences between adolescents of the experimental and control groups in all selected comparison parameters at the behavioral, emotional-cognitive, cognitive, value-cognitive and physical levels.

After the completion of the formative stage, a psycho diagnostic study was conducted in the experimental and control groups using the same techniques. The purpose of the repeated study: to determine the level of the index of aggressive reactions of students after the work carried out.

In general, during the analysis and processing of the results of the formative experiment, it was found that before the start of the program of early prevention of the use of surfactants, the results of adolescents in the experimental and control groups for each of the diagnostic indicators of self-regulation, attitudes to drugs, value orientations, propensity for open aggressive behavior were statistically equivalent (statistically significant differences between them were not revealed). After conducting a comprehensive program of early prevention of abuse of surfactants, statistical analysis of the data revealed its greatest effectiveness in

the behavioral and cognitive components of the program, the program showed less effectiveness in working on the cognitive-value component.

As a result of the conducted research, the effectiveness of the preventive program developed by us was revealed in several of its components: behavioral, emotional-cognitive, cognitive, value-cognitive. The results were subjected to statistical analysis, which showed its effectiveness at the statistical level.

Audience Take Away:

- Listeners will learn about the effectiveness of the prevention program developed by us in several of its components: behavioral, emotional-cognitive, cognitive, value-cognitive
- listeners will understand the essence of prevention in order to identify the degree of predisposition of a teenager, and then reduce the level of probability of introducing him to psychoactive substances
- According to the results of the study, listeners will learn how to talk about surfactants at a different logical level. Since working with beliefs implies: making changes in beliefs from a higher logical level is higher than the level of predisposition to addiction
- The listeners will be helped by a comprehensive program developed by us for the early prevention of substance abuse by adolescents based on psychophysical self-regulation techniques and use for their research, as well as to use this program in practice
- Other teachers will also be able to use the results of the study in teaching and in practice
- Our study provides a practical solution to the problems of early prevention of substance abuse by adolescents
- Listeners will receive new information on the problems of substance abuse by adolescents
- This study and the program developed by us have the following advantages
- Familiarization with the psychological causes and mechanisms of addiction formation
- Formation of primary skills for analyzing information, including surfactants, obtained through the media, in order to develop psychological immunity to harmful social influences and to resist addiction
- Learning to manage your emotional state as a prevention of addictive behavior
- Formation of an understanding of the importance of a healthy lifestyle for the harmonious development of personality and its successful self-realization in society
- Development of legal awareness of adolescents through the transition from abstract knowledge of the law to understanding its specific application, providing information about the consequences of offenses on specific examples
- Training in the skills of psycho physiological self-regulation of peripheral temperature using «Equator» software. The program is implemented using functional biofeedback technology (BFT) based on the principle of biofeedback. The program is not intended for medical use

Biography

Doctor of Psychological Science, Professor S. Berdibayeva defended her doctoral thesis in psychology in 2005 and holds the academic title of Professor of psychology. Under the guidance of Professor S. Berdibayeva, 5 PhD theses in psychology and 1 PhD were defended. Professor S. Berdibayeva conducts research with professors of the Leipzig University of Germany. Scientific directions and problems of stress management for dependent behavior, problems of mobile addiction, ethnopsychology of dependent behavior.

Professor S. Berdibayeva has 6 monographs and more than 200 articles, participated in ICP 2012, ICP 2016, ICP 2020. She is a participant of the Conference on Dependent Behavior, ICBA2022-Nottingham, England 20.07-22.07.2022. S. Berdibaeva member of the editorial Board of the journal - «Psychology and Behavioral Sciences» and the reviewer of the journal: "Universal Journal of Psychology.

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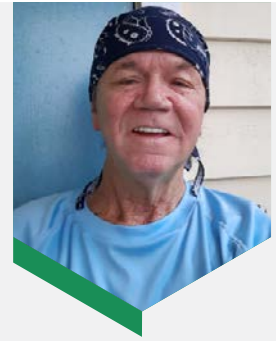
DAY 02

KEYNOTE FORUM

3RD EDITION OF
GLOBAL CONFERENCE ON
**ADDICTION MEDICINE,
BEHAVIORAL HEALTH AND
PSYCHIATRY**

Addicts first memory revisiting relapse

The following research results spanned six months between 2019-2020 and included a population of 175 people addicted to some form of substance, from alcohol to heroin. One question was asked, and the answers were amazing and consistent. The following work is the detailed results of this writer's answer to his own question and the 175 that followed. A constant pattern took shape throughout the bio-psychosocial assessments, these addicts had "first memories," the memories were vivid and took place between the ages of three to six years old, almost to a person those first memories were traumatic. This writer's personal search into his childhood was not to find an excuse for the way he became, but to explain the reason for becoming an addict. In order to treat addiction, these memories that have caused Post Traumatic Stress Disorder (PTSD), must be recognized as the catalyst that sparked a predisposition. Cognitive Behavioral Therapy (CBT), integrated with treatment specifically focused on PTSD, gives the addict a better chance at recovery sans relapse. This paper seeks to give the findings of first memories of the addicts assessed and provide the best treatment plan for such an addict, considering, the childhood trauma in congruency with treatment of the Substance Use Disorder (SUD). The question posed was, "What is your very first memory?"



John Michael Weber

Open Door Mission in Houston
Texas, United States

Biography

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

Representational proxies and interventional targets in addiction related impairments of self regulation

Neural mechanisms for self regulation feature prominently in studies of addiction, which is characterized by the inability to resist compulsive behavior. Such mechanisms entail not just top down processes involved in the execution of decision making events, but also the neural representation of the self/agent, generally regarded as the source of decision making capacity. Impairments of the latter representation can be expected to weaken the ability to enlist capacities for self regulation. Several leading proposals have linked the sensorial representation of the body known as the Peripersonal Space (PPS) to the self/agent. In its current understanding the PPS is a neural representation constructed from the integration of multisensorial input originating from the body and characterized by its spatial location as a domain inhabited by the body. This representation is posited to be the subject of experience. Supporting this interpretation, several psychiatric or degenerative diseases have been linked to impairments of the phenomenal construct of the self and to the PPS. Study of these impairments could yield insight into how self regulation is altered in addiction. Schizophrenia subjects, for example, display a shallow PPS gradient, a symptom thought to impair their ability to distinguish themselves from others. The disease, moreover, is marked by disturbances of the self construct, seen in such symptoms as an abnormal sense of the body, loss of ego boundary and a confused sense of agency. Similarly, negative self regulation characterizes another cognitive disease, Alzheimer's dementia, which manifests as a progressive loss of control by default mode, self circuitries that modulate task positive and task negative activity. Significantly, these diseases have been shown to negatively affect motor planning and execution, influences that have been linked to defects in goal pursuit and self agency. Extant studies suggest that impairments in the PPS are unlikely to be primary factors in these defects, however. Such evidence indicates that the PPS is constituted chiefly as a stochastic body space for sensorial determination of the likelihood that an object will come into contact with that space; that is as a defensive mechanism. Representation of the body in the PPS is notably subject to wide variance in accommodating probability determinations for interactive contingencies, which appears due to cognitive priors that modulate the representation. By contrast, theories of motor execution invoke a forward processing model in which the identification of expected actions are confirmed through sensory determinations requiring spatial accuracy, a process that has also been posited as a mechanism for identifying the source of actions. While goal specific information does not appear to be contained in discrete action identification processes of the motor plan - since schizophrenia patients have been shown to be capable of identifying discrete actions in automatic behaviors whereas they are impaired in the intentional



Denis Larrivee

Mind and Brain Institute,
University of Navarra Medical
School, Pamplona, Spain, Loyola
University Chicago, Chicago, IL,
United States

Biography

Dr. Denis Larrivee is a Visiting Scholar at the Mind and Brain Institute, University of Navarra Medical School and Loyola University Chicago and has held professorships at the Weill Cornell University Medical College, NYC, and Purdue University, Indiana. A former fellow at Yale University's Medical School he received the Association for Research in Vision and Ophthalmology's first place award for studies on photoreceptor degenerative and developmental mechanisms. He is the editor of a recently released text on Brain Computer Interfacing with InTech Publishing and an editorial board member of the journals *Annals of Neurology* and *Neurological Sciences* (USA) and *EC Neurology* (UK). An International Neuroethics Society Expert he is the author of more than 95 papers and book chapters in such varied journals/venues as *Neurology* and *Neurological Sciences* (USA), *Journal of Neuroscience*, *Journal of Religion and Mental Health*, and *IEEE Explore*. In 2018 he was a finalist in the international Joseph Ratzinger Expanded Reason award sponsored by the Francis Vittorio University of Madrid.

performance of motor tasks – the need to accommodate the spatiotemporal features of the world in task execution is nonetheless evident, suggesting that action selection processes involve neural mechanisms other than the PPS. This talk will explore whether an alternative representation of the body, the body schema, may instead be an important proxy for global self-representation during dynamic action and may be attributed as the self during action execution. Evidence favoring this interpretation has been the identification of neuron populations linked to more global features of the body that represent the body globally in its dynamic interactions with the environment and the discovery that schizophrenia subjects are unable to attribute self initiated actions to themselves, points that will be taken up in this talk.

Audience Take Away:

- Decision making impairments figure prominently in controlling against substance abuse
- Understanding the brain related basis of these impairments could help future interventional practice including both the new neurostimulation technologies and pharmacological intervention

Methadone versus buprenorphine/naloxone in opioid agonist therapy treatment retention

By the end of this presentation, participants will be able to describe the relative treatment retention rates for first episode opioid replacement treatment between methadone and buprenorphine/naloxone for patients receiving daily witnessed dispensed medications in naturalistic setting. Participants will also be able to list the benefits and risk of different medications used in opioid addictions.

This study is a longitudinal retrospective descriptive study analyzing secondary data from Canada on 1867 patients 18 years of age and older who started first episode opioid agonist therapy with methadone or buprenorphine/naloxone for opioid use disorder during a 4-year period. Treatment episode was defined as date of initial opioid agonist prescription until there is a gap of greater than 6 days without receiving opioid agonist medication at a pharmacy.



Joseph Sadek

Md, Dalhousie University Faculty of Medicine, Department of Psychiatry, Canada

Biography

Dr. Joseph Sadek, MD, MBA, B.Sc. Pharm, FRCPC, DABPN is an Associate Professor of Psychiatry at Dalhousie University, the clinical and academic leader, NSH acute care and the director of the Atlantic ADHD center in NS.

He served as the VP of CADDRA and currently a member of CADDRA advisory board.

Dr. Sadek is the chair of the Education committee of the Canadian Psychiatric Association and the chair of the senate Appeal Subcommittee of Dalhousie University.

He completed his psychiatry residency training at Dalhousie University in 2004 and his psychopharmacology research training and GCSRT at Harvard University.

Dr. Sadek is the author of 5 books "Clinician's Guide to ADH (2013), Adult ADHD comorbidities" (Springer, 2016) and child and

Adolescents ADHD comorbidities" (2018), Suicide Risk Assessment (2019) and Clinician's Guide to psychopharmacology (2021).

Dr. Sadek received several awards and grants. Latest from the Government of NS House of Assembly in 2019. He served as the provincial chair the Nova Scotia Suicide Prevention Initiative and member of the provincial education and training Committee.

Dr. Sadek is internationally recognized for his expertise in diagnosis and management of mental disorders including ADHD.

Neurobehavioral assessment of youth trauma: A means of preserving sobriety

This presentation proposes the need and approaches of performing an in-depth Trauma Informed-School Neuropsychological Assessment (TI-SNP) to address the degree of issues globally surrounding adolescent Substance Use Disorder (SUD). We will explore the (TI-SNP) Assessment Model by reviewing several definitions on Trauma and PTSD. We will explore the impact of Trauma on brain involving the function of stress related changes that can impact adequate limbic system and neurotransmitter functioning.

We will discuss the neurodevelopmental consequences and school neuropsychological implications of Trauma and Traumatic Stress, with an overview of how Trauma impacts memory and learning along with social-emotional adjustment. Overall, the (TI-SNP) assessment findings will help conceptualize accommodations and/or modification plans within a home, school, and clinical setting, all working in cohort as the stakeholders of quality care.

As an outgrowth of the Trauma Informed-School Neuropsychological Assessment (TI-SNP) data, we will explore websites and resources that may provide helpful interventions globally leading to promoting health and wellness with adolescent coping with an on-going recovery process involving Substance Use Disorder (SUD). The outgrowth of the (TI-SNP) assessment is to foster a solid partnership between the stake-holders treating adolescents needs resulting in a healthy paramount of care.

After completing the presentation, professionals will be able to:

- Review a Trauma Informed-School Neuropsychological Assessment Model (TI-SNP) to guide more effective assessment and treatment interventions.
- How to conduct a (TI-SNP) Assessment and what areas of brain & behavior needs to be to assessed for adequate care.
- Explain the assessment information to assist families, as well as mental health and medical professionals, to understanding SUD adolescent level of care with effective Trauma accommodations and modifications for ongoing treatment.

