

New National Framework working group aims to have a treatment strategy for Canada by 2008

In countrywide consultations leading to the National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada (www.nationalframework-cadrenational.ca), the need to review and enhance treatment systems in Canada emerged as a key priority for action. Now, with the proposed establishment of a broadly representative, multi-jurisdictional treatment working group, chaired by the Canadian Executive Council on Addictions (CECA), efforts are under way to draft a national treatment strategy for release by April 2008.

The new National Treatment Strategy Working Group will develop a comprehensive report with recommendations for improving substance abuse treatment in Canada. These recommendations will relate directly to four strategic themes identified at the National Framework Thematic Workshop on Treatment in October in Toronto ([see the Framework website](#)). The report will include a process for implementing and evaluating the strategy over time.

Work will focus mainly, but not exclusively, on the following four strategic themes:

▶ *Articulate the core continuum:* Develop a continuum that describes the full range of services and support for substance use and addictions from a person-centred, holistic perspective, with national standards that identify service delivery mechanisms and allow for regional and population differences.

▶ *Implement best practices across the specialized treatment system:* Articulate a



sustainable knowledge exchange framework that includes a broad systems approach; identify core competencies and implementation strategies.

▶ *Identify the facilitators and barriers, and knowledge exchange activities for decision-makers, funders and policy makers:* Develop national, provincial and regional leadership and capacity to ensure that evidence informs policy priorities and leads to improved quality of and ac-

cess to health and social services and supports.

▶ *Focus on populations:* Ensure all services are responsive to Canada's diversity.

The Working Group will recommend appropriate processes and structures for developing and monitoring activity under the strategy, including clarifying roles and responsibilities, identifying existing and potential partnerships and strategies, outlining mechanisms for coordination and collaboration, and highlighting best practices in Canada and internationally. The Working Group will be chaired by CECA and recognizes the multi-jurisdictional nature of treatment. Working Group members will seek endorsement of the recom-

mendations contained in the final report within their respective areas of business and spheres of influence.

The Working Group, which will meet for the first time in March, will be supported by a secretariat led by CCSA with representatives from BC Mental Health and Addiction Services, the Centre for Addiction and Mental Health, and CECA.

For more information, please contact Rita Notarandrea at 613-235-4048, ext. 239. □

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Editor: Richard Garlick
Contact the Editor if you wish to receive *Action News* electronically: tel.: 613-235-4048, ext. 230; fax: 613-235-8101; email: rgarlick@ccsa.ca

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► Edmonton, Alberta will be the site of Issues of Substance 2007. Inaugurated in 2005, Issues of Substance has quickly become Canada's premiere national conference for the field. The conference is held every two years in November to coincide with National Drug and Addictions Awareness Week.

Issues of Substance 2007 launches Call for Abstracts

CCSA is gearing up to host Issues of Substance 2007 in Edmonton, Alberta, on November 25–28, 2007. The national conference on alcohol and other drugs and substances is expected to attract more than 800 delegates.

enforcement, corrections), researchers, academics, policy-makers, and private-sector professionals.

The IOS program committee is now seeking abstracts for individual, session and poster presentations. There are nine session threads:

- Working with diverse populations
- Capacity-building approaches
- Contextual factors
- First Nations and Inuit

A formal Call for Abstracts will be posted on Jan. 8, on the IOS 2007 website at www.issuesofsubstance.ca

Issues of Substance 2007 is supported locally by the Alberta Alcohol and Drug Abuse Commission (AADAC). The conference is made possible, in part, through a financial contribution from Health Canada's Drug Strategy Community Initiatives Fund.

