IPRC’s Hispanic/Latino Portal to Online Health Resources

Barbara Seitz de Martinez, Indiana Prevention Resource Center

The bilingual Hispanic/Latino Portal is your gateway to online resources in English and Spanish on health topics relevant to Hispanic Americans, especially behavioral health, prevention, treatment, mental health, specific drugs of abuse, and research tools, as well as on cancer, diabetes, and HIV. There are links to resources on cultural competency, health disparities, and acculturation, with topics covering risk factors and protective factors related to health.

The collection includes online videos, YouTube videos, websites, fact sheets, scholarly research articles, and websites for children that are fun and promote cultural pride. Every resource is described in a summary abstract, most of which are bilingual. The site was designed to be easy to use.

The Indiana Prevention Resource Center (School of Public Health, IU-Bloomington) created the Hispanic/Latino Portal to support the needs of a growing and underserved Latino population and those who serve them.

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New Web Intervention Helps Vets Take Control of Their Drinking and PTSD

Eric Helmuth, VetChange.org, Boston University School of Public Health

Veterans returning from military deployment often find it hard to integrate back into their civilian lives, especially if they experienced combat stress or prolonged tours of duty. Disruptions in family life, employment, sleep, mood, and social interactions are common as the veteran tries to adapt to a drastically different psychosocial environment.

Alcohol is an often hidden factor in post-deployment adjustment problems. Research suggests that as many as 40% of returning veterans report unsafe drinking levels. About as many report experiencing at least some PTSD symptoms, and veterans with full-blown PTSD report very high rates of

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also useful for teachers and students of Spanish, and both adults and youth, including children of Hispanic heritage wanting to explore their cultural and ancestral roots. There is no comparable resource available on the web.

The Hispanic/Latino community is the largest minority (55.7 million or 17.6% of the total population) in the United States. The population of Latinos in Indiana, according to estimates in 2014, was approximately 443,564 or 6.8% of the total population. Many people of Latin American heritage face language and other barriers in access to health services. In Indianapolis and Carmel alone, over 86,900 persons ages 5 and older speak Spanish (U.S. Census Bureau, 2010 American Community Survey). It is estimated that over 84,000 persons in Indiana speak only Spanish (U.S. Census Bureau, 2012). This website can serve them.

The target audience of this site includes people of Latin American heritage, people who work with this population such as health service providers and teachers, and those interested in the languages and cultures of Latin America, such as students and program leaders. This website was created primarily for Indiana residents, but its usefulness extends beyond state boundaries.


For more information contact Barbara Seitz de Martinez at seitzb@indiana.edu. The Indiana Prevention Resource Center is part of the Department of Applied Health Sciences, School of Public Health, Indiana University-Bloomington, 501 N. Morton St. Suite 110, [www.drugs.indiana.edu](http://www.drugs.indiana.edu). This project is funded with SAPT Block Grant dollars through a contract with the Indiana Family and Social Services Administration, Division of Mental Health and Addiction.

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**Did You See This?**

*Selections from the SALIS-L list, Facebook, and LinkedIn pages.*

Nature published a supplement [focused on cannabis research](http://www.nature.com/nature/journal/v525/n7570_supp) and made it open-access for the public. Find the articles online at [http://www.nature.com/nature/journal/v525/n7570_supp](http://www.nature.com/nature/journal/v525/n7570_supp) (SALIS-L, Isabelle Michot)

Have you subscribed to the [Society for the Study of Addiction’s Twitter feed](https://twitter.com/SSA_Addiction) yet? Follow it here: [https://twitter.com/SSA_Addiction](https://twitter.com/SSA_Addiction) (SALIS-L, Christine Goodair)

Find Judit Ward and Bill Bejarano’s slides from their ISAJE presentation “Infiltration: Scholarly social media and publishing addiction science” at [https://www.researchgate.net/publication/281439885_Infiltration_Scholarly_social_media_and_publishing_addiction_science](https://www.researchgate.net/publication/281439885_Infiltration_Scholarly_social_media_and_publishing_addiction_science) (SALIS Facebook, Judit Ward)

Substance Use in Women, a new web resource from NIDA, summarizes the latest research related to women and addiction, along with what science has told us about sex and gender differences, women and violence, and more. [https://www.drugabuse.gov/publications/research-reports/substance-use-in-women/summary](https://www.drugabuse.gov/publications/research-reports/substance-use-in-women/summary) (Facebook, Nancy Sutherland)


unsafe drinking – up to 63% in one study. Heavy drinking is common in military culture to begin with, so it’s no surprise that many veterans start using alcohol to deal with stress during deployment, and continue doing so to cope with anger, anxiety, stress, and sleep disruptions after returning home.

