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CCSA's Issues of Substance 2019

Poster Abstracts

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CURRENT TRENDS, EMERGING ISSUES AND THEIR IMPLICATIONS TO PRACTICE

Characterizing the Prevalence and Content of Vaporizer Use in Youth in Western Canada (in English)

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Background

The current trend of nicotine vaporizers among youth has caused public health concern due to findings that adolescent exposure to nicotine is associated with an increased risk of mood and attention difficulties. Therefore, it is vital to understand the prevalence of this trend among Canadian youth.

Objectives

The present study sought to explore the prevalence of nicotine and cannabis vaporizer use in youth.

Methods

Grade 8-10 students (n = 1282, ages 13-16, 51% male) in a school district in Western Canada completed a survey asking about vaporizer use, presence of nicotine or cannabis in the vaporizer, and flavours used. Data was collected in December 2018.

Results

22% of all students reported using a vaporizer in the last year, with 53% of this group reporting use within the last week. Vaporizer use increased with grade level [$F(2, 1279) = 23.88$, $p < 0.00$]. Of the students who used vaporizers in the last year, 64% reported that their cartridge contained nicotine, 11% reported that it contained cannabis, and 10% were not sure. 37% of students reported using fruit flavours such as blue raspberry and mango, while 18% reported using candy flavours such as Skittles and cotton candy.

Conclusions

Analyses showed that vaporizer use increased with grade level, the majority of vaporizer use contained nicotine, and the majority of students preferred candy or fruit-like flavours. In addition, a small minority of youth are not aware of what substances they are consuming.

Sex and Gender Considerations

Past research has found a pattern of greater use of vaporizers among males compared to females. However, females are more likely to initiate vaporizer use based on recommendations from friends or family compared to males. Motivations for continued vaporizer use also differ, with males reporting more enjoyment purposes, and females reporting more stress-reduction and mood management purposes. Examining the role of gender in adolescent substance use is important for prevention programs, as trajectories of use may vary in males and females. Further analysis of the data for the current study will look at differences in prevalence of use and flavour preference by gender.

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A Snapshot of Cannabis Use and Associated and Perceived Harms among Canadian Students, Pre-legalization (in English)

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Sarah Wallingford, Ottawa Public Health

Background

Cannabis is the second-most widely used substance among Canadian students, after alcohol. With the primary aim of legalization to reduce harms associated with cannabis among youth, ongoing monitoring and surveillance of use, harms, and related perceptions is essential to understanding the impact of new policy and regulatory changes.

Objectives

The objective of this work was to assess baseline data on available cannabis indicators from national and provincial student drug use surveys.

Methods

Data on indicators of cannabis use, impaired driving, and perceived harms were obtained from seven student drug use surveys from across Canada (two national, five provinicial). Wherever available, prevalence estimates of each indicator were reported by sex, grade, and most recent survey cycle (2012-2015). Significant differences were assessed at $p<0.05$.

Results

Indicators of cannabis use among students varied between national and provincial surveys with up to one third of students reporting cannabis use in the past year. Many noted a significant decrease in these estimates compared to previous survey cycles. Frequent use was significantly higher among males, as were estimates for driving after cannabis use. Across national surveys, the majority of students perceived regular cannabis use to be associated with great risk, particularly amongst females and younger grades.

Conclusions

These data provide key baseline information on the use, harms and related perceptions of cannabis among Canadian students, pre-legalization and will help inform surveys and tools to continuously monitor and assess the impact of cannabis legalization in Canada.

Sex and Gender Considerations

Prevalence estimates for cannabis indicators were provided by individual surveys using the terms sex (male/female) or gender (boys/girls). Our key findings according to sex/gender were that: 1. More frequent cannabis use (monthly/past-month, daily) was more likely to be reported by male students. 2. Approximately one out of five students who have used cannabis reported that they had driven after cannabis use, and this was also more frequently reported among males. 3. Male students were more likely to perceive cannabis use as less risky. Where data was available, we have reported cannabis use indicators and associated harms according to sex. Based on our research findings, we recommend that education efforts directed at youth regarding cannabis should consider sex and gender.

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A Summary of the Results from the 2018 Canadian Cannabis Survey (in English)

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Julie Laroche, Health Canada

Background

The CCS was designed and implemented to collect detailed information on cannabis use. This includes information such as patterns of use, frequency of use, methods of consumption, and sources of consumption, among others.

Objectives

To summarise findings from the 2018 CCS.

Methods

The CCS was an online administered survey covering all 10 provinces and 3 territories. Random digit dialing was used to recruit study participants; respondents who passed a set of screening question were deemed eligible and were sent the survey link. The present study uses data from the 2018 CCS, which commenced in May and ended in July.

Results

Past 12-month non-medical cannabis use was 26% in males and 18% in females. Generally, people 20-24 years old reported higher cannabis use. Majority of those using cannabis for non-medical purposes in the past 12 months used it monthly or less frequently and 25% reported daily or almost daily use. Smoking (89%) and eating (42%) were the most common methods of consumption. Dried leaf/flower was the most common product type used (82%), followed by edibles (41%), and hashish/kief (26%). 34% obtained cannabis from a friend; this was the most common source of cannabis.

Conclusions

It is important to monitor and understand cannabis use trends among the Canadian population; this will help inform policy, regulatory processes, as well as public education and awareness activities.

Sex and Gender Considerations

Studies have shown that sex differences in cannabis use exist (Calakos et al., 2018), both from a biological and behavioural perspective (Fattore et al., 2010). From a behavioural perspective, the amount and frequency of cannabis use differs among men and women and therefore it is important to understand these patterns. For this reason, this study stratifies analysis by sex, as well as other socio-demographic characteristics, such that we can report on factors that are associated with frequent cannabis use among males and females.

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The Canadian Drugs and Substances Early Warning System (in English)

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Background

The Canadian Drugs and Substances Early Warning System (EWS) was implemented to provide timely and accurate data and surveillance activities on substance use and harms.

Learning Objectives

Increase awareness and understanding of the need for, and challenges to building, a drugs and substances early warning system, and the approaches required for robust data collection and dissemination mechanisms that address the breadth of needs of emerging issues.

Objectives

The aim of the EWS is to collect and assess data in a timely manner such that prompt public health interventions can be implemented. The EWS would help identify emerging drug issues; track the impact of public health interventions and control measures; facilitate and foster data sharing, collaboration and surveillance activities across stakeholders.

Methods

The EWS governance structure includes a Steering Committee and a Data and Evidence Working Group. The EWS will operate according to a centralized collaborative model lead by Health Canada and will utilize data that is real time/near real-time to trigger alerts, disseminate information and coordinate response activities. Progress has been underway to develop an indicator framework as the initial step in creating the EWS.

Results

Canada will have a hub of convergence related to drug and substance data and information that significantly improves data collection, analysis and dissemination and is responsive to emerging needs and threats.

Conclusions

Through the EWS, a robust evidence base is being accumulated on which is built Canada's response to the drug situation.

Sex and Gender Considerations

There are biological, economic and social differences in how substance use and problematic substance impact differently based on gender contributing to differences in health risks, service use, health system interactions and outcomes. Activities of the EWS will be conducted with respect of the guiding principles of accountability, continuous improvements, integrated approaches, balance and shared responsibility in respect to the gender lens throughout their development, implementation and evaluation whether they be activities of data collection, analysis or dissemination. The integration of a sex and gender-based lens to activities of the EWS will ensure that the evidence provided in support of policy or programs is based on sound gender sensitive science.

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Associations between Legal and Illegal Distribution of Prescription Medications in Canada (in English)

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Background

The misuse of prescription drugs is prevalent in Canada. Many individuals who misuse medications obtain products diverted from legal channels. The frequency of diversion provides a measure of demand and distribution in illegal markets.

Objectives

We examined rates of prescription drug diversion and the association with legitimate dispensing in communities within British Columbia, Quebec, Ontario, and Manitoba.

Methods

Diversion cases reported by 22 regional/municipal police offices participating in the Canadian Consumer Product and Pharmaceutical Safety (CCPPS) Drug Diversion Program between 1st quarter 2017 and 2nd quarter 2018 were analyzed. Rates of oxycodone, morphine, hydromorphone, and gabapentin cases per 100,000 person-years were calculated and presented at the census division level. Person-years represented the number of individuals residing within an agency's jurisdiction multiplied by number of years the agency provided data. The association between diversion and prescriptions dispensed per person-years was measured using Spearman rank correlation.

Results

Algoma, Ontario had the highest oxycodone (23.0 cases/100,000 person-years) and gabapentin (5.4 cases/100,000 person-years) diversion rates. Leeds and Grenville, Ontario had the highest hydromorphone (24.2 cases/100,000 person-years) and morphine (6.1 cases/100,000 person-years) rates. Across provinces there was a statistically significant positive correlation between prescribing and diversion rates for oxycodone ($r=0.67$, $p<0.001$) and gabapentin ($r=0.46$, $p=0.033$). Associations between prescribing and diversion were not statistically significant for morphine ($r=0.21$, $p=0.343$) and hydromorphone ($r=0.123$, $p=0.585$).

Conclusions

The extent of prescription drug diversion varies across communities in Canada. These differences are only partially explained by differences in prescriptions dispensed per person.

Sex and Gender Considerations

As summarized by the Public Health Agency of Canada, the prevention, treatment and harm reduction of the opioid crisis must include gender and trauma specific approaches. The summary notes that over the past three years, hospitalization rates have increased for both men (24%) and women (10%), and while opioid poisonings tend to be higher among men; women are at a greater risk for developing opioid addiction after receiving a prescription. In the United States, women comprised 42.5% of cases reported during an HIV outbreak in rural Indiana in 2015 linked to injection of oxymorphone. Diversion is an important source of medications to examine. Though we do not collect information on the gender of the diversion case, data in Canada suggests that approximately 46% of women dependent on opioids obtained prescription opioids through an illegal source.

Street Prices of Prescription Opioids Diverted to the Illicit Market: Examining Trends Over Time in Ontario (in English)

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Background

Non-medical use of prescription opioids continues to cause deleterious health consequences throughout Canada. Law enforcement are often first to encounter emerging prescription drug misuse trends through seizures made during routine traffic stops, reports of stolen medication, and coordinated raids. As such, monitoring information collected from these agencies can provide valuable insight into prescription drug markets, including drug availability, demand, and abuse potential.

Objectives

Examine changes over time in the street prices of diverted prescription opioids using survey information collected from law enforcement agencies in Ontario.

Methods

Data were drawn from the Canada Drug Diversion Program, a systematic countrywide examination of prescription drug diversion. On a quarterly basis, participants complete a survey of street price information for target prescription products. Street price reports (N=110) were collected from law enforcement and regulatory agencies in Ontario across 14 quarters between 2014 and 2018. In order to make standardized comparisons across drug classes, mean prices per milligram or microgram were calculated.

Results

Immediate release opioid products yielded higher prices per milligram than their extended release counterparts. Immediate release hydromorphone products had the highest price per milligram for all quarters, and prices rose steadily between fourth quarter of 2014 ($3.88) and first quarter of 2018 ($7.50). Average price per microgram for fentanyl patches also increased during the same timeframe, from $1.91 per mcg to $2.50.

Conclusions

Findings illustrate differences in street prices based on opioid class, suggesting that user preference and drug availability impact demand and price. In addition, it is important to consider other factors that could have influenced prices and availability, including the implementation of the patch for patch program in Ontario in 2015, which required patients to return used fentanyl patches before receiving new ones. Understanding illicit markets and potential factors influencing them can inform law enforcement, regulatory agencies, industry, and providers in their prevention, risk management, treatment, policy, and enforcement initiatives.

Sex and Gender Considerations

Data from this study is based solely on street price surveys collected from law enforcment agencies; only product prices were collected. Therefore, we have no way of knowing the sex or gender of those who may have been buying or selling these medications. Further research could examine differences in diverted prescription products by sex and or gender.

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Comparison of the Social Acceptability and Risk Perceptions of Cannabis Use among the Canadian Population (in English)

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Matthew Dann, Health Canada
Lily Fang, Health Canada
Julie Laroche, Health Canada

Background

Social acceptability and perception of risk are important driving factors of cannabis use; understanding these in the Canadian population can help understand the potential trajectory of cannabis use in Canada.

Objectives

To compare changes over time in social acceptability of cannabis use and risk perceptions.

Methods

Participants were recruited from all provinces and territories through random digit dialing. Eligible participants were sent a link to the online survey via email or short message services. The present study uses data from the 2017 and 2018 CCS cycles.

Results

31% of all respondents indicated occasional smoking of cannabis was completely acceptable, an increase from 28% in 2017. Among respondents not using cannabis, 19% said it was completely acceptable, an increase from 17% in 2017. 26% said it was completely unacceptable, which was not statistically different from 28% in 2017. Eating and vaping had similar response patterns. There was an increase in respondents indicating cannabis use can be habit forming, regardless of whether they used cannabis or not. Majority of respondents indicated moderate or great risk of smoking, vaping and eating cannabis on a regular basis.

Conclusions

It is important to monitor the changes in social acceptability and risk perceptions of cannabis use; this will help inform policy, public education and awareness activities.

Sex and Gender Considerations

Studies have shown that sex differences in cannabis use do exist (Calakos et al., 2018), both from a biological and behavioural perspective (Fattore et al., 2010). From a behavioural perspective, the amount, frequency, social acceptability, and risk perceptions of cannabis use differs among men and women and therefore it is important to understand these patterns. For this reason, this study stratifies analysis by sex, as well as other socio-demographic characteristics, such that we can report on factors that are associated with frequent cannabis use among males and females.

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Perceiving Driving Under the Influence of Cannabis as Ordinary, Convenient, and Controllable Experiences: Views from Drivers in a Remedial Program (in English)

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Background

As cannabis is now legally available in Canada, there is a need for current evidence about the social contexts and individual perceptions related to driving under the influence of cannabis (DUIC).

Objectives

Our study aimed to gain in-depth information about DUIC contexts and motives from people with firsthand experience sampled from a potentially at-risk and understudied population.

Methods

We conducted 20 one-to-one interviews with participants recruited from Back on Track, a provincially-operated remedial program for drivers convicted of or suspended for impaired driving in Ontario. All participants were 18 years or older and had driven a motor vehicle within an hour of using cannabis in the last year.

Results

The majority (90%) of participants identified as male and approximately half described their cannabis use as non-medical. Many discussed DUIC as part of their ordinary or routine experiences. Despite availability of other transportation options, DUIC was often preferred due to convenience and cost-effectiveness. While most participants recalled feeling some effects of cannabis use or high while driving, many reported that they did not feel a need to compensate for impairment.

Conclusions

Our findings – particularly that of DUIC as a regularly occurring behaviour – highlight important challenges for designing effective road safety education and DUIC prevention initiatives. Future research should also explore potential sex and gender differences in DUIC motives and behaviours, as well as any differences related to personal characterization of cannabis use (i.e., non-medical and medical).

Sex and Gender Considerations

While our study did not have an explicit focus on sex and gender, we observed that a large majority of those who volunteered to participate identified as male. This was somewhat unsurprising, as the program population from which we sampled has a higher proportion of male clients than female clients. Nonetheless, we had anticipated that more women might have participated. Our observation highlights the need to be cautious about the transferability of our findings to women who drive under the influence of cannabis. Although other research has found that cannabis use tends to be more prevalent and frequent in men, this gender gap appears to be closing and further evidence suggests that women tend to experience greater cannabis-related harm. Thus, there is an important need to consider sex and gender differences in DUIC and future qualitative work we will conduct will take extra steps to recruit a more gender-diverse sample.

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Burden of Poisoning-related Mortality and Apparent Opioid Related Deaths in Canada 2000–2016 (in English)

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Learning Objective for the Presentation

Describe the impact of poisoning-related mortality and apparent opioid related deaths (AORDs) in Canada through measures of disease burden, including life expectancy and potential years of life lost (PYLL).

Background

Canada is experiencing an opioid overdose crisis. Both the United States and British Columbia have reported declines in life expectancy, in part driven by opioid-related deaths. The impact of the opioid overdose crisis on national life expectancy and PYLL in Canada has not yet been reported.

Objectives

Describe the impact of poisoning-related mortality on life expectancy in Canada from 2000 to 2016 describe PYLLs from AORDs in Canada for 2016 and 2017

Methods

We analysed national Canadian Vital Statistics Data on poisoning-related mortality from 2000 to 2016, calculating life expectancy at birth with abridged life tables, and using Arriaga's approach to decomposition. We also calculated PYLLs based on AORDs reported by provinces and territories for 2016 and 2017.

Results

While national life expectancy at birth increased from 2000 to 2016, this increase was slowed by the rise in unintentional poisoning-related mortality, both from opioids and from other substances, with a greater impact on men than women. AORDs were responsible for 98,042 PYLLs in 2016 and 133,835 PYLLs in 2017.

Conclusions

The slowed growth in life expectancy and the significant PYLL burden highlight the severity of problematic substance use in Canada. Ongoing monitoring of multiple metrics of burden related to poisoning-related mortality is needed to help inform public health decision making.

Sex and Gender Considerations

Poisoning-related mortality and AORDs differ significantly between men and women, and by age group. Our analyses were disaggregated by sex, as reported in the vital statistics data, and in AORDs data reported by the provinces and territories. Information on gender identity was not available from these sources.

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Ethical Dilemmas of Fee-for-Service Canadian Family Physicians Who Provide Substance Use Disorders Care (in English)

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Sara Atif, Canadian Centre on Substance Use and Addiction
Jill Fairbank, Canadian Centre on Substance Use and Addiction

Learning Objective for the Presentation

To learn why the fee-for-service billing model generates ethical dilemmas for Canadian family physicians who treat patients with substance use disorders (SUD) To understand how physicians navigate these dilemmas.

Background

Most Canadian family physicians work with the fee-for-service (FFS) remuneration model, using time-based codes and incentive schemes to treat and refer their patients. Codes and incentives schemes are set by the provinces and vary significantly.

Objectives

The purpose of this study was to understand how Canadian family physicians provide care for patients with SUD using their provincial billing codes and incentive schemes.

Methods

A qualitative interpretative design with purposive sampling was used to conduct telephone interviews with 22 Canadian family physicians from ten provinces between October 2017 and March 2018.

