

UBC SCHOOL OF POPULATION AND PUBLIC HEALTH

SPPH 550(3): Public Health Approaches to Substance Use and Addictions

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Purpose:

Public health strategies aimed at preventing and treating addictions are a defining point of recovery for individuals and societies. Addictive behaviours and substance use is inherently a multi-disciplinary field and successful public health approaches will likely be those grounded on this premise.

Our understanding of substance abuse and addictive behaviours requires considering the individual and social environmental factors as they contribute to develop, sustain, prevent, treat and manage addictive behaviours and its related problems. Moreover, substance use and addictive behaviours have negative consequences that manifest in a variety of areas affecting individual lives and communities at large.

How addiction is defined varies between individuals, disciplines, communities and time periods. For example, in the past addiction was seen as an indicator of lack of will and determination, while it is now considered a chronic relapsing disease that affects millions of people in the world. However, among a community these two concepts will co-exist and this will be reflected in the public policies. Fascinatingly, regardless of scientific evidence, there is a vast irrational component in our strategies to prevent and treat substance use and addictive behaviours.

The general aim of this course is to provide students with elements to critically examine public health strategies regarding addictive behaviours, substance use and related problems, in the context of a multidisciplinary approach.

Learning Objectives

On completion of the course, students are expected to be able to:

1. Critically analyze public health responses aimed at preventing, treating and managing addictions, substance use and related problems.
2. Develop a critically reflective evaluation of research and evidence-based approaches in this field.
3. Look at the diverse groups affected by addictions and substance use problems and think about tailored approaches.
4. Recognize the importance of a continued open public discussion around prevention, treatment and policy, translating the knowledge from the scientific evidence.
5. Communicate research or proposals on addictions and substance use considering the personal, social, scientific and health policy context where that research or proposal occurs.
6. Examine personal bias and gain some insight on others' bias when facing substance related issues.

Course Structure:

The introduction of the conceptual framework will be through lectures. Class discussion is a core element in this course; therefore students are encouraged to come prepared (reading assignments, self-selected readings, experiences, etc.). Students will participate in group activities and complete assignments (group and individual), including field trips (when possible) to selected agencies serving individuals struggling with drugs. The course will run one weekly 3 hour session, for 13 weeks.

Course Assessment Methods:

The aim of the assessments is to help the student to organize new information, integrate it with previous knowledge and provide a critical appraisal regarding Addiction and Public Health. Therefore, ongoing assessment is an integral part of learning throughout this course. The instructor will assess how well the learning objectives are met through the following activities and assignments:

- a) Class engagement: Small group activities to work on specific topics, feed-back on oral presentations, individual collaboration to the overall discussion. Because of the nature of the topics, it is very important to consider many variables implicated; group discussions are an important tool to achieve that goal.
- b) Oral presentation: students will select a study, a topic or situation that poses a Public Health challenge (current or former) related to addictive behaviours and substance use to present to the class. The student will present the main points of the selected subject matter and critically discuss it considering (where applicable): target population, aims, methodology, outcomes, impact and policy. It is encouraged that students incorporate their background (e.g., nursing, statistics, etc.) on the analysis of the selected topic.
- c) Written assignment: Student will select a topic on Addictions and Public Health and write an essay considering: what is known about the topic, what is an unknown and future directions. The paper can be between 1,000 and 2,000 words. The discussion must be evidence-based with proper citations and references. Creativity and originality combined with realistic and critical appraisal need to be core elements of the paper.