The problem, of course, is that heavy drinking often makes PTSD symptoms worse. Successful treatment must offer integrated help for both problems, yet few treatment programs address drinking in the context of co-occurring PTSD symptoms following military service. Compounding the problem, many of these veterans are reluctant to seek formal help, whether due to stigma or difficulty getting to a VA treatment center.

**VetChange.org**, a new self-guided intervention on the web, was created to help these veterans. Developed by a team of clinical psychologists and e-health experts at Boston University, VA Boston, and the VA National Center for PTSD, VetChange helps veterans take control of their drinking and learn to manage their PTSD symptoms without using alcohol. It’s the first clinically-tested online program to link drinking and PTSD symptoms related to military experiences.

VetChange employs proven cognitive-behavioral therapy techniques to help veterans prepare for change, learn coping skills, and track their progress over time. At the heart of VetChange is a dashboard with self-management tools used to set personal drinking goals, log their drinks every day, and “check in” weekly to review personal progress. Self-assessment and learning modules help veterans understand how they are affected by their drinking and PTSD symptoms, then build personalized action plans to handle real-world situations that can trigger drinking. Modules on sleep problems, stress, and anger teach healthier coping skills, and videos featuring real veteran stories and advice from clinicians help bring the information alive.

The site uses responsive web design for access on computers, tablets and smartphones. For instance, veterans can use a mobile device for convenient daily drink logging, and receive immediate feedback about how they’re doing with their personal drinking goals for that week.

VetChange is designed to work equally well for people who want to stop drinking entirely, or just cut down. Veterans set their own goals and define their own progress, although the site offers clear advice for low-risk drinking goals, including abstinence when warranted. While the program is self-guided, counselors can refer clients to VetChange for reinforcement and additional support between sessions, or even work through some of the tools together in-session.

A pilot version of VetChange was tested in a published randomized controlled trial that showed significant decline in drinking levels and PTSD symptoms in a group that used the website for eight weeks, compared to a control group. The improvements persisted at 3 month follow-up, and the current version of VetChange is an enhanced public buildout of the original intervention. It’s free and available to all. Interested professionals are welcome to register for a website account to explore the program; enrolling as a non-veteran helps us maintain clean user data, but will not change your experience.

We need your help in getting the word out about VetChange. Feel free to share our posts and videos on Facebook, Twitter and YouTube (search for VetChange), link to us on your websites and email newsletters, or request free printed materials to distribute.

Eric Helmuth, project manager for VetChange.org, is Director of Internet Services for the Department of Health Law, Policy and Management at Boston University School of Public Health. Contact helmuth@bu.edu with questions or requests for VetChange promotional materials.
“You can’t do that, you are Hungarian,” said my husband at mile 3 on a Saturday morning run/ride, when I started to think out loud about this article, referring to the myth that vampires do not have a reflection. He was just pulling my leg to get my heart rate going, of course, just like every time Hungarians are called names like Martians or other aliens.

“You know I can’t write an article rehashing the program brochure about the events of that week, not this time,” I answered. He knew, indeed. When I am traveling, we keep in touch via Skype, phone, whatever, and share the happenings of the day, which includes plenty of reflections. The second trip of the year 2015 gave us a lot to talk about.

To begin with, I really didn’t want to fly overseas again after my recent trip. In March, I was invited by SALIS member Mária Palotai to speak at the Hungarian Medical Library Association’s annual conference about open science. The trip also included giving another presentation on scholarly social media at the library of the National Academy of Sciences, as well as visiting my family. My goal of making a difference was fulfilled: both talks went fine with a large audience, and I also managed to spend time with my aging parents and brought a laptop to my favorite cousin. Reality hit me, as always: my mom’s Alzheimer’s is not getting better and my 54-year-old cousin is still unable to leave the house. Health care in Hungary still sucks. In the U.S. people run marathons after hip replacement and subsequent physical therapy. Over there, you are sentenced to a slow and steady demise. Going to Hungary is too depressing for a vacation.

