AWARE!

A Look at Drug & Alcohol Issues in N.B.

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Funding provided by:

Welcome Readers!

Members of the New Brunswick Coalition on Prescription Drug Use and the Fredericton Site Committee for the Canadian Community Network on Drug Use (CCENDU) would like to welcome you to the first edition of AWARE! Funding for this newsletter has been generously provided by Purdue Pharma.

The goal of this newsletter is to enhance knowledge, awareness and understanding of substance/ medication use, misuse, addiction and diversion issues and resources throughout New Brunswick. The readership of this newsletter covers a wide variety of stakeholders from health service stakeholders to politicians and policy makers to other workers in diverse fields. The newsletter is available in electronic and paper format and in both official languages. While the first two newsletters are free, we will need to implement a $10 annual membership for future editions to sustain the newsletter. Membership information will be included in the fall edition.

If you would like to:

- Submit and/or suggest an article
- Profile your program, organization, or department
- Add your name to our mailing list (paper or electronic)

Contact Haley Flaro at 506/459-7518 or sidaids@nbnet.nb.ca

FEATURE: Opioid Treatment for Chronic Non-Cancer Pain

Dr. Cooper (BA, MD, MBA, MHSc, FRCPC) is a medical consultant with the N.S. Prescription Monitoring Program. This article will examine the role of opioids in the treatment of Chronic Non-Cancer Pain (CNCP), including considerations regarding assessment of pain, overall treatment, and the potential for "addiction".

This article will examine the role of opioids in the treatment of Chronic Non-Cancer Pain (CNCP), including considerations regarding assessment of pain, overall treatment, and the potential for "addiction".

The basis for treatment of CNCP, with opioids or not, is a good history and physical examination. Pain history should include location, radiation, quality, intensity and duration of symptoms, as well the temporal characteristics of the pain. Accompanying symptoms, aggravating and relieving factors, and past investigations and treatment rounds out the pain history. Other useful information will

FEATURE CONTINUED...

"The goal of opioid therapy in CNCP should always be clear to both the patient and the physician from the outset."

include past psychiatric, medical and surgical history, and a comprehensive drug and alcohol history. Finally, a mental status examination and physical examination complete the process.

A comprehensive drug and alcohol history will allow the identification of the small group of CNCP patients who may be at increased risk for opioid dependence. Those patients who have a previous history of substance dependence are at an increased risk. This does not mean that opioids are contraindicated in these cases, but that these cases warrant closer monitoring.

Any treatment plan should emphasize lifestyle modification, which might include exercise, weight loss, regulation of sleep and proper diet (including the reduction of caffeine, alcohol and nicotine). Workplace and work hour modification should be considered. Non-pharmacological treatments that should be attempted include electrical nerve stimulation, physiotherapy, biofeedback, acupuncture, hypnosis and psychotherapy.

The long-term use of opioids in CNCP should occur only after reasonable therapeutic trials of non-opioid medication have been tried. This could possibly include trials of acetaminophen, non-steroidal anti-inflammatory drugs, antidepressants and anticonvulsants, depending on the exact pain syndrome. Opioids are generally assumed to be more effective in musculoskeletal pain than for neuropathic pain, although there is newer evidence of the efficacy of opioids in treating neuropathic pain, especially methadone.

The goal of opioid therapy in CNCP should always be clear to both the patient and the physician from the outset. It is not possible in most cases to abolish pain completely. A more realistic goal is to decrease pain to a manageable level and to increase the patient's Activities of Daily Living (ADL's). Tolerance to the *analgesic* effects of opioids occurs very slowly, and therefore patients should not need escalating doses to treat pain once the opioid has been properly titrated to the pain. However, tolerance to the *psychoactive* effects of opioids develops relatively quickly. Therefore any patient who is taking opioids not only for the analgesic effects but also for the psychoactive effects (i.e. decreased anxiety, increased mood, sense of well being and peace) will seek escalating doses over time (see "compulsion" pg. 3).

Once a patient has been titrated on a short-acting opioid, they should in most cases be switched to a long-acting or continuous-release form. Try to avoid the long-term prescription of short-acting opioids that have a high dependence liability, such as butalbital and codeine preparations, oxycodone, hydromorphone, meperidine, and anileridine. Any opioid given for chronic pain should be given on a regular dosing schedule and not on an "as needed" basis, and rescue doses should be used sparingly. Emphasise lifestyle modification, exercise and behavioural techniques to manage breakthrough pain.