Audience Take Away:

- The audience will learn about a Trauma Informed-School Neuropsychological Assessment Model (TI-SNP) to assess the brain-behavioral impact involving adolescent Substance Use Disorder (SUD)
- The information learned will assist the professional to have a neuro-behavioral approach to suggest interventions for compliance of care between the SUD adolescent and other stakeholders
- The Trauma Informed-School Neuropsychological Assessment Model (TI-SNP) approach will provide practical accommodations and/or modifications to assist the SUD adolescent and all involved with establishing a realistic picture of educational and psycho-social care



Ann Marie Leonard-Zabel
Full Professor of Psychology,
Curry College, Milton,
Massachusetts, United States,
President of NEALAC Clinic, Cape
Cod, MA, United States

Biography

Dr. Leonard-Zabel is a full professor of Psychology and serves as the Psychology Department Coordinator at Curry College in Milton, Massachusetts, USA. She owns and operates a private clinic specializing in School Psychology/School Neuropsychology and Clinical Forensic Examining, providing assessments, consultation, and training to schools, families, clinics, law firms, and courts locally, nationally, and internationally. Dr. Leonard-Zabel is a Global Goodwill Ambassador for the USA and is a member of the Global Goodwill Ambassador Foundation. She holds diplomat and fellow certificates/certifications in the fields of Neuropsychology, Forensic Counseling and Forensic Examining, Psychotherapy, Addictions, Cognitive-Behavioral Therapy, Clinical Anxiety, Disability Analysis, Brain Coaching, Law & Advocacy, and in Homeland Security, among others. The American Psychological Association-Monitor recognized her in the Psychology Journal under the personality and achievement section. She was awarded the Lifetime Career Achievement Award from the American Board of Disability Analysts, of which a select few ever received this honor. Dr. Leonard-Zabel is the recipient of the

Lifetime Achievement Award from the American Board of School Neuropsychology/Kids, Inc. She serves on the Learning Disabilities Worldwide Congress as one of the Board of Directors (LDW). She was the opening Keynote speaker for LDW in London, England. Also, she recently received international awards acknowledging her keynote addresses encompassing school neuropsychological research on assessment approaches involving Autism Spectrum Disorders, Adolescent Addiction, Anxiety and Traumatic Brain Injury. She also received several international recognition awards for her leadership and collegiality. She conducted TEDx style talks for the IBCCES/ISCRD organizations. She serves on three national and international editorial boards in the areas of Psychology, Psychiatry, and Disability Analysis. She has written articles and chapters in the areas of Mental Health, Addictions, and School Neuropsychology. She was awarded the Curry College Person of the Year Award, Researcher of the Year Award, Excellence in Partnership & Collaboration of the Year Award, and Excellence and Scholarship in the Field Award. Dr. Leonard-Zabel presents nationally and internationally on an on-going basis.

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SPEAKERS

3RD EDITION OF
GLOBAL CONFERENCE ON
**ADDICTION MEDICINE,
BEHAVIORAL HEALTH AND
PSYCHIATRY**

IN-PERSON

**Karen E. Arscott**

The Wright Center and The American Board of Preventive Medicine,
United States

Substance use disorder risk assessment: Preventing use disorder

Introduction: There were over one-million drug overdoses in the US during the period of the largely iatrogenic opioid epidemic with over one-hundred thousand in one-year. Unfortunately, current screening tools for AUD or SUD are designed to discover these diseases at a late stage. Prevention is the best method to avoid AUD or SUD. To date, there is no research describing an instrument such as this investigation proposes. The goal of this study was to develop a simple prevention tool for patients who may be prone to develop AUD and/or SUD prior to the development of addiction.

Methods: Participants (N = 259) were recruited from an urgent care clinic and received either acute care or medical treatment for SUD. Patients receiving acute care were assigned to the comparison group (N = 126, 50.8% female, 5.7% non-white, 27.2% age < 34) and those receiving treatment for SUD were assigned to the Medical Assisted Treatment (MAT) group (N = 133, 40.8% female, 4.8% non-white, 36.8% age < 34). Surveys included questions about demographics (4 items), risk factors for AUD/SUD (6 items), information about their first alcohol and opioid experiences (16 items), and factors for seeking AUD/SUD treatment and recovery (2 items). There were items about first-time usage and participants were asked to select the emotions that they experienced. Feelings were categorized as positive (e.g. euphoria, happiness, self-confident), neutral (e.g. nothing, normal), or negative (e.g. depressed, sad, sick). Responses were collected and entered into Systat for analysis.

Results: The MAT and Comparison groups were indistinguishable in terms of sex, age, and race/ethnicity. The MAT group felt more positive feelings with first usage of alcohol and opioids compared to the comparison group ($p < .001$). With first usage of opioids specifically, MAT ($0.13 + 0.04$) and Comparison ($0.29 + 0.07$, $p < .001$) groups differed. Over half (55.3%), of the MAT participants reported feeling self-confident with first use of alcohol while only 29.7% of the Comparison reported this ($p < .001$). Over three-fifths (63.7%) of the MAT group reported feeling euphoria with the first usage of opioids compared to one-tenth (9.8%) in the Comparison group ($p < .001$).

Conclusions: This retrospective cross-sectional report shows that the first affective responses to recreational drugs may predict risk for future drug misuse potentially leading to SUD. Reporting positive feelings with first usage of alcohol and/or opioids could be used as a screening tool for patients who may be more prone to developing AUD and/or SUD.

Audience Take Away:

- Discuss the warning signs for someone at risk for developing a Substance Use Disorder
- Teach other providers the warning signs for persons developing a Substance Use Disorder
- Safely prescribe substances for pain management
- Advise patients about risks related to various substances and developing a Substance Use Disorder

Biography

Dr. Karen E. Arscott is a board-certified addiction medicine specialist at The Wright Center for Community Health in Northeast Pennsylvania. She earned her Doctor of Osteopathic Medicine and Master of Clinical Science degrees from the Philadelphia College of Osteopathic Medicine. She is fellowship-trained, and board certified in addiction medicine by the American Board of Preventative Medicine. In addition, she is board certified in Neuromuscular medicine by the AOBNMM. Also, an Associate Professor of Medicine at Geisinger Commonwealth School of Medicine, president of the Lackawanna County Medical Society, and Board member of the Pennsylvania Osteopathic Medical Association.

IN-PERSON**Jay Chase**

Host and Creator, Don't Touch My Mindset, Owner & Operator, JC Recovery Coaching, Columbia, MO, United States

Managing destructive emotions and habits to take control and maintain recovery

In this presentation, Mr. Jay Chase will discuss what his journey to over half a decade of sobriety looked like for him personally to connect with the audience. He will discuss the top reasons for a person who suffers from substance abuse to return to using. He will also discuss why individual growth and personal development is vital during recovery and discuss what worked for him to undergo this practice to help prevent other people from returning to using. This presentation is specifically designed to join medical, addiction and behavioural health professionals and those influencing those practices to change their attitudes, increase their knowledge and competencies around substance use disorder issues facing today's diverse society in order to develop and implement effective prevention and intervention / treatment programs and strategies through science, policy and practice. Ultimately, this will create improvement in 'systems' and clinical practices and client care in individual and community practices / programs.

Audience Take Away:

- In this presentation the audience will learn how to identify growth gaps
- Develop strategies to promote the healthy growth and development of individuals more effectively in all developmental stages and various cultural / ethnic backgrounds who are dealing with issues of substance use, misuse, and abuse
- Increase awareness and share current knowledge of critical substance use issues throughout the life span and identify and define their relevance to peers, family members, business, and community and government influences
- Provide tools for professionals in policy, research, and patient care to mobilize so as to develop and implement prevention and intervention programs in the business, community and/or government sectors

Biography

Jay Chase is currently assisting and working with substance abuse individuals in active recovery to deal with underlying destructive emotions and habits due to their former way of life. The goal of the speaker, Podcaster, and Coach is to assist these individuals in attaining full recovery and lead a full, effective, and successful life. Jay Chase is a Columbia-born and raised American who has always had a strong desire to serve others and motivate them to develop self-confidence. He is a staunch believer in the power of will, a man who believes that everyone deserves and can achieve recovery.

IN-PERSON

**Ange Weinrabe*¹, James Tran², Ian B. Hickie¹**

¹Youth Mental Health Research, Brain and Mind Centre, Faculty of Medicine, The University of Sydney, Sydney, NSW, Australia

²School of Banking and Finance, University of NSW, Sydney, Australia

Risk tolerance in youth with emerging mood disorders

Risk-taking behaviour is common during youth. In the time between adolescence and early adulthood, young people (aged 15-25 years) are more vulnerable to mood disorders, such as anxiety and depression. What impact does an emerging mood disorder have on decision-making in youth at critical decision points in their lives? In this article, we explore the impact of risk and ambiguity on youth decision-making in a clinical setting using a well-known economic experiment. At two time points, separated by six to eight weeks, we measured risky and ambiguous choices concurrently with findings from three psychological questionnaires, the 10-item Kessler Psychological Distress Scale (K10), the 17-item Quick Inventory of Depressive Symptomatology Adolescent Version (QIDS-A17), and the 12-item Somatic and Psychological Health Report (SPHERE-12), for young help seekers aged 16-25 (n=30, mean age 19.22 years, 19 males). When first arriving for care, we found that 50% (n=15) of participants experienced severe anxiety (K10 \geq 30) and were severely depressed (QIDS-A17 \geq 16). In Session 2, taking attrition rates into account (n=5), we found that 44% (n=11) remained severe across the full battery of questionnaires. When applying multiple regression analyses of the pooled sample of observations (N=55), across both sessions, we found that participants who rated severely anxious avoided making risky decisions. We suggest there is some statistically significant (although weak) (p=0.09) relation between risk and severe anxiety scores as measured by K10. Our findings may support working with novel tools with which to evaluate youth experiencing an emerging mood disorder and their cognitive capacities influencing decision-making.

Biography

Holding an Arts (Adv.) Hons Degree in Philosophy, The University of Sydney, and a Master's in philosophy (Medicine) from the Brain and Mind Centre, Sydney Medical School, supervised by Mental Health pioneer Prof. Ian. B. Hickie, Angé published the hypothesis that dysregulated emotion (mainly anxiety) impairs decision-making in youth. Enrolled in a Ph.D. also at the University of Sydney, supervised by philosopher of science, Prof. Dominic Murphy, Angé is investigating the critical role and epidemiological value of culture when investigating explanatory models of addiction (substance and behavioural) in youth at critical stages of development.

VIRTUAL

**Alphonsus Obayuwana**

Triple-H Project LLC, United States

The Mathematics of Happiness

Mathematics is essentially the study of relationships and during this presentation, the relationship between HOPE, HUNGER, and HAPPINESS will be explored and a very easy way to measure subjective wellbeing will be unveiled.

Audience Take Away:

- Become familiar with the mathematics of happiness (aka the happiness formula)
- Know how to calculate the Personal Happiness Index (or PHI) of any client or patient
- Learn how to identify happy, unhappy, very happy, very unhappy, flourishing, or languishing clients or patients—after asking just twelve simple questions

Biography

Alphonsus Obayuwana, M.D., Ph.D., CPC. is both a physician and a happiness guru. He is the Founder and CEO of Triple-H Project LLC, Perrysburg, Ohio, in USA. He is an award-winning author who has published several peer-reviewed articles in the national medical journals on the subject of Human Hope, including the Hope Index Scale that became widely used at Coca-Cola, General Motors, Veterans Administration, and many academic institutions inside and outside USA.

After thirty years of relentless research on Human Hope & Happiness, he successfully derived the Triple-H Equation that is at the core of The Mathematics of Happiness. Throughout his tenure as instructor, assistant professor, associate professor, and professor—respectively at Johns Hopkins, University of Maryland, Eastern Virginia Medical school, Ohio University College of Osteopathic Medicine, and University of Toledo—he taught and mentored medical students, resident physicians, nurses, and fellows in the art of caring and promoting happiness for themselves and their patients. Dr. Obayuwana is also a retired Major in the US Air Force (Reserve).

VIRTUAL

**Stephanie Schweitzer Dixon**

M.S, CEO & Owner, SSD Consulting, Belmont, MA, United States

Suicide prevention strategies for the law enforcement profession

Suicide may be the most dangerous threat to a law enforcement officer's well-being, safety, and life in today's world. The exact number of law enforcement deaths by suicide remains unknown due to inconsistent data regarding law enforcement officer deaths by suicide even after multiple organizations have been working diligently to collect this data, and the United States Congress has recently passed a bill to improve data collection procedures nationwide. In the United States, approximate estimates range from being at or significantly above the national average; one study reported the rate of suicide to be twice the rate of officers who die in the line of duty, another study reported three times the rate, and another reported it to be eight times that of the general population (Schweitzer Dixon, 2020). Law enforcement officers become exposed to the most challenging, traumatic, and horrific tragedies endured by and inflicted upon human beings that the majority of the general population is completely unaware of occurring in society. While they enter their profession physically and psychologically healthy, these atrocities can affect some officers more so than others, leading to stress-related disorders, substance use and abuse disorders, sleep deprivation, depression, post-traumatic stress disorder (PTSD), a shorter average life span, and for too many, suicide. Therefore, best prevention, intervention, and postvention practices require methods tailored toward the multitude of unique risk factors and needs of the law enforcement community in our evolving society, specifically the ages, race, gender, years on the job of specific officers, substance use, mental health challenges, and types of law enforcement profession, when tailoring suicide prevention programming. One study showed that corrections officer deaths in 21 states found that corrections officers had a 39% higher risk for suicide than the rest of the working-age population, with another study showing depression rates as high as 31% for corrections officers (Schweitzer Dixon, 2021). A review of the correlation between substance use and abuse and rates of suicidal behaviors will be reviewed, so the risk of suicide is further understood when substance use is present. These unique factors are highlighted in how programming is best tailored with additional recommendations for law enforcement and organizational leadership to ensure successful programming and support to ensure their officers remain healthier while on the job and into retirement.