Results

FFS remuneration generates ethical dilemmas for physicians who care for patients with SUD. Physicians identified three potentially competing duties: maximizing patient volume and access to care, providing comprehensive care to patients, and managing the business of running a clinic. We describe these dilemmas and how physicians navigate them.

Conclusions

The structure of FFS remuneration creates ethical conflicts for Canadian family physicians who care for patients with SUD. These conflicts go to the heart of the professionalism mandate of medicine: how do physicians provide comprehensive care to patients with SUD when billing codes and incentive schemes do not adequately compensate them for the work they perform? Findings have policy implications at the provincial and national levels, with opportunities to improve SUD care by changing billing codes and incentives schemes to reflect the complexity of the patient population.

Sex and Gender Considerations

There are no data on what proportion of Canadian family physicians who provide care to patients with SUD are female. Moreover, it is unclear whether the gender of family physicians shapes their perception of the ethical dilemmas we report, or their value choices and strategies they select to manage these dilemmas. Future research could explore how male and female family physicians navigate the ethical dilemmas we describe here, and if there are significant gender differences in their strategies. For example, do male and female family physicians bring different values and goals to the practice of medicine that shape how they manage the competing duties that we describe? Are these strategies shaped by other variables, such as number of years in practice, geographic setting, and mentoring experiences?

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Barrières à la demande d'aide des conjoints de joueurs pathologiques : une étude exploratoire (in French)

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Objectifs d'apprentissage

Mieux comprendre le processus par lequel passe les conjoints de joueurs lorsque vient le temps de faire une demande d'aide pour eux-mêmes et connaître les éléments qui entravent cette demande d'aide afin de favoriser l'entrée dans les services d'aide.

Contexte

La présence d'un problème de jeu entraîne des conséquences importantes pour le joueur et les membres de son entourage dont les conjoints des joueurs qui sont les plus touchés par les conséquences du problème de jeu. Malgré la diversité et l'ampleur des conséquences vécus les conjoints sont peu enclins à demander de l'aide pour eux-mêmes.

Objectifs

Documenter quelles sont les barrières qui entravent la demande d'aide des conjoints de joueurs pathologiques.

Méthodes

Des entrevues qualitatives ont été menées avec neuf conjoints de joueurs en traitement (dont 2 hommes). Une fois transcrites les entrevues été analysées à l'aide du logiciel N'Vivo.

Résultats

Les conjoints de joueurs rencontrent plusieurs types de barrières différentes quand vient le temps de faire une demande d'aide pour eux-mêmes. Celles-ci sont reliées aux caractéristiques personnels des conjoints, au contexte de la demande d'aide, aux facteurs environnemntaux et sociaux de même qu'à la demande d'aide elle-même.

Conclusions

Plusieurs éléments freinent la demande d'aide des conjoints de joueurs. Mieux connaître ceux-ci permet aux organismes offrant des services aux membres de l'entourage des joueurs de modifier leur organisation de services afin de réduire la présence de barrières et de faciliter l'accès aux membres de l'entourage qui vivent des conséquences en raison du problème de jeu.

Considérations liées au sexe et au genre

Encore aujourd'hui, ce sont les hommes qui sont les plus représentés parmi les personnes demandant des services pour un problème de jeu et seulement le tiers d'entre eux sont en couple (les couples homosexuels étant une infime minorité). Malgré ceci, deux conjoints masculins ont particpé à nos entrevues. Même si leur nombre est très faible lors de la présentation nous serons en mesure de dégager ce qui distingue les conjoints hommes des conjoints femmes en ce qui concerne les barrières au traitement.

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Post-Secondary Student Substance Use Survey: British Columbia's Lower Mainland (in English)

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Michael Ma, Kwantlen Polytechnic University
Bethany Jeal, University of the Fraser Valley
Kory Langlois, Kwantlen Polytechnic University

Learning Objective for the Presentation

To better understand the way post-secondary students in BC's Lower Mainland use substances, why they do so, possible sequalae, and their understanding of harm reduction information.

Background

Given the ongoing opioid crisis in BC's Lower Mainland, public health partners are seeking clear and applicable information about substance use and harm reduction knowledge amongst various groups. Of particular concern are young men, who bear a higher relative burden of fentanyl related deaths in the province.

Objectives

The aim of the study is to provide timely, local information about post-secondary student substance use. While substance use has been studied in this population, current and local information is unavailable in the context of BC's opioid crisis.

Methods

The study employs a survey with quantitative and qualitative questions. Validation is provided through collaboration with the National College Health Assessment.

Results

Results are anticipated in the late spring of 2019.

Conclusions

Implications: Many post-secondary institutions in BC are deploying efforts to make Naloxone available to students, and others are preparing to follow suit. Clear evidence around substance use patterns amongst their students will inform how to operationalize these deployments. The current study will also provide further guidance for other harm reduction measures that BC institutions and public health agencies can undertake. This can be a bilingual presentation. We can present in English and/or in French.

Sex and Gender Considerations

The current study examines the role of gender related to opioid use and the related deaths from the opioid crisis. Of particular concern are young men, who bear a higher relative burden of fentanyl related deaths in BC. The literature review has taken into account sex and gender as important social determinants of health when it comes to substance use and harm reduction approaches. The recruitment strategies will target all genders to ensure equal participation. The data collected will contain sociodemographic factors (including sex and gender variables) to allow for gender-specific analyses to be conducted. The analyses will reveal if gender is a significant factor in the differences seen in substance use patterns and harm reduction methods amongst college students in BC's Lower Mainland. These findings will be emphasized in the dissemination approaches and any implcations for practice will be discussed and reflected upon with the appropriate stakeholders.

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The Development of Regulatory Requirements to Manage Alcohol and Drug Use in Canada's High Security Nuclear Facilities (in English)

Aaron Derouin, Canadian Nuclear Safety Commission
Lynda Hunter, Canadian Nuclear Safety Commission

Learning Objective for the Presentation

To develop an understanding of how Canadian Nuclear Safety Commission (CNSC) staff developed regulatory requirements within REGDOC 2.2.4, Fitness for Duty, Volume II: Managing Alcohol and Drug Use.

Background

Fitness for Duty (FFD) is an important element within the CNSC's regulatory framework. The CNSC promotes stakeholder consultation when developing regulatory requirements.

Objectives

To demonstrate how the CNSC's transparent approach to stakeholder consultation resulted in the approval of REGDOC 2.2.4.

Methods

In 2009, the Commission tribunal requested clarity on the topic of FFD. As a result, CNSC staff completed extensive benchmarking, developed a conceptual framework, and published a discussion paper, titled, DIS-12-03, FFD: Proposals for Strengthening Alcohol and Drug Policy, Programs and Testing. The development of REGDOC 2.2.4 began following an analysis of comments received on DIS-12-03. In 2015, the CNSC published Draft REGDOC 2.2.4 and sought further stakeholder feedback.

Results

In August 2017, CNSC staff presented a revised version of Draft REGDOC 2.2.4 to the Commission, which was later accepted and published in November 2017.

Conclusions

From a human reliability perspective, FFD-related impairments are associated with an increased probability of failures in the execution of safety-related tasks. The recent legalization of cannabis has elicited safety concerns from many Canadian employers across various safety-sensitive industries. The Commission's decision to approve REGDOC 2.2.4 underscores the importance of taking all reasonable measures to ensure that workers at Canada's high security nuclear facilities remain free from the influence of alcohol and drugs.

Sex and Gender Considerations

With respect to sex and gender, when developing new regulations, the CNSC is required to follow the Treasury Board's Cabinet Directive on Regulation. This Directive requires departments and agencies to undertake an assessment of the social and economic impacts of each regulatory proposal on diverse groups of Canadians, in accordance with the Government of Canada's commitment to implement GBA+. Although regulatory documents are not considered regulations, and only become requirements when referred to as part of a licence, the CNSC is committed to following the Treasury Board Directive as a good practice. Research commissioned by the CNSC in support of the development of the regulatory document did consider alcohol and drug use indicators by sex for selected regions near high-security nuclear facilities, as well as differences between men and women when estimating blood alcohol concentrations based on body size and total body water.

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Cross-Border Diversion of Prescription Oxycodone Products Manufactured in Canada (in English)

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John Schwarz, Rocky Mountain Poison and Drug Center
Janetta Iwanicki, Rocky Mountain Poison and Drug Center

Learning Objective for the Presentation

To increase awareness of cross-border diversion of prescription oxycodone products manufactured in Canada and used in the United States (US).

Background

Despite regulations, illicit use of Canadian oxycodone occurs in the US.

Objectives

The aim of this study was to demonstrate diversion of Canadian prescription oxycodone products in the US.

Methods

StreetRx is a Researched Abuse, Diversion and Addiction Related Surveillance (RADARS®) System Program which crowdsources anonymous street price data for prescription and illicit drugs in eight countries via streetrx.com. Starting in August 2016, US StreetRx website users that report the purchase of Canadian prescription oxycodone products are asked to identify the country (US or Canada) in which the purchase was made. This report includes StreetRx data collected through September 2018. Correlations between StreetRx reports and total population per state (from the 2017 American Community Survey) were examined.

Results

There were 617 reports of Canadian prescription oxycodone products reported to the US StreetRx website; 508 (82%) of these reports confirmed the drug was purchased in the US, 52 (8%) confirmed that the drug was purchased in Canada and brought into the US, and 57 (9%) did not report the country in which the drug was purchased. Canadian oxycodone reports to StreetRx and population per state had a Spearman correlation coefficient of 0.82.

Conclusions

Illicit trade of prescription oxycodone products from Canada to the US does occur and is more common in more populous US states.

Sex and Gender Considerations

To help maintain the anonymity of StreetRx website users, reports do not specify the sex nor gender of the person associated with the purchase of the drug being reported. Though we do not collect this information, StreetRx data can supplement other data sources by providing surveillance of Canadian oxycodone products in Canada and the US that may be known to have sex-and-gender-dependent abuse.

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Implementing a Nightlife Harm Reduction Intervention in Your Community (in English)

Julie-Soleil Meeson, Élixir
Lori Kufner, TRIP Toronto
Chloe Sage, ANKORS

Learning Objective for the Presentation

Participants will have the opportunity to: Learn how to assess the needs of your community regarding the risks in nightlife events. Get a glimpse of the different services : drug information, prevention tools and materials, outreach, safe zone and drug ch

Background

We offer a panel session with three women involved in community Nightlife harm reduction for an average of 15 years. They will each talk about their expertise in this domain and bring some interesting knowledge on how to implement a nightlife harm reduction intervention in your community.

Objectives

Objectives of our projects : Reduce the risks associated with attending nightlife environments. That participants have the necessary information to adopt safe behaviors and make informed choices about drug use. That all the actors of the nightlife environments (participants, owners, organizers, promoters) know and use concrete means to reduce the risks. Facilitate the reference and support of people experiencing difficulties to adequate services or resources.

Methods

During our panel we will give qualitative and quantitative data concerning the different services that we give.

Results

All three community organization from across Canada have the privilege of working and training hundreds of peers and also intervening with thousands of recreational drug users. We will demonstrate that the work we do changes lives and also save many lives.

Conclusions

Our experiences will help other communities to assess risk and do something about the different realities that we meet with different populations (youth, University students, young adults, festival goers) in nightlife settings.

Sex and Gender Considerations

All three community organization from across Canada consider gender and sex because we are very aware that there are differences between women's and men's patterns of substance use, also with different LGBT communities and gender communities like non-binaries. Of course there are common risks but there are also many differences. Each have there particularities and each community organization working in nightlife settings has developed tools to help different populations of people who use substances. It's an essential part of our work. Our panel will bring concrete examples of this.

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Examining the Parameters and Characterizing the Gaps in Knowledge of Naloxone Distribution across Canada (in English)

Amina Moustaqim-Barrette, British Columbia Centre for Disease Control
Tara Elton-Marshall, The Centre for Addiction and Mental Health
Pamela Leece, Public Health Ontario
Carole Morissette, Direction régionale de santé publique de Montréal
Katherine Rittenbach, Alberta Health Services
Jane Buxton, British Columbia Centre for Disease Control

Learning Objective for the Presentation

The objective of this presentation will be to build an understanding of the landscape in overdose response and naloxone administration across Canadian jurisdictions, and to understand barriers to complete population uptake to naloxone distribution program

Background

Over the past five years the number of opioid-related overdose deaths has risen drastically in Canada. The provision of community naloxone (an opioid antagonist) has been identified as an effective emergency measure to help prevent deaths, however differences in policy and programs across Canadian jurisdictions have left unanswered questions in regard to the management, funding, and outcomes of community naloxone distribution programs in Canada.

Objectives

The objectives of this project are to detail current practices and programs in community naloxone distribution across Canada, and to begin identifying operational and policy barriers and facilitators to naloxone access and distribution.

Methods

An environmental scan of current policies and practices in community naloxone distribution across all Canadian provinces and territories was conducted, and information was consolidated and compared to identify knowledge gaps and barriers in the use and distribution of naloxone in suspected opioid overdose.

Results

The lack of best practice guidelines for community naloxone programs has led to considerable variability in the availability and distribution of naloxone across Canadian jurisdictions. This has resulted in gaps in access to naloxone across Canada.

Conclusions

This project will inform outcomes research in the use and distribution of naloxone, and eventually support the development of national, evidence-based best practice guidelines.

Sex and Gender Considerations

This project seeks to identify barriers to naloxone distribution and use, especially for population groups at highest risk of opioid overdose. This assessment has taken gender into account, and aimed to identify differences in access across gender groups. The next phase of this project will be to develop national best practices in naloxone use and distribution, during which we plan to quantify disparities among different genders and sex groups and make recommendations based on these findings.

Cannabis and the Workplace: Managing the Safety Impact of Legalization (in English)

Shana Wolch, McCarthy Tétrault LLP
Justine Linder, McCarthy Tétrault LLP
Dan Demers, CannAmm
Ben Ratelband, McCarthy Tétrault LLP

Learning Objective for the Presentation

This presentation aims to summarize the findings of a comprehensive legal and scientific research effort aimed at providing Canadian employers a reliable critical path to mitigate the impact of legalized cannabis on workplace safety.

Background

With the recent legalization of recreational cannabis in Canada, employers, particularly those with safety sensitive operations, are forced to evaluate the impact that cannabis will have on their workplaces.

Objectives

The research summarizes applicable best practices, defensible models, scientific developments and legal decisions with the goal of supporting employers to make lawful and evidence-based decisions on the standards they set for fitness for duty -- to ensure workplace and public safety.

Methods

The rigor, depth, and defensibility of the cited research as per the standards set by the Alberta Law Review and required approval by the Editorial Committee.

Results

To combat the ubiquitous misinformation on acceptable responses to cannabis legalization, employers must become familiar with defensible models, recent scientific conclusions, and emerging case law to make safe, lawful and evidence-based decisions.

Conclusions

Legal and key scientific conclusions require immediate changes to most Canadian employers' key positions, policy, compliance management tools, and workplace education efforts to maintain a balance of interests between labour law, privacy, human rights, and safety.

Sex and Gender Considerations

The research summary of case law and scientific findings did not focus on gender-specific differences. A non-gender-specific focus was intentional, as we wanted to avoid identifying vulnerable demographics in the research as it could inadvertently cause employment discrimination. This ancillary outcome would have been the polar opposite of a vital intention of the research - to emphasize the need for employers to have a uniform mechanism for the reprisal free self-disclosures of addiction, and safe return to work – free from gender, age, or other biases. We are uniquely positioned to provide demographic data that is otherwise inaccessible to the public – however, we strongly advise against this as a requirement of the presentation. In lieu, we can state that there are differences in demographics; however these differences should not be a factor in employment and safety standards.

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Developing Equitable Approaches to Prevention, Harm Reduction and the Route of Administration: Aligning Cannabis, Tobacco Use and Vaping (in English)

Lorraine Greaves, Centre of Excellence for Women's Health
Natalie Hemsing, Centre of Excellence for Women's Health
Nancy Poole, Centre of Excellence for Women's Health
Andreea Catalina Brabete, Centre of Excellence for Women's Health

Learning Objectives for the Presentation

- Examine evidence on sex and gender based factors and cannabis and nicotine vaping
- Identify opportunities for consistent sex, gender and equity informed responses to cannabis, tobacco and nicotine vaping.

Background

In the context of cannabis legalization and the introduction of new nicotine and cannabis vaping products, there is a need to consider the harms and benefits of different routes of administration (ROA) and to develop appropriate sex, gender and equity informed responses.

Objectives

To support consistent sex, gender and equity informed policy and public health approaches to ROA of cannabis in relation to tobacco smoking and nicotine vaping.

Methods

A scoping review was conducted to synthesize literature published in the last ten years on sex and gender based factors, and cannabis, tobacco and nicotine vaping. A document review was also conducted to identify, compare and contrast existing messaging and regulation efforts.

Results

While evidence suggests cannabis and nicotine vaping is less harmful than combustible cannabis and tobacco, new products with varying risks are constantly emerging. Further, there is a lack of evidence on the sex-specific health effects of different ROA. Emerging evidence on gendered preferences and patterns of use and exposure will be presented, and findings and implications for policy responses will be contextualized with evidence from the wider field of tobacco research.

Conclusions

There is a need for the introduction of coordinated responses to cannabis, tobacco and nicotine vaping, and the integration of emerging evidence on sex, gender and equity, to assist users and practitioners in harm reduction, and achieve policy and regulatory consistency.

Sex and Gender Considerations

Integrating sex and gender informed principles in policies, harm reduction and health promotion approaches and messages is integral to assuring the effectiveness, safety, appropriateness and relevance of these responses. There is substantial evidence that sex and gender based factors impact tobacco uptake, patterns of use and health effects, and limited but emerging evidence on sex, gender and nicotine and cannabis vaping. As further evidence emerges, policy and public health approaches to cannabis ROA need to consider how sex-based factors impact health effects of different ROA, and how decisions, regulations and messaging impact different gender groups. This project will inform the integration of sex, gender and equity consideration in regulations and policies on cannabis ROA to benefit, and prevent unintended consequences, for all Canadians.

