



**University
of Victoria**

Centre for Addictions
Research of BC

ANNUAL REPORT

04/01/13 - 03/31/2014



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. 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

If measured by resource capacity, knowledge activity, community visibility and policy impact, this past year was CARBC's best yet! I wish to congratulate the Director, the staff in Vancouver and Victoria, the contributing scientists, post-doctoral fellows, graduate students, community partners and collaborating centres.

One noteworthy trend is the broadening scope for the Centre's research and knowledge exchange activities with increasingly national and international dimensions. Examples include the Canada-wide Managed Alcohol Program research, further uptake of our BC alcohol policy research in Europe, and an in-depth Canada-wide study of the experiences of sex workers to make recommendations for harm reduction.



Another positive trend is the higher level of research and knowledge exchange activity as indicated by the Centre's winning increased funding (an all-time high of just over \$3.7 million), having 38 graduate students under supervision, 84 peer reviewed publications and 1435 citations. This number of graduate students associated with the Centre adds an incredible amount of enthusiasm and intellectual curiosity while reflecting the multidisciplinary and networked nature of the Centre's work.

CARBC entered the world of social media in 2013-14 with creativity and purposefulness around some key issues such as the liquor review process in BC. There have been over 18,000 views of our blog series from 116 countries and the net effect has been to generate higher visibility for CARBC in the general public as well as in the mainstream media.

An exciting development is the successful bid by CARBC to co-host a Tier 2 Canada Research Chair along with the faculties of Human and Social Development and of Social Sciences. This new Chair is intended for an early career scientist specializing in addictions, harm reduction and substance use related research.

Finally, I am pleased to report that the highly capable and professional leadership team of CARBC will continue over the coming years: Dr. Tim Stockwell was reappointed as Director and Dr. Scott Macdonald as Assistant Director in February this year, each for 5-year terms.

This annual report ably demonstrates how the values of harm reduction, informed public debate, and social equity and justice are carried out through rigorous and independent research.

Michael J. Prince, MPA, PhD
Lansdowne Professor of Social Policy, Chair

Message from the Director

Welcome to our 2013/2014 Annual Report for the Centre for Addictions Research of BC (CARBC)! We hope that the combination of special features, great photos, various graphics and the concise summaries of key performance indicators make the telephone directory style lists of the many activities more digestible.

I believe in this last year the Centre as a whole has achieved both more activity and more impact than in any previous year. Due to the cumulative effects of past and present successes with funding applications, our total external funding exceeded \$3 million for the year. These generous funds have enabled us to expand into new areas. In particular, it is evident that there is considerable new activity in the area of treatment and treatment systems to complement our other activities on the policy, social and epidemiological fronts. The many dissemination strategies and activities have also connected our research and research findings into new spheres and enhanced our visibility greatly. For example, we tracked over 280 media interviews and there multiple downloads/likes/followers and subscribers to our various social media. The social media team is to be congratulated on some staggering successes including many views of our new blog series *Matters of Substance*.



Obviously, quantity is a limited way of evaluating successful impact. All it shows is interest and effective dissemination. Impact is harder to gauge and a narrative with supporting evidence is perhaps more credible. One example is how the social media team helped place our many years of alcohol policy research front and centre in the public debate in British Columbia last year on reforming our liquor laws. While one outcome will be upward pressure on consumption and related harms due to increased availability, this should be offset by implementation of several CARBC recommendations that were widely supported by the health and safety communities. These include the revamping of minimum alcohol prices to limit the availability of cheap high-strength drinks, continuing the moratorium on new private liquor store licences, ramping up training of alcohol servers, helping impaired driving and liquor law enforcement to be better targeted and helping consumers to better appreciate the risks associated with alcohol use. The social media efforts ensured our submission and related research was among the most downloaded and cited. The social media team has gone on to highlight other significant areas of CARBC research on topics such as cannabis laws, harm reduction, school education, drugs and sexual behaviour.

As ever, I want to thank the wonderful faculty, students and staff for all that they do to make CARBC a harmonious, productive and happy environment.

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 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 Post-Doctoral Fellow



Cecilia Benoit



Cheryl Cherpitel



Mikael Jansson



Scott Macdonald



Bernie Pauly



Dan Reist



Eric Roth



Tim Stockwell



Jinhui Zhao

Site Director

Dr Cindy Hardy

University of Northern British
Columbia, Psychology



Cindy Hardy

Staff (Victoria)

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Administrator

Ms Sinéad Charbonneau
Research Assistant

Mr John Dorocicz
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Ms Amanda Farrell-Low
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(Social Media)

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Ms Chantele Joordens
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Ms Bonnie Krysovaty
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Ms Hilary Marks
Research Assistant

Ms Marie Marlo-Barski
Administrative Assistant

Ms Gina Martin
Research Associate

Ms Wanda Martin
Research Associate

Ms Catherine McLaren
Research Assistant

Ms Ashley Mollison
Research Assistant



Emma Carter



Sinéad Charbonneau



Amanda Farrell-Low



Andrew Ivsins



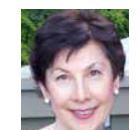
Caitlin Janzen



Chantele Joordens



Corrine Lowen



Marie Marlo-Barski



Gina Martin



Wanda Martin



Ashley Mollison



Shane Morrisey



Montana Osiowy



Kathleen Perkin



Natasha Potvin



Jeremy Riishede



Jen Theil



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Mr Shane Morrisey
Transcriptionist

Ms Montana Osiowy
Research Assistant

Ms Joanne Parker
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Ms Kathleen Perkin
Research Coordinator

Ms Natasha Potvin
Research Assistant

Mr Jeremy Riishede
Research and
Administrative Assistant

Ms Jen Theil
Assistant to the Director

Ms Kate Vallance
Research Associate



Staff (Vancouver)

Ms Cindy Andrew

Program Consultant, Helping Schools

Ms Nicole Bodner

Publications Officer

Dr Tim Dyck

Research Associate

Ms Bette Reimer

Research Associate

Ms Catriona Remocker

Research Associate

Ms Evelyn Souza

Information Officer

Ms Cathy Spence

Assistant to Mr Dan Reist



Cindy Andrew



Nicole Bodner



Tim Dyck



Bette Reimer



Catriona Remocker



Evelyn Souza



Cathy Spence

Post-doctoral Fellows

Dr Rachel Phillips

Post-Doctoral Fellow
and Research Coordinator

Dr Leah Shumka

Post-Doctoral Fellow

Dr Bruce Wallace

Post-Doctoral Fellow

Dr Cornelia Zeisser

Post-Doctoral Fellow and Data Analyst



Rachel Phillips



Leah Shumka



Bruce Wallace



Cornelia Zeisser

L to R: Lisa Ordell, Mary Clare Kennedy, Kathleen Perkin,
Tim Stockwell, Gina Martin, Jackson Flagg, Mikael Jansson



Advisory Board

Ms Lynne Belle-Isle

Graduate Student, Centre for Addictions Research of BC

Dr Laurence Bosley

Director, Addictions Services

Dr Russ Callaghan

Ph.D., Associate Professor, Northern Medical Program
University of Northern British Columbia

Ms Liz Evans

Executive Director, PHS Community Services Society

Chief Jamie Graham

Chief Constable, Victoria Police Department

Dr Perry Kendall

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Ms Andrea Langlois

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Mr Philippe Lucas

Graduate Student, Centre for Addictions Research of BC

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Harm Reduction and Mental Health, BC Ministry of
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Chief Executive Officer, Victoria Foundation

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Health Actions, First Nations Health Authority

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Director, Urban Health Research Initiative, BC Centre for
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Lynne Belle-Isle



Liz Evans



Perry Kendall



Philippe Lucas



Warren O'Briain



Sandra Richardson



Evan Wood



Russ Callaghan



Jamie Graham



Andrea Langlois



Michael Miller



Michael Prince



Blake Stitilis

Collaborating Scientists

Dr Gordon Barnes

Professor, School of Child and Youth Care, University of Victoria



Gordon Barnes

Dr Jeffrey Brubacher

Emergency Physician and Researcher, Vancouver General Hospital



Jeffrey Brubacher

Dr Jane Buxton

Associate Professor and Director MPH Practicum, UBC, School of Population and Public Health Physician Epidemiologist, Harm reduction lead, BCCDC



Jane Buxton

Dr Clay Holroyd

Associate Professor, Department of Psychology, University of Victoria



Clay Holroyd

Dr Bonnie Leadbeater

Professor, Department of Psychology, University of Victoria



Bonnie Leadbeater

Dr David Marsh

Senior Associate Dean, Northern Ontario School of Medicine



David Marsh

Dr. Tessa Parkes

Research Consultant



Tessa Parkes

Dr Amy Salmon

Coordinator, Sheway, Vancouver Coastal Health



Amy Salmon

Dr Gerald Thomas

Okanagan Research Consultants



Gerald Thomas

Research Affiliates

Clifton Chow

Research Coordinator, Youth Addictions, Vancouver Coastal Health Authority



Clifton Chow

Dr Anne George

Assistant Professor, Pediatrics, Faculty of Medicine, University of British Columbia



Anne George

Dr Marvin Krank

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



Marvin Krank

Mr Philippe Lucas

Graduate Student & Research Affiliate, Centre for Addictions Research of BC



Philippe Lucas

Dr Ingrid Pacey

Psychiatrist, Private Practice, Vancouver, BC



Ingrid Pacey

Dr Diane Rothon

Physician



Diane Rothon

Dr Deborah Rutman

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



Debrah Rutman

Dr Mikhail Torban

Psychiatrist, Narcologist Addictions Treatment Specialist



Mikhail Torban

Dr Zach Walsh

Assistant Professor, Psychology, University of British Columbia



Zach Walsh

Dr Erica Woodin

Assistant Professor, Department of Psychology, University of Victoria



Erica Woodin

Graduate Students

Lynne Belle-Isle

Social Dimensions of Health, Department of Sociology and School of Nursing, University of Victoria

Rachelle Beveridge

Social Dimensions of Health, University of Victoria

Robert Birch

Department of Anthropology, University of Victoria

Kristina Brache

Department of Psychology, University of Victoria

Melanie Callas

Department of Anthropology, University of Victoria

Lauren Casey

Social Dimensions of Health, and Department of Sociology, University of Victoria

Michelle Coghlan

Department of Sociology, University of Victoria

Geoff Cross

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Social Dimensions of Health, University of Victoria

Phuc Dang

Nursing, University of Victoria

Jane Drengson

Social Dimensions of Health, and Department of Anthropology, University of Victoria

Jackson Flagg

Social Dimensions of Health, University of Victoria

Jessica Fitterer

Department of Geography, University of Victoria

Nozomi Franco Cea

Child and Youth Care, University of Victoria

Alexandra Holtom

Social Dimensions of Health, University of Victoria

Sonya Ishiguro

Biology, University of Victoria



Lynne Belle-Isle



Robert Birch



Melanie Callas



Geoff Cross



Jane Drengson



Jackson Flagg



Alexandra Holtom



Mary Ellen Johnson



Rachelle Beveridge



Kristina Brache



Lauren Casey



Phuc Dang



Jessica Fitterer



Nozomi Franco Cea



Andrew Ivins

Andrew Ivins

Department of Sociology, University of Victoria

Mary Ellen Johnson

Interdisciplinary, University of Victoria

...Continued on next page

Graduate Students (Cont'd)

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Social Dimensions of Health, University of Victoria

Mary Clare Kennedy

Social Dimensions of Health and Department of Sociology, University of Victoria

Philippe Lucas

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Enock Makupa

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Wanda Martin

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Anna Maruyama

School of Health Information Sciences, University of Victoria

Ashley Mollison

Nursing, University of Victoria

Trudy Norman

Department of Interdisciplinary Studies (Nursing/Anthropology), University of Victoria

Renee O'Leary

Social Dimensions of Health, University of Victoria

Audra Roemer

Department of Psychology, University of Victoria

Florian Schmidt

Anthropology, University of Victoria

Kimberly Sharpe

Social Dimensions of Health Research Program, University of Victoria

Amanda Slaunwhite

Department of Geography, University of Victoria

Alina Sotskova

Department of Psychology, University of Victoria

Krystal Summers

Social Dimensions of Health Research Program, School of Public Health and Social Policy, University of Victoria

Kara Thompson

Department of Psychology, University of Victoria



Vandana Joshi



Philippe Lucas



Wanda Martin



Ashley Mollison



Renee O'Leary



Florian Schmidt



Amanda Slaunwhite



Krystal Summers



Mary Clare Kennedy



Enock Makupa



Anna Maruyama



Trudy Norman



Audra Roemer



Kimberly Sharpe



Alina Sotskova



Kara Thompson

Caitlin Wake

Interdisciplinary, University of Victoria

Elizabeth Walker

Child and Youth Care, University of Victoria



COLLABORATING CENTRES

British Columbia:

National Institute for Research in Sustainable Community Development, Kwantlen Polytechnic University, Vancouver, BC

Other Parts of Canada:

Canadian Centre on Substance Abuse, Ottawa, ON

Centre for Addiction and Mental Health, Public Health and Regulatory Policy Division, Toronto, ON

International:

Alcohol Research Group (ARG), National Alcohol Research Center, Berkeley, CA, USA

Prevention Research Center, Pacific Institute for Research and Evaluation, Berkeley, CA, USA

National Drug Research Institute (NDRI), Curtin University, Perth, WA, Australia

Sheffield Alcohol Research Group, (SARG), School of Health and Related Research, University of Sheffield, UK

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
BC Ministry of Health
Beacon Community Services
Blanshard Community Centre Men's Trauma Centre
Burnside Gorge Community Centre
Greater Victoria Coalition To End Homelessness
Ministry of Health
Our Place Society
PEERS Victoria
Providence Health Care
Queen Alexandra Foundation for Children
Children's Health Foundation of Vancouver Island
Society of Living Intravenous Drug Users (SOLID)
Special Victims Unit, Victoria Police Dept.
Victoria Cool Aid Society
Victoria Native Friendship Centre
Victoria Youth Clinic
Victoria Youth Empowerment Society
Women's Sexual Assault Centre
YMCA-YWCA Greater Victoria
Vancouver Island Health Authority

Prince George:

BC Council on Substance Abuse
Carrier Sekani Family Services
Positive Living North
Prince George New Hope Society

Richmond:

Richmond Addictions Services

Vancouver:

7th Floor Media, SFU
BC Centre for Excellence in HIV/AIDS
BC Centre for Disease Control
BC Centre for Social Responsibility
BC Non-Profit Housing Association

Canadian Mental Health Association (BC Division)
Collaborating Centre for Prison Health and Education
Directions Youth Services
Eastside Illicit Drinkers for Education
Health Initiatives for Men (HIM) and Youth Co
McCreary Society
PACE Society
Pender Clinic
Pivot Legal Society
Portland Housing 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
PHS Community Services Society
Dr Peter AIDS Foundation

Rest of Canada:

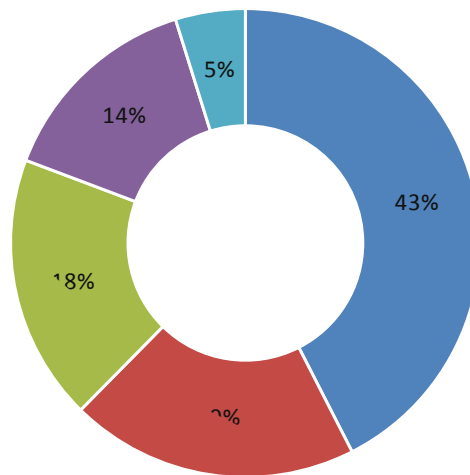
Shelter House (Kwae Kii Win Centre), Thunder Bay, ON
Ottawa Inner City Health, Ottawa, ON
Wesley Urban Ministries, Hamilton, ON
City of Toronto/Seaton House Annex Harm
Reduction Program, Toronto, ON
Marguerite's Place in St. John's, NL
Centre of Hope, Ft. McMurray, AB
Sex Workers' Action Network of Waterloo Region,
Waterloo, ON
Stepping Stone, Halifax, Nova Scotia, NS
Public Health Agency of Canada, Ottawa, ON
National Collaborating Centre for the Determinants
of Health, NS
Canadian AIDS Society
Canadian Association of People who Use Drugs
Canadian Drug Policy Coalition
Canadian HIV/AIDS Legal Network

Income for 2013-2014

The chart below identifies our major sources of income (including funds carried forward) during the 2013/2014 fiscal year. Total revenue for the fiscal year was \$3,722,095, our highest to date. Most funding was from peer reviewed grants (mostly CIHR) and there was a good balance of funding across research and knowledge exchange contracts.

CARBC 13/14 Revenue and Carry Forward Summary

■ Research Grant Competitions	\$1,509,196.50
■ Other Research Grants and Contracts	\$706,447.70
■ Knowledge Exchange Grants and Contracts	\$652,308
■ Endowment	\$513,000.00
■ Overhead	\$342,637.18





1

KEY RESULTS AREA: *To Build Capacity*

“To build infrastructure and capacity across BC in order to conduct research and knowledge exchange, that will increase the understanding of, and support more effective responses to, substance use.”

