OUR MISSION
To be an internationally recognized centre dedicated to the study of psychoactive substance use and addiction in order to support community-wide efforts to promote health and reduce harm.

OUR VALUES

Collaborative relationships
Dynamic, collaborative relationships are essential for maintaining relevance to the multi-faceted concerns related to substance use and addictions. Key relationships include those with policymakers, researchers from many disciplines, practitioners and people with personal experience of substance use, addictions and related problems.

Independent research
Protection from vested interests is essential to ensure that rigorous research is conducted and communicated clearly, with a view only to furthering the public interest. This will be ensured through excluding representatives of alcohol, tobacco and gaming industries from membership of the Advisory Board and not accepting direct research funding from such sources.

Ethics, social equity and justice
Commitment to solid ethical principles governing internal and external relationships, financial management, the conduct of research and the communication of research findings is essential. Also required is a commitment to the promotion of equity and fairness and the pursuit of social justice through attention to the impact of the social determinants that shape substance use and the development of health inequities.

Reducing risk and increasing protection
Attention is required to both immediate factors (e.g., behavioural patterns and contexts) and distal factors (e.g., social, economic and developmental influences) to effectively address the harms from substance use and addictions across the life course.

Harm reduction
Recognition that some people will continue to use psychoactive substances and experience addictions is critical, so strategies are needed to reduce harmful consequences in addition to those that aim to directly reduce or prevent high-risk behaviours.

Informed public debate
Commitment to informing public debate to achieve effective public policy on substance use and addictions through the communication of research findings is required.
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• Message from the Chair
• Message from the Director
• Our People and Partners
• Collaborating Centres
• KEY RESULTS AREA 1: Building Capacity
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• KEY RESULTS AREA 3: Implementing Quality Research
• KEY RESULTS AREA 4: Dissemination
• KEY RESULTS AREA 5: Knowledge Mobilization
Message from the Chair

CARBC research continues to inform both new public policies and new services for people suffering from substance use related problems in our province, across Canada and internationally. Examples from the policy side include Dr Macdonald’s collaboration with the Office of the Superintendent of Motor Vehicles, British Columbia Ministry of Justice to evaluate the Province’s controversial impaired driving laws. The year saw recommendations from Dr Stockwell and colleagues’ alcohol pricing work implemented in the United Kingdom with the introduction of minimum pricing there. On the service side, research led by Dr Benoit contributed to the creation of a new service for pregnant women experiencing multiple problems including substance use. Drs Pauly and Stockwell have led an evaluation of a harm reduction program for alcohol dependent individuals in which they receive controlled doses of alcohol to help mitigate harms from non-beverage alcohol. Dr Pauly is assisting the BC Ministry of Health with the implementation of its provincial ten-year plan to address mental health and substance use.

Collectively, CARBC scientists have succeeded in attracting more than $7.5 million of new funds in the past year, some of which will cover research activity for the next five years thus providing a degree of continuity and sustainability in the Centre’s work. The CARBC network of faculty now spans the disciplines of sociology, psychology, nursing, epidemiology, anthropology, economics and community medicine. There is also a growing cadre of CARBC graduate students now numbering over 25 who also span multiple disciplines. From this expanding community of established scholars and emerging scientists, 73 peer-reviewed articles were published in the scientific literature this past year.

Details of much more public policy-oriented and community service-relevant research are contained in the following report, which I encourage you to browse and to share with others. Without a doubt, this impressive body of work gives you a very good idea about our mission and values in action.

Michael J. Prince, MPA, PhD
Lansdowne Professor of Social Policy, Chair
Welcome to our 2011/2012 Annual Report which covers the beginning of our second five-year term as a University of Victoria research centre. The past year has seen an unprecedented level of interdisciplinary research activity and student engagement, with areas of focus ranging from neuroscience of substance use and dependence, through community-based interventions, and to provincial, national and international policies to address harmful substance use.

We have been through a period of renewal and revitalization this past year, helped by a collaborative process which engaged with CARBC faculty, staff, Advisory Board and students, culminating in a new Strategic Plan for the period 2011 until 2015 (available for download at www.carbc.ca ). As usual, this year’s annual report is laid out against the template of our Strategic Plan, reporting highlights and activities against key priority areas (building capacity, engaging academic expertise, conducting high quality research and knowledge exchange) along with reports against performance indicators.

This period of renewal is welcome after the struggles we shared with many other groups while surviving the economic downturn. It was made possible with support from the University of Victoria’s Office of Research Services and a new financial management policy which maintains funding from endowments at a slightly lower level than previously and thereby allowing the principal to grow a little faster. I want to especially thank our Chair, Mike Prince, and our Advisory Board for their unwavering support over this period and their contributions to the planning process. I would like to extend my heartfelt gratitude to those members of our Board who after many years of service have completed their term in the 2012/2013 year. They include Dr Eric Single (formerly Canadian Centre of Substance Abuse), Jocelyn Harder (community representative), Dr Elliot Goldner (CARMHA, SFU), Dr Richard Vedan (UBC), Dr Norbert Haunerland (VP Research, SFU) and Pat Griffin (Youth Empowerment Society). With great sadness I also note that we experienced the great loss of one of the founding members of our Board and a long-standing champion for improved responses to the problems of substance use, Dr Edgar Kaiser.

To all our friends, supporters, collaborators and members, thank you for all that you do and for your contributions to making CARBC such a harmonious, positive and productive place to work.

Tim Stockwell, PhD
Director, CARBC
OUR PEOPLE AND PARTNERS

Directors and Faculty

Dr Tim Stockwell
Director (Psychology)

Dr Scott Macdonald
Assistant Director for Research (Health Information Science)

Mr Dan Reist
Assistant Director for Knowledge Exchange

Dr John Anderson
Scientist (Community Medicine/Education)

Dr Chris Auld
Scientist (Economics)

Dr Cecilia Benoit
Scientist (Sociology)

Dr Cheryl Cherpitel
Scientist (Nursing)

Dr Mikael Jansson
Scientist (Sociology)

Dr Bernie Pauly
Scientist (Nursing)

Dr Eric Roth
Scientist (Anthropology)

Dr Jinhui Zhao
Scientist and Senior Data Analyst
Staff (Victoria)

Ms Emma Carter
Administrator

Ms Thea Cunningham
Research Assistant

Mr John Dorocicz
IT Support

Ms Alissa Greer
Research Assistant

Mr Andrew Ivsins
Research Assistant

Ms Nicole Jackson
Research Assistant

Ms Marie Marlo-Barski
Administrative Assistant

Ms Gina Martin
Research Associate

Ms Wanda Martin
Research Associate

Mr Whitey Mitchell
Transcriptionist

Dr Tessa Parkes
Research Consultant

Ms Kathleen Perkin
Research Coordinator

Mr Jeremy Riishede
Administrative Assistant

Ms Jen Theil
Assistant to the Director

Ms Kate Vallance
Research Associate

Mr Bruce Wallace
Research Assistant

Ms Pilar Zazueta
Administrative Assistant
Staff (Vancouver)

Mr Laverne Douglas
IT Specialist

Dr Tim Dyck
Research Associate

Ms Nicole Pankratz Bodner
Publications Officer

Ms Bette Reimer
Research Associate

Ms Evelyn Souza
Information Officer

Ms Cathy Spence
Assistant to Mr Dan Reist

Post-doctoral Fellows

Dr Rachel Phillips
Post-doctoral Fellow and Research Coordinator

Dr Cornelia Zeisser
Post-doctoral Fellow and Data Analyst

Dr Jinhui Zhao
Post-doctoral Fellow and Scientist

Site Directors

Dr Cindy Hardy
University of Northern British Columbia, Psychology

Dr Reid Webster
Thompson Rivers University, Psychology/Centre for Excellence in Addictions Research

Advisory Board

Dr Michael Miller
Associate Vice President Research, University of Victoria

Mr Pat Griffin
Executive Director, Victoria Youth Empowerment Society

Ms Jocelyn Harder
Community Representative

Mr Edgar F. Kaiser Jr.
Chair & CEO, Kaiser Foundation

Dr Perry Kendall
Provincial Health Officer, BC Ministry of Health Services

Mr Philippe Lucas
Victoria City Councillor, CARBC Research Affiliate

Dr Norbert Haunerland
Associate Vice-President, Research, Simon Fraser University

Mr Jamie Graham
Chief Constable, Victoria Police Department

Ms Jody Paterson
Journalist

Dr Michael Prince, Chair
Lansdowne Professor of Social Policy, University of Victoria

Dr Eric Single
Scientific Advisor, Toronto, Ontario

Dr Richard Vedan
Associate Professor, School of Social Work, University of British Columbia
Collaborating Scientists

Dr Gordon Barnes
Professor, School of Child and Youth Care, University of Victoria

Dr Jeffrey Brubacher
Emergency Physician and Researcher, Vancouver General Hospital

Dr Jane Buxton
Physician Epidemiologist, BC Centre for Disease Control, and Associate Professor, School of Population and Public Health, University of BC

Dr Cameron Duff
Research Lead, Youth Addiction Services, Vancouver Coastal Health, and Clinical Assistant Professor, Department of Health Care and Epidemiology, University of BC

Dr Clay Holroyd
Associate Professor, Department of Psychology, University of Victoria

Dr Bonnie Leadbeater
Co-Director of the BC Child and Youth Health Research Network

Dr David Marsh
Clinical Associate Professor, Health Care & Epidemiology, and Psychiatry, Providence Health Centre

Dr Amy Salmon
Coordinator, Sheway, Vancouver Coastal Health

Dr Gerald Thomas
Canadian Centre on Substance Abuse

Research Affiliates

Katherine Andersen-Schokalsky
Psychiatrist, Vancouver Island Health Authority, and Seven Oaks Tertiary Care Facility, Victoria, BC

Dr Robinder Bedi
Assistant Professor, Department of Educational Psychology, University of Victoria

Dr David Brown
Research Scientist and Senior Project Manager, Mental Health and Addictions Services, Provincial Health Services Authority

Clifton Chow
Research Coordinator, Youth Addictions, Vancouver Coastal Health Authority

Dr Anne George
Assistant Professor Pediatrics, Faculty of Medicine, University of British Columbia

Dr Marvin Krank
Dean Graduate Studies and Professor of Psychology, University of British Columbia, Okanagan

Mr Philippe Lucas
Victoria City Councillor, CARBC Research Affiliate

Dr Ingrid Pacey
Psychiatrist, Private Practice, Vancouver, BC

Dr Diane Rothon
Physician, former Chief Coroner of BC

Dr Deborah Rutman
Adjunct Associate Professor, Faculty of Human and Social Development, University of Victoria

Dr Zach Walsh
Assistant Professor, Psychology, University of British Columbia

Dr Erica Woodin
Assistant Professor, Department of Psychology, University of Victoria
Graduate Students

Travis Baker
Department of Psychology, University of Victoria

Lynne Belle-Isle
Social Dimensions of Health Research Program, Department of Sociology and School of Nursing, University of Victoria

Kristina Brache
Department of Psychology, University of Victoria

Connie Carter
Department of Sociology, University of Victoria

Lauren Casey
Social Dimensions of Health Research Program and Department of Sociology, University of Victoria

Michelle Coghlan
Department of Sociology, University of Victoria

Jane Drengson
Social Dimensions of Health Research Program and Department of Anthropology, University of Victoria

Andrew Ivsins
Department of Sociology, University of Victoria

Miranda Kelly
Public Health & Epidemiology, University of BC

Mary Clare Kennedy
Social Dimensions of Health Research Program and Department of Sociology, University of Victoria

Alvaro Leal
School of Health Information Sciences, University of Victoria

Anna Maruyama
School of Health Information Sciences, University of Victoria

Warren Michelow
Department of Health Care and Epidemiology, University of BC

Trudy Norman
Department of Interdisciplinary in Nursing and Anthropology, University of Victoria

Lisa Ordell
Department of Sociology, University of Victoria

Rachel Phillips
Department of Sociology, University of Victoria

Lisbet Rygnestad
School of Nursing, University of Victoria

Laurel Sakaluk-Moody
Department of Human Ecology, University of Victoria

Kimberly Sharpe
Social Dimensions of Health Program, University of Victoria

Alina Sotskova
Department of Sociology, University of Victoria

Camille Stengel
Department of Sociology, University of Victoria

Amanuel Tesfamichael
School of Health Information Sciences, University of Victoria

Kara Thompson
Department of Psychology, University of Victoria

Undergraduate Students

Victoria Emberley
Mathematics and Statistics, University of Victoria

Sonya Ishiguro
Biology, University of Victoria

Nichole Williams
Department of Psychology, University of Victoria

Melanie Callas
Department of Anthropology, University of Victoria
COLLABORATING CENTRES

British Columbia:

