Supporting parents affected by fetal alcohol spectrum disorder

Fetal alcohol spectrum disorder (FASD) is caused by exposure to alcohol in utero, when the fetus's mother consumes alcohol. FASD has far-reaching and life-long effects on the affected individual's behaviour, educational attainment, adaptive functioning, and interpersonal relationships (Streissguth, 1994). Because of cognitive, emotional, and behavioural difficulties associated with FASD, many adults affected by FASD encounter significant challenges in obtaining and maintaining employment, managing their money, maintaining good mental health and staying out of trouble with the law and child protective services (Streissguth, Aase, Clarren, Randels, Ladue, & Smith, 1991).

Most parents affected by FASD love their children dearly, and some people affected by FASD are known for their considerable ability to care for others (Harriman, 2007). However, many parents affected by FASD require ongoing support to parent effectively. The neurological damage caused by in utero exposure to alcohol causes life-long brain dysfunction that can affect judgment, decision-making, and social behaviours, including parenting behaviours. Parents affected by FASD might need social support to perform basic parenting tasks such as getting children to bed and ensuring children are fed regularly. They might also need legal assistance, financial support, drug and alcohol treatment, mental health services and companionship (Abraham & Hardy, 2006).

Some parents affected by FASD lose custody of their children due to child protection concerns, and after apprehension, some parents encounter severe challenges in meeting the conditions for family reunification (Harriman, 2007). Parents whose cognitive abilities have been adversely affected by FASD may have trouble understanding why their children have been apprehended. They may not comprehend, let alone have the capacity to meet, the conditions imposed by child protection services.

With funding from the Victoria Foundation's FASD Action Fund, Gitxsan Child and Family Services Society (GCFSS) and the University of Northern British Columbia (UNBC) recently formed a partnership to initiate a project focused on providing housing and other supports for parents living with FASD. GCFSS provides preventive, support, promotional, and protective services to children and families living in Gitxsan communities, located in the area of the upper Skeena River in northwestern BC. The mission of GCFSS is to strengthen children and families by providing culturally appropriate education, support and services to Gitxsan citizens.

The goal of the GCFSS-UNBC project is to build partnerships and develop plans for housing and other services for families affected by FASD, rooted in the Gitxsan culture and matrilineal system. Ms. Merle Greene, Executive Director of GCFSS, explains that the Gitxsan have a unique societal structure whose main feature is intricate kinship networks and support systems that develop and groom leadership, assert responsibility and provide protection, teaching and caregiving to its citizens. The vision for this project is that families affected by FASD will live in safety and in health, embraced by cultural traditions that have served the Gitxsan people for eons.

For more information about this project, please contact Dr. Hardy at hardy@unbc.ca.
A public symposium on alcohol

CARBC and the BC Mental Health and Addictions Research Network hosted a public symposium on alcohol on May 11 in Vancouver, BC. Officially named Responding to Alcohol—Monitoring, Treatment, Policy and Harm Reduction, the symposium featured four presentations by experts in the field as well as follow-up responses from other professionals. After each presentation, attendees were invited to participate in an open discussion.

- Dr. Tanya Chikritzhs (National Drug Research Institute) provided first-hand perspective on Australia’s endeavours in monitoring and communicating alcohol-related issues among its indigenous and non-indigenous populations. Mr. John Borody of the Addictions Foundation of Manitoba and Dr. Brian Emerson from the BC Ministry of Health responded on surveillance needs and opportunities in the Canadian and British Columbian context.
- Dr. Sven Andréasson (Swedish National Institute of Public Health) related Sweden’s experience and broader findings in healthcare response to problems connected with excess consumption. Dr. Michael Krausz, UBC's LEEF Chair for Addictions Research, and Dr. David Brown of BC Mental Health and Addictions Services then shared their assessment of treatment effectiveness and delivery concerns relative to our federal system and provincial structure.
- Dr. Louis Gliksman (Centre for Addiction and Mental Health) presented on the implementation of municipal alcohol policies in Canadian communities, with CARBC’s senior policy analyst Dr. Gerald Thomas and audience respondents focusing on challenges and measures pursued within BC and the greater Vancouver area.
- Dr. Christiane Poulin (Dalhousie University) addressed the question of appropriate focus in alcohol-related health messaging to high school students, with responses coming from Dr. Elizabeth Saewyc of UBC’s School of Nursing and Dr. Julian Somers of SFU’s Centre for Applied Research in Mental Health and Addictions.

