



**University
of Victoria**

Centre for Addictions
Research of BC

ANNUAL REPORT

04/01/14 - 03/31/2015



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

I am pleased again to introduce the annual report of the Centre for Addictions Research of BC. In this latest account of our activities, you will find comprehensive information on each of the Centre's key results areas: building capacity, conducting research, disseminating research findings, and improving public policy and practice.

The Centre, with its network of dedicated staff, expert researchers and active community partners, had another outstanding year of achievements and in capacity building, academic output and knowledge exchange. Among the highlights, I wish to mention the following:



We are very grateful to the University for allowing CARBC to contribute to the process of recruiting and then nominating a new Canada research chair by actively seeking a candidate with especial interest in substance use, addictions and health services research. The outcome of this process is to be announced by CIHR in September.

- Our total income from peer-reviewed grants and contracts spanning both research and knowledge exchange was the highest to date in the Centre's 12 year history, approaching \$5 million.
- Our faculty, collaborating scientists and students collectively published 82 peer-reviewed papers in 2014/15 plus 20 books and book chapters, and our immediate faculty had their previous works cited more than 1392 times in the wider peer-reviewed literature.
- We maintained a strong base of 31 graduate, 6 postgraduate and 3 undergraduate students engaged in dissertation research relevant to substance use, harm reduction and addictions topics under supervision by CARBC faculty.
- We continue to generate a high level of interest in our work by local, national and international media.
- The centre collectively received a prestigious national award for health research leadership from Research Canada, presented at a ceremony in Toronto.

I congratulate all those associated with the Centre and also want to thank my fellow members on the Advisory Board for their invaluable service this past year. With a national general election in Canada this autumn, the evidence-based research and knowledge mobilization of CARBC is as essential as ever to inform public discussions on these important social issues.

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

Message from the Director

Welcome to the CARBC Annual Report for the financial year 2014/15. Once more we organize summaries of our activities and outputs into five main categories or “key result areas,” variously covering our funding sources, data repositories, faculty and students, research projects, peer-reviewed and other publications, community partnerships and knowledge exchange activities. I hope the photos and illustrations help bring vitality to these rather exhaustive lists and that the report provides insights into the practical real-world questions being addressed by our talented faculty, knowledge exchange experts, staff and students.



A university-based research centre like CARBC can be seen as a way of engaging the best and brightest minds to address pressing social and policy questions. In the past year, our faculty and students have investigated questions such as: Can electronic cigarettes help reduce deaths and illnesses from tobacco smoking? How can we best support and reduce harms among people suffering homelessness and problems from substance use? How should the sex industry be best regulated to protect the health and safety of sex workers and the wider community? How do Canadian liquor laws impact levels of alcohol-related harm in the community? Does moderate alcohol use increase risk of cancers and other serious diseases? What are the risks of combining psycho-stimulants like cocaine, caffeine and methamphetamine with alcohol?

I see multiple benefits everyday from these activities, including providing a first-class learning environment for students and junior academics, employment opportunities created through the grants and contracts (often helping students pay their way through school), contributions to scientific knowledge and support for the implementation of evidence-based policies to reduce alcohol and other drug-related harm.

I would like to thank all our faculty, students, staff, affiliates and our community partners for their amazing contributions to what has been another productive, successful and harmonious year for the Centre.

Tim Stockwell, PhD
Director, CARBC

OUR PEOPLE AND PARTNERS

Directors and Faculty

Dr Tim Stockwell

Director, Scientist (Psychology)



Cecilia Benoit



Cheryl Cherpitel

Dr Scott Macdonald

Assistant Director for Research,
Scientist (Health Information
Science)



Mikael Jansson



Scott Macdonald

Dan Reist

Assistant Director
for Knowledge Exchange



Bernie Pauly



Dan Reist

Dr Cecilia Benoit

Scientist (Sociology)



Eric Roth



Tim Stockwell

Dr Cheryl Cherpitel

Scientist (Nursing)

Dr Mikael Jansson

Scientist (Sociology)

Dr Bernie Pauly

Scientist (Nursing)

Dr Eric Roth

Scientist (Anthropology)

Dr Jinhui Zhao

Scientist



Jinhui Zhao

Scientist Emeritus

Dr Gordon Barnes

Professor Emeritus
(Child and Youth Care)



Gordon Barnes

Staff (Victoria)

Diane Allan
Research Coordinator



Diane Allan

Katrina Barber
Research Assistant



Katrina Barber

Stan Bersenev
Research Assistant



Stan Bersenev

Randi Brown
Research Assistant



Randi Brown

Emma Carter
Administrator



Emma Carter

Geoff Cross
Research Assistant



Geoff Cross

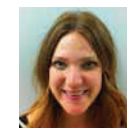
John Dorocicz
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Amanda Farrell-Low



Andrew Ivsins



Caitlin Janzen



Chantele Joordens



Vandana Joshi



Mary Clare Kennedy



Bonnie Kryswaty



Corrine Lowen



Samantha Magnus



Wanda Martin



Ashley Mollison



Shane Morrissey

Vandana Joshi
Work Study

Corrine Lowen
Research Associate

Catherine McLaren
Research Assistant

Chelsie Kadgien
Transcriptionist

Samantha Magnus
Research Assistant

Ashley Mollison
Research Assistant

Mary Clare Kennedy
Research Coordinator

Hilary Marks
Research Assistant

Shane Morrissey
Research Assistant

Bonnie Kryswaty
Research Assistant

Wanda Martin
Research Associate

Staff (Victoria), Cont'd

Nadia Ouellet
Research Associate

Sana Shahram
Research Associate



Nadia Ouellet



Sana Shahram

Joanne Parker
Research Associate

Jen Theil
Assistant to the Director



Kathleen Perkin



Jen Theil

Kathleen Perkin
Research Coordinator

Joanne Thompson
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Natasha Potvin
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Kate Vallance
Research Associate



Natasha Potvin



Joanne Thompson

Tina Revai
Research Assistant

Paul van Dam-Bates
Research Assistant



Tina Revai



Kate Vallance

Jeremy Riishede
Administrative Assistant

Sarah Wojcik
Research Assistant



Jeremy Riishede



Paul van Dam-Bates



Gaelle Nicolussi Rossi



Sarah Wojcik

Remembering Corrine Lowen

Corrine Anne Lowen started as a research associate with the Equity Lens in Public Health (ELPH) project in 2012. In July 2014, she received a diagnosis of cancer and as the process unfolded there were few options for treatment. In fall, she was diagnosed as palliative. Despite the pain she endured the last six months, she willed her body to stay strong enough to say goodbye to family and friends at Christmas. We had the privilege of seeing her several times and can tell you she was truly at peace and ready for this. She passed away before sunrise on January 9th with her family at her side. Many knew Corrine and will appreciate the enthusiasm, energy and warmth she brought to CARBC. She made many contacts on behalf of the ELPH team throughout the province that will continue as the project continues. She was so committed to the promotion of health equity. She played a significant role in data collection and analysis for Study 1 and was a main driver of the developing indigenous health equity analysis. She contributed so much to our team and was a constant source of wisdom, support and energy to many of us.



Staff (Vancouver)

Cindy Andrew

Program Consultant, Helping Schools

Nicole Bodner

Publications Officer

Dr Tim Dyck

Research Associate

Bette Reimer

Research Associate

Catriona Remocker

Research Associate

Evelyn Souza

Information Officer

Cathy Spence

Assistant to Dan Reist



Cindy Andrew



Nicole Bodner



Tim Dyck



Catriona Remocker



Bette Reimer



Evelyn Souza



Cathy Spence

Post-doctoral Fellows

Dr Megan McLarnon

(Psychology)

Dr Rachel Phillips

(Sociology)

Dr Marion Selfridge

(Social Dimensions of Health Program)

Dr Leah Shumka

(Sociology)

Dr Kara Thompson

(Psychology)

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Megan McLarnon



Rachel Phillips



Marion Selfridge



Leah Shumka



Kara Thompson



Bruce Wallace

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Russ Callaghan

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Lynne Belle-Isle



Meghann Brinoni



Russ Callaghan



Frank Elsner



Perry Kendall



Andrea Langlois



Philippe Lucas



Michael Miller



Warren O'Briain



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Evan Wood



Jeffrey Brubacher



Jane Buxton



Clay Holroyd



Bonnie Leadbeater



Marjorie MacDonald



Lenora Marcellus



Amy Salmon



Amanda Slaunwhite



Gerald Thomas

Collaborating Scientists

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Emergency Physician and Researcher, Vancouver General Hospital

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Professor and Director, Masters of Public Health, School of Population and Public Health, University of British Columbia, Physician Epidemiologist, Harm Reduction Lead, BC Centre for Disease Control

Dr Clay Holroyd

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Executive Director, PEERS

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Physician

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University

Dr Kara Thompson

Post-Doctoral Fellow, Dalhousie University

Dr Mikhail Torban

Researcher

Dr Zach Walsh

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Lynne Belle-Isle



Clifton Chow



Anne George



Marvin Krank



Philippe Lucas



Samantha Magnus



Ingrid Pacey



Rachel Phillips



Diane Rethon



Deborah Rutman



Jackie Stokes



Kara Thompson



Mikhail Torban



Zach Walsh



Ashley Wettlaufer



Erica Woodin

Ashley Wettlaufer

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Dr Erica Woodin

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Graduate Students

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Melanie Callas



Lauren Casey



Nozomi Franco Cea



Erin Cusack



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Jessica Fitterer



Jackson Flagg



Alexandra Holtom



Andrew Ivsins

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Vandana Joshi

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Alex Kent



Philippe Lucas



Wanda Martin



Trudy Norman



Renée O'Leary



Tina Revai



Audra Roemer

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Alina Sotskova

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Krystal Summers

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Sarah Wojcik

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University of Victoria



Florian Schmidt



Krystal Summers



Adam Sherk



Sarah Wojcik



Amanda Slaunwhite



Alina Sotskova

Undergraduate Students

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University of Victoria

Renay Maurice

Honours Student, Department of Sociology,
University of Victoria

Casey Sharpe

Honours Student, Department of Psychology,
University of Victoria



Nicole Gillette



Renay Maurice



Casey Sharpe



COLLABORATING CENTRES

British Columbia:

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

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, National Alcohol Research Center, Berkeley, CA, USA

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

National Drug Research Institute, Curtin University, Perth, WA, Australia

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

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
Collaborating Centre for Prison Health and Education
Directions Youth Services
Dr. Peter AIDS Foundation
Eastside Illicit Drinkers for Education
Health Initiatives for Men (HIM) and Youth Co
PACE Society
Pender Clinic

PHS Community Services Society
Pivot Legal Society
Portland Housing Society
Positive Living Society of British Columbia
SheWay
The FORCE Society for Kids' Mental Health
Vancouver Area Network of Drug Users (VANDU)
Vancouver Coastal Health

British Columbia

BC Centre for Disease Control
BC Centre for Excellence in HIV/AIDS
BC Ministry of Health
BC Non-Profit Housing Association
Canadian Mental Health Association (BC Division)
Public Health Association of British Columbia,
Victoria

Rest of Canada:

AB, Centre of Hope, Ft. McMurray
NL, Marguerite's Place in St. John's
NS, National Collaborating Centre for the
Determinants of Health
NS, Stepping Stone, Halifax
ON, Canadian Centre on Substance Abuse, Ottawa
ON, City of Toronto/Seaton House Annex Harm
Reduction Program, Toronto
ON, Ottawa Inner City Health, Ottawa
ON, Public Health Agency of Canada, Ottawa
ON, Sex Workers' Action Network of Waterloo Region,
Waterloo 2
ON, Shelter House (Kwae Kii Win Centre), Thunder Bay
ON, Wesley Urban Ministries, Hamilton

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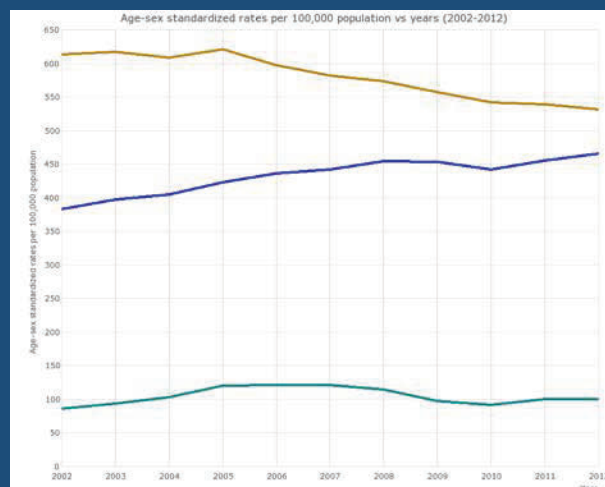
KEY RESULTS AREA: *To Build Capacity*

“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

CARBC and collaborators have created a new resource that gives instant access to BC-wide data on hospital admissions and deaths caused by alcohol, tobacco and illicit drugs in an interactive format. The Alcohol and Other Drug (AOD) Trend Analyzer is located at <http://bit.ly/AODTrend>. Users can now receive graphic displays and data tables showing annual rates of AOD-related harms between 2002 and 2012 at any geographic level from the 89 local health areas to the 16 health service delivery areas, the five health authorities, and the province as a whole. Users of the resource can choose to view the data by type of outcome, type of diagnosis, age and gender. The resource will be updated annually and is the culmination of many years of collaboration with Dr Jane Buxton and colleagues at the BC Centre for Disease Control. We are now also in active discussions with the Canadian Institute for Health Information and the Canadian Centre on Substance Abuse to create a national version of this resource for all provinces and territories. There has also been considerable success in the past year with knowledge exchange funding applications. Applications for research funding have been relatively low, reflecting previous successes in earlier years, resulting in a strong overall financial situation.

Alcohol and Other Drugs Trend Analyzer Tool



University of Victoria
Centre for Addictions Research of BC

<http://bit.ly/AODTrend>

Alcohol related harm is catching up with tobacco harm in BC: check out local trends with this new web based tool.