- Centre for Social Responsibility, Simon Fraser University
- National Institute for Research in Sustainable Community Development, Kwantlen University College

Other Parts of Canada:

- Canadian Centre on Substance Abuse, Ottawa
- Centre for Addiction and Mental Health, Public Health and Regulatory Policy Division, Toronto

International:

- Alcohol Research Group, National Alcohol Research Center, Berkeley, CA, USA
- Prevention Research Center, Pacific Institute for Research and Evaluation, Berkeley, CA, USA
- National Drug Research Institute, Curtin University, Perth, WA, Australia

L to R: Drs Eva Wallin, Johanna Gripenberg-Abdon, Tim Stockwell, Sven Andreasen at the Karolinska Institute, Stockholm, Sweden.
COMMUNITY COLLABORATIONS

We would like to gratefully acknowledge the support and collaboration of many colleagues and community agencies including the following:

Victoria:
Access Midwifery
AIDS Vancouver Island
Beacon Community Services
Blanshard Community Centre Men’s Trauma Centre
Burnside Gorge Community Centre
Greater Victoria Coalition To End Homelessness
PEERS Victoria
Our Place Society
Queen Alexandra Foundation for Children
SOLID (Society of Living Intravenous Drug Users)
Special Victims Unit at the Victoria Police Dept
Victoria Cool Aid Society
Victoria Youth Empowerment Society
Victoria Native Friendship Centre
Victoria Youth Clinic
Women’s Sexual Assault Centre
YMCA-YWCA Greater Victoria

Prince George:
Carrier Sekani Family Services
Positive Living North

Vancouver:
BC Centre for Disease Control
BC Centre for Social Responsibility
Canadian Mental Health Association (BC division)
Directions Youth Services
Health Initiatives for Men (HIM) and Youth Co
PACE Society
Pender Clinic
Pivot Legal Society
Positive Living Society of British Columbia
Sheway
Vancouver Area Network of Drug Users (VANDU)
Vancouver Coastal Health
The FORCE Society for Kids’ Mental Health

Richmond:
Richmond Addictions Services

Income for 2011-2012

The chart below identifies our major sources of income during the 2011/2012 fiscal year. Total revenue for the fiscal year was $3,982,964.31, a substantial increase over the previous year. This was evident especially in the research grant competition area but also in relation to knowledge exchange contracts handled by the CARBC Vancouver office.

CARBC 11/12 Revenue and Carry Forward Summary

- Other Research Grant and Contracts $449,077.38
- Endowment $486,023.00
- Overhead $87,425.00
- Research Grant Competitions $1,942,303.56
- Knowledge Exchange Grants and Contracts $1,018,135.37
“To build research infrastructure and capacity across BC for the conduct of research that will increase understanding and support more effective responses to substance use.”

HIGHLIGHTS

A special highlight this year has been the arrival of CARBC Scientist Dr Eric Roth, a Professor of Anthropology at UVic who brings many years of experience and accomplishment in the realms of international health and harm reduction. His interests include the prevention of blood-borne viruses among injection drug users and other high-risk groups. He has joined the team contributing to the high-risk population surveys as part of the Alcohol and Other Drug Monitoring Project focusing particularly on recreational illicit drug users. At the Victoria office, we were also fortunate to be provided the extra space to accommodate both Dr Roth and his group, as well as the greatly expanded activities under the leadership of Drs Bernie Pauly (Nursing), Cecilia Benoit and Mikael Jansson (both Sociology). These Scientists have had major successes in winning national peer-reviewed CIHR research funding competitions to support community-based research activities focusing on vulnerable populations. Congratulations to them all and also to our knowledge exchange leader, Dan Reist, who heads the CARBC Vancouver Office. He continues to apply his extraordinary skills to engaging key communities (e.g., schools, municipalities, health authorities) in the development and translation of research into effective actions and policies. We are grateful to the BC Ministry of Health for their continued support of this vital work, along with other provincial and national funding bodies.
Successful applications to funding competitions

**Systematic Error and Confounding: Meta-Analyses of Alcohol and Disease.** US National Institutes of Health US $1,500,000.00 from September 2011 to June 2014. First CARBC sub-agreement US$44,146 January to June 2012. [This R01 application was ranked in the top 1% of all R01 applications in that round].

**Rural MSM/gay men on Vancouver Island.** University of Victoria Internal Research Grant, $3,846 from June 2011 to September 2012.

**Achieving a common framework for substance use interventions: A scoping review from a public health perspective.** Canadian Institutes of Health Research Knowledge Synthesis Grant, $40,330 (CARBC sub-agreement).

**Reducing alcohol-related problems by implementing evidence-based tools that translate research knowledge into prevention practices.** Canadian Institutes of Health Research Operating Grant, $199,764 from April 2011 till March 2013.

**Reducing health inequities: The contribution of core public health services in BC.** Canadian Institutes of Health Research, $2,000,000 from April 2011 till March 2016.

**Population health interventions to end homelessness.** Canadian Institutes of Health Research Operating Grant, $200,000 from April 2012 till March 2114.

**Contexts of vulnerabilities, resiliencies and care among people in the sex industry.** Canadian Institutes of Health Research Team Grant: Violence, Gender and Health, Letter of Intent, $10,000 from April 2011 till March 2016.


**Contexts of vulnerabilities, resiliencies and care among people in the sex industry.** Canadian Institutes of Health Research Team Grant: Violence, Gender and Health, $1,401,252 from April 2011 till March 2016.

**Treatment and prevention of illicit substance use among pregnant and early parenting women.** Canadian Institutes of Health Research Catalyst Grant: Prevention and Treatment of Illicit Substance Use, $88,048 from April 2011 till March 2016.

**The role of transitional housing in recovery from homelessness and substance use.** Vancouver Foundation Community-Based Health Research Grant, $62,000 from 2012-2014.

**Pan-Canadian health human resources knowledge exchange network.** Canadian Institutes of Health Research Network Catalyst: Knowledge Translation, $600,000 from April 2011 till March 2016.

**Epidemiology of drinking and disorders in border vs. non-border contexts, Administrative Supplement.** NIAAA Grant (1 RO1 AA0183654), $52,700 from 2011-2012.

Commissioned contracts won

**Alcohol and Other Drug Monitoring Project.** BC Ministry of Health, $20,000 from February to March 2012.

**Alcohol and Other Drug Monitoring Project.** BC Mental Health Foundation, $20,000 from February to April 2012.

**AME Evaluation.** BC Ministry of Children and Family Development, $45,000 from May 2011 to March 2013

**Managed Alcohol Program Evaluation.** Vancouver Coastal Health, $5,000 from October 2011 to March 2012.

**Engendering dialogue and meaningful participation among constituencies working toward ending homelessness in Victoria, BC: Phase One.** MITACS, $15,000 from 2011-2012.

**Engendering dialogue and meaningful participation among constituencies working toward ending homelessness in Victoria, BC: Phase Two.** MITACS, $15,000 from 2011-2012.
Table 1: Performance Indicators for Key Result Area 1 (Building Capacity)

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>PERFORMANCE INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>To maintain or increase funding for substance use and health research at CARBC</td>
</tr>
<tr>
<td>1.2</td>
<td>To maintain or increase funding for knowledge exchange concerning substance use and health promotion at CARBC</td>
</tr>
<tr>
<td>1.3</td>
<td>To maintain or increase the number of funding applications for long-term research programs addressing research areas of high priority in BC</td>
</tr>
<tr>
<td>1.4</td>
<td>To achieve successful collaborations with researchers and community partners on projects that will lead to increased capacity and increased expertise in addictions research</td>
</tr>
<tr>
<td>1.5</td>
<td>To improve access to data sets and platforms for addiction researchers</td>
</tr>
</tbody>
</table>
“To capitalize on the resources of BC universities through the recruitment of high-calibre graduate and postdoctoral students from multiple relevant disciplines to the study of substance use, addiction and harm reduction.”

HIGHLIGHTS

I am delighted to note the ever-growing cadre of CARBC-affiliated graduate and undergraduate students across many disciplines who contribute greatly to the life, creativity and energy of the Centre. We have continued to offer small scholarships for first-year graduate students working on substance use related dissertations to encourage this trend. Collaboration with the Social Dimensions of Health Research graduate program has continued to be fruitful, with more than half of graduate students on their program under the supervision of CARBC faculty. We are also making progress in the recruitment and support of postdoctoral fellows at the University of Victoria working in the substance use area. At present these include Rachel Phillips, Connie Zeisser and Jinhui Zhao.

Our students continue to make significant contributions to our research programs. Some recent examples include: David Segal (Psychology) whose honours research showed young males could not detect the difference between high and low strength beer, a study which was published in an international journal, received newspaper front-page coverage and contributed to a decision to increase tax on high strength beer in the UK; Kara Thompson (Psychology) is leading a pilot study for an international team which focuses on how parents set rules for their teenagers around drinking - and how they perceive the rule setting of other parents; Kristina Brache (Psychology) has conducted pioneering research on the impacts of combining alcohol and energy drinks and was first author of the recently released national report on this subject and contributed to CARBC winning a first ranked CIHR operating grant to explore the scientific basis of the apparently increased risks of combining these two drinks. Camille Stengel (Sociology) successfully defended her Master thesis focussed on promoting collaborative healthcare for pregnant
women dealing with substance use and is off this fall to begin a PhD. at the University of Kent in the UK. Connie Carter’s (Sociology) Ph.D. study focussed on meth, fear and government and has a forthcoming co-authored book on the topic; Andrew Ivsins (Sociology) recently received a prestigious a CIHR Frederick Banting and Charles Best Canada Graduate Scholarship to support his doctoral research examining the social-structural production of drug use-related health risk among street-involved non-injection illicit drug users.

CARBC UNBC Site Director, Dr Cindy Hardy, organised one of the Northern Health Authority’s Research Days on the theme of addictions last year. Approximately 100 people enjoyed breakfast along with a brief presentation about CARBC’s website. The health practitioners in the audience appreciated hearing about the “Alcohol Reality Check” tool on the CARBC website. Cindy also participated in a hiring process to recruit a faculty member for the Northern Medical Program in the area of mental health and addictions. The successful candidate will be announced shortly.
### Table 2: Performance Indicators for Key Result Area 2 (Engaging Academic Expertise)

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>PERFORMANCE INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 To attract and retain high quality researchers from a broad range of</td>
<td>Maintain or increase number of PhD-qualified researchers and affiliates within CARBC each year</td>
</tr>
<tr>
<td>disciplines to the BC substance use and addictions field</td>
<td>Maintain or increase number of postdoctoral fellows with CARBC</td>
</tr>
<tr>
<td></td>
<td><em>Benchmarks:</em> 11/3</td>
</tr>
<tr>
<td></td>
<td><em>2011/2012:</em> 20/3</td>
</tr>
<tr>
<td>2.2 To attract and retain high quality students from a broad range of</td>
<td>Maintain or increase number of CARBC students under supervision per year</td>
</tr>
<tr>
<td>disciplines to the BC substance use and addictions field</td>
<td><em>Benchmark:</em> 14</td>
</tr>
<tr>
<td></td>
<td><em>2011/2012:</em> 21 graduate and 8 undergraduate</td>
</tr>
<tr>
<td>2.3 To provide training opportunities and programs for the development of</td>
<td>Contributions to graduate research training programs within CARBC and also university departments at UVic and other BC universities.</td>
</tr>
<tr>
<td>additional research skills among CARBC staff, students and affiliates,</td>
<td>Contribute to graduate training in SDHR program at UVic</td>
</tr>
<tr>
<td>taking advantage of existing opportunities through CIHR and research</td>
<td><em>Benchmarks:</em> 4/8</td>
</tr>
<tr>
<td>partners</td>
<td><em>2011/2012:</em> 7/14</td>
</tr>
<tr>
<td>2.4 To provide mentorship to new researchers and support to existing</td>
<td>Attract new substance use researchers to work on CARBC projects under supervision</td>
</tr>
<tr>
<td>researchers across a range of community settings</td>
<td><em>Benchmark:</em> 6 per year</td>
</tr>
<tr>
<td></td>
<td><em>2011/2012:</em> 23</td>
</tr>
</tbody>
</table>
“To conduct high quality research that increases understanding of substance use, addiction and related harms in order to inform effective responses and promote health.”