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How Are Youth Using Cannabis? Updated Findings from the COMPASS Study (in English)

Isabella Romano, University of Waterloo
Gillian Williams, University of Waterloo
Sarah Aleyan, University of Waterloo
Alexandra Butler, University of Waterloo
Scott Leatherdale, University of Waterloo

Learning Objective for the Presentation

To learn about (1) the COMPASS Study and (2) the impact of legalization on patterns of cannabis use by varying modes of consumption among youth.

Background

Few studies have evaluated the varying modes of cannabis use among youth within the context of a changing policy landscape such Canada's.

Objectives

To examine the factors associated with varying modes of cannabis consumption among Canadian secondary school students, during the school years preceding and following legalization in Canada.

Methods

We use data from the COMPASS Study (2012-21), a large prospective cohort study that collects data longitudinally from 70,000+ students in grades 9 through 12 in Canada.

Results

Preliminary pre-legalization results show that nearly 1 in 4 students reported past-year cannabis use; of these, 59% used monthly. Nearly 40% of students who disclosed cannabis use reported using via some combination of smoking and/or vaping and/or eating. Pre-post results will show whether changes exist in students' overall use of cannabis (including mode of consumption, frequency) as well as their perceived east of accessibility to cannabis, while testing for effects of other measures such as sex, other substance use (e.g., alcohol, tobacco, e-cigarettes, opioids), mental health (anxiety, depression, psychosocial well-being), and physical/sedentary behaviour.

Conclusions

Once post-legalization COMPASS data are fully collected and analyzed, our study will help begin to elucidate the short-term impacts of cannabis legalization. Importantly, these findings can be used to further inform cannabis policy for youth in Canada.

Sex and Gender Considerations

The COMPASS Study questionnaire allows students to self-identify their sex (female/male/other). Existing research shows evidence of sex- and gender-based differences in the correlates and patterns of youth substance use, including cannabis. Our preliminary analyses indicate that female sex may be a protective factor of cannabis use among youth in our sample ($p<0.01$), but this association does not persist while adjusting for psychosocial correlates or physical activity. No further associations have emerged as of yet regarding varying modes of cannabis consumption. Nonetheless, we test for variation in sex across all bivariate estimates and as well as multivariate models. Once data are available, we will stratify all tests by sex; we plan to present results for male and female students individually.

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Emerging Knowledge Exchange Practices and Principles (in English)

Marika Sandrelli, Fraser Health
Deborah Ross, British Columbia Mental Health & Substance Use Services
Jason Curran, Interior Health, BC
Mark Goheen, Fraser Health

Learning Objective for the Presentation

Participants will be invited to:

- Explore current KE practices and strategies in substance use services and unpack the principles guiding their design and implementation with knowledge exchange leaders, researchers, planners and service providers;
- Learn about gender/trauma informed knowledge exchange exemplars that are designed in response to the current opiate crisis and substance use service delivery needs; and,
- Engage in co-designing a principle-focused framework for knowledge exchange for policy or practice development that is gender/trauma informed.

Description

Current unprecedented numbers of deaths and overdose events has instigated a re-examination of what is informing substance use practice and system design. Historical ways in which evidence is translated into policy and practice are being challenged by the complex system of interactions between knowledge producers and knowledge users that vary in intensity, safety, complexity and levels of engagement. We recognize the need to extend our vision of: who needs to be involved;

- how to ensure meaningful and safe engagement;
- what constitutes viable evidence; and,
- how can methodologies be more iterative and developmental given the changing nature of our work.

The workshop facilitators are KE leaders engaged in designing, applying, and evaluating KE principles and practices with a shared interest in exploring how applying a gender/trauma- informed lens can strengthen our collective response to the opioid crisis.

Sex and Gender Considerations

Historically, Knowledge Exchange (KE) strategies have largely disregarded gender differences and the impact of trauma in substance use treatment, prevention and health promotion. Who needs to be involved, what evidence is utilized, and how KE strategies are implemented in more diverse contexts require an emergent re-examination to reduce stigma and discrimination. This has become even more pronounced in response to the opioid crisis where KE strategies are informing policy, system and service design.

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Psychosocial Interventions in the Treatment of Opioid Use Disorder: A Scoping Review (in English)

Fadi Hammal, Canadian Research Initiative on Substance Misuse Prairies
Myles Hanckok, Canadian Research Initiative on Substance Misuse Prairies
Denise Adams, Canadian Research Initiative on Substance Misuse Prairies
Alexandra Loverock, Canadian Research Initiative on Substance Misuse Prairies
David Hodgins, University of Calgary
Cam Wild, Canadian Research Initiative on Substance Misuse Prairies

Learning Objective for the Presentation

The extent to which the relevant literature is capable of informing the question of the appropriate role of psychosocial interventions in opioid agonist treatment.

Background

Review of evidence problematizes whether opioid agonist treatment (OAT) alone is sufficient to support positive patient outcomes or whether greater efforts should be made to provide high-quality psychosocial interventions alongside pharmacotherapies.

Objectives

The aim of this scoping review was to look at the evidence available to inform the question of the role of psychosocial interventions in opioid use disorder (OUD).

Methods

A total of 23,250 unique records were identified. Screening process identified 3,391 full-text articles that were reviewed in a second screening phase, of which 405 articles describing results of 407 studies were included in the review. A subset of 95 included articles was double-extracted to assess inter-coder reliability.

Results

Of the 406 articles, 356 were quantitative studies, and of these 229 compared outcomes of a psychosocial intervention for OUD to alternative treatment condition(s). Of comparative studies 202 were randomized controlled trials while 27 used quasi-experimental or ad hoc designs. A minority (n = 38) of comparative studies did not examine pharmacotherapy at all, while 13 directly compared psychosocial intervention vs. pharmacotherapy, and 5 investigated whether adding pharmacotherapy to psychosocial interventions provided additional benefit to patients. Out of 30 reviews, 1/7 Cochrane reviews, 2/8 meta-analyses, 2/6 systematic reviews, and 3/9 other reviews looked at role of psychosocial interventions independent of pharmacotherapy.

Conclusions

Our findings indicate that most evidence were within the context of pharmacotherapy. Generation of evidence on the role of independent psychocial intervetions is needed.

Sex and Gender Considerations

In our review we looked for interventions addressing opioid use among special population such as, prisoners, homeless, youth, women, and pregnant women.

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Identification of Substance-Related Research Priorities in Ontario (in English)

Farihah Ali, Canadian Research Initiative on Substance Misuse
Tara Elton-Marshall, Canadian Research Initiative on Substance Misuse

Learning Objective for the Presentation

Identify various research priorities among different member groups

Background

Identifying research priorities among different groups of stakeholders can be challenging, given the various priorities they may have based on both individual and organizational goals and interests

Objectives

Interested in engaging with various stakeholder groups to identify what their main research priorities were.

Methods

November 2018 to present, we conducted face-to-face and over-the-phone interviews, in addition to one focus group, with OCRINT members, including people with lived experience (PWLE), service providers, policymakers, and researchers. The interviews consisted of a series of standardized questions to ensure consistency. Based on the results of the interviews, we organized the research priorities into four dimensions: drug category; target population; type of intervention; and type of research and knowledge translation. Further, in order to ensure accurate representation of their interests, we organized the responses based on group membership.

Results

Preliminary results: 1) Drug Category

1. Opioids (38%) 2. Alcohol (18%) 3. Cannabis (17%)

2) Target Population 1. Youth (30%) 2. Indigenous Populations (18%) 3. Homeless, street drug user (16%)

3) Type of Intervention 1. Harm Reduction Interventions (23%) 2. Prevention interventions that focus on people before using substances (16%) 3. Treatment interventions that focus on psychosocial and recovery-based treatment for patients with substance use disorder (14%)

4) Type of Research and Knowledge Translation 1. Community-Based research (33%) 2. Implementation Research (28%) 3. Prevention Research (9%)

Conclusions

Although different groups have different priorities, it is imperative to identify research priorities to see how best to move forward with research

Sex and Gender Considerations

We can consider adding a sex and gender question to the survey.

Applying Basic Neuroscience to Addiction Recovery — In My Lived Experience (in English)

Ryan Evans, Client Advisory Council of Champlain

Learning Objective for the Presentation

To examine the application of self-directed neuroplasticity to recovery from addiction.

Background

Despite the significant funding and best efforts of public and private organizations to help people recover from addiction, the rates of recovery are generally accepted to be quite low. Common treatments often do not adequately engage individuals to author their own recovery experience. Yet, the simple application of concepts like personal responsibility and resilience can be very useful tools in addiction recovery.

Objectives

The aim of this work is to increase awareness of how basic principles of neuroscience can be used to help individuals dealing with addiction become the architects of their own sustained recovery.

Methods

The information to be presented is a synthesis of secondary research and one-to-one interviews that was applied through lived-experience with alcoholism.

Results

Many people with addiction disorders have brains that are wired to promote their addiction due to longstanding maladaptive behaviours. - When people seeking recovery from addiction actively guide their thoughts, they can rewire their brain through repeated adaptive behaviours to attain sustained sobriety. - Engaging individuals in their own recovery has been shown to be very effective by helping them build mental resources and helping to foster a sense of safety and control.

Conclusions

Neuroscience indicates that brain change is inevitable – it is how the brain functions. People seeking recovery who are enfranchised to take control of this process will not only increase their chances of achieving a sustained recovery by bolstering their resiliency, but also improve their overall mental health.

Sex and Gender Considerations

The proposed literature review will examine how sex-based (biological) and gender-based (socio-cultural) considerations can be used to develop more effective treatment responses for addiction. This lens will also explore how health determinants (such as ethnicity, socio-economic status, disability, sexual orientation, migration status, age, and geography), affect access to and effectiveness of various treatment modalities (e.g., psychotherapy, cognitive behavioural therapy, nutritional counseling, etc.) for vulnerable sub-groups of men, women, and gender-diverse people.

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A Study on Consumption of Alcohol among Males in Two Agricultural Districts of Sri Lanka (in English)

Ashoka Rajapaksha, Colombo South Teaching Hospital
Thilini Bandara, University of Sri Jayewardenepura
Gandhi Wijetunga, University of Sri Jayewardenepura
Nagalingam Suresh, Colombo South Teaching Hospital
Sugandhika Suresh, University of Sri Jayewardenepura

Learning Objective for the Presentation

The objective of presentation is to give the Canadian audience an insight regarding alcohol consumption in 2 a developing country like Sri Lanka and to acquire new knowledge to address the issues.

Background

Consumption of alcohol (licit and illicit) has increased at an alarming rate in Sri Lanka over the past decade. Recently, it has been reported that the per capita alcohol consumption of Sri Lanka is 5 times that of Europe

Objectives

The present study was conducted with the objective of determining the pattern of alcohol consumption among males aged 18 years and above in the predominantly agricultural districts of Anuradhapura and Kurunegala.

Methods

Following ethical clearance, 846 individuals were selected from different local administrative areas of the 2 districts. An anonymous,self-administered questionnaire was employed to collect data, which were analyzed using SPSS software.

Results

Incidence of alcohol consumption in Kurunegala was 26.1% whereas it was 56.5% for Anuradhapura. Most of the participants were light drinkers. Significant negative associations were observed between daily drinking and education ($p<0.05$) and income ($p<0.05$) in Kurunegala. In Anuradhapura, the incidence of alcohol consumption was significantly higher in individuals with higher income and better education. There was a significant positive association between pattern of current drinking and potential accidents ($p<0.05$). The age group of 18-30 years reported the highest incidence of alcohol consumption.

Conclusions

The incidence of alcohol consumption among the rural males in Sri Lanka has increased in contrast to previous findings.

Sex and Gender Considerations

The percentage of alcohol consumption among females was 1.4% in Kurunegala. It was not determined for Anuradhapura and therefore the data were not included in the abstract.

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Cannabis and the Opioid Crisis: Scoping the Literature to Understand the Relationship Between Cannabis and Opioid Use and Related Benefits and Harms (in English)

Nancy Carnide, Institute for Work and Health
Morgane Le Pouésard, Institute for Work and Health
Emma Irvin, Institute for Work and Health
Dwayne Van Eerd, Institute for Work and Health
Heather Johnston, Institute for Work and Health
Quenby Mahood, Institute for Work and Health
Maggie Tiong, Institute for Work and Health
Zoe Sinkins, McMaster University
Christa Orchard, University of Toronto
Sudaba Popal, Volunteer
Nimish Mittal, Toronto Rehabilitation Institute, University Health Network
Sara Macdonald, Institute for Work and Health
Siobhan Cardoso, Institute for Work and Health
Andrea Furlan, Institute for Work and Health

Learning Objective for the Presentation

To understand the nature of the evidence on the intersection between cannabis and opioid-related outcomes.

Background

Canada is in the midst of an opioid crisis, while the social and legislative landscape around cannabis is also evolving.

Objectives

To conduct a scoping review to synthesize the evidence for a relationship between cannabis and opioid outcomes and identify whether individual and cannabis-related characteristics influence the relationship.

Methods

We identified and summarized published studies from the past 20 years. Various cannabis exposure indicators (e.g., use, legislation) and opioid outcomes (e.g., use, overdose) were considered. The Canadian Drugs and Substances Strategy was used as a synthesis framework, with findings mapped to the four pillars, where available.

Results

89 studies were identified: 31 within prevention, 18 within treatment, and 40 in a hybrid prevention/harm reduction pillar (cross-sectional studies). Most studies examined cannabis use for nonmedical or unspecified purposes and binary exposures. Within prevention and prevention/harm reduction, few studies considered medical cannabis, with variable findings. Most studies found harmful associations for nonmedical and unspecified cannabis use, but several found beneficial effects of nonmedical use. Ecological studies of medical and nonmedical cannabis legislation suggest a preventative impact on opioid outcomes. Within treatment, findings were generally mixed across exposures, though several studies examining unspecified cannabis use found no association with treatment outcomes. Little data were available on potential influential factors.

Conclusions

The nature of the relationship is unclear. More research is needed across pillars, particularly with robust study designs, attention to medical cannabinoids, and more detailed exposure characteristics.

Sex and Gender Considerations

As this is a scoping review, we are limited in the data on sex and gender that are available in the literature. We have extracted data on any variables analyzed as possible modifiers of the relationship between cannabis and opioid-related outcomes. Data were extracted separately for males and females to examine sex differences, where available. However, there were an insufficient number of studies within similar categories of cannabis exposure and opioid-related outcomes that examined the influence of sex to be able to draw any meaningful conclusions. Further, measures of gender were unavailable in the literature. These are gaps in the literature that will be highlighted in the presentation for consideration in future research.

DETERMINANTS AND CONSEQUENCES OF SUBSTANCE USE AND ADDICTION

Determinants of Prescription Opioid Craving and Opioid-related Hedonic Feelings among Patients with Chronic Pain Prescribed Opioid Therapy and Sex Differences (in English)

Leah Frimerman, McGill University
Catherine Fournier, McGill University
Amanda Sirois, McGill University
Katherine Scott, McGill University
Marc Martel, McGill University

Background

The rise in the use of opioids has been accompanied by escalating rates of prescription opioid misuse and addiction in patients with pain. Research has shown that opioid craving is a robust determinant of prescription opioid misuse. There is reason to believe that hedonic feelings associated with opioid use (e.g., pleasure, satisfaction) could also contribute to opioid misuse. However, this has yet to be examined in patients with pain.

Objectives

The first objective of this study was to examine the association between opioid-related hedonic feelings and prescription opioid misuse in patients with chronic pain. We also examined the factors contributing to opioid craving and opioid-related hedonic feelings in these patients.

Methods

In this 14-day longitudinal diary study, patients (n=38) completed daily diaries assessing pain, psychological, and opioid-related variables. Prescription opioid misuse was also assessed.

Results

Multilevel analyses revealed that daily levels of pain intensity, negative affect, and catastrophizing were significantly associated with opioid craving (all p's < .05). Results indicated that pain intensity, but not psychological factors, were associated with opioid-related hedonic feelings (B = .10, p < .05). Elevated reports of opioid craving and opioid-related hedonic feelings were associated with more frequent opioid misuse behaviors, such as taking more opioids than prescribed (both p's < .05).

Conclusions

Our findings suggest that opioid craving and opioid-related hedonic feelings may contribute to prescription opioid misuse in patients with chronic pain. Opioid craving and hedonic feelings appear to have different determinants, suggesting that they should be targeted using distinct treatment interventions.

Sex and Gender Considerations

Analyses were conducted to examine sex differences in main study outcomes (i.e., opioid craving & opioid-related hedonic feelings). Results revealed a significant sex difference in reports of opioid craving, as women reported heightened levels of opioid craving than men (p < .05). Analyses did not reveal any significant sex difference in opioid-related hedonic feelings.

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Trends of Alcohol Poisoning in Canada (in English)

Marwa Ebrahim, Health Canada
Daniela Panait, Health Canada
Kahina Abdesselam, Health Canada
Jacob Miller, Health Canada
Samuel Ileka-Priouzeau, Health Canada
Lily Fang, Health Canada
Julie Laroche, Health Canada

Background

Alcohol poisoning is a public health concern because alcohol is the most lethal and the most commonly used psychoactive substance (1) (2). In 2017, alcohol was the tenth most frequent substance among human exposure calls in the US poison control centres (3). Children 5 years old and younger are at a higher risk of unintentional alcohol exposure (3). Knowledge gaps exist around the burden of alcohol poisoning in Canada.

Objectives

Current trends of alcohol poisoning in Canada will be examined.

Methods

Data from Vital Statistics (2011-2016), the National Ambulatory Care Reporting System and the Discharge Abstract Database (2011-12 to 2017-18) will be used to report trends of age-standardized rates of deaths, hospitalizations and emergency department visits resulting from alcohol poisoning. Alcohol-related exposure Poison Centre (PCs) calls per 1,000 PC calls will be presented (2013-2017).

Results

Age-standardized death rates for alcohol poisoning were relatively stable at about 1 per 100,000 population aged 15 years and older between 2011 and 2016.Age-standardized rates of hospitalizations associated with alcohol poisoning increased slightly by 3% from 10 to 11 per 100,000 population aged 15 years and older between 2011-12 and 2017-18; rates remained relatively stable among males but increased by 10% among females. Between 2013 and 2017, rates of alcohol-related exposure calls increased by 97% from 2 to 4 per 1,000 PC calls among children 5 years or younger.