Course Grading Criteria:

This is an interdisciplinary course, therefore diversity of interpretation and points of views are welcomed. Performance expectations are summarized in the table below. Letter grade allocations will follow those listed in the UBC Academic Calendar. Performance below 60% is considered fail as per Faculty of Graduate and Postdoctoral Studies guidelines. Only 6 credits of pass standing (60-67%) may be counted toward a master's program. Visit the Graduate Studies website for further information on grading practices. <https://www.grad.ubc.ca/faculty-staff/policies-procedures/grading-practices>

| <i>Criterion</i> | <i>Outstanding</i> | <i>Good Quality</i> | <i>Adequate</i> |
|---|---|--|--|
| Class engagement 35% | Speaks up. Arguments supported by evidence. Keeps the conversation flowing. Relates discussion to the context, elaborating. | Speaks up, variably. Arguments mostly supported by evidence. Conversation flows. Relates discussion to the context. | Speaks if asked. Arguments somehow supported by evidence. Intervention needed for conversation flow. Somehow discussion related to the context. |
| Oral presentation 35% | Topic is highly relevant to the course and personal background. Presentation is engaging. Content is accurate. Main points are clear throughout the presentation. Interactive with audience. | Topic is relevant to the course and personal background. Presentation is fairly engaging. Content is mostly accurate. Main points are clear. Somehow interactive with audience. | Topic is somehow relevant to the course; personal background not explicit. Audience has difficulties engaging. Content needed more work. Main points are clear but only in the beginning. Responses could be more conversational. |
| Written assignment 30% | Very clear and accurate what is known about the topic, what is an unknown and possible future directions. Discussion is evidence-based. Mastered the combination of originality with critical appraisal. Reads very well and keeps reader engaged. | Clear and accurate what is known about the topic, what is an unknown and possible future directions. Discussion is evidence-based. Very good combination of originality with critical appraisal. Reads well and keeps reader engaged. | Clear and fairly accurate what is known about the topic, what is an unknown and possible future directions. Discussion is evidence-based. Good combination of originality with critical appraisal. Reads well but could be improved to keep reader engaged. |

Tentative weekly instruction format and study plan:

Week 1: Introduction: Public Health approaches to substance use and addictions, an inter and multidisciplinary approach

Week 2: Substance use and addictive behaviours in numbers: Overview of the nature and dimension of the phenomenon.

Week 3: Public Health responses to addictions and drugs I: Policy and Law

Week 4- Problems associated with substance use and addictive behaviours.

Week 5- Public Health responses to addictions and drugs II: Prevention

Week 6: Public Health responses to addictions and drugs III: Treatment.

Week 7: Public Health responses to addictions and drugs IV: Harm reduction.

Week 8: People with addiction problems in prison: a public health intervention opportunity.

Week 9: Vulnerability to substance use and addictive behaviors

Week 10: Impact of adverse life events on substance use and addictive behaviours: intervention opportunities

Week 11: Sex and Gender based analysis in substance use and addictions.

Week 12: Oral Presentations by students

Week 13- Students' selected topic

Suggested Readings: See list of readings at the end of the syllabus. The list is updated annually to ensure up to date course materials.

Suggested Texts:

Ksir. C., Hart. C., "Drugs, Society & Human Behavior", McGraw Hill, 2013.

Thombs, D., Osborn, C., "Introduction to Addictive Behaviors", Fourth Edition (Guilford Substance Abuse Series), 2013.

Weekly themes

Week 1: Introduction: Public Health approaches to substance use and addictions, an inter and multidisciplinary approach

- Presentation of the course contents and class participants.
- Discussion of academic, personal and social backgrounds and beliefs around drug use and addiction as a start point towards building evidence-based conclusions.
- Discussion of concepts 'abuse, dependence, addiction, recreational use'.
- Defining drug use, drug abuse, substance dependence and addictive behaviours.
- Critically reflect on assumptions and potential bias and stigma on past and present terminology.

Week 2: Substance use and addictive behaviours in numbers: Overview of the nature and dimension of the phenomenon.

- Presentation and discussion of global and local data on prevalence, incidence and patterns of substance use and addictive behaviours.
- Examine and reflect on the methodologies used to obtain data on substance use and addictive behaviours and the implications.

Week 3: Public Health responses to addictions and drugs I: Policy and Law

- Acquire a global understanding of policies around drug use and addictive behaviours to control, regulate, prohibit and penalize, and the impact of those policies. Implications in the Canadian context.
- Identify implications of these policies for public health approaches to addictions and substance use related harms.

