

EDGEWISE

The last national economic analysis shows that the overall social cost of substance abuse in Canada was estimated at \$40 billion, or about \$1,267 for every man, woman and child in the country. Of that, tobacco represented about \$17 billion, alcohol \$15 billion, and illegal drugs about \$8.2 billion.

Research shows that the addictive experience varies widely among people, depending on their physiology and expectations. Withdrawal symptoms also vary widely depending on the substance involved. Urbanoski hopes that her research will shed some light on the best treatment approaches and policies for this complex problem.

Seventeen UVic graduate students currently combine graduate work and hands-on research at UVic's Centre for Addictions Research BC. Urbanoski also incorporates knowledge gained from her research into her public health biostatistics course.

Want to learn more about Urbanoski's work? She's a featured speaker at IdeaFest, UVic's annual celebration of knowledge and creativity, which takes place March 7–12. Urbanoski is one of four UVic Canada Research Chairs who will share their stories of innovation and impact in a conversational format on March 7, 7–9 p.m. in the Hickman Building, room 105. The event is free and open to the public.

Meet Karen Urbanoski at bit.ly/uvic-urbanoski



OUT OF THE
DARKNESS

Urbanoski. PHOTO BY UVIC PHOTO SERVICES

Why do some people succeed in addictions treatment, while others fail?

by **Patty Pitts**

With everything from office turmoil and workplace safety to fractured families and criminal activity being blamed on addictions, the seemingly obvious solution is to mandate those with alcohol and drug dependencies into treatment.

But is their chance of success any better or worse than those who voluntarily check into rehab, supported by worried families, friends and employers?

According to Dr. Karen Urbanoski, a scientist with UVic's Centre for Addictions Research of British Columbia (CARBC) and the School of Public Health and Social Policy, there's little in the way of good evidence on which to base policies around compulsory treatment.

That's partially because it's a difficult area of study.

"You have to study people over a long period of time and previous research that lumps people into two camps is problematic," says Urbanoski who relocated to Victoria from Ontario last summer to be the Canada Research Chair in Substance Use, Addictions and Health Services. "Just because someone is mandated into treat-

ment doesn't mean they don't want to be there."

Urbanoski wants to better understand why some people succeed in treatment programs while others falter. The results would inform programs to better meet the needs of the people who use them.

"I want to study people's motivations over the course of their treatment. No one has studied whether or how initially resistant people come around to accepting treatment. How have we alienated them if they don't? How can we develop flexibility to change the course of treatment if it's not working?"

While Urbanoski was studying brain physiology at McGill as an undergraduate student, an observant mentor suggested she focus her graduate research on public health. "It became pretty clear that was the path I should take."

Her prior work at Harvard Medical School and Toronto's Centre for Addictions and Mental Health led to her perspective that addiction is primarily a behavioural rather than physiological condition. But she also takes a compassionate approach, acknowledging that destructive behaviours often arise from childhood trauma and other conditions beyond a person's control.

Her research, funded by the Canadian Institutes for Health Research and Health Canada, will also wrestle with hard questions on what it means to seek help for addictions.

"Who can make the decision that someone should go into treatment and choose what type of program is most suitable?" says Urbanoski. "People should be able to access a variety of different types of services when they're motivated and when they want them. When they're ready, will they instead face a three-month waiting list?"

Urbanoski says that Island Health officials have been very supportive of her research and very generous with their time in connecting her with community collaborators. Ultimately, she wants and expects her results to be applicable well beyond the local community.

"We're not going to treat our way out of addictions. Some of the prevalence of addictions has nothing to do with availability of services. A short stint in treatment isn't going to deal with the underlying causes of addictions."

But, she says, a better understanding of why people land in treatment programs and what affects their chances of positive outcomes will help society better address a crippling issue that ranges from corporate offices to tent cities.