Successful applications to funding competitions

Sex Workers as Educators. Networking HIV prevention strategies, \$6,000, from 2015 to 2016.

Free-Standing Birth Centres: Planning an Ethnography of an Alternative Workplace for Midwives. CIHR Planning and Dissemination Grant, Institute Community Support Program, \$10,000, from 2014 to 2015.

Socio-Cultural and Environmental Health Risks and Resilience among Street-Based Women and Transgender Sex Workers. CIHR Operating Grant, \$100,000, from 2014 to 2016.

Building on the Evidence: An International Symposium on Sex Work in Canada. CIHR Planning and Dissemination

Grant, Institute Community Support Program, \$10,000, from 2014 to 2015.

Risk in Birthing Choices: Is it Worth the Labour? CIHR Planning Grant, \$22,860, from 2014 to 2016.

Clearing the Air: A Systematic Review of the Evidence of the Harms and Benefits of E-Cigarettes and Vapour Devices. CIHR Knowledge Synthesis Grant, \$100,000, from 2014 to 2016.

Alcohol and Other Drug Treatment Services. Island Health Grant, \$49,456, from 2014 to 2016.

Commissioned contracts won and other grants

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

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

Income for 2014/2015

The chart below identifies our major sources of income (including funds carried forward) during the 2014/15 fiscal year. Combined surpluses (or deficits) carried forward and new revenue for the fiscal year was a total of \$4,853,255. Most new funding came from peer-reviewed grants (mostly CIHR), closely followed by funds from knowledge exchange contracts.

CARBC 14/15 Revenue and Carry Forward Summary

■ Research Grant Competitions	\$1,941,061
■ Other Research Grants and Contracts	\$336,478
■ Knowledge Exchange Grants and Contracts	\$1,747,856
■ Endowment	\$399,977
■ Overhead	\$427,884

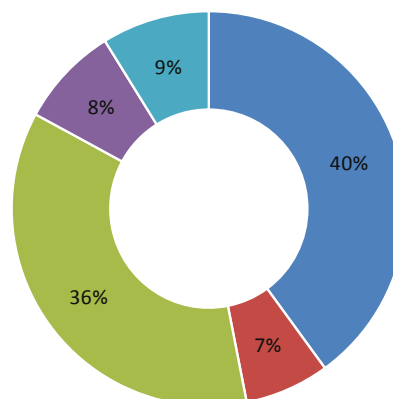


Table 1: Performance Indicators for Key Result Area 1 (Building Capacity)

OBJECTIVE	PERFORMANCE INDICATORS
1.1 To maintain or increase funding for substance use and health research at CARBC	Maintain or increase funding for substance use 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 2014/15: (a) \$298,316 (b) \$66,367
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 2014/15: (a) \$10,000 (b) \$913,874
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 2014/2015: 12 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 2014/15: (a) 15 (b) 7
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 2014/2015: 8

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

HIGHLIGHTS

A major highlight has been the University of Victoria’s nomination for Dr Karen Urbanoski to be a Canada Research Chair in the area of Substance Use, Addictions and Health Services Research. Should this nomination be successful, she will also serve as a CARBC Scientist. Dr Urbanoski is currently a Section Head with the Centre for Addiction and Mental Health in Toronto where her main focus is on the development and course of substance use problems and addiction, and the roles played by health and social service systems in recovery. She is particularly interested in evaluating processes of treatment-assisted recovery and the interplay between external mandates and client motivation. Her current projects include a system-level evaluation of integrated treatment for pregnant and parenting women with addictions, and a longitudinal investigation of psychosocial risk factors in the development of substance-related problems. CIHR will announce the nomination outcome in September 2015.



Karen Urbanoski

The Centre has continued to attract a wide range of graduate students from multiple disciplines to focus their dissertation research on issues relating to substance use, addiction and harm reduction. A total of 34 graduate students were under supervision of a CARBC Scientist along with three undergraduate and four post-doctoral fellows. With generous help from Island Health, we were able to offer \$49,000 in 2014/15 in stipends and fellowships to the students at CARBC.

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

OBJECTIVES	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 within CARBC each year</p> <p>Maintain or increase number of post-doctoral fellows with CARBC</p> <p><i>Benchmarks: 11/3</i></p> <p>2014/15: 13/6</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></p> <p>2014/15: 31 graduate and 3 undergraduate</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></p> <p>2014/15: 9/12</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></p> <p>2014/15: 6</p>

“To conduct high quality research that increases understanding of substance use, addiction and related harms in order to inform effective responses and promote health.”

HIGHLIGHTS

There has been a continuing focus on studies of the BC treatment system, including examining trajectories of individuals through the health system who receive diagnoses related to substance use, estimates of need for addiction services by geographic area and a major evaluation of Managed Alcohol Programs (MAP) in Canada. This theme is also picked up in a major CIHR-funded project examining how the combined use of alcohol and psychostimulant drug use (including energy drinks and other forms of caffeine) impacts on hospital emergency rooms (ER) in BC. Data collection on over 2,700 injured and ill attendees at three ER sites (St Paul's, Vancouver General and Royal Jubilee) was completed in 2014/15 and analysis of the extent to which attendance was attributable to different alcohol and drug combinations will now commence. A unique nationwide study of the sex work industry was also completed last year and a number of analyses and dissemination activities are underway, including an examination of the role of substance use as part of the context for harms experienced by sex workers and opportunities for harm reduction. The CIHR-funded Equity Lens in Public Health (ELPH) project has continued to engage the public health system in BC to develop strategies and indicators of providing equitable access to harm reduction and other treatment services for low income and marginalized members of the community. Another major focus has been explorations of the role of substance use as part of the context for the spread of blood-borne viruses among men who have sex with men.

In the alcohol policy domain, we have continued our focus on outlet density and pricing strategies in connection with impacts on crime both in British Columbia and Saskatchewan. We have also been engaged in fundamental epidemiological research investigating the dose response relationship between typical alcohol consumption and risk of serious diseases, including breast cancer, prostate cancer, diabetes and mortality from all causes.

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: CIHR operating grant, \$522,556, from 2012 to 2016.

Background: There is increasing concern about the role of energy drinks mixed 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 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 ended at Royal Jubilee Hospital in Victoria and Vancouver General Hospital and St. Paul's Hospital in Vancouver on March 31, with data obtained on 2,802 patients, of which approximately 1,200 were admitted to the ER for an injury. Data are presently being entered and cleaned and analysis is planned to commence in early July.



Tim Stockwell



Cheryl Cherpitel



Scott Macdonald



Jeff Brubacher



Kristina Brache



Jinhui Zhao

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

Investigators: Chikritzhs, T. (PI), Stockwell, T. [Co-PI], Naimi, T. & 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 grant has focused on additional disease outcomes, including breast cancer, dementia, coronary heart disease, diabetes, prostate cancer, 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 2014/15 we completed systematic reviews and meta-analyses on alcohol use and all-cause, prostate cancer, coronary heart disease and diabetes mortality. The findings to date suggest that (a) despite the appearance of protective effects of moderate drinking against heart disease, there may be no net benefits to health from drinking within low-risk drinking guidelines, and (b) there is a dose response risk of prostate cancer from the consumption of alcohol.

Clearing the Air: A Systematic Review of the Evidence on the Harms and Benefits of e-Cigarettes and Vapour Devices

Investigators: MacDonald, M. (PI), Stockwell, T. (Co-PI), O'Leary, R.

Funding body: CIHR

Background: This meta-narrative review was prompted by the rise in the use of e-cigarettes and other vapour devices, and the divide within the public health community over how vapour devices will impact the tobacco epidemic. The purpose of this one-year Knowledge Synthesis project is to conduct a meta-narrative systematic review in which we will endeavour to explain the discrepancies in the literature and contribute to resolving the conflict in public health over this issue. An integrated knowledge translation approach is central to our knowledge synthesis project.

Progress to date: The search strategy was developed in consultation with an expert librarian. The search for academic literature was conducted in April 2015, which yielded 981 included articles from 15 academic databases. The research articles were mapped into their respective disciplines, and evidence tables were extracted. This preliminary research was reviewed in a full team meeting on May 29, 2015, and further revisions were made to the report structure. The project is currently conducting its preliminary analysis of the academic literature which will be further enriched with grey literature in the next part of the meta-narrative review.



Marjorie MacDonald



Renée O'Leary and e-Cigarettes.

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 2014/15: 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 hospitalization 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. Data sets 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)



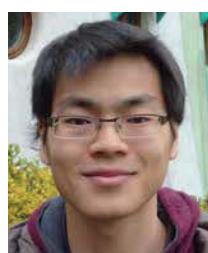
Kate Vallance



Clifton Chow



Jane Buxton



Andrew Tu



Gina Martin



Jinhui Zhao



High Risk Interviewers. Back row (L to R): Eric Eligh, Herman Leung, Kate Vallance, Sarah Wojcik. Front row (L to R): Cam Butler, Jenna Grant, Melanie Callas

CARBC AFFILIATED PROJECTS

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

Investigator: 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 is 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 papers have now been published in *Addictive Behaviors* and *Journal of Interpersonal Violence* regarding the prenatal and longitudinal associations between alcohol use and family functioning. The data has also been presented at several research conferences.

Cannabis and Motor Vehicle Crashes: A Multi-Centre 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: CIHR

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 policymakers 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.



Jeff Brubacher

Progress to date: The study has been launched in trauma centres across BC. We have collected data from almost 2,000 injured drivers. Our goal is to obtain data from 3,000 injured drivers. Analysis of blood samples from the first 1,097 injured drivers showed a high prevalence of alcohol, cannabis and a broad range of other impairing drugs, including both prescription medications and illicit recreational drugs. Those findings were presented at the 2014 Canadian Multidisciplinary Road Safety Conference (Vancouver, June 2014).

Cross-National Analysis of Alcohol and Injury

Investigator: 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., Strathdee, S. & Roy, E. (Co-Is)

Funding body: CIHR 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 will (a) identify social demographic and behavioural determinants in participants who have recently tested HIV positive, (b) provide ongoing information and support to community members, service providers and government ministries involved in combating health and social problems among street youth, and (c) inform interventions to address issues and gaps in service and treatment.

Progress to date: Recent publications from this continuing project have highlighted the worryingly high rates of Hepatitis C among street-involved youth in Vancouver (*British Medical Journal*) and also especially among young women (*Journal of Adolescent Health*).



Left to right: Trudy Norman, Kara Thompson, Amanda Farrell-Low, Lynne Belle-Isle, Chantele Joordens, Kathleen Perkin, Mary Clare Kennedy, Geoff Cross, Kate Vallance, Emma Carter, Joanne Thompson.

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: CIHR 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 healthcare 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. 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: Recruitment for this study is complete and several manuscripts have now been published. The main finding is that lifetime alcohol consumption (LAC) and blood alcohol level (BAL) at time of injury did provide a unique contribution toward the prediction of attention and executive functioning abilities; however, the variance accounted for was small. In this study, BAL and LAC were not predictive of mental health symptoms, post-concussion symptoms, cognition, or white-matter changes at 6-8 weeks following TBI.

Assessing the Impacts of the Minimum Legal Drinking Age on Alcohol-Impaired Driving in Canada

Investigators: **Callaghan, R.**, Gatley, J., Sanches, M., Asbridge, M. & **Stockwell, T.**

Funding body: CIHR Operating Grant

Background: Recently, the Canadian Public Health Association and the expert-panel, Canadian National Alcohol Strategy (NAS) working group, have recommended increasing the Minimum Legal Drinking Age (MLDA) to 19 years of age across all provinces, with acknowledgment of a national MLDA of 21 years as ideal. The current study aims to assess the impacts of Canada's drinking age laws on alcohol-impaired driving arrests in Canada. We utilized data from the Uniform Crime Reporting (UCR) Incident-Based Survey, 2009-2013 - a Statistics Canada database of substantiated police-reported crimes. Our study found that, in comparison to males slightly younger than the MLDA, those just older than the MLDA had abrupt increases in impaired driving incidents of 35.1% nationally. Among females, Alcohol-Impaired Driving (AID) incidents increased immediately following the MLDA by 19.4% at the national level.



Russ Callaghan

Progress to date: Revise and resubmit to Addiction

Impacts of Drinking-Age Legislation on Police-Reported Motor Vehicle Collisions in Canada

Investigators: **Callaghan, R.**, Gatley, J., Sanches, M., Asbridge, M. & **Stockwell, T.**

Funding body: CIHR Operating Grant

Background: Given that the recent Canadian National Alcohol Strategy has recommended raising the minimum legal drinking age (MLDA), it is critically important to assess the impact of current drinking-age laws on motor vehicle collisions – one of the most prominent outcomes measured to assess the effectiveness of MLDA legislation. The current study aims to assess the impacts of drinking-age legislation on police-reported motor vehicle collisions in provinces and territories across Canada.

Progress to date: Statistical analyses have been completed, and manuscript is in preparation.

Evaluation of the Impacts of Canada's Minimum Legal Drinking Age Legislation on Sexual Assault Crimes among Youth

Investigators: Gatley, J., Sanches, M. & **Callaghan, R.**

Funding body: CIHR IMPART Fellowship (to graduate student Jodi Gatley) and CIHR Operating Grant

Background: This study adds to the evidence of the effect of Canadian Minimum Legal Drinking Age (MLDA) laws on alcohol-related harms among youth. Sexual assault is common among young adults, and approximately 50% of sexual assaults involve alcohol consumption by the perpetrator, victim or both. Only a few studies have addressed the relation between MLDA legislation and non-traffic-related crimes, and only one of these studies specifically examined sexual assault crimes. We utilized data from the Uniform Crime Reporting (UCR) Incident-Based Survey, 2009-2013—a Statistics Canada database of substantiated police-reported crimes for the primary outcomes sexual assault crimes and other sexual violations, as well as a control category of fraud crimes. In comparison to males slightly younger than the MLDA, those just older than the MLDA had abrupt increases in sexual assault crimes (31.9%) and other sexual violations (17.4%). There was no evidence of MLDA-related increases in sexual crimes committed by women.