The event drew approximately 50 attendees made up of service providers, educators, enforcement personnel and policy makers.

Mapping substance use in British Columbia

The BC Pilot Alcohol and Other Drug (AOD) Monitoring Project aims to provide policy makers, researchers and the public with timely data on risky patterns of substance use and related harms. A multi-component system, already developed and piloted in BC, will later be applied in other regions in Canada.

Some of the most important findings to emerge from the project are:

- Alcohol consumption per adult in BC increased between 2001 and 2005.
- Rates of alcohol-related deaths were higher among residents in the Northern and Interior Health Authorities. (These higher rates of alcohol-related deaths mirror higher rates of adult capita consumption in those regions compared with the Lower Mainland.)
- Rates of illicit drug-related deaths were higher among residents of the Lower Mainland.
- Rates and numbers of alcohol- and tobacco-related deaths were substantially greater across BC than were deaths from illicit drugs.
- Alcohol-related deaths increased between 2001 and 2005 across BC while those from illicit drugs declined.

Regarding hospital discharges between 2002 and 2005, both alcohol- and drug-related cases increased while tobacco-related conditions declined. Even so, tobacco conditions topped the list of conditions. Of discharges from BC hospitals in 2005

- 27,212 were related to tobacco,
- 25,194 were related to alcohol, and
- 4,817 were related to illicit drugs.

Alcohol and other drugs were shown to be widely used among two key populations in Vancouver and Victoria: rave or club-goers and street-entrenched injection drug users. Among club goers, lifetime use of alcohol, tobacco, ecstasy, mushrooms and cannabis was reported almost universally, with more than two-thirds of respondents reporting the use of these substances within the last 12 months. Cocaine, ketamine and GHB were also extensively used. Almost 59% of males and 52% of females from the club-drug sample reported exceeding BC’s low-risk drinking guidelines during the previous weekend.

Among street-entrenched injection drug users, alcohol, tobacco, cannabis, cocaine, crack cocaine and crystal meth were used almost universally. Research also reveals that cocaine seizures in BC have remained stable over the last two decades. However, the quantity of cocaine per seizure has increased, and the purity of the drug is significantly higher. Coastlines and the northern border have been shown to have particularly high rates of cocaine seizures.
Beer study backs recommendation to change BC’s alcohol pricing policy

A beer study funded and led by CARBC researchers concluded that young males can’t tell the difference between low-alcohol and regular-strength beer. The findings lend support to CARBC’s recent recommendation that the BC government modify alcohol pricing policies to allow drink prices to reflect alcohol content.

If lower-alcohol beer costs less to the consumer, researchers argue, more drinkers will be encouraged to choose the healthier option. The result could mean a reduction in alcohol-related harm to consumers and others in the province.

With problematic use of alcohol on the rise in BC and elsewhere in Canada, there is good reason to make policy changes that could motivate drinkers to consume less alcohol. As CARBC director Tim Stockwell explains, “Increased consumption of alcohol has led to increases in cancers, liver diseases, road trauma, violence, birth defects and a host of other causes of death, injury and illness.”

Meanwhile, BC’s current pricing strategy encourages consumption of drinks with higher alcohol content. This explains why beers with less than four per cent alcohol occupy only 0.2 per cent of the provincial beer market.

CARBC’s beer study was conducted between August and October 2006 using unmarked low-alcohol beer (3.8 per cent) donated by Victoria’s Spinnakers Gastro Brewpub & GuestHouses compared with regular-strength beer (5.3 per cent). Research assistant and UVic graduate student Dave Segal found that most of the 34 young male participants could not tell the difference between the two strengths of beer. They also reported no differences in how much they enjoyed the occasion or their perceived intoxication. A small difference was noted in terms of taste with slightly more participants preferring the 5.3 per cent beer.

