



The Panel with Nexus:

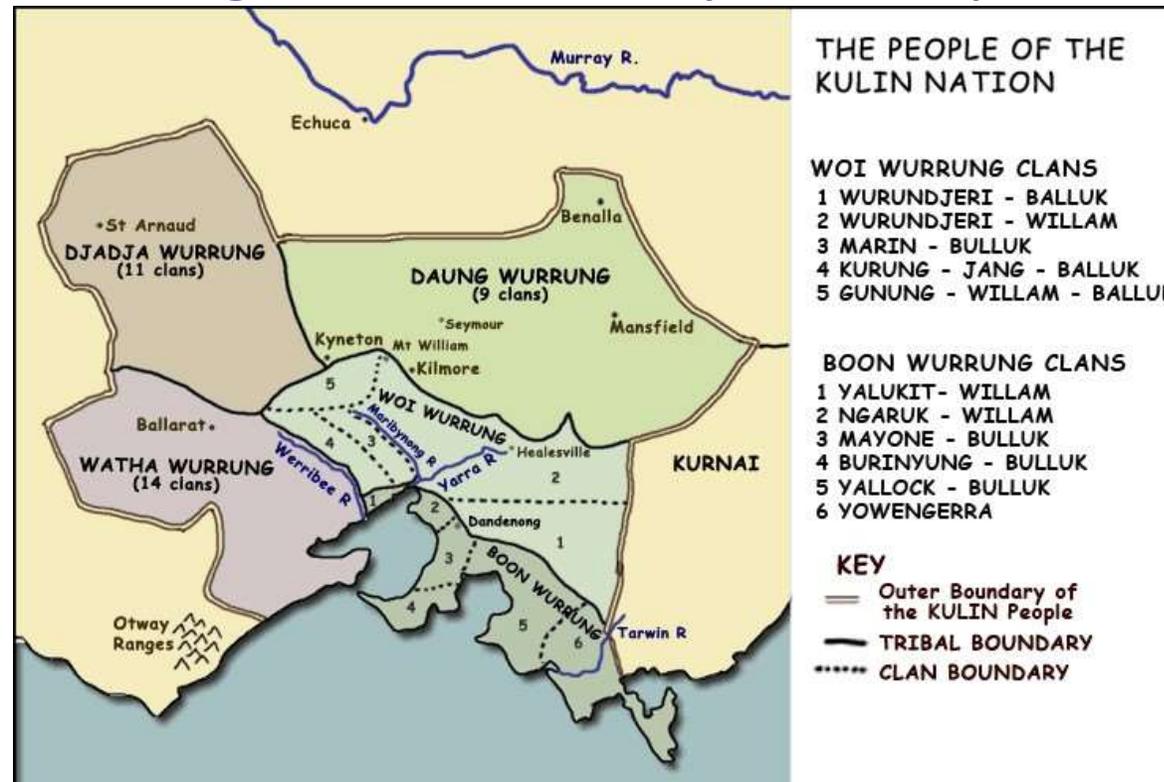
Cannabis and Mental Health – What Role does Medicinal Cannabis play?

Kah-Seong Loke,
Nexus

Friday 4/3/2022 – 12.00-12.45pm

Acknowledgement of Country

We respectfully acknowledge the Traditional custodians of the land on which we meet today, the Wurundjeri people of the Kulin Nation, and we pay respect to all Aboriginal Community Elders, past and present.



Acknowledgement of Lived/Living Experience

We recognise and value the knowledge and wisdom of people with lived/living experience, their supporters and the practitioners who work with them.

We celebrate their strengths and acknowledge the important contribution that they make to the development and delivery of health and community services.



Nexus Team

Chris Hynan – Manager

Kevan Myers – Team leader

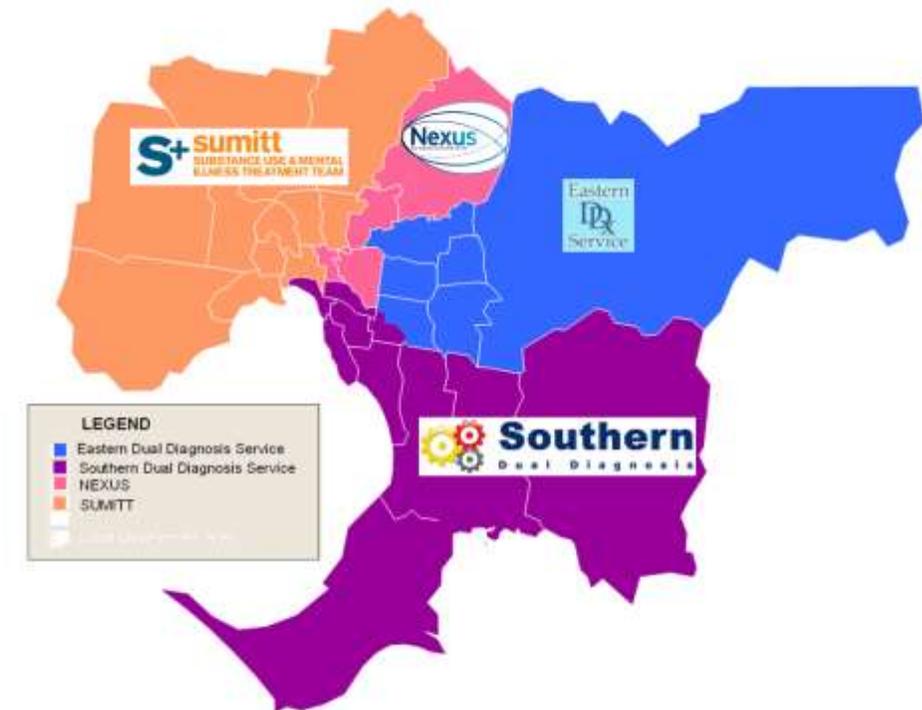
Kah-Seong Loke – Psychiatrist

Simon Kroes – Dual diagnosis clinician

Ange Wallace – Dual diagnosis clinician

Mirella Rao – Dual diagnosis clinician

Annie Dolan – Administrative assistant



OUTLINE

- **Endogenous Cannabinoids**
- **Cannabis**
- **Synthetic Cannabinoids**
- **Medicinal Cannabis**
 - Pharmacology
 - Formulations
 - TGA-approved clinical indications
 - Other clinical uses [harm reduction]
 - Contraindications and Drug interactions
 - Medicinal cannabis and Driving
 - Suppliers and formulations
 - TGA/DHS permit application process
 - Case examples
 - Department of Addiction Medicine (DoAM) trial