There is little risk that patients will become "addicted" to opioids. Portenoy (1996) showed that the majority of CNCP patients on long-term opioid therapy do not develop an opioid use disorder. This myth lingers, however, and may be explained by a misunderstanding of the concepts of "physiological dependence" versus "substance dependence". "Physiological dependence" is simply defined as the presence of tolerance and/or withdrawal symptoms and will occur in almost all patients who take opioids over a prolonged period of time. The presence of physiological dependence in and of itself does NOT establish a diagnosis of substance dependence. The essential features of substance dependence are preoccupation, compulsion and impaired control. Preoccupation is characterized by important activities affected by substance use, or a great deal of time spent in getting, using or recovering from the use of a substance. Compulsion is characterized by the use of a substance in larger amounts and/or for longer periods than intended. Impaired control is characterized by a persistent desire or unsuccessful efforts to cut down or control use.

Two important points flow from the preceding discussion, especially when considering the use of opioids in the treatment of CNCP. The first point is that substance dependence can and does exist without physiological dependence. The second point is that the presence of physiological dependence to opioids alone, without the presence of preoccupation, compulsion and impaired control, does not indicate opioid dependence ("Addiction"). It should also now be clear that "substance dependence" and "physiological dependence" are not synonymous terms.

A useful resource is a publication by the College of Physicians and Surgeons of Nova Scotia of March 1999 entitled "Guidelines for the Use of Controlled Substances in the Treatment of Pain". Included in this document is an excellent review of the pharmacotherapy of chronic pain written by Dr. Mary Lynch of the Pain Management Unit of the QEII Health Sciences Centre in Halifax, published in the "Drugs and Therapeutics for Maritime Practitioners", Volume 20, No. 5/6, Oct/Dec 1997. These publications can be found on the College website (see reference 7). Once at the college home page, first click on "Publications", then on "Guidelines and Policies for Physicians", and then on "Guidelines for the Use of Controlled Substances in the Treatment of Pain".

A useful resource is the 1999 N.S. College of Physicians and Surgeons Publication "Guidelines for the Use of Controlled Substances for the Treatment of Pain."

References/Suggested Reading and Information Sources

1. Goodman and Gilman's The Pharmacological Basis of Therapeutics, Ninth Edition, pages 512-555.

2. Web site of the Office of Controlled Substances, Healthy Environments and Consumer Safety, Health Canada: www.hc-sc.gc.ca/hecs-sesc/ocs/health/methadone.htm.

3. Gagnon B, Almahrezi A and Schreier G, Methadone in the treatment of neuropathic pain. PAIN RES MANAGE Vol 8 No 3 Autumn 2003, p. 150-154.

4. Tookman A and Kurowska A, Pain relief and opioid use in palliative care. PRESCRIBER 5 May 2003, p. 61-66.

5. Mitchell TB, White JM, Somogyi AA and Bochner F, Comparative pharmacodynamics and pharmacokinetics of methadone and slow-release oral morphine for maintenance treatment of opioid dependence. DRUG AND ALCOHOL DEPENDENCE Vol 72 2003, p. 85-94.

6. Methadone Maintenance Treatment, a publication of Health Canada, 2002.

7. CPSNS web site: www.cpsns.ca.

A Pharmacist's Perspective: Prescription Drug Misuse

"Pharmacists are the most accessible health care professionals....there is a pharmacist in every community."

"We can only control what we know."

Janet MacDonnell is the sitting President of the New Brunswick Pharmacist's Association.

Based on her experience as a pharmacist since 1986, Janet MacDonnell recognizes that New Brunswick has a problem with the misuse of prescription drugs such as opiates and benzodiazepines. Despite this misuse, she feels it is important these drugs are available to people who need them for legitimate health concerns.

When it comes to identifying if a client is misusing a prescription drug or not, MacDonnell points out pharmacists do not have enough information on the medical background of the client to make this decision. She stresses that while pharmacists are in an excellent position to act as a gatekeeper for prescription drugs, they currently do not have the tools to enforce this role: "we can only control what we know."

MacDonnell has a number of ideas on how to reduce the misuse of prescription drugs:

- Implement an electronic tracking system for controlled narcotics that pharmacists can access when presented with a prescription.
- Encourage a collaborative practice approach to health care. This approach would see health care professionals such as doctors, pharmacists, physiotherapists and occupational therapists supporting each other and working as a team towards the same treatment goals.
- Enhance continuing education programs for health care professionals on topics such as 'guidelines for prescribing', 'pain management options', and 'spotting misusers'.
- Use alternative treatment options for pain management when applicable.
- Use written treatment contracts between the doctor, the client, and the pharmacist when prescribing for pain management purposes.
- Provide patients with more information on their options and their prescribed drug.
- Screen clients properly to identify if they are at high risk for addiction.

