

Fall&Winter 2008



NEWS & VIEWS

Responding to Addiction Issues

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Welcome to our first anniversary edition of **NEWS & VIEWS!**

It was during Addiction Awareness Week 2007 that we launched the all-new **News & Views** newsletter. One year later, we're getting ready to recognize this important week again, and we're doing it by releasing the latest version of our newsletter.

Addiction Awareness Week (Nov 16-22, 2008) is a time for us to provide information and raise awareness on addiction issues that affect individuals, families, and communities. That's what this newsletter does. With each passing year we are identifying the needs of our communities around Nova Scotia, and developing new ways to address them.

In some arenas, we are setting an international example of how to provide comprehensive, quality services to improve the health of our communities.

All of the articles for this newsletter were suggested by professionals who work either directly or indirectly in the field of addictions in Nova Scotia. They were eager to share their experiences with others to keep the learning going and growing. If you have an idea you'd like to share, or a comment on this issue's content, please let us know. You can contact us at addictionservicesnews@gov.ns.ca.

You can also find this newsletter online at gov.ns.ca/hpp/newsandviews.html.



Prevention

Looking at the Big Picture to Help the Individual

Joan used to drink alcohol on a daily basis. Some would label her an alcoholic. She used to smoke cigarettes too. But ten years ago that all changed. How?

Mitchell is 16 years old. He was at a party and was offered a joint. He said “No thanks.” Later that night his parents were woken up by a phone call. Mitchell was in the hospital as a result of a drinking-and-driving incident. What happened?

“Substance use and gambling fall along a continuum of involvement that includes addiction,” says Natalie Cochrane, Prevention Coordinator for **Addiction Services, Nova Scotia Department of Health Promotion and Protection**.

An individual’s decision to use or not depends on a variety of factors that could be individual (e.g., coping techniques), community (e.g., support from family and friends, opportunities for employment, access to quality health care, health-affirming recreational opportunities), and socio-cultural (e.g., public policies that affect the availability and marketing of substances and gambling opportunities).

In 1986, the Ottawa Charter gave credence to the link between a person’s health and the social, behavioural, economic, and physical environmental conditions of their community. It defined twelve determinants of health.

“We view the field of addictions to be rooted in the health field. Years ago, health was defined by the absence of disease,” says Natalie. “But today we understand that health is a resource or capacity that the individual draws upon when facing the decision to use or not. If someone is struggling and their community and the larger society does not support a health-affirming decision, they are placed at risk. So, at Addiction Services we take a population health approach. If we strengthen the health capacity of our communities we positively impact the health of all Nova Scotians.”

Prevention efforts must be strategic, focused, and comprehensive to effectively create change. Measures include:

Supply reduction: reducing the physical availability of a particular substance or gambling activity. (Example: reducing the number of VLTs available in the province.)

Demand reduction: motivating users to consume/gamble less overall and/or less per occasion. (Example: addiction prevention education programs in the school or targeted social marketing programs.)

Harm reduction: reducing the likelihood of harm to health and safety without necessarily requiring a change in the pattern or level of use or gambling. (Example: requiring the use of shatter-proof glass in bars as a safety measure.)

All measures taken are based on needs identified by the community and evaluated for their effectiveness in improving community health.

“Struggling with an addiction is not the result of an individual’s failing. Unfortunately though, individuals are often blamed for their situation,” says Natalie. “As a result, they are isolated from their community making it even more difficult to make health-affirming decisions. At Addiction Services, we’re working to increase community awareness that we all have a responsibility to support health and to reduce the incidence and negative impact of addiction issues.”

For more information about the twelve determinants of health, go to: phac-aspc.gc.ca/.

Within government and throughout the province there are Addiction Services offices that provide a range of services including health promotion and prevention services. For more information, contact your local office at addictionservices.ns.ca.



Nova Scotia's First Alcohol Policy Forum

What does the culture of alcohol consumption in our province look like and how should policy influencers respond?

These are the questions that will be addressed at the province's inaugural Alcohol Policy Forum, which will be held at the Four Points Sheraton in Halifax on November 20, 2008. Organized by **Addiction Services, Nova Scotia Department of Health Promotion and Protection** along with Addiction Services District staff, the forum has invited a wide variety of healthcare providers, policy influencers, deputy ministers, and vice presidents of healthcare facilities to attend.

Special guest speaker Dr. Norman A. Giesbrecht from the **Centre for Addiction and Mental Health** will share his findings on the effects of alcohol policies as well as the challenges and successes other countries have had in dealing with over-consumption.