HIGHLIGHTS

Funds available for research and knowledge exchange activity in 2013/2014 reached an all-time high of just over \$3.7 million. This reflects the considerable depth and range of activities now underway and also accounts for the reduction in fundraising efforts last year. It shows that our model of supporting high quality scholars at UVic to apply their research interests to the area of addictions and substance use is paying off. Not only have they been succeeding in obtaining large CIHR grants, they have also been bringing with them new cohorts of graduate students spanning multiple disciplines. The shared space and intellectual environment at the Centre and the focus on applied policy and practice research has also resulted in some exciting interdisciplinary and community-based projects.

Successful applications to funding competitions

Risk in birthing choices: is it worth the labour? CIHR Planning Grant, \$22,860 from 2014 to 2015.

Managed Alcohol Programs: Implementation and Effectiveness. CIHR Public Health System Improvement Grant, \$699,951 from July 2013 to June 2016.

Applying the Concept of Positive Deviance to Gay Men's Group Sex Events. CIHR Operating Grant, \$202,452.00 from 2014 to 2016.

Access to End of Life Care for Vulnerable and Marginalized Populations. CIHR Operating Grant, \$357,609 from 2014 to 2017.

Cost-effective integration of HIV care in opioid substitution treatment. CIHR Operating Grant, \$94,501, from 2014 to 2017.

Cross-National Analysis of Alcohol and Injury. NIAAA Grant, \$1,087,265 from 2014 to 2019.

Commissioned contracts won

Issue Brief of Sexual Violence Against Women in Canada. Status of Women Canada, \$24,634 from 2013-2014.

Canadian Community Epidemiology Network on Drug Use (CCENDU) project-communicating drug alerts. Canadian Centre for Substance Abuse (CCSA), \$2,000 for 2013.

Closing the Gender and Health Equity Gap. BC Ministry of Health, \$15,000, from 2013-2014

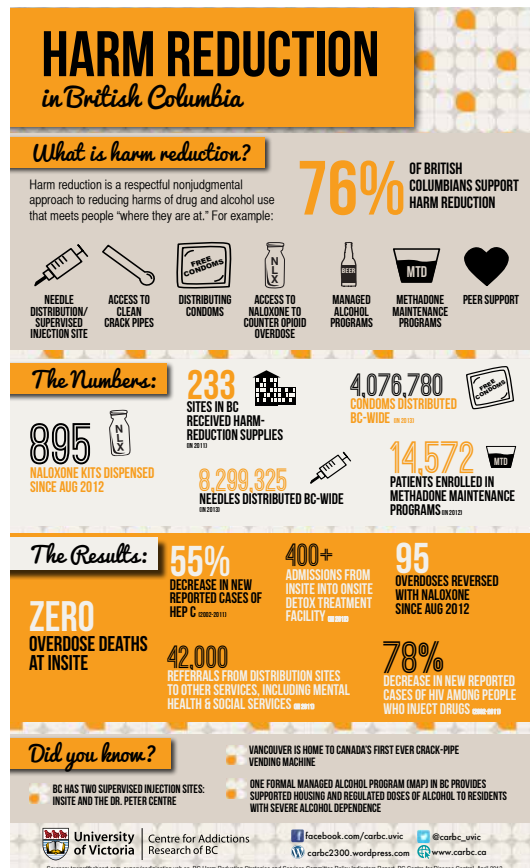


Table 1: Performance Indicators for Key Result Area 1 (Building Capacity)

OBJECTIVE	PERFORMANCE INDICATORS
1.1 To maintain or increase funding for substance use and health research at CARBC	Maintain or increase funding for substance research won by CARBC scientists from (a) Canadian and international peer reviewed sources (b) Canadian and international contracts <i>Benchmarks:</i> (a) \$750,000 (b) \$150,000 per annum 2013/2014: (a) \$2,464,638 (b) \$41,634
1.2 To maintain or increase funding for knowledge exchange concerning substance use and health promotion at CARBC	Maintain or increase funding for substance use knowledge exchange held by CARBC from (a) Canadian and international peer reviewed sources (b) Canadian and international contracts <i>Benchmarks:</i> (a) \$250,000 (b) \$750,000 per annum 2013/2014: (a) \$481,965 (b) \$679,875
1.3 To maintain or increase the number of funding applications for long-term research programs addressing research areas of high priority in BC	Maintain or increase number of funding applications for new research programs identified in one or more identified priority areas (see Key Result Area 2) <i>Benchmark:</i> 15 applications 2013/2014: 16 applications
1.4 To achieve successful collaborations with researchers and community partners on projects that will lead to increased capacity and increased expertise in addictions research	Number of projects initiated that involve (a) community partners (b) researchers with relevant expertise who are new to substance use and addictions research <i>Benchmarks:</i> (a) 12 (b) 6 2013/2014: (a) 12 (b) 15
1.5 To improve access to data sets and platforms for addiction researchers	Number of data sets created, developed and/or maintained for use by BC researchers <i>Benchmark:</i> 7 2013/2014: 17



2

KEY RESULTS AREA: *To Engage Academic Expertise*

“To capitalize on the resources of BC universities—through the recruitment of high-calibre graduate and postdoctoral students from multiple relevant disciplines—to assist us in the study of substance use, addiction and harm reduction.”

HIGHLIGHTS

A major development over the past few months has been our successful internal UVic bid to host a Canada Research Chair at the Centre. Our bid made it past 10 other applications and the position (intended for an early career scientist specialising in addictions, harm reduction and substance use related research) has been advertised nationally and internationally. The successful applicant will have to prepare a description of their planned research for approval by CIHR. The earliest start date is likely July 1, 2015. A contribution of \$100,000 from Island Health for graduate student scholarships to be associated with this new position was one of the key features of our proposal which helped it win through. The successful applicant will be appointed a Scientist within the Centre and a tenure track faculty at the Assistant/ Associate Professor level within the faculty of Human and Social Development, with the possibility of a cross appointment in Social Sciences.

It has also been encouraging that the growth in graduate students affiliated with the Centre and working under supervision of Centre Scientists has continued. We were able to identify 38 students working under CARBC supervision or co-supervision, most were graduates and most were studying at the University of Victoria.

Table 2: Performance Indicators for Key Result Area 2 (Engaging Academic Expertise)

OBJECTIVE	PERFORMANCE INDICATORS
2.1 To attract and retain high quality researchers from a broad range of disciplines to the BC substance use and addictions field	<p>Maintain or increase number of PhD-qualified researchers and affiliates within CARBC each year</p> <p>Maintain or increase number of postdoctoral fellows with CARBC</p> <p><i>Benchmarks: 11/3</i> <i>2013/2014: 12/3</i></p>
2.2 To attract and retain high quality students from a broad range of disciplines to the BC substance use and addictions field	<p>Maintain or increase number of CARBC students under supervision per year</p> <p><i>Benchmark: 14</i> <i>2013/2014: 38 graduate and 4 undergraduate</i></p>
2.3 To provide training opportunities and programs for the development of additional research skills among CARBC staff, students and affiliates, taking advantage of existing opportunities through CIHR and research partners	<p>Contributions to graduate research training programs within CARBC and also university departments at UVic and other BC universities</p> <p>Contribute to graduate training in SDHR program at UVic</p> <p><i>Benchmarks: 4/8</i> <i>2013/2014: 10/8</i></p>
2.4 To provide mentorship to new researchers and support to existing researchers across a range of community settings	<p>Attract new substance use researchers to work on CARBC projects under supervision</p> <p><i>Benchmark: 6 per year</i> <i>2013/2014: 9</i></p>



3

KEY RESULTS AREA: *Implementation of Quality Research*

“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

One feature indicative of the broadening scope of CARBC research and knowledge exchange is the evident growth in studies focusing on the study of treatment systems and also innovative intervention programs. These nicely complement studies on the epidemiology of substance use and population level policy interventions. In this section we feature three stand out projects which are interdisciplinary and broaden their scope: a nationwide valuation of Managed Alcohol Programs, an in-depth investigation of the BC addictions treatment system and a study of stigma and social vulnerability among sex workers.

RESEARCH PRIORITY 1

SUBSTANCE USE PATTERNS AND RELATED HARMS

CARBC PROJECTS

Alcohol, Energy Drinks and Other Stimulants: an Emergency Room Study Assessing the Effects of Gender, Context and Substance Use on Injury Risk

Investigators: Stockwell, T. (PI), Cherpitel, C. (co-PI), Macdonald, S., Brubacher, J., Brache, K., Zhao, J. & Maclure, M.

Funding body: Canadian Institutes of Health Research operating grant, \$522,556 from 2012 to 2016.

Background: There is increasing concern about the role of energy drinks with alcohol as contributors to increased risk taking behaviour and related injuries. This study is applying a methodology previously used extensively by the research team to assess injury risk from alcohol consumption among individuals attending emergency departments to explore whether consumption of energy drinks adds to further risk. Approximately 4,000 Emergency Room (ER) attendees will be interviewed and relative risk assessed both by using injured individuals as their own controls (case crossover design) and also individuals presenting to the ER with illnesses as controls (case-control design). The differential effects of gender, age, personality and setting will be examined. In addition to assessing the risk of combining alcohol with energy drinks other alcohol/drug combinations will be assessed with a focus on other stimulants such as amphetamines and cocaine.

Progress to date: Data collection has commenced at the Royal Jubilee Hospital in Victoria and St. Paul's and Vancouver General Hospital in Vancouver and is progressing smoothly.

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

Investigators: Chikritzhs, T. (PI), Stockwell, T. [Co-I], Zeisser, C. & Zhao, J.

Funding body: US National Institutes of Health

Background: This is a collaborative work that was led by Dr. Kaye Fillmore from the University of California, San Francisco campus until her death in early 2013. It was initially funded for a two-year period by a prestigious Challenge Grant from the US National Institutes of Health. Following this, 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 focuses 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 2013/2014 we completed a systematic review and meta-analysis on alcohol use and breast cancer that has been submitted for publication. The study supported the view that even low levels of alcohol use are associated with a significant increase in risk of breast cancer. We are currently preparing a meta-analysis on alcohol use and both all-cause mortality and coronary heart disease.



Tim Stockwell



Cheryl Cherpitel



Scott Macdonald



Jeff Brubacher



Kristina Brache



Cornelia Zeisser



Jinhui Zhao

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 summarized as part of a dissertation. Two journal articles have also been published.

Alternative Measures of Alcohol Use Across Adolescence and Emerging Adulthood: Implications for Predicting Alcohol-related Problems

Investigators: Thompson, K.

Funding body: Canadian Institute of Health Research

Background: The use of alternative alcohol indices in developmental research may generate conflicting findings in the literature. This study examined the longitudinal associations among four dimensions of alcohol involvement from age 15-25 and compared their ability to predict alcohol-related problems in emerging adulthood. Four dimensions of alcohol use were compared: frequency, quantity, heavy episodic drinking and volume. The findings showed that while correlated over time, dimensions of alcohol involvement significantly differed in their average rate of growth and in the prediction of alcohol-related problems in emerging adulthood. Using measures of heavy episodic drinking and volume may improve our understanding of how alcohol use and alcohol-related problems unfold over the course of adolescence and emerging adulthood. However, reliance on drinking frequency as a sole consumption may be problematic.

Progress to date: Two papers have been prepared for publication, one has been accepted to date. Dr Thompson received her Ph.D. in September 2013 and was highly commended by the committee.

How much do people under report their drinking in surveys and by how much?

Investigators: Stockwell, T., Zhao, J. & Macdonald, S.

Funding Bodies in 2013/2014: BC Mental Health Foundation, BC Provincial Health Services Authority and the BC Ministry of Health

Background: It has long been established that people greatly underreport their alcohol use when responding to surveys. This has been established by comparing amounts reported with estimates of average consumption based on sales and population data. We used whether alcohol consumption was reported for the day immediately before the interview as a way of validating self-reported drinking frequencies in different groups and comparison with sales data to estimate how underreporting varies by gender, age and self-reported volume of consumption.

Progress to date: The methodology has now been published in a journal and a companion paper is under preparation in which compliance with Canada's Low Risk Drinking Guidelines is re-estimated after applying these new methods for correcting drinking frequency and typical quantities.

BC Alcohol and Other Drug Monitoring Project

Investigators: Stockwell, T. (PI), Macdonald, S., Vallance, K., Chow, C., Buxton, J., Tu, A., Martin, G., Zhao, J. & Dorocicz, J.

Funding Bodies in 2013/2014: BC Mental Health Foundation, BC Provincial Health Services Authority and the BC Ministry of Health

Background: CARBC was awarded a contract from the Provincial Health Services Authority and Health Canada to pilot a comprehensive alcohol and other drug epidemiological monitoring system for Canada in 2007. Subsequently a number of other funding partners contributed to the full roll-out of this system for British Columbia and some elements were implemented in other Canadian provinces. 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.

Progress to date: Data on rates of hospital admissions and deaths from alcohol, tobacco and illicit drugs are reported on the project website for BC's 89 local health areas, 16 health service delivery areas and five health authorities. Data on per capita sales of alcohol are similarly reported across the province. More than 4,500 interviews have been completed since 2008 on high-risk populations of substance users in Victoria and Vancouver to monitor patterns of use, related harms and use of harm reduction services. Numerous journal articles, in-house statistical bulletins and reports have been prepared and disseminated. Datasets have been made available to faculty and graduate students at UVic as well as other post-secondary institutions. Source: BC Alcohol and Other Drug Monitoring Project (see www.AODMonitoring.ca)



Nicole Gillette and Sarah Leckie with their CARBC interview folders. Over the past 3 years, nearly 50 students from different disciplines have generously volunteered their time as interviewers for the High Risk Populations Monitoring Study.



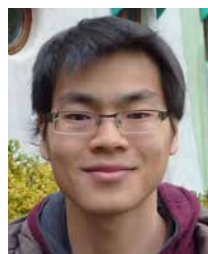
Kate Vallance



Clifton Chow



Jane Buxton



Andrew Tu



Gina Martin



Jinhui Zhao

CARBC AFFILIATED PROJECTS

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 Institute of Health Research

Background: Cannabis is the most commonly used illicit drug in Canada and many drivers, especially young adults, report driving after using cannabis. Although there is abundant experimental evidence that cannabis, either alone or in combination with alcohol, impairs the psychomotor skills required for safe driving, epidemiological data on the contribution of cannabis to car crashes is mixed. This uncertainty hinders the ability of traffic safety policy makers to develop effective, evidence based, traffic laws or road safety campaigns targeting people who drive while impaired by cannabis. The primary objective of the study is to determine whether injured drivers who used cannabis before an MVC 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 cannabis.

Progress to date: The study has been launched in trauma centres across BC. We have collected data from approximately 1,000 injured drivers. Our goal is to obtain data from 3,000 injured drivers.

Cross-National Analysis of Alcohol and Injury

Investigators: Cherpitel, C.

Funding body: National Institutes of Alcohol Abuse and Alcoholism

Background: The study consists of a cross-national analysis of admissions for alcohol and injury at emergency departments in 30 countries.

Progress to date: This grant has been funded for another five years, with continuing analysis of alcohol and injury. Analysis is focusing on the risk of injury from alcohol, controlling for context of drinking and injury and the impact of regional/local policies on prevalence and risk of alcohol-related injuries across ERs in 30 countries.



Cheryl Cherpitel

Investigating and addressing injection drug use and other harms among street-involved youth: The ARYS Project

Investigators: Debeck, K., Brook, A., Wood, E. (PIs), Buxton, J., Hadland, S., Harrigan, P., Strathdee, S., Kerr, T., Shoveller, J., Shannon, K., Tyndall, M., Montaner, J. & Roy, E. (Co-Is)

Funding body: Canadian Institute of Health Research , Operating Grant

Background: The At Risk Youth Study (ARYS) is a study of risk factors related to drug use among high risk youth, being conducted by researchers at the BC Centre for Excellence in HIV/AIDS. The project involves participation of over 500 young drug users who live in the Vancouver area. The aim of the study is to evaluate the rates and correlates of initiation into injection drug use among high-risk youth. In addition to the project's goal ARYS:

- identifies social demographic and behavioural determinants in participants who have recently tested HIV positive
- provides ongoing information and support to community members, service providers and government ministries involved in combating health and social problems among street youth
- informs interventions to address issues and gaps in service and treatment

Alcohol Use during the Transition to Parenthood: Links with Domestic Violence and Relationship Distress

Investigators: Woodin, E.

Funding body: Social Sciences and Humanities Research Council

Background: The problematic use of alcohol places both men and women at increased risk for problems in their intimate relationships, including domestic violence and relationship distress. Although overall rates of alcohol use decline for most couples during the transition to first-time parenthood, previous research has demonstrated that problematic alcohol use increases significantly for both men and women after childbirth. The purpose of the current study was to examine trajectories of alcohol use and misuse in a sample of 100 couples experiencing the transition to parenthood. Alcohol use during pregnancy was significantly predicted by pre-pregnancy alcohol use for both men and women, and older age and less acceptance of the pregnancy were also significant multivariate predictors of women's alcohol use during pregnancy. Further, alcohol misuse was a significant longitudinal predictor of domestic violence perpetration for both men and women across the transition to parenthood, and alcohol misuse was longitudinally related to partner relationship dissatisfaction, as well as to a greater risk of separation/divorce during the first two years of parenthood. Thus, the misuse of alcohol represents a significant and potentially modifiable risk-factor for relationship instability during a particularly sensitive developmental period.