Conclusions

Current trends of alcohol poisoning are relatively stable, yet variations were seen when rates were stratified by sex or age group.

Sex and Gender Considerations

This study will consider sex-based analysis for all of the reported indicators. It has been shown that alcohol-related harms can be impacted by sex where females are at more risk than males to the toxic effects of alcohol due to differences in metabolism and they can also develop certain medical conditions more rapidly than males (4). Recent data from CIHI show that alcohol-related harms are increasing among women, a pattern not seen in males (5). This is coupled with the recently reported increase in the prevalence of alcohol use among females by surveillance data (2). Therefore, analyses will be stratified by sex to describe variations in trends of alcohol poisoning between males and females. Variations in rates of alcohol poisoning trends by age group between males and females will also be presented, when possible.

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The Prevalence of Non-medical Use of Prescription Opioids in Canada in 2017 (in English)

Janetta Iwanicki, Rocky Mountain Poison and Drug Center
Joshua Black, Rocky Mountain Poison and Drug Center
Patrick May, Rocky Mountain Poison and Drug Center
Beth Sproule, Centre for Addiction and Mental Health
Richard Dart, Rocky Mountain Poison and Drug Center

Learning Objective for the Presentation

Describe current opioid use in Canada.

Background

The ongoing surveillance of non-medical use of prescription drugs in Canada is limited. The presence of more detailed data for behaviors of non-medical use (NMU) of controlled substances would assist in the creation of successful regulatory and public policy.

Objectives

The NMU of 12 prescription opioids were investigated.

Methods

The Survey of Non-Medical Use of Prescription Drugs Program is a cross-sectional, online survey of the general population of Canada. Respondents were selected from survey panel companies. NMU was defined as use "without a doctor's prescription or for any reason other than what was recommended by your doctor/dentist/pharmacist". Post-stratification weights based on age/sex/region strata were applied to represent the population of adults in Canada.

Results

The results indicate that nearly six million adult Canadians have non-medically used a prescription opioid in their lifetime. The three opioids with the highest prevalence of lifetime NMU were prescription codeine (13.4%; Confidence Interval (CI): 12.7%-14.2%), oxycodone (2.2%; 1.8%-2.6%), and morphine (1.3%; 1.0%-1.5%). Unintended routes of administration for different dosage forms were reported. Of those who reported lifetime NMU of opioid tablets, 31.5% (28.8%-34.2%) reported chewing and 11.3% (9.4%-13.3%) reported injection. Of those who reported lifetime NMU of opioid patches, 45.4% (29.4%-61.3%) reported swallowing and 32.1% (16.8%-47.3%) reported injection.

Conclusions

A substantial portion of the Canadian population was estimated to have non-medically used prescription opioids, particularly prescription codeine, and via unintended routes. NMU involving unintended routes, for example injection, is common.

Sex and Gender Considerations

The survey used in this abstract collects information on males and females, consistent with reporting by Stats Canada. Information on sex is used in a weighting scheme to better represent the Canadian population, and thus provide more accurate national prevalence estimates. Future work using this dataset could conduct stratified analyses by sex. Differences in non-medical use, route of administration, and reason for use of prescription opioids stratified by sex could be explored in future work. Stratification by sex would provide unique risk profiles for each, and differentiate the potential harms each sex is exposed from non-medical use.Other covariates that could confound observed differences by sex, such as illicit drug use, treatment history, or chronic pain history, could also be incorporated into future analyses.

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Trouver la sécurité face à la concomitance de TUS et de négligence chez des pères de jeunes enfants : perspective relationnelle sur la réadaptation (in French)

Guillaume Pelletier, Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale

Objectifs d'apprentissage

L'auditoire obtiendra un portrait du TUS et des caractéristiques biopsychosociales de pères d'enfants d'âge préscolaire en situation de négligence (PTUS-N). L'auditoire sera également amené à envisager la contribution des théories de l'attachement à une perspective relationnelle sur l'intervention de réadaptation.

Contexte

Les PTUS-N sont sous-représentés dans les études portant sur l'association entre le TUS parental et la négligence. Une meilleure connaissance des associations entre les caractéristiques biopsychosociales de ces pères et la sévérité de leur TUS permettra d'orienter une réflexion clinique quant aux besoins de ces pères.

Objectifs

La thèse présentée dans cette conférence visait à décrire le TUS et les caractéristiques biopsychosociales de PTUS-N de préciser celles qui sont associées à la gravité du TUS.

Méthodes

Deux séries d'analyses de régression ont été menées sur les réponses à l'Indice de gravité d'une toxicmanie 103 PTUS-N.

Résultats

Les PTUS-N éprouvement majoritairement des difficultés avec l'alcool et le cannabis, ainsi que dans les sphères relationnelles et psychologiques. Un TUS plus grave a été associé à des difficultés plus importantes dans ces sphères mais à des difficultés moindres dans la sphère "Emploi-ressources".

Conclusions

La gravité du TUS des PTUS-N semble associée à des problèmes socioaffectifs. Puisque les théories de l'attachement permettent de conceptualiser des portraits cliniques complexes, marqués les difficultés émotionnelles, l'impulsivité et les problèmes relationnels

Considérations liées au sexe et au genre

Bien que les PTUS soient surreprésentés dans les familles faisant preuve de maltraitance à l'endroit des enfants, ils sont sous-représentés dans les études portant sur l'association entre le TUS parental et la négligence. Puisqu'on en connait désormais beaucoup plus au sujet des besoins spécifiques des mères ayant un TUS et des difficultés parentales, cette présentation choisit de se concentre sur les besoins des pères de jeunes enfants en matière de TUS et de régulation socioaffective. Puisque la présentation s'appuie sur les résultats d'un thèse principalement quantitative et descriptive, une attention particulière sera accordée à la considération des perspectives contemporaines sur l'attachement masculin, la masculinité et l'exercice de la paternité.

Does Medical Presence Decrease the Perceived Risk of Substance-related Harm at Music Festivals? (in English)

Brendan Munn, Kelowna General Hospital
Sydney White, University of British Columbia Okanagan Campus
Alison Hutton, Newcastle University

Learning Objective for the Presentation

Examine the relationship between medical service availability and planned substance use.

Background

The use of recreational substances contributes to the risk of morbidity and mortality at music festivals. One of the aims of onsite medical services is to mitigate substance--related harms.

Objectives

It is known that attendees' perceptions of risk can shape their planned substance use; however it is unclear how attendees perceive the presence of onsite medical services in evaluating the risk associated with substance use at music festivals.

Methods

Questionnaire administered to a random sample of attendees entering a multi-day electronic dance music festival.

Results

630 attendees were approached and 587 attendees completed the 19 item questionnaires. Many confirmed their intent to use alcohol (48%, n=280), cannabis (78%, n=453), and recreational substances other than alcohol and cannabis (93%, n=541) at the festival. The majority (60%, n=343) stated they would still have attended the event if there were no onsite medical services available. Some agreed that the absence of medical services would have reduced their intended use of alcohol (30%, n=174), and recreational substances other than alcohol and cannabis (46%, n=266).

Conclusions

Plans for recreational substance use appear to be substantially altered by attendees' knowledge about the presence or absence of onsite medical services. This contradicts our initial hypothesis that medical services are independent of planned use and serve solely to reduce harms. Additional research would further clarify perceived risks of substance use and the presence of onsite medical services.

Sex and Gender Considerations

Gender demographics and analysis were included in the data evaluation. The patterns of substance use (substance and amount) as well as the perceptions of the effect a presence of on site medical services would have on planned substance use seemed to have important sex and gender differences that could affect the content and delivery of interventions depending on whether males or females are involved. Identification as transgender or non-male / non-female occured in only a minority (4) of all respondents.

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Maternal Smoking during Pregnancy: A Review of the Effects of Maternal Tobacco Use on Fetal Brain Development (in English)

Molonga Simon, Sahmyook University

Learning Objective for the Presentation

To draw awareness on the effects of smoking during pregnancy -show that there is no direct relation between the smoke and the fetal brain.

Background

Maternal smoking during pregnancy (MSDP) is greatly associated with serious health outcome for offspring. Citing from past studies to present, A majority of studies have focused more on indirect association and little or nothing on direct association.

Objectives

This review paper seeks to examine studies conducted on the direct relationship between maternal smoking and fetal brain development

Methods

A systematic search of, Psyc-INFO, Medline, Scopus, Web of Science and Embase was conducted (from 1977-2017) and 116 studies were identified with eleven studies meeting inclusion criteria gathering data from over 4,000,000 participants. All studies measured outcomes using either internalizing (anxiety, depression, cognition) or externalizing (overaction, aggressiveness, head circumference) behaviors or both.

Results

All the studies showed an indirect association between maternal smoking and fetal brain development and none could show how cigarette smoke affects fetal brain development directly. Some studies predicted the smoke not to be the main cause for the abnormalities during brain development but the confounding factors are responsible for the unhealthy outcomes on brain development.

Conclusions

If direct affect is to be attained, different measures and designs of prospect studies be required to investigate this complex association between maternal smoking during pregnancy and fetal brain development

Sex and Gender Considerations

This article has given great consideration on sex and gender. since, it is review article, some of the samples were twins. comparing the effect of this smoke and the fetal brain developmen and kthe resultd shows boys to be more affected than the baby girl.

KEY INDIVIDUAL FACTORS AND CHARACTERISTICS RELEVANT TO SUBSTANCE USE AND ADDICTION

The Role of Co-occurring Alcohol and Other Substance Use on Smoking Cessation Treatment Outcomes: Results from an Ontario-wide Program in Primary Care and Addiction Settings (in English)

Laurie Zawertailo, Centre for Addiction and Mental Health
Nadia Minian, Centre for Addiction and Mental Health
Sabrina Voci, Centre for Addiction and Mental Health
Peter Selby, Centre for Addiction and Mental Health

Learning Objective for the Presentation

Attendees will learn how co-use of other substances (alcohol, cannabis, opioids) can affect quit outcomes in smoking cessation treatment with a specific focus on gender differences. Each presenter will focus on one substance.

Background

Tobacco use among substance users is highly prevalent. However, the effect of concurrent substance use on smoking cessation treatment success between males and females is not well-established.

Objectives

The objectives of this secondary analysis were to ascertain the effects of concurrent use of alcohol, cannabis or opioids (alone or in combination) on smoking abstinence at 6- and 12-month follow-up in patients enrolled in an Ontario-wide government-funded smoking cessation treatment program (STOP).

Methods

The data are from STOP implemented at primary care clinics and addictions agencies (n=300 sites), where providers were trained to provide behavioural counselling along with nicotine replacement therapy (NRT) for up to 26 weeks. Current alcohol use patterns and past 30-day use of cannabis and opioids were assessed at baseline. Quit outcomes were self-reported at 6 and 12 months after enrollment. Logistic regression was used to compare odds of smoking abstinence among different substance use groups over time.

Results

Findings to date indicate that concurrent alcohol, cannabis or opioid use all result in worse smoking cessation treatment outcomes with a 30 to 50% lower odds of quitting compared to non-users. Gender differences will be explored and presented.

Conclusions

It is important to identify co-occurring substance use in individuals in treatment for tobacco dependence as education regarding how their substance use can affect their quit success may be required.

Sex and Gender Considerations

The proposed data analysis will include an analysis of males and females separately since it has been well-established that sex differences exist with respect to treatment response to Nicotine Replacement Therapy with females having lower chances of quitting compared to males. Across STOP there is a slightly higher proportion of females to males (52% versus 48%), although across all substance use groups there is a higher proportion of males than females. Nevertheless, the very large sample size of the STOP program allows for a complete stratification by sex within each substance use group. This will allow us to calculate separate odds ratios for each sex as well as adjust for covariates that may be different between the sexes. This will be novel and important information from both a treatment and a research perspective.

Personality Traits and Alcohol Abuse in Adolescents: Gender Difference (in English)

Simasadat Noorbakhsh, University of Montreal
Mohammad H. Afzali, University of Montreal
Patricia Conrod, University of Montreal

Background

Longitudinal studies show that girls report higher or similar levels of alcohol use than boys during early adolescence, while boys have greater increases in alcohol use over time, and therefore exhibit higher levels of alcohol use during middle and late adolescence. Researchers have attempted to find the developmental trajectories that can predict the risk of drinking during adolescence. However, studies investigating sex differences in developmental patterns of alcohol use are lacking.

Objectives

The current study aims to investigate sex-specific personality trait as predictors for alcohol use from early to late adolescence and highlight to what extent variation in alcohol consumption can be explained by sex-specific predictors.

Methods

We will use the data from The CoVenture study, the randomized controlled trials in which 3826 adolescents in high schools participated in grades 7 to 12. We assessed four personality dimensions (sensation seeking, impulsivity, anxiety sensitivity, and hopelessness) by the Substance Use Risk Profile Scale (SURPS).

Results

As the final step of data collection is recently finished, we would be able to report the results soon. We expect the outcome to describe in detail the personality trait predictors for each sex specifically. A clearer understanding of the factors facilitating and inhibiting male and female drinking patterns through early to late adolescence will inform both prevention with youth and intervention with adults.

Conclusions

The current research is yet to examine the moderating effect of gender on the relationship between personality traits and early adolescent drinking, we aim to analyse the unique effects of gender on the relationship between four SURPS profiles and early adolescent drinking

Sex and Gender Considerations

It is critical to consider sex/gender differences during adolescence in developmental studies. The current study is providing a unique opportunity to investigate the potential differences of personality traits of each gender of adolescents who misuse alcohol in a community sample. To calculate the predictive power of the independent variables (personality traits) we apply supervised Machine Learning techniques. We run the same training model for each gender separately. Results are important for understanding gender specific risk factors and/or for identifying differential needs for gender-specific interventions. At the end of this longitudinal study, we could know which gender is more prone to develop substance use in the presence of specific personality trait. Thus, the outcome would help to develop gender-targeted interventions to prevent alcohol dependency, in addition to school and mental health problems.

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Comparaison des habitudes de consommation de deux cohortes d'étudiants pré-universitaires évaluées à 15 ans d'intervalle (in French)

Nadine Blanchette-Martin, Centre de recherche CISSS-CA
Joël Tremblay, Centre de recherche CISSS-CA
Rosalie Genois, Centre de recherche CISSS-CA
Francine Ferland, Centre de recherche CISSS-CA
Magali Dufour, Université du Québec à Montréal
Mathieu Goyette, Université de Sherbrooke
Pascal Garceau, Centre de recherche CISSS-CA

Objectifs d'apprentissage

Porter un regard critique sur les changements survenus à travers le temps dans le profil de consommation de jeunes étudiants pré-universitaires québécois dans un intervalle de 15 ans.

Contexte

L'étude de 2003 a permis à l'établissement pré-universitaire d'adapter et de déveopper des services répondant aux besoins de leurs étudiants en regard de leurs habitudes de consommation. Une reprise de l'étude quinze ans plus tard, permet à l'établissement d'ajuster ses pratiques à la nouvelle réalité de leurs étudiants.

Objectifs

Comparer les profils de consommation de deux cohortes d'étudiants pré-universitaires recrutés dans un même établissement à 15 années d'intervalles.

Méthodes

Les mêmes indicateurs permettant de comparer les habitudes de consommation ont été évalués à 15 ans d'intervalles auprès de 2 cohortes d'étudiants pré-universitaires fréquentant le même établissement (2003, n=1182; 2018, n=691).

Résultats

La comparaison des habitudes de consommation des 2 cohortes cible : les substances consommées, la fréquence et la quantité, les conséquences de la consommation et le degré de dépendance. Les résultats sont présentés distinctement pour les garçons et les filles.

Conclusions

Les résultats permettront de comparer la popularité des substances et les habitudes de consommation de ce groupe d'âge à travers le temps, et ce, en fonction du sexe. Les portaits spécifiques pour les garçons et les filles pourraient permettre de mieux cibler les interventions auprès des jeunes.

Considérations liées au sexe et au genre

Le présent projet avait pour but de comparer deux cohortes de jeunes étudiants pré-universitaires québécois. Considérant le nombre de participants, il est possible de dresser le portrait de la consommation des garçons de même que celui des filles. Des distinctions entre les années de collectes de données sont également faites pour les garçons et les filles. De plus, des questions sur le genre (cohorte 2018) et sur l'orientation sexuelle (2003 et 2018) permettent de spécifier l'échantillon de partipants. Il est à noter que les deux cohortes ne pourront être comparées selon l'orientation sexuelle et le genre en raison de trop grandes différences entre les questionnaires.

Integrating Sex, Gender and Gender-transformative Approaches to Substance Use Treatment, Prevention and Harm Reduction in Canada (in English)

Lorraine Greaves, Centre of Excellence for Women's Health
Nancy Poole, Centre of Excellence for Women's Health
Natalie Hemsing, Centre of Excellence for Women's Health
Rose Schmidt, Centre of Excellence for Women's Health

Learning Objective for the Presentation

Describe the knowledge translation of literature review findings on sex, gender, and four key substance use issues, for substance use service providers and leadership. Describe the co-development of tailored sex and gender informed interventions in 3 dist

Background

The substance use response system in Canada is underdeveloped with respect to the integration of sex and gender in its approaches, materials and messaging, and the application of gender transformative principles is scarce.

Objectives

To develop knowledge translation (KT) interventions in collaboration with a range of substance use practitioners and managers that incorporate sex, gender and gender transformative principles into programs, messages and materials.

Methods

Literature review findings on the influence of sex and gender based factors on cannabis use, tobacco/ e-cigarette use, binge drinking and opioid misuse were presented as KT products and short summaries, and discussed with stakeholders in three sites.

Results

We will describe how we translated the evidence review findings and maximized their applicability by engaging in collaborative dialogue in 3 distinct settings in Manitoba, Saskatchewan and Nunavut. Providers and leadership identified opportunities, based on the existing evidence and their current needs and priorities, for integrating sex, gender, and gender transformative elements in responses specific to cannabis, e-cigarettes, binge drinking and opioid misuse.