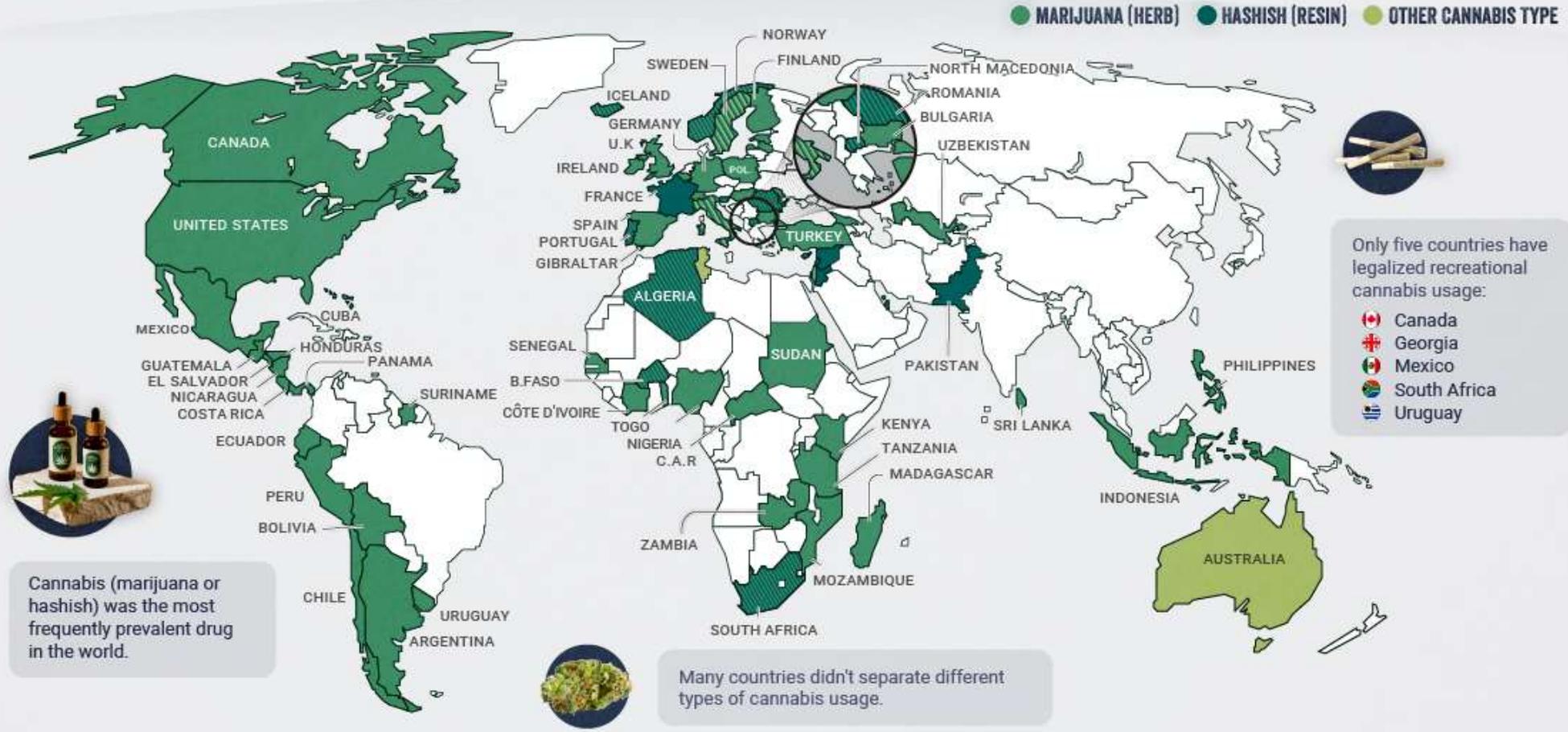
Declaration of Interest - Nil

THE MOST USED DRUG IN EVERY COUNTRY IN THE WORLD 2021



CANNABIS TYPE

Drugs like cannabis and derived products have been used throughout history, and modern prevalence is spread around the world.



Source: World Drug Report 2021

[f](#)
[v](#) /visualcapitalist
 [t](#)
[@visualcap](#)
[v](#) visualcapitalist.com

Effects of Cannabis Use – Short Term

Physical

- Sedation, Confusion
- Motor impairment (driving)
- Increased appetite
- Dry mouth, N&V
- Bloodshot eyes
- Tachycardia, Hypotension
- Respiratory (cough, wheeze)

Neuropsychological

- Sedation, Confusion
- Euphoria, Disinhibition
- Impairment
- Amotivation, Anergia
- Anxiety, Depression
- Paranoia → Psychosis

Cannabis (THC) Intoxication/Overdose

- Rare - following administration by smoke inhalation
- More common following oral administration and with synthetic cannabinoids

Effects of Cannabis Use – Long Term

Physical

- Impairment (driving, etc.)
- Respiratory: sore throat, cough, lung disease (COPD)
- Amotivation, Dysphoria
- Hormonal: ↓ libido, ↓ sperm count, ↑ menstruation
- Cannabis hyperemesis syndrome

Neuropsychological

- Cognitive: ↓ STM, Δ time perception; ↓ p/motor speed, working memory in adol.
- Anxiety, Panic attacks
- Amotivation, Dysphoria
- Paranoia, Perceptual abnormalities
- Psychosis (vulnerability)