Week 4: Problems associated with substance use and addictive behaviours.

- Identify the general areas where adverse outcomes associated with addictive behaviours and substance use can be found for individuals and for societies.
- Examination of the complex relationship between adverse outcomes and addictive behaviours.

Week 5: Public Health responses to addictions and drugs II: Prevention

- Definitions and approaches to prevention in substance use.
- Protective and risk factors for the onset of drug use.
- Critically analyze the evidence of effectiveness of prevention programs.

Week 6: Public Health responses to addictions and drugs III: Treatment.

- What is treatment? Evidence-based treatments for substance dependency and addictive behaviours.
- Treatment outcomes evaluations: when is a treatment 'working'?

Week 7: Public Health responses to addictions and drugs IV: Harm reduction.

- History and definition of Harm Reduction strategies.
- Harm reduction interventions.
- Evidence supporting Harm Reduction strategies.

Week 8: People with addiction problems in prison: a public health intervention opportunity.

- Overview of prison systems.
- Profile of people with addiction problems in prison.
- Prevention, treatment and harm reduction services for people in prisons and in reintegration services for persons on release from prisons.

Week 9: Vulnerability to substance use and addictive behaviors

- Aetiology of addictive behaviours: models that explain substance dependence.
- Substance use among young people: why vulnerability to substance use and addictive behaviors varies with age?
- Culturally-adequate public health approaches to substance use and addictions.

Week 10: Impact of adverse life events on substance use and addictive behaviours: intervention opportunities

- Examine the prevalence of life stressors and victimization among substance using individuals and their impact on the onset, abuse and relapse of addictive behaviours.
- Guided questions to reflect on why these stressors could have such a significant impact and how public health can intersect with these profound issues.

Week 11: Sex and Gender based analysis in substance use and addictions.

- Contextualize sex and gender differences in substance use and addictive behaviors.
- Gender differences in substance use and addictive behaviours across the developmental period.
- Critically analyze gender barriers in the addiction treatment system and discuss gaps in gender-sensitive addiction research

Week 12: Student Oral Presentations

Week 13: Closing class.

- This week's topic will be selected by students. Prior to the last class students will decide on topics they are interested in discussing in more detail. This session will offer the opportunity for a more in depth discussion of topics covered in previous weeks. Alternatively the session may offer an opportunity for the class to discuss and reflect on topics in public health and addictions that may be of special interest to the students in that particular offering of the course. Students will e-mail the professor topics of interest for the final session and the topic will be selected by student vote.
- The final wrap-up will involve reflection and discussion of the teaching and learning process surrounding the course.

Suggested readings (by week theme):

(updated annually to ensure up to date course materials)

Week 1- Introduction

Rehm J, Marmet S, Anderson P, et al. Defining Substance Use Disorders: Do We Really Need More Than Heavy Use? Alcohol and alcoholism 2013.

Room R. Alcohol and drug disorders in the International Classification of Diseases: a shifting kaleidoscope. Drug and alcohol review 1998; 17(3): 305-17.

Thombs, DL.& Osborne, C. (2013) Introduction to Addictive Behaviors, Fourth Edition (Guilford Substance Abuse Series). Chapter 1: Conceptualization of addictive behaviours.

Bourgois, P. (2002). Anthropology and epidemiology on drugs: The challenges of cross-methodological and theoretical dialogue. International Journal of Drug Policy, 13(4), 259-269.

Savage, J. (2006). Ethnographic evidence: The value of applied ethnography in healthcare. Journal of Research in Nursing, 11(5), 383-393.

Neaigus, A., Gyarmathy, V. A., Miller, M., Frajzyngier, V. M., Friedman, S. R., & Des Jarlais, D. C. (2006). Transitions to injecting drug use among noninjecting heroin users: Social network influence and individual susceptibility. Journal of Acquired Immune Deficiency Syndromes (1999), 41(4), 493-503.