Audience Take Away:

- Participants will learn how the high rates of suicide among law enforcement officers, particularly in the United States, are affecting the occupation and creating an occupation at growing risk of suicide, self-harm, and behavioral health challenges, including depression, PTSD, and addiction disorders
- Participants will learn the difference between male and female rates of depression, PTSD, and addiction disorders and how those rates correlate with rates of suicide and self-harm
- Describe mental wellness and suicide prevention strategies that can be implemented within police departments

Biography

Stephanie Schweitzer Dixon has a master's degree in Forensic Psychology. Her expertise focuses on suicide loss and trauma survivors, implementing and sustaining LOSS (Local Outreach to Suicide Survivors) Team Programs, and research and training on law enforcement suicide prevention and postvention. Ms. Schweitzer Dixon is a suicidologist and the CEO and founder of SSD Consulting. She works with nonprofit organizations, community task forces, suicide loss survivors, first responders, and public safety personnel, providing consultation and training on suicide prevention and postvention, and crisis intervention, including starting and sustaining LOSS Teams. She serves as a National Police Suicide Foundation member and on the National LOSS Team Conference Planning Committee

VIRTUAL

**Trish Henrie-Barrus**

Professor, University of Utah, United States

Principles of recovery: A new positive psychological approach to treatment

Using the framework of positive psychology and the existing research on the benefits of positive psychological methodology in addiction treatment, we have created a program and new approach to recovery treatment centered around the 10 Principles of Recovery. In our session, we will discuss in detail the existing literature that supports these 10 Principles, the protocol for using them, interventions, the benefits of using this program in recovery, and the latest data from a recovery center where they are being used.

Historically, psychology has focused on mental illness and the negatives in human behavior. This has been especially true in the field of addiction as evidenced by the wide use of the label “addict”. In recent years, interest in human potential, resilience, and well-being has grown. This interest was, in part, due to the positive psychology movement led by prominent scholars/psychologists such as Martin Seligman, Ed Deiner and others who focused attention on the study of human strengths or those inner traits and characteristics that most cultures, religions, and philosophies have highlighted as contributing to the well-being of the individual as well as the world. Positive psychology focuses more on strengths than on weaknesses, on building the best things in life rather than becoming fixated on the worst, and on those things that contribute to human health rather than perpetually digging at wounds and taking identity from sickness. This can be especially problematic for those in recovery.

An entrenched identity can also come from labeling oneself as an “addict”. Positive-psychological methodology seeks to understand, to intervene and to change the negative self-perception or negative labeling with the objective of improving the life satisfaction and happiness of the person. In recovery treatment, these are important concepts for providers to understand.

Despite decades of research and treatment, rates of substance abuse and addiction continue to rise, and rates of drug overdose are at epidemic levels. Recently there has been a paradigm shift in the field of addiction toward recovery work, which unlike earlier interventions is founded in positive psychology theory.

Using the lens of positive psychology, addiction and subsequent recovery can be explored in terms of the loss and recreation of the person’s identity by informing and accepting identity shaping character strengths, finding meaning and purpose in life, defining and strengthening the spiritual self, engaging in altruistic activities, practicing gratitude, forgiving self and others, and cultivating hope for a more satisfying life. This new way of looking at addiction and recovery may provide alternative forms of treatment that may be beneficial to the patient. We have created a program centered around the 10 Principles of Recovery using the framework of positive psychology and the existing research on the benefits of positive psychological methodology on addiction recovery. In our session, we will discuss in detail the existing literature that supports these 10 Principles, the protocol, interventions, the benefits of using this program in Recovery, and the latest data where they are currently being implemented.

Audience Take Away:

- Upon completion, participants will be able describe research based positive psychological methodologies found to be beneficial to recovery
- Upon completion, participants will be able to list and describe the 10 principals of recovery and the program protocol
- Upon completion, participants will have reviewed the latest data on the use of these principles in a treatment setting and be able to incorporate them into an existing treatment program

Biography

Trish Henrie-Barrus, Ph.D - is an industry influencer in positive psychology. She is a practicing clinician providing groundbreaking mental health and addiction programs. Assistant Professor at the University of Utah, created the nationally acclaimed Positive Psychology Undergraduate Certificate program. She has extensive experience in assessment administration and development, especially in the areas of opioid and chemical addiction, pain management, depression, anxiety, and wellness. Dr. Barrus serves as the State Commissioner on Mental Health for the Utah Digital Health Commission. Published - 10 Principles of Recovery- A Positive Psychological Approach to Addiction and Life 2021 (6) Published Journal Articles.

IN-PERSON

**Libby Chartier^{1*}, Lindsey Boechler²**

¹Student Advisor, Dene High School, La Loche, SK, Canada

²Centre for Health Research, Innovation and Scholarship (CHRIS), Saskatchewan Polytechnic, Saskatoon, Saskatchewan, Canada

Sekwe'ha: A community-based research approach to virtual mental health supports for Indigenous youth

Although Indigenous Canadians represent only a fraction of the national population, the suicide rate of Indigenous youth is five to six times higher in comparison to non-Indigenous youth in Canada (Indigenous Suicide Prevention, 2020). These suicide statistics clearly indicate that the current approach to providing mental health care is not adequate. Our community-based team is dedicated to addressing the disparities in mental health care access and supports being experienced by Indigenous youth across the country by exploring for potential virtual reality (VR) technology within the services offered.

Saskatchewan Polytechnic researchers have been collaborating with students and staff at Dene High School in La Loche, SK for the past two years to explore innovative ways of supporting mental health and well-being of Indigenous youth. Through the perspectives of local youths, Elders, teachers, clinicians and community members, our team has identified shortcomings within the existing system, and uncovered the potential value of VR technology in improving access, quality, and the range of mental health support services.

Community-based research has proven to be highly effective in the development of mental health intervention and prevention programs that accurately capture the needs of Indigenous knowledge users. In co-developing and incorporating culturally congruent mental health services in partnership with Indigenous community members, we hope to fulfill the needs of and engage knowledge users to a higher degree than has been accomplished to date.

This project builds upon existing best-practices of utilizing VR as an intervention to improve mental health and wellbeing.

By further enhancing VR interventions, our research will serve as a catalyst that pushes the boundaries of virtual presence in the domain of enhancing mental health and wellbeing. This presentation will be co-presented by a local youth advisor, Libby Chartier and the project's lead researcher, Lindsey Boechler. Together they will share their expertise within their field of study as well as through their lived experiences and diverse backgrounds. Libby brings great insight to the presentation that could not be acquired otherwise as she will share her lived experiences and how her experiences and knowledge ultimately enhances the design of the novel mental health and wellness resources being developed.

Audience Take Away:

- Recognize the importance of partnerships when engaging in research with Indigenous communities
- Discuss the potential benefits of incorporating VR to enhance mental health care in rural and remote communities
- Consider potential ways of integrating culture and tradition within innovative approaches to mental health care

Biography

Libby chartier, student advisor, is 16-year-old student at dene high school in la loche, sk. Libby suffers from crippling anxiety (that affects simple tasks such as shopping for groceries) and depression. She uses virtual reality on a daily basis and has found it to help with speaking and opening up to others. Libby is a member of this research team because she feels this project holds great potential to help others that suffer from similar disabilities, too inhibited by their conditions to fully express their emotions and feelings otherwise.

Lindsey boechler, ma, acp, is a research chair with the centre of health research, innovation and scholarship, saskatchewan polytechnic, canada. Lindsey practiced as a paramedic for more than a decade prior to becoming an educator. She has been working with saskatchewan polytechnic since 2015. Lindsey obtained her master of arts- leadership from royal roads university in 2019 and is currently a student in the professional doctorate in educational leadership program at the university of saskatchewan. Her research focuses on integrating virtual health supports to convey preventative and health promotion information to patients and their families.

IN-PERSON



Clement G. Yedjou*¹, Solange Tchounwou¹, Lekan Latinwo², Richard A. Alo³, Jinwei Liu³, Carlos Theran³, Yohn Parra Bautista³

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³Department of Computer and Information Science, College of Science and Technology, Florida Agricultural & Mechanical. Martin Luther King Blvd, Tallahassee, United States

Breast cancer diagnosis and classification using machine learning approach

Breast cancer continues to be the most frequent cancer in females, affecting about 1 in 8 and causing the highest number of cancer-related deaths in females worldwide despite remarkable progress in early diagnosis, screening, and patient management. All breast lesions are not malignant and all the benign lesions do not progress to cancer. However, the accuracy of diagnosis can be increased by a combination or preoperative tests such as physical examination, mammography, fine-needle aspiration cytology, and core needle biopsy. These procedures are more accurate, reliable, and acceptable when compared with a single adopted diagnostic procedure despite of having their limitations. Recent studies showed an accurate prediction and diagnosis of breast cancer using machine learning (ML) approaches. The objective of this study was to explore the application of ML approaches to classify breast cancer based on feature values generated from a digitized image of a fine-needle aspiration of a breast mass.

To achieve this objective, we used ML algorithms and collected scientific datasets of 569 breast cancer patients from Kaggle and interpreted these dataset based on ten real-valued features (radius, texture, perimeter, area, smoothness, compactness, concavity, concave points, symmetry, and fractal dimension) from a digitized image of a fine needle aspirate (FNA) of a breast mass. Among the 569 patients tested, 63% were diagnosed with benign prostate cancer and 37% were diagnosed with malignant prostate cancer. Benign tumor grows slowly and does not spread while malignant tumor grows rapidly and spread to other parts of the body.

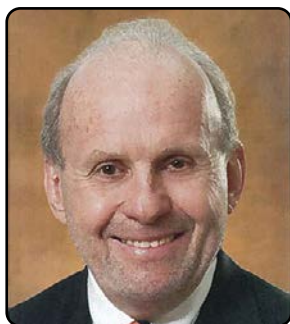
Audience Take Away:

- This work presents a novel computer-aided diagnosis system for the prediction, diagnosis, and classification of breast cancer using machine learning technique
- Audience will learn machine learning approaches can be used to screen large dataset, diagnose, and treat breast cancer

Biography

Clement G. Yedjou is an Associate Professor in the Department of Biology at Florida Agricultural and Mechanical University. His research focuses on the assessment of medicinal plants as anti-cancer agents in the management of prostate cancer, and breast cancer using neoplastic cancer cells and mouse models. He has secured external competitive grants as a Principal Investigator (PI) or Co-PI and so far, he has published 72 peer-reviewed articles in prestigious journals and his work has been cited more than 8,700 times. He authored 8 book chapters and has presented several short courses and more than 120 keynote and invited talks in the United States, Canada, and Europe.

IN-PERSON

**Norman S. Miller**

Medical College of George Augusta University, United States

Marjuana–Violence and the law

Marijuana is currently a growing risk to the public in the United States. Following expanding public opinion that marijuana provides little risk to health, state and federal legislatures have begun changing laws that will significantly increase accessibility of marijuana. Greater marijuana accessibility, resulting in more use, will lead to increased health risks and violence in every demographic across the country.

We present cases that are highly popularized storylines in which marijuana led to unnecessary violence, health risks, and, in many cases, both. Through the analysis of these cases, we will identify the adverse effects of marijuana use and the role it played in the tragic outcomes in these and other instances. In this analysis, we hold no opinion, nor pose any arguments, on other issues that may pertain to the cases.

Audience Take Away:

- Review of current marijuana laws in the U.S
- State specific regulations and changes
- Association of marijuana with violence

Biography

Norman S. Miller, MD, JD, PLLC, received training in Psychiatry at Johns Hopkins Hospital and in Neurology at the University of Minnesota. He is a Board Certified Psychiatrist, Neurologist, Addiction Psychiatrist, Forensic Psychiatrist, and Licensed Attorney. He practiced general psychiatry and addiction psychiatry on the faculty in academic institutions at Michigan State University, University of Illinois at Chicago, and New York Hospital-Cornell University Medical College. He is the author and editor of 250 journal articles and book chapters and 13 books. He edited *Comprehensive Handbook of Drug and Alcohol Addiction* (which won an award from the American Writers Association), *Detoxification and Substance Abuse Treatment*, (for the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, Department of Health and Human Services), *Principles of Addiction Medicine*, (for the American Society of Addiction Medicine), and *Manual of Addiction Therapeutics*. He is a nationally and internationally recognized expert in Addiction Psychiatry, Addiction Medicine and Forensic Psychiatry. Dr. Miller is also the CEO of Health Advocates PLLC. He is graduate of the Michigan State University College of Law, and has practiced law as an attorney in Medical Malpractice, Criminal Law, and Professional Discipline.

IN-PERSON

**Thersilla Oberbarnscheidt**

University of Pittsburgh, United States

Trend of cannabis use during the Covid-19 pandemic

The Covid-19 pandemic has caused enormous stress on the population and an increase in mental health needs. The demand for mental health treatment exceeded in many locations the availability of resources. At the same time, marijuana has been gaining popularity. About 48.2 million people used the substance at least once in 2019, which is about 18% of the U.S. population. Throughout the pandemic, the use of cannabis and cannabis-products has further increased in the U.S. but also worldwide.