**HIGHLIGHTS**

There has been a significant increase in the range of CARBC related research focusing on vulnerable and/or marginalized populations. Drs Benoit and Jansson are leading a substantial CIHR-funded project across multiple Canadian sites to explore the broad dimensions and contexts contributing to health and safety outcomes among workers in the sex industry, including a focus on substance use. Dr Pauly has also won a large CIHR funding application to lead a partnership of community stakeholders and researchers to address health inequities in different populations within the context of the BC Government’s 10 year plan for mental health and substance use. Drs Pauly and Stockwell have also collaborated with Vancouver Coastal Health Authority in the evaluation of a pilot managed alcohol program in which alcohol is provided in a controlled setting to individuals in supportive housing with severe alcohol problems who have refused or failed with abstinence approaches. At the same time, we continue to focus on substance use issues and policies at the general population level. A fine example is a collaboration led by Dr Macdonald in association with the BC Police Traffic Branch to evaluate the Province’s impaired driving laws. Another is the work underway to explore the impact of minimum alcohol pricing in Canadian jurisdictions on population levels of consumption, alcohol-related hospitalizations and deaths led by Dr Stockwell.
KEY RESULTS AREA

RESEARCH PRIORITY 1:
SUBSTANCE USE PATTERNS AND RELATED HARMS

CARBC PROJECTS

Patterns and Consequences of Cocaine and Alcohol Use for Treatment Clients

Investigators: Macdonald, S. (PI), Borges, G., Callaghan, R., Roth, E., Salmon, A., Stockwell, T. & Wells, S.

Funding body: Canadian Institutes of Health Research

Background: Research has shown that treatment populations frequently use alcohol and cocaine simultaneously (i.e., on the same occasion) and concurrently (i.e., on separate occasions). The aims of this study are twofold: 1) to describe the patterns, functions and contexts of alcohol and cocaine use among treatment clients, and 2) to identify acute and long-term differences among the three groups defined by their primary use of alcohol alone, cocaine alone or simultaneous use of cocaine and alcohol. Gender and sex differences will be examined among these aforementioned dimensions. Groups of treatment clients who primarily use cocaine alone (n= 200), alcohol alone (n=200) or cocaine and alcohol simultaneously (n=200) will complete a self-administered questionnaire.

Progress to date: Data collection for this study is near completion. A preliminary paper has been completed that examines the health profiles of the three drug groups. Overall, results showed that simultaneous users had significantly worse health profiles than those with alcohol problems. However, those with problems with cocaine had similar health profiles to the simultaneous users. Additional papers are planned for the upcoming year.

Is there a “low-risk” drinking level for youth? The harm associated with adolescent drinking patterns

Investigators: Thompson, K. & Stockwell, T.

Funding Body: Michael Smith Foundation for Health Research

Background: Significant proportions of Canadian youth are consuming alcohol above the current low-risk drinking guidelines for adults and are at significant risk of harm. However, little is known about the harms experienced by youth consuming alcohol within the low-risk drinking guidelines. The objective of this study was to contribute to discussions about how great the risk of harm is for youth at different drinking levels, specifically at low frequency and quantity levels, relative to abstainers. Is there a threshold of risk for harm? Information from the study inform the development of Canada’s new low-risk drinking guidelines.

Progress to date: Paper presented at an international conference and published in the journal Drug and Alcohol Review in a special issue concerned with low risk drinking guidelines.

The odds of experiencing 1 or more health-compromising behaviours compared to abstainers as a function of the CAMH drinking Guidelines.
Alcohol Aetiologic Fractions for Emergency Department Populations

**Investigators:** Stockwell, T. (PI), Chikritzhs, T., Zeisser, C. & Gardner, C.

**Funding Body:** National Drug Research Institute

**Background:** This is a collaborative project with the National Drug Research Institute in Australia. The aim is to estimate the proportion of emergency room attendances for injury outcomes which are causally related to alcohol consumption in economically developed countries like Canada and Australia. Furthermore, a methodology will be developed to support epidemiological monitoring of alcohol and its contribution to ER attendances in different jurisdictions. CARBC’s contribution to the project is the conduct of a meta-analysis of well designed studies published in the international literature which quantify the risk relationship between level of drinking and changing risk of injury.

**Progress to date:** The final report has been completed and a journal article is in press in a peer-reviewed journal.

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BC Alcohol and Other Drug Monitoring Project


**Funding Bodies:** BC Mental Health Society Branch, BC Ministry of Health, BC Ministry of Healthy Living and Sport, Northern Health Authority, Health Canada and Vancouver Coastal Health

**Background:** CARBC was awarded a contract from PHSA and Health Canada to pilot a comprehensive alcohol and other drug epidemiological monitoring system for Canada. Key components include rates of hospitalisation and death caused by different substances both legal and illegal all by local health area; types of drugs seized by police; per capita alcohol sales by local health area; substances used by individuals attending emergency rooms in Victoria and Vancouver; patterns and contexts of use and harms experienced by high risk drug using populations in Victoria and Vancouver. Elements of the program are now being implemented in other Canadian provinces.

**Progress to date:** Full implementation of the monitoring system was underway early in 2011/2012 involving multiple data collection components and regular reports on the project website: www.AODmonitoring.ca. Unfortunately some components have now ended due to insufficient funds.
Alcohol and Energy Drink Use: Personality, Drinking Patterns and Risk Behaviours

Investigators: Brache, K. & Stockwell, T.

Funding body: Social Sciences and Humanities Research Council

Background: Research has shown that individuals who mix alcohol and energy drinks tend to drink more heavily and are at increased risk of experiencing several harmful outcomes (e.g., injury, drinking and driving, sexual assault), compared to individuals who only consume alcohol. The vast majority of this research has focused on college students. The aims of the current study are to investigate the relationship between alcohol mixed with energy drink use and several associated variables (e.g., heavy drinking, alcohol use disorders, risk behaviours, personality) in a representative Canadian sample and a young adult community sample. The current study will also investigate the use of alcohol mixed with energy drinks in UVic students, with a particular focus on their motivations for use.

Progress to date: Data collection has been completed for this project. Currently, the data is being analyzed and written up as part of a dissertation. Some of the research conducted to date on this project was used in the creation of a joint CARBC and Canadian Centre on Substance Abuse report which discusses the risks associated with alcohol and energy drink use and includes policy, regulatory and public awareness recommendations. This report was released in May 2012. Findings from this research have also been presented to local community groups and at international conferences.
Alcohol, Drug Use and Injury in the Emergency Department

Investigators: Cherpitel, C.J. (PI), Brubacher, J., Macdonald, S., Stenstrom, R. & Grafstein, E.

Funding Body: Canadian Institutes of Health Research

Background: This is a study of alcohol and other drug use and injury in two Emergency Departments in Vancouver, BC, funded through the Canadian Institutes of Health Research’s New Emerging Team grant.

Progress to date: Data collection and analysis have been completed. The results were used in a successful funding application, a conference presentation, and are now being prepared for a paper to be submitted shortly for publication.

Cannabis and Motor Vehicle Crashes: A Multicentre Culpability Study

Investigators: Brubacher, J., Asbridge, M., Brant, R., Mann, R., Martz, W., Andolfatto, G., Bryan, S., Drummer, O., Macdonald, S., Purssell, R. & Schreiber, W.

Funding body: Canadian Institutes of Health Research

Background: Marijuana is the most commonly used illicit drug in Canada and many drivers, especially young adults, report driving after using marijuana. Although there is abundant experimental evidence that marijuana, either alone or in combination with alcohol, impairs the skills required for safe driving, real world data on the contribution of marijuana to car crashes is mixed. This uncertainty hinders the ability of traffic safety policymakers to develop effective evidence-based traffic laws or road safety campaigns targeting people who drive while impaired by marijuana. The primary objective of the study proposed here is to determine whether injured drivers who used marijuana before a car crash are more likely to have caused the crash than those who did not. Our aim is to improve traffic safety by providing current North American data that can be used to inform the development of evidence-based road safety policy targeting people who drive while impaired by marijuana.

Progress to date: Data collection has begun at four hospital sites and two others have approved procedures. A total of 550 samples have been collected and 326 are fully linked with police reports and analyzed.
Meta-Analysis Systematic and Design Errors: Alcohol Use and Disease Outcomes

**Investigators:** Fillmore, K. (PI), Chikritzhs, T., Gardner, C. & Stockwell, T.

**Funding body:** US National Institutes of Health

**Background:** This is a collaborative work led by Dr Kaye Fillmore from the University of California, San Francisco campus. It is funded by a prestigious Challenge Grant from the US National Institutes of Health for a two-year period. It involves the application of a methodology for critiquing the alcohol epidemiological literature positing a relationship between moderate alcohol consumption and protection against coronary heart disease to a wider range of disease conditions. The critique suggests some designs lead to an exaggeration of health benefits or even the appearance of false/non-existent health benefits. Surprisingly, there are a number of longitudinal studies published which suggest such protection against conditions alcohol is known to cause, e.g., liver cirrhosis and various cancers. A series of measure analyses will be conducted to explore design flaws in studies which do or do not suggest moderate drinking provides health benefits in relation to biologically implausible conditions such as cancer and some strokes.

**Progress to date:** Systematic literature searches have been conducted for papers on breast cancer, stroke, diabetes, all-cause mortality and coronary heart disease. Meta-analyses of these studies are being conducted and papers are in preparation for submission for publication.

Systematic Error and Confounding: Meta-Analyses of Alcohol and Disease

**Investigators:** Fillmore, K. (PI), Chikritzhs, T. & Stockwell, T.

**Funding body:** US National Institutes of Health

**Background:** Following the success with the above Challenge Grant, the team was successful in applying for a three-year continuation to conduct meta-analysis and explore sources of variation in the relationships reported between levels of alcohol consumption and different disease outcomes. This new grant will focus on additional disease outcomes including breast cancer, dementia, coronary heart disease, diabetes, stroke and all-cause mortality. There will be a particular focus on exploring reasons for heterogeneity in study findings and the continuing focus on methodological biases which may result in the false appearance of health benefits from light to moderate drinking.

**Progress to date:** During 2011/2012 the principal activity was hiring research assistants, supervising literature searches and checking the coding of identified studies.

Cross-National Analysis of Alcohol and Injury

**Investigators:** Cherpitel, C. (PI)

**Funding body:** National Institutes of Alcohol Abuse and Alcoholism

**Background:** The study consists of a cross-national analysis of Emergency Departments from 25 countries for alcohol and injury.

**Progress to date:** Data are continuing to be analyzed from ER studies covering 38 ER sites across 18 countries, including analyses of drinking patterns and risk of injury, others' drinking, dose-response relationships, injury severity and disability, drug use and injury, methodological issues related to study design and risk of injury, and the concordance of ICD-10 Y90 with Y91 codes for alcohol intoxication in injury.
Cannabis as a Substitute for Alcohol and Other Drugs: A Compassion Club-based Survey of Substitution Effect in Canadian Medical Cannabis Patients

Investigator: Lucas, P.

Background: This is a study examining self-assessed changes in licit and illicit substance use of 400 medical cannabis patients in BC.

Progress to date: Data gathering for the study was completed in February 2011. Data analysis has been completed and a paper submitted for publication.

RESEARCH PRIORITY 2:
STUDIES OF THE NEUROSCIENCE AND LEARNING BASES FOR DRUG-SEEKING BEHAVIOUR

Individual Differences in Substance Abuse and Addiction: At the Intersection of Brain, Cognition, Genetics and Personality

Investigators: Holroyd, C. B. (PI), Travis Baker, Barnes, G. E., Macleod, P. M., & Stockwell, T.

Funding Body: Canadian Institutes of Health Research

Background: This study asks why if harmful substance use is a major public health concern is it that only some people who use drugs actually become addicted? Can sufficient exposure to substances of abuse cause anyone to become dependent or do addicts simply lack the will-power to resist? In this research we understand addiction to involve a set of complicated processes involving biological, behavioral, cognitive, social, and personality-related factors. Notably, all addictive substances act on a neural system for reinforcement learning called the midbrain dopamine system, which projects to and regulates the brain's system for cognitive control, called frontal cortex. Further, the development and expression of the dopamine system is determined in part by genetic factors that vary across individuals such that dopamine-related genes are partly responsible for addiction-proneness. We have recently found that young adults who are dependent on substances of abuse produce an abnormal brainwave response to reinforcing events, and further, that they behave abnormally on a decision making task that is diagnostic of dopamine dysfunction. In this project, we propose to conduct a series of experiments that will investigate whether this atypical brain response is 1) associated with abnormal reinforcement learning, 2) elicited by drug rewards, 3) present in adolescence even before significant substance use, and 4) associated with genes that code for the expression of the dopamine system. In so doing we hope to tease apart biological, cognitive and personality-related factors underlying substance abuse that will be amenable to treatment.