Week 2- In numbers

Buxton, J. (2007). *Vancouver site report for the Canadian Community Epidemiology Network on Drug Use (CCENDU). 2007.* Canadian Centre on Substance Abuse.

Canadian Addiction Survey (CAS) & Canadian Alcohol and Drug Use Monitoring Survey (CADUMS). Reports 2004 & 2008.

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Drug report 2012.

United Nations Office on Drugs and Crime (UNODC). World Drug Report 2009.

Week 3- Policy

MacPherson, D. (2001). A Framework for action - A Four-Pillar Approach to Drug Problems in Vancouver: Prevention, treatment, enforcement and harm reduction. City of Vancouver.

The Beckley Foundation Global Cannabis Commission Report. Oxford, 2008.

Week 4- Associated Harm

van Amsterdam J, van den Brink W. Ranking of drugs: a more balanced risk-assessment. Lancet 2010; 376(9752): 1524-5.

- van Amsterdam J, Opperhuizen A, Koeter M, van den Brink W. Ranking the harm of alcohol, tobacco and illicit drugs for the individual and the population. *European addiction research* 2010; 16(4): 202-7.
- Morgan CJ, Muetzelfeldt L, Muetzelfeldt M, Nutt DJ, Curran HV. Harms associated with psychoactive substances: findings of the UK National Drug Survey. *J Psychopharmacol* 2010; 24(2): 147-53.
- Nutt DJ, King LA, Phillips LD, Independent Scientific Committee on D. Drug harms in the UK: a multicriteria decision analysis. *Lancet* 2010; 376(9752): 1558-65.
- Kelly, B. C., & Parsons, J. T. (2013). Prescription drug misuse and sexual risk taking among HIV-negative MSM. *AIDS and Behavior*, 17(3), 926-930. doi:10.1007/s10461-011-9993-z
- Brian C Kelly, Hubert Izienicki, David S Bimbi, & Jeffrey T Parsons. (2011). The intersection of mutual partner violence and substance use among urban gays, lesbians, and bisexuals. *Deviant Behavior*, 32(5), 379-404.
- Parsons, J. T., & Starks, T. J. (2014). Drug use and sexual arrangements among gay couples: Frequency, interdependence, and associations with sexual risk. *Archives of Sexual Behavior*, 43(1), 89-98. doi:10.1007/s10508-013-0237-3
- Kelly, B. C., Wells, B. E., LeClair, A., Tracy, D., Parsons, J. T., & Golub, S. A. (2013). Prescription drug misuse among young adults: Looking across youth cultures. *Drug and Alcohol Review*, 32(3), 288-294. doi:10.1111/dar.12016
- Parsons, J. T., Grov, C., & Kelly, B. C. (2009). Club drug use and dependence among young adults recruited through time-space sampling. *Public Health Reports (1974-)*, 124(2), 246-254.
- Werb, D., Kerr, T., Fast, D., Qi, J., Montaner, J. S. G., & Wood, E. (2010). Drug-related risks among street youth in two neighborhoods in a canadian setting. *Health and Place*, 16(5), 1061-1067. doi:10.1016/j.healthplace.2010.06.009

Week 5- Prevention

- Faggiano, F., Vigna-Taglianti, F. D., Versino, E., Zambon, A., Borraccino, A., & Lemma, P. (2005). School-based prevention for illicit drugs' use. *Cochrane Database Syst Rev*, (2), CD003020.
- Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: implications for substance abuse prevention. *Psychological Bulletin*, 112(1), 64-105.
- Hawkins, J. D., Oesterle, S., Brown, E. C., Arthur, M. W., Abbott, R. D., Fagan, A. A. et al. (2009). Results of a type 2 translational research trial to prevent adolescent drug use and delinquency: a test of Communities That Care. *Arch Pediatr Adolesc Med*, 163(9), 789-98.
- Thomas, R., & Perera, R. (2006). School-based programmes for preventing smoking. *Cochrane Database Syst Rev*, 3, CD001293.
- Canadian Centre on Substance Abuse. (2010). Building on our strengths: Canadian standards for school-based youth substance abuse prevention (version 2.0). Ottawa, ON: Canadian Centre on Substance Abuse.