The current trend of legalization of marijuana and easy access causes people to have a false perception of marijuana as a natural and safe drug. Even amongst medical professionals, the opinions on safety, benefit and harm differ significantly.

Marijuana is a substance that contains more than 421 compounds and 60 pharmacologically active cannabinoids. The two best-described cannabinoids are THC and CBD. Most of the other compounds are not yet understood, their mental and physical effects are unknown.

Current available studies are limited by small sample sizes and short-term follow-ups but raise concerns regarding marijuana's toxicity. Health risks associated with the use of marijuana range from physical diseases COPD, cancer, hormonal changes to psychiatric disorders mania, psychosis, ADHD-like symptoms and impaired cognition.

Many states have proceeded towards legalization of marijuana, others have medical marijuana cards for debilitating medical or psychiatric conditions including AIDS/HIV, Multiple Sclerosis, Amyotrophic Lateral Sclerosis, Alzheimer's but also depression, anxiety, and Post-traumatic Stress-Disorder. For most users, the main barrier to obtaining a card is the financial expense and leads to purchasing marijuana off the streets. This exposes the user to the risk of legal consequences but also to intoxication with laced marijuana or high potency marijuana.

Audience Take Away:

- This oral presentation will provide an overview on the current available data of marijuana use and associated risks and benefits during the Covid-19 pandemic. Utilized sources were PubMed, Cochrane, Ovid, Medline, Psych Info, EMBASE

Biography

Thersilla Oberbarnscheidt is an Assistant Professor at the Western Psychiatric Hospital at the University of Pittsburgh where she also completed her fellowship in Addiction Psychiatry. She completed her residency at Central Michigan University in Psychiatry and her graduated Medical School from the Christian-Albrechts University in Germany as well as Yale University School of Medicine. She completed her PhD in neuroscience at the Christian-Albrechts University as well with the thesis of "The effect of phenazone in the acute migraine attack". Thersilla has a long-standing interest in the field of Addiction and has published numerous articles in the field of Addiction. Her particular interest is in Marijuana and Opioids.

VIRTUAL

**Jing Du**

Beijing Anding Hospital, Capital Medical University, Beijing, China

Development of fast acting antidepressants based on nuclear receptor mechanism

Major depressive disorder is a common, chronic and recurrent disease. Existing drugs are ineffective to one third of patients, so it is urgent to develop novel and rapid antidepressants. Accumulative evidence has shown that immune inflammation, particularly inflammasome activity, plays an important role in the pathophysiology of MDD. We summarize the evidence on Nuclear Receptors (NRs), such as glucocorticoid receptor, vitamin D receptor, estrogen receptor, aryl hydrocarbon receptor, and Peroxisome Proliferator-Activated Receptor (PPARs), in modulating the inflammasome activity and depression-associated behaviors. Chronic Social Defeat Stress (CSDS) depressed mice reduced the expression level in Prefrontal Cortex (PFC) of Farnesoid X Receptor (FXR), which is a nuclear receptor activated by CDCA. We found that CDCA treatment restored the level of FXR in the CSDS mice, decreased the activity of the NLRP3 inflammasome and caspase-1 and subsequently showed antidepressant effects in the tests of sucrose preference, tail suspension, and forced swimming in CSDS mouse model of depression. Moreover, we also found that Ganoderic Acid A (GAA) modulated CDCA receptor FXR, inhibited brain inflammatory activity, and showed antidepressant effects in the chronic social defeat stress depression model, tail suspension, forced swimming, and sucrose preference tests. GAA directly inhibited the activity of the NLRP3 inflammasome, and activated the synaptic AMPA by regulating FXR in the PFC of mice. If we knocked out FXR or injected the FXR-specific inhibitor z-guggulesterone (GS), the antidepressant effects induced by GAA were completely abolished. In another independent study, we found that oridonin significantly enhanced the expression of nuclear receptor PPAR- α , GluA1 (Ser845) phosphorylation, GluA1 in the total protein extract of the Prefrontal Cortex (PFC), and showed antidepressant efficacy. Blocking nuclear receptor PPAR- γ was able to block antidepressant effects of oridonin. These studies demonstrate that nuclear receptor signaling regulates neuroimmune and antidepressant behaviors and is potential targets for the treatment of MDD.

Audience Take Away:

- Nuclear receptors (NRs), modulating the inflammasome activity, could be the key mechanism for novel antidepressant drug development
- Ganoderic acid A (GAA) activated nuclear receptor FXR, inhibited the activity of the NLRP3 inflammasome, and showed the antidepressant effects
- Oridonin mediated through nuclear receptor PPAR- γ also showed antidepressant efficacy

Biography

Dr. Jing Du is a professor in Beijing Anding Hospital affiliated to Capital Medical University in Beijing, China. In Beijing Anding Hospital, she is mainly engaged in the research of cellular and molecular pathophysiology and neuropsychopharmacology of mental diseases such as depression, anxiety, autism and Alzheimer's disease. She was formerly a staff scientist at the National Institute of Mental Health of the National Institutes of Health (NIH) in USA. She has won many awards, including the NIH Performance Award in Recognition and Appreciation of Special Achievement issued by the National Institutes of Health. Full member of the American College of Neuropsychopharmacology (ACNP). She was invited to serve as the editorial board of "BMC neuroscience". She has published 62 SCI articles. She is recognized nationally and internationally for her research contributions and achievements in psychopharmacology.

VIRTUAL

Mohammad Zare MD, MS; Shrabanee Mitra MD; Jennifer LaHue MBA, RN, CENP; Miguel Aguilar RN; Kathryn Crary MPA; Cherise Ramirez RN; Rachel Ibanez RN

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

Office Based Addiction Treatment Program Update and Outcome Measures

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

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

Harris Health System's Ambulatory Care Services/University of Texas Health McGovern established the Office Based Addiction Treatment Program (OBAT) for the past 5 years. Harris Health's OBAT Program is based on the Massachusetts model of Office Based Addiction Treatment where patients are in a primary care setting and the care of the substance misuse patient is seen through the lens of a chronic disease model. This program is aimed at integrating treatment for opioid use disorder in primary care. This innovative program utilizes a nurse care manager role working closely with waived physicians.

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

The multidisciplinary approach is used in multiple Harris Health clinical sites which entails the collaboration between the Physician (PCP), Nurse Care Manager, Psychiatrist, Behavioral Therapist, Social Worker/Case Managers, Patient Educators, Pharmacists, Information Technology and community resources such as Harris Center, House of Extra Measures, Houston Recovery Center and Houston STAR Drug Courts.

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

Audience Take Away:

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

Biography



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



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



Cherise Ramirez completed her Associates Degree in Nursing from Houston Baptist University in 1997. She completed her Bachelor's Degree in Nursing in 1997. She is Board Certified in Ambulatory Care Nursing. She has been a loyal employee of Harris Health System for the last 25 years serving in multiple roles of nursing across the organization. She is currently working as the Program Manager & Nurse Care Manager for the Office Based Treatment Program under the Ambulatory Care Services platform.

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POSTERS

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VIRTUAL

**Christina Javete**

James A. Haley VA Hospital, United States

CORE: The Crisis, Orientation, Refresh, and Empower (CORE) intervention

The Crisis, Orientation, Refresh, and Empower (CORE) intervention was developed and is a short phase-driven and easily comprehensible crisis intermediation that evokes a spiritual-cognitive-behavioral approach to a veteran's recovery. CORE researchers found that this crisis intervention, in addition to face interaction, can be delivered via telehealth. Its goal is to derive spiritual empowerment in the mental health vulnerable populations as a coping tool. CORE was performed in the VAMC inpatient psychiatric unit, with patients who were admitted for suicidal ideation/attempt SI/SA. Preliminary clinical outcomes indicated an increase in current and new mental health service compliance along with a decrease in SI/SA rehospitalizations among Veterans one year after receiving the CORE crisis intervention. New aims would seek to explore, utilizing the researched model of community access to care, the impact of Veterans' spiritual beliefs via the Spiritual Fitness Inventory (SFI) and their choice of participating in the CORE intervention. Further, will the self-election of the CORE intervention lead to increased chaplaincy services, increased mental health services and a decrease in SI/SA rehospitalization seven months after the initial hospital admission.

Audience Take Away:

- Explain the importance of using one's spirituality in one's recovery
- Spirituality importance in one's sobriety and mental health appointment adherence
- Additional resources to be used in one's care such as Chaplaincy/faith-based services

Biography

Christina Javete, LMHC is a licensed mental health counselor and a nationally certified counselor working for the Department of Veteran Affairs in Tampa, FL. Working on the inpatient psychiatric unit for the past 5 years has inspired the work of decreasing substance use and increasing mental health involvement in veterans who were admitted for suicidal ideation. The CORE (Crisis Orientation Refresh Empower) intervention is a brief spiritually counseling intervention where the veteran utilizes their faith in their recovery. This is also done to promote the use of another resource for recovery, the VA Chaplains. After the study was completed, it was found that mental health care adherence to treatment plans and decrease in substance use occurred. CORE will be entering in its second phase as part of one's treatment.

VIRTUAL



Ariel Wilson BA*, Tevfik Kaleioglu, MD, Nassima Ait-Daoud Tiouririne, MD.

Department of Psychiatry & Neurobehavioral Sciences, University of Virginia School of Medicine, Charlottesville, VA, United States

Combination in patients with Alcohol Use Disorder: A 12 Week, Randomized, Placebo Controlled Pilot Study

Alcohol use disorder has proven consistently difficult to treat with currently approved medications showing a small effect size. Topiramate (TPM) has shown promising results as a potential treatment of alcohol use disorder through its anti-craving effects, but its use is limited by cognitive side effects. This cognitive impairment has been attributed to increased oxidative stress in neurons due to a lack of glutathione, which requires cysteine and the cysteine-glutamate antiporter (xCT).⁶ N-acetylcysteine (NAC) has the potential to reduce the cognitive impairments caused by TPM, as it does not require the use of the xCT antiporter to enter neurons and can therefore replete glutamate concentrations. NAC also has the potential to work synergistically with TPM thereby reducing alcohol craving and drinking more efficaciously than either drug alone. The current study was a randomized, double-blind pilot study designed to evaluate the effectiveness and side effect profile of the combination of TPM + NAC versus TPM + placebo. We found that both treatment groups showed a significant reduction in alcohol use at the end of the study compared to baseline. However, there was no significant difference between groups in their reduction in alcohol use. Furthermore, there was no significant difference between groups for cognitive side effects. This study supports the current evidence that TPM is an effective medication for alcohol use disorder, and that NAC may not provide additional benefit in the reduction of alcohol use or cognitive side effects.

Audience Take Away:

- Topiramate is an effective medication for reducing alcohol consumption in patients with Alcohol Use Disorder.
- Not all patients who are treated with topiramate for Alcohol Use Disorder suffer from cognitive side effects.
- N-acetylcysteine (NAC) does not appear to mitigate potential cognitive side effects from topiramate nor provide additional therapeutic benefit.

Biography

Ariel Wilson graduated from the University of California San Diego in 2009 with a Bachelor of Arts in Psychology. She attended the University of Virginia School of Medicine in 2018 and will pursue a residency in psychiatry following her graduation from medical school in May 2022.

VIRTUAL



David Chung ^{*1,2}, **Alex Payne**¹, **Tevfik Kalelioglu**¹, **Kelly Schloring, LCSW**¹, **Quincy Zhong**¹, **Nassima Ait-Daoud Tiouririne**¹

¹Psychiatry and Neurobehavioral Sciences, University of Virginia Health, Charlottesville, VA, United States

²School of Medicine, University of Virginia, Charlottesville, VA, United States

Feasibility study of an opioid-helpline for high-risk individuals for opioid use disorder

Background: Evidence suggests that educational interventions provided by health care providers can be effective in altering patients' attitudes towards pain management and in referral to addiction treatment when appropriate. Time constraints during visits limit the delivery of such important intervention.

Objective: This study aims to explore the feasibility and perceived value of an opioid helpline that provides educational resources to individuals suffering from or at risk for opioid use disorder.

Methods: We developed a helpline with a toll-free number "1-877 OPIOIDS (6437)" established through the University of Virginia which runs Monday through Friday from 8:30 AM to 5 PM and answered by a live answering service after hours. The helpline offered a range of services including opioid pain medication education, signs of overdose or withdrawal, and addiction treatment options. The helpline was supported by Outreach efforts to the surrounding counties. Questionnaires on perceived usefulness were sent to callers and providers who used or offered the helpline in their clinics. Survey data was analyzed to identify trends.

Results: Thirty-one consented individuals of 166 contacts were included in the study. While participants were referred to the helpline through a variety of sources, most were referred by a physician (38.7%). Most participants rated the helpline's helpfulness with the highest satisfaction score (81.5%). Most individuals seeking addiction treatment found the helpline to be useful, whereas those referred by their physician (s) to gain more information about their opioid use and prevent escalation to addiction, felt it was an unnecessary step.

Conclusions: our pilot study showed that a helpline could be an additional tool to combat the opioid crisis. Both physicians and callers rated the intervention favorably. Our study shows that the most remarkable area of satisfaction for our participants is being able to reach a live person.