For more information, please contact Brooke Bryce at 613-235-4048, ext. 243 or at partnership@ccsa.ca □

ISSUES of
SUBSTANCE
Canadian Centre on Substance
Abuse National Conference 2007



QUESTIONS
de SUBSTANCE
Conférence nationale du Centre
canadien de lutte contre l'alcoolisme
et les toxicomanies 2007

The conference theme, "Shaping the Future," will focus on bridging the "research-to-practice gap" and will be of interest to addiction specialists (treatment providers, clinical staff, public health nurses), allied professionals (hospital staff, law

- Prevention and health promotion
- Treatment approaches
- After-care and community support
- Allied organizations and services
- Research, policies and programs



► A review of the CPGI was commissioned by the Inter-provincial Funding Partners, which include the Alberta Gaming Research Institute, Addictions Foundation of Manitoba, British Columbia Gaming Policy and Enforcement Branch, Manitoba Gaming Control Commission, Quebec Ministry of Health and Social Services, Nova Scotia Gaming Foundation, and Ontario Problem Gambling Research Centre.

The CPGI may not be perfect, but there's still nothing better

In 2001, acting on behalf of a consortium of provincial funders, CCSA launched a new instrument for measuring problem gambling in the general population. Intended to be a more accurate alternative to existing instruments, the Canadian Problem Gambling Index (CPGI) has since been used in all 10 provinces and a number of other countries.

In 2005, the Inter-provincial Funding Partners for Research into Problem Gambling commissioned a review of the CPGI to determine the level of satisfaction among principal investigators who had used the instrument. The investigators, along with the original developers of the

CPGI and other experts, generally expressed high regard for the instrument and concluded that it "matched or surpassed the performance of other instruments ... and is the first instrument to successfully describe categories or sub-types of gamblers and problem gamblers, and to systematically measure the correlates of problem gambling". Previous instruments were developed in clinical settings and are therefore less precise when used in the general population.

Despite an overall positive view, respondents were critical of the absence of strong, ongoing work to validate the CPGI and also felt that improvements could be made

based on what has been learned about problem gambling since the GPGI was introduced. Some said that our understanding of problem gambling is so underdeveloped that no instrument, including the CPGI, could be considered valid ("The CPGI is state of the art, but the state of the art is not very good.") However, even the most critical researchers seemed willing to continue using the CPGI.

The review makes several recommendations, including a call for the establishment of a steering committee to oversee the CPGI, to conduct regular reviews of the instrument, and to ensure dissemination of revisions to it. □

Preliminary data support accuracy of DRE evaluations

Preliminary data compiled for a study involving the new Drug Recognition Expert (DRE) program in Canada provide strong evidence that DRE officers can accurately detect impairment by a wide range of legal and illegal drugs. CCSA gathered the data after successfully bidding on an RCMP contract to evaluate implementation of the DRE program in Canada, targeting drug-impaired drivers.

Using RCMP data, CCSA consultant Doug Beirness compared DRE evaluations with toxicological tests of bodily fluid samples obtained from subjects at the conclusion of DRE evaluations. Not all cases that met the study criteria involved suspected drug-impaired drivers; many evaluations were done on

known or suspected drug users in the community who voluntarily submitted to a DRE examination. Of 1,349 eligible cases in the RCMP database, 145 involved drivers arrested for impaired driving.

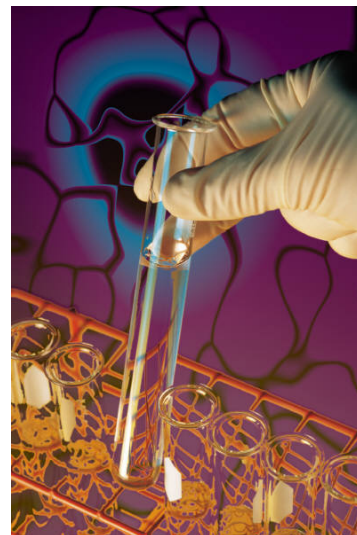
Dr. Beirness found that, overall, central nervous system (CNS) stimulants were the most common substance reported by both the DRE and toxicology reports. Cannabis was the next most commonly identified drug, followed by narcotic analgesics, including codeine and morphine.