"As this is the first year, we're starting small," says Dan Steeves, Prevention Coordinator, **Addiction Services, Nova Scotia Department of Health Promotion and Protection**. "We expect it will grow into a true research symposium. This year's forum is an opportunity for policy influencers in the province

at a health-care level to hear from an internationally respected author on the subject of alcohol policy and then to give feedback on what they've heard."

The Nova Scotia Alcohol Strategy identified the need for an annual alcohol forum to focus on best practices, related knowledge development, and skill building consistent with preventing and reducing alcohol-related harm in Nova Scotia. "We've learned through research and the experiences other jurisdictions that the right policies can be effective tools to improve public health," says Dan. "Policy initiatives are a part of a comprehensive approach that includes education, social marketing, and programs targeting specific concerns such as drinking and driving and Fetal Alcohol Spectrum Disorder."

Todd Leader, Director of **Primary Care, South Shore District Health Authority**; Carolyn Davison, Director of **Addiction Services, Nova Scotia Department of Health Promotion and Protection**; and Dr. John Ross, Head of **Emergency Medicine/QEII** will join Dr. Giesbrecht at the forum for a panel discussion and Q&A session on alcohol and its impact on community.

For more information about the impact of alcohol policy on the health of a community, go to: who.int/substance_abuse/publications/global_status_report_2004_overview.pdf or to gov.ns.ca/hpp/publications/Dr.-Norman-Giesbrecht.pdf

Culture of Alcohol Study

It's not that we use alcohol... it's how

This fall, the **Nova Scotia Department of Health Promotion and Protection** (NSHPP) will release a benchmark survey of the cultural dynamics of alcohol consumption in Nova Scotia.

The study engaged 1,200 Nova Scotians, 15 years of age and older, living in 798 randomly selected households through the province. Participants were asked to complete a telephone survey, the results of which would be used to measure the level of alcohol consumption, opinions about alcohol use and harmful/hazardous drinking, and other general health issues.

"Over 70 per cent of the people responded, which is an outstanding result for current phone surveys," says Dan Steeves, Prevention Coordinator, **Addiction Services, Nova Scotia Department of Health Promotion and Protection**.

The 2007 Nova Scotia Alcohol Study identified the need to change the culture of alcohol consumption in our province. "It's not that Nova Scotians drink," continues Dan, "it's how we drink that is resulting in over 400 million dollars worth of health care and social costs each year."

Alcohol has long been an accepted part of culture in many societies, including Nova Scotia, so much so that the harms associated with its consumption, such



as injury, risky sexual behaviour, chronic disease (e.g., heart disease, liver disease, and some cancers), crime, violence, and other social problems, are often overlooked.

The results of this survey will provide key information to help guide prevention, community education, and early intervention strategies to address harmful alcohol use among Nova Scotians and help to establish low-risk drinking guidelines that are acceptable to all Nova Scotians.

"We're always advocating for policies that are in the best interests of Nova Scotians and their public health," says Dan. "We don't see the over-consumption of alcohol as a moral issue, but as a public health issue. That's why we have an Alcohol Strategy."

NSHPP committed to conducting this survey in response to the 2007 Nova Scotia Alcohol Study. Follow-up surveys are planned to document the impact of the initiatives implemented as a result of this study and track subsequent changes in knowledge, perception, attitudes, and behaviours.

Current plans are to release the full survey at the first annual Nova Scotia Alcohol Policy and Research Forum in November.

For more information, contact: Dan.Steeves@gov.ns.ca.

Ignition Interlock

A New Road to Addiction Services

The eyes of the world are on Nova Scotia's Alcohol Ignition Interlock Program (AIIP).

Ignition interlock devices allow participants to operate a vehicle legitimately within the driver licensing system. At the same time, they provide the public with the assurance that participants will only be able to drive when their blood alcohol content (BAC) is below a specified value. Present alcohol interlock systems consist of a small breath-testing device linked to the vehicle ignition system that requires the driver to provide a breath sample every time an attempt is made to start the vehicle. If the test reveals a BAC in excess of the threshold value, the vehicle will not start.

These devices and programs are common across Canada and in other countries. But Nova Scotia has added a second dimension to the program: along with using the device, it is also mandatory for the person to participate in monitoring and counseling services through Addiction Services. "The device is effective in eliminating impaired driving while it's in the vehicle," explains Wanda McDonald, Manager, **Addiction Services, Nova Scotia Department of Health Promotion and Protection.** "What we want to prove is that by including the

counseling component, the program will lead to long-term changes in attitude and behaviour." It's also a move that is in keeping with the best practices developed by the **Traffic Injury Research Foundation.**

The program is mandatory for all repeat offenders. First-time offenders who wish to have their license reinstated are first assessed by Addiction Services to determine whether their participation in AIIP is mandatory or not. If they are considered at a low or medium risk, they can volunteer to join; however, for those first offenders assessed as high risk to repeat, the program is mandatory. Waiting out the license revocation period is not enough. "For people with complex issues, this is a chance for them to address issues related to their alcohol use," says Wanda. "In many cases, their



families are relieved as this is the kind of intervention they have been hoping for; to address the very issues that led to them driving while impaired."