Audience Take Away:

- Through this presentation, the audience will explore the feasibility of implementing an opioid helpline that provides educational resources to individuals suffering from or at risk for opioid use disorder
- The audience will be able to assess the perceived value of an opioid helpline and identify the challenges providers and individuals may face when using an opioid helpline intervention
- The audience may use our findings of our opioid helpline model to better improve current resources to patients in areas plagued with the opioid epidemic

Biography

David Chung completed his undergraduate studies in at Brown University with a concentration in Biology in 2016. In 2018, he began his medical studies at the University of Virginia School of Medicine in Charlottesville, Virginia where he discovered his passion for psychiatry. Upon completing medical school in May 2022, he join a psychiatry residency in July where he hopes to enter with an open mind because he enjoys all aspects of psychiatry he has seen thus far. Additionally, he enjoys being an audio enthusiast, watching competitive mixed martial arts, and raising his 1-year-old Pomeranian, Louie.

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KEYNOTE FORUM

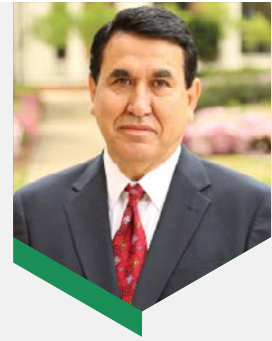
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A review of health care reform in USA & the affordable Care Act (CA)

On March 23, 2010 President Barak Obama signed the health insurance reforms adopted in the Patient Protection and Affordable Care Act (PPACA), and the subsequent reconciliation bill, which are to be phased-in over the next 10 years. Most provisions will not take effect until Jan. 1, 2014. However, some new provisions must be implemented when plans renew after Sept. 23, 2010.

The new healthcare reform was passed with strong partisan support and faced significant opposition due to ideological and political differences and the expected outcomes of its implementation.

In this presentation the author will provide some background about the American healthcare system, and some proposals and ideas to reform the system. Then we will discuss the main theme of Obama's healthcare reform and some expected positive and negative outcomes of such reform. The Supreme Court rulings on June 28, 2012 on the future of Obama's Health Care Reform and the Trump Administration effort to repeal the reform will be discussed.



Mustafa Z. Younis

Jackson State University,
United States

Biography

Mustafa Younis is an internationally recognized scholar at Jackson State University, Mississippi, USA. Dr. Younis served as a member of the Executive Committee of the International Society for Research of Healthcare Financial Management. Dr. Younis has authored and published over 200 articles, abstracts and presentations in refereed journals and meetings, and has presented at national and international conferences. Dr. Younis' coauthored articles appeared in leading journals such as "Nature", "the Lancet" and "JAMA" and European Journal of Health Economics. Dr. Younis has administrative experience as Chair of the Department of Health Policy and Management at Florida International University (FL, USA), where he led the accreditation efforts for the Healthcare Management Program.

Dr. Younis has a history of playing

visible roles on the editorial boards of journals as Chief Editor, Guest Editor and Editorial board member of leading journals, such as JHCF, Inquiry, JHSA, JPBAFM, EJEPH. Dr. Younis is a frequent speaker for both academic and professional audiences. His talks often feature his latest research and work in progress, as well as cross-industry trends and strategy implications. He has provided workshops and presentations for world-wide organizations. His research and findings apply to for-profit, non-profit, and government settings.

Dr. Younis has consulted with several organizations on healthcare finance, and economics. Dr. Younis is often invited to speak about the challenges in the healthcare industry and other related topics to health economics, finance, and research. He has presented topics, such as, healthcare reform, ownership structure, profitability, unit cost, payment system and efficiency in management, at a variety of forums and conferences in USA, Europe, Asia and Middle East.

The psychodynamics of casual sex

Casual sex is linked to negative mental health outcomes, but only in certain kinds of people:

People who were drunk or drugged during the encounter or acted under peer pressure (no autonomy); with conservative or traditional or religious upbringing and moral code or in societies with such mores; people who violate promises, boundaries, rules, and vows they have made to themselves (personal integrity) or to others; who get attached to sex partners or develop long-term expectations of a relationship; and those older than 40.

These profiles of participants in casual sex are likely to experience shame, embarrassment, guilt, depression, lower self-esteem, anxiety, regret, and memory gaps following the romp. All others react with excitement, satisfaction, and even pride to their reaffirmed desirability and to the modicum of palliative affection, comfort, attention, acceptance, fleeting intimacy and closeness that is ineluctably involved in voluntary casual sex.

Casual sex allows singles to regulate their sex lives and satisfy their curiosity and need for variety. Still, it invariably involves objectifying the partner: most true casual sex is near anonymous.



Sam Vaknin

Visiting Professor of Psychology, Southern Federal University, Rostov-on-Don, Russia and Professor of Finance and Psychology in CIAPS (Centre for International Advanced and Professional Studies).

Biography

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

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SPEAKERS

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VIRTUAL

**J Tyler Carpenter**

Program in Psychiatry and the Law, Boston, MA, United States
Metis Psychological Associates, LLC, Massachusetts, United States

Going down the road feelin' bad: Form and substance in addiction treatment

The title of the late Jerry Garcia's iconic Greatful Dead anthem is a pithy and iconic encapsulation of the idea of embedded narrative and problem in living way of conceptualizing addictions and treatment. In a CBTish way of thinking, the problem of psychic pain is addressed by an embedded, but irrational way of thinking about coping that hurts and doesn't show too much.. a seamless approach to a life. Experience and cognitive-affective truth are the model du jour and an ego syntonic way of holding oneself together and formulating the problem in living in a way that fits the cocreated circumstances of the client-treater relationship. Treatment is how one writes the plan and lives it through to the end of a difficult chapter.

Audience Take Away:

- The audience will be able to use what they learn by incorporating in what they know, several simple and clear ways of thinking broadly about addictions and how these principles are both grounded in the evidence base and the experience and lives of the treater and their client(s).
- How will this help the audience in their job? Is this research that other faculty could use to expand their research or teaching? Does this provide a practical solution to a problem that could simplify or make a designer's job more efficient? Will it improve the accuracy of a design, or provide new information to assist in a design problem? List all other benefits: The talk provides a narrative which the audience can easily remember, use to reinforce their particular knowledge base, treatment setting or syllabus, and integrate the particulars into their typical practice.

Biography

Dr. Tyler Carpenter is a Board Certified (Clinical) Licensed Psychologist Provider who obtained his doctoral degree from St. John's University and a Master's degree in General-Experimental Psychology at the C.W. Post College of Long Island University. He has 33 years of professional practice experience in assessment, treatment, supervision, consultation, and research experience on psychosis, character disorder, trauma, offending behavior, suicidal patients, personality, forensics, and disability. He has provided treatments across inpatient, outpatient, and correctional settings. Dr. Carpenter's approach to treatment and consultation is to meet the client where they are and work with them around their personal, group and organizational goals, using approaches and understandings consistent with personal, clinical, and research fundamentals, ethics, experience, and to arrive at a mutually determined and satisfying place of resolution, closure and accomplishment on his clients' behalf.

VIRTUAL



Sonia Peterson

San Diego State University, San Diego, California, United States

Employment strategies for young adults with co-occurring substance use and other psychiatric disorders

The State Vocational Rehabilitation (VR) service-delivery system is funded by the U.S. Department of Education (USDOE) Rehabilitation Services Administration (RSA) and assists individuals with disabilities to obtain employment (USDOE, 2022). Over \$3 billion is spent annually to provide services to nearly 1 million active VR clients, and nearly half of the clients served have a psychiatric disability coded as their primary or secondary disability (Leahy et al., 2018; Peterson & Olney, 2021; USDOE, 2022). In the State VR system, eligibility for services is determined based on disability and the desire for employment. State VR counselors and clients work together to establish an Individualized Plan for Employment (IPE) that takes the client's interests and abilities into account, identifies the employment goal, and outlines the services and supports needed to secure employment (Federal Code of Regulations, 2022; Tarvydas & Hartley, 2017; Wilson et al., 2018). The RSA collects data from all State VR agencies on participant demographics, the services provided, and employment outcomes. These data are available to researchers in the RSA-911 data set (RSA, 2022).

Purpose of the Study: To identify State vocational rehabilitation (VR) services that were associated with employment for young adults with co-occurring substance use and other psychiatric disorders

Research Questions: Based on the review of the literature and an understanding of the State VR service-delivery system, two research questions were developed:

RQ 1: How do demographic factors affect the employment outcomes of young adults with co-occurring substance use and other psychiatric disorders after receiving VR services?

RQ 2: Which VR services are directly related to the employment outcomes of young adults with co-occurring substance use and other psychiatric disorders who received state VR services?

VR agencies serve individuals with all types of disabilities and are encouraged to use evidence-based strategies. Therefore, we hypothesized that evidenced-based services would be predictors of successful employment outcomes.

Methods: 2019 RSA-911 data was used. Hierarchical logistic regression analyses examined the effect of demographic covariates and State VR services on employment outcomes for young adults 24 years old and younger with primary and secondary disability codes indicating a co-occurring substance use disorder and other mental illness.

Results: After controlling for the effect of demographic covariates, client participation in assessment for IPE development services, job placement services, and supported employment services were the services found to significantly impact employment outcomes.

Conclusions and Implications for Practice: State VR services that aligned with the individual placement and support (IPS) model of supported employment principles were correlated with successful employment outcomes for young adults with co-occurring substance use and other psychiatric disorders who received

these services. State VR counselors are encouraged to support employment services for their clients with SUD and other psychiatric disorders and to coordinate these services with partner agencies in the community.

Audience Take Away:

- Based on the results of the study that will be shared, participants will learn strategies to partner with and advocate for young adults with co-occurring substance use and other psychiatric disorders in State Vocational Rehabilitation (VR) and similar service-delivery systems in order to provide high quality assessment and job placement services
- Participants will learn strategies to collaborate with State VR and community partner agencies that provide the following recovery-oriented and evidence-based services
 - Assertive Community Treatment (ACT) model case management
 - Wellness Recovery Action Plan (WRAP) classes
 - mental health services
 - SUD screening and treatment
 - Individual Placement and Support (IPS) model supported employment services
 - services for youth who are homeless
 - support for youth involved in the criminal justice and foster care systems
- Participants will learn strategies to assist young adults with co-occurring substance use and other psychiatric disorders to formulate a WRAP as a State VR assessment and Individualized Plan for Employment (IPE) planning service. WRAP classes help clients identify strategies to manage their psychiatric symptoms that can be included in their IPE (e.g., nutrition, exercise, yoga, psychotherapy, peer support meetings, medication). WRAP provides individuals with peer support and the tools needed for long term success on the job (Copeland Center, 2022; Olney & Flores, 2017; Peterson, Saia et al., 2021)
- Participants will learn strategies to advocate for VR counselors to incorporate aspects of the evidence-based IPS supported employment model within existing State VR service-delivery, such as with the State VR On-the-Job Training (OJT) service (California Code of Regulations, 2022; Leahy et al., 2018; Minnesota Department of Employment and Economic Development, 2022; New York State Education Department, 2022; Peterson, Alkhadim, et al., 2021)

Biography

Dr. Sonia Peterson, PhD, CRC, LPCC is an Assistant Professor and Director of the Clinical Rehabilitation Counseling program at San Diego State University. She is the Project Director for a Psychiatric Rehabilitation Project Rehabilitation Services Administration Long Term Training Grant for students in the program. She earned her Ph.D. in Rehabilitation and a certificate in Educational Research Methodology at the University of Arizona and an M.A. in Rehabilitation Counseling from the University of Iowa. She holds a certificate in Rehabilitation Administration from San Diego State University. She has authored over 20 refereed journal articles and conference presentations on the topic of psychiatric rehabilitation.

VIRTUAL

**Angad Buttar*¹, Michelle Mangum²**¹Shatterproof/ATLAS, Washington D.C, United States²Shatterproof/ATAS, Orlando, FL, United States**Working together: Using atlas® as a tool to connect communities to evidence-based, high-quality treatment for addiction**

With overdoses reaching 107,000 in 2021, the need for individuals to quickly receive evidence-based, quality addiction treatment is strikingly clear. But the reality is that many such individuals will face countless barriers on their journey. From understanding where to start their search to comparing services, the challenges are overwhelming. Exacerbating these barriers is an absence of standards of care for the addiction treatment field.

ATLAS® aims to change this. Developed in 2020 by Shatterproof, a national non-profit organization working to reverse the addiction crisis in America, ATLAS is an online, free website that collects and displays objective information on the quality of addiction treatment facilities. Based upon Shatterproof's the National Principles of Care® - eight principles of evidence-based addiction treatment, ATLAS provides transparent, comprehensive information that can be used by individuals with SUD, family members and community providers alike when searching for and comparing addiction treatment facilities. Now in its third year of implementation, ATLAS is currently available in ten states (DE, FL, LA, MA, NC, NJ, NY, OK, PA, WV), and will be expanding to several additional states in 2023 (including CA), with more on the horizon.

In addition to its public-facing interface, ATLAS also contains unique password-protected portals for payers, states, and providers that include rich data indicating how treatment facilities benchmark to state averages in each quality metric, key areas for improvement in quality state-wide, patient feedback, and other valuable comparative information. When using these portals, providers that submitted data to ATLAS can compare the quality of treatment at their facility with other facilities throughout their state and read patient feedback on their services and practices. For states, this detailed information on quality of care statewide can be leveraged to make policy decisions regarding which medications or services need to be prioritized for further improvement, or where capacity building or increased training are needed in the workforce. Payers may also use facility-level data to examine the quality of care within their network, identify high-quality facilities as they consider expanding their networks, and make decisions on technical assistance and/or payment models.