The accuracy of DRE evaluations is measured in a number of ways. *Sensitivity* is the number of drug-positive cases correctly identified by the DRE (in this study it was 99.5%). *Specificity* is the proportion of cases correctly

identified by the DRE as *not* being under the influence of drugs (81.8%). The *false alarm rate* is the proportion of cases where the DRE incorrectly determines the subject to be under the influence of drugs (18.2%). The *miss rate* involves cases where the DRE incorrectly judges the subject to be drug-free (0.46%). The *corroboration rate* measures the DRE's ability to detect specific classes of drugs (99.4%).

The final measure, *accuracy*, reflects the overall proportion of cases correctly identified by the DRE procedure. The accuracy rate for the 145 cases involving impaired drivers was 98% (142 cases of 145).

Recently introduced federal legislation would make it mandatory for Canadian drivers to submit to DRE evaluations. □



► As part of a two-year evaluation of DRE implementation in Canada, CCSA used the results of toxicological tests of bodily fluid samples to assess the accuracy of evaluations carried out by Drug Recognition Experts who are trained to detect signs of impairment by a variety of drugs, both legal and illegal, during roadside checks.

CAS sheds light on cannabis and driving, tobacco and youth

CCSA has published two new research reports based on data from the 2004 Canadian Addiction Survey (CAS). ► In *Driving Under the Influence of Cannabis*, CCSA associates Doug Beirness and Chris Davis write that 4.8% of drivers reported driving within two hours of using cannabis in the 12 months prior to the CAS—more than double the proportion who reported doing so in comparable studies done in 1988 and 1989.

Young males were 3.6 times more likely than females to drive under the influence of cannabis; in fact, this group reported driving

under the influence of cannabis as often as or more often than they drove under the influence of alcohol. People who drove under the influence of cannabis also reported consuming higher than average amounts of alcohol—significantly increasing the risk of impairment.

► In *Risks Associated with Tobacco Use in Youth Aged 15–19*, Chris Davis concludes that young people who smoke cigarettes are much more likely than their non-smoking peers to drink and abuse alcohol, and to use cannabis and other illicit substances.

Sixty per cent (60%) of smoking youth met the crite-

ria for hazardous drinking as defined by the World Health Organization, compared with 23.7% of non-smoking youth. Thirty-one per cent (31%) of smoking youth under 20 reported using cocaine, heroin, amphetamine, ecstasy or hallucinogens in the past year, compared with 3.5% of non-smoking youth. Despite the fact that tobacco use is a strong marker for other substance use, the research does not indicate whether tobacco is a “gateway drug”—that is, that it necessarily leads to other drug use.

These two new CAS research briefs can be viewed and/or downloaded at www.ccsa.ca □



► The relationship between cigarette smoking and other forms of substance use among 15–19 year olds is explored in one of two new CCSA research briefs.

New Board appointment, new staff

Darryl Plecas (left) has been appointed to CCSA's Board of Directors. Dr. Plecas holds the RCMP University Research Chair in the School of Criminology and Criminal Justice at the University College of the Fraser Valley where he has worked for 26 years (serving as Chair of the School for various terms over 14 of those years).

Rita Notarandrea (centre) has become Deputy Chief Executive Officer and Director of Research and Policy. Ms. Notarandrea has more than 20 years of leader-

ship success in the healthcare sector, most recently as Chief Operating Officer at the Royal Ottawa Hospital. She will be an integral member of the senior management team, and will be responsible for all research and policy initiatives.

