

A BRIEF BIOGRAPHY OF TODAY'S SPEAKERS AND AN OVERVIEW OF THEIR PRESENTATIONS

Norman Giesbrecht and Anca Ialomiteanu, Centre for Addiction and Mental Health

Norman Giesbrecht, Ph.D., is a senior scientist with the Centre for Addiction and Mental Health in Toronto, and affiliated with the Department of Public Health Sciences, University of Toronto. He has participated in several WHO-affiliated international projects, and is currently the chair of the Publications Board of the American Public Health Association. His current research focuses on changes in access to alcohol and drinking-related trauma and chronic disease, community-based prevention initiatives, and the contributions of research, public opinion and special interests in alcohol policy development. He is a member of several councils and coalitions that focus on cancer and chronic disease prevention.

Anca Ialomiteanu is a Research Coordinator in the Social, Prevention and Health Policy Research Department at the Centre for Addiction and Mental Health. She has a Master of Arts in Information Studies from the University of Bucharest, Romania, and over 20 years experience in population survey research and analysis. She is currently the project coordinator of the *CAMH Monitor*, an annual monitoring study of drug use and other health behaviours of Ontario adults. She was also involved as a research coordinator in the design and analysis of the 2004 Canadian Addiction Survey, a major national survey of Canadians' attitudes, beliefs, and personal use of alcohol and other drugs.

Alcohol in Ontario: Consumption, High Risk Drinking, Harm & Policy Implications

This presentation will summarize trends in alcohol consumption, and also high risk and heavy drinking for Ontario since 1977, using survey data of representative samples of Ontario adults. It will explore the percentage of total alcohol estimated to be consumed by the sector of the population that drinks the most. It will consider the association between overall sales and trends in self-reported consumption and examine several alcohol-related problems. It will conclude with a discussion of public opinion on alcohol policy measures, and highlight several evidence-based alcohol policy measures.

This presentation aims to meet the following objectives:

- 1) To provide a detailed overview of trends in alcohol use, high risk drinking and identify variations by gender and age.
- 2) To examine the associations between overall sales and trends in self-reported consumption.
- 3) To highlight several policy interventions and stress the importance of a coordinated and

Carolyn Franklin, Canadian Centre on Substance Abuse

Carolyn Franklin is the Senior Advisor to the Secretariat of the National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada. For the past 3 years, Carolyn has represented the Canadian Centre on Substance Abuse (CCSA) on the Secretariat and has been actively involved with the management of 13 priorities of the National Framework and facilitating the participation of partners in Framework activities, including the National Alcohol Strategy and the National Treatment Strategy Working Group. Carolyn is also the Senior Policy Officer for the Canadian Executive Council on Addictions, which works to influence public policy on substance use.

Update: The National Alcohol Strategy

The presentation will include the development process of the National Alcohol Strategy; the participation of partners; the current activities to implement specific recommendations and future plans; and the potential involvement of Public Health in the implementation of the National Alcohol Strategy Recommendations.

This presentation aims to meet the following objectives:

- 1) To provide an overview of the National Alcohol Strategy.
- 2) To inform the audience on how to participate in activities to implement the recommendations of the strategy.

Barbara Miles, Government of Nova Scotia, Samantha Cukier, Addiction Services, Nova Scotia

Barbara Miles is the Coordinator of Addiction Prevention at the Nova Scotia Department of Health Promotion and Protection, where she is responsible for the coordination and management of addiction prevention-related research, communications, policy, and program service standards across the province. A key aspect of her portfolio was facilitating the development of a province-wide alcohol strategy, released last August. She is Nova Scotia born and educated, with Arts and Education degrees from St FX & Saint Mary's universities respectively, and an MA in Health Education from Dalhousie University.

Originally from Montreal, **Samantha Cukier** moved to Nova Scotia to pursue her academic career. With a BSc. in Psychology from Concordia University, Samantha went on to complete an MBA at Dalhousie University, and then continued her studies and completed an MA in Health Promotion. This combination of interests and skills led to her current role as Social Marketing Coordinator, Alcohol Strategy, working for Addiction Services for the South Shore, South West and Annapolis Valley District Health Authorities. With all her experience combined, Samantha is helping to create improved patterns of communication within the health professions with even greater hopes of improving the health of the population.

Changing the Culture of Alcohol Use in Nova Scotia: An Alcohol Strategy to Prevent and Reduce the Burden of Alcohol-Related Harm in Nova Scotia

This session will provide an overview of the Nova Scotia Alcohol Strategy (released in August 2007), including its origins, the process and assumptions underlying strategy development, and the strategy vision, values and content as delineated under five key directions. Discussion of several provincial and district (regional) implementation highlights within each of the key directions will showcase successes and lessons learned in the first year of implementation. We will conclude with a summary of the key challenges and opportunities as we continue to move forward in preventing and reducing the burden of alcohol-related harm in Nova Scotia.