Progress to date: Study 1 has been published and presented at several national and international conferences. Our investigation revealed two groups of dependent individuals, one characterized by disrupted dopamine-dependent reward learning and the other by disrupted error learning associated with depression-proneness. Study 2 Data collection has just been completed, and we are in the process of writing up the report. It has already been published at a national conference. Our previous two studies indicated that the reward positivity (RP), an ERP measure of a
cortical mechanism for dopamine-dependent reward processing, is selectively disrupted in substance-dependent users. In this study we investigated whether this reflected decreased value of “normal” rewards relative to drug-related rewards. The results indicated substance dependent smokers, compared to non-dependent smokers, showed a reduced RP to earning money relative to earning cigarette puffs. Study 3 is in progress. Study 4 has been submitted for publication, and has been presented at several national and international conferences. Our results bridge the gap between genes and behavior by revealing several dopamine-related neural pathways underlying individual differences in substance dependence and illustrate how future interventions might be individually tailored for specific genetic, cognitive and personality profiles that acknowledge the heterogeneity of the addicted population.

**RESEARCH PRIORITY 3:**

**EDUCATIONAL, LEGISLATIVE AND REGULATORY STRATEGIES**

**CARBC PROJECTS**

**Does Minimum Pricing Reduce the Burden of Injury and Illness Attributable to Alcohol?**

_Investigators_: Stockwell T. (PI), Giesbrecht, N., Meier, P., Brennan, A. & Macdonald, S.

_Funding body_: Canadian Institutes of Health Research

_Beckground_: The central hypothesis underlying these studies is that restricting the availability of cheap alcohol is an effective strategy to prevent and reduce many kinds of alcohol-related harm. The following linked questions are addressed: How is the price paid for alcohol in Canada related to gender, age, level of drinking and experience of alcohol-related problems? How effective have Canadian minimum pricing regulations been at reducing alcohol consumption and the related burden of disease and injury? How would alternative minimum pricing regulations impact on the burden of disease and injury from alcohol in a Canadian jurisdiction? The research program aims to move alcohol research and policy debates beyond the broad non-specific objective of raising the price of alcohol (e.g., Babor et al, 2003) to a focused examination of a strategy likely to be more targeted to public health and safety problems caused by excessive alcohol consumption.

_Progress to date_: Good progress has been made towards achieving all study objectives. Our first paper demonstrating a connection between BC minimum price changes and alcohol consumption was published in the journal Addiction. Its results attracted considerable media attention and have been widely discussed in the UK where minimum pricing is being introduced. A second paper focusing on the minimum pricing in Saskatchewan has been submitted to a leading journal, and two further papers assessing the impacts of minimum pricing in BC on alcohol-related morbidity and mortality are in preparation.
The Impact of Immediate Roadside Prohibitions for Drinking Drivers on Alcohol-Related Collisions

**Investigators:** Macdonald, S., Zhao, J., Martin, G., Brubacher, J., Stockwell, T., Arason, N., Steinmetz, S. & Chan, H.

**Funding body:** CARBC Endowment Fund

**Background:** On September 20, 2010, the BC Government introduced new laws for drivers with blood alcohol content (BAC) levels above .05% alcohol. The purpose of this project is to assess the impact of these new regulatory sanctions on alcohol-related collisions.

**Progress to date:** Data has been collected on alcohol-related crashes for 15 years before the intervention and one year after. Initial ARIMA time series analyses show significant declines in alcohol-related fatalities and injuries were associated with the intervention.

Alcohol Outlet Privatization: The British Columbia Experiment

**Investigators:** Treno, A., Martin, A., Gruenewald, P., Macdonald, S. & Stockwell, T.

**Funding body:** National Institutes of Alcohol Abuse and Alcoholism

**Background:** This international collaborative project led by the Prevention Research Center of the Pacific Institute for Research and Evaluation involves a detailed examination of the public health and safety impacts of the partial privatization of the BC liquor market since 2000. Additional data will be collected regarding variations in drink prices as a consequence of partial privatization and variations in health and crime outcomes in different parts of the province over time as they relate to changing outlet densities and patterns of sales.

**Progress to date:** This project has now been formally completed and several papers have been either published or submitted for publication. These have focused on the relationship between privatization of the BC liquor market and outcomes such as alcohol-related mortality, morbidity and crime.

**CARBC AFFILIATED PROJECTS**

Medical Cannabis Standards, Engagement, Evaluation, Dissemination (SEED) Project

**Investigators:** Walsh, Z., Capler, R. & Lucas, P.

**Funding body:** Peter Wall Solutions Initiative

**Background:** Zack Walsh (PI) and medical cannabis community liaison in UBC-affiliated community-based research project to assist the Canadian Association of Medical Cannabis Dispensaries with the creation of standards and an associated certification program for dispensaries in BC.

**Progress to date:** Work involves review of standards and certification process, organizing broad-based stakeholder consultations, and developing an evaluation strategy to monitor the impact on dispensaries, patients and communities.
RESEARCH PRIORITY 4:  
COMMUNITY-BASED PREVENTION PROGRAMS

CARBC PROJECTS

Factors Affecting Community Responses to the Prevention of HIV/AIDS Associated with Injection Drug Use

Investigators: Pauly, B. (PI), Benoit, C., Jansson, M., Langlois, A., Reist, D. & Salmon, A.

Funding Body: Canadian Institutes of Health Research

Background: The overall goal of this research project is a preliminary investigation of social, political, historical and economic factors that constrain and facilitate the implementation of services for prevention of HIV/AIDS, particularly needle exchange services (NES), within the broader Canadian social context. We are examining the current socio-political context of NES in Victoria as an exemplar for identifying and examining facilitating and constraining factors. The case study will examine the current socio-political context of NES to identify factors that facilitate and constrain the implementation of HIV prevention initiatives.

Progress to date: A media analysis of over 350 articles was completed in 2011/12. The findings of this analysis revealed dominant discourses and challenge related to societal views on drug use and the relationship of such views for people who use drugs. A key activity was the presentation of these findings to key community stakeholders and the development of next steps in taking action to improve health services for people who use drugs.

Parents’ Attitudes, Beliefs and Practices Around Adolescent Alcohol Use: A Pilot Study

Investigators: Thompson, K., Stockwell, T., Gilligan, C., Kypros, K. & Vallance, K.

Funding body: CARBC Endowment Fund

Background: The objective of this study is to understand more about parents’ attitudes and behaviors around adolescent drinking, how parents make decisions about alcohol use for their teenage children, as well as their perceptions of other parents’ practices. More specifically, this study will assess: 1) parents’ knowledge and attitudes about alcohol legislation, 2) parents’ behaviors/norms regarding rule setting and supplying alcohol to their teens (i.e., how much alcohol is supplied by parents, where it is consumed, and under what circumstances of supervision), 3) parents’ perceptions of the attitudes and behaviors of other parents. We hope this will be the first steps of a much larger study involving many schools.

Progress to date: The survey instrument has been designed and ethics clearance received. Data collection will occur early in the spring and summer of 2012.
A Multidimensional Model of Alcohol involvement in Emerging Adulthood: Exploring Heterogeneity in Experiences of Post-Secondary Education

Investigators: Thompson, K.

Funding body: Canadian Institute of Health Research

Background: Drinking during emerging adulthood can lead to difficulties with school-work transitions, which in turn can lead to delays in other life commitments and have implications for psychological well-being and health-related outcomes across the lifespan. This dissertation will explore how transitions into and through higher education are related to patterns of alcohol use across emerging adulthood. Using data from the Victoria Healthy Youth Survey, a 5-wave longitudinal study following 662 youth between the ages of 12 and 28, this study will assess whether trajectories of alcohol use differ for those attending different types of post-secondary institutions (i.e., college, university, or vocational), as well as how patterns of alcohol use during post-secondary education are related to degree obtainment.

Progress to date: Data analysis is currently underway.

CARBC AFFILIATED PROJECTS

Kenya Free of AIDS: Harnessing Interdisciplinary Science for HIV Prevention

Investigators: Morris, M., Ngugi, E., Benoit, C., Hallgrimsdottir, H., Jansson, M. & Roth, E.

Funding body: National Institutes of Health

Background: Kenya Free of AIDS is an NIH Centre Grant (R24) linking the Universities of Nairobi, Washington and Kenya to provide multidisciplinary research and training in HIV and AIDS. The program includes four field-based pilot studies. Project 4, entitled Exploration of Kenyan Female Commercial Sex Workers and Their Male Partners: Life Course and Harm Reduction Approaches, focuses on understanding the social epidemiology of Kenyan female sex workers.

Progress to date: Three field seasons have been successfully completed. In the first, we adopted respondent driven sampling techniques to recruit 160 female sex workers from the informal urban settlement of Kibera, Nairobi, Kenya, and an additional 160 women who had never engaged in commercial sex work. The second field season produced a sample of 220 men recruited from Kibera bars to identify male clients of female sex workers. In the third season, we interviewed 30 HIV+ Kibera female sex workers to assess the social and epidemiological consequences of having romantic partners. Two articles on this work have appeared in the peer reviewed journals Human Ecology and Culture, Health and Sexuality, and the team presented two papers at the Annual Review Meeting, University of Nairobi STD/AIDS Collaborative Group, Nairobi, Kenya. Data from this project currently form the material for two MA theses in the Social Dimensions of Health program at the University of Victoria.
Staying Safe in Vancouver: Identifying Strategies by Long-Term Injection Drug Users to Avoid HIV and HCV Infection

**Investigators:** Salmon, A. (PI), Buxton, J., Pauly, B., Snow, M., Friedman, S., Meteau Gelebert, P. & Money, D.  

**Funding body:** Canadian Institutes of Health Research  

**Background:** While much is known about the factors which increase risk for both infections among injection drug users, relatively little is known about the life circumstances or prevention practices that are associated with remaining uninfected despite long and sustained periods of injection drug use. Research on HIV non-infection has to date focused on biological mechanisms that may promote resilience. However, significant gaps in knowledge exist regarding patterns of long-term behaviour and social interaction that can lead to strategies and practices of risk-avoidance. We will address this gap by comparing data from in-depth life history interviews with two groups of long-term injection drug users: people who have remained uninfected with neither HIV nor HCV, and people who are co-infected with both HIV and HCV. The purpose of this study is to identify how some people who inject drugs have managed to avoid becoming infected with either HIV or HCV, in spite of having injected drugs for many years in a locality in which the majority of people who inject drugs have acquired HCV and a substantial minority have become infected with HIV.  

**Progress to date:** In a review of several cohorts of people who inject drugs in Vancouver, the prevalence of HIV and Hep C made it difficult to recruit individuals who were HIV and Hep C negative. This was particularly difficult given that a primary focus of this study was to understand the gendered context of injection drug use and HIV transmission. Multiple strategies for recruitment were employed. A final report and paper are under development to highlight the challenges of using cohort data and sampling challenges in an area with high rates of HIV and Hep C.

Acting Together on Youth and Violence: Community-University Research Alliance (CURA)

**Investigators:** Bhatt, G., Tweed, R., Dooley, S. & Macdonald, S.  

**Funding body:** Social Sciences and Humanities Research Council of Canada  

**Background:** Identify culturally relevant protective factors and youth strengths that help prevent involvement of youth in gang-related violence. Make recommendations to modify existing programs to better target the identified protective factors. Disseminate knowledge through training workshops for service and program agencies, as well as through ongoing community conversations and through academic, public and electronic media, including a website. Empower the community for evidence-based advocacy to influence law makers, policymakers and program funders. Improve the media images of our community and youth.  

**Progress to date:** Six sub-studies have been planned, with data collection completed for two studies and ongoing field work for the remaining four studies. Several community events, conference presentations and papers have been completed.

FASD Action Fund Program Evaluation

**Investigators:** George, A., Hardy, C. & Clark, E.  

**Funding body:** Victoria Foundation  

**Background:** The $7 million Fetal Alcohol Spectrum Disorder (FASD) Action Fund administered by the Victoria Foundation provided grants to 22 demonstration projects, with the goal of preventing and improving care for FASD-affected children and youth and their families.  

**Progress to date:** Ongoing to December 2011, with evaluation report in preparation stage.
RESEARCH PRIORITY 5:  
TREATMENT SYSTEMS AND PROGRAMS

CARBC PROJECTS

Fostering Cultural Safety in Nursing Practice with People Experiencing Problematic Substance Use

**Investigators:** Pauly, B., MacCall, J. & Browne, A.  
**Funding body:** Michael Smith Foundation for Health Research  
**Background:** People experiencing substance use problems often face difficulties in accessing and using healthcare services because of stigma and discrimination associated with drug use and poverty. Healthcare providers, including registered nurses, often report difficulties providing care in such situations, and individuals with problematic substance use often report very negative experiences with healthcare. As a result, people who use substances may delay, discontinue or avoid seeking healthcare, resulting in increased costs to the healthcare system. Cultural safety is a framework for practice that has been used successfully in other settings for delivery of care to marginalized populations. However, it has not been examined in the nursing care of people with substance use problems. The purpose of this project is to generate new knowledge that will foster understanding of what constitutes safe nursing care in acute care settings for people who are experiencing problematic substance use and social disadvantage.  
**Progress to date:** Nurse and peer advisory groups have been established. To date, interviews have been conducted with nurses who work in hospital settings with people who use drugs as well as with patients who are experiencing substance use and social disadvantages. Preliminary analysis of the nurse interviews has been completed and more detailed analysis of both nurse and patient interviews is in process. In addition, participant observation has been conducted to gain a better understanding of the culture of providing safe care to people who use drugs in hospital.