The results of the study were released on December 10, 2007 at a media event at Spinnakers Gastro Brewpub.
background: A ‘meta-analysis’ of published research on the relationship between level of alcohol use and risk of premature death was conducted in order to examine what happened to the apparent health benefits of moderate alcohol consumption when different biases were eliminated from the studies. Additional information was sought from the original authors to access original results.

Progress to date: The first results, published in March 2006, received extensive international media coverage. Eight commentaries on this paper and one response were published in March 2007. A follow-up paper was published in the Journal of Studies on Alcohol and Drugs, with estimates for numbers of deaths prevented and caused by different drinking patterns in Canada under different scenarios of cardiac protection as well as gender differences in this protection. A third meta-analysis is underway. It will include more recently published studies.

investigators: Tim Stockwell (PI), Vladimir Poznyak (WHO), Tanya Chikritzhs (National Drug Research Institute, Australia), Scott Macdonald, Jürgen Rehm (University of Toronto), William Kerr (National Alcoholic Research Center, USA), David Jernigan (Washington DC, USA), Deborah Dawson (National Institute on Alcoholism and Alcohol Abuse, USA)

Funding body: Department of Mental Health and Substance Abuse, World Health Organization, Geneva

background: The first edition of this guide was published in 2000 and has been a popular WHO publication already translated into several languages. The second edition includes updated material and advice regarding how to (a) conduct surveys of drinking behaviour and related harms, (b) measure per capita alcohol consumption, and (c) estimate mortality, morbidity, years of life lost and disability adjusted years of life lost from alcohol. Recommendations for an integrated national monitoring system across multiple data domains are also made.

What happens when government monopolies on the retail sale of alcohol are disbanded?

Investigators: Harold Holder (PI, Prevention Research Center, Pacific Institute of Research and Evaluation, Berkeley, USA), Sven Andreasson (National Institute of Public Health, Sweden), Ted Miller (Pacific Institute of Research and Evaluation, Berkeley, USA), Thor Norström (Swedish Institute for Social Research, Stockholm University, Sweden), Esa Österberg (National Research and Development Center for Welfare and Health, Helsinki, Finland), Mats Ramstedt (Centre for Social Research on Alcohol and Drugs, SoRAD, Stockholm, Sweden), Ingeborg Rosso (Norwegian Institute for Alcohol and Drug Research, Oslo, Norway) and Tim Stockwell

Funding body: National Institute of Public Health, Sweden

background: The aim of the project is to build a model based on the empirical evidence for the relative impact of different alcohol monopolies, and to apply the model to different policy scenarios. The first application of the model will be for Sweden, but there is potential to apply it to other jurisdictions such as British Columbia.

Progress to date: The public report will be completed in November 2007. A paper is being prepared for publication in a journal next year.

Patterns of alcohol consumption in Canada and implications for policy

Investigators: Tim Stockwell (PI), Jinhui Zhao, Gerald Thomas and Jodi Sturge

Funding bodies: CARBC and BC Ministry of Health

background: This project is a further examination of the 2004 Canadian Addiction Survey with a view to examining the extent to which ‘risky’ alcohol consumption in Canada is concentrated in just a few heavy drinkers or is spread across much of the drinking population. Risk of consumption was assessed against various Canadian and international low-risk drinking guidelines. The purpose was to question whether alcohol policies to reduce harm should target high-risk individuals or the entire population of drinkers.

Progress to date: The analysis has been completed and a paper has been submitted for publication.

Disseminating behavioural interventions to primary care: depression and hazardous alcohol use

Investigators: John F. Anderson (Co-PI), Elliott Goldner (Co-PI), Dan Bilker (Co-PI) and Joti Samra (Centre for Applied Research in Mental Health & Addiction, SFU)

Funding body: Michael Smith Foundation for Health Research

background: Researchers are evaluating a strategy to encourage family physicians to use a brief intervention for hazardous alcohol use. The strategy involves a 30-minute training session, concisely setting out the evidence base and components of the brief intervention, along with materials to support this intervention. In October and November 2006, 80 physicians (primarily from VCH and VIHA) were trained in this intervention (physicians were also provided with a similar training intervention focused on depression). The rates of physician and patient uptake for both the depression and hazardous drinking interventions are being measured and compared in an attempt to assess the feasibility of implementing screening and brief intervention within the general practice population of BC.