Conclusions

Evidence based information on sex, gender and substance use can be tailored to address the needs and priorities of distinct substance use service settings, by engaging researchers, substance use service providers and leadership in the co-development of intervention materials and messages

Sex and Gender Considerations

In this project, sex, gender and gender transformative principles were integrated in knowledge translation (KT) materials in 3 substance use response settings. The sex-specific and gender related factors that affect the impact of alcohol, nicotine, opioids and cannabis use, and response to interventions, were systematically reviewed and shared. Recommendations for integrating gender transformative principles, that simultaneously improve substance use and health and social equity at the same time, were presented to each of the 3 sites. Together with stakeholders, we then identified possibilities for integrating sex, gender, and gender transformative approaches into substance use KT products, and service delivery and system design.

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Assessing Motivation for Smoking Cessation and the Importance of Setting a Target Quit Date: Findings from a Large-scale Smoking Cessation Program in Ontario, Canada (in English)

Laurie Zawertailo, Centre for Addiction and Mental Health
Dolly Baliunas, Centre for Addiction and Mental Health
Anna Ivanova, Centre for Addiction and Mental Health
Peter Selby, Centre for Addiction and Mental Health

Learning Objective for the Presentation

Attendees will learn how setting a target quit date (TQD) within 30 days of starting a smoking cessation treatment program can significantly improve quit rates 6 months after enrollment compared with no planned quit date. The implications of this finding in the context of treatment provision will be discussed.

Background

The Transtheoretical Model of Behaviour Change defines the Preparation Stage as having a planned quit day within 30-days. However, there is also evidence that initiating smoking cessation treatment even in those who are ambivalent about quitting can be effective.

Objectives

In this secondary analysis, the objective was to compare quit outcomes at 6-months between individuals who set a TQD within 30 days of enrolling in a smoking cessation treatment program and those who did not.

Methods

The sample consisted of individuals (n=43,912) who enrolled in a province-wide cessation treatment program (STOP) between January 1, 2016 and November 30, 2017 with 49.5% of the sample (n=21,740) providing a TQD within 30 days and 57.4% (n=25,137) responding to the 6-month survey.

Results

There were no significant between group differences on baseline variables such as age, sex, and time to first cigarette of the day. At 6-months, 34.8% of those with a 30-day TQD were abstinent from smoking compared to 24.3% of those with no TQD (OR=1.67; $p<0.001$ (95% CI: 1.58-1.76)).

Conclusions

Having a TQD within 30-days of enrolling in a treatment program significantly improved quit rates at 6-months. However, the results suggest that initiating treatment even among those unwilling to commit to a quit date can still be effective.

Sex and Gender Considerations

The proposed data analysis will include an analysis of males and females separately since it has been well-established that sex differences exist with respect to treatment response to Nicotine Replacement Therapy with females having lower chances of quitting compared to males. Within this sample there are equal proportions of males and females in both the 30-day TDQ group (n=22,172; 49.7% male) and the no TDQ group (n=21,740; 49.2% male). This very large sample size will enable us to completely stratify by sex within each group. This will allow us to calculate separate odds ratios for each sex as well as adjust for covariates that may be different between the sexes. This will be novel and important information from both a treatment and a research perspective.

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LEGAL, SOCIAL AND COMMUNITY RESPONSES TO SUBSTANCE USE- AND ADDICTION-RELATED HARMS

Toward Equity-informed Responses to Prevent Stigma and Overdoses: A Scoping Review (in English)

Bernie Pauly, Canadian Institute for Substance Use Research
Bruce Wallace, University of Victoria
Sana Shahram, University of Victoria
Karen Urbanoski, University of Victoria
Rebecca Raworth, University of Victoria
Heather Strosher, University of Victoria

Learning Objective for the Presentation

To increase understanding of equity informed approaches aimed at reducing harms of stigma and overdose.

Background

Overdose deaths and non-fatal overdose are distributed unequally across the social gradient. While inequities in overdose deaths are beginning to be reported, there is a lack of equity-oriented responses that address the contexts of harm as part of overdose prevention.

Objectives

The overall purpose was to systematically identify and describe literature that uses a health equity-oriented or decolonizing approach for preventing and reducing the harms of stigma and overdose for people who use illicit drugs.

Methods

This CIHR-funded scoping review was informed by Joanna Briggs Institute (JBI) scoping review methodology and guided by Community Based Research principles. The scoping review included peer-reviewed quantitative and quality,ative research as well as commentaries, knowledge syntheses, and frameworks from the grey literature related to health equity, cultural safety and harm reduction.

Results

There were 102 peer reviewed articles that met the inclusion criteria and 13 frameworks in the grey literature. Recommendations for actions spans multiple levels from public policy, community, organizations, interpersonal and intrapersonal.

Conclusions

Health equity approaches work to ameliorate, shift, or disrupt conditions of social exclusion, stigma and discrimination. Integrating cultural safety, trauma and violence informed care (TVIC) and harm reduction (HR) requires a shift in thinking, a reorientation of values, specific competencies, programs and policies. Taking a health equity and decolonizing approach means taking a multi-level, multi-layered approach that addresses policies, community, organizational and individual level factors.

Sex and Gender Considerations

People who use substances often experience intense stigma and judgments when they attempt to access health care resulting in avoidance, delays and even death. This stigma is increased on the basis of gender and sex. Equity orientated care is an approach that aims to mitigate stigma, discrimination through the provision of services that are culturally safety, harm reduction, and trauma-informed that incorporates sex and gender differences. An equity orientated approach can be applied to harm reduction, treatment, and prevention services.

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Evidence and Perspectives about Substance Use among Canadian Professionals (in English)

Niki Kiepek, Dalhousie University
Brenda Beagan, Dalhousie University
Jonathan Harris, Dalhousie University
San Patten, Dalhousie University
Christine Ausman, Dalhousie University

Learning Objective for the Presentation

Findings indicate higher prevalence of substance use by professionals than reported in national data. Reported effects of substances are predominantly positive. Attending to desired effects of substances may inform preventative policies, programs, and fra

Background

In the landscape of cannabis legalisation, there may be heightened awareness and efforts toward surveillance and professional regulation. To inform a balanced approach, informed by evidence, our research examines current trends of substance use by professionals (e.g., social workers, lawyers, dentists).

Objectives

We explore prevalence of substance use by professionals in Canada, mental health status (anxiety, depression), work-related stressors (e.g., critical incidents, shift work), and professionals' perspectives of substance use in relation to professional conduct.

Methods

Data was collected through i) anonymous online survey, ii) ecological momentary assessment (App-based instrument) to track substance use, and iii) phone interviews.

Results

Preliminary findings indicate past-year use of cannabis, cocaine, ecstasy, amphetamines, hallucinogens, opioid pain relievers, and alcohol are higher than reported in the 2017 Canadian Tobacco Alcohol and Drugs Survey; in some cases close to double. Reported effects are predominantly positive ¾ enhanced performance (sleep, socialisation), mood (relax), and cognition (clarity of thought). Participants report limiting potential impacts of substances on work performance.

Conclusions

This research can contribute to nuanced understandings about controlled use, balancing discourses of risk with lived experience. By identifying the desired effects of substances on mood, performance, and cognition, we encourage re-envisioning viable policies, programs, and frameworks that facilitate achievement of desired outcomes (e.g., improved sleep, decreased stress) through alternative means.

Sex and Gender Considerations

We have collected demographic data indicating man, woman, other. The analysis considers potential ways that sex differences impact substance use and effects experienced. Literature indicates that sex differences exist regarding prevalence of substance use (e.g., alcohol use is generally more prevalent among male; anti-depressants more common among females). Social factors that influence and shape substance use also varies according to gender. Sex differences may also impact how health professionals perceive substance use.

Sexuality and Harm Reduction "Underground": Transgression and Creation of Legal Space in Queer and Music Venues (in English)

Bradley Por, McGill University

Learning Objective for the Presentation

Consider how harmful socio-legal constructions of sexuality and substance use are subverted in 'underground' music venues, and how personal experiences can be used to challenge criminalization of substance use and restrictive/punitive regulation of queer/

Background

In the conservative suburb where I grew up I was isolated because of my sexuality and found myself in a 'closeted' relationship with a man who used opioids. Fear of being open about my sexuality dovetailed with fear of being open about involvement with 'illicit' drug use so I hid the situation and did not seek help. After 'coming out' and moving to Montreal I began going out to queer and electronic music venues that have become places of healing and community. These experiences have shown me the importance of 'underground' venues for the well-being of queers and those who use substances.

Objectives

Consider benefits and risks for people sharing personal experiences, and address the role of criminalization in stigmatization. Produce a body of testimony as evidence for policy reform. Demonstrate that 'underground' music venues are important for the well being of queers and people who use substances.

Methods

Participant-observation; interviews; critical analysis of legislation, regulation, and policing of venues.

Results

I expect to generate data demonstrating the role of queer/music venues in subjects' lives and to produce a legal argument for decriminalization of substance use and protection of space for queer/music venues.

Conclusions

I expect to show through lived experiences that queer/music venues are essential spaces for the well being of queers and people who use substances.

Sex and Gender Considerations

This project is focused on issues of sexuality. In discussing my own experience, I am providing an example of isolation related to sexuality intersecting with isolation related to substance use, and arguing this intersection makes harm reduction oriented spaces that are queer-positive important for queer well-being. Participant-observation and interviews will hopefully shed light on gender-based and other experiences in these spaces. I plan to build on my own experience and center my arguments on sexuality, but acknowledge that my gender, race, physical abilities, and other traits are not the same as others. In that light I intend to engage in a critical and self-reflective research process that speaks from my own experience while placing it in context with the experiences of others.

Drug Policy for Indigenous People (in English)

Carol Hopkins, Thunderbird Partnership Foundation

Learning Objective for the Presentation

1) Demonstrate the importance of grounding policies in Indigenous Knowledge
2) Highlight the importance of community engagement in reducing epistemic racism

Background

A strong correlation exists between strengths-based cultural practices and improved wellness in Indigenous individuals, families, and communities. This relationship is demonstrated by outcomes from the Native Wellness Assessment™. These outcomes show the impacts of culture on wellness through increased scores of Hope, Meaning, Belonging and Purpose. Additionally, there is long-standing evidence to suggest that Indigenous knowledge is not recognized as equally valuable to western forms of knowledge due to epistemic racism.

Objectives

1) Promote uptake of Indigenous Knowledge in policy development
2) Promote community engagement to reduce epistemic racism

Methods

Thunderbird Partnership Foundation addresses the imbalance between Indigenous Knowledge and western forms of knowledge by recognizing culture is not only foundational to wellness, but is integral to the development of drug policies in Indigenous communities. Thunderbird Partnership Foundation fosters partnerships using strategic engagement to access Indigenous Knowledge and translates this knowledge into meaningful policy that fits the context of First Nations. Engaging with Elders, Knowledge Keepers and Practitioners ensures First Nations perspectives are foundational to policies.

Results

This approach uses decolonizing methodologies, reduces epistemic racism, and works towards more meaningful results for First Nations. The First Nations Mental Wellness Continuum Framework and the Indigenous Wellness Framework are only two examples that resulted from such a process.

Conclusions

Using First Nations culture as the foundational lens for policy development ensures that strengths of First Nations inform policy and contributes toward meaningful outcomes for First Nations.

Sex and Gender Considerations

Strengths-based culturally based gender informed drug policies support the wellness of all people across the lifespan. This is paramount to wellness as substance use and misuse affect males and females differently. Drug policies grounded in strengths-based cultural knowledge reduces the sex and gender differences caused by epistemic racism.

TRUTH AND RECONCILIATION AND INDIGENOUS APPROACHES TO HEALING

Measuring the Impact of Culture on Wellness: The Native Wellness Assessment (in English)

Nora Bressette, Thunderbird Partnership Foundation

Background

The Native Wellness AssessmentTM (NWATM) is the first tool of its kind that provides an evidence base for the impact of culture on wellness in substance and alcohol use treatment among First Nations.

Objectives

1) Synthesize national aggregate data that demonstrates that culture is foundational to wellness
2) Increase knowledge about tools used to assist the integration of culture into addictions treatment

Methods

The NWATM is used in treatment centres who serve First Nations to measure the impact of culture-based interventions on client's wellness through a self- and observer-assessment that is completed at entry, midpoint, and exit to treatment. Data collected is input, analyzed and a report is generated by the Addictions Management Information System (AMIS) and compares self-reported scored and observer-reported scores across the wellness journey.

Results

First Nations who experience culture-based interventions in alcohol and substance use treatment increased scores in Hope, Meaning, Belonging, and Purpose by 12-18% from entry to exit to treatment. First Nations also reported greater connections to cultural practices at exit to treatment.

Conclusions

Culture as an intervention in substance and alcohol use treatment improves wellness among First Nations.

Sex and Gender Considerations

Examining the role of gender in addictions treatment and culturally-based programming is important for First Nations. Through disaggregating the data by gender (i.e. male, female, and other), the NWA can produce gender-specific statistics about individual-level and program-level connection to culture-based treatment. Data generated can be used to inform the development of culture-based and gender-specific treatment programs for First Nations.

CONSIDERATIONS FOR AT-RISK MARGINALIZED POPULATIONS

The Improving Treatment Together (ITT) Project: Methodology and Lessons Learned so Far (in English)

Jill Fairbank, Canadian Centre on Substance Use and Addiction
Christina Katan, Canadian Centre on Substance Use and Addiction

Background

In Canada, substance use treatment services and interventions for youth have failed to keep pace with rising rates of opioid use disorder (OUD) and overdose deaths amongst youth. The current treatment landscape in Canada remains adult-oriented. There is a clear need to develop and support youth-centered approaches to OUD treatment.

Objectives

CCSA is collaborating with provincial partners in British Columbia and Alberta on a multi-year project to improve experiences and outcomes of community-based opioid use treatment services for youth, as well as for their families and for the health professionals who provide these treatment services by co-designing health services interventions tailored to their needs. The poster will outline the project's methods using integrated knowledge mobilization framework (iKMb) and lessons learned thus far.

Methods

iKMb is a participatory research design meant for complex problems in healthcare settings that calls for input from individuals with a range of expertise and perspectives to formulate, execute, and evaluate solutions. The ITT Project uses iKMb to engage youth, families and service providers with a range of perspectives in designing solutions. In order to facilitate this, the ITT project is using a 4-part integrated knowledge mobilization methodology: (1) Discovery, (2) Design, (3) Implementation & Evaluation and (4) Dissemination.

Results

The poster will describe the 4 part iKMb methods and lessons learned so far.

Conclusions

iKMb and design thinking are novel methods to understand population-specific needs and it will provide opportunities for broader application across a range of topics.

Sex and Gender Considerations

The team will collect demographic data about our participants before the event. These data will include age, level and type of education attained, employment status, profession, current home community, and gender identity. After the event, the team will analyze the data using a gender lens and consider intersectionality to understand how these aspects of identity simultaneously shape or influence their experience of opioid use or treatment service needs.

Examination of the Characteristics, Institutional Behaviour and Post-release Success of Opioid Agonist Therapy Participants in Federal Canadian Corrections (in English)

Shanna Farrell MacDonald, Correctional Service of Canada
Dena Derkzen, Correctional Service of Canada

Background

Previous research has indicated that 7% of men offenders and 11% of women offenders participated in the Correctional Service of Canada's (CSC) OAT program while incarcerated, although the demand for OAT has risen in recent years. OAT has proven to be an effective community reintegration strategy. Within CSC both methadone and Suboxone are treatment options. Reviews of outcome data suggest that while methadone is associated with slightly superior retention, both methadone and Suboxone-based OAT have similar outcomes in reducing illicit opioid use and improving health outcomes in patients.

Objectives

Comparing offenders on methadone versus Suboxone and the impacts that these differences may have for institutional operations and offender reintegration. Comparisons with non-OAT participants who have opioid use issues will be made.

Methods

This study is a retrospective outcome assessment. Offenders were divided into three groups: those prescribed methadone, those prescribed Suboxone, and a non-OAT comparison group. OAT participation was identified between April 2016 and October 2018, which were linked with other CSC data.

Results

Demographics, offence, and sentence characteristics of these three groups will be compared, as well as indicators of institutional behaviour (urinalysis testing, disciplinary charges, drug-related incidents), and post-release success (return to custody with or without an offence, community urinalysis testing).

Conclusions

Identifying potential differences in OAT participants will assist with case management, health interventions, and community reintegration.

Sex and Gender Considerations

The research undertaken by the Correctional Service of Canada, where feasible, ensures to analyze the data for men and women offenders separately. Although our current data systems do not allow for further disaggregation of our data into other gender groups, all data presented in the proposed poster will be disaggregated for men and women.

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Pairs aidants : implication des jeunes en traitement dans l'accueil des nouvelles demandes d'aide (in French)

Gilles Cuillerier, Portage-Canada
Caroline Gélinas, Portage-Canada
Guillaume Potvin, Portage-Canada

Objectifs d'apprentissage

Présenter une pratique de Pairs-Aidants (PA) impliquant des jeunes en traitement auprès d'autres jeunes sollicitant pour la première fois l'aide des services d'un centre de réadaptation en dépendance (CRD).

Contexte

Au Québec, on estime qu'uniquement 22% des jeunnes ayant besoin de services spécialisés en dépendance sont rejoints. Cette pratique s'inscrit dans le cadre d'un projet d'amélioration de l'accès aux services jeunesse en toxicomanie d'un CRD.

Objectifs

Améliorer l'accès aux services jeunesse en dépendance en intégrant l'approche patient-partenaire pour agir sur les obstacles à la demande d'aide des jeunes.

Méthodes

Les PA jouent un rôle central d'accompagnement lors de la première rencontre d'accueil et dans l'intégration des jeunes dans les services. Les parents et les jeunes sollicitant l'aide du CRD ont un accès direct à un PA sans l'intermédiaire d'un intervenant. Cette implication des PA est intégrée au programme clinique comme une occasion de travailler certaines compétences cliniques pour favoriser leur rétablissement.

Résultats

Une évaluation pré/post projet a révéler que le nombre de jeunes rejoints avaient doublé et que la participation des PA était le premier déterminant de l'amélioration de l'accès aux services. Ce projet a été reconnu par l'Organisation des normes en santé (HSO) comme une pratique exemplaire (décembre 2018).

Conclusions

Le potentiel d'aide des jeunes en traitement doit être soutenu auprès de pairs. L'intégration sécuritaire de cette pratique, les compétences ciblés et les mesures à considérer par les milieux d'intervention seront présentés.