Pilot Evaluation of a BC Managed Alcohol Program

**Investigators:** Pauly, B., Stockwell, T., Chow, C., Vallance, K., Hacksel, C. & Joe, R.  
**Funding body:** Vancouver Coastal Health  
**Background:** Managed Alcohol Programs (MAPs) operate in other parts of Canada, though to date only one evaluation has previously been published. This indicated that an Ontario-based program successfully helped previously homeless alcohol-dependent men to reduce their consumption and experience fewer acute alcohol-related problems. The Program involved offering them sheltered accommodation along with controlled access to alcohol in hourly doses. This harm reduction approach is being increasingly considered in BC as a means of responding to people with unstable housing and severe alcohol problems who appear unable or unwilling to engage in abstinence treatment. Related motivation is to encourage reduced use of non-beverage sources of alcohol such as methylated spirits, rubbing alcohol, hand sanitizer and mouthwash. This project involved baseline three-month and six-month assessments of a small number of individuals participating in a new BC MAP covering physical health, mental health, patterns of alcohol use and use of services.  
**Progress to date:** Baseline and six month follow-up data have been collected.
Treatment and Prevention of Illicit Substance Use among Pregnant and Early Parenting Women

**Investigators:** Benoit, C., Marcellus, L. (Co-PIs), Anderson, K., Hallgrimsdottir, H. & MacKinnon, K.

**Funding body:** Queen Alexandra Hospital Foundation, United Way of Greater Victoria, a private donation, and CIHR Catalyst Grant: Prevention and Treatment of Illicit Substance Use

**Background:** This grant is for the development of a peer-based arm of the HerWay Home (HWH) program. The HWH program first emerged as a grassroots idea in the Capital Regional District of Victoria, BC in 2007. A multi-agency collaboration of more than 30 agencies joined together to build an alternative care model for pregnant and early parenting women who use substances and face multiple life challenges. The program is just opening its doors and offers a variety of programs and services designed to meet the diverse needs of the local community. The HWH program model is designed to be cross-sectoral, community-based, single access (“one-stop shop”) and culturally safe. The theoretical foundations of service and care delivery are: women-centred, child-focused, family-oriented, trauma-informed and harm reduction. The HWH core program services will include basic needs support (e.g., nutrition and child minding) primary health and perinatal services, counselling for substance use, trauma and mental health counselling, and a housing allowance component. Short-term stabilization housing for women exiting detox and second stage supportive housing with wrap-around services are planned for 2013. HWH’s planning phase has been supported by research from two CIHR-funded grants aimed at developing a workable human resources framework, including identification of barriers to and facilitators of teamwork among a mix of providers.

**Progress to date:** The first stage of the research has been completed, the data analyzed, a Masters thesis successfully defended, and two papers under preparation to be submitted for publication. The next phase of the project is underway, which involves interviews with a larger, more diverse sample of pregnant and early parenting women and their partners affected by substance use, poverty, lack of housing, violence and other life challenges.

Effects of HAART Expansion on Community Levels of HIV Viral Load and HIV Risk Behaviours Among MSM in British Columbia (1) / HAART Optimism, Drug Use and Risky Sexual Behaviour (2)

**Investigators:** Hogg, R., Moore, D., Montaner, J., Roth, E. & Michelow, W.

**Funding bodies:** (1) Canadian Institutes of Health Research / (2) National Institutes of Health

**Background:** These related longitudinal projects are both run through the BC Centre for Excellence in HIV/AIDS at St. Paul’s Hospital in Vancouver. Both focus on understanding the effects of the diffusion of anti-retroviral drugs or HAART (Highly Active Anti-Retroviral Therapy) among men who have sex with men (MSM) in Greater Vancouver. The project’s main hypothesis is that substance use, associated with treatment optimism, will result in increased high-risk sexual behaviour for this population.

**Progress to date:** The project, now named MOMENTUM, is utilizing respondent driven sampling methodologies to recruit MSM with the goal of having an initial sample of 1,000 men. This recruitment strategy was aided by formative research which identified social and sexual networks within the Vancouver MSM community, and explored the role of substance use patterns, ethnicity and HIV status on their formation. Paper and poster presentations on this work were presented at the 21st Annual Canadian Conference on HIV/AIDS Research in Montreal this June, and one paper is being prepared for journal submission.
Intensive Case Management and Assertive Outreach Program Standards and Guidelines

**Investigators:** Pauly, B.

**Funding Body:** BC Mental Health Foundation

**Background:** There are a variety of models for integration of primary care, mental health and substance use services. For those with severe and persistent problems, fully integrated system of care that includes both services and housing is needed. Intensive case management and assertive community treatment are two recommended models of wrap around services for those with severe and persistent problems. In this project, the focus will be on development of intensive case management program standards and guidelines that provide an alternative to clinical case management and assertive community treatment in terms of differing case loads, intensity of involvement, incorporation of an assertive outreach component, and as part of an integrated approach to care delivery.

**Progress to date:** A literature review of intensive case management has been conducted. We have also conducted key informant interviews with experts in designing services for people experiencing mental health and/or substance use problems as well as socio-economic vulnerability.

CARBC AFFILIATED PROJECTS

**Canadian HIV Women and Reproductive Health Cohort Study, a Canadian Observational Cohort (CANOC) Affiliated Study**

**Investigators:** Loutfy, M.R., Kaida, A., Hogg R. & Roth, E.

**Funding body:** Canadian Institute of Health Research Operating Grant

**Background:** A longitudinal study of Canadian HIV+ women recruiting from previous cohorts in Ontario, Quebec and British Columbia, this project is concerned with identifying barriers and pathways to health services.

**Progress to date:** Initial work has focused on completing a study instrument. Working with Dr Eliza Lloyd-Smith and Ms Allison Carter, MPH, both of the BC Centre for Excellence in HIV/AIDS, Eric Roth was the team leader for producing the questionnaire section on substance use. This section was completed successfully, and the project will start collecting data this summer.

**Quality of Service Assessment of Health Canada’s Marijuana Medical Access Division**

**Investigators:** Lucas, P. & Hathaway, A.

**Funding body:** McMaster Arts Research Council

**Background:** Consisting of an online survey coupled with 25 semi-structured interviews of federally authorized medical cannabis patients, this is the first attempt to solicit feedback on Canada's federal medical cannabis program from end users.

**Progress to date:** Results published in *Harm Reduction Journal*.
A Comparison of the Effects of Smoked Whole-Plant Cannabis of Different THC Concentrations in Non-Treatment Naive Patients with Chronic Pain – The Vancouver Island Compassion Society

**Investigators:** Lucas, P. (PI)

**Funding body:** Marijuana Policy Project

**Background:** This research is an ongoing examination of the effects of smoked cannabis on chronic pain.

**Progress to date:** Ethics approval received; project on stand-by pending proposed Health Canada changes to Canadian cannabis supply options.

Cannabis Access for Medical Purposes Survey (CAMPS)

**Investigators:** Walsh, Z., Callaway, R., Belle-Isle, L., Capler, R., Holtzman, S., Kay, B., Lucas, P., Marshall, J., Stratton, T. & Woodworth, M.

**Funding body:** The Institute for Healthy Living and Chronic Disease Prevention

**Background:** Co-researcher (Zach Walsh, PI) in a community-based study of self-identified medical cannabis patients in Canada. The primary focus of this study is a comprehensive national online survey designed to document day-to-day realities of Canada’s medical cannabis patient community, and to identify and potentially address barriers blocking safe access to medical cannabis. This study is affiliated with UBC.

**Progress to date:** 600+ survey responses so far. Survey period will end in July 2012. Preliminary data analysis currently underway.

Observational Study of Ayahuasca-Assisted Therapy for Addiction and Patterns of Dependence

**Investigators:** Thomas, G., Lucas, P. & Capler, R.

**Funding body:** Multidisciplinary Association for Psychedelic Studies (MAPS)

**Background:** Coordinator and co-researcher (Gerald Thomas is PI) of a study examining the outcomes of ayahuasca-assisted therapy on compulsive behaviours.

**Progress to date:** The protocol received ethics approval in February 2011, and data gathering was completed in April 2012.
RESEARCH PRIORITY 6:  
SOCIAL DETERMINANTS AND CONTEXTS OF SUBSTANCE USE

CARBC PROJECTS

Contexts of Vulnerabilities, Resiliencies and Care among People in the Sex Industry


Funding body: Canadian Institutes of Health Research Team Grant: Violence, Gender and Health

Background: The priority that Canadians place on health is reflected in the dramatic decrease in premature mortality and increase in disability-adjusted life expectancy in recent decades. Yet these benefits are not shared equally by all Canadians. This research program focuses on the sources of differences in health and safety among one of these groups: sex workers, many of whom face elevated risks of problematic substance use, unsafe working conditions, violence and premature death. Though research has explored the current legislative context of prostitution in Canada, few studies have systematically investigated the work of police, regulatory agencies and social service providers, as well as the behaviours of customers, managers and intimate partners as social determinants of sex workers’ risk behaviours (including problematic substance use), workplace safety, and health and well-being in public and private life.

Progress to date: A team face-to-face meeting took place in the fall of 2011 and another is planned for end of May 2012. The survey instruments for the six projects have been developed, and ethics proposals submitted. The pretest will take place in the summer of 2012 and formal data collection will occur in the fall of 2012.
Housing and Harm Reduction: A Policy Framework for Greater Victoria

**Investigators:** Pauly, B., Reist, D., Schactman, C. & Belle-Isle, L.

**Funding body:** Greater Victoria Coalition to End Homelessness (GVCEH)

**Background:** While harm reduction is a key principle of Housing First programs, there is a paucity of work that integrates harm reduction into a policy framework for ending homelessness. The purpose of this project was to develop a policy framework for Greater Victoria that would integrate harm reduction as part of a comprehensive approach to end homelessness. A literature review and cross-jurisdictional review of policies and practices was conducted to generate insights for the development of the policy framework.

**Progress to date:** This paper was presented to the GVCEH and City of Victoria in January 2011. Subsequently, the paper was adopted by both organizations to guide policy. The paper was presented at the Canadian Public Health Association Annual Conference and one paper for publication is in development.

Equity Lens in Public Health (ELPH)

**Investigators:** Pauly, B., MacDonald, M., Hancock, T., Ostry, A., George, A., Wharf Higgins, J., Marcellus, L., Hayes, M., Carroll, S., Corneil, T.


**Funding Body:** Canadian Institutes of Health Research

**Background:** In British Columbia (BC) there are significant differences in life expectancy among geographic regions. People with low incomes have significantly poorer health than people with high incomes. Of particular concern is that many aboriginal peoples have lower life expectancies and poorer health than the general population. Several Canadian reports have recommended strengthening the public health system to increase health equity by closing the gap on differences in health outcomes. The recent and important development of Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia and the associated public health renewal processes have been identified as a key area for research to strengthen public health action to reduce health inequities. The overall purpose of this project is to explore and foster learning about the use of an equity lens during a period of complex system change in public health in BC, including the implementation of the Ten-Year Plan to Address Mental Health and Substance Use. Our aim is to produce new knowledge for reducing systemic health inequities, especially in two key areas: mental health promotion and prevention of harms of substance use. This project includes four studies to be carried out over five years, and is linked to the Core Public Health Functions Research Initiative (CPHFRI).

**Progress to date:** We have begun work on a review and analysis of health equity tools (such as reports, checklists, and websites) which could be used to help policy makers and public health practitioners strengthen action on health equity. An analysis of public health policy documents to assess the extent to which health equity is a priority is underway. We will be welcoming master’s and post-doctoral fellows to the project in fall, 2012. We have recently launched a project website: www.uvic.ca/elph as part of our knowledge translation plan.
The Role of Transitional Housing in Health and Recovery from Homelessness, Poor Health and Substance Use

**Investigators:** Pauly, B., Wallace, B., Ostry, A., Matwychuk, M.

**Funding Body:** Vancouver Foundation

**Background:** To end homelessness, we need a good understanding of what works and for whom in assisting individuals to transition from homeless to housed. In 2008, the Victoria Cool Aid Society initiated an innovative transitional housing program for people recovering from homelessness, poor health and substance use. The program was expanded in 2010. Transitional housing is one approach to supporting men and women in their efforts to leave emergency shelter and enter housing. Although transitional housing has been demonstrated to be effective in fostering transitions, little is known about staff and residents’ perspectives on the role of transitional housing programs or how experiences may vary with gender and substance use background. Within a framework of community-based participatory research (CBPR), this project explores the role of transitional housing both from the perspectives of individuals who are, or have been, in transitional housing and front-line workers. We are specifically seeking to answer the question: What are the factors in transitional housing that foster or inhibit transitions out of homelessness for men and women and those with or without problematic substance use?