Progress to date: This study will be presented as a poster at the 27th meeting of the Association for Psychological Science annual convention, May 21-24, 2015, in New York.

RESEARCH PRIORITY 3

EDUCATIONAL, LEGISLATIVE AND REGULATORY STRATEGIES

CARBC PROJECTS

Evaluating the Impact of Minimum Pricing in Saskatchewan on Crime and Health Outcomes

Investigators: Stockwell, T., Zhao, J., Callaghan, R., Macdonald, S. & Sherk, A.

Funding body: CARBC Endowment Fund

Background: This set of studies continues a recent research tradition of evaluating public health and safety impacts of minimum pricing policies in Canada, the topic of a recently completed CIHR funded project. There is strong interest in minimum pricing internationally, and Canada is one of the few countries in the world that sets “floor prices” on alcohol products. Saskatchewan has been identified as an example of best practice in that it has progressively introduced comprehensive minimum prices for all types of alcoholic beverage, updated them at intervals to maintain relatively high minima and, since 2010, have adjusted rates according to the alcohol strength of beverages within each major category. We have sourced national crime data from Saskatchewan, Manitoba and Alberta, including outcomes likely to be alcohol-related such as violence, disorderly conduct and traffic violations. We have also secured data for Saskatchewan on presentations to emergency departments by time of day.

Progress to date: Analyses of crime data has been completed and a paper has been prepared for presentation at an international conference prior to submission for publication.



Tim Stockwell



Jinhui Zhao



Russ Callaghan



Scott Macdonald



Adam Sherk

MINIMUM ALCOHOL PRICING IN BRITISH COLUMBIA

What is minimum pricing?

- Minimum pricing is a SET MINIMUM PRICE FOR A DRINK OF ALCOHOL below which it cannot be sold
- Research supports setting minimum alcohol prices PER STANDARD DRINK at:
- \$3 IN BARS, PUBS & RESTAURANTS**
- \$1.50 AT LIQUOR STORES**
- Strong evidence supports the LINK BETWEEN ALCOHOL PRICE AND HARMS

Did you know?

- Minimum pricing will NOT affect every product ONLY products currently sold at low prices
- only 11% of the 5300 products sold in BC would increase in price if minimum prices were set at \$1.50
- Minimum pricing will not affect everyone
- The greatest impact will be on the health of YOUNG PEOPLE AND HEAVY DRINKERS* (*>30 drinks/week for men, >20 drinks/week for women)

University of Victoria | Centre for Addictions Research of BC

References: <http://bit.ly/sheffmp> • <http://bit.ly/AlcHosp> • <http://bit.ly/bcAlc>

facebook.com/carbc-uvic | @carbc-uvic | carbc2300.wordpress.com | www.carbc.ca

CARBC AFFILIATED PROJECTS

Evaluation of Traffic Safety Interventions in British Columbia

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

Funding body: CIHR

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) was estimated at \$63 billion. Preventable driver factors, especially speeding, impaired driving and distracted driving, play a role in most fatal or injury crashes, and 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. Under the changes that BC imposed in 2010, drivers who get caught for the first time with a blood alcohol content (BAC) of .05% to .08% have their driver's licence immediately suspended for three days and, at police discretion, may also have their vehicle impounded for three days (instead of the previous one-day suspension and no vehicle impoundment). They also must pay fees of approximately \$600, compared to no fines before. Drivers with a BAC higher than .08% have their licences immediately suspended for 90 days and their vehicle impounded for 30 days. The new laws also include fines for cell phone use while driving, and vehicle impoundments for excessive speeding or street racing. Our team conducted a comprehensive evaluation of these new laws with attention to how implementation and contextual factors modified the outcome.

Progress to date: The evaluation is complete and results are being published. Main findings are that the new laws were associated with a 21% reduction in fatal crashes, an 8% reduction in hospital admissions for road trauma, and 7.2% fewer ambulance dispatches for road trauma. The beneficial effects of the new laws were due mostly to a marked reduction in crashes related to drinking and driving.

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 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 is complete, with a presentation scheduled for the 2015 meeting of the International Cannabinoid Research Society. We 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.



Philippe Lucas



Zach Walsh

RESEARCH PRIORITY 4

COMMUNITY-BASED PREVENTION PROGRAMS

CARBC AFFILIATED PROJECTS

A Mixed Method Evaluation of the Impact of the Dr. Peter Centre on Healthcare 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: CIHR Partnership for Health System Improvement Grant

Background: The availability of highly active anti-retroviral 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 healthcare 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 healthcare 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.



Bernie Pauly

Progress to date: The DPC study has closed enrolment into the baseline survey. We have recruited a total of 121 participants into the baseline survey. The follow-up survey, rolling out in May 2015, aims to re-contact participants approximately one year since they completed the baseline survey. The virtual cohort study (or linkage study) has so far recruited ~75 participants. It will continue to recruit participants until the end of the study in March 2016. The qualitative component of the study has finished the data collection phase and has recruited 31 participants. Coding and data analysis has begun and manuscripts are currently under development using qualitative data.

Boys' and Men's Health (Advancing Research to Improve Boys' and Men's Health) HIV Prevention for Gay and Bisexual Men: A Multi-Site Study and Development of New HIV Prevention Interventions

Investigators: Hart, T. (PI), & **Roth, E.**

Funding body: CIHR Team Grant

Background: This project will focus on sexual and mental health of gay and bisexual men in Vancouver, Toronto and Montreal. It will consist of a prospective cohort study with participants completing computer-assisted interviews every six months for up to three years.

Progress to date: Dr. Roth is working with Drs. David Moore and Trevor Hart to develop the Substance Use Section of the questionnaire for this new team grant.



Eric Roth

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: CIHR

Background: Local coordinators are continuing to identify and code key documents, including municipal Homelessness Action Plans (HAPs), public consultation reports about the HAPs, progress or evaluation reports, National Homelessness Initiative, Homelessness Partnering Strategy (NHI/HPS) reports, other municipal policy documents related to HAPs, reports written by community organizations involved in homelessness, substance use and housing concerns, and provincial and federal policy statements or documents about the intersection of these homelessness and housing issues. Site coordinators have reviewed the history of HPS funding which provides a conceptual framework for policy directions that have informed past and current HAPs or community plans.

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 have been prepared into a full report that is being circulated to the team. An academic press has been approached to publish a co-authored book based on materials from the study.

Sex Workers as Educators: Networking HIV Prevention Strategies

Investigators: **Benoit, C.** (Nominated PI, Reading, C. (PI, **Jansson, M.**, Atchison, C., **Shumka, L.** (Co-Is), **Phillips, R.** (Principal Knowledge User), **Potvin, N.**, Clouthier, D., Salvati, S. & **Belle-Isle, L.** (Knowledge Users).

Funding body: CIHR

Background: This study was initiated by PEERS Victoria Resources Society as an opportunity to increase the effectiveness of HIV/AIDS prevention and treatment services for sex workers in the Victoria metropolitan area. The team will first summarize the scholarly literature on the topic of HIV/AIDS, other risk factors including substance use and sex work, as well as analyze relevant data on sex workers, clients, intimate partners and managers from a recently completed team grant research project on health and safety in the Canadian sex industry. The research summary will subsequently support the piloting of a peer-based knowledge exchange initiative led by sex workers which targets their personal and workplace networks. The project will additionally launch a training day for service providers. The training event will combine curriculum on emerging trends in research evidence linked to sexual and general health and violence and substance use harm reduction, as well as innovations in peer-based leadership.

Progress to date: The research summary and ethics application are being prepared. A team meeting is planned for the summer 2015.



Cecilia Benoit



Mikael Jansson



Leah Shumka



Rachel Phillips



Natasha Potvin



Lynne Belle-Isle

RESEARCH PRIORITY 5

TREATMENT SYSTEMS AND PROGRAMS

CARBC PROJECTS

Needs-Based Planning of Substance Use Treatment Services in BC

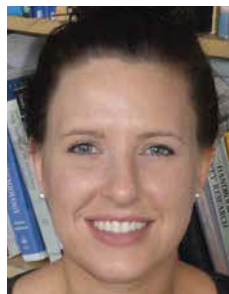
Investigators: Macdonald, S., Slaunwhite, A. & Joordens, C.

Background: 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, Canadian Alcohol and Drug Monitoring Survey 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: A report was provided to the Ministry of Health in the fall.



Scott Macdonald



Chantele Joordens



Amanda Slaunwhite

Managed Alcohol Programs: Evaluating Effectiveness and Policy Implications

Investigators: Pauly, B. (Nominated PI), Stockwell, T., De Pape, D. (Co-PIs), Chow, C., Evans, J., Gray, E., Kryswaty, B., Perkin, K., Vallance, K., Wettlaufer, A. & Zhao, J.

Funding bodies: Canadian Institutes for Health Research; Shelter House, Thunder Bay; Michael Smith Foundation of Health Research; Vancouver Coastal Health Authority

Background: 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 study will rigorously evaluate MAPs in Canada and generate insights into their implementation. 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 MAPs 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.

Progress to date: A pilot study evaluating the Thunder Bay MAP was completed, a final report prepared and an article has been submitted for publication. Data collection has been underway at all five sites and will end in December 2015. Access to police, health and death records has been secured for all sites as part of the follow-up comparison planned between MAP participants and controls with similar profiles.



Bernie Pauly



Tim Stockwell



Clifton Chow



Kathleen Perkin



Kate Vallance



Ashley Wettlaufer



MAP Team

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.

Progress to date: This study was completed and been credited towards the dissertation requirements for a PhD in Geography. Three papers have been submitted for publication and two have been published.



Amanda Slaunwhite

CARBC AFFILIATED PROJECTS

A Randomized, Double-Blind, Controlled Pilot Study of MDMA-Assisted Psychotherapy in 12 Subjects with Treatment-Resistant PTSD

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

Funding body: Multidisciplinary Association for Psychedelic Studies (USA)

Background: 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.



Ingrid Pacey

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: CIHR Health Research Operating Grant

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

Progress to date: Dr. Roth led the development of the Substance Use Section portion of the survey questionnaire and is now meeting to discuss initial analysis of these data.

Medical Cannabis and Arthritis: Barriers and Pathways

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

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

Background: This project is 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, and is affiliated with the University of British Columbia.

Progress to date: Data collection is complete, with a presentation scheduled for the 2015 meeting of the International Cannabinoid Research Society. Preliminary findings indicate that the perceived efficacy of cannabis was comparable to other analgesics such as opiates and NSAIDs, and that cannabis was perceived to be more effective for improving activity level and mood despite chronic pain.

Clinical Trial of Medical Cannabis for PTSD

Investigators: Walsh, Z. (PI), Mitchell, I., Lucas, P., Eades, J., Bonn-Miller, M.

Funding body: Tilray - Health Canada licensed producer of medical cannabis - Investigator Initiated Partnership

Background: A clinical trial to examine the effectiveness of three preparations of vaporized cannabis for the reduction of all-cause PTSD symptoms. This novel study is among the first clinical trials of cannabis to treat a psychiatric disorder and is affiliated with the University of British Columbia.

Progress to date: Agreement established between UBC and Tilray. The research team is assembled and we are preparing documents for review by Health Canada and UBC Research Ethics.



Zach Walsh



Philippe Lucas

Equity Oriented Primary Healthcare 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: CIHR

Background: 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 healthcare. This research is being conducted at two sites in BC (including Victoria) and two in Ontario.

Progress to date: The final phase of data collection at the BC sites is complete and researchers are now undertaking preliminary analysis on data from over 400 participants. Each site has received training in trauma-informed care, and site-specific health equity interventions are being developed and implemented.

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 as to 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 study examined 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 were analyzed as part of a doctoral dissertation and a manuscript will soon be submitted for publication. Results from this study have also been presented at several research conferences.

RESEARCH PRIORITY 6

SOCIAL DETERMINANTS AND CONTEXTS OF SUBSTANCE USE

SPECIAL FEATURE

Dr. Bernie Pauly - Harm Reduction Pioneer

From streets to boardrooms, CARBC Scientist, Dr Bernie Pauly is leading research that is informing solutions to reduce the harms of substance use, especially for those who are more vulnerable due to homelessness and poverty. “We need to study solutions that will mitigate the harms of substance use not just the problems,” she says. Her research embodies CARBC guiding principles of collaborative relationships, ethics, social equity and justice and harm reduction.

Both Pauly’s major research projects — Equity Lens in Public Health (ELPH) and a national study of managed alcohol programs (MAPs) – examine the role of services and supports in mitigating the harms of substance use for people who are often disadvantaged because of social circumstances. “As part of ELPH, we are looking at how specific challenges faced by vulnerable populations are being addressed through harm-reduction services and what can be done to strengthen public health services to prevent the harms of substance use” she says.

Pauly, along with CARBC director Tim Stockwell, is leading the MAP study — the first national study of its kind in Canada. In MAP, they are looking at five managed alcohol programs across the country that provide housing and controlled access to alcohol for people with severe and chronic alcohol problems that have not responded to abstinence treatment. This study will provide evidence about outcomes and effective implementation of MAP programs. “This is an innovative intervention and we want to know how well it works, who it works for and how,” says Pauly. This information is posed to guide the development of future programs and policy in Canada. Like all of Pauly’s projects, her research is done collaboratively with people who are affected by substance use and those who can act on the knowledge generated.

Recently, Pauly partnered with clinical program leads at a large urban hospital to look at ways to reduce barriers to hospital care for people who use illicit substances. Pauly and her team worked closely with hospital staff and people who use drugs to design research questions, collect data and examine relevant policies, sharing findings along the way. They discovered that while hospital staff prided themselves on having a harm-reduction philosophy, the organizational substance-use policies did not reflect harm-reduction best practices such as providing needle exchange. The study resulted in the hospital changing its substance-use policies including allowing nurses to give out clean supplies.