This presentation aims to meet the following objectives:

- 1) Prepare participants with an understanding of the process for developing an alcohol strategy in one province.
- 2) Help participants understand and appreciate the importance of establishing any strategy development in an evidentiary framework.
- 3) Provide awareness on how built-in flexibility in a strategy impacts upon its interpretation, uptake and action.

Reggie Caverson, Centre for Addiction and Mental Health

Reggie Caverson is a Senior Health Promotion Consultant with the Centre for Addiction and Mental Health (CAMH). Since 1981, she has collaborated on numerous alcohol/drug related health promotion and prevention projects; authored articles in peer-reviewed journals; presented at various conferences; been a frequent media guest; and consulted to hospitals, police, municipalities, fire services, sports/recreation organizations and others on comprehensive alcohol and drug policies. Currently she is Ontario's Coordinator for the Health, Education and Enforcement in Partnership (HEP) developing an Ontario Drug Strategy. Reggie holds a BA and BSW from McMaster University and a Master of Education from University of Toronto.

Developing an Ontario Drug Strategy: progress, challenges & implications

In recent years, there has been a surge in alcohol and drug strategies across the country. Some address the needs of specific target groups; others focus on high-risk behaviours that result in harmful outcomes; and some on specific drugs such as alcohol, tobacco, prescription drugs, crystal meth and others. Regardless of what aspect of substance abuse you work in, it is hard to see how all of these pieces fit together, what works/doesn't work, and how it might apply to the local level.

Since 2006, a provincial level network of "Health, Education and Enforcement in Partnership" (HEP) has been working together to draft a drug strategy framework for Ontario. This framework identifies the need for a comprehensive approach to addressing alcohol and other drugs and incorporates a four-pillar approach of: health promotion/prevention; treatment; harm reduction; and enforcement. While a multi-sector network is guiding this effort, tackling harmful alcohol and other drug related issues at a provincial level has been a complex process. This presentation will discuss progress being made towards an Ontario Drug Strategy and highlight successes, challenges and lessons that might be relevant to Ontario communities. More notable challenges include: identifying who needs to be involved; finding a balance between health and community safety agendas; formally engaging the leadership of the provincial government; lack of provincial level coordination between the sectors and ministries; and limited research data on the impact of harmful alcohol and other drug use specific to Ontario.

This presentation aims to meet the following objectives:

- 1) To update participants on progress being made towards an Ontario Drug Strategy.
- 2) To discuss successes and challenges to date.
- 3) To share lessons being learned that might apply to local communities.

John Garcia, Ontario Tobacco Research Unit

John Garcia is the Director of Knowledge Exchange and Systems Evaluation and Principal Investigator with the Ontario Tobacco Research Unit. He is also a Senior Consultant in Preventive Oncology at Cancer Care Ontario. He has played various roles in the development of tobacco control policy throughout Canada and the United States, including as a public servant, technical advisor, and advocate working at multiple levels (i.e. local, provincial, national). John is a graduate of the University of Waterloo (bachelors and masters degrees) and is currently a Ph.D. candidate in Health Promotion at the same university, with the focus of his Ph.D. studies being on knowledge exchange for population health promotion.

Lessons from Tobacco Control: Relevance to Alcohol Control

Tobacco control is often cited as an example of effective population-based approach to reduce a leading public health problem. As tobacco and beverage alcohol products are leading causes of avoidable disease, disability, injury and premature death with large socioeconomic consequences, lessons might be transferred from tobacco control to alcohol control. The development of the public health epidemic caused by tobacco companies and the marketing of their products, and the response by the tobacco control movement to these developments will be reviewed. Major lessons are drawn from almost 25 years of experience in tobacco control. Some similarities and differences between tobacco control and the control of beverage alcohol are identified. Audiences members will be challenged to reflect on and take action based on lessons that they believe may have relevance to alcohol control.

This presentation aims to meet the following objectives:

- 1) Aid audience members in learning about the historical development of the tobacco epidemic in North America and abroad, characteristics of a phased response to control tobacco, current models of comprehensive tobacco control strategies implemented at national and provincial/state levels, and elements of an effective strategy and key considerations in their implementation.
- 2) Present the presenter's perspective on major lessons learned from 25 years of tobacco control experience.
- 3) Challenge the audience to consider whether lessons are transferable to alcohol control (or not), as well as the implications of these lessons, and their interpretation, for action to advance alcohol control policy.