Erica Woodin

Progress to date: Four waves of data spanning the prenatal to four-year postnatal time periods have now been collected. Two manuscripts have been submitted for publication regarding the prenatal and longitudinal associations between alcohol use and family functioning, and the data has also been presented at several research conferences.

RESEARCH PRIORITY 2

STUDIES OF THE NEUROSCIENCE AND LEARNING BASES FOR DRUG-SEEKING BEHAVIOUR

CARBC AFFILIATED PROJECTS

Examining the Effects of Alcohol Misuse on the Neuropsychological and Neuropathological Outcome from Traumatic Brain Injury: A Longitudinal Study.

Investigators: Lange, R. (PI). **Brubacher, J.**, Iverson, G., Madler, B., Heran, M., McKay, A. & Andolfatto, G.

Funding body: Canadian Institute of Health Research , Operating Grant

Background: Traumatic brain injury (TBI) is a leading cause of death and disability in persons under the age of 50 and alcohol misuse is a significant risk factor. Between 37-53% of patients presenting to the emergency department with a TBI are intoxicated. Day-of-injury alcohol intoxication has significant implications for the diagnosis, management, treatment, and recovery from TBI. Patients who are intoxicated at the time of injury are more difficult to manage and treat, have a slower acute recovery, and place an increased economic burden on the health care system. However, the mechanism for these effects is poorly understood. Some researchers have suggested that patients who are intoxicated at the time of injury experience an increased magnitude of brain injury due to a variety of negative physiological responses to ethanol (e.g., hemodynamic and respiratory depression). Others have suggested that worse outcome following intoxicated-TBI simply reflects the negative effects of pre-injury alcohol misuse that is common in these patients. The diagnostic, management, and treatment implications of these two explanations are vastly dissimilar. A greater understanding of their relative contribution to TBI outcome will facilitate the development of more effective treatment and rehabilitation options for these patients.



Jeff Brubacher

The objective of this project is to disentangle the contributions of day of injury alcohol intoxication and pre-injury alcohol misuse on outcome from TBI. We will study outcome from TBI during the first 12 months post-injury (i.e., the most critical period of the recovery trajectory) using a multidisciplinary approach that examines neurocognitive (e.g., attention, memory), neurobehavioural (e.g., emotional and quality of life factors), and neuropathological (i.e., white matter integrity in the corpus callosum) outcome variables.

Progress to date: We are recruiting participants and on track to meet our recruitment objectives.

RESEARCH PRIORITY 3

EDUCATIONAL, LEGISLATIVE AND REGULATORY STRATEGIES

CARBC PROJECTS

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 at or 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: An article was published in the journal *Accident Analysis and Prevention* indicating fatal alcohol related crashes decreased by 40% after the new laws were introduced. The project is now completed.



Gina Martin

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. New data were 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. These were combined with data on the location of government and various types of private liquor stores, bars and restaurants, socio-demographic, economic, health and crime data specific to each local health area. Analyses focused on whether health and crime outcomes responded to changes in price and liquor outlet density.

Progress to date: A number of 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 increased alcohol-related mortality, morbidity and crime.

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

Investigators: Stockwell T. (PI), Auld, C., Brennan, A., Buxton, J., Giesbrecht, N., Macdonald, S., Meier, P. & Thomas, G.

Funding body: Canadian Institute of Health Research

Background: 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 were 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 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 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: This project has generated five peer-reviewed journal articles, one book chapter and a CARBC technical report. The research findings have been widely publicised especially in the United Kingdom and Australia where minimum pricing policies are being actively discussed and considered by government.

CARBC AFFILIATED PROJECTS

Evaluation of Traffic Safety Interventions in British Columbia.

Investigators: Brubacher, J. (PI), Schurman, N., Macdonald, S., Purssel, R., Brasher, P., Desapriya, E., Pike, I. & Asbridge, M.

Funding body: Canadian Institute of Health Research , Operating Grant, \$149,868, from 1 April 2012 to 31 March 2014.

Background: Motor vehicle crashes (MVCs) are the leading cause of death for young adults. Each year in Canada, 125,000 MVCs result in over 12,000 serious injuries and 2,400 fatalities. The societal costs of MVCs in Canada (2004) were estimated at \$63 billion. The British Columbia (BC) road fatality rate (8.1 per 100,000 people), is above the national average (7.3), and far higher than in countries with the safest roads (e.g. Netherlands - 4.3). Preventable driver factors, especially speeding, impaired driving and distracted driving, play a role in most fatal or injury crashes. Laws targeting unsafe driver behaviour are one of the most effective ways of reducing crashes. In 2010, BC amended its Motor Vehicle Act to include the strongest laws against unsafe driver behaviour in North America. These laws were subject to a court challenge and some sections of the new laws were ruled unconstitutional (Nov 30, 2011) and are now on hold pending additional amendments to BC's Motor Vehicle Act. This situation is being watched closely by other provinces. Alberta passed similar legislation (Dec 6, 2011). Alberta's new laws have come into effect and are also meeting resistance. Given this rapidly evolving situation, BC's new traffic laws must be objectively evaluated in a timely fashion. Our team will work closely with government and community road safety stakeholders to evaluate process and outcome with attention to how implementation and contextual factors may modify the outcome. Our results will inform BC's road safety strategy and will be relevant for road safety policy makers and stakeholders from Alberta and other jurisdictions.

Progress to date: One paper has been published, another has been accepted for publication in the American Journal of Public Health, and a third is under review.



Tim Stockwell



Jane Buxton



Norman Geisbrecht



Scott Macdonald



Gerald Thomas



Jeff Brubacher

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

Investigators: Walsh, Z. (PI), Capler, R. & Lucas, P.

Funding body: Peter Wall Solutions Initiative

Background: A community-based research project to assist the Canadian Association of Medical Cannabis Dispensaries (CAMCD) 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. The program has been renewed for a third year and the evaluation program is underway. We have worked with CAMCD to develop standards for dispensaries and are now supporting efforts to integrate services between dispensaries and newly established licensed producers of cannabis to help ensure continuity of care for patients.



Zach Walsh



Rielle Capler



Philippe Lucas

RESEARCH PRIORITY 4

COMMUNITY-BASED PREVENTION PROGRAMS

CARBC AFFILIATED PROJECTS

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

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 lawmakers, policymakers and program funders. Improve the media images of our community and youth.

Progress to date: Several community events, conference presentations and papers have been completed.



Scott Macdonald

A Mixed Method Evaluation of the Impact of the Dr. Peter Centre on Health Care Access and Outcomes for Persons Living with HIV/AIDS Who Use Illicit Drugs.

Investigators: Barrios, R., Hogg, R. (PIs), & Pauly, B. (Co-I).

Funding body: Canadian Institute of Health Research , Partnership for Health System Improvement Grant

Background info: The availability of highly active antiretroviral therapy (HAART) has produced significant health benefits for persons living with HIV/AIDS. Unfortunately, many people living with HIV/AIDS face substantial barriers to accessing and adhering to HIV-related health care and support services, and typically experience sub-optimal treatment outcomes, even in British Columbia, where HIV treatment is free of charge. The focus of this study is to determine the effectiveness of integrated health care and harm reduction programming on HIV/AIDS-related outcomes for people living with HIV/AIDS who face multiple and complex barriers to optimal treatment experiences. The study will be conducted at the Dr. Peter Centre, which offers low barrier access to services including services that reduce environmental risk factors and drug-related harms for people living with HIV/AIDS.

Progress to date: Preliminary data for both the Dr. Peter Centre clients and controls has been analyzed and presentations on this data have been done within the research team at a national AIDS conference. Significant work has been undertaken to develop guidelines for and implementation of peer researchers. The protocol for quantitative data collection has been finalized and implemented, and this component of the study formally launched in February 2014. The qualitative protocol is currently under development.



Bernie Pauly

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 Institute 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, has recruited over 700 MSM participants using respondent driven sampling guided by formative research on local social and sexual networks. This work has now been published in the journal *Culture Health and Sexuality* (DOI: 10.1080/13691058.2014.881551). Papers and posters based on the present sample have also been accepted for presentation at the Canadian Conference on HIV/AIDS Research, May, 2014, St. John's Newfoundland.



Eric Roth



Warren Michelow

Population Health Interventions to End Homelessness

Investigators: Hwang, S. (PI), Aubry, T., **Benoit, C.**, Dunn, J., Farrell, S., Hoch, J., Hubley, A., Hulchanski, J., Klodawsky, F., Maclaurin, B., Palepu, A., Shapcott, M., Stergiopoulos, V. & Worthington, C.

Funding body: Canadian Institute of Health Research

Background: Local coordinators are continuing to identify and code key documents, including municipal Homeless Action Plans (HAPs), public consultation reports about the HAPs, progress or evaluation reports, National Homelessness Initiatives (NHI) and Homeless Partnership Strategies (HPS) reports, other municipal policy documents related to HAPs, reports written by community organizations involved in homelessness and housing issues, and provincial and federal policy statements or documents about homelessness and housing issues. Abra Adamo, Lead Researcher and National Coordinator, Population Health Intervention Studies, Homelessness Policy Study at the University of Ottawa, has asked site coordinators to review the history of HPS funding which provides a conceptual framework for policy directions that have informed past and current HAPs or community plans.



Cecilia Benoit

Progress to date: The document and transcript coding have been finalized and a systematic review and synthesis of the data collected across the four cities is underway. All key informant interviews are now complete and transcribed in all 4 cities. Coordinators are in the process of coding their interview transcripts in NVivo.

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 Institute 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.



Amy Salmon

Progress to date: Final report has been completed.



Jane Buxton



Bernie Pauly

RESEARCH PRIORITY 5

TREATMENT SYSTEMS AND PROGRAMS

FEATURED PROJECT

Evaluation of Canadian Managed Alcohol Programs (MAPs)



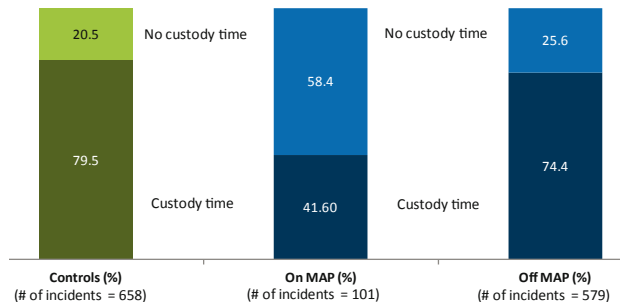
Managed Alcohol Programs (MAPs) operate in several parts of Canada, though to date only one evaluation has been published. This harm reduction approach is increasingly being considered in Canada as a response to the harms of unstable housing and severe alcohol problems that have not been responsive to abstinence-based treatment. Related motivation is to encourage reduced use of non-beverage sources of alcohol such as methylated spirits, rubbing alcohol, hand sanitizer and mouthwash. The *Managed Alcohol Programs: Evaluating Effectiveness and Policy Implications* study will rigorously evaluate MAPs in Canada and generate insights into the implementation of MAPs. The results of this research will be used to reduce unintended negative consequences of MAPs and inform the development of program and policy recommendations. Four managed alcohol programs in Ontario and one in British Columbia form part of the study and we have additional study collaborators in British Columbia, Ontario, Alberta, Manitoba and Nova Scotia.

"Before I came here, I wouldn't care what I was wearing or what I ate. I used to crawl into dumpsters, get something to eat, start drinking anything too, cause, this really helped me and really opened my eyes to see what I was doing to myself, and ever since I've been goin' in and out of the hospitals and basically just sticking with the program, been helping a lot."

—Thunder Bay MAP Participant

Findings from our recent evaluation of the MAP in Thunder Bay indicated that the objectives of the program to reduce harm and improve quality of life for MAP program participants were being met. This success was evidenced by the overall pattern of improvement in formal indicators related to housing, mental and physical well-being, reductions in alcohol related harms, decreasing non-beverage alcohol (NBA) use and more stable patterns of alcohol consumption. Further, the observed substantial reductions in hospital admissions and times in police custody indicate substantial economic savings for the local community. The MAP participants reported reductions in rates of police contacts, hospital admissions and detoxification admissions of between 40%-80%. There was also a reduction of NBA use and although some use did continue it was at a lower level. An overarching achievement of the program was the creation of a safe and stable environment reported by participants in both qualitative and quantitative data. This was striking and stands in sharp contrast to the harms this population is exposed to on the street. The safety and stability provided by the program also enabled many participants to reconnect with family members and have greater feelings of self-worth and well-being. This MAP site will also form part of the national evaluation currently underway.

FEATURED PROJECT (Cont'd)

Police contacts for MAP participants on and off the MAP program (n=13) and controls (n=12)

"I used to go steal that mouthwash just to try and feel – get myself to feel better. I used to do that. I was in and out of jail. Ever since I've moved here, I haven't even had any police contact."

—Thunder Bay MAP Participant

CARBC PROJECTS

Pilot Evaluation of a BC Managed Alcohol Program

Investigators: Stockwell, T., Pauly, B., Chow, C., Vallance, K., Hacksel, C. & Joe, R.

Funding body: Vancouver Coastal Health

Background: This project involved baseline three-month and six-month assessments of a small number of individuals participating in a Vancouver-based BC MAP covering physical health, mental health, patterns of alcohol use and use of services.

Progress to date: The final report has been submitted to Vancouver Coastal Health Authority and Portland Hotel Society and a CARBC Bulletin is available on our website.

An evaluation of the Kwae Kii Win Centre Alcohol Management Program, Thunder Bay, Ontario.

Investigators: Stockwell, T. (Co-PI) Pauly, B. (Co-PI), Chow, C., Perkin, K., Vallance, K., Hajdu, P. & Kryswaty, B.

Funding body: Shelter House, Thunder Bay, \$37,540, February to December 2013.

Background: This study served as both a pilot for a national CIHR-funded project (see below) and as a standalone, commissioned valuation funded by Shelter House. A total of 18 participants in the Kwai Kii Win Managed Alcohol Program (MAP) and 20 control participants in a nearby shelter were interviewed and gave consent to have their police and health records accessed for the project. The study sought to examine whether participation in the MAP was associated with improved health and well-being as well as reductions in police and emergency health service contacts.

Progress to date: The project was completed on schedule and a report delivered to the funding agency that was released in March 2014. Local presentations were made to the Thunder Bay Council and local stakeholders. The report was widely covered in the media.

Managed Alcohol Programs: Implementation and Effectiveness

Investigators: Pauly, B., Stockwell, T., De Pape, D. (PIs), Evans, J., Hacksel, C., Haigh-Gidora, I., Hajdu, P., Jafari, S., Joe, R., Layman-Pleet, D., Melanson, P., Muckle, W., Muckle, J., Power, J., Saini, M., Semogas, D., Smith, K., Stergiopoulos, V., Svoboda, T., Van Zoost, C. & Zhao, J. Also with: Clifton Chow, Bonnie Kryswaty, Kathleen Perkin, Kate Vallance & Ashley Wettlaufer

Funding bodies: Canadian Institute of Health Research Partnerships for Health System Improvement grant, \$599,952, July 2014 to March 2017. This includes \$100,000 funding from the Michael Smith Foundation for Health Research. Vancouver Coastal Health is contributing additional funds.

Background: In Toronto, a Managed Alcohol Program (MAP) was initiated following a coronial enquiry into the freezing deaths of problem drinkers who had been denied access to shelter accommodation. Emulated in four other sites, MAPs involve the provision of accommodation alongside controlled access to alcohol to replace non-beverage alcohol and reduce heavy drinking episodes for individuals otherwise resistant to abstinence treatment. These programs still attract scepticism and controversy. This project aims to provide a rigorous evaluation of health and social outcomes for 200+ program participants across five Canadian MAP sites in comparison with 200+ similar individuals drawn from nearby non-MAP agencies. Benefits, potential harms and best practices will be investigated by accessing health and police records, conducting brief interviews monthly for up to 2 years and in-depth interviews with clients and program staff.

Progress to date: A pilot project was completed in Thunder Bay, Ontario to refine protocols. Ethics approvals have been applied for at each of the five sites as well as consent from local police and health agencies to access records. Site visits from the research staff have occurred to finalise procedures and a national project meeting was held in Toronto in November 2013. Qualitative data have been collected in Ottawa, Hamilton and Thunder Bay from both residents and staff. Baseline surveys have been finalized. A Managed Alcohol Program (MAP) community of practice has been established as an ongoing knowledge translation strategy.

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

Investigators: Pauly, B., MacCall, J. (Co-PI's) & 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: Data analysis is complete. We hosted two BC policy forums where we shared findings and discussed recommendations with peers, front-line nurses, nursing managers and educators. The work has been presented at national and international conferences. Project recommendations have been published in a CARBC bulletin. We have held two lunch and learns in collaboration with Society of Living Intravenous Drug Users (SOLID) to present the findings. We have one paper under review and two more in development.

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, a 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: The literature review and key informant interviews for this project have been completed and published by the BC Ministry of Health. One paper for publication is under development. The standards and guidelines for intensive case management have been finalized by the BC Ministry of Health and are due to be published in spring, 2014.