Pauly has partnered with decision makers, healthcare staff, front-line shelter staff and people who use drugs to improve programs and policies that prevent and reduce the harms of substance use. “It is critical to work directly with people who use drugs in creating solutions that will prevent harms of substance use.” To that end, she has worked with peer-run organizations across Canada to build greater capacity for their participation in research, policies and programs. “Being able to participate in decisions that affect you is fundamental to equity and social justice”, says Pauly. Building capacity for participation and taking a collaborative approach to real world problems is key to generating realistic solutions that contribute to improvements in policies and programs that prevent the harms of substance use.



Bernie Pauly

“Being able to participate in decisions that affect you is fundamental to equity and social justice.”

CARBC PROJECTS

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: CIHR Research Team Grant: Violence, Gender and Health

Background: This CIHR team grant examines the perspectives and experiences of each of the following: 1) those who sell sexual services, 2) intimate partners of workers, 3) those who buy sexual services, 4) those who manage the services, and 5) those involved in regulating the industry. Of central interest are issues around safety, conflict, violence, substance use, vulnerability and power for different demographic groups and across work contexts and social spaces, and the damaging impact of how people treat them.

Progress to date: Data collection is completed, with a final sample of 218 sex workers, 35 spouses/ intimate partners of sex workers, 258 clients, 55 sex industry managers, and 106 regulators and service providers. A national report was released in the fall of 2014 coinciding with an international symposium and workshop. Numerous other knowledge exchange activities occurred over the last 12 months, including Fact or Science Fiction myth buster published by the CIHR Institute of Gender and Health and a paper examining the link between stigma, sex work, and less acceptable substance use. Academic papers have been submitted for peer review.



Cecilia Benoit



Mikael Jansson



Rachel Phillips



Dan Reist



Eric Roth

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-PIs), Ostry, A., George, A., Wharf Higgins, J., Marcellus, L., Hayes, M., Carroll, S. & Corneil, T.

Principal knowledge user: O'Briain, W.

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: CIHR

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: We have conducted a second systematic search to update the original 2013 health equity tools inventory. There are few health equity tools for public health in the area of substance use. Concept mapping is complete and we have developed practical criteria for the assessment of health equity tools. Preliminary analysis of Phase 1 data has been undertaken in relation to the priority of health equity within BC public health systems and services. Phase 2 interviews with senior public health staff and public health practitioners are under way. We have launched the social network analysis of harm reduction networks and promotion of health equity. Study 4 data collection is in process and the emphasis is on gaining insight into ethical issues of practitioners in the promotion of mental health and prevention of substance use harms. For more info, go to www.uvic.ca/elph



ELPH team. Back row (Left to Right): Jeanine Carriere, Marjorie MacDonald, Diane Allen, Jeremy Riishide, Stan Bersenev, Bernie Pauly, Charlotte Loppie. Front row (Left to Right): Phuc Dang, Sana Sharam, Alex Kent.

Socio-Cultural and Environmental Health Risks and Resilience among Street-Based Women and Transgender Sex Workers

Investigators: Orchard, T., **Benoit, C.** (PIs), Burch, M., Mohoney, R. & Oliver, V.

Funding body: CIHR

Background: This study examines how socio-cultural and environmental factors influence health risks and resilience among street-based women and transgender (i.e., male to female) sex workers in the tri-city area of Kitchener-Waterloo-Cambridge (KWC), Ontario. While research exists on women and transgender sex workers, these groups are often combined in study design and data analysis and very little attention has been paid to how their unique gendered and sexual identities affect their health. There is significant heterogeneity with regard to gendered identities, economic situation and substance use concerns. Assessing how these differences impact health risk and resilience will address pressing research gaps. Study findings will also inform the development of gender-specific service and policy initiatives to address the impact of socio-cultural and environmental influences on the substance use behaviour and other health challenges of street-based women and transgender sex workers in the research area, which has been identified by local health and service providers as a pressing and unmet need for these marginalized members of society.

Progress to date: Ethical approval has been attained and interviewing is underway. A team meeting is planned for the summer 2015.

Closing the Gender and Health Equity Gap: A Joint Response to the Health and Well-Being of Women in British Columbia, Provincial Health Officer's Report

Investigators: Phillips, R. & Benoit. C. (Co-PIs).

Funding body: Maternal, Child and Health Engagement Branch, Population and Public Health, BC Ministry of Health

Background: This contract involves a research report that takes an interdisciplinary focus on socio-economic and behavioural determinants, including problematic substance use, of women's health over the life course, including the key transitions associated with adolescence, reproduction and paid and unpaid work, and older adulthood. Special consideration is given to health equity for vulnerable and specialized groups of women and the relationships between key determinants of their health - such as race and ethnicity, income and education, housing, problematic substance use and social inclusion. The report draws on and extends the work of the Provincial Health Officer's 2008 Annual Report on The Health and Well-Being of Women in British Columbia and the foundations set forth in the 2004 Women's Health Strategy for British Columbia. Best practices emerging from research and policy and practice environments within Canada and abroad are also drawn upon to inform future directions for the promotion of women's health.

Progress to date: The report A Joint Response to the PHO's Report on Women's Health and Well-Being has been submitted to the BC Ministry of Health.



Rachel Phillips



Cecilia Benoit

Applying the Concept of Positive Deviance to Gay Men's Group Sex Events

Investigators: Roth, E. & Moore, D. (Co-PIs)

Funding body: CIHR Operating Grant

Background: This grant's objectives are to delineate behavioural strategies Vancouver gay and bisexual men use to protect themselves and their sexual partners from HIV/STD infection when attending group sex events. One focus is on patterns of substance use during these events. Participants are men enrolled in the Momentum Health Study who reported attending group sex events.

Progress to date: We have secured Human Ethics approval to begin collecting qualitative data for this project and have done pre-testing in Victoria and Vancouver.

HAART Optimism, Drug Use and Risky Sexual Behaviour among MSM in British Columbia

Investigators: Hogg, R., Moore, D. (PIs) & Roth, E.

Funding bodies: NIH and CIHR

Background: This grant represents the Momentum Health Study, a longitudinal bio-behavioural study of Vancouver gay and bisexual men. Interviewing and biological testing is continuing for participants, who will in total have eight repeated measures every six months with the project.

Progress to date: Results from the first cross-sectional sample of 719 men have been published in Culture, Health and Sexuality, with another paper just accepted to AIDS Care, and two more submitted to Archives of Sexual Behavior and Culture, Health and Sexuality.

Rural MSM/Gay Men on Vancouver Island

Investigators: Roth, E. & Birch, R.

Funding body: University of Victoria Internal Research Grant

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



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 student's Master's degree in Anthropology.

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 assist individuals to transition from homeless to houses, we need a good understanding of what works and for whom. 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?



Bruce Wallace and Bernie Pauly

Progress to date: A public forum was held in the fall to engage the community in discussion of the role of transitional housing in a Housing First environment, with a focus on the integration of harm reduction strategies. Data collection and analysis are complete, with two papers in process.

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: CIHR

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.

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: CIHR 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 healthcare 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-



Bernie Pauly



Lynne Belle-Isle



Ashely Mollison

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 was 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: A report of the national meeting was released in June 2014 and publications have been developed to discuss the impact of this initiative on community capacity building among people who use drugs as well as a description of the current status of peer-run organizations for people who use drugs.

The Effectiveness of Standard Drink Labelling as an Aid for Drinkers to Monitor their Personal Alcohol Use

Investigators: Stockwell, T., Hobin, E. & Osiowy, M.

Funding bodies: CARBC Endowment Fund, Ontario Public Health

Background: Canada's first national low-risk drinking guidelines were approved by federal, provincial and territorial governments in November 2011 and have been widely disseminated since that time. These guidelines advise consumers to drink within weekly and daily limits to reduce risks to health and safety. These limits are expressed in terms of "standard drinks" which are 13.45g of pure alcohol or roughly equivalent to a can or bottle of beer, a medium-size glass of wine or a shot of spirits, provided these beverages are average strength. There is increasing diversity in the range and strengths of alcoholic products available. Standard drink labelling is intended to communicate clear information to consumers about the alcohol content of their drinks so they can more easily comply with drinking guidelines. A series of studies have been undertaken, including an experimental study involving 301 Victoria liquor store customers undertaken by Montana Osiowy for her Honours dissertation and an internet-based study by Dr Erin Hobin to establish best formats and most impactful messages to accompany standard drink labelling. The new study is planned with a Canadian jurisdiction that is willing to implement the restricting guideline and standard rate labelling information on alcohol containers sold in government liquor stores.

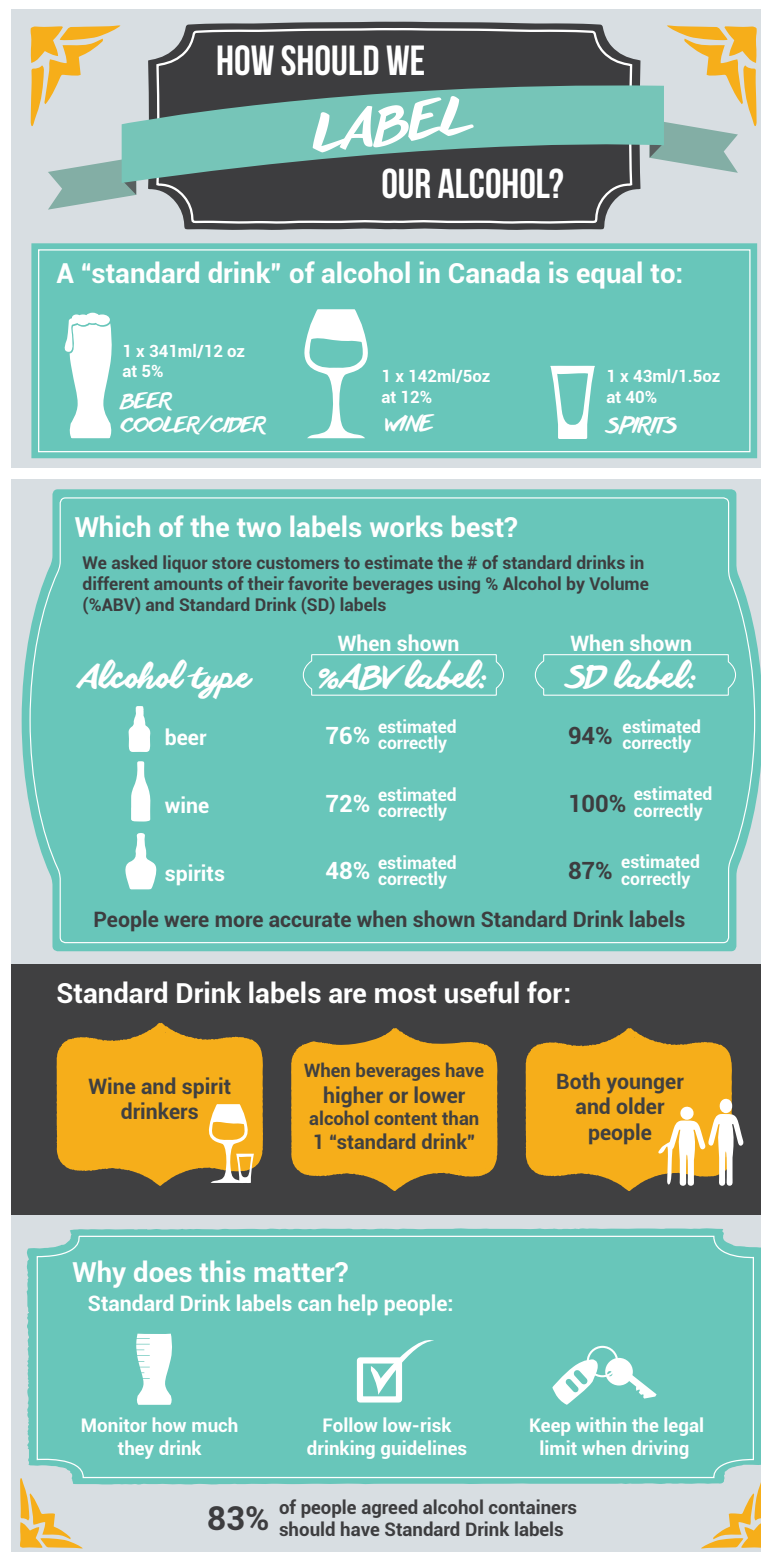


Montana Osiowy

Progress to date: The Victoria study of liquor store customers has been published in *Addiction Research and Theory*. The Ontario panel study has been completed and a paper is being prepared for publication. Erin Hobin and Tim Stockwell have applied to CIHR for funding to evaluate the implementation of these health messages in a Canadian jurisdiction. A partnership with the Canadian Centre on Substance Abuse (CCSA) has been established to support this work. CCSA has provided funding for pilot work.



Tim Stockwell in front of a Yukon liquor store.



Osiowy, M., Stockwell, T., Zhao, J., Thompson, K., & Moore, S. (2014). How much did you actually drink last night? An evaluation of standard drink labels as an aid to monitoring personal consumption. *Addiction Research & Theory*, (0), 1-7. | <http://bit.ly/DrinkLabel>



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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., Le Leonard, L., MacIsaac, C., Martin, F., Neves, K., Porter, C., Sketris, I. & Warren, D.