Progress to date: An implementation trial has been completed and a research paper will soon be ready for publication.
Project updates (continued)

LE,NONET project
Investigators: John F. Anderson and Miranda Kelly
Funding body: CARBC
Background: The LE,NONET Project is both a program of support services for Aboriginal students at the University of Victoria and a research project to evaluate the effectiveness of these services.
Progress to date: The research report has been published by CARBC and is on our website. http://carbc.ca/ports/0/resources/0705AbHealthRpt.pdf

Feasibility study for supervised drug consumption options in Victoria
Investigators: Benedikt Fischer (PI), Christiane Allard, Michelle Coghlan and Jo-Anne Stoltz
Funding bodies: Vancouver Island Health Authority and the City of Victoria
Background: This project consists of multiple components, including: interviews and focus groups with a variety of local stakeholders concerning the needs, considerations and options for supervised drug consumption measures in Victoria; and an international literature review on models and experiences elsewhere. Benedikt Fischer is also part of a similar feasibility study for SCS options in Toronto (Co–PIs P. Millson, U of T, and C. Strike, CAMH).
Progress to date: The final project report was submitted and released in May/June 2007. http://carbc.ca/ports/0/resources/ SDC_Feasibility.pdf

Hepatitis C treatment study in preparation for illicit drug users in community clinics in Vancouver and Victoria
Investigators: Brian Conway and his research team (PI, Department of Anaesthesiology, Pharmacology and Therapeutics, UBC) and Benedikt Fischer (Co–PI)
Funding body: Canadian Institutes of Health Research
Background: Illicit drug users are by far the largest risk population for hepatitis C infection, yet they are rarely considered for treatment. This trial will operationalize different hepatitis C treatment models for the target population in Vancouver and Victoria clinic sites, and focus on factors influencing treatment uptake and outcomes.
Progress to date: Recruitment for the study has begun.

Socio-epidemiological and biological study focusing on the detection of hepatitis C virus (HCV) on oral crack use paraphernalia
Investigators: Jeff Powis (University Health Network), Mel Kraiden (BC Centre for Disease Control) and Benedikt Fischer
Funding body: Canadian Institutes of Health Research (ICE grant on socio-behavioural research on HCV in marginalized populations and the NCRTP–HepC)
Background: This study collected recently used crack pipes from a sample of inner city crack users in Toronto and biologically tested them for the presence of HCV as one necessary piece of information to determine whether HCV may plausibly be transmitted by the sharing of oral crack use paraphernalia (as several epidemiological studies suggest).
Progress to date: Study is completed and will be published shortly (in press with the European Journal of Gastroenterology and Hepatology).

Analyses of most recent follow-up and longitudinal data from the multi–site ‘OPICAN’ study of illicit opioid and other drug users across Canada
Investigators: Benedikt Fischer, Jürgen Rehm and Jay Patra (both from the Centre for Addiction and Mental Health in Toronto)
Funding body: Canadian Institutes of Health Research (IHRT grant)
Background: Recent data from the OPICAN study, published in the Canadian Medical Association Journal in November 2006, documented a substantial shift away from heroin use to prescription opioid use among street drug user populations in Canadian cities. Pending analyses will further examine changing drug use and other key characteristics in this study population.
Progress to date: Two major analyses—latent class analysis of poly-drug pattern typologies, and comparison analyses of heroin-only, prescription opioid-only, and poly-opioid users—are completed and submitted for publication. Additional analyses under way.

iMinds
Investigators: Dan Reist (PI), Nicole Pankratz, Jean Douglas and Mona Wynn
Funding bodies: BC Ministry of Health and BC Partners for Mental Health and Addictions Information.
Background: CARBC is developing school learning resources that promote health literacy related to behaviour, substance use and mental wellness. The materials have a solid theoretical foundation that draws on a social influence model of behaviour development and a constructivist approach to education. A guide for parents of young teens has also been developed and will be distributed by schools and other community organizations.
Progress to date: Pilot testing has taken place in five school communities.