The ignition interlock device is a useful adjunct to treatment. It keeps a record of all activity, including the times it would not allow the vehicle to be started. Everything is date and time stamped. Every 60 days, the person must visit a service centre to have the information downloaded, and then meet with his or her Addiction Services counsellor for a session. This information can be used to confront the problem behavior and to track the client's progress in therapy.



"The information is not used in a punitive manner," says Wanda. "It's a therapeutic tool. For example, a counsellor may notice that for three Saturdays in a row, a driver attempted to start the car in the morning, but was locked out by the device. That demonstrates a pattern of behaviour the counsellor can explore with the person."

Nova Scotia's enhanced Interlock Program has gained international interest. The program will be evaluated to determine if it is meeting the primary goal of reducing impaired driving.

For more information about AIIP, go to: interlock.gov.ns.ca

Addiction Discussion Groups

Opening the Door to Support, Information, and Hope

When someone is ready to make a change they shouldn't have to wait.

This belief led Kevin Fraser, Clinical Therapist, to establish an addiction discussion group at the Kentville location of **Annapolis Valley Health Addiction Services**. The success of this first group grew into a program where each of the sites in Annapolis Valley Health now has a similar group available for those interested.

"We wanted to find a way to reduce barriers to accessing help," says Kevin. "These weekly, one-hour groups are a point of entry for many people who are on a waiting list for an appointment."

They also provide additional support for people who may be in between appointments, considering becoming connected with services, or are loved ones of someone who is dealing with an alcohol, drug, or gambling issue.

"They're open to anyone," emphasizes Peter Kiefl, Clinical Therapist, **Addiction Services, Annapolis Valley Health**. "People can just drop in."

Another thing that's wide open is the theme of each week's group. "We don't have an agenda or theme we're expecting people to focus on," says Kevin. "We start off with a brief introduction, then a centering activity, such as ten

minutes of meditation to 'get people in the room.' After that, we just encourage the participants to think about what is most important in their lives in relation to addiction, and go from there."

Participants are free to talk about addiction exactly as they experience it. "It's a safe place to talk," says Kevin. "We come from a harm reduction angle and look to understand addiction in the context of the person's life. We don't look at their situation through one lens." (The harm reduction principle recognizes that many factors in a person's environment, including job, income, gender, education, community and more, have an influence on a person's health and decisions, and works to reduce the risks that may be associated with those decisions by providing support, information, and alternatives.)

Another aspect that makes these different from other support-style groups is the element of engagement. Participants ask questions of one another and provide reflection about what they hear. The dialogue is encouraged and facilitated.

"People come and learn from each other," says Peter. "They get a bit of hope from each other. They get the sense of not being alone in the universe struggling with this problem. There is solidarity."



People hear about the groups on Eastlink Cable, via a mail out, or can read about them on the Annapolis Valley District Health Authority website. Response to them has been positive. People welcome another place, another resource that is easy to access where they can find support and help in dealing with addiction.

For more information about Addiction Discussion Groups, visit :
avdha.nshealth.ca/programs/downloads/AVH_Calendar_Groups_July25_2008.pdf

NEWS&VIEWS

Do you have any topic suggestions for future News and Views?

We would love to hear from you. Contact us at addictionservicesnews@gov.ns.ca.

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News and Views is distributed to professionals throughout the province. To receive a free copy, please go to gov.ns.ca/hpp/newsandviews.html and follow the links or subscribe by emailing addictionservicesnews@gov.ns.ca.

A Change for the Better

Results from the Latest Nova Scotia Gambling Prevalence Study

Fewer people are gambling overall, according to the 2007 Nova Scotia Gambling Prevalence Study released in October 2008.

Gambling rates declined in almost every category, with use of VLTs down from 19 per cent in 2003 to 14 per cent in 2007 and casino slots dropping from 22 per cent in 2003 to 16 per cent in 2007. Lottery draw tickets were the exception with 78 per cent of people taking part in the activity in 2007, up from 74 per cent in 2003. This increase in lottery draw tickets is largely attributable to an increase in the number of adults purchasing daily lottery tickets (e.g. Bucko, Keno), which doubled to 13.8 per cent.