However, listening to Dr. Thomas Babor at the SALIS conference in San Diego last spring convinced me quickly that libraries and librarians have an important role in the infrastructure of addiction science, and the chance to speak at two professional meetings in Budapest might turn into another one of those making-a-difference events. As past-chair, representing SALIS and networking for the organization are just as important to me as sticking to my rule of thumb when it comes to conferences: If I go at all, I will present and I will be an active participant. As you will see, mission accomplished.

The first conference was held by ICARA, the International Confederation of Alcohol, Tobacco and other Drug
After the meeting, I can also attest to the benefits for SALIS, both direct and indirect. The most important is a potential shared knowledge base of best practices and how-to descriptions for small, like-minded organizations struggling with the same issues. The first and foremost task when collaborating and sharing resources is assessing the current situation (the topic of my talk, by the way). SALIS can also use the wisdom of the crowd in terms of “guidelines for ICARA member societies,” “declaration of principles for societies,” “funding practices, member/officer conflict of interests declarations,” guidelines for funding by organizations with vested interests,” “mentoring, training, and support for countries with low resources” – all listed as topics for the various ICARA task forces created at the conference. More direct benefits include widening our possibilities for hosting joint or back-to-back conferences with other societies (and sharing efforts and costs), or delegating and inviting members to important events of member organizations (like we’ve done recently with NAADAC and INCASE). Building networks with individuals and organizations can lead to a pool of potential SALIS conference guest presenters anywhere in the world on virtually any topic. However, the single most significant contribution from SALIS would be to participate in the combined efforts and attempt to unify forces and resources to create a database of addiction-related literature in lieu of the ceased databases, such as ETOH, the Rutgers Alcohol Studies Database, and CORK.

ICARA is currently a very small group, however, attendees, virtually via Skype or F2F, represented a good cross-section of the field with decent geographical coverage. Verdict (if I may): SALIS should become a more active member. Tasks might include participating in working groups, contributing to research and working.
on most topics. Presentations were either informative and educational, such as the two SALIS ones (on the Digs Project by Andrea Mitchell and on scholarly social media and altmetrics by Judit Ward), or served as conversation starters, such as the talk on revising the Farmington Consensus or the report from the ISAJE Terminology group. With three microphones constantly in use in the room, participants contributed to the discussions freely and voluntarily all the time. As one attendee noted, people should be given a time limit to talk, since you won’t be able to say what you want if you are on the shy side!

Well, I wasn’t on the shy side, and I contributed to the discussions at both meetings enough to get a hoarse voice by the end, exacerbated by answering numerous questions during the breaks, not only on my own topics and comments, but, as expected, on Hungary-related issues. And there were many . . . Questions were related to the conference venue, the School of Education and Psychology of the Eötvös Loránd University of Budapest, in the 100F heat with failing air conditioning and a Hungarian keyboard and software on the computers, as well as the topic of the year: the refugee crisis.

I had arrived in the country a few days before the conference, at the beginning of the biggest turmoil: when...
over 5,000 migrants broke through the Macedonian-Serbian border and reached Hungary in quantities impossible to handle by the rather inept Hungarian government.

By the time conference participants arrived, Budapest was flooded with refugees, who were present in large numbers at the major train stations and city parks, waiting for a chance to move on and travel to Germany. Our tour bus strategically avoided these points, but after the tour guide’s somewhat sanitized version of Hungarian history and the current situation, I ended up becoming the main source of alternative Hungarian history and contemporary politics for the less gullible participants. One could not avoid facing the signs of this major crisis, even if the group stayed away from it. The convenience of a not-so-perfectly-but-still-air-conditioned conference room could not make many of us ignore the fact that, 26 years after the fall of the Iron Curtain and the Berlin Wall, Hungary had just completed raising a razor wire fence along the Serbian border, while we were attending the ISAJE conference.

When you are at a conference, it doesn’t really matter where you are, as long as it is a nice and safe place. In a foreign country, where you don’t speak the language and don’t understand the culture, doing everything together as a group and moving in a small radius of the conference venue provides familiarity and safety. At any international event, conference hosts try to make sure that the attendees don’t have to worry about meals, transportation, or even changing money, since everything is covered. Our hosts took good care of us too. Long live conference tourism.