While misuse of prescription drugs is a concern, MacDonnell stresses that more needs to be done for people once they are addicted. She feels treatment options need to be enhanced, in particular for women and youth.

In the future, MacDonnell would like to see pharmacists take on a larger role to educate patients about opiate and other drug use. As she comments, "pharmacists are the most accessible health care professionals" and "there is a pharmacist in every community".

TALKING TO YOUR KIDS ABOUT DRUGS: TWO-WAY COMMUNICATION

Claire Gibson works for the RCMP Drug Awareness Squad

The best way to communicate with children about drugs is to start before drug use is even an issue. The way parents communicate with their children is very important even when it is not specifically about drugs. High self-esteem is a major contributing factor to resisting drugs. Children with high self-esteem feel more confident about their choices and are less likely to be pressured into taking drugs. By making sure children feel loved and valued, parents can foster these feelings of confidence and self-esteem. Spending quality time with children is one way to improve self-esteem.

Parents and guardians also communicate through their behaviour. Parents who value a lifestyle free from drug use communicate this to their children by modeling a sober drug free lifestyle. Parents should also discuss what they expect from their children. These discussions should be two sided with the parents listening as well as speaking. When children feel like their opinions are valued it leads to increased feelings of self-worth and a willingness to share and listen.

If parents suspect their child is experimenting or about to experiment with drugs it is important to address this issue with the child. Upon making such a discovery it is common for parents to panic, avoid the issue or angrily confront their teenager. Such reactions, although understandable, are not the most effective ways to address the situation.

The first thing parents should do is share their concerns with any other parents/guardians involved. Next parents must plan a time to talk to their child. Parents/guardians should take a united stand in this discussion. Concerns should be discussed clearly and calmly. It is important for parents to listen to what the child has to say without judgment while clearly expressing their views and rules. If a parent discovers their child has a drug problem, they should seek external support for their child as well as for themselves.

Resources for Parents:

- N.B. Addiction Treatment Services: www.gnb.ca/0051/0378/index-e.asp
- Parent Action on Drugs: www.parentactionondrugs.org/
- Parents - The Anti-Drug: www.theantidrug.com (U.S. site)
- Partnership for a Drug Free America: www.drugfree.org (U.S. site)
- Video: Face to Face (Produced by the Rotary Club of Toronto)

"High self-esteem is a major contributing factor to resisting drugs."

"It is important for parents to listen to what the child has to say without judgment while clearly expressing their views and rules."

"Canada currently has no way to accurately measure the size of the problem or even to reliably distinguish between prescription drug use and misuse."

Abuse of Prescription Painkillers: Separating the Baby from the Bathwater

Richard Garlick, Editor in Chief, Canadian Centre on Substance Abuse (CCSA)

The abuse of opioid analgesics has raised serious concerns in recent years, especially in Eastern Canada. The problem became so acute last year that Health Canada ordered pharmacies in the four Atlantic provinces to submit reports of all sales of oxycodone-based medications for the six-month period starting Jan. 1, 2004.

The CCSA endorsed the Health Canada action and applauded community-based initiatives in N.S. and N.F.L. that led to two revealing task force reports on OxyContin and other related narcotics abuse.

CCSA also pulled together the most up-to-date information available on the subject for a fact sheet called OxyContin that has since been widely distributed. It is available at www.ccsa.ca/pdf/ccsa-010051-2004.pdf

CCSA has also chosen prescription drug abuse as one of six "hot topics" to include in its report, *Substance Abuse in Canada: Current Challenges and Choices,* to be published in March 2005. This is the first in a series of annual "snapshots" of drug and alcohol use in Canada intended to highlight new and emerging policy issues. A chapter on prescription drug abuse describes Canadians as being among the heaviest consumers of psychoactive medications in the world and calls the abuse of prescription drugs in this country "a significant public health problem."

What this chapter also tells us is that Canada currently has no way to accurately measure the size of the problem or even to reliably distinguish between prescription drug *use* and *misuse*. More research is needed, says the report, if Canada is to develop evidence-based interventions to reduce the harm associated with the abuse of prescription medications while ensuring legitimate access to them for people in physical and mental distress.