Needs-based Planning of Substance Use Treatment Services in British Columbia (NEW)

Investigators: Macdonald, S., Slaunwhite, A. & Joordens, C.

CARBC is developing a needs-based planning model to assess potential demand for substance use services in British Columbia. This project will aim to better understand current use of services across the province to identify gaps and opportunities to enhance the continuum of care. Demand will be estimated by triangulating several data sources within Local Health Areas, using demographics, the Canadian Community Health Survey (2012), and alcohol sales data. The project involves collaboration with the Health Authorities who will be able to use this information for planning. We hope to conduct a comprehensive survey of public and private substance use service agencies in BC to better understand variations in the types, continuum of services, and demand for treatment.

Progress to date: Numerous meetings have taken place with the Ministry of Health and representatives of the Health Authorities, that have supported the project. We have assembled a preliminary list of substance use agencies in BC with treatment related programs, and are working to obtain the data necessary to model B. Rush's need-based planning model for BC.



Bernie Pauly



Scott Macdonald



Amanda Slaunwhite



Chantele Joordens

Need-Based Planning of Substance Use Treatment Services in British Columbia

Investigators: Macdonald, S., Slaunwhite, A. & Joordens, C.

Primary Research Objective: The primary objective of this research program is to provide a cohesive summary of estimated demand, need, and current use of substance use treatment services in BC. By focusing on need and demand – as well as the current capacity and use of treatment services – we will have an improved understanding of what gaps exist within the current treatment system; population-specific challenges in service delivery; and opportunities for service improvement.

Research Projects: There are three components to this research program: 1) Needs-based Planning, 2) Inventory of Substance Use Treatment Services, and 3) Survey of Treatment Providers. In addition to the core research activities outlined, knowledge exchange tools will be designed to disseminate the results of the research program on the CARBC website, as well as publish the results in peer-reviewed journals wherever possible. In addition, representatives from the Health Authorities have been engaged from the very beginning, ensuring that the results of the studies are communicated within the five Health Authorities and inform planning efforts.

1. Needs-based Planning

The goal of this project is to use Rush's needs-based planning model to predict potential need for services among the population for BC, and better understand current use of services across the Province to identify gaps and opportunities to enhance the continuum of treatment services. Estimates of potential need for treatment services will be inputted using Rush's need-based planning model (2013) drawing on the 2012 Canadian Community Health Survey. In addition, social indicators as well as relevant consumption data will be modelled to identify Local Health Areas with populations that have above average vulnerability to substance use related problems.

2. Inventory of Substance Use Treatment Services

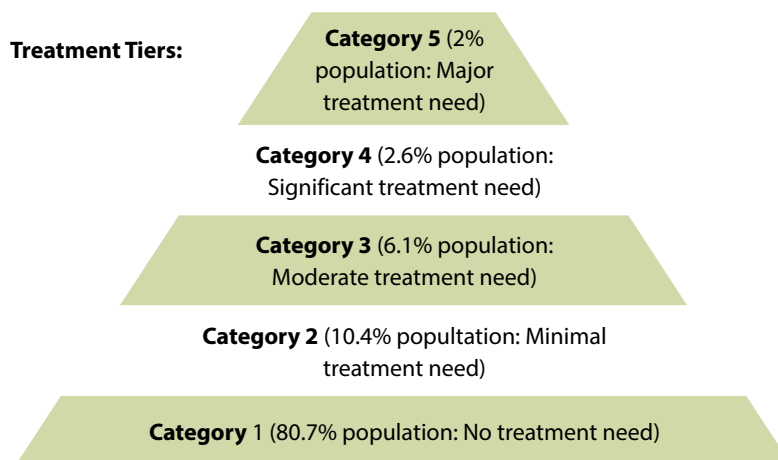
We are developing a comprehensive inventory of public and private substance use treatment services, programs, and related organizations across BC. Data were obtained on agency descriptions of services acquired from mixed sources (e.g., websites, materials) and have been coded qualitatively.

3. Survey of Treatment Providers

The goal of this project is to conduct a comprehensive survey of public and private substance use service agencies in BC to better understand variations in the types, continuum of services, and demand for treatment.

The survey will be available on the internet, by mail, and by telephone. We will begin the survey following completion of the needs-based planning project in September 2014.

Treatment Tiers:



Progress to date: Numerous meetings have taken place with the Ministry of Health and representatives of the Health Authorities that have supported the project. We have assembled a preliminary list of substance use agencies in BC with treatment related programs, and are working to obtain the data necessary to model B. Rush's needs-based planning model for BC.

Primary Care, Alcohol-Related Harm, and Treatment for Alcohol-Attributed Diseases in British Columbia

Investigator: Slaunwhite, A. (Supervisor: Dr. Scott Macdonald)

Funding Bodies: Canadian Institutes for Health Research; Western Regional Training Centre for Health Services and Policy Research (UBC); CARBC

Background: This study consists of three separate projects (manuscripts) that work to improve our understanding of longitudinal trends in primary care utilization for alcohol-attributed diseases (AADs); the experience of treating AADs in rural and remote areas of BC from the perspective of family doctors, and the geography of alcohol-related harm in BC. Each project utilizes different data including physician billing records; original survey data, and qualitative data obtained from study participants.



Amanda Slaunwhite

Progress to date: Survey data has been collected from family doctors, and administrative (MSP data) has been obtained from PopDataBC. We are in the process of analyzing data and producing 3+ manuscripts outlining the findings of these seminal studies that will provide foundational knowledge on the impact of changes to alcohol consumption/distribution to primary care utilization in BC.

CARBC AFFILIATED PROJECTS

A Randomized, Double-Blind, Controlled Pilot Study of MDMA-assisted Psychotherapy in 12 Subjects with Treatment-Resistant Post Traumatic Stress Disorder (PTSD)

Investigators: Pacey, I. (PI), Feldmar, A.

Funding Body: Multidisciplinary Association for Psychedelic Studies (MAPS) (USA)

Purpose: PTSD is a debilitating psychiatric disorder arising after a traumatic life event that is associated with high rates of psychiatric and medical comorbidity, disability, suffering, and suicide. Despite the sheer number of individuals suffering from PTSD and its devastating effects, questions remain concerning the best possible treatments. At least a third of PTSD patients fail to respond to established PTSD psychotherapies or do not respond in a clinically significant manner. The purpose of this small pilot study is to provide information on whether the combination of psychotherapy with the drug MDMA is safe and helpful for people with PTSD. The researchers will use the results of this study to design more studies of this treatment.

Progress to Date: The study site is ready to initiate therapy sessions and the MDMA is in storage at the designated pharmacy. The study is currently in the subject pre-screening phase.

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

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

Funding body: Canadian Institute of Health Research, 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 resulted in the completion of a study instrument. Eric Roth was the team leader for producing the questionnaire section on substance use, working with Dr. Eliza Lloyd-Smith and Ms. Allison Carter, MPH, both of the BC Centre for Excellence in HIV/AIDS. This section was completed successfully, and the project started collecting data this fall.

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 the University of British Columbia.

Progress to date: Data collection is complete and two peer reviewed articles have been published.



Lynne Belle-Isle

Medical Cannabis and Arthritis - Barriers and Pathways

Investigators: Walsh, Z., Shojania, K., Holtzman, S. & Koehn, C.

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

Background: Co-researcher (Zach Walsh, PI) in a community-based study examining cannabis use among arthritis patients in Canada. The primary focus of this study is to identify barriers and facilitating factors related to the adoption of medical cannabis among arthritis patients in Canada. The project is a partnership between researchers, the Arthritis Research Center and Arthritis Consumer Experts. This study is affiliated with the University of British Columbia.

Progress to date: Data collection is underway.



Zach Walsh

Equity Oriented Primary Health Care Interventions for Marginalized Populations: Addressing Structural Inequities and Structural Violence.

Investigators: Browne, A., Varcoe, C., Ford-Gilboe, M. (Co-PIs), Pauly, B., Campbell, P., Godwin, O., Jackson, B., Krause, M., Littlejohn, D., Pahal, P., Varley, L., Wallace, B., Ward, C., Whynot, E., Herbert, C., Lavoie, J., MacDonald, M., Syme, V., Tu, D., Wathen, N. & Wong, S. (Co-Is).

Funding body: Canadian Institute of Health Research

Background info: *Equity-Oriented Primary Healthcare Interventions for Marginalized Populations: Addressing Structural Inequities and Structural Violence* (EQUIP) seeks to contribute new knowledge about innovative primary healthcare interventions to mitigate the effects of structural inequities and structural violence for marginalized populations, and the policy environments needed to support such programming. The focus of the research is the impact of an intervention for staff working at primary healthcare clinics working with marginalized populations. The intervention includes staff training on equity, cultural competence and trauma- and violence-informed care. The researchers will examine the effects of this intervention on changes in the way staff provide health care. This research is being conducted at two sites in BC (including Victoria) and two in Ontario.

Progress to date: The two phases of data collection at the BC sites are complete, and researchers are now doing preliminary analysis and planning for further data collection in BC and Ontario. Each site has received training in trauma informed care and site specific health equity interventions are being developed and implemented.

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

Investigators: Thomas, G., Lucas, P., Capler, R., Tupper, K. & Martin, G.

Funding body: Multidisciplinary Association for Psychedelic Studies (MAPS) British Columbia

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: Article from has been published in the journal: *Current Drug Abuse Reviews*.

LifeRing Canada: Member Survey of a Secular Peer Support Program for Sobriety

Investigators: Sotskova, A. & Woodin, E.

Funding body: University of Victoria Internal Research Grant

Background: Peer support groups (PSGs) for addiction recovery are the most common source for aftercare services once professional treatment has ended and a significant number of individuals who seek help for a substance-related problem only seek that help from peer support organizations. In the last two decades, a different culture of “recovery” from substance misuse has led to the emergence of new PSGs. However, very few research studies to date have examined how more recent, typically secular PSGs work, what aspects of them attract participants, and what participants find helpful about the groups. Further, very little is known whether theories that have been applied to clinical treatment, such as the Stages of Change model, apply to the peer support environment. LifeRing is a secular PSG that views substance misuse as a learned habit that can be changed through taking responsibility for one’s actions and actively engaging with sober peers. The proposed study will examine the demographics of LifeRing participants residing on Vancouver Island, how motivation to stay sober and active participation in the LifeRing program relate to participants’ perception of the organization’s meetings, and what LifeRing members find beneficial about attending the program. To examine these questions, the current study explored quantitative and qualitative data from 50 LifeRing participants residing on Vancouver Island.

Progress to date: Data is currently being prepared as part of a doctoral dissertation and eventual publication. Results from this study have also been presented at several research conferences.



Philippe Lucas



Alina Sotskova



Gerald Thomas



Erica Woodin

RESEARCH PRIORITY 6

SOCIAL DETERMINANTS AND CONTEXTS OF SUBSTANCE USE

FEATURED PROJECT



Gender Violence and Health: Contexts of vulnerabilities, resiliencies and care among people in the sex industry

Investigators: Benoit, C. (PI), Abel, G., Atchison, C., Davies, S., Goodyear, M., Hallgrimsdottir, H., Jansson, M., McCarthy, B., Pacey, K., Phillips, R., Reist, D., Roth, E., Shabna, A., Shannon, K., Shaver, F. & Spittal, P.

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

Sex workers are commonly described as being different from other workers because of their drug use and the presumed causal link between drug use and being a sex worker. But how true is this stereotype of sex workers as drug addicts? On this CIHR team grant we recently asked a diverse sample of 218 sex workers from across Canada about their drug use at work and in their personal life, their experience of discrimination and the impact of prostitution stigma on their self-esteem and feelings of self-worth. Results show that the vast majority never or rarely use alcohol or drugs just prior to serving a client. While weekly consumption of alcohol, marijuana and club drugs is common in sex workers' personal lives (as is the case for many working age people in our society), 90% do not consume cocaine/crack, crystal meth/speed, heroin, on a weekly basis.

"I think if a police officer knew you were a sex worker, like, to me, they would look at you like a drug addict, like they would look down on you."

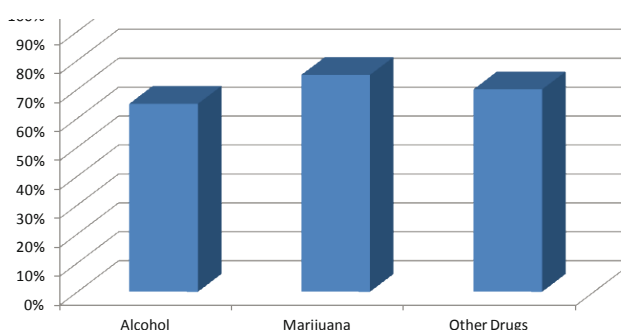
These data show that the substance use behaviour of this group of sex workers is not very different from some other groups of Canadian workers. So why do people in our society have this false impression of sex workers? Although drug use likely contributes to involvement in the sex industry in some cases, the societal disapproval of selling sexual services likely influences our impression of another stigmatized behaviour: use of drugs.

People who work in the sex industry are commonly constructed as "others" who exist in a distant, criminal world where the provisions and social rights expected in the "normal" world do not apply. Derogatory labels (e.g., addicted hooker, crack whore) are routinely used to describe them, and data from workers, customers, and the general public demonstrate the frequency, intensity, and saliency of these labels and stigma "colors all sex work".

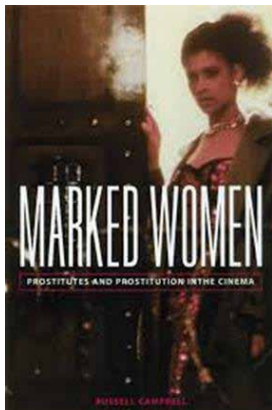
At least half of participants reported lifetime experiences of discrimination at school, work, on the street or in a public setting and from the police or in the courts. The perception of prostitution stigma is omnipresent among these sex workers.

This group who are vulnerable to moral condemnation are also least able to buffer themselves against the damaging impact of how people treat them. People in the sex industry are more likely to grow up in poverty and unstable circumstances, to be victims of neglect or abuse, to have limited education and poor economic prospects, and to have few resources to protect themselves against the damaging impact of how people treat them.

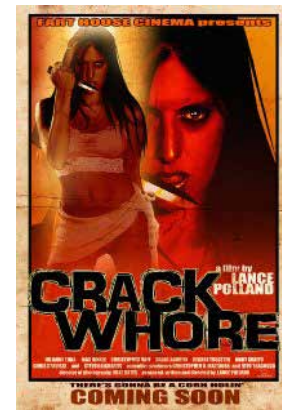
I Never or Rarely use...just prior to serving a sex client



FEATURED PROJECT (Cont'd)



"People [say], 'Oh, they're nothing but little drug using sluts'.... I want to say: 'No, I'm sorry, I'm not. I go to work, I pay taxes.' Like, back off and leave us alone."



Progress to date: We have conducted 218 interviews with sex workers in Victoria, Montreal, St. John's, Kitchener, Waterloo, Cambridge, Ft. McMurray and Calgary. We have also completed interviews with 30 couples that have at least one partner working as a sex worker, 61 managers of sex work establishments, over 1000 internet client surveys, and over 60 interviews with police and other outreach workers. A major national report is being prepared and a variety of knowledge exchange activities during 2014.

OTHER CARBC PROJECTS

Equity Lens in Public Health (ELPH) Reducing Health Inequities: The Contribution of Core Public Health Services in BC

Investigators: Pauly, B., MacDonald, M., Hancock, T. (Co-PI's), Ostry, A., George, A., Wharf Higgins, J., Marcellus, L., Hayes, M., Carroll, S. & Corneil, T.

Principal Knowledge User: O'Briain, W. Executive Director, Communicable Disease Prevention, Harm Reduction and Mental Health, BC Ministry of Health

Knowledge Users and Collaborators: Ardiles, P., Bass, L., Barnes, M., Bruce, T., Buchner, C., Campbell, J., Drasic, L., Duffell, R., Dyck, L., Easton, K., Huston, C., Jackson, B., Jiwani, B., Kwan, A., Lee, V., Makwana, J., Manson, H., Nevdoff, S., Parks, A., Pennock, M., Smith, S., Tatlock, J., Tong, S., Tyler, I. & Yarmish, K.

Funding body: Canadian Institute of Health Research

Background: In 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 10-year plan. 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: In 2013, we released the first version of the Health Equity Tools Inventory. There are few health equity tools for public health in the area of substance use. We have completed the concept mapping and are developing criteria to assess the practical utility of health equity tools. We completed a preliminary analysis of health authority documents in relation to health equity as a priority and health equity strategies being employed to address mental health promotion and harms of substance use. Phase 1 interviews with senior public health and public health practitioners is complete and analysis underway. We will be launching a social network analysis to assess networks in prevention of harms of substance use in Summer, 2014. We awarded one doctoral and one masters fellowship during the past year. For more info go to www.uvic.ca/elph

Rural MSM/Gay Men on Vancouver Island

Investigators: Roth, E. & Birch, R.

Funding body: UVic, 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.



Eric Roth



Robert Birch

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 took place this spring/summer and provided data for one master's degree student in anthropology.