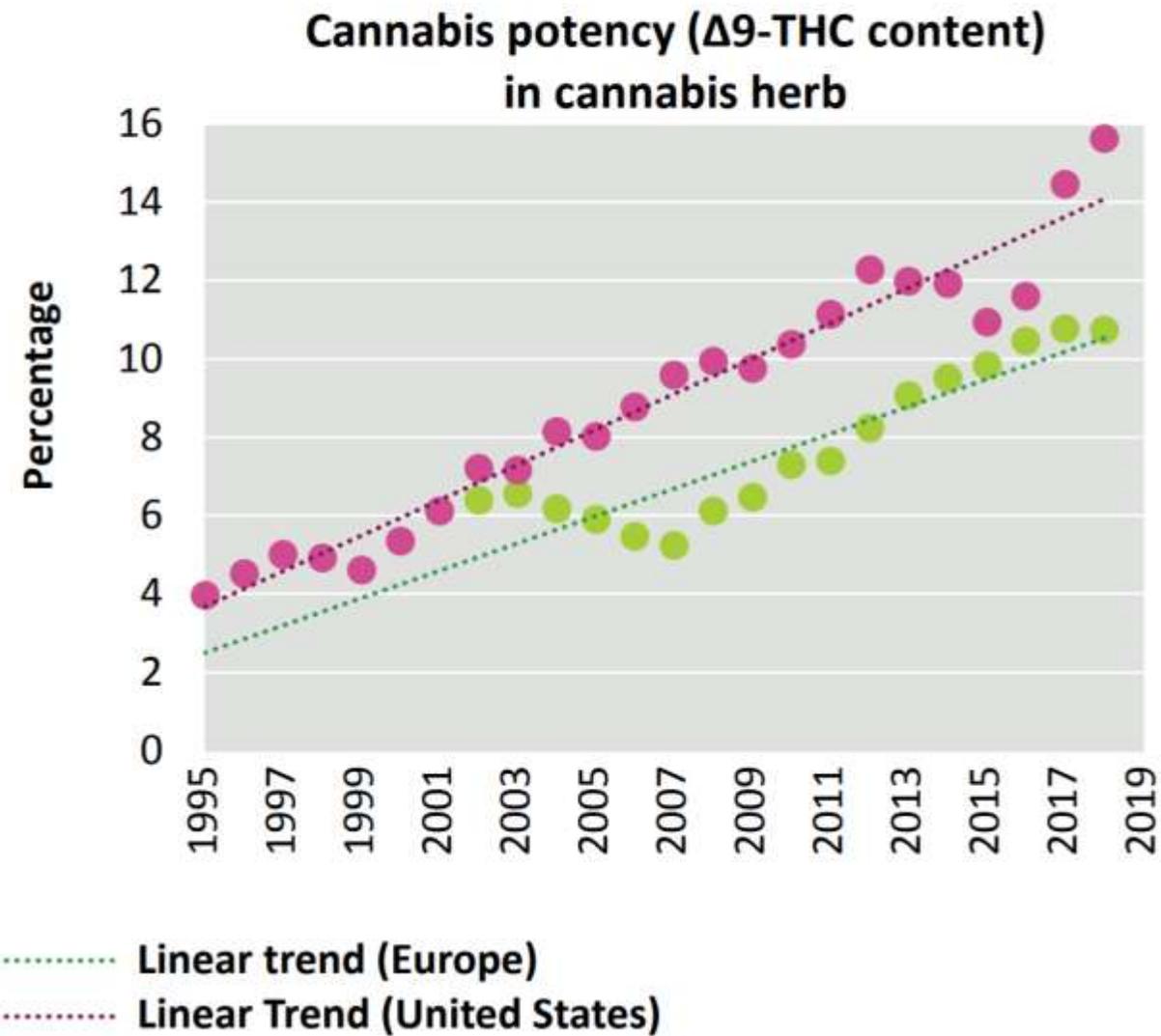
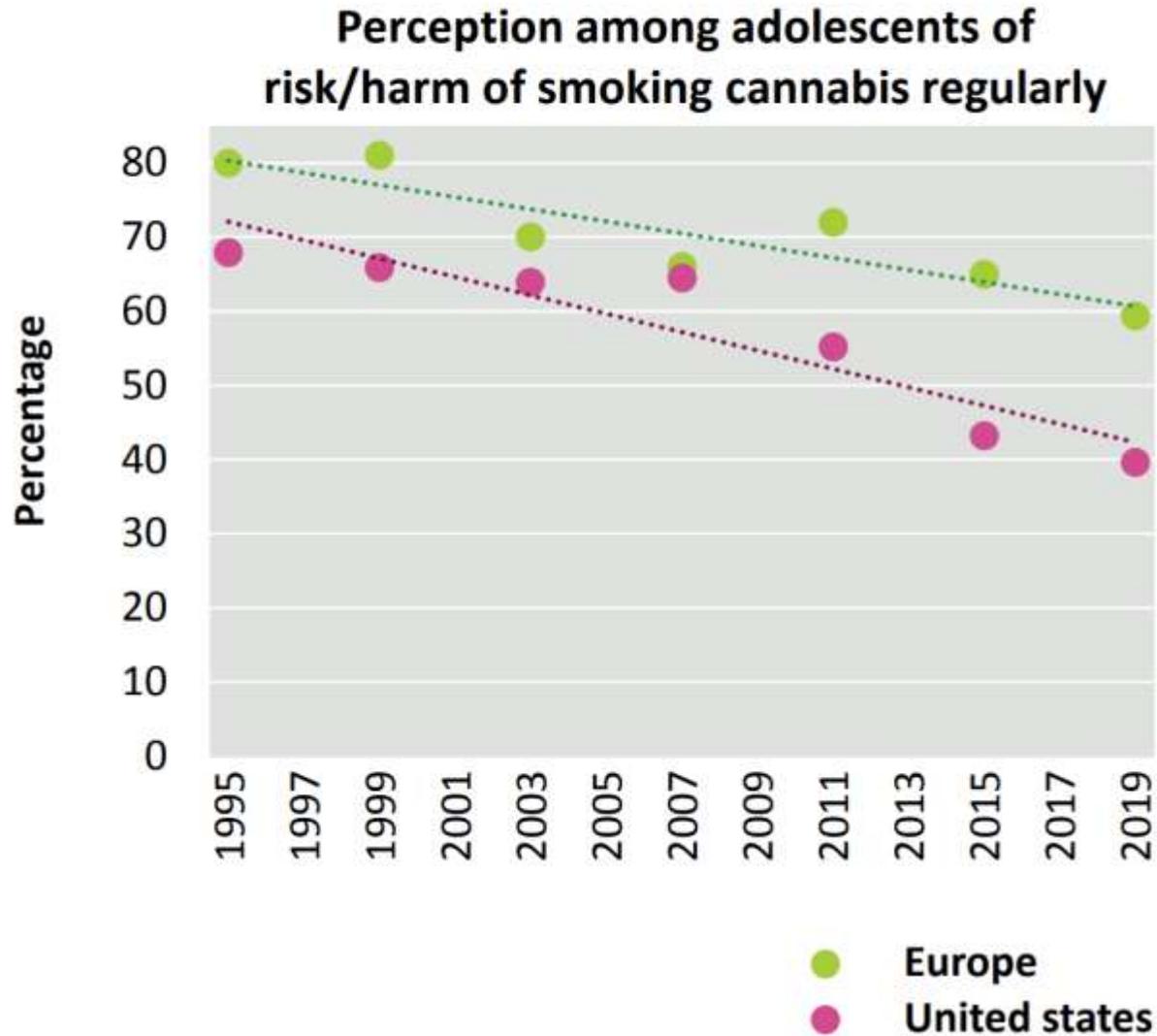
Cannabis hyperemesis syndrome (CHS)

- frequent, recurring episodes of severe nausea, vomiting, dehydration and abdominal pain; may avoid certain foods (→vomiting) ± LOW; hot baths or showers to relieve symptoms
- frequent visits to the emergency department
- higher risk if: use at least once a week; used since adolescence
- delay of several years in the onset of CHS from commencement

Social: cost, dependence + complications, legal

Other: Barrier to Tx, pharmaco-interactions (CYP-450;1A2,2D6,3A4)

FIG. 27 Potency of cannabis and perception of risk from cannabis use among adolescents, Europe and United States, 1995–2019