Drug Misuse During Pregnancy

Susanne Priest, RN, Masters of Nursing student at UNB conducting research in perinatal drug abuse

A New Brunswick Story

I cannot express the profound reality check I received on one particular day in the Neo-Natal Intensive Care Unit (NICU). Baby F was admitted with symptoms of withdrawal from methadone. Mom was a known Dilaudid addict who had been successful in the local methadone program. I noticed a young woman walk into our unit looking confused and then bolting towards Baby F. With eyes screaming fear and a trembling voice, she asked: "What's

wrong with my baby? Is she okay?" Every pre-conceived idea of what a drug addict would be like, dissipated. Before me stood a MOTHER. A scared mother who loved her baby very much.

The Facts

- Perinatal drug misuse refers to the use of any illicit drug or abuse of prescription medications while pregnant (some studies also include alcohol as a drug).
- There is limited reported research on perinatal drug misuse in Canada and virtually no research on how to address this growing population and its needs from an Atlantic Canada perspective.
- Women who use substances often use more than one, making it difficult to determine the unique effects of each substance.

Highlights from Research Include:

- In 2001, Health Canada released the "Best Practices: Fetal Alcohol Syndrome/Fetal Alcohol Effects and the Effects of Other Substance Use during Pregnancy" (Roberts and Nanson)
- Many substance using women are single, of low socioeconomic status, lack family support and experience serious emotional problems (Ibid.)
- The extent of substance use by pregnant women is challenging to estimate as illegal substances decrease the likelihood of women reaching out for help, screening is not routine, and tools for screening are limited (Ibid.).
- In the 2001 Canadian Community Health Survey Cycle 1.1 using a sample of 574 Canadian women, the following drug use during pregnancy was reported: 14% consumed alcohol; 23.7% used pain relievers; 2.1% used opioid analgesics; 1.7% used sleeping pills; and 2.1% used tranquilizers.

Substance misuse amongst women during pregnancy is here and now – including in New Brunswick. There is an ever increasing need to not only discuss the issue, but to implement strategies in an organized attempt to help these women and their children. Drug-using women are often stigmatized and regarded as inadequate care-givers. Supportive healthcare providers, however, have an opportunity to increase self-esteem, self-determination and develop a sense of trust with these women.

References:

1. Roberts, G. And Nanson, H. Best Practices: Fetal Alcohol Syndrome/Fetal Alcohol Effects and the Effects of Other Substance Use during Pregnancy. Ottawa: Health Canada, 2001.

2. Statistics Canada. Canada Community Health Survey Cycle 1.1. Ottawa: Minister of Transportation, 2001.

"Every preconceived idea of what a drug addict would be like, dissipated. Before me stood a MOTHER."

A SUCCESS STORY: STAYING CLEAN AND SPEAKING OUT

Written by Amber Nicol based on an interview with "Katie". The individual profiled in this article has asked to remain anonymous.

Katie (not her real name) was raised in a torn home. The daughter of two alcoholics, she spent time in the child-welfare system and left home when she was 13 to get away from the alcohol and the physical and mental abuse. Around the same time she started drinking and experimenting with drugs. Although she did experience different periods of drug dependence, she had "always been able to get off anything she chose to before." Katie worked for most of her life as an esthetician or hairdresser, and over the years owned her own home and a couple of businesses. Katie has two children, neither raised by her (one adopted and one taken by the government).

Following a period of incarceration for dealing cocaine, Katie was introduced to the opiate Dilaudid by a peer in a half-way house. She was immediately hooked and began a long-downward spiral which saw her sell off almost everything she owned including her house in an effort to support her habit. Katie said the drug controlled her life and that "she came very close to being buried." For her, she had "to have the drug in order to function."

Eventually Katie exhausted all of her resources and was unable to support her habit. This was a key turning point that made her realize that she had to get help. Katie was placed on a Methadone Maintenance Treatment (MMT) waiting list for over a year, which was a very frustrating process. She was persistent though, either faxing or calling about the program every week of that year, and she eventually got in.

One of the most challenging things for Katie throughout this process has been the stigma and discrimination that she faces. She does not tell people that she is on MMT because "as soon as people know you are on it they classify you as a junkie." She points out that when she was trying to get help to get off the drug, help was often unavailable and that "when you do get that help, they treat you like a criminal."

Katie, now in her mid-30s, lives in Saint John with the husband she is happily married to, and her dog, who she says is spoiled rotten. She has been on methadone now for five years and is in the process of weaning herself off - having already gone from 110mg per day to 40mg. She is also on Pegatron-interferon for her Hepatitis C, now in her 4th week. She is quite sick, but says "it's a small price to pay for the benefits."

