

ACTION

NEWS – NOUVELLES

June 2007

Volume 17, No. 2

CCSA strengthens commitment to the North with NWT agreement

CCSA has signed a Memorandum of Agreement with the Department of Health and Social Services (DHSS), Government of the Northwest Territories, pledging both parties to work together to enhance the health and well-being of the people of the NWT in the area of addictions and substance abuse.

The three-year MOA opens the door to greater sharing of knowledge and learning experiences on matters of mutual interest, including First Nations and Inuit peoples and issues of alcohol and other drug use. The agreement is expected to lead to

The MOA reaffirms a common commitment to the importance of addictions and substance abuse research.

improved partnerships with government and non-governmental organizations, as well as with the private sector in the North, and it reaffirms a common commitment to the importance of addictions and substance abuse research.

Signing of the agreement coincided with a three-day visit to Yellowknife in June by CCSA's Board of Directors, executive staff, and Senior Advisor on Northern Canada. The trip signals the Centre's growing engagement with the

three Territories and follows a similar visit to Nunavut in June 2005 (see *Action News*, Vol. XV No. 2). "Reaching out to Canada's North" is one of 13 priorities identified in the National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada, which was endorsed by DHHS in February.

One of the highlights of the Board's visit to Yellowknife was an event called the NWT Addictions Community World Café, co-hosted by nearly 20 non-governmental organizations and key NWT government departments. The World Café concept originated in the United States in the mid-1990s and is described as a "conversational process based on a set of integrated design principles that reveal a deeper living network pattern through which we co-evolve our collective future." More information on the process is available at www.theworldcafe.com/principles.htm

CCSA's commitment to the North also includes the 2006 hiring of a Senior Advisor on Northern Canada, Rachel Dutton-Gowryluk, whose job is to increase

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ISSN 1701-4522

CCSA supports Bill C-32, but recommends changes

CCSA applauded draft legislation that would crack down on drug-impaired driving, but also suggested some improvements to Bill C-32 in a recent appearance before the Standing Committee on Justice and Human Rights, which is studying the proposed law.

In their presentation in June, CCSA's Manager of Research and Policy Doug Beirness and former CEO Jacques LeCavalier praised sections of the new legislation requiring drivers suspected of drug impairment to submit to a roadside physical coordination test, to undergo an evaluation by a trained Drug Recognition Expert (DRE), and to provide a bodily fluid sample for analysis. These measures, they told the committee, "help to create a process comparable to that currently used for alcohol and driving."

CCSA has been working with the RCMP to evaluate implementation of the Drug Evaluation and Classification (DEC) program in Canada—a systematic and standardized protocol for assessing drivers for signs and symptoms associated with drug impairment—and both Beirness and LeCavalier have attended

the Standardized Field Sobriety Test and DRE training course. The work they have done so far with CCSA colleagues highlights the accuracy of the DEC protocol, but the protocol "is not perfect" and could benefit from further research and development, they told the Standing Committee.

In CCSA's view, two issues are central to the intent of Bill C-32: impairment and public safety. The mere presence of a drug is not sufficient to demonstrate that a driver's ability is impaired and there is a process in place in the legislation whereby the investigating officer must establish reasonable and probable grounds of impairment before a demand for a bodily fluid sample is made.

As for public safety, CCSA believes that a section of the legislation making it an offence for a driver to have a controlled substance in the vehicle is "inconsistent with the concept of impaired driving." The legislation "should not be viewed as a means of drug control."

"Simply being in possession of a drug in a vehicle does not equate with driver impairment. In addition, this particular

subsection specifies controlled substances as defined in subsection 2(1) of the Controlled Drugs and Substances Act (CDSA), some of which have never been shown to cause impairment—e.g., anabolic steroids. We recommend that offences related to the possession of illegal substances be tackled through the CDSA."

Another recommendation, based on CCSA's reading of the evidence, is that impairment due to the combination of alcohol and drugs, or a combination of two or more drugs, be treated as exacerbating circumstances in sentencing as blood alcohol concentrations in excess of 160 mg per 100 ml blood are considered to be aggravating circumstances in alcohol-impaired driving offences.

"(T)he evidence is very clear that the combination of alcohol and drugs, even in small amounts, creates a level of impairment and risk greater than that associated with either substance alone."

Bill C-32 passed second reading in February and continues through the Committee process. A copy of CCSA's presentation to the Standing Committee is available at www.ccsa.ca >

Bridging the gap between neuroscience and addictions

More effective approach to intervention for drug abuse in the future will depend on a better understanding of the potential relationship between pharmacological treatments that work on the brain and nervous system, and psychological treatments such as cognitive behavioural therapy that address situational and cognitive factors.