But, could you ignore the thousands spending the night under the sky, including children, women, and the elderly? I guess some could. I could not. After overcoming my fears, I did take my usual running routes, and was shocked to see that crowd. The pictures in the media did not do justice to the scene. The reports on the lame measures and outrageous comments by the Hungarian government, the xenophobic Facebook posts, and the racist announcements of the prime minister in Hunglish made most Hungarians feel ashamed. What did the people of the street do? They did what any other people of the street would have: they helped those in need with whatever they could.

The day after the conference ended, we were all sitting on our respective planes, bound for home, feeling uncomfortable from the long flight, which is nothing compared to what these refugees must have felt. They took on even more discomfort that same day when they started marching from Budapest to Vienna, some 150 miles, with children women, and the elderly. The rest is history, and we were part of it, whether we wanted to be or not. In the heart of our minds we know that there is no solution; handing out one blanket, one bottle of water, or one scoop of ice cream will not solve this problem. But for that one exhausted woman or child craving something cool and sweet, every gesture makes a real difference.

It seems like Budapest is sending a message to all of us who already have the means and opportunities. Helping the less lucky, or in our capacities, assisting upcoming scholarly organizations and each other by sharing knowledge is our job. It can be done by promoting information exchange and quality assurance across societies, as well as collaborating with the existing ones, to solve common problems and contribute to common goals. As Tom Babor said at the 2015 SALIS conference, our job is “to promote, develop, publish and translate scientific research into effective clinical and policy applications that will reduce the burden of death, disability and social disorder caused by psychoactive substances throughout the world.”

As the saying goes, when one is looking into a mirror, one is looking into one’s soul. We want to see our faces in the mirror, don’t we?
Find it! Substance Abuse Resources in Washington State: An Online Toolkit
Meg Brunner
Alcohol & Drug Abuse Institute, UW

Project Aims
As substance use disorders continue to impact people in our communities, treatment providers, parent and community organizations, addiction counseling students and teachers, and other stakeholders are seeking valid and reliable information about how best to provide support to those who are affected. The information needs of these groups range from basic education and prevention resources all the way to the need to monitor statistics and trends, provide referrals, prevent or reverse overdoses, and learn about evidence-based interventions.

The ADAI Library and Clearinghouse at the University of Washington has a strong focus on the dissemination of current, valid, and reliable research, treatment, and prevention information to communities in our state. The goal for this project, funded by a grant from the National Network of Libraries of Medicine’s Pacific Northwest Region, was to create an online toolkit pulling together into a single location vetted and recommended resources on everything from drug abuse statistics to science-based facts on current issues like marijuana and opiate overdose.

The toolkit (http://adai.uw.edu/findit) includes an interactive, online training module providing extra guidance on using some of the more complex tools; a printable brochure suitable for disseminating at events or meetings; and a website serving as a single point of access to all the toolkit materials and selected resources.

Project Approach
The first step in this project was to identify the websites, reports, data sets, and other resources we wanted to include in the toolkit. Though we wanted to focus primarily on resources from or about Washington State, there were also several national resources we knew would be relevant to our users as well. The challenge in selection was in figuring out how many resources were enough — and how many were too much. We had to carefully edit and organize in order to avoid overwhelming our users, while still managing to provide the range of information they might need.

For resources developed here at ADAI, we next began to update and expand information included in those resources, so that when we presented them as part of the new toolkit, they would be as current and useful as possible.

We initially thought we would organize resources by target population; that is, we intended to have three sections in the toolkit, one for Professionals/Providers, one for Parents/Community Groups, and one for College Students/Teachers. But we quickly realized that there was so much overlap in terms of the information needs of each group, it made sense to also allow people to access the toolkit based on the type of information they sought, not just the type of user they were. To that end, we added three more entry points to the site: Data & Statistics, Trending Topics

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discovered or developed, and we have plans to add a section to the online training module about searching PubMed for substance use disorder-related information.

We also obtained the original design files for both the brochure and banner, so that we can make updates to those as needed in the future. The ADAI Clearinghouse will be instrumental in dissemination of that brochure at conferences and meetings around the state for the foreseeable future.