Funding body: CIHR Knowledge Synthesis Grant

Background: Realist review of the methadone treatment literature

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

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

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: 15</i> 2014/2015: 14
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: 5</i> 2014/2015: 11
3.3 To identify key strategic research opportunities that will inform policy, practice, strategy development and implementation	Number of new research projects initiated in response to emerging issues and opportunities that are consistent with this plan. <i>Benchmark: 5</i> 2014/2015: 7

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 2014/2015: 14</i></p> <p>Number of research projects ongoing and completed <i>Benchmark: 2 2014/2015: 1</i></p> <p>Number of research projects ongoing and completed <i>Benchmark: 6 2014/2015: 6</i></p> <p>Number of research projects ongoing and completed <i>Benchmark: 5 2014/2015: 5</i></p> <p>Number of research projects ongoing and completed <i>Benchmark: 8 2014/2015: 9</i></p> <p>Number of research projects ongoing and completed <i>Benchmark: 10 2014/2015: 9</i></p> <p>Number of research projects ongoing and completed <i>Benchmark: 5 2014/2015: 5</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 2014/2015: 27</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 2014/2015: 31</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 2014/2015: 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 2014/2015: 10</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

There has been high productivity once more in terms of peer-reviewed publications, citations of our work in the literature (n=1794), invited presentations and successful bids to present our research at conferences both in Canada and internationally. A major boost to our dissemination efforts has been the recent completion of our new website (see: www.carbc.ca) which now makes navigation of the many resources and outputs easier to undertake. We have also been fortunate to engage specific expertise in the social media and communications area with the employment of Amanda Farrell-Low who is also a CBC journalist. She has taught us already that strategic use of multiple media now available ensures wider attention to our research papers around the world. There follows a special feature highlighting these achievements.

Congratulations to Dr Bernie Pauly whose paper *Approaches to Evaluation of Homelessness Interventions* was selected by the editorial team of the journal *Housing, Care and Support* as its Outstanding Paper of 2014.

Social Media, Website Activities and Speaker Series

Social Media

CARBC continued to experience a high level of social media growth in 2014/15. We saw our Twitter followers swell from 880 to 1,375 and our tweets average over 1,000 impressions per day. Our Facebook numbers went from 516 to 777, with an average of 329 people seeing each of our posts.

Our infographics received a great deal of attention as well. Our Harm Reduction in BC infographic, which we created for International Harm Reduction Day on May 7, 2014, was shared 44 times and seen by over 2,500 people on Facebook when it was originally posted, and was shared by 50 people and seen by nearly 5,000 Facebook users when we re-posted an updated version in February 2015. We also heard anecdotal evidence from agencies around the province that they were printing copies to display in their offices and sites.

We also saw infographics being used by journalists to help them understand some of our more complex stories. For example, most of the coverage of our story on the under-estimation of drinking in telephone surveys followed the narrative laid out in our accompanying infographic, telling us that even if media outlets were not reprinting the graphic, they were using it to help understand the issues brought forth in the paper.

Over the summer, CARBC took part in a Twitter campaign organized by the Canadian Centre on Substance Abuse in order to promote Canada's Low-Risk Drinking Guidelines. All agencies saw an increase in web traffic over the campaign period, particularly in terms of resources related to low-risk drinking. We also created some mini-infographics for days such as Overdose Awareness Day (August 31).

On the Matters of Substance blog, we had 35 new posts in both one-off categories and series this past year. Our three series were on sex and drugs, drug education, harm reduction, and treatment services. The blog had nearly 16,500 views in 2014/15, including our most popular blog post to date: Gay Men, Sex(uality) and Crystal Meth Use, which had 3,382 views. Our blog also began its journey to a new domain as part of our website overhaul, with a new address at <http://oac.uvic.ca/carbc>.

Website

Last year saw the final stages of our migration over to UVic's web environment. CARBC's site can now be found at <http://uvic.ca/research/centres/carbc>, with our official change-over happening April 1, 2015. Included in the new site is a comprehensive publications database, project pages and staff profiles. Work continues on areas such as the Facts and Stats pages.

Media Summary

CARBC faculty and researchers were mentioned in a number of media reports this year, including publications based in India, Turkey, Australia, the UK and beyond. One of our biggest areas of reporting was on women and alcohol, with stories on the increased breast cancer risk for even small amounts of alcohol consumption, as well as women experiencing higher rates of alcohol-related injury than men. CARBC's paper on people under-estimating their drinking in telephone surveys was also a popular story, as was our sex industry survey report — particularly in light of the drafting of Bill C36, the federal government's new sex industry bill. Some of our stories even appeared in Chinese language publications.

Social Media Team



Amanda Farrell-Low



Chantele Joordens



Kara Thompson



Kate Vallance

CARBC Speaker Series

CARBC hosted 12 public lectures in 2014/15 on topics ranging from ayahuasca to sex worker health to harm reduction and e-cigarettes. Our most popular lecture was Bruce Alexander's September 12 Rat Park talk, which had over 100 attendees. This year also saw a new partnership with the research team at Island Health, who has generously provided their lecture theatre at Royal Jubilee Hospital for many of our events. This has allowed us to connect with the healthcare community not only in Victoria, but also across the Island, as the space has videoconferencing capabilities.

These public lectures are audio recorded and the power point and audio recordings are posted on the CARBC website and can be accessed via the following link:

<https://www.youtube.com/user/CARBCUVic>

PUBLICATIONS

Journal Articles

Andreuccetti, G., Carvalho, H., **Cherpitel, C.**, Ye, Y. & Leyton, V. (2015). Rethinking the debate on drinking and driving laws in Sao Paulo: Response to the letter by Volpe and Fantoni. *Addiction*, 110, 539-541.

Andreuccetti, G., Carvalho, H., Ye, Y., Bond, J., Monteiro, M., Borges, G. & **Cherpitel, C.** (2014). Does beverage type and drinking context matter in alcohol-related injury? Evidence from emergency department patients in Latin America. *Drug and Alcohol Dependence*, 137, 90-97.

Atchison, C., **Benoit, C.**, **Jansson, M.**, Burnett, P., **Kennedy, M.** & **Ouellet, N.** (In press). The influence of time and physical space on control in sex worker-client interactions. *Research for Sex Work*.

Bassett-Gunter, R., Levy-Milne, R., Naylor, P., Symons Downs, D., **Benoit, C.**, Warburton, D., Blanchard, C. & Rhodes, R. (In press). It's all about control? A comparison of theory of planned behaviour beliefs and healthy eating between couples without children and first-time parents. *Journal of Nutrition Education and Behavior*.

Belle-Isle, L., **Walsh, Z.**, **Lucas, P.**, Callaway, R., Capler, R., Kay, R. & Holtzman, S. (In press). Barriers to access for Canadians who use cannabis for therapeutic purposes. *International Journal of Drug Policy*. The Canadian AIDS Society have helped to produce a community summary available at <http://www.cdnaids.ca/barriers-to-access-for-canadians-who-use-cannabis-for-medical-purposes>.

Belle-Isle, L., **Benoit, C.** & **Pauly, B.** (2014). Addressing health inequities through social inclusion: The role of community organizations. *Action Research Journal*, 12, 177-193.

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Benoit, C., McCarthy, B. & **Jansson, M.** (In press). Stigmas and depression among a diverse sample of sex workers: A longitudinal analysis. *Canadian Public Policy*.

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Benoit, C., Stengel, C., **Marcellus, L.**, Hallgrimsdottir, H., Anderson, J., MacKinnon, K., **Phillips, R.** & Dearman, S. (2014). Providers' constructions of pregnant and early parenting women who use substances. *Sociology of Health & Illness*, 36, 252-263.

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Bond, J., Ye, Y. & **Cherpitel, C.** (2014). A comparison of results from two case-crossover methods for estimating the dose-response relative risk of injury due to drinking among emergency room patients. *Contemporary Drug Problem*, 41:91-108.

Borges, G., Zemore, S., Orozco, R., **Cherpitel, C.**, Ye, Y., Bond, J., Maxwell, J. & Wallisch, L. (In press). The co-occurrence of alcohol, drug use and disorders on both sides of the US-Mexico border. *Alcohol: Clinical and Experimental Research*.

Borges, G., Zamora, B., Garcia, J., Orozco, R., **Cherpitel, C.**, Zemore, S. & Breslau, J. (2015). Symptoms of anxiety on both sides of the US-Mexico border: The role of immigration. *Journal of Psychiatric Research*, 61, 46-51.

Brousse, G., Arnaud, B., Geneste, J., Pereira, B., De Chazeron, I., Teissedre, F., Perrier, C., Schwan, R., Malet, L., Schmidt, J., Llorca, P. & **Cherpitel, C.** (2014). How CAGE, RAPS4-QF and AUDIT can help practitioners for choosing specific interventions for patients admitted for acute alcohol intoxication in emergency departments. *Frontiers in Psychiatry*, 5, 1-7.

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Chikritzhs, T., **Stockwell, T.**, Naimi, T., Andreasson, S., Dangardt, F. & Liang, W. (2015). Has the leaning tower of presumed health benefits from moderate alcohol use finally toppled over? (Early online). *Addiction*.

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- Korcha, R., **Cherpitel, C.**, Witbrodt, J., Borges, G., Bazargan, S., Bond, J. & Gmel, G. (2014). Violence-related injury and gender: The role of alcohol and alcohol combined with illicit drugs. *Drug and Alcohol Review*, 33, 43-50.
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- Macdonald, S.**, Pakula, B., Martin, G., Wells, S., Borges, G., **Roth, E.**, **Salmon, A.**, **Stockwell, T.** & **Callaghan, R.** (2014). Health profiles of clients in substance abuse treatment: A comparison of clients dependent on alcohol or cocaine with those concurrently dependent. *Substance Use and Misuse*, 49(14), 1899-1907.
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Joordens, C., Macdonald, S. & MacMillan, J. (2015). Evidence-based planning of alcohol and other drug treatment services in BC: A collaborative effort between CARBC and the Ministry of Health. <https://carbc2300.wordpress.com/2015/03/05/evidence-based-planning/>

Slaunwhite, A. (2015). Drinking, disease and distance: Access and use of primary healthcare services for treatment of alcohol-attributed diseases in rural BC. <https://carbc2300.wordpress.com/2015/02/24/drinking-disease-and-distance/>

Bodner, N. (2014). Film-based classroom resource lets teens open up about cannabis, choices and consequences. <https://carbc2300.wordpress.com/2014/12/03/cycles/>

Andrew, C. (2014). Drug ed for parents: It's about relationships, not facts, stats and scare tactics. <https://carbc2300.wordpress.com/2014/11/20/drug-ed-for-parents-its-about-relationships-not-facts-stats-and-scare-tactics/>

Bodner, N. (2014). Does impaired driving reflect impaired learning? <https://carbc2300.wordpress.com/2014/11/18/does-impaired-driving-reflect-impaired-learning/>

Remocker, C. (2014). Plant the seeds and see what grows: Education and culture change. <https://carbc2300.wordpress.com/2014/10/22/plant-the-seeds-and-see-what-grows-education-and-culture-change/>

Reimer, B. (2014). Drug education takes many forms. <https://carbc2300.wordpress.com/2014/10/08/drug-education-takes-many-forms/>

Farrell-Low, A. (2014). Reducing harm? There's an app for that. <https://carbc2300.wordpress.com/2014/06/23/reducing-harm-theres-an-app-for-that/>

Shumka, L. (2014). Trans language awareness. <https://carbc2300.wordpress.com/2014/05/28/trans-language-awareness/>

Birch, R. (2014). Navigating the risks and rewards of group sex. <https://carbc2300.wordpress.com/2014/05/21/risk-rewards-group-sex/>

Chow, C. & Vallance, K. (2014). Social space, sexual identity and substance use. <https://carbc2300.wordpress.com/2014/05/01/social-space-sexual-identity-and-substance-use/>

Roth, E. (2014). A tale of two "sex drugs" among gay and bisexual men. <https://carbc2300.wordpress.com/2014/04/28/a-tale-of-two-sex-drugs-among-gay-and-bisexual-men/>

Benoit, C., Jansson, M. & McCarthy, B. (2014). The power of stigma and its impact on drug use among sex workers. <https://carbc2300.wordpress.com/2014/04/16/the-power-of-stigma-and-its-impact-on-drug-use-among-sex-workers/>

Roth, E. (2014). Sex and Drugs Blog Series: An Introduction. <https://carbc2300.wordpress.com/2014/04/14/sex-and-drugs-blog-series-an-introduction/>

Opinion Editorials and Letters to News Outlets

Pauly, B. (2015, March 4). Experience can point to homeless, drug solutions (Letter to the Editor). *Times Colonist*. Available online: <http://www.timescolonist.com/opinion/letters/experience-can-point-to-homeless-drug-solutions-1.1782137>

Pauly, B., Cross, G. & Wallace, B. (2014, October 31). Range of homelessness solutions needed. *Times Colonist*. Available online: <http://www.timescolonist.com/opinion/op-ed/comment-range-of-homelessness-solutions-needed-1.1489360>

CARBC Student Dissertations

Brache, K., PhD, Psychology. Alcohol and Energy Drinks: Motivations, Drinking Behaviours and Associated Risks.

Gillette, N., Honours, Psychology. Alcohol and Harm Reduction: A qualitative study of participants in a Managed Alcohol Program.

Holtom, A., M.A. Addressing problematic substance use among street-involved youth through harm reduction strategies.

Jansenberger, M., M.A. Legally blind people's experiences of stigma in the context of the labour market: Stories of adaptation and resistance.

Shumka, L., Post-Doctorate. Contexts of vulnerabilities, resiliencies and care among people in the sex industry.

Ghosh, H., Post-Doctorate. Seeking to improve mental health and addiction services among urban Aboriginal women.

Invited Presentations

Bassett-Gunter, R., Levy-Milne, R., Naylor, P., Symons Downs, D., **Benoit, C.**, Warburton, D., Blanchard, C. & Rhodes, R. (2014, May). 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, CA, USA.

Benoit, C., Atchison, C. & **Jansson, M.** (2015, March). Society's role in promoting violence in the sex industry. IdeaFest, University of Victoria.

Benoit, C. (2015, March). Understanding Sex Work: Evidence, Faith, and Popular Perceptions. Chapel of the New Jerusalem, Christ Church Cathedral, Victoria, BC.

Benoit, C., Jansson, M. & Ouellet, N. (2014, December). Benefits and Barriers: Is the Healthcare System Working for Sex Workers in Canada? Patient Care Centre Room, Royal Jubilee Hospital, Victoria, BC.

Benoit, C. (2014, November). Sex work involvement: A comparative study. Guest lecture for Sociology 382, Department of Sociology, University of Victoria.