Katie says that she has pulled herself out from devastating circumstances in the past and that this time will be no different. In the future she plans to continue speaking out about the need for better treatment programs and more access to MMT. As she put it, "someone has to say it. There has to be a voice, and why not my voice? It's loud and clear."

"As soon as people know you are on it [methadone] they classify you as a junkie."

"Someone has to say it. There has to be a voice, and why not my voice? It's loud and clear."

PROFILE: RISING SUN REHABILITATION TREATMENT CENTRE

Written by Amber Nicol based on interviews with Director Joyce Paul & Board Chair Roger Augustine.

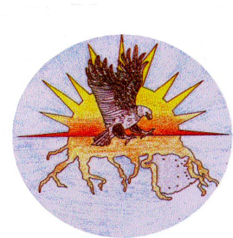
The Rising Sun Rehabilitation Treatment Centre, which opened in 1988, is an Aboriginal drug and alcohol treatment centre located in Eel Ground New Brunswick (Miramichi region). It is a ten bed residential facility and serves members of eleven participating Bands. The centre is funded through the National Native Alcohol and Drug Abuse Rehabilitation Program.

The centre's main rehabilitation program is based on a 28-35 day cycle where patients that have already gone through detoxification live at the centre and follow a strict schedule. As part of the program clients receive support and counselling on a variety of issues including spiritual, health-related, family management, and overcoming addiction.

The centre follows a twelve-step approach to addictions and incorporates the medicine wheel teachings into its programming. As Director Joyce Paul comments, "people feel a lot of comfort in the medicine wheel teachings….they are very appropriate because there is an underlying sense of belonging." Support is offered to clients once they have completed the program. In some cases individuals may be readmitted for the next cycle

In addition to its regular programming, the centre offers two unique programs, one on prescription drug abuse, and the other on relapse prevention. Also, the centre acts as a resource to the participating communities with respect to drug and alcohol issues and provides outpatient support as needed.

Roger Augustine, current Chair of the centre's Board, identified the centre's primary challenge as a shortage of funding and says that after 15 years, the budget has only increased by approximately 1%. When looking towards the future, Mr. Augustine comments that the centre has "completed the first circle" in its development and now needs to look at ways to improve upon current programming. Areas that he would like developed further in the future are the need for longer-term treatment and a way to better address detoxification.



"A rising sun naturally symbolizes a new beginning"

"People feel a lot of comfort in the medicine wheel teachings...they are very appropriate because there is an underlying sense of belonging."

Q&A: THE 'DECRIMINALIZATION OF MARIJUANA' DEBATE

What is the difference between 'decriminalization' & 'legalization'?

- *Decriminalization* refers to the "removal of a behaviour or activity from the scope of the criminal justice system" (Legislative Summaries Bill C-17, 2004).
- The *decriminalization of marijuana* "would continue to make the use and possession of small amounts of marijuana illegal but jail sentences and criminal records would be replaced with fines" (CCSA, 2005). Under proposed legislation, possession

Q&A Continued...

of more than 15 grams of marijuana and/or the production of more than 3 marijuana plants would still be treated as a criminal offence and penalties would be stiffer than existing ones.

- *Legalization* is "a regulatory system allowing the culture, production, marketing, sale and use of substances" (Legislative Summaries Bill C-17, 2004).

What are the proponents of decriminalization saying?

- Marijuana is less harmful than alcohol and tobacco, both of which are legal
- Justice system is tied up with minor possession charges
- Personal marijuana use in terms of harm to society does not warrant the consequences associated with a criminal record (e.g. affects ability to travel/job opportunities)
- Current system is plagued by inconsistent enforcement and unfair use
- By opting to 'decriminalize' as opposed to 'legalize' marijuana the government is still sending the message that its usage is negative
- Current system is not working – marijuana usage rates are on the rise
- More resources will be available for prevention and health promotion with respect to drug use

What are the opponents of decriminalization saying?