Substance abuse is a health and social problem of concern to many in Washington State. Usage rates of illicit substances have continued to increase in our region, as have deaths from heroin overdose, DUls related to marijuana use, and reports of multi-drug use at treatment intake (particularly the combination of heroin with other substances). Additionally, the Affordable Care Act and other policy changes are increasing the availability of services for substance use disorders, as well as expanding the role of primary care and behavioral health providers in the assessment and treatment of addiction. All of these things combine to increase the information needs of people in our communities.

Making things more complicated, at the same time our users’ information needs have increased, the availability of information about substance abuse has exploded online. As we information pros know, however, it can be difficult for the average parent or student to determine which resources are science-based and which are not. This toolkit will help direct users to resources that have been reviewed, vetted, and selected by skilled information professionals with decades of collective experience.

Knowledge is power, which makes librarians superheroes, and there’s nothing more rewarding that using your superpowers for good! Apply for an NN/LM grant (see box above) and get inspired!
In the summer of 2013, the Center of Alcohol Studies Library took it upon themselves to transform the conference room into an historical exhibit, displaying affiliated publications, classic photos, CAS-specific artifacts, and a complete run of our scholarly journal (for more information, see Judit Ward’s article “Celebrating 75 years of alcohol studies (Part 1)" in the Fall 2013 issue of SALIS News).

While rummaging through the then-recently unlocked bookshelves seeking items to display, we came across a first print, first edition of the “Big Book,” the nickname of Alcoholics Anonymous (A.A.) founder Bill W.’s Alcoholics Anonymous: The Story of How More Than One Hundred Men Have Recovered from Alcoholism. Considering the item’s rarity (ours is number 233 of a run of 4,650) and value (Abebooks lists the item at prices ranging up to $125,000), we were shocked to find it shelved together with old reprints, files, and assorted miscellany. Needless to say, we locked our copy away in a secure place. Since that time, the facsimile edition was published for its 75th anniversary.

Nearly two years later, in the spring of 2015, the education and training division was in the midst of preparing for their annual Summer School of Addiction Studies, which traditionally includes an open Alcoholics Anonymous meeting. This year, the meeting was being run by a friendly fellow who goes by the name of John. John was at the Center meeting with staff, and had heard a rumor that the library owned a first edition of the Big Book. He came up to see us, only to have us confirm that yes, the rumors are true, and yes, he could see it. We were taken aback by his response—jaw agape, he treated the item almost as a sacred text, going so far as to kiss the cover and speak in hushed tones. “This is where it all started,” he gushed. On the spot, we offered to provide a brief presentation about the history of the Big Book to introduce his open meeting, and do a little research on its affiliation with the Center, as well as that of its author and the Alcoholics Anonymous organization in general. John was thrilled to accept the offer, and Summer School coordinator Noelle Jensen was happy to approve the joint venture, so we got to work on our research.

What we found was much more than we had originally intended, and indeed far more than we squeezed into our ten-minute introductory talk. As all things related to alcohol generally tend to do, the research quickly led us to E. M. Jellinek. He invited Bill W. to speak at the very first session of the Summer School, held at Yale in 1943. Mark Keller reminisced about these humble beginnings when he spoke on behalf of Bill W. at the 1972 Summer School ceremony in which Bill W. was posthumously granted the Jellinek Memorial Award, the first time it was given to a non-scientist:

In the early years of the Summer School, the course consisted mostly of lectures. And Jellinek thought the students, most of whom had never heard of A.A. or had only the vaguest notions about it, should become really knowledgeable about it. So he invited Bill W. to come and give a lecture on A.A. In fact, it was made a sort of grand finale of the School.

Going backward, Jellinek’s first encounter with A.A. occurred during a 1939 review of the available alcohol literature through a project funded by a Carnegie Corporation grant—a project that essentially birthed the field of alcohol studies. One of items included in this massive review was the Big Book.

While the fellowship had been helping recovering alcoholics for a few years by this point, it was not until this publication that the group was formalized with a name. It was serendipity that the book happened to be published in the exact same year Jellinek and crew would begin their literature review in earnest. A further wrinkle to the story is the fact that Jellinek initially scoffed at the title. As he reflected in a piece written for AA Today, “One day that year, I found on my desk a book with a yellow and red dust cover. Its title was ‘Alcoholics Anonymous.’ With a sigh, I

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picked it up and said to myself: ‘some more crank stuff.’ But I hardly read a few pages when I realized that I had one of the precious gems before me.” Jellinek’s resulting description of the central thesis of the book is that the solution to alcohol addiction “is a deep and effective spiritual experience which revolutionizes [one’s] whole attitude toward life.”