Considérations liées au sexe et au genre

Afin de tenir compte du sexe et du genre des personnes, Portage applique une approche sexospécifique comme stratégie d'adaptation de ses services aux besoins spécifiques des personnes. Chaque programme regroupe deux communautés : les hommes et les femmes. Une équipe de travail est associée à chacune de ces communautés. Afin d'adapter ses programmes à la transidentité des personnes, une programme de formation a été déployé à l'ensemble des intervenants et les outils de travail ont été adapté pour éviter la spécification de genres. Le personnel peut compter sur l'appui d'un chef de service ayant développé une approche d'adaptation des services aux jeunes transgenres. Tant les garçons que les filles sont impliqués dans le projet de Pairs-Aidants. Le pairage avec les jeunes qui sollicitent l'aide du centre de réadaptation se fait selon le sexe des participants et les caractéristiques personnelles des jeunes sont prises en considération (culture, orientation sexuelle).

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The Leader in Me Awareness to Action: A Community Approach to a Youth-led Engagement Strategy (in English)

Kerrianne Thompson, Durham Region Health Department
Diane Mullane, Durham Catholic District School Board
Dan Hogan, Durham District School Board
Amy Rukaruck, Carea Community Health Centre
Angela Wanigasekera, Pinewood Centre of Lakeridge Health

Background

Youth engagement is an integral component of comprehensive school health and an evidence-based strategy to achieve positive health outcomes and enhance student achievement (Centres of Excellence for Children's Well-Being, 2009). In partnership, Durham Region Health Department, Durham District School Board, Durham District Catholic School Board, Carea Community Health Centre, and Pinewood Addiction Services of Lakeridge Health, implemented a youth engagement strategy with secondary schools to increase awareness and youth action related to youth use of alcohol, tobacco, cannabis, and opioids.

Objectives

To engage students in developing youth-led, comprehensive school-based health action plans, to increase awareness and youth action related to alcohol, tobacco, cannabis, and opioids.

Methods

This project brings community partners together with youth leaders to discuss political advocacy, youth activism, media literacy, health promotion and risks associated with the use of alcohol, tobacco, cannabis, and opioids.

Results

Understanding how a youth engagement strategy, supported by community partners and the school Public Health Nurse, can provide leadership opportunities for secondary students, influence youth awareness and decision-making related to substance use, while also encouraging youth to make healthy decisions and take fewer unhealthy risks.

Conclusions

This project supports the evidence which indicates that when young people are involved in decision-making, they feel connected to their school community, build relationships with peers and adults, learn new skills and are encouraged to make healthy decisions (Centres of Excellence for Children's Well-Being, 2009).

Sex and Gender Considerations

Developing effective health promotion campaigns requires an understanding of the roles of gender and marginalization, as both a risk and/or a protective factor for substance use issues. LGBTQ youth demonstrate higher rates of substance use than their heterosexual peers (McCabe et al., 2010), and have 14 times greater risk to develop a substance abuse disorder (Benibgui et al., 2011). By broadening understanding of the role gender plays in substance use patterns and harms, the student health campaigns have been able to target and/or consider gender in their planning. This targeting has led to campaigns that focus on the underlying issues creating risks. One school's campaign focused on increasing protective factors for the LGBTQ community by attempting to make the school a more welcoming and accepting environment. Durham Youth Drug Awareness Committee (DYDAC) has an ongoing commitment to educating students about the role gender can play in substance use.

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Brief Interventions for Cannabis Use among Emerging Adults: A Systematic Review of Existing Studies and Protocol for a Novel Intervention (in English)

Jillian Halladay, McMaster University
Catharine Munn, McMaster University

Learning Objective for the Presentation

(1) Review findings from a systematic review of existing cannabis Brief Interventions (BIs) among youth;
(2) Describe the pilot results and next steps for a BI for cannabis use targeting help-seeking post-secondary students addressing gaps in evidence and service;
(3) Discuss future directions for interventions targeting cannabis use among youth.

Background

Cannabis use is most prevalent among youth. BIs for cannabis use are of interest given BIs for youth with high-risk alcohol use have shown effectiveness and the current lack of efficient and effective approaches to reduce cannabis use.

Objectives

(1) conduct a systematic review of BIs, and
(2) refine our BI, Pause, based on this review and experience in an observational study.

Methods

A systematic review, meta-analysis, and evidence map was conducted following PRISMA guidelines. The search was conducted February 2018 (3,241 identified records).

Results

31 BIs with 6,017 participants are included in the review. Participants were typically non-treatment seeking. Most interventions were: motivational (84%), single sessions (68%), and delivered in person (61%). Preliminary results from meta-analyses suggest no significant differences between existing BIs and usual care for any cannabis or other substance use related outcome. Most studies were moderate to high risk of bias but results from the evidence map of the content of BIs suggest conceptual heterogeneity.

Conclusions

Current evidence does not appear to indicate benefits of BIs targeting cannabis use among non-treatment seeking youth. However, BI's targeting different sub-populations, delivered in novel ways, and incorporating elements of importance to emerging adults warrant further evaluation and are proposed.

Sex and Gender Considerations

Females are more likely to be engaged in treatment and have demonstrated a more pronounced co-occurrence of cannabis use and other mental health concerns. Therefore, we hypothesize that females will experience more pronounced clinical benefits from BIs (including Pause). Study-specific exploratory subgroup analyses of sex-differences are discussed in the systematic review suggesting that BIs for cannabis use may be more effective for females compared to males – although the evidence is weak and limited. The protocol for future evaluation of Pause seeks to explore these sex-differences and will stratify by sex for recruitment, randomization, and evaluation.

Accompagnement psychosocial de proximité auprès de personnes en situation de sevrage et désaffiliées du système formel de soins (in French)

Jimmy Langlois, Université Laval

Objectifs d'apprentissage

Mettre en lumière les possibilités de l'intervention psychosociale en réduction des méfaits pendant le sevrage

Contexte

Dans la région de Québec, les services de désintoxication sont limités et essentiellement concentrés au sein du système formel de soins. Or, pour plusieurs personnes désaffiliées et vivant avec une dépendance à l'alcool ou aux drogues, l'accès à ces soins est difficile et potentiellement stigmatisant. Le projet d'intervention proposait, à travers une philosophie de réduction des méfaits, d'offrir à ces personnes une opportunité de changement accessible et axée sur leurs besoins.

Objectifs

Plus spécifiquement, l'intervention visait trois grands objectifs : le développement du pouvoir d'agir, le développement de la motivation au changement et l'atteinte des objectifs en lien avec la consommation.

Méthodes

L'évaluation de l'intervention a été faite selon un protocole d'inspiration à cas unique. Les outils d'évaluation retenus sont des échelles, une grille d'observation et une entrevue post-intervention.

Résultats

Les résultats mettent en lumière que 1) une intervention visant le développement du pouvoir d'agir en entretien motivationnel permet l'amélioration de l'estime de soi et favorise l'engagement dans le processus de changement; 2) l'intervention en réduction des méfaits favorise l'accès aux services et l'inclusion sociale des personnes; 3) l'atteinte d'objectifs de consommation est possible lorsqu'une intervention est adaptée aux besoins des personnes.

Conclusions

À juste titre, sept des neuf personnes ayant participé au projet ont complété leur sevrage et atteint leurs objectifs.

Considérations liées au sexe et au genre

Le projet d'intervention n'était pas a priori construit afin de tenir compte des spécificités liées au genre. Néanmoins, au cours de la réalisation, certains enjeux liés au genre ont émergés, notamment des enjeux relatifs à la violence structurelle vécue par des femmes et à la violence physique et sexuelle vécues notamment par des travailleuses du sexe, et sur les impacts d'une intervention visant un développement rapide du lien de confiance avec un intervenant de sexe masculin. Dans le contexte de l'intensité des services lors de l'intervention (les rencontres étaient quotidiennes), les résultats semblent démontrer que bien qu'il puisse s'agir d'un enjeu important, les retombés sont quand même positives lorsque l'intervention tiens compte des besoins spécifiques des personnes. Ainsi, en plus de la spécificité de l'intervention genrée auquel il serait intéressant d'évaluer les retombés possibles, l'inclusion d'une perspective féministe à l'intervention pendant le sevrage semble aussi être une piste prometteuse.

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Helping Survivors of Human Trafficking: An Online Training Program for Addiction and Mental Health Service Providers (in English)

Michael Weyman, Centre for Addiction and Mental Health
Krystine Abel, Centre for Addiction and Mental Health
Emma Firsten-Kaufman, Centre for Addiction and Mental Health

Learning Objective for the Presentation

This presentation aims to: - explain the relevance of addiction and substance use to human trafficking - describe an online training program created to build capacity to identify and respond to human trafficking - highlight evaluation results for this results for this resource.

Background

Traffickers tend to target populations that are more at-risk because of systemic discrimination and social inequalities. In Canada, youth, Indigenous people, and temporary migrant workers are especially at risk, and among these populations, women, girls, and LGBTQ2+ people are additionally vulnerable. Furthermore, people who are trafficked often experience mental health and addiction problems and come into contact with service providers. To help addiction and mental health service providers build their capacity to identify and respond to this need, the Provincial System Support Program (PSSP) at CAMH has developed an online course and community of practice on human trafficking.

Objectives

This training program aims to: - describe human trafficking - identify common indicators - explain approaches to help human trafficking survivors.

Methods

PSSP developed this training in active collaboration with practitioners, subject matter experts, people with lived experience, and government and community partners.

Results

The training launched in 2018 and, as of January 2019, had 1,600 registrants. We are evaluating the online course, and preliminary results are very positive.

Conclusions

People who are trafficked are an at-risk group and often face challenges related to substance use and additions. PSSP's human trafficking training program is a response to the needs of this population.

Sex and Gender Considerations

Our abstract is about an online training program for mental health and addiction service providers that responds to the problem of human trafficking. Human trafficking has strong relevance to issues of sex and gender. Traffickers tend to target people who are vulnerable because of systemic discrimination and inequalities in society. In Canada, women and girls are at increased risk of becoming victims of prominent types of human trafficking, in particular sex trafficking and domestic servitude. The training program addresses relationships between human trafficking and issues of sex and gender, along with other factors related to at-risk and marginalized groups. To help incorporate these perspectives, we developed the training with the active input of diverse subject matter experts and people with lived experience of human trafficking. Likewise, we think it is important to address issues of sex and gender in our presentation.

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International Scan of Integrated Youth Service Hubs: Understanding Models across Contexts (in English)

Meriem Benlamri, Frayme

Learning Objective for the Presentation

Increase awareness and understanding of the scope and function of Integrated Youth Services (IYS) as a vehicle for youth mental health and substance use (MHSU) system transformation.

Background

Although youth aged 15 to 24 are more susceptible to experiencing mental health and/or substance use disorders than any other age group, less than 33% receive targeted MHSU services. Several systemic barriers reduce the accessibility and usability of services, including divisions between paediatric and adult services, and limited cross-sector collaboration. IYS address barriers through evidence-informed approaches that reduce system fragmentation and meet youth needs across multiple domains of their lives. IYS generally serve youth aged 12 to 25 and provide a "one-stop-shop" model of care for mental health, substance use, physical health, and a variety of social services.

Objectives

As IYS initiatives continue to display their potential and are implemented in new jurisdictions, there is a growing need for evidence on how IYS initiatives are organized, operationalized, implemented, and evaluated. A detailed scan of 7 Canadian-based and 7 international IYS initiatives fills this knowledge gap.

Methods

This scan was conducted through semi-structured interviews and confidential document collection with 10 IYS initiatives. Information is de-identified and aggregated.

Results

Findings include processes and models of establishment, partnership, governance, service integration, clinical coordination, evaluation, and youth and family engagement.

Conclusions

Synthesized evidence is highly sought after by the youth MHSU sector and can inform practice and policy to support the effective implementation of IYS initiatives across jurisdictions.

Sex and Gender Considerations

This scan gathers evidence regarding the essential role of youth engagement at decision-making tables within IYS. Through youth advisory committees and the employment of peer support workers, youth with lived experience are heavily involved in service planning and delivery. IYS initiatives indicate that these roles are intentionally represented by youth of diverse experiences, including sex and gender minorities of intersecting identities. Consequently, IYS services and programming are built with a heavy focus on equity. This results in services that not only provide a safe space for sexual and gender minorities within communities - they also ensure that participant experiences are recognized, honoured, accepted, and reflected in the content of care and the manner by which it is offered. In addition, there is often an expanded breadth of available programming, including specialized therapeutic groups and interventions specific to the identified needs of sex and gender minorities.

Chaos to Calm: An Innovative Approach to Giving Young People Free Rapid Access to Dialect Behavioural Therapy Skills Through a Weekly Drop-in Group (in English)

Michelle Harris, LOFT Community Services: Transitional Age Youth Program
Christine Uygur, LOFT Community Services: Transitional Age Youth Program

Learning Objective for the Presentation

Participants will have the opportunity to: Learn about the Chaos to Calm skills group and how its implementation has reduced the barriers for young people in accessing necessary support and treatment Discuss the efficacy and limitations of a drop-in style DBT informed skills group, and how it addresses complex challenges related to substance use, eating disorders and mental wellness.

Engage in activities that promote skill development in managing urges and crisis, regulating emotions and tolerating pain. This will give participants an opportunity to experience the group dynamic first-hand

Description

As wait times for treatment increase, there is a need for a service that can provide immediate access to skills. As the Transitional Age Youth program noticed the closed DBT skills group waitlist exceed eight months, the Chaos to Calm group was developed to fill the gap. Each weekly, 90-minute skills group focuses on a variety of crisis survival and emotion regulation skills, and service users have the opportunity to practice the skill in the room with the support of facilitators and a peer worker. This workshop will provide participants with the opportunity to both learn about and experience this radical approach to service delivery.

Sex and Gender Considerations

LOFT's Transitional Age Youth (TAY) program works hard to consistently re-evaluate whether we are creating space for folks to feel safe enough to receive the support that they need. Some of the ways we ensure that our physical space is inclusive is by providing gender neutral washrooms, having posted group guidelines that highlight the respect for pronouns, and intake packages that leave space for folks to self identify gender pronouns and identity. Some of the less visible ways TAY is creating an inclusive space is the hiring of gender-diverse staff, the sharing of gender pronouns during group check-in/check-out and the use of non-gendered language when addressing groups of individuals. The Chaos to Calm skills group provides a space where service users can feel that their sexual/gender identity and experiences are respected while they learn skills that support them in their other recovery goals.

MEANINGFUL WAYS OF ADDRESSING STIGMA

Canada's International Efforts on Addressing Stigma (in English)

Meheria Arya, Health Canada
Bobby Chauhan, Health Canada
Saeid Roushan, Health Canada
Kirsten Mattison, Health Canada
Michelle Boudreau, Health Canada

Background

National efforts are underway to address stigma felt by people who use/have used drugs. These efforts are shared internationally to increase awareness and allow for a broader discussion on stigma.

Objectives

How Canada is increasing the international awareness of stigma associated with people who use/have used drugs, and the influence on the development of drug policy.

Methods

At the 2018 Commission on Narcotic Drugs (CND), Canada successfully led the adoption of the resolution, "Promoting non-stigmatizing attitudes to ensure the availability of, access to and delivery of health, care and social services for drug users". Canada also sponsored a side event titled "Ending stigma – a conversation about accessing treatment or other social services for people who use drugs"; At the 2019 CND, Canada will continue the discussion and engagement with other countries on stigma by hosting a side event and co-hosting an exhibition booth. Following CND, Canada will work with international partners to gather research and evidence on the impact of stigma on people who use/have used drugs.

Results

The 2018 resolution was co-sponsored by 19 countries and allowed for an international discussion on stigma A report will be presented to the CND in 2020 outlining Member State implementation of the resolution.

Conclusions

Canada will continue working with international partners to advance efforts on recognizing the impact of stigma on people who use/have used drugs.

Sex and Gender Considerations

In Canada, stigma has been identified, through a gendered lens, as a barrier to health and social services. With regards to the opioid crisis, the majority of apparent opioid-related overdoses have occurred among men aged 30-39 who use drugs alone. This may be an outcome of stigma experienced by males who use drugs, who are more likely to be isolated while using drugs, and less likely to interact with the health care system. Also, stigma could be present, when multiple factors are considered, such as race and gender when accessing care. For example, Indigenous women and girls can face challenges in accessing appropriate health and social services that respect and respond to their specific needs. Given these issues that have been recognized nationally, Canada is ensuring that sex, gender, and diversity considerations are included in the international conversation on stigma.

Stigma and the Ongoing Opioid Epidemic: Where It Comes from, How It Gets in the Way, and What We Can Do about It (In English)

Stephanie Knaak, Mental Health Commission of Canada
Sue Mercer, Mental Health Commission of Canada
Romie Christie, Mental Health Commission of Canada
Mike Pietrus, Mental Health Commission of Canada
Heather Stuart, Queen's University

Learning Objective for the Presentation

Increase familiarity with MHCC's stigma reduction work, evidence on best practices, effective approaches, ingredients and lessons learned. Improve understanding of key issues, sources and impacts of stigmatization on the front lines of the opioid crisis, as well as how stigma can be meaningfully combatted.Enhance knowledge of measurement tools and stigma-reduction approaches, and mobilize opportunities for partnerships to evaluate initiatives.These learning objectives align with each of the three panel presentations.

Background

Improving quality of care services requires a better understanding of the qualities and characteristics of stigmatization related to opioid use. It is also requires knowledge of appropriate measurement tools and intervention approaches for reducing stigma on the front lines of the opioid crisis.

Objectives

Understand and explain the qualities, characteristics, sources, consequences and solutions to the problem of stigmatization on the front lines of the crisis.

Methods

Focus groups and key informant interviews with 80 first responders, front line workers, policy experts and people with lived experience across Canada.

Results

Findings are articulated through a model describing four interconnected themes: what stigma looks like, where it comes from, how it interferes with care and how it can be meaningful addressed. Results include identification of measurement tools and promising intervention approaches.

Conclusions

Stigmatization is a key barrier to quality of care, and a major source of system mistrust among users. Sources of stigma are direct and indirect. Multiple types of intervention efforts are needed. The most promising approaches include targeted education, training in trauma informed practice, social contact-based interventions, and inward-facing training and supports for front line workers.