The Effects of Educational Pathways on Developmental Shifts in Alcohol use

Investigators: Thompson, K.

Funding body: Canadian Institute of Health Research

Background: This study examined whether there are significant group differences in patterns of alcohol use between those following different educational pathways (no post-secondary education, 2-year college students, 4-year university students, and 2-to-4-year transfer students). The findings showed that those who attended college had significantly higher levels of binge drinking at the time of Post Secondary Enrolment (PSE) /compared to university and transfer students and university students showed the greatest increase in heavy drinking after enrolment. However, group differences between education groups were completely mediated by age of enrolment. Overall the findings showed that entry into any type of PSE results in an increase in alcohol consumption; however this increase is less for those who are older when they enroll. For individuals who do not attend PSE, they have started to decline in consumption by age 19. The findings suggest that alcohol interventions should target all adolescents in high school and those entering into PSE during emerging adulthood.



Kara Thompson

Progress to date: One journal article has been published and one is under review.

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., Ranftt, M. & Yurkowsky, J.

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: Resident and staff interviews have been analyzed and preliminary findings from both staff and resident interviews have been presented to the resident and staff advisory groups.

CARBC AFFILIATED PROJECTS

The Cedar Project: Exploring Vulnerabilities to HIV, HCV, and STIs Among Young Aboriginal People Who Use Drugs in Urban and Rural Settings.

Investigators: Spittal, P., Christian, W., Schechter, M. (PIs), Pauly, B.

Funding body: Canadian Institute of Health Research

Background: The Cedar Project is a longitudinal study investigating the high rates of HIV and Hepatitis C infection among young Aboriginal people. The researchers pay particular attention to the effects of having a parent or grandparent who attended a residential school, involvement with the child welfare system, and illicit drug use and look at the relationship between these factors and vulnerability to Hepatitis C and HIV infection.

Progress to date: This project has been active in Vancouver and Prince George, and a Kamloops site is being added. The study currently has 600 participants, and this is expected to increase with the addition of the Kamloops site.



Bruce Wallace



Bernie Pauly

RESEARCH PRIORITY 7

EVALUATION OF EFFECTIVENESS OF KNOWLEDGE TRANSLATION AND EXCHANGE ACTIVITIES AND STRATEGIES

CARBC PROJECTS

Building Capacity Among People Who Use Drugs: Reducing Stigma and Fostering Inclusion of Experiential Knowledge in Harm Research, Policy Development, and Service Delivery

Investigators: Pauly, B. (PI), Belle-Isle, L., Wilson, M. & Mollison, A.

Funding body: Canadian Institute of Health Research, HIV/AIDS Priority Announcement Planning Grant

Background: Harm reduction services, such as needle exchange services, supervised consumption sites and provision of safer crack smoking supplies, are essential health care services to prevent the harms of substance use for people who use illicit drugs. The stigma associated with illicit drug use has limited or slowed the development and implementation of harm reduction and primary health services for people who use drugs. One response is to strengthen the capacity of people who use illicit drugs, and who are subsequently at risk of HIV/AIDS, to participate in policy and program decisions that affect them. A primary activity of the grant is to facilitate people who use illicit drugs in organizing a national meeting for Canadian organizations of people who use drugs. The objective of the meeting is to build partnerships, collaborate in the production of a peer-based framework for the inclusion of people who use illicit drugs in research and policy and identify future research priorities. This is a unique opportunity for peer-run drug user organizations to further development of principles and practices for social inclusion and to develop partnerships for future research and policy work. The outcome of the two-day meeting, in October 2013, will be the production of a national report outlining peer-designed recommendations and effective practices for the meaningful inclusion of people who use illicit drugs in research and policy as well as future research directions.

Progress to date: The second national symposium of peer run organizations of people who use drugs was held October 16 and 17, 2013. The symposium was attended by representatives from 14 different peer-run organizations for people who use drugs from across Canada. The two symposia were planned, led and facilitated collaboratively with peers. The Canadian Association of People Who Use Drugs was reinvigorated and a national committee of peer-run organizations for people who use drugs established. A survey of peer-run organizations was conducted prior to the symposium. A national report of the meeting will be released in June, 2014 and two publications are underway related to the community capacity building and survey findings.



Bernie Pauly



Lynne Belle-Isle



Ashley Mollison

CARBC AFFILIATED PROJECTS

Opioid-Dependent Users on Methadone: A Knowledge Synthesis of Formal Interventions Aimed at Methadone Retention and Improved Health.

Investigators: Jackson, L., Davison, C. (PIs), **Buxton, J.**, Bailey, D., Dingwell, J., Dykeman, M., Gahagan, J., Gallant, K., Gossop, M., Hodder, S., Karabanow, J., Keough, F., Kirkland, S., Leonard, L., MacIsaac, C., Martin, F., Neves, K., Porter, C., Sketris, I. & Warren, D.

Funding body: Canadian Institute of Health Research , Knowledge Synthesis Grant

Background info: Realist review of the methadone treatment literature.

Progress to date: Ongoing. Knowledge synthesis completed and manuscript in preparation.

Table 3: Performance Indicators for Key Results Area 3 (Implementing Quality Research)

OBJECTIVE	PERFORMANCE INDICATORS
3.1 To conduct research on the patterns, distribution, determinants and consequences of substance use	Number of epidemiological projects initiated, ongoing and/or successfully completed each year in this area. <i>Benchmark:</i> 15 2013/2014: 19
3.2 To conduct research that is valued by stakeholders as being of high quality, responsive to emerging issues and relevant to public policy and practice	Number of CARBC special reports and commissioned reports focused on policy and practice. <i>Benchmark:</i> 5 2013/2014: 5
3.3 To identify key strategic research opportunities that will inform policy, practice, strategy development and implementation	Number of research projects initiated in response to emerging issues and opportunities that are consistent with this Plan. <i>Benchmark:</i> 5 2013/2014: 9

To conduct research in the following key priority areas:

3.4	<ol style="list-style-type: none"> Province-wide monitoring of alcohol, tobacco, gambling and other drug use patterns and related harms Studies of the neuroscience and learning bases for drug-seeking behaviour The impact of educational, legislative and regulatory strategies to minimize alcohol and other drug-related harms Development and evaluation of more effective community prevention programs Development and evaluation of more effective treatment systems and programs Investigation of the influence of structural determinants and the social contexts of drug use on the implementation of strategies designed to reduce and prevent harmful drug use Research and evaluation of effectiveness of knowledge translation and exchange activities and strategies 	<p>Number of research projects ongoing and completed <i>Benchmark: 10 2013/2014: 10</i></p> <p>Number of research projects ongoing and completed <i>Benchmark: 2 2013/2014: 1</i></p> <p>Number of research projects ongoing and completed <i>Benchmark: 6 2013/2014: 6</i></p> <p>Number of research projects ongoing and completed <i>Benchmark: 5 2013/2014: 5</i></p> <p>Number of research projects ongoing and completed <i>Benchmark: 8 2013/2014: 16</i></p> <p>Number of research projects ongoing and completed <i>Benchmark: 10 2013/2014: 6</i></p> <p>Number of research projects ongoing and completed <i>Benchmark: 5 2013/2014: 2</i></p>
3.5	<p>Develop and maintain significant collaborative projects with other researchers and research centres in BC working on harm reduction, substance use and related areas</p>	<p>Number of collaborative projects with other BC-based researchers and research agencies each year <i>Benchmark: 20 2013/2014: 31</i></p>
3.6	<p>Develop and maintain research projects that engage researchers from several relevant disciplines and which integrate different disciplinary perspectives</p>	<p>Number of collaborative projects involving multi-disciplinary participation with individuals and other centres both at UVic and other BC campuses and research settings <i>Benchmark: 25 2013/2014: 28</i></p>
3.7	<p>Develop and maintain significant collaborative projects with other researchers and research centres in North America</p>	<p>Number of collaborative projects with other North American researchers and research agencies each year <i>Benchmark: 10 2013/2014: 16</i></p>
3.8	<p>Develop collaborative projects with international organizations such as WHO and the International Harm Reduction Association</p>	<p>Number of collaborations with WHO and other international organizations each year <i>Benchmark: 5 2013/2014: 7</i></p>


4


KEY RESULTS AREA: *Dissemination*

“To disseminate research findings that increase understanding of substance use and addiction, to increase awareness of related harms, and to identify effective responses.”

HIGHLIGHTS

 facebook.com/carbc.uvic

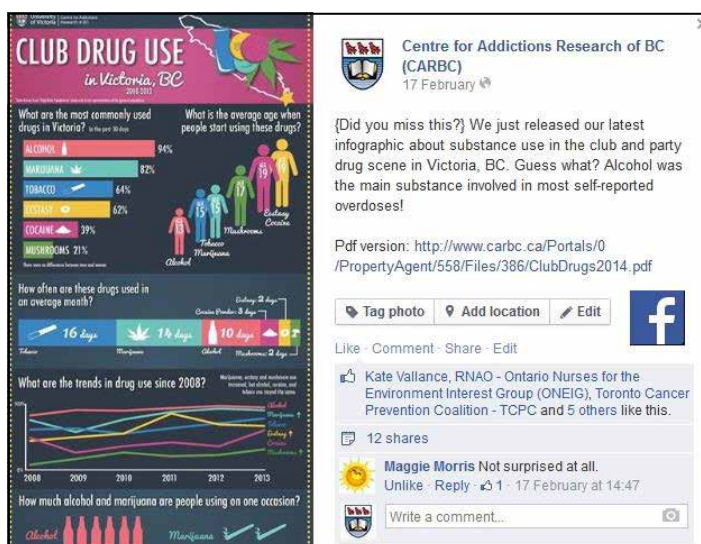
 carbc2300.wordpress.com

 @carbc_uvic

 www.carbc.ca

In this past year our dissemination and communication efforts have been greatly aided by the development of a lively and much followed/ liked/downloaded/viewed social media component. This has helped get information out about CARBC research beyond the immediate usual audience of academics, public health, policy and practice specialists to a much wider community and, especially, policymakers. This sits very nicely alongside the continuing high productivity in terms of peer-reviewed publications (84 in 2013/2014) and conference/symposium presentations in BC, Canada and many other destinations besides. Citations of our

publications in the calendar year 2013 came in at over 1400 i.e., this was the number of times our papers were referenced by other academics in peer reviewed journals. The 40+ blogs published in the last financial year are all listed on pages 52 and 53 alongside more formal and informal publications.



Centre for Addictions Research of BC (CARBC)
17 February

{Did you miss this?} We just released our latest infographic about substance use in the club and party drug scene in Victoria, BC. Guess what? Alcohol was the main substance involved in most self-reported overdoses!

Pdf version: <http://www.carbc.ca/Portals/0/PropertyAgent/558/Files/386/ClubDrugs2014.pdf>

Tag photo Add location Edit



Like Comment Share Edit

Kate Vallance, RNAO - Ontario Nurses for the Environment Interest Group (ONEIG), Toronto Cancer Prevention Coalition - TCPC and 5 others like this.

12 shares

Maggie Morris Not surprised at all.

Unlike Reply 1 · 17 February at 14:47

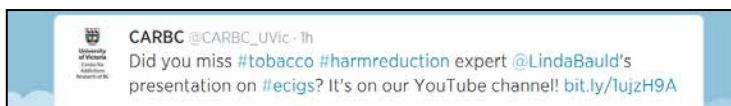
Write a comment...

CARBC Social Media

This year CARBC introduced the use of social media to our knowledge dissemination strategy. Using Facebook, Twitter and blog posts we have reached a broad audience including the general public, policy makers, community agencies and other research centres. Our social media presence has grown dramatically in the past year and is continuing to develop in new and innovative ways.

Forty-nine unique blog posts were submitted by 39 different authors for CARBC's alcohol, cannabis and harm reduction blog series *Matters of Substance*. The blog has had over 18,000 views from 116 countries worldwide with an average of 72.5 unique views per day and 112 regular subscribers. Our most popular blog post had over 2,000 views and the blog post was shared on Facebook over 800 times and on Twitter 49 times.

On Facebook in 2013/14, the number of users who 'liked' our CARBC page, in order to access our content, rose by 383 'likes' which was a 289% increase. We generated an average of two unique Facebook posts per day and our posts were seen by an average of 200 Facebook users. The post that reached the largest audience, which was our Club and Party Drug Infographic, was seen by over 2,000 Facebook users.



On Twitter, 620 new users followed our CARBC account in 2013/14 which was an increase of 230%. We generated a total of 1290 tweets with an average of 3.5 tweets per day. In the six months between October 2013 and March 2014, CARBC's tweets were 'retweeted' (shared) and 'favorited' (bookmarked) by over 1,300 Twitter users. The potential reach of CARBC's Twitter posts was estimated to extend to around 1,545,925 Twitter users.



The *Matters of Substance* blog series and a series of related data notes were initiated in response to the BC government's announcement in August 2013 of a major overhaul of liquor laws. We believe the social media activity placed our 10 years of BC alcohol policy research front and centre in the public debate. Our submission to the review was downloaded more than any other from a health group and third overall. Many of our recommendations were accepted e.g. to overhaul minimum pricing, promotion of low-risk drinking guidelines, pressing the federal government to introduce information about health effects on the labels and improved training of alcohol servers.

Social Media Team: Amanda Farrell-Low, Chantele Joordens, Kara Thompson and Kate Vallance



Amanda Farrell-Low



Chantele Joordens



Kara Thompson



Kate Vallance

PUBLICATIONS

Journal Articles

- Andreuccetti, G., Carvalho, H., Ye, Y., Bond, J., Monteiro, M., Borges, G. & **Cherpitel, C.** (In press). Does beverage type and drinking context matter in alcohol-related injury? Evidence from emergency department patients in Latin America. *Drug and Alcohol Dependence*.
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Ishiguro, S., **Buxton, J. & Amlani, A.** (2014). Substance Use Trends in BC: A Survey of Harm Reduction Clients. Overall Results for British Columbia 2013. BC Centre for Disease Control, Vancouver.

Pauly, B., MacDonald, M., Hancock, T., **O'Briain, W., Perkin, K., Wallace, B., Cusack, E., Lowen, C. & Riishede, J.** (2013). Equity Lens in Public Health: Health Equity Tools 2013. Available <http://www.uvic.ca/research/projects/elph/assets/docs/Health%20Equity%20Tools%20Inventory.pdf>

CARBC Blogs

Pauly, B., Cross, G., Williams, W., Stiles, A. & Vallance, K. (2013). Facing homelessness: Evaluating systemic responses to homelessness. <http://www.homelesshub.ca/researchmatters/post/2013/09/19/Facing-Homelessness-Evaluating-Systemic-Responses-to-Homelessness.aspx>.

Stockwell, T. (2014) Minimum alcohol pricing: Canada's accidental public health strategy <http://theconversation.com/minimum-alcohol-pricing-canadas-accidental-public-health-strategy-25185>

Matters of Substance Liquor Law Series:

Thompson, K. *Should Canadians be warned about the risks of alcohol use?* August 29, 2013

Stockwell, T., Reist, D. & Thompson, K. *What is the purpose of BC's liquor laws in 2013?* August 29, 2013

Vallance, K., Thompson, K. & Wettlaufer, A. *Harm to others: Is alcohol just a private matter?* September 4, 2013

Thomas, G. *Let's talk about alcohol-related benefits AND COSTS.* September 9, 2013

Fritterer, J. *What contributes to alcohol-related violence and how can we prevent it?* September 13, 2013

Joordens, C. & Macdonald, S. *Safety issues: Alcohol and...recreational activities?* September 18, 2013

Cukier, S. *Alcohol in Social Media – how can the liquor laws keep up?* September 23, 2013

Segal, D. *Low alcohol content drinks: A threat to Canadian rugged identity or a harm reducing alternative?* September 26, 2013

Thompson, K. & Osiowy, M. *Helping consumers help themselves? Demystifying Canada's low-risk drinking guidelines.* September 30, 2013

Thomas, G. & Greer, A. *Should the BC government be in the retail alcohol business at all?* October 8, 2013

Stockwell, T., Martin, G. & Murie, A. *Public opinion and alcohol policy in BC.* October 21, 2013

Dyck, T. & Reist, D. *Initiatives for evolving safer public drinking environments.* October 24, 2013

Thompson, K. & Stockwell, T. *What happens now? Reflecting on the BC Liquor Act Review 201.* October 31, 2013

Stockwell, T., Reist, D., Thompson, K., Thomas, K. & Vallance, K. *21st century drinking in BC: more convenience, more government revenue and reduced harms?* February 3, 2014

Matters of Substance Cannabis blog series:

Vallance, K. & Thompson, K. *The cannabis question: What is happening in BC?* November 5, 2013

Greer, A. *A look at cannabis legalization in Colorado, USA.* November 7, 2013

Larsen, D. *The pursuit of a sensible cannabis policy in BC.* November 12, 2013

Holcomb, A. *The Unlikely Story of Cannabis Legalization in Washington State.* November 14, 2013

Belle-Isle, L. *The New "Marihuana for Medical Purposes Regulations": Will they improve access?* November 18, 2014

Carter, C. *Nuts and Bolts of Cannabis Regulation in Canada.* November 20, 2014

Everywhere Anonymous. *Marijuana, a Friend to Crohn's Patients* November 25, 2014