Benoit, C. (2014, November). Sex industry: Oppression or empowerment? Graduate Colloquium, Department of Anthropology, University of Victoria.

Benoit, C. (2014, October). Community-academic relationships: Benefits and challenges SOSC 300, "Working in the Community." University of Victoria.

Benoit, C. & Atchison, C. (2014, September). Sex Industry: Exploitation or Empowerment? Building on the Evidence: An International Symposium on the Sex Industry in Canada, Ottawa, ON.

Benoit, C. (2014, September). Overview of Team Grant: Research Program Framework, Objectives & Methodology. Building on the Evidence: An International Symposium on the Sex Industry in Canada, Ottawa, ON.

Benoit, C., McCarthy, B. & Jansson, M. (2014, May). La stigmatisation, le secteur des services et l'usage des drogues: analyse comparative de deux villes, deux pays. 82e Congrès de l'ACFAS. Concordia University, Montreal, QC.

Benoit, C., McCarthy, B. & Jansson, M. (2014, May). Stigma as a fundamental cause of health inequities among sex workers. QICSS/CIQSS. Social policy and health inequalities: An international perspective, Montreal, QC.

Benoit, C., Jansson, M., Kennedy, M. & Ouellet, N. (2014, May). Sex workers' views on whether Canada's prostitution laws promote or inhibit their health and safety. Fourth Biennial Bilingual Conference of the Canadian Society for Sociology of Health, Montreal, QC.

Benoit, C., Reist, D. & Bryant-Scott, B. (2015, March). Understanding Sex Work: Evidence, faith and popular perceptions. A panel discussion at Christ Church Cathedral, Victoria, BC.

Benoit, C. (2014, May). Chair on Special Panel on Sociological Inequities in Maternal Health. Fourth Biennial Bilingual Conference of the Canadian Society for Sociology of Health, Montreal, QC.

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

Cherpitel, C. (2014, April). Alcohol-related injuries in the Americas: Evidence from emergency room studies. Pan American Network on Alcohol and Public Health, Cartagena, Colombia.

Ghosh, H., Bourgeault, I. & **Benoit, C.** (2014, November). Meeting the health service needs of urban Aboriginal women for co-occurring diabetes, mental health and addiction issues. Indigenous Health Conference in Toronto, ON.

Ghosh, H., **Benoit, C.** & Bourgeault, I. (2014, April). Identifying and defining the culturally-appropriate health services for urban Aboriginal women dealing with co-occurring addiction, depression and diabetes. International Intersectionality Conference, Vancouver, BC.

Jansson, M. (2015, February). Canada's Prostitution Laws: Present, Past, and Future. Department of Sociology, University of Victoria.

Jansson, M., Benoit, C., Kennedy, M. & Ouellet, N. (2014, May). Love the one you're with: How sex workers are supported by their partners. Fourth Biennial Bilingual Conference of the Canadian Society for Sociology of Health, Montreal, QC.

Kennedy, M., Benoit, C., Jansson, M., Ouellet, N. & Magnuson, D. (2014, May). "They make me happy and are always there for me": Social relationships and the mental health and well-being of street-involved youth. Fourth Biennial Bilingual Conference of the Canadian Society for Sociology of Health, Montreal, QC.

Lucas, P. (2014, September). Northern Lights: Medical Cannabis Policy and Practice in Canada. International Cannabis Business Conference, Portland, OR, USA.

Lucas, P. (2014, September). Cannabizness in Canada: Navigating the Shifting Legal Seas of Cannabis Prohibition North of the Border. International Cannabis Business Conference, Portland, OR, USA.

Lucas, P. (2014, June). Substituting Cannabis for Prescription Drugs, Alcohol, and Other Substances Among Medical Cannabis Patients: The Impact of Moderating Factors. International Cannabinoid Research Society Annual Symposium, Baveno, Italy.

Lucas, P. (2014, May). Cannabis: the Exit Drug. Invited to present and testify about the harms and benefits of cannabis before the Canadian House of Commons Health Committee. Canadian House of Commons Health Committee, Ottawa, ON.

Lucas, P. (2014, April). Cannabis: the Exit Drug. International Forum on the Medical and Therapeutic Uses of Cannabis, Uruguay, Montevideo.

Lucas, P. (2014, April). Regulating Compassion: The Evolution of Medical Cannabis Access in Canada. The Americans for Safe Access Conference, Washington, DC, USA.

Magnus, S., Benoit, C., Phillips, R. & Marcellus, L. (2014, October). Complicating the morality discourse: Parents' constructions of problematic substance use. 20th Qualitative Health Research Conference, Victoria, BC.

Magnuson, D., **Benoit, C., Jansson, M. & Kennedy, M.** (2014, October). Caregiving, guardianship, and turnover of living situation in the lives of street-involved youth. The 18th National Child & Youth Care Conference: Tides of Change: Navigating Beyond Believing in Child and Youth Care, Moncton, NB.

Rhodes, R., Blanchard, C., **Benoit, C.**, Symons Downs, D., Levy Milne, R., Naylor, P. & Warburton, D. (2014, June). Belief-level markers of physical activity among young adult couples: Comparisons across couples without children and new parents. The Canadian Psychological Association's 75th Annual Convention, Vancouver, BC.

Reist, D. & Andrew, C. (2015, January). Rethinking Drugs in School. Training day with Chilliwack School District alternate education and counselling staff, Chilliwack, BC.

Reist, D. (2014, September). Addiction and Spirituality. Panel presentation at the Catholic Health Association of BC's annual conference, Burnaby, BC.

Reist, D. (2014, August). Rethinking Drug Education. Workshop at the Promoting Mental Health in BC Schools Summer Institute, University of British Columbia.

Reist, D. (2014, May). *Reflecting on the Challenge of School Health*. 8th Annual Healthy Schools Leadership Symposium hosted by DASH (Directorate of Agencies for School Health), Vancouver, BC.

Samson, R., Smith, D., **Reist, D.** & Gibson, J. (2015, January). Rethinking Drug Education and Promoting Mental Health in BC Schools. Webinar sponsored by the Child and Youth Mental Health and Substance Use Collaborative.

Stockwell, T. (2014, November). Report from NASAC Working Group on Social Reference Prices for Alcohol. National Alcohol Strategy Advisory, Ottawa, ON.

Stockwell, T. (2014, October). Towards alcohol harm reduction and housing stability: A preliminary evaluation of the Thunder Bay Managed Alcohol Program. Webinar presentation to the Edmonton Community.

Stockwell, T. (2014, August). Effective Policy Interventions for Youth and Young Adults. Alcohol and Society Seminar, Stockholm, Sweden.

Stockwell, T. (2014, June). Myths, misconceptions and misinformation: Negotiating alcohol policy in a skeptical world. Pre-Symposium Workshop, Drug and Alcohol Office AOD Symposium, Fremantle, Australia.

Stockwell, T. (2014, June). Public opinion and evidence-based alcohol policies: Can we end this dialogue of the deaf? Paper presented at the Annual AOD Symposium of WA Drug and Alcohol Office, Fremantle, Australia.

Zhao, J. (2014, November). Alcohol epidemiology, survey sampling, case-crossover design, multilevel model and meta-analysis. School of Public Health, Soochow University, Suzhou, China.

Other Conference and Seminar Presentations

Brubacher, J., Chan, H., Brasher, P., Erdelyi, S., Desapriya, E., Asbridge, M., Purssell, R., **Macdonald, S.,** Schuurman, N. & Pike, I. (2014, June). Reduction in fatalities, ambulance calls and hospital admissions for road trauma following new traffic laws. Canadian Multidisciplinary Road Safety Conference, Vancouver, BC.

Brubacher, J., Chan, H., Martz, W., Asbridge, M., Brant, R., Bryan, S., Eppler, J., Lund, A., Drummer, O., MacDonald, S., Mann, R., Purssell, R. & Schreiber, W. (2014, June). Recent Drug Use in Injured Drivers in BC. Canadian Multidisciplinary Road Safety Conference, Vancouver, BC.

Carter, A., Forrest, J., Rich, A., Sereda, P., Chan, K., **Roth, E.**, Moore, D., Kaida, A., Montaner, J. & Hogg, R. (2014, May). No evidence of sexual risk compensation in a study of 'Treatment as Prevention' knowledge among HIV-positive and HIV-negative MSM in Vancouver. Paper presented at the 23rd Annual Canadian Conference on HIV/AIDS Research, St. John's, NL.

Cherpitel, C. (2014, April). Alcohol-related injuries in the Americas: Evidence from emergency room studies. Pan American Network on Alcohol and Public Health, Cartagena, Colombia.

Cherpitel, C. (2014, June). Relative risk of injury from acute alcohol consumption: Modeling the dose-response relationship in emergency department data from 18 countries. Kettil Bruun Society for Social and Epidemiological Research on Alcohol, Torino, Italy.

Cherpitel, C. (2014, September). Does brief intervention work for heavy episodic drinking? A comparison of two cultures. International Network on Brief Interventions for Alcohol and Other Drugs Annual Meeting, Atlanta, GA, USA.

Cherpitel, C. (2014, September). Screening and brief intervention (SBI) in the emergency department among Mexican-origin young adults: 12-month outcomes of a randomized controlled clinical trial. International Network on Brief Interventions for Alcohol and Other Drugs Annual Meeting, Warsaw, Poland.

Cherpitel, C. (2014, September). Individual and societal-level volume and pattern of drinking, alcohol policy and risk of injury: ER data from the Americas. Alcohol Policy Research: Putting together a global evidence base. Thematic meeting of the Kettil Bruun Society for Social and Epidemiological Research on Alcohol, Melbourne, Australia.

Cherpitel, C. (2014, November). Border effects on alcohol use disorders on both sides of the US-Mexico border. American Public Health Association Annual Meeting, New Orleans, LA, USA.

Cherpitel, C. (2014, November). Drinking patterns and alcohol-related injury in the emergency department in three Asian countries. American Public Health Association Annual Meeting, New Orleans, LA, USA.

Dang, P., Pauly, B., MacDonald, M., Lowen, C., Morrissey, S. & Allan, D. (2015, April). Is health equity a priority? Perceptions from health system decision makers and practitioners in British Columbia. Poster presentation at 2015 Keeneland Conference, Lexington, KY, USA.

Forrest, J., Cui, Z., Sereda, P., Rich, A., **Roth, E.**, Patterson, T., Hogg, R., Moore, D. & Marshall, B. (2014, May). Factors associated with HAART Optimism among men who have sex with men in the era of expanded access to

antiretroviral therapy in Vancouver, Canada. Paper presented at the 23rd Annual Canadian Conference on HIV/AIDS Research, St. John's, NL.

Forrest, J., Hull, M., Cu, Z., Chau, W., Thumath, M., Stephenson, K., Rich, A., **Roth, E.**, Hogg, R. & Moore, D. (2014, May). Awareness of Pre-Exposure Prophylaxis (PrEP) among a cohort of men who have sex with men (MSM) in Vancouver, BC. Paper presented at the 23rd Annual Canadian Conference on HIV/AIDS Research, St. John's, NL.

Gurm, J., McDougall, P., McNeil, R., Thompson, V., Howard, T., Leclair, K., Porayko, G., Salters, K., Strike, C., **Pauly, B.**, Parashar, S., Worthington, C., Samji, H., Baltzer Turje, R. & Hogg, R.S. (2014, May). GIPA in practice: Community leadership guides the development of an inclusive, transparent and accessible PRA hiring process. Paper presentation at the Canadian Conference on HIV/AIDS Research, St. John's, NL.

Jansson, M., Barnes, G. & Stockwell, T. (2014, June). Social, psychological and personality predictors of alcohol disorders in young adulthood. 40th Annual Meeting of the Kettil Bruun Society, Turin, Italy.

Last, L., Sims-Gould, J., Haggis, C. & **Pauly, B.** (2014, September). Identifying appropriate audiences and tailoring messages to the audience. Connect 2014, Inspirenet Conference, Vancouver, BC.

MacDonald, M., Hancock, T., Pauly, B., O'Briain, W. & Stroscher, H. (2014, May). Developing an agenda for Public Health Systems Research in BC. Paper presentation at Public Health 2014: Annual Conference of the Canadian Public Health Association, Toronto, ON.

Macdonald, S., MacIntyre, P., Joordens, C., Stockwell, T. & Martin, G. (2014, June). Factors related to the temporal order of simultaneous cocaine and alcohol use for clients in treatment. 40th Annual Meeting of the Kettil Bruun Society, Torino, Italy.

Moore, D., Chan, K., Fisher, H., **Roth, E.**, Forrest, J., Rich, A., Shurgold, S., Montaner, J., Gilbert, M., McFarland, W., Corneil, T. & Hogg, R. (2014, May). The HIV cascade of care in a community sample of men who have sex with men in Vancouver, British Columbia. Paper presented at the 23rd Annual Canadian Conference on HIV/AIDS Research, St. John's, NL.

Perkin, K., Martin, W., Pauly, B., MacDonald, M., O'Briain, W., Hancock, T., Wallace, B. & Tong, S. (2014, May). Enhancing capacity in the assessment and application of health equity tools. Paper presentation at Public Health 2014: Annual Conference of the Canadian Public Health Association, Toronto, ON.

Pauly, B., McGuinness, J., Muckle, J., Hajdu, P. & DePape, D. (2014, November). Managed Alcohol Programs: A national perspective. Paper presentation at the

Canadian Alliance to End Homelessness Conference, Vancouver, BC.

Pauly, B., Lowen, C., MacDonald, M. & Cusack, E. (2014, May). Health equity: A priority in British Columbia health systems? Paper presentation at Public Health 2014: Annual Conference of the Canadian Public Health Association, Toronto, ON.

Pauly, B., MacDonald, M., O'Briain, W., Easton, K., Lee, V., Hyndman, B., Tyler, I., Peroff Johnson, N., Kothari, A., Manson, H. & Stegne, M. (2014, May). Moving from meaning to action on health equity. Paper presentation at Public Health 2014: Annual Conference of the Canadian Public Health Association, Toronto, ON.