**Progress to Date:** We have initiated two advisory committees, one from each transitional housing site. The committee members have been advising researchers on the development of the interview guide. Approval from research ethics has been received, and data collection will begin shortly.

Protection for All: Sex Industry Health, Safety and Human Rights

**Investigators:** Shannon, K., Benoit, C. (Co-PIs), Atchison, C., Casey, L., Davis, S., O’Doherty, S. & Shaver, F.M.

**Funding body:** Health Ethics Catalyst Grant, Canadian Institutes of Health Research

**Background:** The project aims to (a) review evidence-based best practices and policies aimed at reducing harms, including problematic drug use, and promote the health and safety of sex industry workers, (b) facilitate ongoing public dialogue on these issues as a neglected ethical human-rights-based issue, and (c) develop evidence-based outputs for delivery to all stakeholders (key outputs will include policy briefs, public summary report, academic peer-reviewed publications, and a critical anthology of the expert summit proceedings), and the development of guidelines for a community-based ethical review process.

**Progress to date:** The team has developed a city licensing interview guide based on its meetings with police and by-law officers, and interviews are now underway in Vancouver about the impact of regulation of sex-oriented businesses (establishments where sex or sexual services are exchanged for money, including strip bars, exotic dance clubs, massage parlours, escort agencies, etc.) on sex workers’ safety. A national experts’ meeting is planned for the fall of 2012 when results will be presented.

Rural MSM/Gay Men on Vancouver Island

**Investigators:** Roth, E. & Robert Birch

**Funding body:** University of Victoria Internal Research Grant

**Background:** Health research on MSM/gay/bisexual men has focused almost exclusively on large urban centres which have historic gay communities. As a result, we know little about what being gay in a rural setting entails.

**Progress to date:** A CARBC collaboration with AIDS Vancouver Island, this project hosted a workshop on rural gay men on Salt Spring Island, and recruited 12 men for future interviews about gay men’s culture, health and community. These interviews will take place this spring/summer and provide data for one Masters degree student in anthropology.
Street Youth’s Transitions to Adulthood

**Investigators:** Jansson, M. (PI), Benoit, C., Hallgrimsdottir, H. & Roth, E.

**Funding body:** Social Sciences and Humanities Research Council

**Background:** This project focuses on the risky behaviours, health and well-being of former and current street-involved youth as they transition to adulthood. We aim to better understand the long-term consequences of disadvantages in early childhood and youth. Extensive qualitative and quantitative data are being collected on current substance use patterns as well as long-term health and well-being. Youth were aged 14-18 when they originally joined the research project, and are interviewed every few months for as long as they are willing to participate. Over 750 interviews have been conducted with more than 275 different youth. We work with five community partners: Victoria Youth Clinic, Victoria Youth Empowerment Society, Greater Victoria Child and Family Counselling Association, Prostitutes Empowerment, Education and Resource Society, and Victoria Native Friendship Centre.

**Progress to date:** Interviewing, coding and data entry are proceeding as planned and the research team, including community partners, have presented a number of conference papers based on preliminary data gathered for the project and also published papers in peer-reviewed journals. Other presentations and papers are in preparation.

Interventions to Promote Health and Healthy Equity for Pregnant and Early Parenting Women Facing Substance Use and Other Challenges

**Investigators:** Benoit, C., Marcellus, L. (Co-PIs), Anderson, K., Hallgrimsdottir, H. & MacKinnon, K.

**Funding body:** CIHR Operating Grant on Population Health Intervention Research

**Background:** The HerWay Home (HWH) program is a first-stage intervention that recently emerged in the Capital Regional District of Victoria, BC to deliver better care to pregnant and early parenting women facing substance use and other challenges. This second grant provides funds to investigate from the earliest stages the benefits and challenges of the unique human resources framework employed by the HWH program.

**Progress to date:** To date, interviews have been conducted with 82 representatives from health and social service providers. The data have been analyzed and written-up for three conference presentations, two posters, and one journal article.
Increase Access to CBPHC and Reduce Health Inequities to Empower Childbearing and Newly Parenting Women Affected by Systemic Marginalization and Substance Use


Funding body: CIHR Team Grant: Community-Based Primary Healthcare

Background: Improving the health of childbearing women and their families requires upstream thinking, the mobilization of community resources, and the development of community-based primary healthcare teams. The intersection of gendered systemic inequities, including poverty, racism, trauma and discrimination, in healthcare settings results in complex challenges for marginalized groups that require collaboration across sectors to address their fundamental health determinants. Several creative programs already exist in Canada and internationally that are beginning to provide comprehensive, accessible, and client-centred primary healthcare. This team grant proposes to study in a longitudinal manner five community-based primary healthcare programs for pregnant and early parenting women affected by systemic marginalization and substance use. Building upon the shared expertise of the multi-disciplinary and cross-sectoral stakeholders involved, we aim to comparatively analyze these community-based primary healthcare innovations, expand knowledge exchange networks, and ensure that women and their families have a strong voice in the policies and practices of these interventions. Our research will also contribute to knowledge at the national and international levels about best practices for community healthcare centres in Canada and New Zealand, among other countries.

Progress to date: Letter of intent has been written up and is currently under review.

RESEARCH PRIORITY 7:

EVALUATION OF EFFECTIVENESS OF KNOWLEDGE TRANSLATION AND EXCHANGE ACTIVITIES AND STRATEGIES

CARBC PROJECTS

AME Evaluation

Investigators: Reist, D. & Remocker, C.

Funding body: BC Ministry for Children and Family Development

Background: In 2010, CARBC developed the AME (Awareness, Motivation, Engagement) program for the BC Ministry for Children and Family Development, Youth Justice Policy and Program Support. The program was designed to support Youth Probation Officers to effectively address substance use issues with young people in the community. The Ministry has commissioned an evaluation to assist in fine-tuning the program and assessing its impact before expanding its application.

Progress to date: In 2011-2012, plans for the evaluation were developed and an Advisory Committee involving Ministry and research partners was established. The evaluation will be conducted in the fall and winter of 2012-2013 and the report will be submitted later in 2013.
Sts’ailes Primary Healthcare Project: Lessons from a Participatory Knowledge Exchange Project with a BC Aboriginal Community

Investigators: Anderson, J.F. (PI)

Funding body: Canadian Institutes for Health Research

Background: The purpose of the project is to produce a knowledge synthesis of Aboriginal community health centre models that respond to the needs of Sts’ailes and the Fraser Health Authority, including addiction and mental health issues. The knowledge synthesis will inform the development of a community health centre that facilitates access to and continuity of healthcare services to Sts’ailes community members and neighbouring Aboriginal and non-Aboriginal communities through the translation of Aboriginal health services knowledge into policy and practice.

Progress to date: The project receives oversight from the Health Improvement Project Planning Committee that meets monthly and provides direction to the research team comprised of senior university research faculty, a university research associate, a community researcher and an Aboriginal student researcher. The research team has conducted an extensive literature review analyzed data from interviews with community elders and traditional healers as well as youth and cultural committee focus groups. A final report is being prepared to summarise the new knowledge legacy created by the project, along with recommendations for knowledge transfer activities intended to facilitate the development of a healthcare centre that reflects the values and healthcare needs of the community. During the project, our Aboriginal student researcher completed her MPH degree at UBC, and our academic research associate has begun her PhD at UBC in the School of Population and Public Health and has recently received a 3-year CIHR doctoral award.

See also three knowledge exchange projects with an evaluation component incorporated in Key Result Area 4: Helping Schools, the AME project for young offenders, and the substance impaired driving project for Health Canada.
Table 3: Performance Indicators for Key Results Area 3 (Implementing Quality Research)

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>PERFORMANCE INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>To conduct research on the patterns, distribution, determinants and</td>
<td><strong>Number of epidemiological projects initiated, ongoing and/or successfully completed each year in this area.</strong> 2011/2012: 15</td>
</tr>
<tr>
<td>consequences of substance use</td>
<td><strong>Benchmark:</strong> 15</td>
</tr>
<tr>
<td>To conduct research that is valued by stakeholders as being of high</td>
<td><strong>Number of CARBC special reports and commissioned reports focused on policy and practice.</strong> 2011/2012: 5</td>
</tr>
<tr>
<td>quality, responsive to emerging issues and relevant to public policy</td>
<td><strong>Benchmark:</strong> 5</td>
</tr>
<tr>
<td>and practice</td>
<td></td>
</tr>
<tr>
<td>To identify key strategic research opportunities that will inform policy,</td>
<td><strong>Number of research projects initiated in response to emerging issues and opportunities that are consistent with this Plan.</strong> 2011/2012: 12</td>
</tr>
<tr>
<td>practice, strategy development and implementation</td>
<td><strong>Benchmark:</strong> 5</td>
</tr>
<tr>
<td>To conduct research in the following key priority areas:</td>
<td><strong>Number of research projects ongoing and completed</strong> 2011/2012: 15 <strong>Number of research projects ongoing and completed</strong> 2011/2012: 2</td>
</tr>
<tr>
<td>Province-wide monitoring of alcohol, tobacco, gambling and other drug</td>
<td><strong>Benchmark:</strong> 10 2011/2012: 10 <strong>Number of research projects ongoing and completed</strong> 2011/2012: 6</td>
</tr>
<tr>
<td>use patterns and related harms</td>
<td><strong>Benchmark:</strong> 6 2011/2012: 6 <strong>Number of research projects ongoing and completed</strong> 2011/2012: 7</td>
</tr>
<tr>
<td>Studies of the neuroscience and learning bases for drug-seeking</td>
<td><strong>Benchmark:</strong> 5 2011/2012: 5 <strong>Number of research projects ongoing and completed</strong> 2011/2012: 6</td>
</tr>
<tr>
<td>behaviour</td>
<td><strong>Benchmark:</strong> 5 2011/2012: 5 <strong>Number of research projects ongoing and completed</strong> 2011/2012: 7</td>
</tr>
<tr>
<td>The impact of educational, legislative and regulatory strategies</td>
<td><strong>Number of research projects ongoing and completed</strong> 2011/2012: 10</td>
</tr>
<tr>
<td>to minimize alcohol and other drug-related harms</td>
<td><strong>Benchmark:</strong> 10 2011/2012: 10 <strong>Number of research projects ongoing and completed</strong> 2011/2012: 9</td>
</tr>
<tr>
<td>Development and evaluation of more effective community prevention</td>
<td><strong>Benchmark:</strong> 5 2011/2012: 5 <strong>Number of research projects ongoing and completed</strong> 2011/2012: 6</td>
</tr>
<tr>
<td>programs</td>
<td><strong>Number of research projects ongoing and completed</strong> 2011/2012: 7</td>
</tr>
<tr>
<td>Development and evaluation of more effective treatment systems and</td>
<td><strong>Number of research projects ongoing and completed</strong> 2011/2012: 10</td>
</tr>
<tr>
<td>programs</td>
<td><strong>Benchmark:</strong> 8 2011/2012: 8 <strong>Number of research projects ongoing and completed</strong> 2011/2012: 10</td>
</tr>
<tr>
<td>Investigation of the influence of structural determinants and the</td>
<td><strong>Number of research projects ongoing and completed</strong> 2011/2012: 10</td>
</tr>
<tr>
<td>social contexts of drug use on the implementation of strategies</td>
<td><strong>Benchmark:</strong> 10 2011/2012: 10 <strong>Number of research projects ongoing and completed</strong> 2011/2012: 9</td>
</tr>
<tr>
<td>designed to reduce and prevent harmful drug use</td>
<td><strong>Benchmark:</strong> 5 2011/2012: 5 <strong>Number of research projects ongoing and completed</strong> 2011/2012: 6</td>
</tr>
<tr>
<td>Research and evaluation of effectiveness of knowledge translation and</td>
<td><strong>Number of research projects ongoing and completed</strong> 2011/2012: 7</td>
</tr>
<tr>
<td>exchange activities and strategies</td>
<td><strong>Benchmark:</strong> 5 2011/2012: 5 <strong>Number of research projects ongoing and completed</strong> 2011/2012: 6</td>
</tr>
<tr>
<td>Develop and maintain significant collaborative projects with other</td>
<td><strong>Number of collaborative projects with other BC-based researchers and research agencies each year</strong> 2011/2012: 37</td>
</tr>
<tr>
<td>researchers and research centres in BC working on harm reduction,</td>
<td><strong>Benchmark:</strong> 20</td>
</tr>
<tr>
<td>substance use and related areas</td>
<td></td>
</tr>
<tr>
<td>Develop and maintain research projects that engage researchers from</td>
<td><strong>Number of collaborative projects involving multi-disciplinary participation with individuals and other centres both at UVic and other BC campuses and research settings</strong> 2011/2012: 30</td>
</tr>
<tr>
<td>several relevant disciplines and which integrate different disciplinary</td>
<td><strong>Benchmark:</strong> 25</td>
</tr>
<tr>
<td>perspectives</td>
<td></td>
</tr>
<tr>
<td>Develop and maintain significant collaborative projects with other</td>
<td><strong>Number of collaborative projects with other North American researchers and research agencies each year</strong> 2011/2012: 10</td>
</tr>
<tr>
<td>researchers and research centres in North America</td>
<td><strong>Benchmark:</strong> 10</td>
</tr>
<tr>
<td>Develop collaborative projects with international organizations such</td>
<td><strong>Number of collaborations with WHO and other international organizations each year</strong> 2011/2012: 4</td>
</tr>
<tr>
<td>as WHO and the International Harm Reduction Association</td>
<td><strong>Benchmark:</strong> 5</td>
</tr>
</tbody>
</table>
“To disseminate research findings that increase understanding of substance use and addiction, to increase awareness of related harms, and to identify effective responses.”