Week 6- Treatment

- Amato, L., Minozzi, S., Davoli, M., Vecchi, S., Ferri, M., & Mayet, S. (2004). Psychosocial combined with agonist maintenance treatments versus agonist maintenance treatments alone for treatment of opioid dependence. *Cochrane Database Syst Rev*, (4), CD004147.
- De Jong, C. A., Roozen, H. G., van Rossum, L. G., Krabbe, P. F., & Kerkhof, A. J. (2007). High abstinence rates in heroin addicts by a new comprehensive treatment approach. *Am J Addict*, 16(2), 124-30.
- Van den Brink, W., & Haasen, C. (2006). Evidenced-based treatment of opioid-dependent patients. *Can J Psychiatry*, 51(10), 635-46.
- Jarvis, T. J., & Copeland, J. (1997). Child sexual abuse as a predictor of psychiatric co-morbidity and its implications for drug and alcohol treatment. *Drug and Alcohol Dependence*, 49(1), 61-69. doi:10.1016/S0376-8716(97)00139-7

Week 7- Harm reduction

- Cook, C. & Kanaef, N. (2008). *The Global State of Harm Reduction 2008: Mapping the response to drug-related HIV and hepatitis C epidemics*. International Harm Reduction Association, United Kingdom.
- International Harm Reduction Association (2010). *What is Harm Reduction? A position statement from the International Harm Reduction Association*.
- Ritter, A., & Cameron, J. (2006). A review of the efficacy and effectiveness of harm reduction strategies for alcohol, tobacco and illicit drugs. *Drug Alcohol Rev*, 25(6), 611-24.
- British Columbia Centre for Disease Control and the National Film Board of Canada (Producer), & Nettie Wild (Director). (2008). *Bevel Up: Drugs, Users & Outreach Nursing*. (Available from National Film Board of Canada, Vancouver, British Columbia).

Week 8- Prison

- Merrall, E. L., Kariminia, A., Binswanger, I. A., Hobbs, M. S., Farrell, M., Marsden, J. et al. (2010). Meta-analysis of drug-related deaths soon after release from prison. *Addiction*, 105(9), 1545-54.
- Larney, S. (2010). Does opioid substitution treatment in prisons reduce injecting-related HIV risk behaviours? A systematic review. *Addiction*, 105(2), 216-23.
- Stöver, H. & Weilandt, C. (2007). Drug use and drug services in prisons, in *Health in prisons: a WHO guide to the essentials in prison health*, WHO Regional Office for Europe, Copenhagen.

Week 9- Vulnerability to Substance Use and Addiction

- Grant, J. E., Brewer, J. A., & Potenza, M. N. (2006). The neurobiology of substance and behavioral addictions. *CNS Spectr*, 11(12), 924-30.

- Agrawal, A., & Lynskey, M. T. (2008). Are there genetic influences on addiction: evidence from family, adoption and twin studies. *Addiction, 103*(7), 1069-81.
- Chen, C. Y., Storr, C. L., & Anthony, J. C. (2009). Early-onset drug use and risk for drug dependence problems. *Addict Behav, 34*(3), 319-22.
- Doremus-Fitzwater, T. L., Varlinskaya, E. I., & Spear, L. P. (2010). Motivational systems in adolescence: possible implications for age differences in substance abuse and other risk-taking behaviors. *Brain Cogn, 72*(1), 114-23.
- Nyhlén, A., Fridell, M., Bäckström, M., Hesse, M., Krantz, P., Department of Clinical Sciences, Malmö, . . . Medicin. (2011). Substance abuse and psychiatric co-morbidity as predictors of premature mortality in swedish drug abusers: A prospective longitudinal study 1970-2006. *BMC Psychiatry, 11*(1), 122-122.
- Hurst, M. A., Shy, K. E., Liskow, B. I., & Stern, S. L. (1989). Psychiatric co-morbidity in patients with drug and alcohol dependence in a private hospital setting. *Biological Psychiatry, 25*(7), A127-A128.
- Steffanie A Strathdee, Timothy B Hallett, Natalia Bobrova, Tim Rhodes, Robert Booth, Rey Chad Abdool, & Catherine A Hankins. (2010). HIV in people who use drugs 1: HIV and risk environment for injecting drug users: The past, present, and future. *The Lancet, 376*(9737), 268.