Pauly, B., Wallace, B., Phillips, R. & Jantzen, C. (2014, November). What is the role of transitional housing in a Housing First Response? KTE Event with Rock Bay Landing Staff and Managers, Victoria, BC.

Pauly, B., Stockwell, T. & Hajdu, P. (2014, April). Preliminary results from evaluation of Thunder Bay Managed Alcohol Program. National Study of Managed Alcohol Program Community of Practice.

Pauly, B. (2014, April). Health equity tools: Learning from other jurisdictions: Ontario's use of Health Equity Impact Assessment Tool & University of Victoria's Equity Lens in Public Health research project. Video presentation to the Health Equity Tools Working Group, Public Health Agency of Canada.

Rabinovitch, H., **Pauly, B. & Zhao, J.** (2014, November). Assessing emergency shelter patterns to inform solutions to homelessness. Paper presentation at the Pacific Housing Research Network Conference, Vancouver, BC.

Reist, D. (2014 November). Little Red Riding Hood and Why Parents should Support Drug Policy Reform in Schools. Workshop delivered at the BC Confederation of Parent Advisory Council's Fall Leadership Conference, Nanaimo, BC.

Reist, D. (2014, August). Rethinking Drug Education. Workshop at the Central Okanagan Teachers' Association professional development day, Kelowna, BC.

Reist, D. (2014 July). Little Red Riding Hood and Drug Policy in Schools. Workshop delivered at the Canadian School Boards Association Annual Conference, Niagara Falls, ON.

Reist, D. (2014, April). Helping, Not Harming: Addressing Substance Use in Schools through Effective School Policy. Workshop delivered at the BC School Trustees Association Annual Conference, Vancouver, BC.

Roth, E., Rich, A., Cui, Z., Chau, W., Forrest, J., Lal, A., Moore, D. & Hogg, R. (2014, May). Event-Level Analysis

of Substance Use and Sexual Positioning Among Vancouver Gay and Bisexual Men Participating in the Momentum Health Study. Paper presented at the 23rd Annual Canadian Conference on HIV/AIDS Research, St. John's, NL.

Stockwell, T. (2014, June). Treatment interventions at the extremes: Harm reduction strategies for early and late stage problem drinkers. Paper presented at the Definition of Different Goals of Treatment for Different Populations Seminar, Torino, Italy.

Stockwell, T., Zhao, J., Choudry, S., Roemer, A. & Chikritzhs, T. (2014, June). Former and occasional drinker bias in studies of alcohol use and mortality? A systematic review and meta-analysis. Paper presented at the 40th Annual Symposium of the Kettil Bruun Society for Social and Epidemiological Research on Alcohol, Turin, Italy.

Vallance, K., Clifton, C., Stockwell, T., Pauly, B., Perkin, K., Kryswaty, B. & Hajdu, P. (2014, June). Towards Alcohol Harm Reduction and Housing Stability: Preliminary Findings of Thunder Bay Managed Alcohol Program. Paper presented at The 40th Annual Meeting of the Kettil Bruun Society for Social and Epidemiological Research on Alcohol, Torino, Italy.

Wallace, B., Pauly, B., Phillips, R. & Janzen, C. (2014, November). Exploring the role of transitional shelters in Housing First response to homelessness. Paper presentation at the Pacific Housing Research Network Conference, Vancouver, BC.

Zhao, J., Stockwell, T., Choudry, S., Roemer, A. & Chikritzhs, T. (2014, June). Meta-Analysis of Mortality from Coronary Heart Disease and Alcohol Consumption. Paper presented at the 40th Annual Symposium of the Kettil Bruun Society for Social and Epidemiological Research on Alcohol, Turin, Italy.

CARBC Sponsored Conferences and Seminars

Public Seminars

Stockwell, T. (2014, April) *Public policy and governance dialogue series. Beer gardens and grocery store liquor retail: How will BC's upcoming liquor reforms impact our health and safety?* University of Victoria.

Gaetz, S. (2014, April) *Towards a framework for housing first for youth: Where does harm reduction fit in?* University of Victoria.

Gillette, N. (2014, May) *Illicit alcohol use and harm reduction.* University of Victoria.

Saunders, J.B. (2014, June) *What is this thing called addiction?* Royal Jubilee Hospital, Victoria.

Labate, B. (2014, June) *The therapeutic use of ayahuasca*. Royal Jubilee Hospital, Victoria.

Bauld, L. (2014, July) *Tobacco harm reduction and e-cigarettes: A UK and European perspective*. Royal Jubilee Hospital, Victoria.

Alexander, B. (2014, September) *Addiction's mysteries: Plato, rat park, and harm reduction*. Royal Jubilee Hospital, Victoria.

Cherpitel, C. (2014, October) *Alcohol and injuries in an international perspective*. Royal Jubilee Hospital, Victoria.

Benoit, C. & Jansson, M. (2014, December) *Benefits and barriers: Is the healthcare system working for sex workers in Canada?* Royal Jubilee Hospital, Victoria.

Clark, L. (2014, December) *The psychology and neuroscience of gambling addiction*. Royal Jubilee Hospital, Victoria.

Stengel, C. (2015, January) *"Chicks on the Corner" Substance use and harm reduction in Central Europe*. Royal Jubilee Hospital, Victoria.

Brown, J. (2015, February) *Resilience, risk and retrospect: A 2-year youth drug prevention reflection*. Royal Jubilee Hospital, Victoria.

Dowsett Johnston, A. (2015, March). *Women and Alcohol: Breaking the Silence*. University of Victoria.



Ann Dowsett Johnston and Tim Stockwell.

IdeaFest Presentations in March 2015

Bramadat, P., **Benoit, C.**, Bryant-Scott, B., **Phillips, R.** & **Reist, D.** *Understanding sex work: Evidence, faith and popular perceptions*.

Centre for Addictions Research of BC and Department of Sociology at UVic. *Society's role in promoting violence in the sex industry*.

Norman, T., Belle-Isle, L., Pauly, B. & Cross, G. *Including people in decisions that affect them: The influence of stigma related to drug use and poverty*.

In-House Lecture Series

Joordens, C. (2014, May) *Asymmetries of tobacco smoking and other substance use*.

Vallance, K. & Chow, C. (2014, May) *Towards alcohol harm reduction and housing stability: Preliminary findings of Thunder Bay Managed Alcohol Program*.

Labhart, F. (2014, June). *When yesterday's consumption strikes back*.

Slaunwhite, A. (2014, July) *Alcohol, isolation and access to treatment: Family physician perceptions of alcohol consumption and access to treatment services in rural and remote British Columbia*.

Slaunwhite, A. (2014, September) *What goes up must come down? Primary care utilization for alcohol-attributed diseases in BC from 2001-2011*.

Magnus, S. (2014, October) *Complicating the dominant morality discourse: Parents' constructions of problematic substance use*.

Roth, E. & Birch, R. (2014, October) *Substance use, sexual behaviour and sero-adaptive strategies of Vancouver gay men who attend group sex parties*.

Belle-Isle, L. (2014, November) *At the table with people who use drugs; A critical ethnographic inquiry into power relations in decision-making*.

Holtom, A. (2014, December) *Risky environments or risky business? Health and substance use among street-involved youth and their experiences with harm reduction services in Victoria, BC*.

Maurice, R. (2015, March). *Internationalizing the University of Victoria: A phenomenological study of faculty and instructors' motivations, actions and experiences*.

HONOURS AND AWARDS

CARBC was the recipient of a Research Canada inaugural award for National Health Research Leadership presented in Toronto, November 2014.

Dr Bernie Pauly was awarded the title of the Provost of UVic's Community Engaged Scholar in May 2014, an award which she will hold for four years. <http://ring.uvic.ca/news/inaugural-engaged-scholar-award-recipient-announced>

Dr Bernie Pauly's paper "Approaches to Evaluation of Homelessness Interventions" was selected by the editorial team of the journal Housing, Care and Support as its Outstanding Paper of 2014.



Dr Ryan Wiley presenting Dr Tim Stockwell with the inaugural Research Canada National Health Research Leadership award for CARBC

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 attention. 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
Alcohol and health (hospitalizations, consumption patterns, etc.)	8	1	3	12
Alcohol and women (breast cancer, etc.)	8	7	7	22
Alcohol labelling	2		2	4
Alcohol policy (new BC laws, civic bans, etc.)	6	1	2	9
Drug trends (fentanyl, GHB, etc.)	2		3	5
Homelessness	3		4	7
Managed Alcohol Programs	0	0	3	3
Marijuana	3		4	7
Minimum pricing (BC and abroad)	4	5	5	14
Other (World Cup, drug testing, etc.)	1	1	3	5
Sex industry	6	4	8	13
Under-reporting of alcohol consumption	19	3	4	26
TOTAL	62	22	48	132

* 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> 2014/15: 82
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> 2014/15: 20
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> 2014/15: 29
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: 1,045</i> 2014/15: 1,392
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> 2014/15: 30 / 41 / 37
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> 2014/15: 7 / 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

Opioid Substitution Therapy

Following on a CARBC report in 2010, various stakeholders have recognized the need to make changes in the way methadone and other opioid substitution (OST) therapies are delivered in British Columbia. In particular, the need to achieve better collaboration among the system components and better engagement of clients have been emphasized.

In March 2015, CARBC, on behalf of the Ministry of Health, facilitated a third annual dialogue event bringing together a wide range of stakeholders to increase understanding and identify achievable actions to advance the system. Building on the increased trust established in the previous dialogues, the participants this year, who included patients, service providers, system managers, professional regulatory bodies, ministry representatives and researchers, were able to identify four areas for immediate action.

Patient engagement and empowerment are recognized as important elements in an effective treatment system. This needs to extend beyond ad hoc consultations and token representation. Effort will be made this year to engage patients in a network that connects them with each other and provides a mechanism through which they can collectively influence the system. This network will seek to develop a patient handbook as a first step in collective action and to fill an identified current need.

The participants also identified the lack of system-wide governance mechanisms and accountability. The creation of a provincial OST steering committee was suggested as a step toward addressing this gap. Efforts are now underway to bring together a committee representing the ministry, the relevant professional colleges, health authorities, patients and other key stakeholders. The other action items relate to the collection of data related to current system operations and to the way the system is experienced by clients and their support networks.

While this process is still ongoing, it provides a good example of knowledge mobilization in action.



Dan Reist



Cindy Andrew



Nicole Bodner



Tim Dyck



Bette Reimer



Catriona Remocker



Evelyn Souza



Cathy Spence

Gambling Education in British Columbia

Following the Provincial Health Officer's 2013 report on gambling in British Columbia, to which CARBC contributed, a plan was developed jointly by the Ministries of Finance, Health and Education and the BC Lottery Corporation that called for changes to the Responsible and Problem Gambling Prevention Program for Youth. So in 2015, the Ministry of Finance approached CARBC to conduct a review of the school-based components of this program and make recommendations for improvements.

We were able to draw on expertise within the Centre related to drug education and to involve a school-based educator and a researcher with the BC Teachers' Federation in conducting this review. The review process thus brought together knowledge related to behavioural health education, school and classroom implementation and the broad education system. All of these elements helped identify both strengths and weaknesses in current materials and practices. This diversity of knowledge backgrounds also enriched the recommendations that were developed, making them both practical and sustainable in the real-world context of BC schools.

Other Highlights

- CARBC launched a new website this year that provides better access to our publications, research activities and other knowledge products.
- The Changing the Culture of Substance Use project continued to work with groups on numerous campuses across BC and this year helped launch a new web-based platform for knowledge sharing and collaborative action.
- Researchers and staff reviewed and revised ten of the substance use information sheets for the Here to Help website to ensure the messaging was both consistent with a health promotion perspective and engaging to our core audiences.
- The knowledge mobilization team worked collaboratively with the "understanding sex work" research team to produce a working paper based on early analysis of the research data, to host a knowledge mobilization event in Ottawa in September 2014, and to assist with a CIHR publication based on the research findings.

SUCCESSFUL APPLICATIONS FOR NEW KNOWLEDGE MOBILIZATION FUNDING

Provincial Resource Services for Preventing Harms from Substance Use, BC Ministry of Health, \$200,000, April 2015–March 2015

Building on the Evidence, Planning and Dissemination, CIHR, \$60,648, April 2014–March 2015

Building Community Capacity for Effective Drug Education, Health Canada, \$212,510, 2014/15

BC Partners for Mental Health and Addiction Information Services, BC Mental Health and Addiction Services, \$238,875, April 2014–March 2015

Skills Within Reach, Canadian Mental Health Association, \$27,000, July 2014–January 2015

Opioid Substitution Treatment System, Partners Meeting, BC Ministry of Health, \$23,000, March 2015

Knowledge Mobilization Related to Substance Use and Related Harms, BC Ministry of Health, \$100,000, January 2015–March 2015.

Changing the Culture of Substance Use on BC Campuses, BC Ministry of Health Services, \$400,000, March 2015–March 2017

Gambling Education Review, BC Ministry of Finance, \$24,999, February–March 2015

CURRENT PROJECTS

Alcohol and Other Drug Screening and Education

Investigators: Dyck, T. & Reist, D.

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

Background: Alcohol and other drug screening and education is an ongoing project aimed at increasing the reach of assessment tools and harm reduction information to help more people in BC take more control over their health. Promoting health through screening and education is in keeping with the recommendations in *Healthy Minds, Healthy People: A ten-year plan to address mental health and substance use in British Columbia*. Among other recommendations, the publication encourages BC agencies to take action to improve the reach of self-management and supported self-management tools, prevent substance-related problems and reduce costs to government by screening for hazardous drinking, and encourage uptake of evidence-based substance use information through www.heretohelp.bc.ca and other reputable web portals.

Activities this year: In 2014–15, the *online screening site* received almost 1,501 visits, and 287 individuals completed screens at 34 community sites in BC and the Yukon during a Beyond the Blues Education and Screening Day.