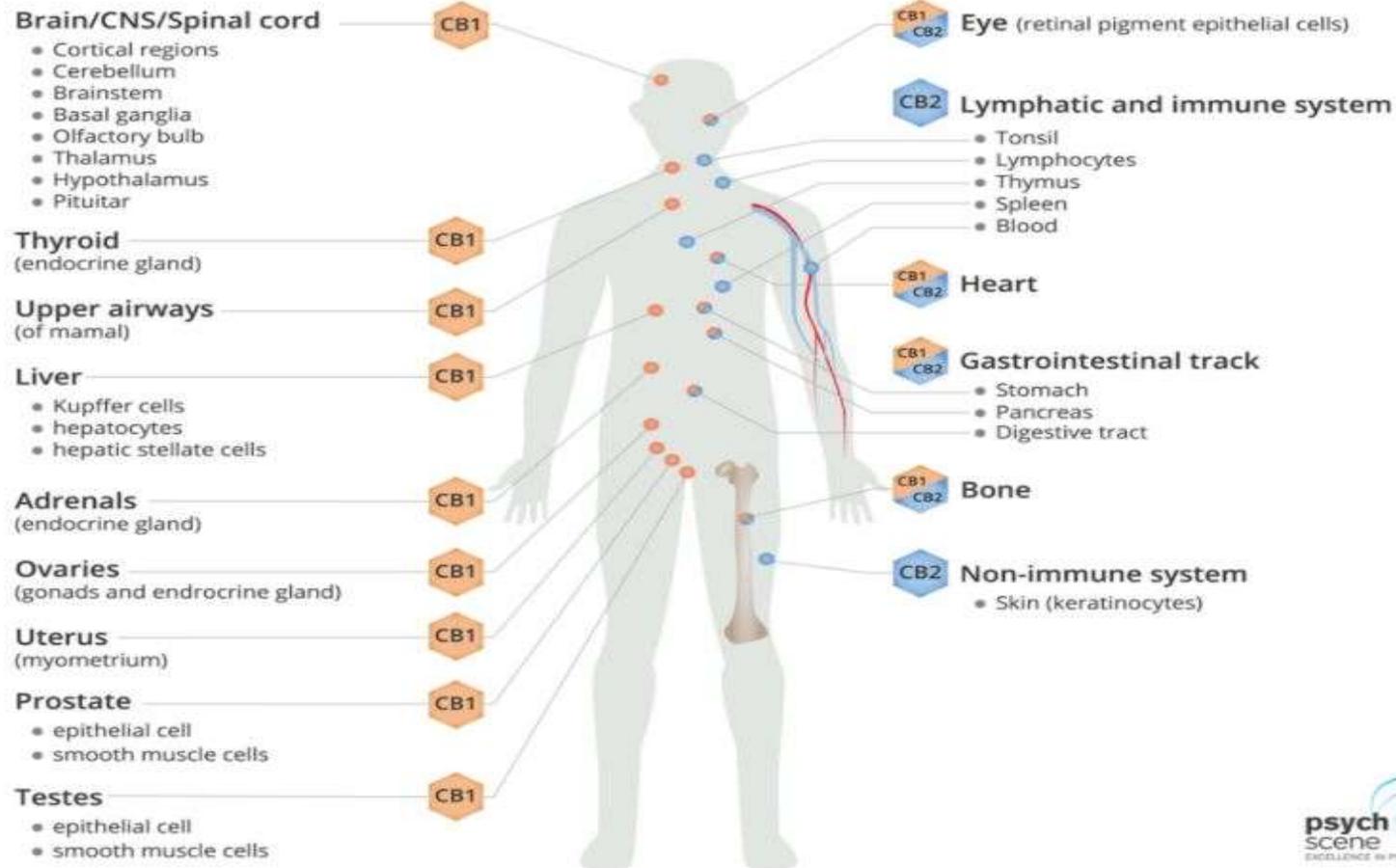
Endocannabinoid System

CANNABINOID RECEPTOR

The cannabinoid receptors are G protein-coupled receptors that are activated by endocannabinoids or exogenous agonists such as tetrahydrocannabinol. CBD does not directly fit CB1 or CB2 receptors but has powerful indirect effects still being studied.

CB1 CB1 receptors are primarily found in the brain and central nervous system, and to a lesser extent in other tissues

CB2 CB2 receptors are mostly in the peripheral organs especially cells associated with the immune system

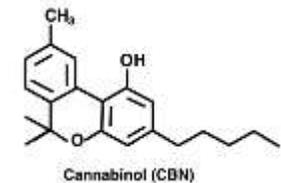
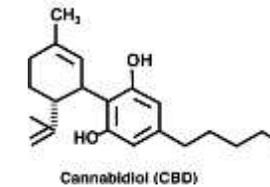


Endocannabinoids

- 2-arachidonoylglycerol (2-AG)
- anandamide (N-arachidonylethanolamide)

Cannabis

- Derived from Indian hemp plants (*Cannabis sativa*, *indica*, *ruderalis*)
- 3 main ingredients:
 - Δ^9 -tetrahydrocannabinol (THC); dronabinol - synthetic Δ^9 -THC
 - cannabidiol (CBD)
 - cannabinoil (CBN) [25% potency of THC]
- MoA - agonist at CB1 receptors in CNS
- agonist at CB2 receptors in PNS
- CNS depressant; Hallucinogenic effects in large doses
- Most commonly & frequently used illicit drug amongst Australians aged over 14*
 - 36% have used in their lifetime
 - 11.6% have used in the last 12 months
 - 37% of cannabis users using it weekly or more often



*National Drug Strategy Household Survey 2019



Bong
(72%)



Joint / Spliff
(83%)



Pipe



Hookah /
Sisha



Dry Herb Vaporisers

1g = \$20
3g = \$50
7g = "1/4" oz = \$100
28g = 1 oz = \$250 - \$300

Marijuana usually mixed with tobacco (& very occ'ly speed/ice/cocaine/heroin)
in a "mull bowl" → "mull" or "mix"



Cannabis Misuse in Mental Illness

Why do people with severe mental illness (SMI) use cannabis?

Main reasons given:

- reduce boredom
- to socialise
- to enjoy positive mood from intoxication

Nearly half of patients use cannabis:

- to get relief from dysphoria & agitation
- to sleep better

A minority use it to reduce their suspiciousness

Self-medication has been proposed as a reason (yet to be supported by research evidence)

The CBD in cannabis has anti-anxiety & anti-psychotic effects

(but street cannabis contains very small quantity of CBD & high quantity of THC)

None of the models proposed explain the interaction b/SMI & substance use disorder nor has a satisfactory evidence base & it is thought that a multiple risk factor model is needed.