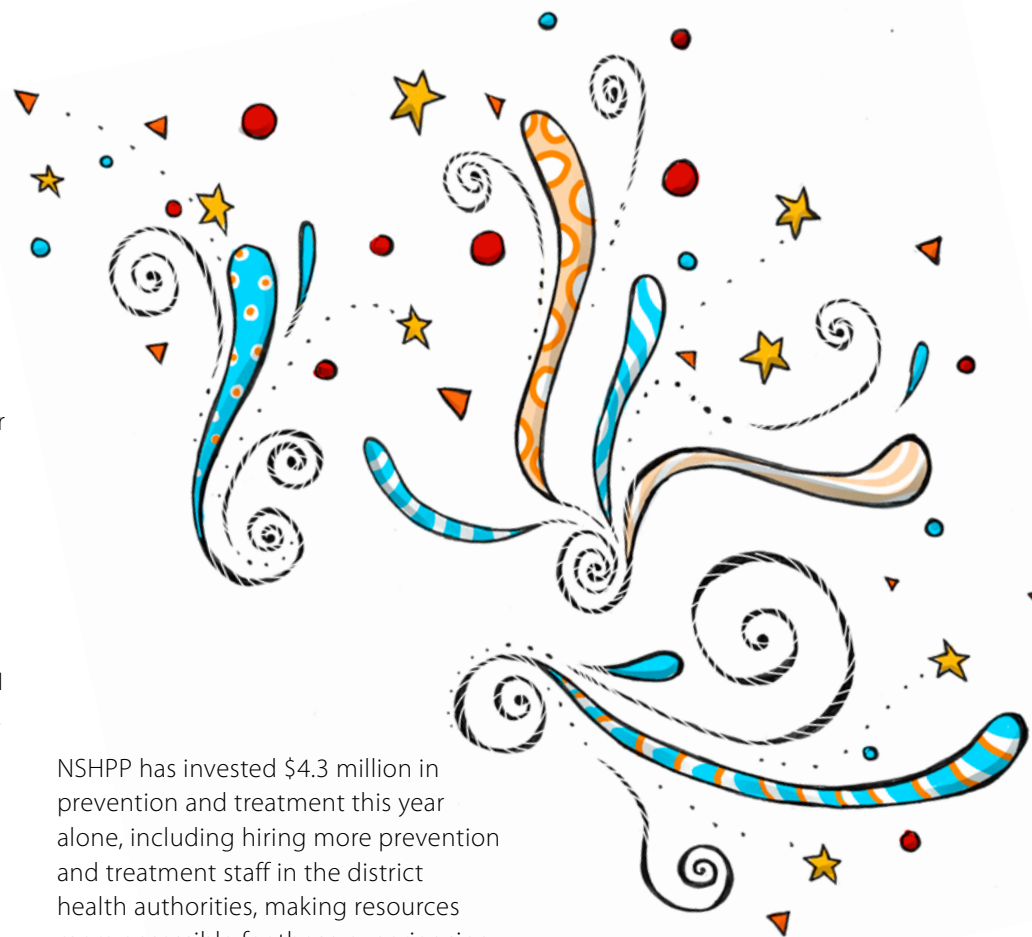
The 2003 study predicted that an increased trial of this form of gambling would likely correspond with an increase in the number of players experiencing difficulties with it. In 2007, self-reported problems among players of daily lottery draws was much higher than that for weekly draw players. "This is cause for concern," says Robert Graham, Manager, **Problem Gambling Services, Nova Scotia Department of Health Promotion and Protection** (NSHPP).

"Continuous forms of gambling, especially electronic gambling, pose the greatest

risk for players. When the player base of high-risk games is increased, that could lead to a corresponding increase in the proportion of gamblers who are at risk for problems. That's what we're seeing now with daily lottery draws."

Problem gamblers are spending an average of \$6,400 a year compared to \$458 being spent by those without any signs of having a problem. VLTs continue to be the main source of problems, with 1 in 4 regular players developing problems.

"The good news is that the rate of Nova Scotians who are at risk of developing difficulties has gone down from 4.8 per cent in 2003 to 3.6 per cent in 2007," continues Robert. "The excellent prevention work carried out by NSHPP, the district health authorities, and other colleagues has made a difference. However, 2.5 per cent of Nova Scotians are experiencing problems. So while we're moving in the right direction, there is still more work to do to reduce the harm gambling brings to persons with gambling problems and their families. The information from this study will help us focus our efforts."



NSHPP has invested \$4.3 million in prevention and treatment this year alone, including hiring more prevention and treatment staff in the district health authorities, making resources more accessible for those experiencing problems, supporting a campus awareness and education program for post-secondary students, and running two marketing campaigns to encourage calls to the Problem Gambling Help Line or visits to NSHPP websites: yellowflag.ca and youarenotalone.ca.

For more information about the 2007 Nova Scotia Gambling Prevalence Study, go to: gov.ns.ca/hpp/publications/Adult_Gambling_Report.pdf