For example, the first issue highlights the Quarterly Journal of Studies on Alcohol (QJSA) as a “valuable clearing-house of the latest scientific work on that subject of vital interest to us,” while issue number five dedicates the entire section to the QJSA’s Lay Supplements series.

Our brief presentation at the open A.A. meeting, which as mentioned, was not really able to fully plumb the depths of the topic, was nevertheless received positively, and we were invited to sit through the rest of the meeting. Bill was given the honor of reading the introductory portion of the meeting, which included a brief overview of how A.A. meetings are run, as well as a description of its 12-step program.

Following the introduction, it was time for our friend John to provide his story. About this, it must be said that approaching the topic of a recovery group from our typical objective, detached researchers’ perspective is entirely different from hearing a man making himself completely vulnerable to the room, exposing his demons and providing a depiction of some of the horrors of the disease. His story inspired one of the counselors in the room to share his own story, something he had not previously planned. His story was equally moving, and the session in general provided a very necessary human element to our research. It was so moving that no one dared interrupt the proceedings, even though the session ran later than scheduled.

At the end of the session, the attendees gathered around us to get a glimpse (and feel) of the original Big Book we had displayed alongside the closely related The Book That Started It All: The Original Working Manuscript of Alcoholics Anonymous, published by Hazelden in 2010.

What was originally designed to be a brief research effort for a ten-minute presentation on The Big Book opened up an entirely new research area for us instead, and shed new light on our other areas of interest. With this in mind, we recalled an article written by Barbara Weiner about the

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on several keywords using a proprietary database they keep behind closed doors. We explained that we were there for exploratory research on several separate but overlapping projects, and she was happy to provide us full-text copies of the results. Due to the sensitive nature of the material there, much of the archive is closed off to the general public, including some of the results of our preliminary searches. We are currently awaiting permission from the review board for further research.

We were heartened to find in the library area, located on a bookshelf next to Bill W.’s original couch, a run of QJSA donated by J. George Strachan of the Alcohol Research Foundation in Toronto (now called CAMH), which was a great source for us to retrieve hidden treasures of alcohol history.

Although there is still a lot more to discover, we have found strong evidence of the historic ties between CAS and A.A. Within their resources, A.A. seems to have historical documents and materials related to many SALIS members’ organizations. We encourage all members to explore its potential.

A.A. is an organization that finds value in preserving and documenting the history of alcohol studies, much like many organizations represented by SALIS. They are open, inclusive, and willing to share their knowledge, a tradition that dates back to the early days of Bill W. speaking at the Summer School. Keller writes about this willingness in a 1971 obituary, in which he says,

The appearance and the talk of Bill W. did not at all seem anomalous in the academic atmosphere of the School of Alcohol Studies. The doctors and the teachers and the nurses and the psychologists and the policemen and the clergymen and the other professionals who made up the student body knew they had a lot to learn from him.
France

Ireland
National Documentation Centre on Drug Use

United Kingdom
Society for the Study of Addiction
If you are interested in commentaries on key issues about addiction and clinical practice, take a look at the collection on the Society for the Study of Addiction’s website: http://www.addiction-ssa.org/knowledge-hub/practice/commentary. Recent topics include Drugs and the internet; What is Mobile Health?; and Guidelines to support people bereaved by Alcohol or Drugs.

The Mental Elf
This blog from the National Elf Service is regularly updated and written by mental health experts, and provides summaries of evidence-based publications relevant to mental health practice in the UK and further afield. http://www.nationalelfservice.net/mental-health/

Independent Scientific Committee on Drugs
This blog contains a series of articles on various subjects including the impact of cannabis on the brain, e-cigarettes, and more. http://drugsience.org.uk/blog/

Office for National Statistics

Castle Craig
The Vicious Circle of Gambling, commentary from Castle Craig, a rehab service, addresses the problems related to 24/7 access to online gambling sites, which make it easy to become a compulsive gambler. It quickly becomes a problem, with gamblers unaware they are caught up in the vicious circle. http://www.castlecraig.co.uk/blog/08/2015/vicious-circle-gambling