Reasons For Use Scale ⓘ

Which drug do you use the most or causes most concern for you? (Write drug name here): Marijuana

Considering your current use of that substance, how often do you use that drug for the following reasons? (Tick a box for each reason)

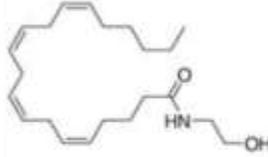
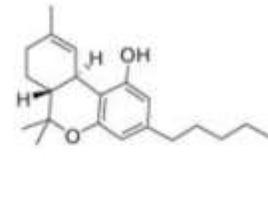
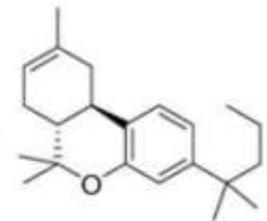
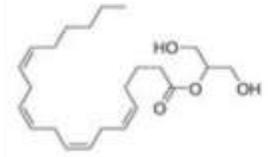
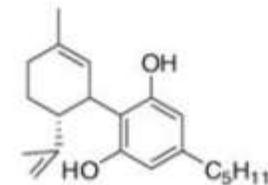
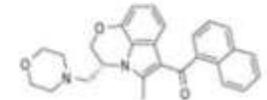
	1 Almost never/ never	2 Some of the time	3 Half of the time	4 Most of the time	5 Almost always/ always		1 Almost never/ never	2 Some of the time	3 Half of the time	4 Most of the time	5 Almost always/ always
1				✓		14	✓				
2		✓				15	✓				
3		✓				16	✓				
4	✓					17		✓			
5				✓		18	✓				
6	✓					19			✓		
7			✓	✓		20					
8		✓				21	✓				
9	✓					22	✓				
10	✓					23	✓				
11	✓					24	✓				
12	✓					25					
13	✓					26		✓			

Source: Gable, M. 2002 based on DSM; Cooper, 1994 (with additional items)

Synthetic cannabinoids

- **CB-1 and CB-2 agonists**
- Synthetic cannabinoid families (e.g. AM-xxx, CP-xx,xxx, HU-xx, JWH-xxx) which are classified by the creator of the substance; e.g. benzoylindole, cyclohexylphenol, naphthoylindole, phenylacetylindole
- aka Kronic, K2, Karma, Spice, Voodoo, Aroma and Dream (sold with herbal substances)
- most synthetic cannabinoid receptor agonists show **higher affinity** for CB1 (and CB2) receptors than THC (↑ **toxicity risk**)
- **not able to be detected by most pathology labs** ⇒ use in occupations where mandatory drug testing occurs



Endocannabinoids	Natural cannabinoids	Synthetic cannabinoids
Arachidonylethanolamide	Δ^9 -tetrahydrocannabinol	JWH-133
		
2-arachidonoylglycerol	Cannabidiol	WIN55,212-2
		

Medicinal cannabis

- Varying proportions of CBD: THC
- Formulations: capsule, oil/oral liquid, flower
- Multiple suppliers
- Varying cost / value for \$



Medicinal Cannabis		THC/unit	CBD/unit	Amount/Volume	Total THC content	Total CBD content	Cost	THC cost/mg	CBD cost/mg	Cost/mg
Brand	Product	(mg)	(mg)	(caps)	(mg)	(mg)	\$	\$/mg	\$/mg	\$/mg
Spectrum gel (CBD/THC)	Spectrum Cannabis Yellow Softgels 20mg	<1	20	30		600	70			0.12
Spectrum gel (CBD/THC)	Spectrum Cannabis Blue Softgels 2.5mg	2.5	3.75	60	150	225	70	0.47	0.31	
Spectrum gel (THC/CBD)	Spectrum Cannabis Red Softgels 2.5mg	2.5	<1	60	150		65	0.5		
Spectrum gel (THC/CBD)	Spectrum Cannabis Red Softgels 10mg	10	<1	30	300		75	0.25		
		(mg/mL)	(mg/mL)	(mL)	(mg)	(mg)	\$	\$/mg		
Spectrum liquid (CBD/THC)	Spectrum Therapeutics Cannabis Oil Yellow Oral Liquid	<1	20	40		800	95			0.12
Spectrum liquid (CBD/THC)	Spectrum Therapeutics Cannabis Oil Blue Oral Liquid	10	15	40	400	600	110	0.28	0.18	
Spectrum liquid (THC/CBD)	Spectrum Therapeutics Cannabis Oil Red Oral Liquid	26.3	<1	40	1052		110	0.10		
Spectrum liquid (CBD/THC)	Spectrum Therapeutics Cannabis Oil White Oral Liquid	0	100	50		5000	295			0.06
		(mg)	(mg)	(wafers)	(mg)	(mg)	\$	\$/mg	\$/mg	
iX Syrinx Pty Ltd (CBD) wfr	iX Biopharma Xativa sublingual wafers 12.5mg S4	0	12.5	60	0	750	89		0.12	0.18
iX Syrinx Pty Ltd (CBD) wfr	iX Biopharma Xativa sublingual wafers 25mg S4	0	25	60	0	1500	146		0.10	0.097
Cannatrek (CBD) oil	C25 Sunstone 25mg CBD capsules S8	0	25	60	0	1500	150			0.1
Cannatrek (CBD) oil	C115 Sunstone CBD oil (115mg/mL) S8	0	115	30 mL	0	3450	245		0.07	0.07
Cannatrek (CBD/THC) oil	C20 (20:1mg/mL) CBD oil S8 (new - C25 - 25:1)	<1	20	25mL	<25	500	105	4.2	0.21	0.2
Cannatrek (CBD/THC) oil	C100 Amber (100:4 mg/mL) CBD oil S8	<4	100	30mL	120	3000	255	2.125	0.085	0.08
Cannatrek (CBD/THC) oil	C200 Amber (200:8 mg/mL) CBD oil	<8	200	30mL	240	6000	425	1.77	0.07	0.069
Cannatrek (CBD/THC) oil	C20T5 Ruby (20:5 mg/mL) CBD oil S8	5	20	30mL	150	600	90	0.6	0.15	0.12
Cannatrek (CBD/THC) oil	C12T12 Ruby (12.5:12.5 mg/mL) balanced CBD oil S8	12.5	12.5	30mL	375	375	90	0.24	0.24	0.12
Cannatrek (THC) oil	T20 Indica oil (THC 20mg/mL) S8	20	0	25	500		\$105	0.21		0.21
Cannatrek (THC) oil	T25 Ruby oil (THC 25mg/mL) S8	25	0	30	750		90	0.12		0.12
							\$			
Beacon	Girl Scout cookies (10g)						150			
Cannatrek flowers (THC)	T15 Flower (Sativa Avadia) - 60% Sativa:40% Indica - S8	15%	0	10gm	1500	0	170	0.11		0.11
Flower (THC)	T18 Flower (Uplift Lemnos)- 60% Sativa:40% Indica - S8	18%	0	10gm	1800	0	170	0.09		0.09
Flower (THC)	T19 Flower (Beersheba) - 70% Sativa:30% Indica - S8	19%	0	10gm	1700	0	150	0.09		0.09
Flower (THC)	T17 Flower (Jerusalem) - 50% Sativa:50% Indica - S8	17%	0	10gm	1700	0	150	0.09		0.09
Flower (THC)	T18 Flower (Jasmine) - 5% Sativa: 95% Indica - S8	18%	0	10gm	1800	0	150	0.09		0.09
Flower (THC)	T20 Flower (Relax Daylesford)- 30%Sativa:70%Indica-S8	20%	0	10gm	2000	0	170	0.08		0.08