Recommended practices for educating about and enforcing smoke-free laws and retail display bans for tobacco: A review of Canadian and international practices
Investigators: Gerald Thomas (PI) and Dan Reist
Funding body: BC Ministry of Health
Background: Governments in Canada and around the world continue to enhance their tobacco legislation in order to control tobacco use and further reduce the health and social harms associated with smoking and other forms of tobacco consumption. Recently, the Province of British Columbia passed Bill C-10: Tobacco Sales (Banning Tobacco and Smoking in Public Places and Schools) Amendment Act, 2007, which extends existing legislation by prohibiting tobacco sales in certain locations, banning designated smoking rooms (DSR’s),
Project updates (continued)

prohibiting tobacco use on school grounds, creating smoke-free buffer zones around public doors, windows and air intakes and banning the retail display of tobacco and tobacco-related products where youth have access. This document provides a review of Canadian and international educational and enforcement activities related to implementing smoke-free legislation (including buffer zones and smoke-free school grounds) and retail tobacco display bans, with the goal of identifying recommended practices for promoting awareness of and compliance with these types of tobacco control regulations.

Progress to date: The completed review was submitted to the Ministry of Health in August 2007.

Best and promising practices for addressing harm from alcohol and tobacco use among seniors (65+) in British Columbia

Investigators: Gerald Thomas (PI), Tim Dyck and Dan Reist

Funding body: BC Ministry of Health

Background: The purpose of this paper is to provide guidance to the BC Ministry of Health in its efforts to better address the needs of older adults age 65+ who engage in the problematic use of alcohol and tobacco. Specifically, this paper: (1) discusses rationales for targeting the problematic use of substances by older adults, (2) provides a review of the health benefits of addressing problematic alcohol and tobacco use among older adults, (3) characterizes alcohol and tobacco use among this segment of the population in British Columbia, (4) reviews best and promising practices for messaging and treatment/cessation interventions for older adults who engage in problematic alcohol and tobacco use, (5) presents an environmental scan of existing policies and programs for addressing problematic alcohol and tobacco use among seniors in BC, (6) identifies gaps between current policies/programs and best and promising practices, and (7) offers recommendations for improving BC’s response to problematic alcohol and tobacco use by older adults.

Progress to date: The final report was submitted to the Ministry of Health on October 31, 2007.

Here to Help public education project

Investigators: Nicole Pankratz and Dan Reist

Funding body: BC Partners for Mental Health and Addictions Information

Background: CARBC is currently working with the Canadian Mental Health Association (CMHA) on a project to develop a comprehensive series of public education materials related to substance use and mental health. To date, CARBC has drafted 11 substance-related fact sheets, one backgrounder on low-risk drinking guidelines for BC, one backgrounder on using psychoactive substances and one discussion piece involving youth issues. CARBC has agreed to contribute 25 public education pieces to the Here to Help website by March 2008.

Progress to date: Planning is in place to begin working on the remaining materials. Some of the discussion pieces will be co-written by CARBC and CMHA.

Alcohol screening and education

Investigators: Tim Dyck (PI), Nicole Pankratz and Dan Reist

Funding body: BC Partners for Mental Health and Addictions Information

Background: CARBC promotes low-risk drinking guidelines in BC and encourages alcohol screening in various settings, including use of an online self-test the Centre has developed (www.alcoholreality.ca). CARBC also provides updated public education resources related to alcohol issues and promotional materials useful in diverse media for effective awareness initiatives aimed at our broader society and at subgroups of special need. The project also offers evidence-based perspective and recommendations on policy that will facilitate reduction of alcohol-related harm in various contexts.

Progress to date: This year’s project has included

- reformatting of Risky Drinking Check Up for adults, production of follow-up take-home card, adult guidelines and resource card,
- production of new package of supporting tools for the screening package, including quick scoring aid and clinician guide, and
- production of a new Risky Drinking Check Up for youth package, including a questionnaire, scoring aid, clinician guide, follow-up form, youth recommendations and resource card.
Recent publications

Books, book chapters and journal articles


**Papers and reports**


**Newspaper columns**

Prescription drugs are part of the problem (April). Published in Victoria News (representing 6 Island newspapers), reprinted on MAP Inc. and debated on cannabisculture.com.