Lucas, P. *Cannabis: the Exit Drug.* November 28, 2013

Allebeck, P. *Cannabis and psychosis: Is there evidence of causal association?* December 2, 2013

Reist, D. *Helping Youth Make Sense of Cannabis.* December 10, 2013

Reimer, B. *Lowering the Risks of Cannabis Use.* December 12, 2013

Macdonald, S. & Joordens, C. *Driving under the influence of cannabis.* December 16, 2013

We wish you a Merry Cannabis! December 19, 2013

Matters of Substance Harm reduction blog series:

Pauly, B. *What is harm reduction?* January 15, 2014

Tzemis, D., & **Buxton, J.** *Do British Columbians Support harm Reduction?* January 20, 2014

Ivsins, A. *Why does providing crack pipes to people who smoke crack matter?* January 22, 2014

Stirke, C. & Watson, T. *What are Best Practices for Harm Reduction in Canada?* January 27, 2014

Amlani, A. & **Buxton, J.** *Five numbers that will change how you think about drug overdoses.* January 29, 2014

Carter, C. *Safer Consumption Services: Controversy Still Dogs a Life Saving Service* February 11, 2014

Lecoy, J. & Tupper, K. *Why Opioid Substitution Treatment is a good thing* February. 13, 2014

Greer, A. *Needles in Prison: Where is Public Health Behind Bars?* February 19, 2014

Anderson, K. *Abstinence and Alternatives: Alcohol Harm Reduction.* February 24, 2014

Nolan, S. & **Wood, E.** *The Federal Government and Safe Injecting Sites: Why the Ongoing Resistance?* February 26, 2014

O'Leary, R. *E-cigarettes: On the Vapour Trail for Harm Reduction.* March 3, 2014

Macpherson, D. *Harm Reduction Comes of Age in Canada, or Does It?* March 5, 2014

Perkin, K. *Why give alcohol to alcoholics?* March 10, 2014

Belle-Isle, L. *"Nothing About Us, Without Us": the inclusion of people with lived experience in harm reduction decisions.* March 13, 2014

Hobbs, H. *Victoria's YES2SCS Campaign: From Evidence to Action.* March 19, 2014

Mollison, A. *"Been There; Done That:" the Necessity of Embedding Peer Leadership and Support in Supervised Consumption and Harm-Reduction Services.* March 26, 2014

Pauly, B., Reist, D. & Belle-Isle, L. *Should We Ban Drinking at Home?* March 31, 2014

CARBC Occasional Reports and Bulletins

Giesbrecht, N., Wettlaufer, A., April, N., Asbridge, M., Cukier, S., Mann, R., McAllister, J., Murie, A., Plamondon, L., **Stockwell, T., Thomas, G., Thompson, K. & Vallance, K.** (2013). Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Comparison of Provincial Policies. Toronto: Centre for Addiction and Mental Health.

Thompson, K., Stockwell, T., Vallance, K., Giesbrecht, N. & Wettlaufer, A. (2013). Reducing alcohol-related harms and costs in British Columbia: A provincial summary report. Centre for Addictions Research of BC Statistical Bulletin #10, University of Victoria, Victoria, BC.

Pauly, B., Stockwell, T., Chow, C., Vallance, K., Perkin, K., Zhao, J., Gray, E. & Krysowaty, B. (2013). Towards alcohol harm reduction: Preliminary results from a pilot project of a Canadian managed alcohol program. Report by the Centre for Addictions Research of BC, University of Victoria.

Pauly, B., McCall, J., **Parker, J., Mollison, A.,** McLaren C. & Browne, A. (2013). Creating culturally safe care in hospital settings for people who use(d) illicit drugs. CARBC Bulletin #11. University of Victoria, Victoria BC,

Stockwell, T., Pauly, B., Chow, C., Vallance, K. & Perkin, K. (2013). Evaluation of a Managed Alcohol Program in Vancouver, BC. CARBC Statistical Bulletin #9, Victoria, British Columbia: University of Victoria.

Stockwell, T., Pauly, B., Chow, C., Vallance, K. & Perkin, K. (2013). Towards alcohol harm reduction: Preliminary results from a pilot project of a Canadian managed alcohol program. Report by the Centre for Addictions Research of BC, University of Victoria.

CARBC Student Dissertations

Osiowy, M., BA. *The effects of standard drink labels on alcohol consumers ability to estimate the number of standard drinks that they have consumed.* Psychology.

Thompson, K., Ph.D. *The Trajectory of Alcohol Use in Emerging Adulthood: Investigating the Roles of Alcohol Measurement and Educational Pathways.* Psychology.

Drengson, J. M.Sc. *Determinants of Maternal Perceptions of Child Health in the Informal Settlement of Kibera, Nairobi, Kenya.* Social Dimensions of Health.

Sharpe, K. MA. *Intimate Partners and Harm Reduction for HIV+ Female Sex Workers in Kibera, Nairobi.* Social Dimensions of Health

Slaunwhite, A. PhD. MPI. *Primary Care, Alcohol-Related Harm, and Treatment for Alcohol-Attributed Diseases in British Columbia.* Geography.

Invited Presentations

Bassett-Gunter, R., Levy-Milne, R., Naylor, P., Symons Downs, D., **Benoit, C.,** Warburton, D., Blanchard, C. & Rhodes, R. (2014). Theory of Planned Behaviour Beliefs and Healthy Eating Behaviour among Non-Parents and First-Time Parents. International Society for Behavioral Nutrition and Physical Activity, San Diego, California, USA.

Benoit, C. & Kennedy, M. (2014, April). Male sex workers' experiences on healthcare quality & safety as they navigate intersecting stigmas. Men's Scapes: Reshaping the terrain of men's lives on Vancouver Island, Victoria, BC.

Benoit, C. (2014, March). Why Decriminalizing of Commercial Sex is the Right Thing for Canada to Do. Canada v Bedford Panel. UVic Law Faculty, University of Victoria, Victoria, BC.

Benoit, C. (2014, March). Sex work "touring": Benefits and challenges of travelling for work. Webinar for On the Move research program. Memorial University, St. John's, Nfld.

Benoit, C. (2014, January). *Harm Reduction Intervention for Pregnant & Parenting Women & their Families.* Guest speaker at the Social Dimensions of Health Program. University of Victoria, Victoria, BC.

Benoit, C., Jansson, M. & Kennedy, M. (2013, September). *A profile of street youth in the Capital Region.* Youth Homelessness Community Forum. Victoria, BC.

Benoit, C. (2013, April). Research to improve health, safety & resiliency in the Canadian sex industry. Sex Workers Action Network, Waterloo, ON.

Cherpitel, C. (2013, December). Pan American Health Association, Mexico City, Mexico.

Ghosh, H., **Benoit, C.** & Bourgeault, I. (2013, April). Identifying and defining the culturally-specific components of health services for urban Aboriginal women dealing with co-occurring depression, addiction and diabetes. International Intersectionality Conference, Vancouver, BC.

Gurm, J., Zhang, W., Zhu, J., Parashar, S., Samji, H., McNeil, R., Strike, C., **Pauly, B.,** et al. (2013, April). Finding a way: Addressing intangible barriers that create treatment and care inequities, and compromise the health outcomes of vulnerable PLHIV. Poster presentation at the 22nd Annual Canadian Conference on HIV/AIDS Research 2013, Vancouver, BC.

Gurm, J., Zhu, J., Zhang, W., Parashar, S., Samji, H., McNeil, R., Strike, C., **Pauly, B.**, et al (2013, April). Getting in the way: Intangible barriers that are creating treatment and care inequities, and compromising the health outcomes of vulnerable PHAs. Abstract published for the Canadian Association for HIV Research Conference, Vancouver, BC.

Holtom, A., Benoit, C., Jansson, M. & Pauly, B. (2013, May). Risky business or risky environments? 12th Annual Alberta Harm Reduction Conference. Calgary, AB.

Holroyd, C. The Reward Positivity: An ERP Measure of Reward Processing. Department of Psychology, Stanford University, Palo Alto, California, USA.

Holroyd, C. An Electrophysiological Measure of Reward Processing in Normal and Atypical Populations. Department of Psychiatry, University of California, San Francisco, San Francisco, California, USA.

Ivsins, A., Fischer, B., Benoit, C. & Roth, E. (2013, June). Social norms of sharing crack pipes in Victoria, Canada: Policy implications for harm reduction strategies aimed at non-injection drug users. International Harm Reduction Conference, Vilnius, Estonia.

Jansson, M. (2013, June). Comments from a mixed methods researcher in a harm reduction environment: Invited Discussant. 48th Annual Conference of the Canadian Sociological Association, Victoria, BC.

Jansson, M., Benoit, C. & Kennedy, M. (2013, June). Sex work in Canada: Third parties and the law. Canadian Sociological Annual Meeting at Congress 2013, Victoria, BC.

Kennedy, M., Benoit, C. & Magnuson, D. (2013, May). Friends, family, social support and substance use as mental health determinants for street-involved youth. 12th Annual Alberta Harm Reduction Conference, Calgary, AB.

Kennedy, M., Jansson, M., Benoit, C. & Magnuson, D. (2013, June). Linking social support to mental health and well-being among street-involved youth. 48th Annual Conference of the Canadian Sociological Association, Victoria, B.C.

Lucas, P. (2013, November). Cannabis as an Adjunct to or Substitute for Pharmaceutical Opiates. National Pain Conference, Societe Francaise des Etudes Pour le Traitement de la Douleur, Paris, France.

Lucas, P. (2013, December). Medical Cannabis in Canada, Inclusion Through Accommodation – Disability at Work; Disability Support Network for Saskatchewan Government Employees. Annual Conference, Regina, SK.

Lucas, P. (2013, November). Ayahuasca-Assisted Therapy for Addiction: Results from a Preliminary Observational Study in Canada. Canadian Students for Sensible Drug Policy National Conference 2013: Riding the Current Evidence, Vancouver, BC.

Lucas, P. (2013, November). The Future of Drug Policy Reform in Canada. Canadian Students for Sensible Drug Policy National Conference 2013: Riding the Current Evidence, Vancouver, BC.

Lucas, P. (2013, October). Ayahuasca-assisted Therapy for Addiction: Results from a Preliminary Observational Study in Canada. International Drug Policy Conference, Denver, Colorado, USA.

Lucas, P. (2014, January). The MMPR and Municipal Governments; Stirring the (Medical) Pot. CRD City Planner Regional Monthly Meeting, Metchosis, BC.

MacDonald, M., **Pauly, B., Martin, W.** & Valaitis, R. (2013, October). Using policy-relevant qualitative methods for studying complex population health interventions. Paper presentation at the 19th Qualitative Health Research Conference, Halifax, NS.

MacDonald, M. & **Pauly, B.** (2013, May). The meaning of “evidence” and strategies for incorporating evidence into practice using concept mapping. Paper presentation at “Both/And” Not “Either/Or”, UVic School of Nursing Biennial Research Conference, University of Victoria/Victoria, BC.

Martin, W., Pauly, B., MacDonald, M., Hancock, T., O’Brian, W., Perkin, K. & Lowen, C. (2013, November). Reducing health inequities: Innovative public health approaches to promote health equity. Paper presentation at the Stories of Rural Health through Knowledge, Research and Collaborative Action Conference, Prince George, BC.

McCall, J., **Parker, J., Pauly, B., Browne, A., Mollison, A.** & McLaren, C. (2013, June). Nursing care with people who use drugs: Creating culturally safe spaces in healthcare. Paper presentation at Harm Reduction 2013: The Value/s of Harm Reduction, Vilnius, Lithuania.

McCall, J., **Pauly, B., Parker, J., Browne, A., McLaren, C. & Mollison, A.** (2013, April). Cultural safety in nursing practice: Enhancing health equity for people who use drugs. Paper presentation at the 21st Annual Conference Canadian Association of Nurses in AIDS Care (CANAC), Toronto, ON.

Norman, T., Pauly, B., Marks, H. & Palazzo, D. (2014, March). *Taking a leap of faith: Meaningful participation by people with experiences of homelessness in solutions to address homelessness.* Presentation at IdeaFest, 2014, University of Victoria, Victoria, BC.

Norman, T., Pauly, B. & Marks, H. (2013, October). Including people who experience homelessness: A two phase project. Paper presentation at the Canadian Alliance to End Homelessness Conference, Ottawa, ON.

Norman, T., Pauly, B., Marks, H. & Palazzo, D. (2013, June). Meaningful participation: Including people who experience homelessness. Presentation at CIHR Café Scientifique, Victoria, BC.

Pauly, B., Parker, J., McCall, J., **Mollison, A.** & Browne, A. (2014, February). *Addressing stigma of illicit drug use: Fostering cultural safety in nursing and health care practice.* Presentation at Lunch n Learn Series, Royal Jubilee Hospital, Island Health Authority, Victoria, BC.

Pauly, B., Parker, J., McCall, J., **Mollison, A.** & Browne, A. (2014, February). *Addressing stigma of illicit drug use: Fostering cultural safety in nursing and health care practice.* Presentation at Lunch n Learn Series, Victoria General Hospital, Island Health Authority, Victoria, BC.

Pauly, B. (2014, January). *Housing affordability: Victoria, BC.* Presentation as part of the Victoria Housing Matters Series, Victoria, BC.

Pauly, B. (2013, November). Facing homelessness: Report on housing and supports 2013. Presentation to Saanich Council Health and Safety Committee, Victoria, BC.

Pauly, B. & Cusack, E. (2013, June). Through a health equity lens: Putting an equity lens on LGBTTIQA sexual health. Presentation to VIHA Youth Sexual Health Clinic Nurses, Parksville, BC.

Pauly, B. (2014, January). Creating culturally safe care. Plenary presentation to the Inaugural Addiction and Mental Health Nursing Conference, Edmonton, AB.

Pauly, B. & Cross, G. (2013, October). The beginning and end of homelessness. Keynote address at Affordable Housing for Low Income People: Solutions and Challenges, Pacific Housing Research Network Symposium, Victoria, BC.

Pauly, B. (2013, May). Street talk: CBR to promote health and address homelessness. Keynote address at Research Partnerships: Vancouver Island Health Authority Research Day, Victoria, BC.

Pauly, B. (2014, March). Theoretical and methodological innovations for studying health equity. Presentation to Simon Fraser Graduate Students Association, Simon Fraser University, Vancouver, BC.

Pauly, B. & Lowen, C. (2013, November). Equity Lens in Public Health preliminary findings: Strengths and challenges in intersectoral collaboration in BC. Paper presentation at Health in All Policies: Taking Intersectoral

Action for Equitable & Sustainable Health, Public Health Association of British Columbia Annual Conference, Vancouver, BC.

Pauly, B., Janzen, C. & **Wallace, B.** (2013, October). *Caught in transition? Residents' perspectives on transitioning in transitional shelter.* Paper presentation at the Canadian Alliance to End Homelessness National Conference, Ottawa, ON.

Pauly, B. (2013, October). What is the role of harm reduction in ending homelessness? Panel Presentation at the Canadian Alliance to End Homelessness National Conference, Ottawa, ON

Pauly, B. (2013, November). Rethinking Spaces: Stigma, Substance Use, and Cultural Safety. Presentation to Toronto Drug Strategy Workshop on Rethinking stigma and illicit substance use, Toronto, ON.

Pauly, B., McCall, J., Browne, A., **Parker, J.,** McLaren, C. & **Mollison, A.** (2013, September). Fostering cultural safety in nursing practice with people who use illicit drugs. Paper presentation at InspireNet's Connect 2013: Health Services Research at Work: Using Evidence to Transform Care, Vancouver, BC.

Pauly, B. (2013, August). Shifting constructions of harm reduction services. Paper presentation at Contemporary Drug Problems Conference, Aarhus, Denmark.

Pauly, B., McCall, J., **Parker, J.,** Browne, A., McLaren, C. & **Mollison, A.** (2013, May). Cultural safety in nursing practice: Enhancing health equity for people who use drugs. Paper presentation at "Both/And" Not "Either/Or", UVic School of Nursing Biennial Research Conference, Victoria, BC.

Reist, D. (2014, February). *Connecting the Dots.* Keynote address to the Lower Mainland Safe Schools Network training day at University of the Fraser Valley, Abbotsford, BC

Reist, D. (2014, February). *Connecting the Dots.* Invited presentation to the DASH (Directorate of Agencies for School Health) Board of Directors, Vancouver, BC.

Reist, D. (2013, October). *Introduction to Drug Education.* Half-day workshop, School District 34, Abbotsford, BC.

Reist, D. (2013, October). *Introduction to Motivational Interviewing.* Half-day workshop, School District 34, Abbotsford, BC.

Reist, D. & Beltgens, P. (2013, April). *Alternatives to Suspension.* Presentation at the BC School Trustees Association Annual General Meeting, Kelowna, BC.

Stockwell, T. (2013, November). Minimum alcohol price policies in action: The Canadian experience. Presentation at "What Price? Tackling Cheap Alcohol", Preston, UK.

Stockwell, T. (2013, November). Minimum alcohol price policies in action: A report from Canada. Presentation to Balance conference, Sedgefield, UK.