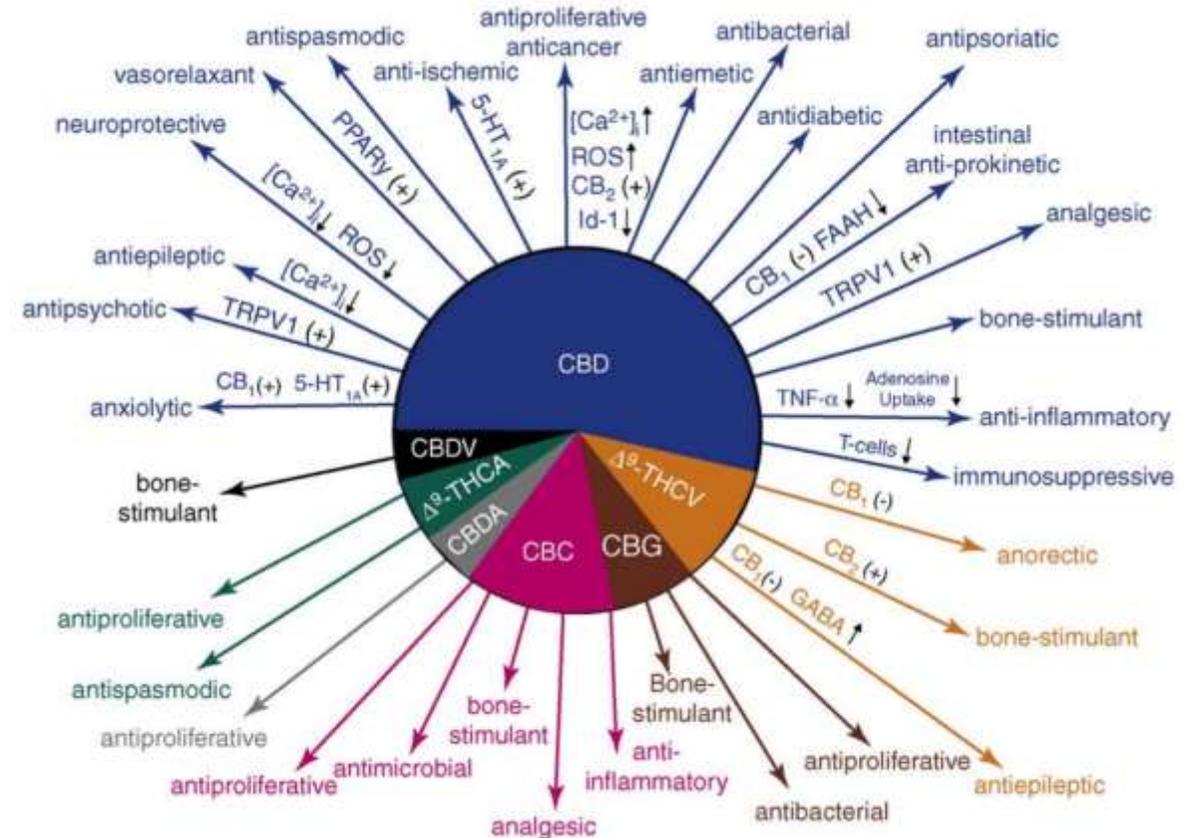
Medical Vapouriser devices 3 approved TGA devices (150+\$, 500\$, 800\$)

Dry Herb Vaporisers

CBD vs THC

CBD	THC
Non-intoxicating	Intoxicating
Anti-inflammatory and reduces pain	Anti-inflammatory and reduces pain
May reduce anxiety	May improve appetite
Anticonvulsant	May reduce nausea
Regulate THC effects	May help with insomnia

<https://www.xativahub.com/cannabis>



Izzo AA, Borrelli F, Capasso R, Di Marzo V, Mechoulam R. Non-psychotropic plant cannabinoids: netherapeutic opportunities from an ancient herb. *Trends Pharmacol Sci.* 2009 Oct;30(10):515-27. doi: 10.1016/j.tips.2009.07.006. Epub 2009 Sep 2. Erratum in: *Trends Pharmacol Sci.* 2009 Dec;30(12):609. PMID: 19729208.

[https://www.cell.com/trends/pharmacological-sciences/pdf/S0165-6147\(09\)00182-5.pdf](https://www.cell.com/trends/pharmacological-sciences/pdf/S0165-6147(09)00182-5.pdf)

CBD only	THC only	THC + CBD
Anxiety	Anxiety	Anxiety
ASD		ASD
Cancer pain & Sx Mx	Cancer pain & Sx Mx	Cancer pain & Sx Mx
Chronic pain	Chronic pain	Chronic pain
Epilepsy		
Migraine	Migraine	
Movement disorder		Movement disorder
Multiple Sclerosis		
		Nausea
Neuropathic pain	Neuropathic pain	Neuropathic pain
Palliative care	Palliative care	Palliative care
Sarcoidosis		
Sleep disorder	Sleep disorder	
Tinnitus		
Tourette Syndrome		



TGA-
approved
indications
[formulation-
dependent]

TGA-approved

- Anxiety
- ADHD
- ASD
- PTSD
- Sleep disorder

TGA Non-Approved

- Cannabis Use Disorder
- Depression
- Psychosis
- Bipolar Disorder

Contraindications, Adverse effects and Drug interactions

Contraindications

- Young people <25yo (potential adverse effects on developing brain) [NB: use in severe, treatment-resistant epilepsy in children]
- Pregnancy/lactation
- Cardiac history - severe and unstable heart disease (angina, peripheral vascular disease, cerebrovascular disease and arrhythmias) or risk factors for heart disease

Adverse / Undesirable Effects

Increased heart rate, dizziness, impaired coordination and reaction times, drowsiness, impaired short-term memory, dry mouth, nausea, anxiety, respiratory irritation (if inhaled), increased appetite, euphoria