Europe-wide
EMCDDA publications
The EMCDDA publications database is a useful resource where you can search for all their publications by publication series, publication type, date published, and keywords. http://www.emcdda.europa.eu/publications

News From Canada
Compiled by Chad Dubeau, CCSA

Canadian Centre on Substance Abuse
Chad Dubeau
Exploring the use of media to monitor the global spread of novel psychoactive substances

Over the last two years, I have been working with a fellow CCSA researcher trying to determine the feasibility and utility of using media reports and other open-source information collected by the Global Public Health Intelligence Network (GPHIN), an event-based surveillance system operated by the Public Health Agency of Canada, to rapidly detect clusters of adverse drug events associated with “novel psychoactive substances” (NPS) at the international level.

We searched English media reports collected by the GPHIN between 1997 and 2013 for references to synthetic cannabinoids. We then screened the resulting reports for relevance and content (i.e., reports of morbidity and arrest), plotted and compared with other available indicators (e.g., US poison control center exposures). The pattern of results from the analysis of GPHIN reports resembled the pattern seen from the other indicators.

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The results of this study indicated that using media and other open-source information can help monitor the presence, usage, local policy, law enforcement responses, and spread of NPS in a rapid effective way. We are now hoping to take this project to the next phase by optimizing GPHIN to actively detect new drugs and new drug use trends. My role as Information Specialist on this project will mostly be to create and validate the search query. For more information, please see our open source paper Detecting a signal in the noise: monitoring the global spread of novel psychoactive substances using media and other open-source information recently published in the Journal Human Psychopharmacology: Clinical & Experimental. I am also hoping to present on the topic at the next SALIS conference.

Centre for Addiction and Mental Health
Sheila Lacroix

Help for Caregivers: Taking the Caregiver Guidelines off the Shelf: Mobilization Toolkit
In both mental health and addiction care, the needs and contributions of caregivers have often been ignored. The Mental Health Commission of Canada (MHCC) released a mobilization toolkit last June in a next step in its National Guidelines to support family caregivers in 2013. The Guidelines identified the types of services and supports that caregivers, defined as all those in the circle of care who provide unpaid support, need at the different stages of illness. It is a vulnerable group, more at risk for health and mental health problems than the general public. The toolkit is intended to help organizations, groups, or individuals implement the guidelines: http://www.mentalhealthcommission.ca/English/issues/caregiving/family-caregivers-guidelines

A Walk through the Decades: Key Mental Health and Addiction Policy Documents (Canada and Ontario)
The CAMH Library has finally updated its resource list on key policy documents, intended to track progress through the decades. The update is much improved, with the addition of “turning points,” such as the establishment of the Canadian Centre on Substance Abuse (CCSA) in 1988 and the Mental Health Commission of Canada in 2007. Starting with the LeDain Commission report on the non-medical use of drugs, published in 1973, it ends, for now, with the 2015 Truth and Reconciliation Commission of Canada’s final report that includes recommendations for dealing with the tragic outcomes of the residential school system for aboriginal children which have impacted the mental and physical health of generations of First Nation people. It tracks Canada’s drug strategies over the years as well as the major changes in mental health and addiction policy in Ontario. Wherever possible, permanent URLs for the documents are provided. National policy documents are shaded grey/blue to distinguish from provincial documents. This resource can be found with our other Research Guides on our CAMH Library’s website.

Ontario Tobacco Research Unit (OTRU)
Diane Van Abbe

This report examines the extent of onscreen tobacco exposure among Ontario youth, and estimates the impact of the exposure in terms of new smokers recruited, their tobacco associated mortality and healthcare costs. The researchers estimate that an Ontario 18A rating for all movies with smoking could avert more than 30,000 tobacco-related deaths and save more than half a billion dollars in healthcare costs. http://otruresearch.org/youth-exposure-to-tobacco-in-movies-in-ontario-canada-2004-2014/

New Update: Raising the Minimum Age for Access to Tobacco to 21.
The majority of smokers begin smoking in their teens or early twenties. Raising the legal age of access to tobacco to age 21 has the potential to impact positively on future smoking prevalence and health outcomes. This update outlines reasons to consider raising the minimum age, reviews current evidence and public opinion, and provides a snapshot of current Canadian and US legislation in this area. http://otruresearch.org/youth-exposure-to-tobacco-in-movies-in-ontario-canada-2004-2014/

New Research Projects in the Works:
The Research on Non-Traditional Tobacco Reduction (RETRAC) Project.
In October 2014, OTRU, together with Well Living House at the Centre for Research on Inner City Health, began working on a research project that studies how non-traditional tobacco use in the contexts of Aboriginal communities (including First Nations on-reserve and urban Aboriginal communities in Ontario) can best be addressed through interventions. More specific project goals include:
- Identify effective non-traditional tobacco reduction initiatives
- Share non-traditional tobacco reduction strategies
- Develop community-based non-traditional tobacco reduction initiatives.