Stockwell, T. (2013, November). Minimum alcohol price policies in action: The Canadian experience. Presentation to All Party Parliamentary Group on Alcohol Misuse, London, UK.

Stockwell, T. (2013, November). Minimum alcohol price policies in action: The Canadian experience. Presentation to Alcohol Problem, Alcohol Conference, London, UK.

Stockwell, T. (2013, October). The Centre for Addictions Research of BC: An update. Presentation to the Council of Centre Directors, University of Victoria, Victoria, BC.

Stockwell, T. (2013, July). Canada's first national low-risk drinking guidelines: are they evidence-based? UBC Continuing Studies, Summer Institute on Addiction, Vancouver, BC.

Stockwell, T. (2013, April). Minimum alcohol price policies in action: The Canadian experience. Calling Time on Europe's Alcohol Problem, European Parliament, Brussels, Belgium.

Stockwell, T. (2013, April). Canadian case studies of minimum price policies in action. Alcohol Policy 16, Washington, DC, USA.

Streatch, S., **Remocker, C.** & **Dyck, T.** (2013, November). Healthy Minds/Healthy Campuses, Changing the Culture of Substance Use: Towards a Guide to Support Healthy Campus Residences. Presentation to the Residence Life Professional Association (RLPA) fall meeting in Abbotsford, BC.

Thompson, K. (2014, January). University of Victoria: 2013 National College Health Assessment results. Presented to University of Victoria health services and residence services, Victoria, BC.

Thompson, K. (2013, November). The dynamic relations between substance use and post-secondary education during the transition to adulthood: Do settings and timing matter? Presented at the University of Newcastle as a visiting scholar, Newcastle, Australia.

Thompson, K. & Stockwell, T. (2013, September). Submission to the Inquiry into Modernizing BC's Liquor Laws from the Centre for Addictions Research of BC at the University of Victoria. A briefing for the Honorable John Yap, Parliamentary Secretary, Victoria, BC.

Thompson, K. (2013, September). How can "modern" liquor laws be compatible with public health and safety. Public seminar, panel member, Vancouver, BC.

Zhao, J. (2013, May). Interrupted time series analysis (ARIMA model) at China Population Information and Research Center (CPIRC), the National Population and Family Planning Commission (NPFPC) of China, Beijing, China.

Zhao, J. (2013, May). Alcohol consumption, smoking and colorectal cancer – case-control study in Newfoundland and Labrador, Canada at the Public Health College, Faculty of Medicine, Suchou University, Suchou, China.

Zhao, J. (2013, May). Multilevel model and interrupted time series model (ARIMA model) at the Public Health College, Harbin Medical University, Harbin, China.

Woodin, E. (2014, March). The impact of alcohol and drug use on families: What do we know and how can it help? Invited presentation to the William Head Prison, Victoria, BC, Delivered as part of the UVic Speaker's Bureau.

Other Conference and Seminar Presentations

Ashbridge, M. & **Thomas, G.** (2013, November). Strategies to Reduce Alcohol-related Harms and Costs in Canada: A Comparison of Provincial Policies. A paper presented at the bi-annual Issues of Substance Conference, Ottawa, ON.

Barnes, G., Franco-Cea, N., Baker, T. Holroyd, C. & **Stockwell, T.** (2014) Addiction Prone Personality tests and the prediction of substance use patterns in Canadian undergraduate students. *Personality and Individual Differences* (60), S25.

Barnes, G., Jansson, M., Stockwell, T. & Leadbeater, B. (2013, July). Addiction Prone Personality characteristics and alcohol and marijuana dependence. ISSID conference, Barcelona, Spain.

Benoit, C., Jansson, M. & Kennedy, M. (2013, September). A Profile of Street Youth in the Capital Region. Youth Homelessness Community Forum, Victoria, BC.

Benoit, C., Spittal, P., Shumka, L. & Kennedy, M.C. (2013, June). National survey of sex workers: Project 2 Update and preliminary findings. CIHR Team Grant Meeting, Victoria, BC.

Holtom, A., Benoit, C., Jansson, M. & Pauly, B. (2013, May). Risky business or risky environments? 12th Annual Alberta Harm Reduction Conference. Calgary, AB.

Homel, J., **Leadbeater, B. & Thompson, K.** (2013, April). *Positive Peer Influences on Depressive and Anxiety symptoms in Adolescence and Young Adulthood*. Paper presented at the 2013 Society for Research on Child Development Biennial Meeting, Seattle, Washington, USA

Jansson, M. (2014, March). Navigating Ethical Issues in Research. Invited presentation, School of Public Administration, University of Victoria, Victoria, BC.

Jansson, M., Benoit, C. & Kennedy, M. (2013, June). Sex work in Canada: Third parties and the law. CSA Annual Meeting at Congress 2013, Victoria, BC.

Jansson, M., Kennedy, M., Benoit, C. & Potvin, N. (2013, June). Intimate Partners of Sex workers (P3): Update and preliminary findings. CIHR Team Grant Meeting, Victoria, BC.

Kennedy, M., Jansson, M., Benoit, C. & Magnuson, D. (2013, June). Linking social support to mental health and well-being among street-involved youth. 48th Annual Conference of the Canadian Sociological Association. Victoria, B.C.

Kennedy, M., Jansson, M., Benoit, C. & Magnusson, D. (2013, May). Friends, family, social support and substance use as mental health determinants for street-involved youth. 12th Annual Alberta Harm Reduction Conference, Calgary, AB.

Lucas, P. & Krause, R. (2013, June). Patterns of Therapeutic Cannabis Use in 907 Patients. International Cannabinoid Research Society Annual Symposium, Vancouver, BC.

Lucas, P., Crosby, K., Walsh, Z., Callaway, R., Belle-Isle, L., Capler, R., Holtzman, S. & Kay, B. (2013, June). Substance use among medical cannabis users: Substituting cannabis for alcohol and other substances. International Cannabinoid Research Society Annual Symposium, Vancouver, BC.

Lucas, P., Crosby, K., Walsh, Z., Callaway, R., Belle-Isle, L., Capler, R., Holtzman, S. & Kay, B. (2013, June). Substance use among medical cannabis users: Substituting cannabis for alcohol and other substances. College on Problems of Drug Dependence, 75th Annual Meeting, San Diego, California, US.

Lucas, P. (2014-March). Cannabis; the Exit Drug. IdeaFest, University of Victoria, Victoria, BC.

Reist, D. & Andrew, C. (2014, February). *Helping Not Harming: A Resilience-Based Approach to Substance Use*. Half-day workshop delivered at the BC Alternate Education Association Annual Conference, Vancouver, BC

Reist, D. (2013, May 3). *The Art of Motivation*. Workshop on the application of a motivational approach to working with substance using young people in the school setting.

Hosted by the Surrey School Counsellors Association at the Surrey Teachers Association Professional Development Day, Surrey, BC..

Slaunwhite, A. (2014, February). *Building Collaborations across Campus: Research, KE, and Lived Experience*. Healthy Minds, Healthy Campuses Presentation, Vancouver, BC. [http://prezi.com/8jnmjft0d_qn/healthy-minds-healthy-campuses-presentation/].

Stockwell, T. (2013, June). Who under-reports their alcohol consumption and by how much? An application of the yesterday method in a Canadian survey. 39th Annual Alcohol Epidemiology Symposium of the Kettil Bruun Society, Munyonyo, Uganda.

Thomas, G., Lucas, P., Capler, R., Tupper, K. & Martin, G. (2013, October). Ayahuasca-assisted Therapy for Addiction: Results from a Preliminary Observational Study in Canada. A paper presented at the 2013 International Drug Policy Reform Conference, Denver, Colorado, USA.

Thomas, G., Lucas, P., Capler, R., Tupper, K. & Martin, G. (2013, April). Ayahuasca-assisted Therapy for Addiction: Results from a Preliminary Observational Study in Canada. A paper presented at the 2nd International Psychedelic Science Conference, Oakland, California, USA.

Thompson, K., Leadbeater, B. & Sukhawathanakul, P. (2014, March). *Impact of Peer Victimization in Young Adulthood: Long term effects on mental health*. Poster to be presented at the Society for Research on Adolescence biennial meeting, Austin, Texas, USA.

Thompson, K., Stockwell, T., Leadbeater, B. & Homel, J. (2014, March). *The Effect of Post-secondary Education Choices on Heavy Drinking: Does Age of Enrollment Matter?* Paper to be presented at the Society for Research on Adolescence biennial meeting, Austin, Texas, USA.

Thompson, K. & Gilligan, C (2013, November). *What Do Other Parents Do? A Cross-Cultural Comparison Of Role Of Social Norm Misperceptions In Predicting Parental Supply Of Alcohol To Underage Adolescents*. Poster presented at the Australasian Professional Society on Alcohol and Other Drugs Scientific Conference, Brisbane, Australia.

Thompson, K. & Gilligan, C (2013, May). *The Role of Social Norms in Predicting Parental Supply of Alcohol to Underage Adolescents*. Paper presented at the Society for Prevention Research 21st Annual Meeting, San Francisco, California, USA.

Thompson, K. & Homel, J. (2013, May). *A 'Gap' in Wellbeing? The Effect of Delaying Post-Secondary Education*. Poster presented at the Society for Prevention Research 21st Annual Meeting, San Francisco, California, USA.

Thompson, K. (2013, April). *Do Parents Know Best? The Role of Social Norm Misperceptions in Predicting Parental Supply of Alcohol to Adolescents*. Poster presented at the 2013 Society for Research on Child Development Biennial Meeting, Seattle, Washington, USA.

Woodin, E., Sukhawathanakul, P., Caldeira, V. & Leadbeater, B. (2013, May). Downward spirals? The relations among aggression between peers, alcohol use, and romantic relationship victimization from adolescence to young adulthood. Paper presented at the Society for Prevention Research 21st Annual Meeting, San Francisco, California, USA.

Zhao, J., Stockwell, T. & Thomas, G. (2013, June). An adaptation of the Yesterday Method to correct for underreporting of alcohol consumption and estimation. Presented at the 39th Annual Alcohol Epidemiology Symposium of the Kettil Bruun Society (KBS), Kampala, Uganda.

CARBC Sponsored Conferences and Seminars

Borges, G. (2013, April). Alcohol-drug use and Mexican immigration to the US: The impact on both countries. In House CARBC Lecture Series, UVic, Victoria, BC.

Anderson, J. (2013, May). Sts'ailes Primary Health Care Project: What we heard and what we learned. CARBC Lecture Series, UVic, Victoria, BC.

Martin, G. (2013, May). Motivations of Substance Use among a Treatment Sample: A Comparison of Simultaneous Users of Alcohol and Cocaine with Users of Either Substance Alone. In House CARBC Lecture Series, UVic, Victoria, BC.

Vallance, K. (2013, May). CARBC Alcohol and Other Drug Monitoring Project. In House CARBC Lecture Series, UVic, Victoria, BC.

Osiowy, M. (2013, May). How much did you actually drink last night? The effect of standard drink labeling on an alcohol estimation task. In House CARBC Lecture Series, UVic, Victoria, BC.

Victoria Narcotics Anonymous (2013, May). Come, listen and learn about the work of Victoria Narcotics Anonymous. In House CARBC Lecture Series, UVic, Victoria, BC.

Greer, A. (2013, June). Harm Reduction in Colorado: The relationship between the community, policy and research. In House CARBC Lecture Series, UVic, Victoria, BC.

Slaunwhite, A. (2013, June). The Geography of Alcohol-Related Harm and Primary Health Care Utilization in British Columbia, Canada. In House CARBC Lecture Series, UVic, Victoria, BC.

Torban, M. (2013, September). Opioid overdose, drug treatment, and harm reduction in Russia. In House CARBC Lecture Series, UVic, Victoria, BC.

Pauly, B. (2013, September). Fostering Cultural Safety in Nursing Practice with People who Use Drugs. In House CARBC Lecture Series, UVic, Victoria, BC.

Allebeck, P. (2013, October). Cannabis and schizophrenia: Is there a causal association? CARBC Lecture Series, UVic, Victoria, BC.

Brady, M. (2013, October). Alcohol Management Plans in Australian towns and Aboriginal Communities. CARBC Lecture Series, UVic, Victoria, BC.

White, H. (2013, October). Developing and Evaluating Brief Interventions to Reduce Substance Use and Related Problems Among College Students. CARBC Lecture Series, UVic, Victoria, BC.

Hamel, J. (2013, November). Marijuana Use and Transition to Adulthood. CARBC Lecture Series, UVic, Victoria, BC.

O'Leary, R. (2013, November). E-Cigarettes: What's the Buzz? In House CARBC Lecture Series, UVic, Victoria, BC.

Stockwell, T., Pauly, B., Vallance, K., Chow, C. & Perkin, K. (2013, December). Managed alcohol program: Evaluating effectiveness of alcohol harm reduction and housing instability. Public Lecture. Presentation at CARBC, UVic, Victoria, BC.

Zhao, J. (2014, February). Risk of Acute Harms for Simultaneous Use of Cocaine and Alcohol. In House CARBC Lecture Series, UVic, Victoria, BC.

Thompson, K. (2014, February). Substance Use among UVic students – Where do we go from here?. In House CARBC Lecture Series, UVic, Victoria, BC.

Ferlatte, O. (2014, March). Drugs, play and mental health – syndemics among gay and bi men. CARBC Lecture Series, UVic, Victoria, BC.

Reist, D. & Dyck, T. (2014, March) Opioid Substitution Therapy Dialogue. Provincial 2-day multi-stakeholder dialogue event hosted by CARBC, Richmond, BC.

HONOURS AND AWARDS

- Benoit, C. 2013 - Fellow, Royal Society of Canada, Ottawa
- Benoit, C. 2013 - Fellow, Canadian Academy of Health Sciences (CAHS), Ottawa
- Lucas, P. 2013 - Queen Elizabeth II Diamond Jubilee Medal - Honour
- Pauly, B. 2013 - Queen Elizabeth II Diamond Jubilee Medal
- Stockwell, T. 2013 - E.M. Jellinek Memorial Award for Social, Cultural and Policy Studies on Alcohol



Dr Stockwell with Jellinek Memorial Award. Presented for his outstanding research on the effects of taxation and other policy measures on drinking patterns and their consequences. Presented at the 38th Annual meeting of the Kettil Bruun Society, Kampala, Uganda, June 7, 2013.

MEDIA COVERAGE

Last year our media coverage covered a wide range of topics, although coverage of BC liquor law reforms, the effectiveness of BC's impaired driving laws and our research on Managed Alcohol Programs attracted the most. The majority of recorded media hits were either newspaper or online resources. Our new social media initiative (Blogs, Facebook, Twitter) resulted in many visitors to the CARBC website and downloads of materials.

Story/Topic	Electronic (TV/Radio)	Internet (blogs, YouTube)	Newspaper	TOTAL
Youth substance use	2	5	3	10
Minimum alcohol prices, taxes	1	4	10	13
Managed alcohol programs	14	21	19	54
Substance use and sex industry	4	5	3	12
Legal status of drugs	1	13	4	18
Gambling	6		5	11
Liquor privatization, Alcohol policy and prevention	4	18	13	35
Harm reduction services		18	1	19
Alcohol and other drug trends	2		5	7
Drunk driving	10	4	16	30
Mental Health	2		5	7
Celebrities	1		4	5
BC Liquor Laws	8	17	12	37
Homelessness, Nominations, Other	4	9	7	20
TOTAL	59	114	107	280

*These numbers only apply to media interviews identified by the UVic Communications Office's media monitoring service or informally by CARBC researchers. They underestimate total media coverage, particularly if UVic is not mentioned in the story.

Table 4: Performance Indicators for Key Result Area 4 (Dissemination)

OBJECTIVE	PERFORMANCE INDICATORS
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 <i>Benchmark: 70</i> 2013/2014: 84
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 <i>Benchmark: 25</i> 2013/2014: 22
4.3 To disseminate research findings through reports, systematic reviews and other resources	Number of reports, systematic reviews or other resources published each year <i>Benchmark: 36</i> 2013/2014: 64
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 <i>Benchmark: 1045</i> 2013/2014: 1435
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 Number of papers accepted for presentation by CARBC researchers and students at conferences or symposia each year <i>Benchmarks: 5 / 25 / 35</i> 2013/2014: 29 / 55 / 30
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 <i>Benchmarks: 6 / 3</i> 2013/2014: 9 / 3

“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.”

HIGHLIGHTS

Helping Schools

After several years of building relationships and resources, this past year was one of “connecting the dots.” Members of our team were invited to various gatherings—on Vancouver Island, in the Interior and in the Lower Mainland—to explore the intersection of health and education. Much of the discussion centred on developing a framework, unpacking some of the implications of the Ottawa Charter on Health Promotion and reviewing some of the comprehensive approaches that have grown from it.

In keeping with growing interest in school policy related to drugs, Dan Reist was invited to provincial and national meetings of school trustees to share ideas on healthier approaches to addressing drug use in schools. Across the nation, zero-tolerance policies are being questioned and even recognized as causing more harm than good to at-risk students and schools in general. To help schools adopt more positive drug-related policies, CARBC has developed a new policy kit. It features ways to measure how a school’s current policies are working and tools for creating and implementing policies that focus on building resilience in students while avoiding suspension, expulsion and other measures that may further disconnect youth who are already struggling with relationships.