Drug interactions

1. Medicinal cannabis can interact with other medicines, particularly **other CNS depressants**, causing drowsiness and potentiating any side effects; this also applies to **alcohol**.
2. Pharmacokinetics:
 - Metabolism: THC (2C9, 3A4), CBD (2C19, 3A4), CBN (2C9, 3A4)
 - THC (& tobacco smoking): induces 1A2 (clozapine, olanzapine), inhibits 2C9, 3A4
 - CBD: inhibits 1A2 (CLZ, OLZ), 2D6 (antidepressants, antipsychotics), 3A4 (AED), UDP-glucuronosyltransferases UGT1A9 and 2B7, (?) glycoprotein P (P-gp)

References:

- [Medicinal Cannabis—Potential Drug Interactions](#)
- [Cannabinoid Metabolites as Inhibitors of Major Hepatic CYP450 Enzymes, with Implications for Cannabis-Drug Interactions](#)
- Sativex Product Information (PI); Spectrum Cannabis Softgels Consumer Medicine Information (CMI)

Specific examples: [not an exhaustive list]

- Anti-depressants (fluoxetine, fluvoxamine)
- Anti-coagulants (warfarin, apixaban, rivaroxaban)
- Antiretroviral drugs used in the treatment of HIV/AIDS
- Stomach acid inhibitors (omeprazole)
- Certain antibiotic and antifungal medications (ketoconazole, itraconazole, ritonavir, clarithromycin; rifampicin)
- Some heart medications (amiodarone, diltiazem, verapamil)
- Some anti-epileptic medications (carbamazepine, phenytoin, clobazam)
- St John's Wort

Therapeutic Goods Administration (TGA) – SAS & AP

For nurse and medical practitioners seeking to prescribe a medicinal cannabis product not included in the Australian Register of Therapeutic Goods (ARTG), Therapeutic Goods Administration (TGA) approval is required.

- TGA's Special Access Scheme
- Authorised Prescriber ('established history of use'; must report the number of patients treated every 6 months; "Treatment of refractory anxiety [and/or chronic pain] in adult patients")

New SAS submission

- Prescriber details
- Product selection
- Product details
- Patient details
- Summary

The TGA regulates therapeutic goods as either **Medicines**, **Biologicals** or **Medical Devices**. These definitions may differ from those used in the clinical setting. For example, the TGA regulates blood products as medicines and not biologicals. It is recommended that you search all three therapeutic good types before utilising the free text function. If you use the free text function and categorise your product incorrectly, you will be asked to withdraw the application/notification and create a new submission.

Therapeutic Good Type *

Medicine
 Biological
 Medical Device

Medicine
Please use the search below to make your product selection (including active ingredient, dosage form and indication).

Active ingredient(s) *

 The active ingredient(s) I need could not be found through the search tool

Lookup records

<input checked="" type="checkbox"/>	Name ↑
<input type="checkbox"/>	Category 1-CBD medicinal cannabis product (CBD≥98%)
<input type="checkbox"/>	Category 2-CBD dominant medicinal cannabis product (CBD≥60% and less than 98%)
<input type="checkbox"/>	Category 3-Balanced medicinal cannabis product (CBD less than 60% and ≥40%)
<input type="checkbox"/>	Category 4-THC dominant medicinal cannabis product (THC 60-98%)
<input type="checkbox"/>	Category 5-THC medicinal cannabis product (THC greater than 98%)

Select Cancel Remove value

- Patient has chronic generalised anxiety which has not responded well to conventional medical treatment including prescription medications and psychological therapy
- 4-weekly monitoring; 2-year permit

Victorian Department of Health – Medicines and Poisons Regulation (MPR)



- **Any doctor or nurse practitioner** in Victoria can prescribe medicinal cannabis for any patient with any condition, if they believe it is clinically appropriate to do so.
- **Commonwealth** and/or state approvals may be required
- From 28 February 2022, prescribers **no longer require a Schedule 8 treatment permit** from the Victorian Department of Health when prescribing a Schedule 8 medicinal cannabis product to **non-drug dependent** patients
- For **drug-dependent** patients, an application for a treatment permit can be made –
Application for a permit to treat a patient with Schedule 8 drugs form [specify pt is drug-dependent]
- Prescribers are still required to **check SafeScript** each time before prescribing any Schedule 8 medicinal cannabis products to any patient.”

Medicinal cannabis

Prescribing medicinal cannabis

<https://www.health.vic.gov.au/drugs-and-poisons/medicinal-cannabis>

Smoking cessation

<https://education.quit.org.au/>



Smoking Cessation Brief Advice Essentials - 30 min

Plus, extended learning module for:

-Eye Health (*Optometry Board Accredited*)

-Mental Health

[View](#)



Brief Advice Training - Hospital/Health services - 30 min

[View](#)

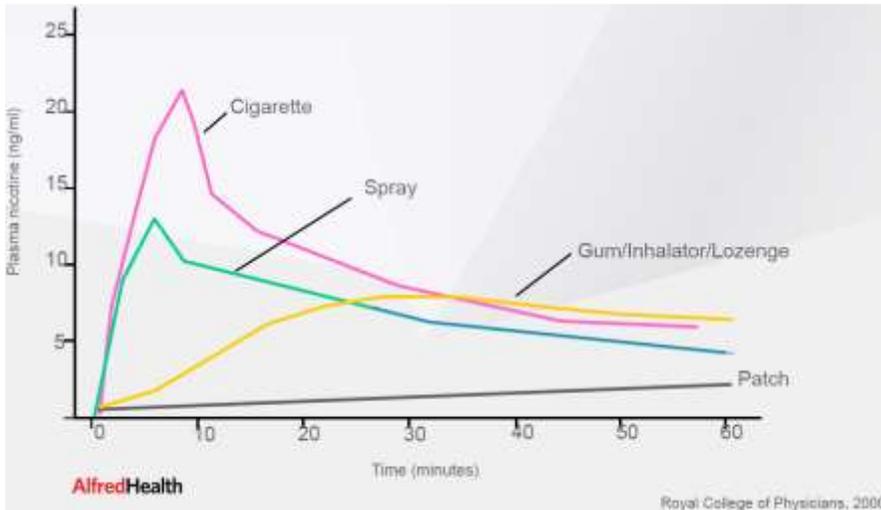


Brief Advice training - Hospital/Health Services (including inpatient mental health services) - 30 min

[View](#)

Smoking cessation

Nicotine Replacement Therapy (NRT)



Varenicline



Bupropion



Nortriptyline



Price: \$69.99

★★★★★ (266)

Nicorette Quit Smoking QuickMist Mouth Spray



Price: \$69.99

★★★★★ (143)

Nicorette Quit Smoking QuickMist Mouth Spray Cool



Price: \$55.99
\$11.00 Off RRP!

★★★★★ (40)

Nicorette Quit Smoking QuickMist Mouth Spray



Price: \$30.99
\$9.00 Off RRP!

