

CONFERENCE REPORT
INTERNATIONAL COUNCIL ON ALCOHOL AND ADDICTIONS
Toronto, Oct. 19-24, 2003

Conference Purpose:

The ICAA is the world's oldest alcohol/drugs-research organization, established officially in 1907 but with foundations from the late 1800s. "ICAA is recognised world-wide as the most effective networking organisation in addiction prevention and a forum for information and debate on the issues." International speakers accompanied by panels of internationally renowned experts explored, discussed and debated the critical issues surrounding research, policy making, prevention, treatment and criminal justice in the addictions (alcohol and drugs). Workshops and information sessions presented the latest research, innovative programs and policy directions happening internationally. Participants and speakers included scientists, practitioners, scholars, educators, government officials, and members of the judiciary.

Key Information Obtained:

- Abuse is different from addiction: require a range of different approaches. Within each category, too, the population is diverse and approaches must be tailored to the individual.
- Treatment works
 1. only if it is appropriate to the circumstances of the individual – stage of problem, conditions, personality characteristics, need, mode of delivery, goals and motives;
 2. if it is then delivered as designed, by trained knowledgeable staff
- Harm reduction strategies are a necessary part of treatment and problem-resolution (e.g., teaching controlled drinking strategies; clean-needle clinics/alternative drugs/controlled use for heroin addicts).
 - Harm reduction approach used extensively internationally; also now part of Canada's drug strategy and addictions research recommendations. (US addictions organizations and treatment models still much based on the disease concept/12-step abstinence model.)
 - Reasonable goal: the normalization of moderation, based on the positive statistic that the majority of the world's people who drink do so in moderation. (*My thoughts: A useful goal for the North, where too often the whole point of drinking is to get drunk, and where intoxication is seen as a normal aspect of socializing.*) Quantity more important than frequency (e.g., daily but only one drink vs. monthly in a blackout-end-up-aggressive-in-drunk-tank binge)
 - Abstinence approaches are part of a harm-reduction continuum, necessary for some.

- Addiction/dependence may be related to brain's dopamine (a pleasure-producing brain chemical) production. The mechanics of dopamine disorder are yet unknown...pre-existing physical disorder, leading to self-medication with drugs/alcohol? product of chronic heavy drug use? result of stress? all or a combination?
 - We do know stress can affect brain chemistry. (*After-hours discussion: Stress > altered brain chemistry > self-medicating with drugs alcohol. If stress is relieved, brain chemistry can return to normal, alcohol/drug no longer needed. May explain why even some heavy drinkers quit or moderate their drinking on their own when their emotional/cognitive/ economic/ social/environmental circumstances change.*)
 - Chronic heavy alcohol/drug use does cause brain changes; normal neurological and cognitive function can at least partially resume when drug use stops.
 - Very interesting: Recent research with primates shows that when in private quarters, both dominant and subordinate animals had equal dopamine levels and similar activity in brain's motivation circuits. Primates put in a group living situation: the dopamine activity of subordinate animals virtually ceased, and there was a significant activity drop in motivation areas of brain...and they began to use cocaine whenever it was provided. The dominant animals developed higher levels of dopamine activity, did not resort to cocaine. (*My thoughts: Implications re the stress of overcrowded housing?*)
 - Appropriate pharmacotherapy (medications) should be used along with behavioural and cognitive strategies in addictions treatment. Necessary to investigate/develop meds that, e.g., interfere with the body's natural stress response, or affect genetic metabolic differences.
 - The "alcoholism is a primary chronic disease" concept is neither universally accepted nor proven.
- Clear information and partnerships (research/policy-makers/treatment) are necessary.
- Research and information must be passed on to communities in order for them to integrate the knowledge into their own practices in appropriate ways. Decisions must be based on informed public opinion; too often, communities are unaware of the knowledge and options.
- Naturalistic, in-the-field outcome studies are necessary. Basing policies and programs on beliefs/politics/pressure groups/conflicting agendas etc. rather than on knowledge results in ineffective and limited approaches.
 - Evidence must be unbiased, unemotional, unrelated to an agenda or philosophy
 - There is increasing emphasis on the requirement of outcome evidence in treatment programs
- Effective addictions-treatment aftercare/support is essential. Failure is virtually guaranteed if the client goes back to an unchanged, no-support environment.

- Most addicts have some degree of psychosocial deficit (social skills, coping skills, self-concept/identity, etc.) A good treatment program addresses these holistically, but maintenance depends on on-going trained support and reinforcement of new skills and feelings. Self-help groups (AA, etc.) not sufficient or effective for all.
- The criminal justice system:
 - Restorative justice systems must be developed for drug/alcohol-related crimes, although doubt was expressed about the effectiveness of in-prison programs (nature of prisons); rather, programs for substance abusers coming out of prisons (e.g., 'house' programs as part of parole or probation conditions).
 - Statistics:
 - One US study: 100% of the mentally ill in prison also had a drug problem
 - Canadian:
 - 18% of all territorial/federal inmates are Aboriginal; in Saskatchewan, 76%;
 - 23% of young offenders suffer from FASD (numbers may be higher; undiagnosed?);
 - Predisposition reports always similar: poverty, poor education, lack of employment, family violence, family substance abuse, etc. Socioeconomic factors must be addressed outside the prison.
- A very interesting finding from a long-term U.K. study: the children of heavy drinkers AND the children of abstainers were both more likely to become heavy drinkers, than were the children of moderate drinkers. (*After-hours discussion: Role of learning? One learns to drink heavily, other doesn't learn to drink. Moderation seems to be a learned skill?*)

Conclusion:

This was an excellent, thought-provoking conference, enhanced by both presenters and participants. We were provided a wide range of information and knowledge, and varying viewpoints that led to lively debate. Such debate was in fact one of the best aspects of the conferences: as was mentioned by a number of people, we were made to think, sometimes to reconsider old positions, always to learn.

This really is the forum to find out everything you always wanted to know about alcohol and drug problems and the attempts at resolution around the world, supported by evidence. Highly recommended to anyone interested in alcohol/drug programming and policy. (Next year's conference is, I think, in Venice. I'm saving my pennies.)

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