Interest in resilience-building drug education programs is also growing. A case in point, this year the Conseil Scolaire Francophone (French language school district for BC) worked with us to translate *iMinds* learning resources into French, meaning more BC students can develop the skills and knowledge they need to survive and thrive in our complex world where drug use is common.

Based on this previous work, CARBC has received a grant from Health Canada’s Drug Strategy Community Initiative Fund to develop and test a suite of products to assist with professional development and knowledge exchange between health and education. The goal is to increase effective implementation of drug education programs, including *iMinds*, *Drugs and Driving*, *Sessions* and other similar resources.



Dan Reist



Cindy Andrew



Nicole Bodner



Tim Dyck



Bette Reimer



Catriona Remocker



Evelyn Souza



Cathy Spence

Provincial Alcohol Review

In response to moves by the BC government to modernize its liquor laws, CARBC produced a position paper to inform our own presentation to the review process. The report suggests that modern laws for the control and sale of alcohol should incorporate clear objective relating to all aspects of the public interest, should target high-risk products and drinking settings, and be monitored for effectiveness against health and social as well as economic indicators. We shared our position paper and other resources with our partners in the health system and communities who used it to inform their own presentations. As a result, the review committee heard a consistent message from the health community.

As part of CARBC's commitment to sharing information about alcohol policy, our Matters of Substance blog series featured 16 discussions on alcohol policy from the points of view of CARBC researchers and others associated with our organization. The blogs focused on various issues related to the purpose and scope of BC's review of liquor laws and represented a new and successful venture into social media.

The good news: some of our positions were reflected in the recommendations put forward by the review process and adopted by the provincial government. We will continue to monitor and press for progress.

Other highlights

- Alongside our Canadian Mental Health Association (CMHA) partners, CARBC worked with personnel from 11 post-secondary campuses in the Changing the Culture of Substance Use project to develop campus environments more conducive to healthy relationships with substances.
- Researchers and staff reviewed and revised a number of substance use fact sheets and information products on the Here to Help website to ensure the messaging was both consistent with a health promotion perspective and engaging to our core audiences.
- *Lower the Stakes: A Public Health Approach to Gambling in British Columbia* was published in 2013, representing a collaborative effort of CARBC and the BC Office of the Provincial Health Officer.
- CARBC's first app, *Good to Go?* (the latest addition to our educational initiatives, *Drugs and Driving*), was created with 7th Floor Media Simon Fraser University (SFU) to help educators share key messages about the effects of alcohol and other drugs on driving ability.
- A major report prepared by CARBC for the BC Provincial Health officer on gambling related problems has resulted in an inter-ministerial committee being struck to prepare an official response to our report which we believe is likely the first of its kind in Canada.

SUCCESSFUL APPLICATIONS FOR NEW KNOWLEDGE MOBILIZATION FUNDING

Reist, D. *Healthy Minds | Healthy Campuses*, \$ 200,000, BC Mental Health Services, March 2014-Dec 2015

Reist, D. *Preventing Problematic Substance Use*, \$240,000, Ministry of Health, April 2013-Mar 2014

Reist, D. *Building Community Capacity for Effective Drug Education*, \$ 481,965, Health Canada, Feb 2013-Jun 2016

Reist, D. *BC Partners*, \$239,875, BC Mental Health Services, Apr 2013-Mar 2014

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.

Progress to date: In collaboration with 7th Floor Media at SFU, web-based and classroom learning activities were developed and pilot tested. A smart phone app was developed as a supplementary resource. Resource guides for teachers and community partners were produced to support the implementation of the project. CARBC has secured further funding to explore ways to support implementation of drug education resources in BC schools and communities.

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 been adapted to paper-based versions for use in conjunction with the annual Beyond the Blues Education and Screening Day and other settings. This ongoing project seeks to increase the reach of these products.

Activities this year: In 2013-2014 CARBC worked with the Canadian Mental Health Association to enhance messaging to youth and to support more conscious use of a motivational approach in community based screening and brief intervention. The online screening site received almost 3,500 visits and 546 individuals (up 32%) completed screens at 37 community sites in BC and the Yukon during a Beyond the Blues Education and Screening Day.



Dan Reist



Nicole Bodner



Tim Dyck



Evelyn Souza

AME Evaluation

Investigators: Reist, D. & Remocker, C.

Funding body: BC Ministry for Children and Family Development

Background: In 2010, CARBC developed the Awareness, Motivation, Engagement (AME) 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 commissioned an evaluation to assist in fine-tuning the program and assessing its impact before expanding its application.



Catriona Remocker

Progress to date: Data was collected from the caseloads of six AME-trained probation officers and six officers who had not received the AME training. Data was analysed and a final report was submitted in the first quarter of 2013/2014. Based on the outcome of the evaluation, the ministry went ahead to offer a broad program of training to staff across the province. A preliminary evaluation of the new round of training has indicated a high level of satisfaction with both the training and the resources and a high level of commitment to implement AME in practice.

Helping Campuses (adjunct to Healthy Minds/Healthy Campuses initiative)

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 concerns (particularly alcohol). A major facet of this initiative is supporting post-secondary partners in consistently implementing a socio-ecological approach to respond to substance use challenges.

Activities this year: CARBC has continued to work with the Canadian Mental Health Association (CMHA) (BC Division) and the Ministry of Health on the Changing the Culture of Substance Use project on BC campuses. This project currently involves 11 post-secondary institutions from across BC who are engaged in an ongoing effort to assess and address the culture of substance use on campus. The project will launch an online platform this coming year, which will house resources and community capacity building activities, along with an integrated front-door website with the Healthy Minds/Healthy Campuses community of practice.

Helping Communities

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

Funding body: BC Ministry of Health

Background: This project involves working with communities to develop tools and mechanisms that help community-based stakeholders throughout the province promote health and wellbeing relative to psychoactive substances. The goal of the project is to help communities address the impact of these substances on the community and on the lives of the citizens.

Activities this year: In 2013-2014, CARBC participated in several networks (including co-chairing the BC Substance Use Network) and consulted with a variety of community members and agencies on accessing and understanding available evidence and developing strategies to meet local and regional needs. The results of this work informed many of the other projects undertaken by the knowledge mobilization team. CARBC also supported planning for the Public Health Association's Summer School 2014, contributed to the Canadian Drug Policy Coalition's policy working group and helped organize a Canadian Centre on Substance Abuse (CCSA) regional consultation related to the Canadian prevention standards.

Helping Schools

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

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

Background: This ongoing project involves continuing to develop and promote resources that help schools address substance use in a health-promoting way.

Activities this year: The main activities this year included professional development for school professionals (23 sessions), consultation to schools, districts and other interested stakeholders, dissemination of knowledge exchange products, and public education for parent groups and others (4 sessions). CARBC engaged in significant collaboration with The Directorate of Agencies for School Health (DASH), the Lower Mainland Safe Schools Network, and the BC School-Connected Mental Health Coalition. The other major accomplishment this year was the translation of six *iMinds* modules into French in collaboration with Conseil Scolaire Francophone de la Colombie-Britannique.



Cindy Andrew

Here to Help Information Products

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

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

Background: Here to Help is a project of the BC Partners for Mental Health and Addictions Information that, since 2003, has been helping people live well and better prevent and manage mental health and substance use problems.

Activities this year: In 2013/14, CARBC reviewed the Here to Help collection of substance use information products with respect to consistency with the conceptual framework of two primer resources developed in 2012/13. The primer resources, *Understanding Substance Use: A health promotion perspective* and *Helping People Who Use Substances: A health promotion perspective*, are intended to help build a shared understanding of substance use within a positive mental health frame. These resources pay particular attention to consistency with BC government policy as articulated in *Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia*. Of the information products reviewed, 29 were revised, edited or retired (12 will be addressed in 2014/15). The revised resources include six in the *Learn About* series (Alcohol, Cannabis, Medications, Methamphetamine, Tobacco, Co-Existing Problems) and two in the *Tips For* series (Hosting a Teen Party, Safe Night Out).

Improve Linkages in BC's Opioid Substitution Treatment System

Investigators: Reist, D. & Dyck, T.

Funding body: Provincial Health Services Authority

Background: In follow-up to earlier efforts to improve methadone maintenance treatment in BC, the Ministry of Health continued to work with CARBC and other partners to engage a wide range of stakeholders in knowledge exchange and strategic planning.

Activities this year: CARBC helped plan and facilitate a two-day consultation event involving a large contingent of patients as well as representatives of various provincial ministries, the health authorities, professional colleges and other stakeholders. A report on the dialogue is currently in preparation.

Alcohol Sense (Family Resource)

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

Funding body: Provincial Health Services Authority

Background: Following the successful development of bingedrinking.ca, the Ministry of Health, together with other government colleagues, proposed the development of a resource to help parents support the development of healthy patterns of alcohol use among their children. CARBC was asked to work with Traction Creative Communication and guide the development of this resource.

Activities this year: Building on an earlier international scan of English language resources, a suite of materials was developed and submitted to the Ministry of Health. The resources will be used to enhance the Healthy Families BC program.

Helping People with Addictive Behaviours (online training)

Investigator: Reist, D.

Funding body: Canadian Mental Health Association/Community Action Initiative

Background: In seeking to promote the integration of mental health and substance use services within the community sector, the Canadian Mental Health Association (CMHA) (BC Division) identified the need for basic training for community-based health and social service workers to support an understanding of substance use and effective ways to respond in non-clinical settings. CMHA then drew together a partnership (including CARBC), consulted further with community partners, developed a plan and obtained funding to produce an online training program that seeks to maximize reach and training effectiveness.

Activities this year: CARBC has provided expertise in educational theory, curriculum design and content articulation. Our knowledge mobilization team worked with 7th Floor Media (SFU) to develop an eight-lesson online course that was pilot tested in the fall of 2013. A program evaluation by the Arbor Educational & Clinical Consulting group demonstrated that over 80% of the participants would recommend the course to others and participants indicated the course helped them gain knowledge (80%) and develop skills (75%). Additional funding has been secured to further develop the course and pilot it in a wider range of audiences.

Visions: BC's Mental Health and Addictions Journal

Investigators: Reist, D., Reimer, B.

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

Background: *Visions* is a central knowledge exchange vehicle of the BC Partners for Mental Health and Addictions Information and is supported by CARBC.

Activities this year: Efforts focused on increasing the representation of information about substance use in the journal. CARBC contributed to editorial committee for all three issues produced this year and provided articles for two issues.



Bette Reimer

NEW OR REVISED HEALTH PROMOTION RESOURCES

Understanding Substance Use: a health promotion perspective

Alcohol and Youth

Club Drug Use

Comprehensive School Health - The Frog in the Pond

Drinking Guidelines

Guide to talking about Alcohol or Other Drugs

Harm Reduction in British Columbia

Ins and Outs of Alcohol

Learn about Alcohol

Learn about Cannabis

Learn about Co-Existing Problems

Learn about Medications

Learn about Methamphetamine

Learn about Tobacco

Tips for a Safe Night Out

Tips for Hosting a Teen Party



COMMITTEE MEMBERSHIPS

Andrew, C.	Provincial School Connectedness Capacity Building Project
Andrew, C.	Steering Committee 2014 Summer Institute on Promoting Mental Health in Schools
Andrew, C.	BC School-Connected Mental Health Coalition
Barnes G.	Member, Centre for Youth and Society Board
Belle-Isle, L.	Chair, Steering Committee, Canadian Drug Policy Coalition
Benoit, C.	Canadian Society for the Sociology of Health
Benoit, C.	Sociologists for Women in Society
Benoit, C.	International Sociological Association, Occupational Groups Section, Social Welfare Section, Sociology of Health Section
Benoit, C.	International Institute of Sociology
Benoit, C.	American Sociological Association
Benoit, C.	Canadian Sociology Association
Benoit, C.	Canadian Public Health Association
Benoit, C.	Member, HerWay Home Community Advisory Meeting, Victoria, BC
Benoit, C.	Member, HerWay Home Communications Committee, Victoria, BC
Benoit, C.	Member, 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
Brubacher, J.	Member, British Columbia Injury Prevention, Action, and Leadership Network
Brubacher, J.	Member, Doctors of British Columbia, Emergency Medical Services Committee
Cherpitel, C.	American Public Health Association Section Council: Alcohol, Tobacco and Other Drugs Section
Cherpitel, C.	Kettil Bruun Society for Social and Epidemiologic Research on Alcohol
Cherpitel, C.	College on Problems of Drug Dependence
Cherpitel, C.	International Network on Brief Interventions for Alcohol Problems
Cherpitel, C.	American Public Health Association Section Council: Alcohol, Tobacco and Other Drugs Section
Dyck, T.	Healthy Minds/Healthy Campuses Provincial Advisory 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)
Jansson, M.	Kettil Bruun Society for Social and Epidemiologic Research on Alcohol
Leadbeater, B.	Member, Canadian Psychological Association
Leadbeater, B.	Member, Society for Research in Child Development.
Leadbeater, B.	Member, Society for Research on Adolescence. Chair Social Policy Awards Committee
Lucas, P.	Board of Directors, Multidisciplinary Association of Psychedelic Studies Canada
Lucas, P.	Board of Directors, Canadian Students for Sensible Drug Policies
Lucas, P.	Executive Committee - Canadian Drug Policy Coalition
Macdonald, S.	Canadian Alcohol and Drug Use Monitoring System (CADUMS), Health Canada
Macdonald, S.	Canadian Community Epidemiology Network on Drug Use
Macdonald, S.	Faculty Member, Social Dimensions of Health, University of Victoria
Macdonald, S.	Kettil Bruun Society for Social and Epidemiologic Research on Alcohol
Pauly, B.	Member, National Advisory Committee on Prescription Substance Misuse, CCSA
Pauly, B.	Member, National Advisory Committee on a Public Health Approach to Illegal Substance Use, Canadian Public Health Association
Pauly, B.	Member, Steering Committee, Pacific Housing Research Network
Pauly, B.	Member, VIHA Mental Health and Substance Use Committee
Reimer, B.	BC Health Literacy Network
Reimer, B.	BC Partners for Mental Health and Addictions Information
Reimer, B.	Substance Abuse Librarians and Information Specialists
Reist, D.	BC Substance Use Network
Reist, D.	BC Health Literacy Network
Reist, D.	Canadian Drug Policy Consortium Policy Working Group
Reist, D.	Canadian Low-Risk Drinking Guidelines KE Working Group
Reist, D.	Child and Youth Mental Health and Substance Use Collaborative
Roth, E.	Member, Graduate Committee, Department of Anthropology
Roth, E.	Member, Speakers' Committee, Department of Anthropology
Roth, E.	Member, Dean of Social Sciences' Faculty Advisory Committee

Stockwell, T.	National Surveillance Advisory Committee, Health Canada
Stockwell, T.	National Alcohol Strategy Advisory Committee
Stockwell, T.	Scientific Advisory Board, Alcohol Research Group, Emeryville, CA, USA
Stockwell, T.	Canadian Academy of Health Sciences
Stockwell, T.	Kettil Bruun Society for Social and Epidemiologic Research on Alcohol
Stockwell, T.	Affiliate Scientist, Centre for Addiction and Mental Health, Toronto, ON.
Thomas, G.	BC Partners for Mental Health and Addictions Information
Woodin, E.	Member, American Psychological Association
Woodin, E.	Member, Association for the Advancement of Behavioral and Cognitive Therapies
Woodin, E.	Member, Canadian Psychological Association
Woodin, E.	Member, Society for Prevention Research
Woodin, E.	Member, Society for a Science of Clinical Psychology
Woodin, E.	Mentor, IMPART: Intersections of Mental Health Perspectives in Addictions Research Training
Woodin, E.	Board Member, LifeRing Canada Peer Support for Secular Recovery
Zhao, J.	Kettil Bruun Society for Social and Epidemiological Research on Alcohol

Table 5: Performance Indicators for Key Result Area 5

OBJECTIVE	PERFORMANCE INDICATORS
5.1	<p>To ensure access to relevant knowledge while working in partnership with policymakers and practitioners in planning and implementing projects to address substance use</p> <p>Number of projects in which CARBC members collaborate with policymakers or practitioners <i>Benchmark: 15</i> 2013/2014: 36</p>
5.2	<p>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</p> <p>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 <i>Benchmarks: 5 / 5 / 20</i> 2013/2014: 19 / 7 / 68</p>
5.3	<p>To develop and promote resources with the potential to make direct contributions to policies, programs or service delivery systems</p> <p>Number of resources completed in any one year <i>Benchmark: 10</i> 2013/2014: 38</p>
5.4	<p>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</p> <p>Number of networks or communities of practice in which CARBC members are active Number of multi-sectoral symposia or knowledge exchange events each year <i>Benchmarks: 20 / 1</i> 2013/2014: 38 / 7</p>
5.5	<p>To provide access to balanced factual information on substance use and related harms and health promotion approaches through a variety of knowledge exchange strategies</p> <p>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 non-refereed journals each year Number of consultations provided each year <i>Benchmarks: 30,000 / 15 / 150 / 10 / 5 / 10</i> 2013/2014: 55,000+ / 166/ 60 / 4/30</p>



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