**HIGHLIGHTS**

This year CARBC continued its strong tradition of dissemination through publications and presentations on a wide range of issues. Summarizing this diversity in a few sentences is not really possible. However, some themes emerge that seem to reflect both the values of CARBC and the growing interest in our communities. The interest in understanding and addressing homelessness is revealed in the research and in the invited presentations. Several other contexts or populations of vulnerability are also explored, including poverty, sex work, youth, and injection drug use, to name a few. Many dimensions of alcohol use are reflected, but a significant number of studies relate to cannabis, stimulant use or other psychoactive substances. Many of the articles, books, reports and presentations are not limited to describing the problems but focus on policies or interventions to support wellness or to facilitate change. We also are proud of the interactive website we have created to update latest trends in patterns of substance use and related harms using data from the BC Alcohol and Other Drug Monitoring Project.

Please visit [www.AODMonitoring.ca](http://www.AODMonitoring.ca)
PUBLICATIONS

Journal Articles and Book Reviews


Cherpitel, C.J. (In Press). Alcohol and burden of disease: Trauma and emergency outcomes. *Alcohol Research and Health*.


Books and Reports


**Book Chapters**


Pauly, B. (Accepted). Close to the street: Nursing care for people marginalized by homelessness and substance use. In M. Younger & S. Hwang (Eds.). Homelessness and Health in Canada.


**Invited Presentations**


Benoit, C. (2011). Tips on the preparation of a successful Master’s/Doctoral CIHR application. Invited presentation to the Faculty of Graduate Studies, University of Victoria, BC.


Buxton, J. (2011, September). Illegal drug use epidemiology; engaging the experts to reduce harms. Invited presentation at the BC Centre for Disease Control Public Health Grand Rounds. Vancouver, BC.


Reist, D. (2011). MMT: Evolving a system. A presentation as part of a half-day workshop organized by the UBC Providence Leadership Chair for Addiction Research at St. Paul’s Hospital, Vancouver, BC.


Stockwell, T. (2012). The BC Alcohol and Other Drug Monitoring Project: An open access surveillance system. Invited presentation at Healthy Minds, Healthy People knowledge exchange event, BC Ministry of Health, Vancouver, BC.


Other Conference and Seminar Presentations


Reist, D. & Andrew, C. (2011, April). Helping schools promote positive mental health and rethink drug education. A presentation delivered at Child and Youth Care in Action III Conference at the University of Victoria.


CARBC Sponsored Conferences and Seminars

Adolescent alcohol consumption: The role of parents and social norms. Dr Conor Gilligan (University of Newcastle, New South Wales, Australia), May 16, 2011, Victoria, BC.

The impact of a community action approach, the Alcohol Action in Rural Communities (AARC) project, on reducing alcohol-related harm: A clustered RCT. Dr Anthony Shakeshaft (University of new South Wales, Australia), July 5, 2011, Victoria, BC.
**Addiction, mental illness and the justice system.** Dr Diane A. Rothon (VIHA), October 31, 2011, Victoria, BC.

**Preventing violence in and around bars, pubs and clubs.** Dr Ross Homel (Griffith University, Queensland, Australia) November 21, 2011, Victoria, BC.

**Minimum pricing of alcohol: Theory and evidence.** Dr Chris Auld (UVic), January 16, 2012, Victoria, BC.

**The internationalization of Ayahuasca: Public controversies and regulation.** Dr Beatriz Caiuby Labate (University of Heidelberg, Germany), February 16, 2012, Victoria, BC.

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### MEDIA COVERAGE

Last year our media coverage covered a wide range of topics, although coverage of harm reduction issues in relation to both alcohol and illicit drugs, alcohol policy (mainly pricing and privatization) and reports from our BC Alcohol and Other Drug Monitoring Project were the most numerous. The majority of recorded media hits were either newspaper (approximately 40%) or radio (approximately 35%), with the others being television and online resources.

<table>
<thead>
<tr>
<th>Story/Topic</th>
<th>Number of Hits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth substance use</td>
<td>8</td>
</tr>
<tr>
<td>Homelessness</td>
<td>2</td>
</tr>
<tr>
<td>Low-risk drinking guidelines</td>
<td>11</td>
</tr>
<tr>
<td>Minimum alcohol prices, taxes</td>
<td>19</td>
</tr>
<tr>
<td>Drug prices</td>
<td>2</td>
</tr>
<tr>
<td>Managed alcohol programs</td>
<td>7</td>
</tr>
<tr>
<td>Substance use and sex industry</td>
<td>2</td>
</tr>
<tr>
<td>International trends</td>
<td>1</td>
</tr>
<tr>
<td>CARBC people</td>
<td>4</td>
</tr>
<tr>
<td>Legal status of drugs, medical marijuana</td>
<td>11</td>
</tr>
<tr>
<td>Violence</td>
<td>3</td>
</tr>
<tr>
<td>Vulnerable populations</td>
<td>2</td>
</tr>
<tr>
<td>Alcohol policy and prevention</td>
<td>2</td>
</tr>
<tr>
<td>Liquor privatization</td>
<td>14</td>
</tr>
<tr>
<td>Law enforcement</td>
<td>3</td>
</tr>
<tr>
<td>Drugs and driving</td>
<td>5</td>
</tr>
<tr>
<td>Alcohol impaired driving</td>
<td>2</td>
</tr>
<tr>
<td>Harm reduction services (Insite, safe crack use kits, needle exchanges)</td>
<td>22</td>
</tr>
<tr>
<td>Alcohol and other drug trends</td>
<td>10</td>
</tr>
<tr>
<td>Substance use harms and benefits</td>
<td>7</td>
</tr>
<tr>
<td>Heroin maintenance therapy</td>
<td>1</td>
</tr>
<tr>
<td>Substance use treatment</td>
<td>2</td>
</tr>
<tr>
<td>Tobacco policies</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>137</strong></td>
</tr>
</tbody>
</table>
### Table 4: Performance Indicators for Key Result Area 4 (Dissemination)

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>PERFORMANCE INDICATORS</th>
</tr>
</thead>
</table>
| 4.1 To publish research findings in articles in peer reviewed journals | Number of articles published each year by CARBC researchers and students in peer reviewed journals  
*Benchmark:* 70  
*2011/2012:* 73 |
| 4.2 To publish research findings in book chapters, books and research monographs | Number of book chapters, books or research monographs published by CARBC researchers and students each year  
*Benchmark:* 25  
*2011/2012:* 30 |
| 4.3 To disseminate research findings through reports, systematic reviews and other resources | Number of reports, systematic reviews or other resources published each year  
*Benchmark:* 36  
*2011/2012:* 38 |
| 4.4 To achieve a high academic impact for BC addictions-related research so that it is well known, frequently requested and often cited | Number of citations in peer reviewed journals of research by CARBC scientists and graduate students per year  
*Benchmark:* 500  
*2011/2012:* 503 |
| 4.5 To conduct seminars, lectures and occasional conferences on the state of knowledge and its application to policy, practice and the research agenda | Number of public research seminars, symposia or conferences convened or co-convened by CARBC  
Number of invitations to CARBC researchers to present at conferences or symposia each year  
*Benmarks:* 5 / 25 / 35  
*2011/2012:* 6 / 45 / 42 |
| 4.6 To contribute to teaching programs on substance use and addictions for undergraduate and graduate courses/programs | Number of courses in addictions issues taught by CARBC members at UVic  
Number of courses in addictions issues taught by CARBC members at other campuses  
*Benmarks:* 6 / 3  
*2011/2012:* 2 / 3 |
HIGHLIGHTS

A major highlight was the development of a new service in Victoria to support the health needs of pregnant women experiencing substance use and other problems, HerWay Home. The credit for this development goes to many individuals and agencies but Dr Cecilia Benoit has been particularly recognized as being a significant influence after many years of collaborative community-based research in this area. She is also closely involved in the evaluation of the service as it develops.

Another highlight is drug education. “Drug education isn’t what it used to be! Starting last year I opted to take a more honest, engaging approach in addressing drug education with my students.” So says Jennifer Gibson, a teacher at John Stubbs Memorial School in Sooke, BC. To help with this approach she turned to the grade 9 iMinds module, developed by CARBC. According to Ms Gibson, she loved it and so did her students. The material “helped address so much more than drugs: choices that people make about substance use in general, bullying, how to deal with tough situations.” Lunch with Lenin, the text for the grade 9 module, “opened doors to conversations about other key aspects of kids’ lives” says Gibson.

“To contribute to constructive communication and cooperation between producers, intermediaries and users of various types of knowledge for the implementation of evidence-based policy and practice.”
Her colleague, Duncan McIndoe, who teaches grade 7, was equally impressed. He writes, “The conversations we had surfaced a multitude of issues and challenges kids face and catered to meaningful dialogue that really resonated with them. I was also very pleased to see how the students ran with the project at the end of the program (they loved it!).” What is unique about iMinds is that it seeks to educate young people whereas most “drug education” is really social marketing. The teachers appreciate that the materials are grounded on sound educational theory and come with everything needed to implement them in the classroom including rubrics.

In the alcohol policy arena, Canada’s first national Low-Risk Alcohol Drinking Guidelines were launched in November 2011. Dr Stockwell was the lead writer of the report upon which they were based, along with collaborators from other Canadian alcohol research centres. Dan Reist also participated in the national knowledge exchange committee and by led the development of knowledge mobilization products in BC. Overseas, the Scottish Parliament passed legislation to introduce a minimum price per standard drink for all alcoholic beverages, an idea first developed in a CARBC report and communicated with researchers in the UK. Dr Stockwell was also invited on two occasions to present early findings on the effectiveness of minimum pricing policies by the Scottish Parliament leading up to this legislation. The UK government also recently announced that it would adopt this policy by 2014.
SUCCESSFUL APPLICATIONS FOR KNOWLEDGE MOBILIZATION FUNDING


CURRENT PROJECTS

Addressing Substance-Impaired Driving Among Youth

Investigators: Reist, D., Dyck, T., Bodner, N. & Souza, E.

Funding body: Health Canada

Background: Recent epidemiological evidence suggests that substance-impaired driving remains a serious health and safety issue in BC. This three-year project seeks to influence social norms around substance-impaired driving for young drivers in BC aged 16-18. The project is based on a comprehensive community health approach which recognizes that substance-impaired driving is a complex social phenomenon requiring a comprehensive, multifaceted and sustained response. A comprehensive approach should: (1) intervene at the social as well as the individual level, (2) involve both policy/enforcement and education/social marketing, and (3) employ best practices for eliciting health-related behavioural change. The goal of changing social norms will be accomplished through researching, developing, disseminating and evaluating an evidence-informed education and social marketing campaign designed to: (a) raise literacy of young drivers in matters related to substance-impaired driving, (b) increase awareness of this issue among the general population and promote broad social ownership of the problem, and (c) cultivate social support for young drivers to assist them in changing their behaviour.

Progress to date: This was Year 2 of a three-year project. Three interconnected work teams are active on this project. The evidence team, based at CARBC, scanned and summarized the relevant evidence and worked with the product development team to ensure the evidence informed the product development. The product development team, based at SFU and CARBC, developed both web-based and classroom activities and resources. These resources were pilot tested in the Richmond School District by one of the project partners, Richmond Addiction Services. An external evaluation team has developed a developmental evaluation framework and provides regular feedback to the other teams. Part of this process involves developing appropriate indicators for each of the outcomes cited above.