The proposed session will explore the unique features of the ATLAS platform when searching for addiction treatment. Presenters will discuss the quality metrics that have been implemented to monitor standards of care and the importance of these metrics for communities. Focusing on the collaborative nature of ATLAS, presenters will explore strategies for implementation throughout communities to help individuals with SUD find high-quality treatment. Audience members will also learn key information about the password-protected portals of ATLAS, with an emphasis on how to leverage data displayed in these portals to drive quality improvements within the treatment landscape. Presenters will focus on the goal of cross-collaboration across communities, from the use of quality metrics to drive internal change, to the transparency that ATLAS provides community members in finding evidence-based practices within the treatment field.

Audience Take Away:

- Upon completion, participant will be able to understand how to assess treatment quality, both when seeking care for patients and when evaluating the quality of care at their own facility, to identify possible areas for improvement
- Upon completion, participant will be able to demonstrate how ATLAS is and can be leveraged across communities and stakeholder groups to guide systems-level changes within SUD treatment
- Upon completion, participant will be able to develop strategies for incorporating the ATLAS platform in current community outreach, case management and client support, as well as at the state level to identify and respond to treatment trends

Biography

Angad Buttar serves as the Senior Director for Shatterproof's ATLAS team. In this role, Angad leads his team to manage stakeholder engagement, ATLAS implementation and promotion within states participating in Shatterproof's ATLAS® quality measurement system. Prior to joining Shatterproof, Angad spent over 15 years in healthcare, both in operations and consulting. Angad's operational roles have included managing teams conducting Revenue Cycle operations, Project Management, and multiple Electronic Medical Record implementations for large healthcare systems. Angad is originally from Connecticut where he attended The University of Connecticut. He also has a master's degree from George Mason University in Healthcare Administration.

VIRTUAL

**Traci A. Owens**

Attorney at Law, California, United States

Generational Trauma and the pathology of the survivor

Addiction medicine requires an examination of the patient's social history. What some describe as pathological behavior is truly adaptive behavior and a component of survival. The addicted patient is often a reflection of generational trauma that eventually manifests in the behavior of a family member who is conveniently labeled "problematic". It's imperative for professionals to shed light on the contributing factors that bring our patients/clients to us as we treat the person rather than address the disease.

Biography

Speaker Traci Owens is a Trial Attorney with 20+ years of courtroom experience and an extensive background in Forensic Mental Health. She is a lecturer in Law at the Stanford University Trial Advocacy Workshop.

VIRTUAL



Manuel Narvaez ^{*1,2}, **Marina Mirchandani-Duque**¹, **Miguel A. Barbancho**¹, **Alexander Lopez-Salas**¹, **Jose Erik Alvarez-Contino**¹, **Natalia Garcia-Casares**¹, **Kjell Fuxe**², **Dasiel O. Borroto-Escuela**^{1,2,3}

¹Instituto de Investigación Biomedica de Malaga, Facultad de Medicina, Universidad de Malaga, Malaga, Spain

²Department of Neuroscience, Karolinska Institute, Stockholm, Sweden

³Department of Biomolecular Science, Section of Physiology, University of Urbino, Urbino, Italy

Improving psychiatric disorders and neurodegenerative diseases through neuropeptides interaction

Several neurodegenerative diseases and depression are linked to dysregulation of hippocampal neurogenesis, where boosting hippocampal neurogenesis in these patients emerges as a potential therapeutic approach. Accumulating evidence for Neuropeptide Y (NPY) and galanin (GAL) interaction was shown in various limbic system regions at molecular-, cellular- and behavioral-specific levels. The purpose of the current work was to evaluate the role of NPY and GAL interaction in the neurogenic actions on the dorsal and ventral hippocampus. We studied the Y1R agonist and GAL effects on: hippocampal cell proliferation through the proliferating cell nuclear antigen (PCNA); the expression of neuroprotective and anti-apoptotic factors and the survival of neurons and neurite outgrowth on hippocampal neuronal cells. The functional outcome was evaluated in the object-in-Place task and the forced swimming test. We demonstrated that the Y1R agonist and GAL promote cell proliferation and the induction of neuroprotective factors. These effects were mediated by the interaction of NPYY1 (Y1R) and GAL2 (GALR2) receptors, which mediate the increased survival and neurites outgrowth observed on neuronal hippocampal cells. These cellular effects are linked to the improved spatial-memory effects after the Y1R agonist and GAL coinjection at 24 hours in the object-in-place task and in the forced swimming test. Our results suggest the development of heterobivalent agonist pharmacophores, targeting Y1R-GALR2 heterocomplexes, therefore acting on the neuronal precursor cells of the DG in the dorsal hippocampus for the novel therapy of neurodegenerative cognitive-affecting and depressive diseases.

Audience Take Away:

- Understanding Neuropeptide Y and GAL interaction through Y1R-GALR2 heteroreceptor complex
- How the Y1R agonist and GAL may promote cell proliferation in the DG of the dorsal and ventral hippocampus and the induction of neuroprotective factors, such as BDNF and Bcl-2
- How Y1R-GALR2 heteroreceptor complexes mediate survival and neurites outgrowth on neuronal hippocampal cells
- How these cellular effects may be linked to spatial-memory and antidepressant effects
- The development of heterobivalent agonist pharmacophores, targeting Y1R-GALR2 heterocomplexes, therefore acting on the neuronal precursor cells of the DG in the dorsal and ventral hippocampus for the novel therapy of neurodegenerative cognitive-affecting and depressive diseases

Biography

Manuel Narvaez Pelaez studied Medicine and surgery with the best academic record of his promotion. Our team has contributed to the GPCR receptor-receptor interactions field focus in CNS diseases, such as depression, Parkinson, addiction drugs and Alzheimer. As professor, he is performing an independent and emergent line of research, aim to understand the molecular mechanisms and potential relevance of Y1R heterocomplexes interactions in depression and Alzheimer disease, in line with my pioneering work in this field. The research results have been published successively in congresses of international and national relevance. In addition, innovative articles have been published, including in the first quartile of impact index in its category and with quality indices, including high cite numbers. I belong to the CTS-156 of the Junta de Andalucía and the Malaga Biomedical Research Institute (IBIMA). I have reviewed international research projects from CONACYT, Mexico and recently as evaluator for the Call 'Marie Skłodowska-Curie Actions Doctoral Networks' (HE-MSCA-DN-2021).

VIRTUAL

**Alembante Fikadu Lemma**

ELTE, Hungary

The severity of khat use dependence among adolescents of high school students in Addis Ababa, Ethiopia. A measure of sds-khat based on gender and age

Khat is widely consumed in East Africa and the Arabian Peninsula with a rising concern in health. However, little is known about the effects of khat on behavior. The psychometric properties of the Severity of Dependence Scale-Khat (SDS-khat), gender differences in patterns of khat use and dependence, and the extent to which age moderated the link between gender and khat dependence were all investigated in this study. 349 khat chewers were recruited from various secondary schools in Ethiopia's capital, Addis Ababa. The principal component analysis was used to assess the validity of SDS-khat, and Cronbach's alpha was used to assess the scale's reliability. A series of chi-square tests and analysis of variances (ANOVAs) were used to investigate the gender differences in khat use variables. The average age of khat chewers was 21.28 years (95% CI: 14.62–27.94) years, and 53% of them were males. The SDS-khat was discovered to have one moderately reliable factor (unidimensional). When the analysis was performed the overall sample and, on each gender, the one-factor model remained consistent. Male khat chewers reported more symptoms of khat addiction than female chewers. In SDS-khat levels, a significant gender by age interaction ($p = 0.032$) revealed a positive association between age and khat dependence in females only. These findings lend preliminary support to the use of SDS-khat in assessing khat dependence in Ethiopia. Sex differences in khat use trends and reliance observed in the present study necessitate further research into the issue of gender in khat investigation.

Biography

Alembante fikadu lemma is a PhD student at Eotvos Lorand University (ELTE), Hungary. Doctoral student of clinical psychology and addiction sciences and is currently working on Khat and alcohol use among high school students in Addis Ababa, Ethiopia.

VIRTUAL



Toine Pieters*¹, Elena Vos¹, Leontien Los², Michel Nelwan³

¹Freudenthal Institute and Utrecht Institute for Pharmaceutical Sciences (UIPS), Faculty of Science, Utrecht University, Utrecht, Netherlands

²Department of Adolescent Psychiatry and Addiction Prevention, Brijder-Jeugd, The Hague, Netherlands

³Department of Child Psychiatry, Erasmus MC -Sophia Children's Hospital, Rotterdam, The Netherlands

⁴Trimbos Institute, Utrecht, The Netherlands

Towards a new dynamic interaction model of CUD prevention, manifestation and treatment in adolescents

Background: Cannabis is one of the most popular drugs of the 21st century, especially among adolescents. Evidence of a variety of lasting neuropsychological deficits as a result of chronic cannabis use has increased. Furthermore, regular alcohol and cannabis use are found to be predictors of less motivation in school, truancy, and eventually school dropout. Motivation level and school attendance are important factors to take into consideration, as they may play a role in the relationship between cannabis use, executive functions and school performance.

Aim: Our goal is to contribute to the implementation of current knowledge in addiction treatment and emphasize the importance of up to date clinical practice guidelines for adolescent CUD in which both the drug, set as well as the setting are being taken into account.

Methods: PubMed and Google Scholar were searched for relevant publications as part of a narrative review, with select additions of recent findings based on collective suggestions of the authors.

Results: The brain continues to develop throughout adolescence. Frontal cortical areas, responsible for executive functioning, are the last to reach maturity. Frequent use of cannabis during adolescence could disrupt normal brain development, thus impair cognitive functioning and increasing vulnerability to drug addiction. Individual and environmental risk factors play an important role in the development of CUD in adolescents. School performance, motivation, and attendance can be negatively influenced by persistent cannabis use patterns and impaired executive functions.

Conclusion: We propose a model in which cannabis use, executive functions, and school performance are interrelated in a multidirectional way. We argue that the three dimensions of drug, set, and setting contribute significantly to the dynamics of this interrelationship and to the eventual manifestation of CUD. Based on this dynamic interaction model, recommendations are made for preventive and therapeutic interventions for the treatment of adolescents with CUD.

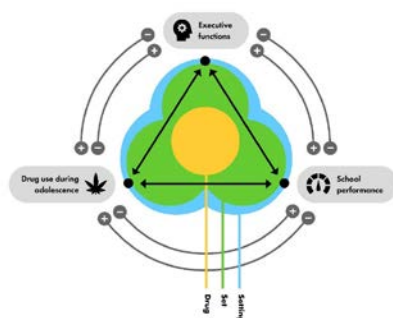


Figure Interaction between drug use, EFs, and school performance as an integral part of the framework of drug, set, and setting. Within this model, the positive (+) and negative (-) relations between the factors are visualized.

Audience Take Away:

- The presentation will help addiction professionals to reconsider current prevention and treatment programs for CUD
- The presentation will help addiction professionals preventing and treating CUD adolescents more effectively
- The presentation will foster follow-up monitoring studies of how to apply this new CUD prevention and treatment model in the most efficient way

Biography

Toine Pieters is professor of the History of Pharmacy and Allied Sciences in both the Department of Pharmaceutical Sciences and the Freudenthal Institute (he is also acting Head of this Institute). Toine Pieters has published extensively on the history of neuropharmacology, drug and addiction research and pharmaceutical policies (more than 75 peer reviewed publications). In all his research projects he specifically addresses complexity issues.

VIRTUAL



Wang Shuai¹, Qin Jiaolong², Zhou Zhenhe^{1,3}, Tian Lin^{1,3*}

¹The Affiliated Wuxi Mental Health Center of Jiangnan University, Wuxi, China

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A white matter structural network study in male youth with internet gaming disorder

Although prior evidence has demonstrated that dysfunctional brain organization is related to internet gaming disorder (IGD), the neuroanatomical basis underlying IGD remains unclear. In this diffusion tensor imaging (DTI) study, we aimed to examine the alterations of white matter structural connectome and their association with Internet gaming characteristics in 47 male youths with IGD and 34 well-matched healthy controls. Two approaches (i.e., network-based statistic (NBS) and graph theoretical measures) were applied to assess differences in specific topological features of networks and identify potential changes in topologic properties, respectively. Furthermore, we explored the association between these alterations and internet addiction severity. The NBS analysis revealed a widespread alteration of cortico-limbic-striatal structural connectivity networks in the youths with IGD: 1) an increased subnetwork comprising insula and the regions responsible for visual, auditory and sensorimotor functions, and 2) two decreased subnetworks comprising insula, striatum and limbic regions. Further correlation analysis showed a significant positive association between the mean fractional anisotropy-weighted connectivity strength of this increased subnetwork and internet addiction test scores in IGD group. Noteworthy, the insula is observed in both increased and decreased subnetwork results, highlighting its role of understanding the neurobiological mechanisms underlying IGD. The present study extends our understanding of the underlying neuroanatomical correlates of IGD, which may help to explain why some youths are more vulnerable to indulge in playing games than others.