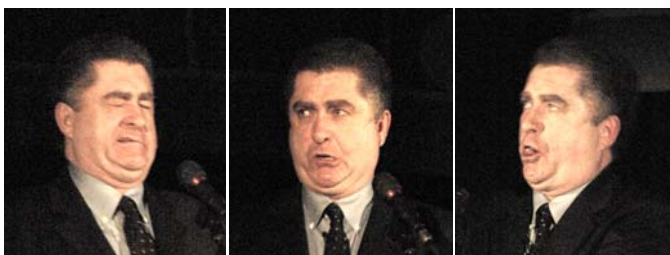
Jennifer Lee (right) has joined CCSA's Public Relations and Marketing team as Production and Communications Coordinator. She will help ensure a professional look for CCSA's products and publications. She has more than six years communications experience in government and the not-for-profit sector. □



Mike MacDonald: a seriously funny guy

Mike MacDonald, whose comedy delighted delegates at CCSA's *Issues of Substance 2005* national conference (see photos below) was named recipient of the inaugural Dave Broadfoot Award for Comic Genius at the 2006 Canadian Comedy Awards in London, Ontario, in November. The ceremony honoured "pretty funny"

winners in 20 television, film and live performance categories. MacDonald has stayed in touch with CCSA's CEO Michel Perron since last year's conference and has offered to support efforts at raising the awareness of addictions issues, while providing insight into the entertainment industry and how CCSA and others can best form effective partnerships. □



Events

For details of these and other events or to submit an event, go to Calendar of Events at www.ccsa.ca

Jan. 31–Feb. 2—Putting the Pieces Together for Children and Families: The National Conference on Substance Abuse, Child Welfare and the Courts. Anaheim, CA. www.cffutures.org/conference_information/index.shtml (email: contact_us@cffutures.org) Tel: 714-505-3525; fax: 714-505-3626

Feb. 1–3—2nd National Conference on Methamphetamine, HIV and Hepatitis: Science & Response 2007. Salt Lake City, UT <http://methconference.org> (email: methconference@harmredux.org) Tel: 801-688-6927; fax: 801-355-0291

Feb. 7–10—35th Annual Meeting of the International Neuropsychological Society. Portland, OR www.the-ins.org/meetings/detail/index.cfm?id=22 (email: ins@osu.edu) Tel: 614-263-4200; fax: 614-263-4366

Mar. 8–9—8th Annual Alberta Harm Reduction Conference. Calgary, AB www.albertaharmreduction.ca/ (email: info@albertaharmreduction.ca) Tel: 403-327-8900; fax: 403-327-8939

Mar. 8–10—2nd International Conference on Fetal Alcohol Spectrum Disorder: Research, Policy and Practice Around the World. Victoria, BC. www.interprofessional.ubc.ca/FASD.htm (email: ipconf@interchange.ubc.ca) Tel: 604-822-0054; fax: 604-822-4835

Mar. 22–23—First Annual Conference of the International Society for the Study of Drug Policy. Oslo, Norway. www.issdp.org/conferences.htm (email: nads@nad.fi)

April 3–5—Substance Abuse in the Workplace: Promoting Healthier Work Environments. Fredericton, NB. www.rcmp-grc.gc.ca/nb/ (email: workplace.conference@rcmp-grc.gc.ca) Tel: 506-452-4160; fax: 506-452-4894

May 13–17—2007 International Conference on the Reduction of Drug Related Harm. Warsaw, Poland. www.harmreduction2007.org/ (email: conference@harmreduction2007.org)

Nov. 25–28—Issues of Substance: Canadian Centre on Substance Abuse National Conference 2007. Edmonton, AB. www.issuesofsubstance.ca Tel: 613-235-4048, ext. 243; fax: 613-235-8101

YSAC and CCSA extend agreement



► CCSA and the Youth Solvent Addiction Committee (YSAC)—a network of eight solvent addiction treatment centres located across Canada—have renewed a Memorandum of Agreement aimed at bringing First Nations treatment providers and addictions researchers closer together to share data, information, networks and resources. The signing ceremony took place in Ottawa on Nov. 15 and extends the MOA for another three years. Pictured above are CCSA's CEO **Michel Perron** and YSAC's Chair **Carol Hopkins**.