Alcohol Education and Screening

Investigators: Dyck, T., Reist, D. & Bodner, N.

Funding body: BC Mental Health Society Branch and BC Ministry of Health

Background: CARBC has developed online alcohol screening tools and a variety of educational and brief intervention materials for both adults and teens. These materials have also been adapted to paper-based versions for use in conjunction with the annual Beyond the Blues Education and Screening Day and other settings. The current project seeks to increase the reach of these products and adapt them to respond more effectively to a broader range of British Columbians.

Activities this year: In 2011-2012, the Alcohol Reality Check website was promoted through the Helping Communities, Helping Schools and Helping Campuses initiatives. The risky drinking screens and related materials were updated to reflect new national low-risk drinking guidelines (LRDG). The Knowledge Exchange team at the Vancouver office assisted in development of new educational resources around low-risk drinking for various audiences, including youth, young adults, women and seniors, for posting on Here to Help and other websites. Together with a range of partners, CARBC hosted a public dialogue event in Vancouver on alcohol use in our culture and supported the development of a social marketing campaign around binge drinking. The Knowledge Exchange team also contributed to planning for Beyond the Blues Education and Screening Day and engaged in consultations with site coordinators and clinicians to encourage enhanced use of tools in early screening, brief intervention and referral for emerging alcohol issues.
BC Partners for Mental Health and Addictions Information

**Investigators:** Reimer, B., Reist, D., Bodner, N. & Souza, E.

**Funding body:** BC Mental Health Society Branch

**Background:** CARBC has been a member of BC Partners for Mental Health and Addictions Information since 2004. Through this network, CARBC contributes to dialogue with provincial agencies concerned with mental health and promotes health literacy related to substance use. The partners engage in joint and coordinated projects that support the public and service providers in understanding and responding to substance use and other issues that impact on mental health. As part of the network, CARBC also participates in the BC Mental Health and Substance Use Health Literacy Network that brings together a broad range of stakeholders for information sharing and joint planning.

**Activities this year:** In 2011-2012, CARBC contributed to the following collaborative efforts: Here to Help information products, Visions journal, Healthy Minds/Healthy Campuses, and Beyond the Blues Education and Screening Day (see Alcohol Education and Screening and Helping Campuses sections for details of the latter two). The Knowledge Exchange team led the development of several new products: *Cannabis Use and Youth: A Parent’s Guide* was developed in partnership with F.O.R.C.E. Society for Kids’ Mental Health and Canadian Mental Health Association (BC Division); *Supporting Health and Life*, a series of seven information sheets, supports awareness of Canada’s low-risk alcohol drinking guidelines and was developed in partnership with the BC Ministry of Health and the BC Centre of Excellence for Women’s Health; *Promoting Safer Use*, developed in partnership with Vancouver Coastal Health, is a series of five brochures (Safer Drinking, Safer Cannabis Use, Safer Injecting, Safer Smoking, and Safer Tripping) intended to reduce the harms and risks related to substance use. These resources provide consumers, families, caregivers, service providers and other health professionals with accurate and up-to-date information about substance use to support decisions about well-being. CARBC contributes to the Visions journal by participating on the editorial advisory group, helping identify writers, guest editors and advisors, and contributing articles for publication. The Centre also seeks to increase the profile of the journal within the BC network of substance use services and supports. In 2011-2012, CARBC contributed ideas for articles on topics related to health literacy and wellness and an article written by Dan Reist titled *Mental Health Literacy: What does it mean for substance use and why does it matter?*

Helping Campuses

**Investigators:** Dyck, T., Reist, D., Bodner, N. & Souza, E.

**Funding body:** BC Mental Health Society Branch and BC Ministry of Health

**Background:** CARBC has been an active lead partner in the Healthy Minds/Healthy Campuses project of BC Partners for Mental Health and Addictions Information and has been working with individual campuses to develop strategies and tools for appropriately addressing substance use (particularly alcohol) concerns. A major facet of this initiative is the development of an online resource centre to support post-secondary partners in consistently implementing a socio-ecological approach to respond to substance use challenges.

**Activities this year:** In 2011-2012, CARBC continued to participate in the Healthy Minds/Healthy Campuses project design team and provide consultation to BC post-secondary institutions in the development of comprehensive strategies to address substance use issues on campuses. Besides enhancing the online resource centre by adding a blog and other interactive elements, the team (through consultations, conference presentations, workshops, webinar discussions and a report) contributed to growing consensus within the community of practice to use the socio-ecological model of health promotion as a framework within which to situate complementary initiatives to improve mental wellness and reduce harmful substance use. CARBC anticipates increased collaboration with campus-based groups to build capacity and carry out multidimensional strategies suitable for specific settings of need and opportunity.
Helping Communities

Investigators: Reist, D., Reimer, B., Dyck, T., Bodner, N. & Souza, E.

Funding body: BC Ministry of Health

Background: Communities are struggling to understand and respond to substance use in a context where the nature and treatment of substance use problems and the factors that influence the risk of harms may be poorly understood. As a result, many well intentioned initiatives do not reflect the best available evidence. This project involves working with communities to develop tools and materials that are accessible and useful to stakeholders throughout the province and making these available through the Helping Communities web-based resource repository. The goal of the project is to help communities address the impact of substance use on their environment and on the lives of the residents. Content includes a suite of nine promising practices, each linked to discussions of the evidence base and a variety of tools and resources to assist communities in implementing the practices.

Activities this year: In 2011-2012, enhancements to the Helping Communities web-based resource repository included a Drugs and Communities blog and several online resources. Promoting Safer Use is an online resource designed to support anyone who has contact with people who may be using alcohol or other drugs in risky or harmful ways. This resource offers tools, tips and information on how to help others in the most honest, respectful and meaningful way possible. The resource links to the series of brochures promoting safer substance use (described in the BC Partners for Mental Health and Addictions Information section) and to Take Care with Cannabis, an information card that outlines potential risks and gives suggestions for how to take care of yourself if you choose to use cannabis. This card was developed in partnership with Vancouver Coastal Health. Alcohol Dialogues (in process) is a collection of resources intended to help citizens and community leaders engage a wide range of stakeholders to nurture a shared vision, principles, values and beliefs about alcohol and to promote a culture of moderation within BC communities. Other activities related to promoting a culture of moderation include the Supporting Health and Life series of information sheets created to raise awareness of Canada's low-risk alcohol drinking guidelines (described in the BC Partners for Mental Health and Addictions Information section) and a public dialogue on the profile alcohol use has in our culture.

Helping Schools

Investigators: Reist, D., Reimer, B., Andrew, C. & Bodner, N.

Funding body: BC Mental Health Society Branch and BC Ministry of Health

Background: Over the last few years, CARBC has been collaborating with school professionals to develop innovative resources for schools. These include curriculum-related resources for Grades 4-10 as well as an online resource centre to support the implementation of a comprehensive school health approach to substance use. This project involves continuing to develop and promote the resources and support their effective implementation in BC schools.

Activities this year: Product development for 2011-2012 included a major revision to the iMinds Grade 7 module based on feedback from pilot schools and work on two new modules for Grades 4 and 5. Other activities included professional development for school professionals (633 participants), consultation to schools, districts and other interested stakeholders (19 school districts), dissemination of knowledge exchange products, public education for parent groups and others, and implementation of an evaluation plan to assess current utilization of the online resource centre content and guide further development. A major knowledge mobilization effort this year built on previous work related to developing motivational enhancement tools for youth probation officers. A new resource was developed for school professionals (The Art of Motivation) and a series of webinars and training sessions supported the uptake of the new resource in BC schools. The new Drug Education Blog has been well received in the community. The outcome of these activities is that school professionals are accessing and using quality and useable teaching and support materials designed to enhance mental health literacy among students (over 24,000 page views), and having the competence to deliver them in the school setting.
COMMITTEE MEMBERSHIPS

Anderson, J.  Advisory Committee on Opioid Dependence, College of Physicians and Surgeons of BC
Anderson, J.  Addictive Diseases Committee, BC Medical Association
Benoit, C.  Chair, Porter Book Prize Committee, Canadian Sociological Association
Benoit, C.  Member of Genomics, Society and Ethics Advisory Committee, Genome BC
Benoit, C.  Advisory board member, Canadian Society for the Sociology of Health
Benoit, C.  Panelist, Grand Challenge in Global Mental Health Initiative, Office for Research on Disparities and Global Mental Health, National Institute of Mental Health
Benoit, C.  Program Advisory Committee, IMPART: Intersections of Mental Health Perspectives in Addictions Research Training
Benoit, C.  International Scientific Advisory Board, NIHR King’s Patient Safety and Service Quality Research Centre, King’s College, London, UK
Benoit, C.  Graduate Studies Executive Committee, Faculty of Graduate Studies, University of Victoria
Benoit, C.  Chair, Graduate Committee, Department of Sociology, University of Victoria
Cherpitel, C.  International Network on Brief Interventions for Alcohol Problems
Dyck, T.  Healthy Minds/Healthy Campuses Provincial Steering Committee
Dyck, T.  Alcohol and Youth Working Group
Jansson, M.  Steering Committee, BC Inter-University Research Data Centre, UVic Branch
Jansson, M.  Co-Chair, Human Research Ethics Board, University of Victoria
Jansson, M.  Capital Region Action Team on Sexually Exploited Youth (CRAT)
Lucas, P.  Board of Directors, Multidisciplinary Association of Psychedelic Studies Canada
Lucas, P.  Board of Directors, Canadian Students for Sensible Drug Policies
Macdonald, S.  Canadian Alcohol and Drug Use Monitoring System (CADUMS), Health Canada
Macdonald, S.  Canadian Community Epidemiology Network on Drug Use
Pauly, B.  International Harm Reduction Association
Pauly, B.  College of Registered Nurses of BC
Pauly, B.  CNA Nursing Ethics Interest Group
Reimer, B.  BC Health Literacy Network
Reimer, B.  BC Partners for Mental Health and Addictions Information
Reist, D.  BC Addictions Network
Reist, D.  BC Health Literacy Network
Reist, D.  Canadian Drug Policy Consortium
Reist, D.  Canadian Low-Risk Drinking Guidelines KE Working Group
Reist, D.  Board of Directors, Kaiser Foundation
Reist, D.  School-Based Mental Health and Substance Use Consortium
Stockwell, T.  National Surveillance Advisory Committee, Health Canada
Stockwell, T.  National Alcohol Strategy Advisory Committee
Stockwell, T.  Canadian Low-Risk Drinking Guidelines Expert Working Group
Stockwell, T.  Advisory Board, Alcohol Research Group, Emeryville, California
Thomas, G.  BC Partners for Mental Health and Addictions Information
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<tr>
<th>OBJECTIVE</th>
<th>PERFORMANCE INDICATORS FOR 2009-10</th>
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<tbody>
<tr>
<td>5.1 To ensure access to relevant knowledge while working in partnership with policymakers and practitioners in planning and implementing projects to address substance use</td>
<td>Number of projects in which CARBC members collaborate with policymakers or practitioners Benchmark: 15 2011/2012: 35</td>
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<td>5.2 To provide proposals, briefings and submissions to government and parliamentary inquiries, policy advisors and relevant provincial and national committees on emerging issues related to substance use</td>
<td>Number of policy proposals contributed to by CARBC members each year Number of invitations received each year to make submissions to policy forums, select committees or other such bodies Number of provincial or national committees, advisory boards or other such bodies on which CARBC members are active Benchmarks: 5 / 5 / 20 2011/2012: 5 / 6 / 36</td>
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<td>5.3 To develop and promote resources with the potential to make direct contributions to policies, programs or service delivery systems</td>
<td>Number of resources completed in any one year Benchmark: 10 2011/2012: 23</td>
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<td>5.4 To facilitate mechanisms that increase the sharing of knowledge among policymakers, practitioners, researchers and community members related to challenges, trends and effective interventions for promoting health and preventing harm related to substance use</td>
<td>Number of networks or communities of practice in which CARBC members are active Number of multi-sectoral symposia or knowledge exchange events each year Benchmarks: 20 / 1 2011/2012: 35 / 2</td>
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<td>5.5 To provide access to balanced factual information on substance use and related harms and health promotion approaches through a variety of knowledge exchange strategies</td>
<td>Number of visits to CARBC websites each year Number of presentations/workshops/displays each year Number of articles in the print media and interviews used by the electronic media annually as a result of CARBC activities Number of e-bulletins/blog articles published each year Publication of articles from CARBC members in magazines, newsletters, websites and unrefereed journals each year Number of consultations provided each year Benchmarks: 30,000 / 15 / 150 / 10 / 5 / 10 2011/2012: 28,777 / 14 / 137 / 19 / 12 / 36</td>
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