Audience Take away:

- We observed a widespread alteration of cortico-limbic-striatal structural connectivity networks. Further correlation analysis showed a significant positive association between the mean fractional anisotropy-weighted connectivity strength of this increased subnetwork and internet addiction test scores in IGD group. The present study extends our understanding of the underlying neuroanatomical correlates of IGD, which may help to explain why some youths are more vulnerable to indulge in playing games than others.

Biography

Tian Lin M.D. is the Head of Department of General Psychiatry, Wuxi Mental Health Center, Nanjing Medical University, China; Dr. Tian's areas of interest are applications of MR Imaging techniques to support the understanding of complex mental disorders, especially, schizophrenia, obsessive-compulsive disorder and addiction.

VIRTUAL



Vijayan Gurumurthy Iyer

Techno Economic Environmental Study and Check Consultancy Service, India
Faculty Consultant (Environmental Climate Change and Control), Bihar Institute
of Public Administration and Rural Development (BIPARD), Patna, Bihar, India

Strategic Environmental Assessment (SEA) process for Addiction and Substance Use Disorder (ASUD) mitigation centers towards sustainable environmental addiction medicine, behavioral health, and psychiatry for sustainable development

“Sustainable development is a kind of development that meets the needs of the present generation without compromising the ability and efficiency of future generations to meet their own needs”. The process of applying environment and sustainability factors in the design of addiction and substance use rehabilitation centers while focusing on environmentally sustainable rehabilitation practices in reducing environmental foot print by consuming less environmentally damaging products. The research has been conducted those children of genetic, source specific and industrial specific addicts are at greater risk of becoming addicts themselves. When children suffer from physical, mental, or sexual trauma, physiological porn trauma, they may turn to addictive behaviors or substances to cope with the pain and stress. Sustainable environment addiction medicine is a medicine specialty that deals with diagnosis, prevention, evaluation, treatment, and recovery of persons with addiction, of those with toxic substances related to alcohol, tobacco, drug, propoxyphene, sexual addiction, smart phone addiction, internet addiction, illicit drugs, illicit porn substance and addiction disorders including environmental public health, psychology, social work, mental health counselling, psychiatry and among others by reducing consumption of toxic substances. The COVID-19 pandemic influenced all aspects of human life, and mental health, psychosocial effects affected the ongoing Addiction and Substance Use Disorder (ASUD) crisis. The addiction Resource Conservation and Recovery (RCR) method has been devised prior to Environmental addition Impact Assessment (EIA) process. Strategic Environmental Assessment (SEA) process can be broadly defined as a study of the impacts of a proposed project, plan, project, policy or legislative action on the environment and sustainability. Vijayan Gurumurthy Iyer (2022) mentioned that the root cause problem solution for Ozone Layer depletion Potential (OLP) impact, Global Warming Potential (GWP) impact and Green House synergic (augmentative) Gas (GHG) emission impact in context to ASUD resources conservation and recovery centres that are measured, monitored and mitigated by international environmental impact assessment process for the sustainable environmental climate change and control. The health impacts of projects, plans, programs, or policies, and legislative actions should be considered in the decision-making process. Because of the importance of these concerns during post COVID-19 World, an Environmental Health Impact Assessment (EHIA) process is proposed for ASUD mitigation centres (Vijayan Gurumurthy Iyer, 2022). For certain types of projects such as de-addiction and ASUD rehabilitation centres , nuclear power plants , it may be necessary to address psychological impacts on children, nearby residents, and industrial workers. In this research, SEA process has been aimed in order to incorporate environmental and sustainability factors in to addiction resource conservation and recovery project planning and decision making that included policies, programs, plans and legislative actions. Sustainable addiction development is a kind of development that meets the needs of the present without compromising the ability and efficacy

of future generations to meet their own needs. Environmental Impact Assessment (EIA) process can be defined as the systematic study and check of the potential addiction impacts (effects) of proposed projects, plans, programs, policies or legislative actions relative to the physical-chemical, biological, cultural, and socioeconomic components of the total environment. The primary purpose of the EIA process is to encourage the consideration of the environment in De-Addiction Centre (DAC)/ASUD rehabilitation center through organizational project planning and decision-making process and to arrive at actions that are environmentally detoxification, environmentally friendly behavioral and medically compatible. DAC process should include the integrated consideration of technical or medical, economic, environmental, safety, and health, social and sustainability factors to mitigate ASUDs. Prior to the National Environmental Policy Act (NEPA) process in 1970 in the USA, technical or medical and economic factors dominance the World's addiction and substance use (ASU) projects. The objective of the study is to conceptualize SEA process for the climate change and pollution control in de addiction sector based on research studies conducted at Bihar Institute of Public Administration and Rural Development (BIPARD) for developing training and research course module on climate change and control. The design of the study is cross sectional. Environmental Health Impact Assessment (EHIA) process has been conducted for addiction industry to consider the environmental addition health impacts, environmental quality, safety and health impacts to mitigate psychological health effects on children, occupational industrial health workers and residents. Social Impact Assessment (SIA) process can be defined as the systematic identification and evaluation of the potential social environmental addiction impacts (effects) of proposed projects, plans, programs, or legislative actions such that social consideration is encouraged in DAC and to arrive at actions that are socially compatible with reference to a sustainable de- addiction project. SEA process concerns to environment and sustainability effects in DAC process and arrive at proposed projects, plans, programs, and legislative actions that are compatible with respect to environment and sustainability issues. Addiction medicine product environmental Lifecycle Analysis (LCA) has been conducted for identifying and measuring the impact of products on the environment and sustain efficacy by means of mass and energy balance methods in DACs. LCA considers the activities related to raw materials, transformation, ancillary materials, equipment, method, market, man power, production, use, disposal and ancillary equipment. As far as de-addiction safety is concerned personal protective equipment and materials (PPEMs) that include de-addiction garments, clothing, gloves, safety shoes, hard hats, safety glasses, shields, respirators, full aprons, safety belts, and other safety items which have to be used by an individual. Such de-addiction equipment is important for personal protection and for safety. It is the manager's and supervisor's responsibility to ensure that they are used for ASUD rehabilitation process. The enactment of worker's compensation law and occupational disease law shall increase materially the cost of insurance to ASUD industries. The increased cost and the certainty with which it is applied will put a premium on addiction disaster prevention work. This cost can be materially reduced by the installation of safety devices. Addiction and Substance Use (ASU) disaster management research experience has shown that approximately 80% of all the ASUD disasters are preventable. EIA and EHIA processes have been conducted for addiction medicine, behavioral health and psychiatry to consider the safety and health impacts to mitigate ASUD psychological health effects on children, industrial workers and residents. SEA system is a potentially useful element of good environmental management and sustainable development; however, as currently practiced in addiction medicine, behavioral health and psychiatry industries, it is far from perfection. Emphasis should be given in source specific, specific industries and generic ASUD mitigation centers on maintaining economic viability of the operation and process, while in turn taking care to preserve the ecological and social sustainability of the country. International EIA process required multi-disciplinary approach that has been conducted for technical, medical, economic, ecological and social sustainability. Environmental Health Impact Assessment (EHIA) is proposed for addiction medicine, behavioral health and psychiatry. To establish a role model sustainable environmental de-addiction medical, behavioral health and psychiatry center for mitigation of ASUD.

Keywords: Addiction, Conservation, De-addiction, Resource, Recovery, Substance, Education, Environment, Medicine, Environmental Quality, Behavioral Health, Porn, Psychiatry, Generic, Source-specific, Industry, Use, Management, Sustainability

Audience Take Away:

- Environmental health impact assessment is learnt by the learners on the topic addition medicine, behavioral health and psychiatry
- The audience an able to achieve common goals in de-addiction industry but differentiable and integrative responsibilities, authorities and accountability
- This research can be interdisciplinary as faculty could use to expand their research or teaching. This abstract is a practical solution to a addition problem that could simplify or make a designer's job more efficient. Yes it will improve the accuracy of a de addition design, or provide new information to assist in a design problem
- To mitigate Addiction and Substance Use Disorders (ASUDs)
- To establish a role model sustainable environmental de-addiction medical, behavioral health and psychiatry center.

Biography

Dr. Viayan Gurumurthy Iyer studied Environmental Science and Engineering at the Indian School of Mines(ISM), Dhanbad, Bihar and graduated as M.Tech. in 1998. He then joined Ph.D at the same Institute and received his PhD degree in Environmental Science and Engineering 2003 at ISM, Dhanbad. After three-year WSEAS postdoctoral fellowship and elaboration 2010 he obtained the position of a Professor at the Haramaya University, Harar, Ethiopia 2014. He has served twelve years as Professor in various Universities and thirteen years as Officer in Indian Council of Agricultural Research. He has published more than 420 research articles in SCI(E) journals and proceedings including 80 e.books and 4000 citations, His credit is a popular ebook entitled “ Sustainable Environmental Addiction and Substance Use (ASU) Science, Technology and Management for Sustainable Development”. His h.index 56.

VIRTUAL

**Betül Kirsavoglu*¹, Nihal Taştekin²**¹Kocaeli Derince Training and Research State Hospital, Kocaeli-Turkey²Bolu Mental and Neurological Diseases Training and Research Hospital**Methamphetamine use disorder and its clinical implications**

Methamphetamine is chemically closely related to amphetamine and is a substance with greater potential for harm due to its stronger effect and longer half-life. Short and long-term use of methamphetamine causes circulatory, respiratory and neurological problems, as well as mental health problems ranging from anxiety, aggression and depression to acute paranoid psychosis. Methamphetamine is considered more dangerous than other stimulants because of its acute complications, long-term neurotoxicity, and high addictive potential. Young age, low education level, and use of other psychoactive substances are associated with increased risk of methamphetamine abuse. In this oral presentation, we aim to explain the current situation of methamphetamine use and case examples of its side effects.

Audience Take Away:

- This presentation aims to draw the attention of the audience to the medical and mental health problems that may develop due to methamphetamine use

Biography

Betül Kirsavoglu, graduated from Hacettepe University Medical Faculty in 2014. Master degree has been achieved in 2020 at Istanbul Erenkoy Mental Health Research and Training Hospital on adult psychiatry area. Currently working at Kocaeli Derince Training and Research State Hospital as psychiatrist. He have been working in the hospital for 17 months. Title in the hospital is medical specialist for psychiatry. Besides that, active member for Turkish Psychiatry Association, European Federation of Psychiatry Trainees and Viktor Frankl Institute USA Faculty. Bipolar disorder, neuropsychiatry, psychosis, trauma, psychological resilience, posttraumatic growth, logotherapy and supportive psychotherapy are the main areas that he working on and for my interest. His current research activity is investigation of psychological resilience, post-traumatic growth, caregiver burden and related factors in patients with bipolar disorder and their caregivers.

Dr. Nihal Taştekin (Bold) graduated from Pamukkale University Faculty of Medicine in 2013. After working as a doctor in an emergency service for a while, she completed her psychiatry residency at Istanbul Erenkoy Psychiatric and Neurological Diseases Training and Research Hospital and became a specialist in psychiatry in 2020. As a psychiatry residency thesis; she studied on the clinical and cognitive effects of computer-assisted cognitive remediation method in individuals with opioid use disorder. Between October 2020 and June 2022, she worked as a specialist at Bolu Izzet Baysal Mental Health and Diseases Hospital, where she followed up the patients of inpatient and outpatient clinics in the Addiction Treatment Centre. She works especially in the field of addiction, neurocognitive treatments, psychotherapy and cognitive behavioral therapy. Since June 2022, she has been working as a doctor in the Addiction Treatment Centre of Neuropsychiatry Istanbul Brain Hospital.

VIRTUAL


Ramesh Nagarajappa*¹, Gayathri Ramesh²

¹Department of Public Health Dentistry, Institute of Dental Sciences, Siksha 'O' Anusandhan (Deemed to be University), Bhubaneswar, Odisha, India

²Department of Dentistry, Chamarajanagar Institute of Medical Sciences, Chamarajanagar, Karnataka, India

Nomophobia: Impact on adolescents and intervention strategies

Digital devices have largely occupied all the fields and taken the place of almost everything in our life activities. We're all spending too much time on our phones. The usage of mobile phones and wireless technology has been maximally used by youth of the present day. They tend to use mobile phones to carry out most of their assignments, both at personal and professional level. Since adolescence is marked as a transition phase, wherein they undergo many developmental processes in their physical and mental status, this stage of life has been proved to have witnessed the development of risk-taking abilities, which if not made to fall into regulated pattern, would lead to dangerous behaviours.

This is where the rightly-coined term, Nomophobia (NO MOBILE PHONE PHOBIA) comes into play. Considered a modern phobia, Nomophobia arises from a feeling of not being able to make and receive phone calls, send or receive text messages, losing internet connectivity and access to social networking sites and being unable to access information online. Mental health experts haven't yet decided on formal diagnostic criteria for this condition. However, it's generally agreed that nomophobia presents a concern to mental health. Some experts have even suggested nomophobia represents a type of phone dependence or addiction. While people often feel that they can't imagine life without their tech devices, research and surveys have found that technology use can also contribute to stress. In the American Psychological Association's annual Stress in America survey, a fifth of U.S. adults (around 18%) cited technology use as a significant source of stress in their life. For many, it is the ever-present digital connection and constant need to keep checking emails, texts, and social media that accounted for the majority of this tech stress.