Sex and Gender Considerations

Our key informant interviews and focus groups did not have gender as a main focus of investigation. However, gender considerations did emerge in some findings -- e.g. in the specific kinds of stigmatization experiences of people with lived experience of opioid and other drug use problems -- which will be discussed in our presentations. As well, results of the scale pretest will be broken down by gender and any differences will be discussed. As well, considerations for how these results provide implications for how anti stigma interventions should be implemented and evaluated from a gender perspective will be discussed.

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Realizing the Potential of Lived Experience: Knowledge Sharing and Curricular Change Through Collaboration (In English)

Barbara Fornssler, University of Saskatchewan
Brandi-Dawn Abele, Canadian Association of People Who Use Drugs

Learning Objective for the Presentation

Share understanding about reducing stigma through collaborative course development and training opportunities.

Description

Brandi-Dawn Abele and Barb Fornssler have worked to create a respectful working partnership in which academic course work is developed with insights from the lived experience of injection drug use and front line service provision in Saskatchewan, Canada. Students have provided substantial positive responses to these course additions. Many service consumers have a history of traumatic experiences with service providers and stigma within service delivery. “Nothing about us without us” is an oft repeated slogan, but where does that begin? It must begin with the training and academic experiences of future professionals. By providing People Who Use/d Drugs (PWUD), with opportunities to connect and inform both professionals and students in knowledge translation opportunities, their stories can be honoured through both academic scholarship and personal narratives. This workshop provides an opportunity to bridge knowledge gaps, improve practice, and create innovative partnerships. In this work we intend to demonstrate and further develop a model of engagement that has shown to be effective, while providing conversational and networking opportunities to create similar working partnerships for the input of PWUD in course development and professional training experiences.

Sex and Gender Considerations

Since our model encompasses understanding the context of lived experience for people who use drugs and for people who practice research and training in substance use, the categories of sex and gender are implicit in this work because this is a foundational element in our working context and sociocultural imaginary. We make this consideration explicit by engaging a collaborative approach that is informed by principles of Feminist Participatory Action Research and approaches to emancipatory pedagogy.

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INNOVATIVE AND NOVEL APPROACHES TO SERVICE DELIVERY

These posters are presented in partnership with the Canadian Foundation for Healthcare Improvement

PTSD-Diagnosed Veterans Combatting Problematic Substance Use with Psychiatric Service Dogs: What Community Pharmacists Should Know (in English)

Anan Ahmed, University of Saskatchewan
Alicia Husband, University of Saskatchewan
Colleen Dell, University of Saskatchewan
Linzi Williamson, University of Saskatchewan

Background

Post-traumatic stress disorder (PTSD) is a significant health concern among Canadian military veterans and a diagnosis increases an individual's risk of a substance use disorder. This is due in part to the high rate of prescribed medication with potential for misuse as well as high-risk use of other licit and illicit substances to cope with complex PTSD symptoms. Pharmacists are a common point of health care contact among veterans.

Objectives

This exploratory study set out to learn from veterans living with PTSD and paired with a psychiatric service dog about: (1) their problematic use of prescription and other drugs pre- and post-service dog introduction, and (2) if and how the introduction of a service dog assisted with addressing their problematic substance use.

Methods

A structured, open-ended interview was conducted with four participants who self-identified as problematically using licit and/or illicit substances, including prescribed medications. A prescription assessment from 2014 to 2016 was also undertaken for each participant, noting the introduction of the service dog midway.

Results

Service dogs assisted with decreasing veterans' PTSD symptoms, and in turn, stabilized or moderately decreased their use of prescription medication and decreased their problematic use of licit and illicit substances. The veterans expressed a general unwillingness to access health care because of stigma.

Conclusions

It is important that pharmacists are aware of service dogs as a complementary health practice and their potential interface with prescribed medications and other substances. Pharmacists are an accessible health professional available to PTSD-diagnosed veterans.

Sex and Gender Considerations

At present, all of the veterans in the study are male. We will be sure to acknowledge this in the presentation, along with the masculine culture of the military. We are committing to accounting for sex and gender in our future work, as this study ideally expands to a larger sample in the future and more indepth data collection and analysis.

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Evaluation of a Trauma-informed Yoga Intervention in an Inpatient Treatment Program for Women with Substance Use Disorder and Trauma (in English)

Tashia Petker, Peter Boris Centre for Addictions Research
Christine Yanke, Womankind Addiction Service
Liah Rahman, Peter Boris Centre for Addictions Research
Karen Demaline, Womankind Addiction Service
Laurel Whalen, Womankind Addiction Service
Debbie Bang, Womankind Addiction Service
Deborah McGarth, St. Joseph's Healthcare Hamilton
Holly Raymond, St. Joseph's Healthcare Hamilton
James MacKillop, Peter Boris Centre for Addictions Research

Background

Publicly-funded addiction treatment facilities are under-resourced to provide clients with innovative, holistic treatment for substance use disorder and issues related to trauma. One such intervention that has received increasing interest is yoga.

Objectives

To determine the benefit of including a trauma-informed yoga intervention as part of an existing residential treatment program for women with substance use disorders. Outcomes of interest included symptoms of psychopathology, cravings, impulsivity, mindfulness and physical wellbeing

Methods

Participants were adult females from the Greater Hamilton Area admitted to Womankind's 5-week residential treatment program. The YogaFit for Warriors intervention was delivered three times per week for cohorts in the active intervention cohorts, and was facilitated by a certified instructor. Participants in the non-yoga cohorts received treatment as usual. Participants were assessed upon admission and discharge on measures of physical wellbeing, drug/alcohol cravings, impulsive personality features, immediate reward preference, mindfulness and confidence in substance-related situations.

Results

A total of 31 women participated; 14 received YogaFit for Warriors and 17 received treatment as usual. Compared to those who did not receive YogaFit for Warriors, participants in the yoga condition endorsed significantly greater reductions in anxiety symptoms and drug/alcohol cravings, and decreased their preference for immediate gratification.

Conclusions

Adding a structured trauma-informed yoga intervention to an existing treatment program for addiction appears to have unique benefits to important outcomes. Reductions in psychopathology, cravings, and impulsive reward preferences are important for long-term recovery from substance use disorders, and these findings provide support for the utility of including yoga in existing treatment models.

Sex and Gender Considerations

The research to be presented directly addresses the noted paucity of research on treatment for addiction in women. Even more specific is the focus on addressing trauma in an inpatient sample of women. Sex differences in terms of treatment needs and response are well-known in the substance use treatment field, and residential facilities are often sex-specific for this reason. Our study was conducted in an inpatient treatment centre for women with substance use and history of trauma, with the specific aim of determining unique benefits of trauma-informed yoga on treatment outcomes in this niche population. Our findings are therefore highly valuable contributions to evidence-informed innovations for existing models of treatment for women with addiction and trauma.

Researchers Training a Service Dog to Learn about Veterans' Experiences with Problematic Opioid Use: A Patient-oriented Research Approach (in English)

Darlene Chalmers, University of Regina
Colleen Dell, University of Saskatchewan
Linzi Williamson, University of Saskatchewan
Nell Rodgers, University of Saskatchewan
Alicia Husband, University of Saskatchewan
Ben Carey, University of Saskatchewan
Maryellen Gibson, University of Saskatchewan

Background

Veterans diagnosed with post-traumatic stress disorder (PTSD) are at high risk of problematic substance use, including opioids. Service dogs are being increasingly incorporated as supports for veterans who suffer from PTSD. Little is known, however, about the impact of service dogs for PTSD-diagnosed veterans who problematically use substances.

Objectives

A patient-oriented research approach focuses on improving patient care by including patients in the research process. The aim of this project was to enhance researchers' understanding of the impacts of service dogs among PTSD-diagnosed veterans who problematically use substances. The researchers' participated in the veterans' service dog training program.

Methods

Two senior researchers and four research trainees took part in service dog training program alongside six veterans over an 18-month period. In-depth involvement with service dogs in training, observations, journaling, and debriefing were used to document the researchers' experiences.

Results

The researchers' extensive and insightful understanding about the influence of service dogs on veterans' experiences of problematic substance use was gained through theirs and the veterans' mutual experience of the human-animal bond. This shared experience contributed to the rapid development of rapport and trust between the researchers and veterans, adherence to substance related data collection by the veterans, and personal wellness change for several of the researchers.

Conclusions

By researchers learning about the patient experience in a novel way via service dog training alongside the veterans, their understanding of the role of service dogs in veterans' experiences with problematic substance use increased substantially. This directed our team's patient-oriented research process.

Sex and Gender Considerations

The service dog program acknowledges that females and males and gender diverse individuals may uniquely experience its intervention and accounts for this in its programming (e.g., gender: differences between male and female uptake of a non-authoritative canine training approach; sex: impact of scent/pheromones in training a dog). Attention is also paid to the impact of the sex/gender of the trainer and the dog. We have also accounted for the multiple ways in which patriarchy, specifically represented in the military culture, has impacted the life experiences of women in particular, and by extension gender diverse individuals, to increase understanding and responses to treatment approaches post-deployment. Attention to men, and specifically masculinity, is also accounted for.

Integrative Couple Treatment for Pathological Gamblers: A Randomized Controlled Trial (22 Months Follow-up) (in English)

Joël Tremblay, University of Quebec at Trois-Rivières
Magali Dufour, University of Quebec at Montreal
Karine Bertrand, University of Sherbrooke
Mariane St-Jacques, University of Sherbrooke
Nadine Blanchette-Martin, CISSS de Chaudière-Appalaches
Francine Ferland, CIUSSS de la Capitale Nationale
Annie-Claude Savard, Laval University
Mélissa Côté, University of Quebec at Trois-Rivières

Learning Objective for the Presentation

The auditor will know the main components of the couple treatment – ICT-PG. He will also be able to specify the dimensions on which couple therapy provide a better improvement for gamblers and partners.

Background

Despite the many consequences of gambling on quality of couple relationship, most therapies for problem gambling favour an individual approach. Inspired by the McCrady & Epstein Alcohol Behavioral Couple Therapy (ABCT), our team developed the Integrative Couple Treatment for Pathological Gambling (ICT-PG).

Objectives

Evaluate the efficacy of ICT-PG compared to individual treatment.

Methods

Eighty couples were recruited and randomized between ICT-PG (n = 44 couples) and individual treatment (n = 36 couples). The results concern follow-up at 22 month post-admission. Linear Mixed and GEE models for repeated measures were applied to take account the dependency of observations using SAS 9.4.

Results

Participants in both modalities improved over time. On many indices of gambling severity, the participants in ICT-PG showed a better reduction in gambling addiction, self-control and erroneous cognitions. ICT-PG is also associated with a better couple functioning : Marital satisfaction, support, communications and conflicts resolution. The gamblers oriented in ICT-PG present less depressive symptoms and they use less avoidant/detached coping strategies. Partners in the couple modality are less depressed and present a lower degree of psychological distress.

Conclusions

These promising results illustrate the necessity to offer a better diversity of treatment modalities to gamblers and their partner. Further research should help understand how to improve this type of intervention (number of couple sessions, combinations of couple and individual sessions).

Sex and Gender Considerations

The study include male and female pathological gamblers. The clinical experience shows how supportive females are toward their gambling partner. The experience of male partners is more diversified, some being very supportive but some less. We plan a next paper on differential efficacy based on gender. Relying on litterature showing that couple treatment for some disorders (e.g., depression) is more favorable for women, we anticipate the efficacy of couple treatment being better for females.

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Integrating Trauma-informed Relational Work in Addiction Treatment (in English)

Bonnie Lee, University of Lethbridge
Jessica Bastardo Gaelzer, University of Lethbridge

Learning Objective for the Presentation

Use integrative systematic interventions in working with couples and person-in-relationship.

Description

Addiction is a complex problem associated with traumatic adverse childhood experiences that would benefit from an integrative systemic approach for its treatment. However, most interventions target only discrete areas of cognition, behaviour, and motivation. This workshop introduces participants to an integrative short-term therapeutic model with evidence of positive outcomes in two randomized studies. Changes in emotion regulation, communication, mood, family and parenting relationships were shown, together with reduction of substance use and gambling. Areas of gender differences regarding couple relationship dynamics that require clinical sensitivity, adaptation, and therapist self-reflection will be discussed. Four inter-related dimensions of the model for intervention will be presented: intrapsychic, interpersonal, intergenerational and universal-spiritual.

Sex and Gender Considerations

In the workshop, we will raise the discussion of gender differences in couple relationship dynamics and styles of their communication that require clinicians' sensitivity. As well, clinicians will be encouraged to reflect on their own gender socialization and reflect on how that enters into their clinical interaction and interventions.

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Traditional and Psychedelic Medicine and the Treatment of Substance Use Challenges and Addiction: The Case of Ayahuasca and the Ayahuasca Treatment Outcome Project (in English)

Brian Rush, Centre for Addiction and Mental Health

Learning Objective for the Presentation

To increase awareness and importance of the evidence base concerning psychedelic and related traditional medicine and the treatment of addictions.

Background

There has been growing interest in the use of psychedelic medicine, including traditional medicine with psychoactive components, for the treatment of substance use/addiction.

Objectives

We review the field with a focus on ayahuasca, a traditional Amazonian admixture (tea) that shows considerable promise as a therapeutic agent. We also describe a treatment outcome project underway in a government-accredited substance use treatment centre in Peru, including preliminary results.

Methods

A narrative review approach is used to summarize the current literature. The methods of the ATOP project include a structured outcome component with baseline and follow-up interviews spanning up to 24-months using state-of-the-art outcome measures and semi-structured interviews of clients, staff and treatment facilitators to help tease out key ingredients of the treatment experience.

Results

The literature on the use of psychedelics and related traditional medicine for substance use/ addiction is highly supportive of treatment effectiveness, although more research is clearly needed. Preliminary findings from the ATOP project have been positive over the first year of follow up.

Conclusions

Policy-makers should be monitoring the emerging evidence around psychedelic medicine, including traditional medicine such as ayahuasca, and supporting further research. We also conclude with challenges and important lessons learned in implementing a scientific outcome monitoring project in a bio-psycho-spiritual treatment context. These learnings have implications for studying the effectiveness of traditional medicine generally, including traditional healing approaches in the Canadian context, as well as implications for the rapidly growing field of psychedelic medicine for substance use/addiction and other challenges to mental and spiritual wellness.

Sex and Gender Considerations

The work to date on psychedelics and substance use/addiction has not taken a sufficiently gendered lens, save for recently published work on the effectiveness of ayahuasca for the treatment of eating disorders, which are significantly higher in prevalence among women. This will be pointed out in the presentation and more work encouraged. There are signs that the filed of ayahuasca research generally are poised for giving more attention to this area with a dedicated conference on the topic of ayahusaca and gender diversity currently in the developmental stage in the United States. Key findings fromthe conference will be presented. With respect to the ATOP project specifically, it is focused only on men as Peruvian law does not allow for mixed genders to co-attend residential treatment programs, such as the setting for the current project. However, the early findings from ATOP with respect to improvement in mood and anxiety disorders are highly suggestive of a positive treatment impact for treatment of these mental health challenges as well as substance use/addiction specifically, given hgher rates of co-occurring mood, anxiety and substance use/addiction among women.

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Implementing Innovations in Drug Checking (in English)

Flora Pagan, University of Victoria
Ian Garber, University of Victoria
Rory Hills, University of Victoria
Ashley Larnder, University of Victoria
Thea van Roode, University of Victoria
Vici Piotr Burek, University of Victoria
Jenny Cartwright, University of Victoria
Dennis Hore, University of Victoria
Bruce Wallace, University of Victoria

Learning Objective for the Presentation

To better understand the utility of drug checking instruments, technologies and practices for people who use drugs and others impacted by and responding to the overdose emergency.

Background

There is a lack of evidence and knowledge of the value and relevance of drug checking as a harm reduction response to illicit drug overdose for varied populations, settings, substances and determinants of harms, as well as a lack of evaluations that compare the utility of instruments and technologies in terms of cost, efficiency, portability, etc.

Objectives

To pilot a suite of portable drug checking instruments within harm reduction settings with associated messaging and data collection, storage and communication platforms.

Methods

The pilot project includes data collection (survey) with individuals accessing the service in combination with the data collected from the drug checking instruments which are linked to measure multiple quality dimensions.

Results

A pilot project was successfully implemented in harm reduction settings in Victoria BC providing relevant and timely results on composition of substances checked and harm reduction messaging. There is a need to continue to compare and evaluate the utility of potential instruments and technologies and the criteria for assessment of these service innovations within complex settings.

Conclusions

Drug checking instruments, technologies and practices have a potential yet still undetermined role in responding to the current overdose emergency.

Sex and Gender Considerations

While sex and gender-based analysis is not central to the intervention and assessment these are explicitly included as a fundamental consideration and variable for evaluation. Our collaborators represent diverse genders and programming directly serving LGBTQ2S and bring these experiences and critical analysis to our shared work.

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How Companion Animals Support Recovery from Opioid Addiction: An Exploratory Study of Patients in a Methadone Maintenance Treatment Program (in English)

Brynn Kosteniuk, University of Saskatchewan
Colleen Dell, University of Saskatchewan

Learning Objective for the Presentation

To increase awareness and understanding of the role of companion animals in individuals' recovery from addiction.

Background

The past decade has witnessed increased attention to the benefits of companion animals on human health, though little attention has been paid to the potential to support recovery from addiction. Amidst an opioid crisis in Canada, studying this overlooked source of support may be especially beneficial.

Objectives

This study aimed to understand how companion animals support the recovery of methadone maintenance treatment patients in Saskatoon's core neighborhood.

Methods

Seven participants took part in semi-structured interviews so that rich information could be collected. Data was thematically analyzed following Braun and Clarke's methods, and four primary themes emerged.

Results

The findings align with the four dimensions of a life in recovery outlined by the Substance Abuse and Mental Health Services Administration: purpose, community, health, and home. More specifically, companion animals fulfilled supportive roles that other humans could not or chose not to provide, and the human-animal bond encouraged a strengths-based approach to individuals' recovery from opioid addiction. This helped foster individuals' positive self-identity and a perceived choice over their recovery pathway.

Conclusions

This study offers a broadened understanding of what constitutes support throughout recovery with the inclusion of companion animals, as the findings demonstrate their unique role in individuals' recovery.