This statement by Dr. Franco Vaccarino of the University of Toronto, in a forthcoming CCSA publication devoted to youth substance abuse, points to an opportunity for improved knowledge transfer in the area of addictions. To ensure that the biomedical and neuroscience perspective is reflected in its work and in its national policy development, CCSA has convened a blue-ribbon panel of experts to provide advice and guidance in these key areas.

The seven-member panel of researchers, which includes new CCSA Board member Dr. Sherry H. Stewart (see story page 3), has begun a series of "think tanks" and by the end of this year will develop a strategy for raising awareness of current

biomedical and neuroscience issues and feeding this knowledge and perspective into national policy and research agendas.

The idea of an external scientific advisory committee was one of several recommendations made by Dr. Vaccarino in a June 2006 report commissioned by CCSA. The panel will advise CCSA on how to better reflect the neuroscience perspective in all its activities, and will look for ways to bring more attention to these issues.

As another part of its commitment to this new role, CCSA asked Dr. Vaccarino to write a chapter on neuroscience and addiction for its forthcoming publication, *Substance Abuse in Canada: Focus on Youth*. From a neuroscience perspective, youth is a critical period because the early use of psychoactive drugs can produce long-term changes in the brain.

For more information about this initiative, contact Rita Notarandrea, Deputy Chief Executive Officer and Director of Research and Policy, at rnotarandrea@ccsa.ca >

Establishing competencies for substance abuse professionals

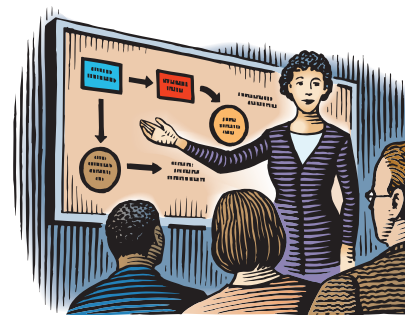
CCSA has published a draft set of core competencies for substance abuse and allied professionals in Canada and has simultaneously embarked on a broad consultation process to refine and validate the proposed list of measurable job performance skills and knowledge areas.

The need to “promote the development of national standards and competencies for the addiction workforce that can be tailored to meet the needs of provincial-territorial jurisdictions” was first identified in a 2005 CCSA survey of executive directors, agency heads and front-line staff working in specialized substance abuse services. A similar priority—“sustaining workforce development”—was later recognized in the National Framework for Action. The core competencies project has also been endorsed by the Canadian Executive Council on Addictions (CECA) and the National Advisory Group on Workforce Development (NAGWD).

The job of identifying, analyzing and compiling core competencies is being carried out by CCSA’s Workforce Development Division with help from a management consulting firm and input from stakeholders across Canada. The project is also linked to the National Treatment Strategy, whose objectives are rooted in another key priority area of the National Framework. It is expected that these two initiatives will reflect and support one another wherever appropriate.

A new phase of the core competencies project began recently with the launch of a broad consultation process aimed

at gathering additional input on the usefulness and validity of the core competencies. Among the strategies being employed to engage the field is a blog that can be accessed through the Canadian Network of Substance Abuse and Allied Professionals website until Aug. 15. Other engagement strategies will include regional focus groups, teleconferences and key informant interviews. People can also email their comments to competencies@ccsa.ca



The competencies document will be revised to reflect feedback from the field, matched against recommendations arising from the National Treatment Strategy, finalized and presented to CECA, senior provincial and territorial officials, and the academic community for endorsement. Competencies are expected to serve a variety of uses, including the development of job profiles, evaluation of job performance, identification of training and professional development requirements, and identification of succession planning requirements.

To view the core competencies, please visit the Canadian Network website at www.cnsaap.ca >

Hello, goodbye: comings and goings at CCSA

Sherry H. Stewart, Ph.D. has joined CCSA’s Board of Directors as a member at large. Dr. Stewart is a Killam Research Professor and a Canadian Institutes of Health Research (CIHR) Investigator in the Departments of Psychiatry and Psychology at Dalhousie University. She is the past coordinator of the Doctoral Training Program in Clinical Psychology at Dalhousie.



Dr. Stewart is internationally respected for her research on psychological factors contributing to addictive disorders, and the co-morbidity of mental illness and addictions. She has published several clinical trials of novel approaches for the treatment and prevention of substance abuse and co-occurring mental health problems. She has received more than \$10 million from granting agencies worldwide to support her research.

Colleen Anne Dell, Ph.D. has been named the new Project Hope Research Chair in Substance Abuse at the University of Saskatchewan and has left her post as Associate Professor in



Carleton University’s Department of Sociology and Anthropology with Associate status at CCSA. Dr. Dell joined CCSA in 2001 as part of a Memorandum of Agreement with Carleton aimed at giving CCSA greater access to academic resources and data, while providing Carleton students with opportunities to work with the broader addictions community.