This project is being conducted in collaboration with the Aboriginal Cancer Unit at Cancer Care Ontario and is funded with a grant from the Ontario Ministry of Health and Long-Term Care. RETRAC’s Knowledge Exchange Advisory Committee, which includes

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community-based partners, a project Elder, and other partner organizations, guides and advises on all aspects of the research process, including knowledge exchange and transfer activities.

**Research on E-Cigarettes (RECIG) Project.**
The Ontario Tobacco Research Unit (OTRU), in partnership with the Centre for Addiction and Mental Health (CAMH), has recently been awarded a grant by the Ministry of Health and Long-Term Care (MOHLTC) to undertake a multi-component research study of e-cigarettes (RECIG). Three ongoing RECIG study components are: an ongoing knowledge synthesis; a report of findings from the most recent Ontario Student Drug Use and Health Survey; and an upcoming social media analysis.

Updates on these projects can be seen at: [http://otru.org/category/project-news/](http://otru.org/category/project-news/)

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**Members’ Corner**
Compiled by Diane Van Abbe
Membership & Outreach Committee

**Vaughan Birbeck**
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**How long have you been a member of SALIS?**
Since starting work at the EMCDDA in September 2006 (the longest I have worked in any single post), although I have been a professional librarian all my working life and a UK Chartered Librarian for 20 years.

**What organization do you work for and what is your position?**
I manage the library and information service for the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). This is a “devolved technical agency of the European Union”, basically a specialised agency with a mandate to carry out specific responsibilities. Our main task is to gather data through a network of National Focal Points across Europe. The data is collected in a standardised way, so we can analyse the drug situation using objective and comparable statistics. In addition to this we undertake extensive research projects, which is where most of our library work comes from.

The library is part of the agency’s Communications Unit. One of the bonuses of being placed here is the opportunity to make use of librarians’ skills in other project areas, such as taxonomy development for our website. I am currently in the process of beginning work on the EMCDDA’s corporate archive. A new EU regulation states our archive must be deposited with the European University Institute in Florence, and we need to do quite a bit of retrospective work before that can happen. (I don’t think senior management realise how much, which could be interesting…)

**How has being a member of SALIS enriched your life?**
I think the support, enthusiasm and closeness (based around the world though we are) of SALIS members is truly outstanding. This is by far the most active professional group I have ever been part of. I am always pleased when I can be of help to another member, and I feel really honoured to have been voted Chair-Elect. Sadly, I have been able to meet SALIS members personally only once - in 2009 at the Halifax Conference - but it was a great experience. With the leverage of my official status I am very much looking forward to future face-to-face meetings, not just virtual ones.

**Hobbies outside of work:**
Reading is more a compulsion than a hobby with me. I rarely read fiction, mostly history and biography, but I have a wide range. Despite being European I have a great interest in the American Civil War and the personalities involved. True crime fascinates me, especially the Lizzie Borden case. I’m a great cinema fan, too.

**Favorite food:**
Fish and chips! (I’m British, what did you expect?)

**Favorite book:**
Impossible to say.

**Is there anything else you would like SALIS colleagues to know about you?**
Our son is working as a green-keeper on a golf course in England. He likes the outdoor life and working in a library would drive him crazy. We have two dogs: Jasper, a completely neurotic Jack Russell Terrier, and; Inca, a Portuguese of uncertain parentage rescued from drowning off a local beach, very loving but a bit lacking in the brain department. If anyone wants to know more, you’re welcome to get in touch. ☰

Want to nominate someone to be profiled in Members’ Corner? Email Diane Van Abbe at diane.vanabbe@camh.ca.
New Books
By Andrea L. Mitchell, MLS, Librarian

+ indicates government document, * non-English title
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