★★★★★ (45)

Nicorette Quit Smoking QuickMist Mouth Spray

- Approximately \$23-31 per spray pump.
- *Each* spray pump is equivalent to ~75-150 cigarettes or about 3-6 packs of 25 cigarettes

Take home messages

- Can be effective for anxiety disorders
 - Can be useful for harm reduction:
 - Financial harm
 - COPD
 - Family/IPV violence
 - Reduced psychotic symptoms (CBD formulations only)
 - Risk of losing licence for drug driving (CBD-only formulations; rinse mouth if THC-containing preparations, especially oils)
- BUT ? duration of therapy, tapering/cessation process
- TGA permit process: Psychiatrist? GP with letter from psychiatrist?
 - Consider addressing tobacco/nicotine

Future directions

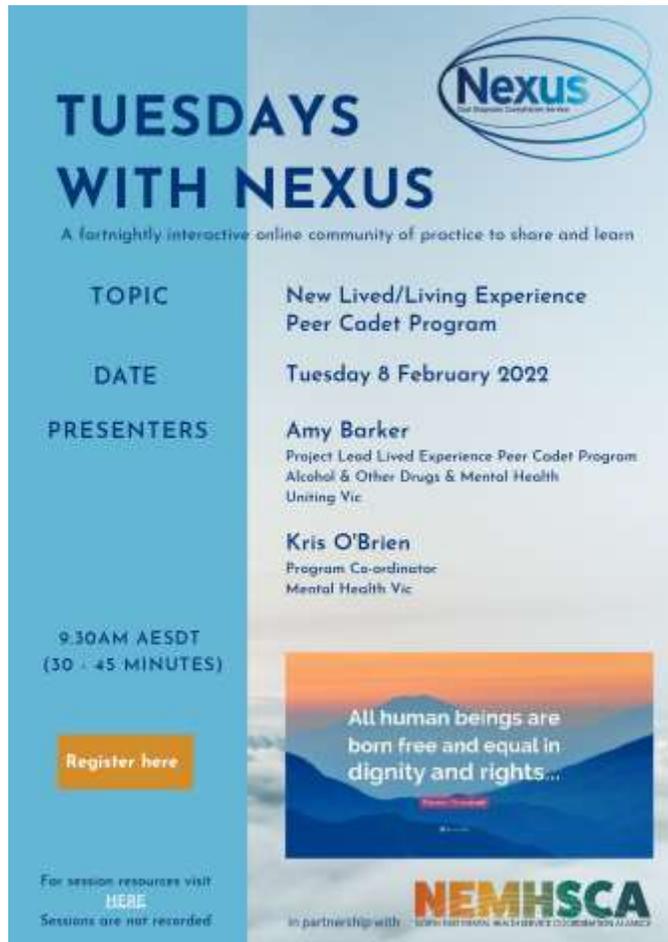
Research

- Clinical applications and efficacy; CBD vs THC
- SVHM Department of Addiction Medicine: CBD trial for young people with CUD
- Orygen: High-dose CBD for early psychosis
- Northern Hosp ED: High-dose CBD for cannabis hyperemesis syndrome

Regulation

- **OTC CBD:** low-dose (<150 mg/d) CBD over the counter
- TGA down-scheduled CBD from a S4 (prescription medicine) to a S3 (pharmacist-only medicine) in early 2021; no product has yet been approved by the Australian Register of Therapeutic Goods (ARTG)

Tuesdays with Nexus



TUESDAYS WITH NEXUS
A fortnightly interactive online community of practice to share and learn

TOPIC New Lived/Living Experience Peer Cadet Program

DATE Tuesday 8 February 2022

PRESENTERS
Amy Barker
Project Lead Lived Experience Peer Cadet Program
Alcohol & Other Drugs & Mental Health
Uniting Vic
Kris O'Brien
Program Co-ordinator
Mental Health Vic

9.30AM AESDT
(30 - 45 MINUTES)

[Register here](#)

For session resources visit **HERE**
Sessions are not recorded

All human beings are born free and equal in dignity and rights...

NEMHSCA
in partnership with NEW SOUTH WALES HEALTH EDUCATION ALLIANCE

<https://www.svhm.org.au/our-services/departments-and-services/n/nexus/tuesdays-with-nexus/resources>

Resources

HOME > OUR SERVICES > DEPARTMENTS AND SERVICES > N > NEXUS > TUESDAYS WITH NEXUS > RESOURCES

2022 Resources

[Peer Cadet Program Overview](#)

2021 Resources

[A Practical Guide for Working with Carers of People with a Mental Illness](#)

[Bouverie Centre](#)

[CCA booklet online](#)

[CCISC in Victoria Presentation by Gary Croton](#)

[Compassion Training Monash University Sep 2021](#)

[Contesting the term compassion fatigue Hofmeier et al 2020](#)

[Family, carers and supporters - Royal Commission](#)

[Impact on Carers - Royal Commission](#)

[Intersectionality source Manal Shehab](#)

[LIFT source Anshuman Chatevedi, Banyule Community Health service](#)

[Mind Australia's Lived Experience Strategy 2021-2024](#)

[Mind Australia Lived Experience strategy](#)

[NEXUS Education 2021 confidentiality privacy](#)

[Royal Commission - Department of Addiction Medicine](#)

[Royal Commission - VAADA](#)

[SSDTA Flyer Eligibility and Process source DoAM](#)

[SSDTA Flyer What is SSDTA? source DoAM](#)

[SSDTA Flyer What should I know? source DoAM](#)

[SSDTA Presentation Nov 2021 source DoAM](#)

[Youth Affairs Council Victoria Oct 2021](#)

[Walk in Together](#)

Panel with Nexus



THE PANEL WITH NEXUS

Exploring treatment responses and integrated interventions for people with mental health and substance use/addiction

TOPIC Not sure what we are going to call this one.

DATE Friday 18 February 2022

PRESENTER Dr Kah-Seong Loke
Addiction Psychiatrist
Nexus, St Vincent's

12PM - 12.45PM (AEST)

[JOIN SESSION](#)
Password: Nexus

All human beings are born free and equal in dignity and rights...

Sessions are not recorded. To view resources please go [HERE](#)

<https://www.svhm.org.au/our-services/departments-and-services/n/nexus/resources/the-panel-with-nexus/panel-with-nexus-resources>

Panel with Nexus Resources

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The Panel with Nexus fortnightly online sessions are an internal forum open to St Vincent's staff, exploring treatment responses and integrated interventions for people with mental health and substance use/addiction.

Sessions will recommence in early 2022. For more information please email nexus@svha.org.au.

2021 Resources

[Alcohol and anti-craving medications Dec 2021](#)

[Bernese Method \(microdosing for buprenorphine induction\)](#)

[Guidelines for the treatment of alcohol problems](#)

[Long Acting Injectable Buprenorphine Nov 2021](#)

[Uniting Harm Reduction Overdose Prevention Program - NYXQID](#)



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