As part of Project Hope, a three-year program to prevent and treat substance abuse in Saskatchewan, the province has committed \$1.6 million in funding for the new research chair at the university. Dr. Dell will continue her involvement with some of the issues she worked on during her tenure at CCSA, including women, solvent abuse and Aboriginal peoples, and will continue to advise CCSA in these areas. It is expected that a Memorandum of Agreement will eventually be signed between CCSA and the University of Saskatchewan. Dr. Dell is a principal author of a new CCSA publication entitled *Harm reduction policies and programs for persons of Aboriginal descent.* >

CCSA signs NWT agreement

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CCSA's responsiveness to the unique needs of Northern communities and to foster partnerships with Aboriginal leadership, government and industry.

In 2005, the Centre launched an online Territorial Resource to provide access to information on the North and a virtual forum for individuals working in the substance abuse and addictions fields.

This year, CCSA began work with Meeka Arnaq, an Elder in



Pangnirtung, Nunavut, and the Mamisarvik Healing Centre in Ottawa to record and preserve the traditional teachings of Inuit society as a way of clarifying the link between inter-generational trauma and substance abuse among the Inuit (see *Action News*, Vol. 17, No. 1).

News releases with details about the Board's visit to Yellowknife and the signing of the MOA are available at the Newsroom at www.ccsa.ca

New publications from CCSA



Harm reduction policies and programs for persons of Aboriginal descent by Dr. Colleen Anne Dell and Tara Lyons, M.A.

> Fundamental features of harm reduction, specifically its focus on humane values, overlap with traditional Aboriginal values such as respect. The principles of harm reduction are not unknown to Aboriginal peoples and some observers have pointed to similarities between harm reduction and a holistic Aboriginal approach to substance abuse treatment, including the importance of links between the community and the individual.

This paper provides examples of 11 approaches to harm reduction policy and programming used by Aboriginal peoples, as well as seven key barriers to their implementation. For each barrier, a general solution or direction is proposed. Like the paper itself, these suggestions are intended to stimulate discussion and further reflection.

Harm reduction policies and programs for persons of Aboriginal descent was written in cooperation with a dozen Aboriginal organizations. It is one in a series of documents on harm reduction for special populations in Canada and can be downloaded as a PDF at www.ccsa.ca

Prescription Drug Abuse FAQ by Dr. John Weekes, Dr. Jürgen Rehm, and Rebecca Mugford

> With little direct research to draw on, we can only make indirect inferences about the extent of prescription drug abuse and diversion in Canada based on sales figures and trends in prescribing practices. For example, in 2002, Canada reported the fourth highest per-capita use of prescription narcotics in the world and the second highest use of sedative-hypnotics (including benzodiazepines). Canada was also among the top 15 countries in the use of prescription amphetamines.

A sizable and effective national monitoring and auditing system is needed to address the potential for large-scale diversion of prescription drugs at all points in the manufacturing, distribution and administration chain. The absence of an adequate infrastructure to monitor compliance with government regulation is a significant shortcoming and leaves the door open to mass diversion and theft.

These and other issues are addressed in this new CCSA publication. To download a PDF version of the *Prescription Drug Abuse FAQ*, please go to the CCSA website at www.ccsa.ca

EVENTS

AUG. 26–30

T2007, incorporating the annual meetings of the International Council on Alcohol, Drugs, and Traffic Safety (ICADTS), the International Association of Forensic Toxicologists (TIAFT), and the Ignition Interlock Symposium (IIS)
Seattle, WA. www.icadts2007.org;
email: kitty.jacobs@wsp.wa.gov

SEPT. 9

International FASD Awareness Day
www.fasworld.com/getinvolved.asp

SEPT. 10

Older Persons' Mental Health and Addictions: From the Political to the Practical
Toronto, ON. www.ontario.cmha.ca/opmhan;
email: opmhan@sympatico.ca

OCT. 11–13

Canadian Society of Addiction Medicine 19th Annual Scientific Conference
Ottawa, ON. Email: admin@csam.org;
tel.: 604-484-3244; fax: 604-874-4378

OCT. 22–24

Prevention Matters Conference, Saskatchewan Prevention Institute
Saskatoon, SK. www.preventioninstitute.sk.ca;
email: pbarker@preventioninstitute.sk.ca;
tel.: 306-655-2516; fax: 306-655-2511

OCT. 28–31

Toxicomanie et troubles concomitants : XXXV^e colloque de l'Association des intervenants en toxicomanie du Québec
Trois-Rivières, QC. www.aitq.com;
email: info@aitq.com; tel.: 450-646-3271;
fax: 450-646-3275

CCSA is supported by Health Canada through Canada's Drug Strategy. The views expressed by CCSA do not necessarily reflect the views of Health Canada.