- Marijuana is a 'gateway' drug to harder drug usage
- Decriminalization leads to increased usage and increased activity by organized crime involved in its production
- Sends the wrong message to young people
- Studies show marijuana is addictive and has a negative effect on users' health
- No adequate system in place to deal with drivers impaired by its usage
- Police lose flexibility for adequately addressing different degrees of offences
- Marijuana should be legalized – decriminalization does not go far enough
- Legislation is at odds with U.S. drug policy and will harm bilateral relations
- Provincial governments are concerned about new ticketing and enforcement procedures

References:

1. Centre on Substance Abuse: www.ccsa.ca

2. Legislative Summaries Bill C-17: www.parl.gc.ca/common/Bills_ls.asp?Parl=38&Ses=1&ls=C17

3. CBC News In-Depth: www.cbc.ca/news/background/marijuana/marijuana_legalize.html.

Check out Federal Bill C-17–it proposes to decriminalize the possession and production of small amounts of Marijuana.

2004 CCENDU Report on Substance Use in New Brunswick

In February 2005, the Fredericton Site Committee for the Canadian Community Network on Drug Use (CCENDU) released the 2004 report *Drug and Alcohol Use in Fredericton and the Province of New Brunswick.* Data for this report was collected along seven indicators: prevalence, enforcement, treatment, morbidity, mortality, HIV/AIDS and Hepatitis C, and surrogate. While the report primarily focuses on the Fredericton region, a great deal of data was also collected at a provincial level.

New Brunswick Highlights:

- Alcohol remains the most problematic substance in the province and N.B. has a higher rate of heavy drinking than the national average.
- In 2003/04, $322 million was spent at N.B. liquor stores.
- The rates of cannabis usage and of 'drugs other than cannabis' usage have almost doubled in the province over the last decade.
- Well connected organized crime groups are actively involved in the drug trade in the province and have the ability to traffic narcotics in large quantities.
- In 2003/04, 4365 individuals received counseling services through the outpatient program at Provincial Addictions Services and 2504 were admitted to its Detox program.
- In December 2004, there were approximately 316 active clients on methadone maintenance treatment programs in the province and another 449 on waiting lists.
- Prescription drug misuse and opiate addiction remains a very real issue in this province.
- Between 1985-2003, 16% of HIV positive tests in New Brunswick were related to injection drug use.
- In 2003/04, there were 150 drug or alcohol related deaths in the province: 103 accidental and 47 suicidal.

To request a copy of this report free of charge contact AIDS New Brunswick at sidaids@nbnet.nb.ca (506) 459-7518

National Summer Institute on Addictions

The Canadian Centre on Substance Abuse (CCSA) and the Addictions Research Centre (ARC) of the Correctional Service Canada in conjunction with the University of Prince Edward Island will be hosting the 3rd National Summer Institute on Addictions July 18-21, 2005 in P.E.I. The theme of this year's institute is *Mapping Change: Assessment and Treatment Planning***.** According to the CCSA web site: "this theme is linked to the application of several treatment approaches, including motivational interviewing, individual and group counseling, and relapse prevention. Population specific themes will also be addressed." The key note speaker for this year's institute is Dr. William Miller, the co-author of the book Motivational Interviewing: Preparing People for Change.

For more information visit www.ccsa.ca or e-mail info@ccsa.ca

Produced by a collaboration of members of the NB Coalition on Prescription Drug Use & the Canadian Community Epidemiology Network (CCENDU) Fredericton Site Committee. For information on these committees contact **Gordon Skead** at 506/452-5554 or Gordon.Skead@rvh.nb.ca.

Thanks to Purdue Pharma for funding the newsletter and to AIDS New Brunswick for its role in coordinating this initiative.

We welcome submissions of 250-500 words articles! (Newsletter Editor reserves the right to edit all submissions)

Contact Us!
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CANADIAN ADDICTION SURVEY: REPORT RELEASED

This is the first comprehensive national addictions survey on drug and alcohol use in a decade

A detailed report on the results of the first comprehensive national addictions survey on drug and alcohol use in a decade was released in March 2005 by Health Canada, the Canadian Executive Council on Addictions, and the Canadian Centre on Substance Abuse.

The *Canadian Addictions Survey* is a national population survey conducted by telephone between December 16, 2003 and April 19, 2003 with 13,909 Canadians aged fifteen and older (1002 individuals in N.B.) on issues related to drug and alcohol use. According to the official press release for the survey, its focus was on:

"The impact that alcohol and drug use has on physical, mental and social well-being. The survey also questioned Canadians about their attitudes toward measures to control drug use, and on their beliefs about the availability of drugs and the risks associated with use."

The 100-page report is now available from http://www.ccsa.ca/pdf/ccsa-004028-2005.pdf. A highlights document is also available at http://www.ccsa.ca/pdf/ccsa-004028-2005.pdf. More information on the study can be obtained from Enid Harrison at eharrison@ccsa.ca or (613) 235-4048 (ext.237).