Making sense of methamphetamine (May). Published in Invermere Valley Echo.

Climate crisis is good for us from an addictions point of view (June). Published in Squamish Chief, Abby News, Saanich News, TriCity News and Victoria News (representing 6 Island newspapers). The Ministry of Children and Family Development asked for the article to be reprinted on their work-life balance website: www.worklifefbc.ca. It will appear there for one year.

Homicide stats on injection drug users raise questions about society (July). Published in Clearwater Times, TriCity
News and Abby News. The article was also posted on MAP Inc.

Drug prevention starts at home and it starts early (August). Published in TriCity News and Abby News. Posted on Map Inc. via Metro Valley News Group.

Transition back to school means parents need to “be there” for kids (September). Published in Williams Lake Tribune, Langley Advance, Squamish Chief, Kamloops This Week, Abby News and Kelowna Capital News.

Development of an interdisciplinary graduate course in ‘addiction studies.’ Fischer, B. Seed grant awarded by the BC Mental Health and Addictions Research Network. $7,500.

Infectious disease, illicit substance use, marginalized populations and public health. Fischer, B. ‘Applied Public Health’ Research Chair, Canadian Institutes of Health Research (CIHR) and Public Health Agency of Canada (PHAC). $925,000.

Epidemiology and morbidity/mortality harms of opioid use in Canada research contract. Rehm, J & Fischer, B. Awarded from Schering-Plough of Canada. $46,000.

Establishing matching fund grant (in support of Senior Scholar Investigator Award). Fischer, B. Michael Smith Foundation for Health Research (MSFHR). $70,421.


Community-based mental health and addiction research collaboration with Aboriginal communities. Anderson, J.F. Grant from the BC Mental Heath and Addictions Research Network to establish a community-based mental health and addiction research collaboration with an Aboriginal community. $3,500.

Chehalis Indian Band/CARBC knowledge exchange project. Anderson, J.F. and Chehalis Indian Band. Contract received from Centre for Applied Research in Mental Health and Addiction (SFU) through the Michael Smith Foundation for Health Research to develop a research proposal to study effective strategies to promote knowledge transfer and mobilization. $25,000.

Knowledge summary on substance abuse. Reist, D., Anderson, J.F., Coleman, P., Reimer, B., and Thomas, G. Contract awarded by the Joint Consortium on School Health to pull together information, and to identify current knowledge gaps regarding: the prevalence and broad determinants of substance use problems; promising practices and strategies for intervention within a comprehensive school health framework; and effective tools and resources that have been developed and implemented. $50,000.

Kettil Bruun Society Symposium on social and epidemiological research on alcohol. Macdonald, S. and Stockwell, T. Grant from BC Ministry of Health for support of symposium. $10,000.

BC alcohol and other drug monitoring project: Phase II implementation. Stockwell, T., Macdonald, S., Duff, C. and Marsh, D. (Vancouver Coastal Health), Jane Buxton (UBC and the BC Centre for Disease Control), Elizabeth Saewyc (McCreary Centre Society), Ray Corrado (SFU Dept. of Criminology), Irwin Cohen (University College of the Fraser Valley). Funding provided by BC Mental Health and Addiction Services (PHSA), Health Canada, BC Mental Health and Addictions Research Network, BC Ministry of Health and the Crystal Meth Secretariat. $495,000 for the period up to March 31 2009.

Vienna NGO committee on narcotic drugs: February 4 & 5, 2008—Vancouver, Canada

We invite organizations to nominate one representative to participate in the regional consultation for North America.

“Beyond 2008” is an initiative of the Vienna NGO Committee on NARCOTIC Drugs, implemented in partnership with the United Nations Office on Drugs and Crime (UNODC) and financially supported by the European Commission, governments, and a number of NGOs. It is a contribution to the review of progress in achieving the targets established by the 1998 United Nations General Assembly Special Session (UNGASS). The aim is to collect the experience and ideas of NGOs globally and to develop new and improved arrangements for engaging civil society in the planning of future policies, strategies and practice in response to drug-related problems.