Week 10- Life events

- Cleck, J. N., & Blendy, J. A. (2008). Making a bad thing worse: adverse effects of stress on drug addiction. *J Clin Invest, 118*(2), 454-61.
- Andersen, S. L., & Teicher, M. H. (2009). Desperately driven and no brakes: developmental stress exposure and subsequent risk for substance abuse. *Neurosci Biobehav Rev, 33*(4), 516-24.
- Cohen, J. A., Mannarino, A. P., Zhitova, A. C., & Capone, M. E. (2003). Treating child abuse-related posttraumatic stress and comorbid substance abuse in adolescents. *Child Abuse Negl, 27*(12), 1345-65.
- McKay, J. R., Franklin, T. R., Patapis, N., & Lynch, K. G. (2006). Conceptual, methodological, and analytical issues in the study of relapse. *Clin Psychol Rev, 26*(2), 109-27.
- Wu, N. S., Schairer, L. C., Dellor, E., & Grella, C. (2010). Childhood trauma and health outcomes in adults with comorbid substance abuse and mental health disorders. *Addict Behav, 35*(1), 68-71.
- Turner, R. J., & Lloyd, D. A. (1995). Lifetime traumas and mental health: The significance of cumulative adversity. *Journal of Health and Social Behavior, 36*(4), 360-376.
- Lifetime cumulative adversity, mental health and the risk of becoming a smoker. (2006). *Health, 10*(1), 95-112.
- Turner, R. J., Wheaton, B., & Lloyd, D. A. (1995). The epidemiology of social stress. *American Sociological Review, 60*(1), 104-125.
- Kandel, Denise B. (Denise Bystry), & MyiLibrary. (2002). Stages and pathways of drug involvement: Examining the gateway hypothesis. Cambridge, UK: Cambridge University Press.

Week 11- Gender

- Johnson, J. L., Greaves, L., & Repta, R. (2007). *Better Science with Sex and Gender: A Primer for Health Research*. Vancouver: Women's Health Research Network.
- Fattore, L., Altea, S., & Fratta, W. (2008). Sex differences in drug addiction: a review of animal and human studies. *Womens Health (Lond Engl)*, 4, 51-65.
- Greenfield, S. F., Brooks, A. J., Gordon, S. M., Green, C. A., Kropp, F., McHugh, R. K. et al. (2007). Substance abuse treatment entry, retention, and outcome in women: a review of the literature. *Drug Alcohol Depend*, 86(1), 1-21.
- Grella, C. E. (2008). From generic to gender-responsive treatment: changes in social policies, treatment services, and outcomes of women in substance abuse treatment. *J Psychoactive Drugs, Suppl* 5, 327-43.
- Kaskutas, L. A., Zhang, L., French, M. T., & Witbrodt, J. (2005). Women's programs versus mixed-gender day treatment: results from a randomized study. *Addiction*, 100(1), 60-9.
- Link, B. G., & Phelan, J. C. (2006). Stigma and its public health implications. *Lancet*, 367(9509), 528-529.
- Pescosolido, B. A. (2013). The public stigma of mental illness: What do we think; what do we know; what can we prove? *Journal of Health and Social Behavior*, 54(1), 1-21
- Parsons, J. T., Lelutiu-Weinberger, C., Botsko, M., & Golub, S. A. (2014). A randomized controlled trial utilizing motivational interviewing to reduce HIV risk and drug use in young gay and bisexual men. *Journal of Consulting and Clinical Psychology*, 82(1), 9