Symptoms include; experiencing anxiety or panic over losing your phone, obsessively checking for missed calls, emails and texts. In adolescents, the research suggests that nomophobia negatively affects personality, self-esteem, anxiety, stress, academic performance, and other physical and mental health problems.

Effect of mobile phone on students and fear of not having their phones with them is increasing elaborately, that needs to be controlled, which if not achieved, would negatively hamper their academic performance and their being in the society. Some people find giving up their devices fairly easy. Others will find it much more difficult and even anxiety-provoking at times. Various approaches can be planned to overcome the suffering from nomophobia, and those effects will be appreciated if it is holistic.

Audience Take Away:

- Certainly, helps to have good sleep, improve concentration, reduce stress, recover happiness, and even boosts our mental health
- Practically supports students to excel academically securing well in examinations
- Detoxing from digital devices assists us to focus on real-life social interactions without distractions

Biography

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

VIRTUAL



Vijayan Gurumurthy Iyer

Techno Economic Environmental Study and Check Consultancy Service, India
Faculty Consultant (Environmental Climate Change and Control), Bihar Institute
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Integration of quality, safety and sustainability management for addiction industries towards sustainable development

This research article realizes the importance of the integrated Quality, Safety and Sustainability (QSS) Management for unsafe addiction industries towards sustainable development. It is important to gain knowledge and skills for the addiction industrial professionals to achieve highest degree of excellence in Quality and Safety Management System (QSMS). By understanding quality, safety and sustainability management principles as a formalized system that has documents, processes, procedures, and authorities, responsibilities and for achieving quality policies and objectives. It is important for doctors to understand Sustainable Addiction Impact Assessment (SNIA), Environmental Impacts Assessment (EIA) and Social Impact Assessment (SIA). As a quality and sustainability professional, require competency and excellence in maintaining essential relationship between customers' needs and expectations in services. Doctors require understanding the fundamental framework for organizing and presenting key issues on performance excellence such as building quality infrastructure and organizational culture. QSMS standards guide to coordinate and direct a hospital or addiction home organization's activities to meet customer and regulatory requirements and improve its effectiveness and efficiency on a continuous basis and to realize the importance of customer satisfaction and loyalty. Concepts like Total Quality Management (TQM) inclusive of Quality Assurance, Reliability impact assessment, Design for FMEA, sustainability design, tools for design verification, value, life cycle assessment for product costing, process costing and hybrid costing and Quality Control are important for addiction management and related to quality audits, cost of quality, dependence of quality of product or services on the quality of materials and components of product. Professional doctor has to gain knowledge and skill in the management and control of quality services, the paper has been prepared with an introduction to quality management principles (2) that explores the role of total quality in addiction sector, (3) the management system, (4) understanding customer needs, and sustainable addiction practices to achieve customer satisfaction and (5) Total quality in leadership and strategic planning for sustainable development (6) Basic technical issues, tools, and techniques for QI, value and analysis, Life cycle cost assessment –Process, product and hybrid (7) Problems solving orientations with case study and check. The safety specifics are the comprehensive scope of the paper. Professional practice of safety must be enhanced. Addiction safety management system (SMS) is a business-like approach to safety. It is a systematic, explicit and comprehensive process for managing safety risks. As with all management systems, a safety management system provides for goal setting, planning, and measuring performance. A quality, safety and sustainability management system is woven into the fabric of a hospital organization. It becomes part of the culture; the way people do their jobs. Methods of cost analysis for safety management is also the rationale. Doctors need to be aware for preparation of the comprehensive safety manuals. Safety management to ensure that Personal Protection Equipment and Materials (PPEMs) are used by addiction individual and installation of safety devices in addiction industries for safety. The research rationale also to make awareness and enactment of worker's compensation law and occupational disease law in addiction industries. As per the addiction research experience that show approximately 80% of all the addiction disasters are preventable. The research concept discusses sustainable environmental

corona virus disease pandemic for sustainable development. Corona virus Impact Assessment (CIA) process has been conducted.

In this article, case study and check have been discussed on the integration of quality, safety and sustainability management in addiction industries for measurement, monitoring and control of infection criticality due to novel pandemics and epidemics disasters towards sustainable international development. Sustainable environmental health impacts and safety management have been investigated that include pathogen exposure, working stress, psychological distress, fatigue, occupational burnout, stigma impact assessment, physical and psychological violence, lack of proper Personal protection types of equipment (PPEs), lack of training and awareness on quality and safety and sustainability. Strategic environmental assessment (SEA) process can be broadly defined as a study of the impacts of a proposed project, plan, project, policy or legislative action on the environment and sustainability in addiction industries. In this research, SEA process has been aimed to incorporate integrated health impacts and sustainability factors into project planning and decision-making processes in addiction industries.

Audience Take away:

- The audience learn about the importance of the integrated Quality, Safety and Sustainability (QSS) Management for addiction industries towards sustainable development
- A quality, safety and sustainability management system is woven into the fabric of a hospital organization. It becomes part of the culture; the way people do their jobs
- The research rationale also to make awareness and enactment of worker's compensation law and occupational disease law in addiction industries
- As per the addiction research experience that show approximately 80% of all the addiction industrial disasters are preventable
- The research concept of sustainable environmental corona virus disease pandemic for sustainable development
- The audience can learn about sustainable addiction practices
- To implement Sustainable environmental health impact assessment (SEHIA) process in their jobs problem focused research and solution available as the management approach is process approach
- The work is qualitative and give raise to highest productivity in addiction industries The results are accurate, reliable and timeliness. Customer focused results

Biography

Dr. Viayan Gurumurthy Iyer studied Environmental Science and Engineering at the Indian School of Mines (ISM), Dhanbad, Bihar and graduated as M. Tech. in 1998. He then joined Ph. D at the same Institute and received his PhD degree in Environmental Science and Engineering 2003 at ISM, Dhanbad. After three-year WSEAS postdoctoral fellowship and elaboration 2010 he obtained the position of a Professor at the Haramaya University, Harar, Ethiopia 2014. He has served twelve years as Professor in various Universities and thirteen years as Officer in Indian Council of Agricultural Research. He has published more than 420 research articles in SCI(E) journals and proceedings including 80 e. books and 4000 citations, His credit is a popular ebook entitled " Sustainable Environmental Addiction and Substance Use (ASU) Science, Technology and Management for Sustainable Development". His h. index 56.

VIRTUAL



Lucien Oulahbib
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How contain the new narcissism

Have you remarked maybe that in the street when you crossed a person with a mobile in her hand and who exchange also a furtive glance or an indirect feeling with you as to touch his hairs, have afraid, or readjust her clothes, it's appears sometimes in the case if your interaction seems ask some questions from her, that immediately she look after to avoid the exchange of regards or feelings as a smile with you to immediately staring sometimes little nervously her mobile phone, even if it's not necessary as a phone call or a notification ?

Maybe because some interrogations pop up in his intimate she doesn't want to be uncomfortable?... It's maybe by the way a good tool to spare an inconvenient in order the conservation of the Self; but, also, we can made the hypothesis that the phone mobile plays the function of transcendental link with a previous global perception (a "big picture") acting as a framework prejudices some behaviors that the person doesn't want to change in anyway ; in this angle the mobile phone, for instance, is it this very tool, this real protection "screen" to prevent against the temptations from "Babylon" (consumerism addiction by hyper narcissism), or/and, in contrary, is her enter door ?...

This need of "protection" which can becomes also an addiction is the focus on my actual research.

According our previous work about the classification of the sentiments (following definition from Pierre Janet : sentiment is a regulation of action) in link with self-esteem affirming accomplishment or only his conservation/preservation, and also his dispersion and dissolution on a right and a wrong way (<https://doi.org/10.1016/j.amp.2019.01.009>), it's possible also to precise forward inside some details to consider how the consequences from interaction with something and someone it's reinforce the Self or not and so in the universal way i.e., scientist way (see my last work, in French for the time being: https://www.editions-harmattan.fr/livre-la_qualite_comme_quotidien_le_travail_pneumatologique_dans_l_interaction_lucien_samir_oulahbib-9782140284380-74101.html)

But, today to have his eyes stare in permanence even in walking to cross a large avenue on the mobile phone is not only a sort of "behavior protection" to avoid itself non necessary interaction. It's also, and above all when it's too frequently solicited, an addiction tool, especially when the loss of confidence to have a human relations outside work or when loneliness appears ; because this tool which talk and even supplies its artificial intelligence advice (like "Her" movie) show up as a quick illusionary solution which can compensating the miss or warm with some addictions in particular electronically ; such stare permanently certain pictures for instance as a sort of auto-hypnosis ; and also go too long on Metaverse universe or to choose exclusively permanent video exchange transferred sometimes on big Tv screen inside every flat and lived as a real presence ; it seems an echo on the fact that all the reality to become little by little oneiric in some way since the Virtual is a space where lot of people lives a longtime with their series tv for instance (maybe as always when the life of famous persons allows to live by procuration) but specially today in the sense where the difference between pure virtual pictures and human citizens appearance plastic seems to

become only a point of view, especially if you didn't see in real the person but only this one with his own avatar who can call you with your first name and give you a nice smile if you see her on screen.

Anyway, and in these actual and civilizational conditions how to recognize if this kind of interaction reinforces or weakens the self-esteem? It depends on our interests personally and our final political conception (*politeia*) concerning the link between us as citizens and as human beings each either and in our deep intimacy.

But, if in these conditions, indeed you want to reinforce your own Self and also the Citizen which is inside from you and this toward the direction of accomplishment in order to get a good life for yourself and also together (as Aristotle said: the political as a goal to reach happiness) it's not necessary to "play" cynically in "observing" for instance with excitement and enjoyment the dark side of the accomplishment (narcissism) preservation (envy), dissolution (self-destruction) and dispersion (wandering) of your own Self and also as Citizen in other words the "war from all against all" above all as today within this political and civilizational total collapse for some analysts, it's therefore maybe necessary therefore to adopt a new medicine.

So, in from Pierre Janet's method (in "La médecine psychologique" 1923) as I show in the article (*supra*) and in my last book (with the application of a lot of items to preserve and reinforce yourself) it's possible for instance to suspend all kind of "toxic" connection with some people who confound friendship and love or, at least, control the negative effects inside your thought and imaginary when a bad dissolution and dispersion way pops up of your Self as produce for instance some aggressive and sexual phallic pictures too invasive; and this not only in the oneiric way (which you can also compensate with a sort of catharsis with the different artistic representations as the Ancient Greeks showed us) but also in purpose force you a weakness act as some harassment or hatred in justify or an invective with harm mockery and not humorous way (don't confuse this with a so-called "political correctness" as we see in some university today which it's impossible to give any remarks without aggressive classification like being it's uncomfortable in front of because it will be seen as racist extremist behavior and so on to express himself like this).

Thereby, if we prevent ourselves from this in some way too rudimentary civilizational turning point which considers than preserve and affirm yourself is selfish, we can for instance propose another way to some people who has an emotional trend to do not support any pictures very young people images which fetch not only a need to become as them, but also and in a contradictory fame to set off an envious reaction (because they couldn't replace them) as "kill" (possess them sexually also like a right from "elder") them by survival pulsion to express his superiority.

These people want thereby some revenge to "consume" some (very) young people really (Epstein affair) or by proxy as obscene pictures which can replace their presence. And the electronic multiplication to access at this virtual possibility is reinforced in his dark side (negative dissolution in our method) by the discrepancy between the forbidden legal behavior and their underground way to justify itself.

Don't forget in the ethologic analysis we can see inside some animals' fights (like the monkey) the loser shows his bottom to the winner to signify he can use him as he wishes. In a parallel way it's not astonishing to see some sensitive old or middle people about a very young people's pictures which then concurrently in their own self-esteem and they want to "punish" them for this in imposing them their power like an incandescent red mark.

Certainly, the distinction between real and imaginary, phantasm and acting indeed, always a delicate matter. Above all because some people can always argue that this universal framework concerning how to "reinforce the Self" independently of all ethics religious or "new age" systems is always too general, metaphysical, then that it's depend from every cultural system: in other words if "to consume" some (very) young (images) people can be forbidden, inside the others cultural system it's not; it's why also and first

an global ethical and political problem than we cannot just put this outside for our particular social-psychological field...

But in other side we cannot impose any universal framework to reach this kind of "souverain Good"; we can just said anyway that if some people wants to live in an harmony way it's possible, in considering precisely how we can ventilate classified every interaction in a universal and therefore a true scientist and ethic way to know if its reinforce or weak ourselves not only as human being but also as citizen.

Here is the framework of my actual work about to know how we are functioning and what for; all in knowing that if it's necessary to verify these strong hypotheses, those ones come already from some experiences...

But how pass through this kind of vicious circle?... By the debate and confrontation to propose analysis and solutions reals, not only through artificial consensus often no new results as I think to have find.

Biography

Dr (HDR) Lucien Oulahbib is a researcher associated (CLESID Lyon III, France) teacher at IRCOM (Lyon), has written articles and a book about Pierre Janet methodology.

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*We wish to meet you again
at our upcoming event*

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A large group of diverse people, likely attendees of the conference, are shown in a black and white photograph. They are arranged in several rows, smiling and looking towards the camera. The photo is partially obscured by a large, diagonal graphic element consisting of a purple and green gradient that runs from the top left towards the bottom right.

Questions? Contact

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