Changing the Culture of Substance Use on Campus

Investigators: Remocker, C., Dyck, T., Reist, D., Joosse, S., Streach, S. and Morris, J.

Funding body: BC Ministry of Health

Background: Nested within the Healthy Minds | Healthy Campuses provincial community of practice project, Changing the Culture of Substance Use is a project that works with post-secondary institutions to assess and address the factors that promote healthier relationships with substances on campus. The project involves developing campus networks that are curious about the role substances play on campus and how we can shape a positive campus culture with staff and students alike. The project works with key campus stakeholders to develop an array of vibrant resources and tools housed in an online social learning repository for promoting campus-wide wellness using a socio-ecological approach.

Activities this year: In 2014-15 our activities included:

- co-fostering capacity building with leaders in 11 post-secondary institutions across BC to collaborate in developing substance use strategies that support the health and well-being of all campus members
- researching and evaluating evidence-based strategies for promoting a comprehensive approach to addressing substance use in the campus community
- developing co-created resources, including a webinar series, video tool series, and promising practice guides based on the experiences of campus members across BC
- helping to create an online communication platform, resource repository and new Healthy Minds | Healthy Campuses website



Healthy Minds | Healthy Campuses

Investigators: Morris, J., Reist, D., Remocker, C., Dyck, T., Joosse, S. and Streach, S.

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

Background: Healthy Minds | Healthy Campuses is a province-wide network promoting campus mental health and reducing risky substance use. The project is based on the notion that success in a post-secondary institution, as in any workplace, requires attending to the collective well-being of the campus itself as well as the well-being of individuals.

Activities this year: The project is co-led with the Canadian Mental Health Association, BC Division. Our contribution to this project in 2014-15 has involved:

- meeting and working with individual campuses in BC to develop strategies and tools for addressing substance use concerns (particularly alcohol) and encourage uptake of a socio-ecological approach to responding to challenges around inappropriate substance use and related behaviours
- identifying and articulating evidence-based promising practices around core facets of campus health promotion (health capacity, inclusion and connectedness, risk management, and regulation and support)
- providing consultation and developing tools and resources to support implementation of these promising practices, as well as links to relevant literature and articles in CARBC's Matters of Substance blog series

Healthy Relationships with Food and Substances on Campus

Investigators: Reimer, B., Remocker, C., Dyck, T., Reist, D., Streach, S. and Hudson, M.

Funding body: BC Mental Health Society Branch

Background: This project aims to develop a strategy for addressing the intersection of eating difficulties and substance use problems in the post-secondary setting. The project involves bringing campus stakeholders together to discuss the complex intersections of food and substance use on campus, and to identify prevention and intervention strategies to reduce harm and promote health. While students often experience a continuum of healthy to unhealthy relationships with food and substances, the co-occurrence of "binge eating" and "binge drinking" is associated with increased risk and harm. In fact, many of the behaviours traditionally associated with unhealthy patterns of alcohol consumption (especially problems at work or school and regretted sexual activity) are increased when "binge eating" and "binge drinking" occur together.

Activities this year: This project is a collaboration with Canadian Mental Health Association, BC Division, and the Jessie's Legacy Program of Family Services North Shore. Progress to date has involved:

- initiating conversations with stakeholders, such as leaders from post-secondary institutions in BC, to think through issues related to substance use and eating difficulties on campus, including the various influences on "eating and drinking" behaviours
- holding four focus groups with campus members, including students, residence staff, health promotion staff and counsellors, to help us think through the issues related to substance use and eating in campus settings
- reviewing and evaluating the literature related to evidence-based ways campuses can overcome barriers and better support students in developing healthy relationships with food, alcohol and other drugs
- coordinating the development of a framework for moving forward to contribute to helping campuses implement effective approaches to support healthy relationships with food and substances

Helping Communities

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

Funding body: BC Ministry of Health

Background: Helping Communities is an ongoing project aimed at helping organizations and other stakeholders develop tools and mechanisms for addressing the impact of alcohol and other drug use on individuals, families and neighbourhoods in BC. This ongoing project involves working with communities throughout the province to promote health and well-being relative to substance use. The project revolves around the notion that drug-related problems in our society are more than a matter of personal responsibility. An individual's choices about alcohol and other drugs—including when, where and how to use them—are strongly influenced by social and environmental factors in their community. The project focuses on four core areas of health:

- Health capacity: shaping the community environment to make it conducive to health as well as developing the knowledge and skills that allow individuals to take control of their own health
- Inclusion and connectedness: offering a variety of means and contexts to help citizens feel connected to each other and to the community
- Managing risk: promoting safer contexts and less risky behaviour among individuals
- Interventions: regulating the community environment and supporting individual behaviour change

Activities this year: In 2014-15 the Helping Communities project involved

- providing consultation and support to community members and agencies
- supporting the launch of Alcohol Sense BC on the BC Healthy Families website

Helping People with Addictive Behaviours (online training)

Investigators: Reist, D. and Dyck, T.

Funding body: Canadian Mental Health Association/Community Action Initiative

Background: This project involves developing and testing an online training program for community-based health and social service workers in non-clinical settings who assist and support vulnerable people in BC in various ways. Helping People with Addictive Behaviours seeks to teach people the "spirit of motivational interviewing" and basic skills to apply the core principles in everyday situations. Understanding substance use and effective ways to respond to problems requires an open mind and an appreciation of basic health promotion and harm reduction principles. Research and common sense suggest that truly helping people who are struggling with mental health and substance

use issues—or other complex human problems—requires compassion, patience and other skills that build trust. Trust is key to helping vulnerable people feel safe and confident enough to identify the factors that contribute to their problems and, more importantly, articulate a path forward that matches their needs and desires.

Activities this year: CARBC is one of three other partners in this project, and our contribution has involved:

- providing expertise in educational theory, curriculum design and content articulation to support the revision of the 8-lesson training course
- monitoring the pilot implementation and providing feedback to participants
- helping to interpret the evaluation results of the second pilot - the strongest learning was the importance of taking into account the environment in which people live and how these environmental factors influence engagement in addictive behaviours

Helping Schools

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

Funding bodies: BC Mental Health Society Branch, BC Ministry of Health and BC Ministry of Finance



Background: Helping Schools is an ongoing project aimed at assessing evidence, identifying promising practices, developing resources to support effective responses to substance use (and other potentially addictive behaviours), and providing consultation and support to educators and their partners—parents, health professionals and others in the school community. These activities support comprehensive school health, an ecological approach that does not focus simply on “fixing” students but aims to change the school environment and actively engage students in the learning process. Rather than relying solely on a drug education program to teach children how to make healthy choices, the whole-school approach encourages the school itself—its structures, policies, procedures, staff and partners—to operate in a healthy way and thereby both model and promote “health.” Although comprehensive school health programs have components that address individual competence and resilience, they also focus on changing the culture of the school to encourage greater school attachment and involvement. Together, these factors have been shown to reduce alienation from the school and from the values of the larger society, improve academic performance and increase health and wellness.

Activities this year: In 2014-15 the *Helping Schools project* involved

- re-developing the project’s web pages to give better access to the tools and resources, including a new “promising practices” series of briefings, curricular support modules (grades 4-10) and an intervention resource using the principles of motivational interviewing
- adding a new video resource developed at UBC that promotes meaningful dialogue among high school students about cannabis
- providing professional learning opportunities (13) and consultation to schools and education partners (37), including presentations on effective drug education at provincial and national conferences and professional development workshops with educators and their partners (e.g., public health, parents)
- promoting health promotion within the school setting through print, online and social media channels (6 articles, 4 interviews and various social media engagements)
- reviewing and evaluating the Responsible and Problem Gambling education program for the Ministry of Finance.

Here to Help Information Products

Investigators: Reimer, B. and Reist, D.

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



Background: Here to Help is an ongoing project aimed at helping all people in the province learn how to better prevent and manage mental health and substance use issues—at home, in the workplace and in the community. Our part in the project involves developing and updating substance use information products for distribution on the [heretohelp website](#). These activities support health literacy, the knowledge and skills people need to maximize their health within their environments. Drug literacy, a type of health literacy, means imparting the knowledge and skills needed to effectively navigate a world in which psychoactive substances are present and commonly used. This project therefore plays a key role in helping people in the province make better decisions about substance use in the context of their own unique situations.

Activities this year: In 2014-15 the Here to Help project involved developing 10 information sheets (Caffeine; Clubbing and the Dance Scene; Cocaine; GHB, Ketamine and Rohypnol; Heroin; Inhalants; MDMA (Ecstasy or Molly); Steroids; Tripping; and Substance Use and Pregnancy). This involved research, consultation and drafting standard and referenced versions of each sheet.

Supporting systems in BC to address substance use and addictive behaviours

Investigators: Reist, D., Reimer, B., Dyck, T. and Andrew, C.

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

Background: This is a capacity-building project aimed at helping BC organizations and systems embrace and implement a health promotion approach to addressing substance use issues. The project involves engagement in a wide variety of knowledge exchange and strategic planning activities related to substance use and mental health issues with stakeholders throughout the province and beyond. Ultimately, the goal of health promotion is healthy people in healthy communities. Achieving this requires much more than promoting healthy actions by individuals. It means advocating for policies and practices that acknowledge the complex circumstances that impact on people's actions and abilities. It means seeking to create environments free from childhood trauma and other factors that increase the likelihood of substance use problems in youth and adulthood. And it means promoting social connectedness that increases meaningful opportunities and reduces isolation and antisocial behaviour. Across all systems providing services and supports, the focus should be on developing community and individual capacities, giving adequate attention to both healthy public policy and community action.

Activities this year: In addition to facilitating a third annual provincial dialogue event related to opioid substitution therapy, this project currently supports ongoing involvement with

- BC Health Literacy Network (member)
- BC Partners for Mental Health and Addictions Information (member)
- BC School-Centred Mental Health Coalition (member)
- BC Substance Use Network (co-chair)
- Canadian Drug Policy Consortium (member of Policy Working Group)
- Child and Youth Mental Health and Substance Use Collaborative (co-chair of Substance Use Clinical Faculty)
- Public Health Association of BC (board member, co-chair of Capacity Building Committee)

Visions: BC's Mental Health and Addictions Journal

Investigators: Reimer, B. and Reist, D.

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

Background: This is an ongoing project aimed at increasing the representation of substance-related information in the award-winning quarterly magazine. It is written by and for a range of BC audiences: people who have experienced mental health or substance use problems, their family and friends, service providers, community advocates, leaders and decision-makers. *Visions* is a central knowledge exchange vehicle of the BC Partners for Mental Health and Addictions Information. The magazine creates a place where many perspectives on mental health and substance use issues can be heard. As one of seven BC partners, CARBC contributes articles that focus on substance use and socio-ecological approaches to understanding, addressing and managing substance use issues. This project therefore plays a key role in helping to build a shared understanding of substance use from a health promotion perspective.

Activities this year: Our efforts focused on increasing the representation of information about substance use in the journal. CARBC contributed to the Editorial Committee for the five issues produced this year and provided articles for three of the issues.

NEW OR REVISED HEALTH PROMOTION RESOURCES

Understanding Substance Use: a health promotion perspective

COMMITTEE MEMBERSHIPS

Andrew, C.	BC School-Connected Mental Health Coalition
Barnes, G.	Member, Centre for Youth and Society Board
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 Committee, Victoria, BC
Benoit, C.	Member, HerWay Home Communications Committee, Victoria, BC
Benoit, C.	Member of Genomics, Society and Ethics Advisory Committee, Genome BC
Benoit, C.	Advisory Board Member, Canadian Society for the Sociology of Health
Benoit, C.	Panelist, Grand Challenge in Global Mental Health Initiative, Office for Research on Disparities and Global Mental Health, National Institute of Mental Health
Benoit, C.	Program Advisory Committee, IMPART: Intersections of Mental Health Perspectives in Addictions Research Training
Benoit, C.	International Scientific Advisory Board, NIHR King's Patient Safety and Service Quality Research Centre, King's College, London, UK
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.	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 Knowledge Exchange Working Group
Reist, D.	Child and Youth Mental Health and Substance Use Collaborative
Reist, D.	Mandatory Display Provincial Advisory Committee, Ministry of Finance
Reist, D.	Board of Directors, Public Health Association
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
Stockwell, T.	Canadian Academy of Health Sciences
Stockwell, T.	Kettil Bruun Society for Social and Epidemiologic Research on Alcohol
Thomas, G.	BC Partners for Mental Health and Addictions Information
Woodin, E.M.	Member, American Psychological Association
Woodin, E.M.	Member, Association for the Advancement of Behavioral and Cognitive Therapies
Woodin, E.M.	Member, Canadian Psychological Association
Woodin, E.M.	Member, Society for Prevention Research
Woodin, E.M.	Member, Society for a Science of Clinical Psychology
Woodin, E.M.	Mentor, IMPART: Intersections of Mental Health Perspectives in Addictions Research Training
Woodin, E.M.	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 To ensure access to relevant knowledge while working in partnership with policymakers and practitioners in planning and implementing projects to address substance use	Number of projects in which CARBC members collaborate with policymakers or practitioners <i>Benchmark: 15</i> 2014/15: 28
5.2 To provide proposals, briefings and submissions to government and parliamentary inquiries, policy advisors and relevant provincial and national committees on emerging issues related to substance use	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> 2014/15: 16 / 9 / 34
5.3 To develop and promote resources with the potential to make direct contributions to policies, programs or service delivery systems	Number of resources completed in any one year <i>Benchmark: 10</i> 2014/15: 34
5.4 To facilitate mechanisms that increase the sharing of knowledge among policymakers, practitioners, researchers and community members related to challenges, trends and effective interventions for promoting health and preventing harm related to substance use	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> 2014/15: 21 / 15
5.5 To provide access to balanced factual information on substance use and related harms and health promotion approaches through a variety of knowledge exchange strategies	Number of visits to CARBC websites 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 / 150 / 10 / 5 / 10</i> 2014/15: 28,855 / 132 / 35 / 40 / 24



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