



2nd National Summer Institute on Addictions Focuses on Best Practices for Concurrent Disorders

MONTAGUE, Prince Edward Island, July 12, 2004 – Professional researchers and leading Canadian experts in the substance abuse and mental health fields will meet in Prince Edward Island this week to participate in the second National Summer Institute on Addictions. Co-sponsored by the Canadian Centre on Substance Abuse (CCSA) and the Addictions Research Centre of the Correctional Service of Canada (CSC), the Institute will focus on improving treatment outcomes for individuals with both mental health and substance use problems – otherwise known as concurrent disorders.

The theme for this year's event was selected to build on the recommendations contained in Health Canada's 2001 report – *Best Practices: Concurrent Mental Health and Substance Use Disorders*, which found that approximately 40% of people struggling with substance use problems also have mental health problems. The report suggests that the implementation of concurrent disorder treatment and harm reduction programs have the potential to improve patient outcomes and reduce health care and correctional costs.

“An increasing body of evidence suggests that the normally high rates of relapse, re-hospitalization and incarceration can be reduced with the adoption of an integrated approach to concurrent disorders,” said Michel Perron, CEO of the Canadian Centre on Substance Abuse. “Our goal is to see these best practices adopted broadly across the country.”

The four-day advanced seminar offers relevant evidence-based knowledge and skill development to experienced professionals from the health, social services and criminal justice systems. Through the Institute, CCSA and CSC are ensuring that the most current best practice knowledge is transferred to practitioners and program developers from all regions of the country. In this way, organizers are contributing to the implementation of new integrated treatment approaches, thereby advancing the goals of the Canadian Drug Strategy.

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