For more details of the event or to request an invitation, please visit our website at http://carbc.ca/portals/0/resources/080204Beyond2008b.pdf
Presentations


**Invited presentations**


**Stockwell, T.** 25 years of alcohol and drug research in three countries. Alcohol and
Drug Abuse Research Unit, Medical Research Council, Cape Town, South Africa, May 29, 2007.


Presentations (continued)


Other appointments


Fischer, B. Member, Science Advisory Board, Mental Health Commission of Canada. 2007—Present.

Fischer, B. Promotion/Appointment, Professor, Sociology and Medical Sciences, University of Victoria. July 2007.

Fischer, B. Affiliate Scientist, BC Centre for Disease Control, Hepatitis Division


Reist, D. Member, Action on Addictions Advisory Committee, Vancouver Foundation. 2007—Present.

Stockwell, T. President's Rhodes Scholarship Committee, University of Victoria. 2007.

Stockwell, T. Member, Canadian Psychological Society. 2007.


Thomas, G. Member, Planning Committee, Canadian Society of Addiction Medicine's Annual Scientific Meeting, Vancouver, BC. October 2008.

Staff updates

**Staff appointments**

Jude Gittins—Research Associate
Bette Reimer—Research Associate
Katherine Rudzinski—Research Assistant
Richa Sharma—Research Assistant
Gerald Thomas—Research Associate
Sana Zehra—Research Assistant

**Faculty appointments**

Erica Wooden—Department of Psychology

**Staff departures**

Christiane Allard—Research Assistant
Eugenia Didenko—Research Assistant, Co-Op
Raluca Dogaru—Research Assistant, Co-Op
Kate Kalousek—Research Assistant
Ian Kirkpatrick—Information Officer
Eugenia Oviedo-Joekes—Visiting Research Fellow
Deb Solk—Research Associate
Comment

Responding to the National Anti-Drug Strategy

Under the new plan, prevention efforts, aimed largely at reducing drug use among youth, are to receive $10 million. Treatment efforts are to receive the largest sum—$32 million—while enforcement efforts will have $22 million added to their budget. In October, the federal government unveiled its new National Anti-Drug Strategy, providing nearly $64 million over two years for illicit drug prevention, treatment and enforcement.

Researchers at CARBC are pleased that half of the funds are slated for addiction treatment but are disturbed that the new plan does so little to support harm reduction strategies.

Also problematic for researchers is the government’s focus on illicit drugs when legal drugs—alcohol, tobacco and pharmaceuticals—cause most of the harms to individuals and society. The World Health Organization estimates that alcohol contributes to 31.5 per cent of deaths of Canadian males aged 15 to 29 while illicit drugs contribute to only 3.9 per cent of deaths. And according to the 2004 Canadian Addiction Survey, 90 per cent of all death, injury and illness due to substance use in Canada is associated with the use of tobacco and alcohol.

CARBC holds that the new anti-drug policies are based on the false belief that harm reduction strategies undermine efforts to promote abstinence. But, in fact, harm reduction often promotes abstinence. What’s more, harm reduction works.

“Scientific evidence proves that harm reduction strategies not only save health and law enforcement dollars, they improve the health of drug users and encourage the uptake of treatment programs including those focusing on abstinence,” explains CARBC director Dr. Tim Stockwell.

“Harm reduction strategies such as needle exchanges and safe injection sites have been proven to reduce the spread of Hepatitis C and HIV among injecting drug users and hence the wider community,” adds Stockwell.

Another concern involves the anti-drug strategy’s enforcement of criminal sanctions against users of cannabis, a drug that is now more commonly used by Canadians than tobacco. Doing so, says Stockwell, will unnecessarily criminalize large sectors of Canadian society. In 2004, 29 per cent of 15– to 17–year-olds and almost half of 18– and 19–year-olds reported using cannabis in the past year.

CARBC believes a comprehensive national strategy needs to address all harmful types of substance use and, in particular, those causing the most harm to individuals and society.

For more information about the federal drug strategy, visit www.nationalantidrugstrategy.gc.ca and http://www.ccsa.ca/NR/rdonlyres/6806130B-C314-4C96-95CC-075D14CD83DE/0/ccsa0040282005.pdf

References (from page 1)