Sex and Gender Considerations

We did not perform a gender- or sex- based analysis. However, we did acknowledge that there are likely potential differences in the experiences of men and women in our study, as seen in a direct quote from our limitations in our manuscript (which is currently under review in Aporia): "We also neglected to focus on diversity amongst the participants. For example, the Canadian Life in Recovery from Addiction Survey found that females were more likely to identify a supportive relationship with animals or pets compared to males (female 76.2% vs male 66.8%).73 It is also established that men suffering from opioid use disorder are more likely to be treated more harshly by health care providers, due in part to the influence of hegemonic standards of masculinity.92,93" We hope to investigate these notions in the near future, and we aim to discuss them at IOS.

Design and Implementation of a Multi-technology Platform for Drug Checking (in English)

Rory Hills, University of Victoria
Jake Rothwell, University of Victoria
Deepak Kumar, University of Victoria
Belaid Moa, University of Victoria
Ian Garber, University of Victoria
Thea van Roode, University of Victoria
Flora Pagan, University of Victoria
Bruce Wallace, University of Victoria
Dennis Hore, University of Victoria

Learning Objective for the Presentation

To provide an overview of a diverse set of hardware and software tools for drug checking and analysis, including how stakeholders benefit from a combination of the methods.

Background

Current portable drug checking technologies are used and evaluated in isolation. Few comparisons exist, and most multi-technology studies are biased on the basis of different software, sizes of libraries, and methods for library searching.

Objectives

The aim of the current study is to provide a software-agnostic comparison of drug-checking tools, and to highlight ways in which they can effectively be used together in a harm-reduction setting.

Methods

We have implemented a suite of chemical analytical methods in combination with qualitative survey data to provide real-time harm reduction, gather data for trends analysis, and to improve upon the technologies by building a drug database.

Results

Our platform includes data collected from infrared absorption, Raman/SERS, gas chromatography, mass spectrometry, and antibody-based test strips. These chemical test results are stored in a database for matching against libraries of known compounds and mixtures that we have previously encountered. In addition to detecting the active ingredient, we are able to identify common and uncommon adulterants, and provide a semi-quantitative measure of the concentration. We have identified trade-offs between ease of data collection, the time required for analysis, sensitivity to low concentrations, and reliability of results. The results of these tests are stored on a secure database available to collaborators, and presented to the public in the form of aggregate data and alerts.

Conclusions

This tool is currently being used to collect data on Vancouver Island, and represents an ongoing collaboration with university researchers, health authorities, government, and instrument developers.

Sex and Gender Considerations

Sex and gender-based analysis are explicitly included as a fundamental consideration and variable for evaluation. Our survey group and partners represent diverse genders and bring these experiences and critical analysis to our shared work.

PAWSitive Support: The Development of a Canadian Prison-based Canine Assisted Learning Program in Response to Canada's Opioid Crisis (in English)

Darlene Chalmers, University of Regina
Colleen Dell, University of Saskatchewan

Learning Objective for the Presentation

To share the program's goals, implementation, and evaluation outcomes.

Background

The literature on incarceration suggests that prisoners experience a poverty of connection—isolation from self and others—due to the structure of their environment and for many also due to their substance use. The literature supports the healthy impacts of human connection with animals.

Objectives

The PAWSitive Support Canine Assisted Learning Program at Drumheller Institution was developed by researchers, inmates and correctional staff in response to Canada's opioid crisis. The aim of the program is to promote human development skills and overall mental health, with specific attention to the impacts of problematic substance use.

Methods

Using objective-driven exercises, the experiential learning program focuses on participants developing a bond, trust, and respect through interaction with participating dogs and handlers, and applying this knowledge to their correctional plan dynamic domain risk areas. Specific attention is allotted to the substance abuse and personal/emotional domains.

Results

Ongoing evaluation of the program from 3 cohorts (N=22) shares that the program offers participants a taste of freedom from the daily impacts of institutionalization. Their interactions with the dogs provide opportunities to (re)connect with who they are by experiencing compassion and unconditional support, and promoting self-reflection.

Conclusions

The program parallels a cognitive behavioural skills development approach, which recognizes that participants' experiences link to how they think as well as how their feelings and emotions influence behaviour. This is directly linked to their correctional plans, and specifically the substance abuse domain.

Sex and Gender Considerations

Sex and gender was considered in our work, and abstract submission, given our understanding of the dominant male prisoner gender stereotype and the detrimental role of hypermasculinty in prison settings. This knowledge guided our approach to project design, implementation, and importantly, data analysis and interpretation of findings.

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Wilderness Therapy as a Catalyst for Youth Resilience (in English)

Laura Mills, Pine River Institute
Nevin Harper, Pine River Institute

Learning Objective for the Presentation

There are three primary learning objectives for participants. 1. Participants will experience and debrief the therapeutic impact of an experiential land-based challenge. 2. Participants will learn about the benefits of wilderness therapy by hearing about qualitative research exploring client reflections on 'moments of change in wilderness'. 3. Participants will learn and dialogue about quantitative health changes related to Wilderness Therapy; Wilderness Therapy as a viable treatment modality; and, the paucity of Wilderness therapy in Canada.

Description

This workshop combines experiential learning with quantitative and qualitative research to highlight the benefits of Wilderness Therapy. Participants will 'bust a fire' using primitive and natural tools. This interactive activity is undertaken by youths in most wilderness therapy and has been shown to foster resilience, communication, and perseverance. We will debrief the related therapeutic impact for our group and discuss the impact for youths in therapy.

We will review research that explored qualitative client reflection on 'moments of change' and quantitative findings that demonstrate increases in therapeutic readiness and mental health during Wilderness Therapy. The audience will be encouraged offer their perspective and interpretation of these findings and as a group discuss the paucity of wilderness therapy in Canada

Sex and Gender Considerations

Our quantitative analyses include gender as a predictive or group variable and any significant group differences will be discussed.

THE CONTINUUM OF CARE

Alberta Injectable Opioid Agonist Treatment Community Program: Changing Lives (in English)

Stacey Whitman, Alberta Health Services
Dianne Dyer, Alberta Health Services
Amy Woroniuk, Alberta Health Services

Learning Objective for the Presentation

To present the driving forces behind the new program To present the program design/unique features To discuss the positive outcomes/future directions

Background

Highly specialized services such as injectable opioid agonist treatment (iOAT) are an important piece in a comprehensive addiction treatment system. Although the population of individuals who would benefit from iOAT may be a small portion of opioid users, they are a marginalized population at high risk for overdose. It is important that the health system works to mitigate the risks and supports treatment. On October 29, 2019, the Calgary, Alberta iOAT clinic opened to provide this unique service for this population.

Objectives

To provide injectable hydromorphone for patients with severe opioid use disorder (OUD) that are IV drug users and have been previously unsuccessful with current oral opioid agonist therapy (OAT). To explore the feasibility of expansion of the service to additional Alberta communities.

Methods

The treatment is delivered in a dedicated clinic space and clients are observed as they inject the prescribed medication up to three times a day. In addition, clients receive on-site compassionate wrap-around services to address their health and social service needs.

Results

Clients are referred from the current OAT programs and the supervised consumption services (SCS). The processes are clearly defined and the patient outcomes are very positive.

Conclusions

The on-going evaluation of the program will identify the lessons learned for potential expansion across the province.

Sex and Gender Considerations

To support clients experiencing opioid use disorder it is very important that the unique needs of special populations such as gender diverse communities (LGBTQ2+) and women. These populations may be more significantly impacted by stigma due to societal norms and diminished access to social determinants of health. When these populations are also impacted by substance use, systems and societal structures and decisions can also negatively impact their health and well-being. The Calgary iOAT program is designed to provide compassionate and thoughtful medical treatment for clients with severe opioid use disorder and provide a wide range of additional services on site that help to address social and cultural disparities without judgment. Peer Support workers, social workers, registered nurses, nurse practitioners and addictions counsellors are available to assess the client's needs and ensure that supports are readily accessible (e.g. pregnancy assistance, gender diverse consultations, housing options, financial support).

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Peer Assistance at Supervised Consumption Sites: Potential to Increase Accessibility and Reduce Harms (in English)

Graeme Simpson, Health Canada
Adam Doane, Health Canada
Alana Hendry, Health Canada
Merima Baljak, Health Canada
Caitlin Daine, Health Canada

Background

Health care professionals and front line workers have indicated that allowing peer assistance at supervised consumption sites (SCS) increases their accessibility for at-risk and marginalized groups of people who consume drugs. Peer assistance refers to one person providing assistance to another in the course of consuming drugs, most often injection drug use. It occurs between individual clients using the site.

Objectives

To gain further insight into peer assistance; To gather data on who is using peer assistance and why; and to evaluate the potential benefits and health implications of allowing peer assistance at SCS in Canada.

Methods

In response to requests from SCS to offer peer assistance, Health Canada authorized a six-month pilot project to gather insight into this potential harm reduction practice. Four SCS participated: one in Ottawa, two in Toronto and one in Lethbridge. The pilot concluded on December 31, 2018. To gather additional evidence, the pilot has been extended for one year and is open to all operational SCS who wish to participate.

Results

Although the sample size of this pilot project was limited, data collected indicated benefits, and no harms, associated with providing peer assistance at SCS. Participating SCS have reported: new clients; referrals to primary care and other health and social services; increased accessibility for individuals with disabilities and knowledge limitations; and that the need for this service is a gendered issue.

Conclusions

Initial findings indicate benefits with providing this service, including an increase in new clients and a reduction in barriers for access to on-site services. The extended pilot will allow Health Canada to collect information on both existing and new SCS clients that require peer assistance.

Sex and Gender Considerations

The Centre of Excellence for Women's Health was asked to provide a sex and gender based analysis of peer assistance before the pilot project began. The report advised that exempting peer assistance at SCS would improve access to health care and harm reduction for women and people with disabilities. Peer assistance is practiced among those most at risk of harms including infectious disease transmission, overdose, drug-related violence, and coercion to perform sex work. The need for assistance has biological considerations (e.g. smaller veins in women) and gender considerations (e.g. power dynamics in a relationship, including control of drug use). The current peer assistance pilot project allows Health Canada to gather data on who is using peer assistance and why, and will provide greater insight on this potential harm reduction practice.

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An Environmental Scan of Social Work's Response to the Overdose Crisis (in English)

Jessica Kennedy, University of Victoria School of Social Work
Bruce Wallace, University of Victoria School of Social Work

Background

Social workers are among the front-line responders to the overdose crisis and yet there appears to be little acknowledgement of the role of social workers as a profession responding to the public health emergency.

Objectives

This project sought to better understand how social work as a profession is responding to the overdose crisis in Canada and what we can learn to inform future responses.

Methods

An environmental scan of provincial and territorial social work regulatory organizations and associations was conducted in late 2017 consisting of: 1) an email requesting documentation, resources, or responses related to the overdose crisis. 2) a search of organization's website, for terms such as "opioid", "naloxone", "overdose", "harm reduction", "fentanyl".

Results

The responses from four provinces captures those provinces most impacted by overdose. Responses focus on naloxone and the question of administering intramuscular injections within social work practice. The scan revealed little guidance or advocacy on major policy issues including overdose prevention, supervised and assisted injections and shifting drug laws towards decriminalization and regulation.

Conclusions

Frontline social workers play a critical role in responding to the overdose crisis in Canada. The social work profession could take a leadership role in defining alternatives between criminalization and medicalization of substance use to emphasize social justice.

Sex and Gender Considerations

The environmental scan conducted as part of the project did not include sex and gender as a focus, however, our analysis considers sex and gender in the analysis of the results.

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Charting the Path: Findings and Opportunities from the Continuing Care Project (in English)

Matthew Hollingshead, Centre for Addiction and Mental Health
Dhaarna Tangri, Centre for Addiction and Mental Health
Stephanie Gloyn, Centre for Addiction and Mental Health
Natasha Y. Sheikhan, Dalla Lana School of Public Health

Learning Objective for the Presentation

Increase awareness of continuing care and its role in promoting better quality of life for people facing substance use and addiction issues. Improve understanding of opportunities to expand continuing care in Toronto.

Background

Despite growing appreciation of substance use as a chronic condition, existing care approaches tend to focus on short, disconnected episodes of high-intensity treatment. This is at odds with the reality that recovery does not necessarily include abstinence and is a long-term, personal journey that takes different sources of support to improve a person's wellbeing. Continuing care describes a range of supports that come after a period of inpatient, residential, or intensive outpatient substance use treatment to maintain an individual's long-term recovery.

Objectives

Understand the importance of continuing care in Toronto; describe important trends related to continuing care in Toronto; and, identify opportunities to improve continuing care in Toronto.

Methods

Conducted consultations, including focus groups and key informant interviews with service users and service providers. Consultation transcripts were analyzed to identify common themes, which were validated to ensure that themes resonated with consultation participants.

Results

Consultation findings were grouped into four categories, which correspond with the elements of the WHO's rights-based approach to health. Findings ranged from systems-level observations about the limitations of existing continuing care supports to reflections on individual experiences of pursuing recovery.

Conclusions

10 opportunities for action emerged from the findings based on feedback from participants that will form the foundation for the project's future direction.

Sex and Gender Considerations

Project steering committee members were selected to encourage equitable representation of a variety of intersecting identities, including people identifying as or working with women or members of LGBTQ communities. Engagement and recruitment of consultation participants was conducted according to a strategy that aimed to represent the perspectives of traditionally marginalized groups. This led to consultations with groups of men, women, First Nations, Inuit, and Métis peoples, people experiencing homelessness, members of LGBTQ communities, and representatives from Black communities. These perspectives helped to bring gender-based issues to light during consultations. For example: Women and members of LGBTQ communities expressed concerns related to traumatic experiences and the physical and psychological safety of supports and barriers to access. Men spoke of being generally unprepared to support themselves once they started living alone. Highlighted the reality that many substance use and addiction services are segregated along gender lines.

Project Engage: Comparing Treatment Providers' and Clients' Attitudes Towards Contingency Management (in English)

Ashley Ethier, University of Calgary
David Hodgins, University of Calgary
Denise Adams, University of Alberta
Cam Wild, University of Alberta

Background

Contingency management (CM) is an effective intervention for increasing treatment attendance among substance users as well as promoting abstinence. However, despite its effectiveness, the implementation of CM is frequently met with reluctance. Research examining clinicians' attitudes towards CM cite philosophical incongruity and practical concerns as the main reasons for their apprehension to utilize CM.

Objectives

To date, no research has assessed how clients feel about CM. Therefore, the aim of the current study was to examine the relationship between treatment providers' attitudes towards CM and the attitudes of clients who have experienced CM.

Methods

Staff from substance abuse treatment centers in Calgary were asked to complete a brief survey on their attitudes towards CM. Following this, researchers worked collaboratively with interested centers to implement the CM protocol in their current operating services. Clients receiving this intervention were assessed using a modified version of the survey administered to staff (i.e., from the client's perspective).

Results

Treatment providers and clients had both positive and negative attitudes towards CM. Differences with respects to concerns regarding the practicalities and effectiveness of CM varied as a function of treatment center role (i.e., staff vs. client).

Conclusions

Overall, the findings suggest that the inconsistencies between the attitudes towards CM for treatment providers and clients are complex and multifaceted. The implications of these results suggest the need for more efforts targeted at debunking the misconceptions of CM.

Sex and Gender Considerations

The proposed study examined the relationship between treatment providers' attitudes towards CM and the attitudes of clients who have experienced CM. Programs in which CM was implemented included treatment centers that, 1) exclusively served men, 2) exclusively served women, and 3) served both men and women. Surveyed participants were asked to indicate their sex and analyses were run to examine differences with respects to attitudes of CM.

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Live-in Treatment Standards for Addictions Services (in English)

Rachelle Maskell, Thunderbird Partnership Foundation

Learning Objective for the Presentation

Demonstrate the importance of provincial minimum standards of care for patient safety and quality of care in live-in addictions treatment, including supporting system-wide culturally safe practices and services.

Background

There is a need to address the inconsistency in live-in treatment services. The use of standards that support patient safety and quality of care can transform supports and services for addiction services through strengthening service integration and system continuity with a particular emphasis on vulnerable or underserved populations.

Objectives

1) The objectives of the research are:
2) Stakeholder engagement
3) Rapid review of the literature
4) Knowledge synthesis
5) Standard development
6) Implications/Recommendations for moving forward

Methods

A rapid review of literature from 3 databases and a grey literature review and engagement with key stakeholders was completed. All data collected was qualitatively analyzed and used to inform the development of the minimum standards of care.

Results

Minimum standards of care have been developed to address the inconsistencies in current practices and to enhance the quality and provision of live-in addictions services. The standards reflect the continuity of care (i.e. pre-, during, and post-treatment), standards that are foundational to the treatment journey, and organizational/ administrative standards.

Conclusions

In consultation with stakeholders, this project used best-evidence and experience to develop minimum standards for live-in addiction treatment services. Implementing minimum standards of care support patient safety and quality of care in live-in addictions treatment services.

Sex and Gender Considerations

The development of provincial minimum standards of care considers sex and gender in several ways. For example, the rapid review of literature considers gender-specific factors (such as pregnancy) and priority populations including: Indigenous women, pregnant women, and LGBTQ2S+. For all engagement sessions, recruitment was targeted to ensure male, female and priority population participation. The minimum standards of care highlight the gender differences in treatment and strive to reduce stigma and discrimination faced by individuals who have addictions. The minimum standards of care recommend a seamless approach to addictions treatment through the integration of gender and culturally competent services.

PROFAN 2.0 : un programme provincial de formation développé par une association de pairs pour la prévention et la prise en charge des surdoses d'opioïdes (in French)

Guillaume Tremblay, Méta d'Âme
Chantale Perron, Méta d'Âme
Michel Perreault, Institut universitaire en santé mentale Douglas

Objectifs d'apprentissage

Faire connaître et comprendre l'évolution d'un projet éducationnel initié et coordonné par des pairs visant à prévenir et réduire les surdoses d'opioïdes.

Contexte

Pour faire face à la crise des opioïdes, Méta d'Âme à conçu en 2015 un programme de formation pilote sur l'utilisation et l'accès à la naloxone qui est aujourd'hui offert à l'ensemble des usagers et groupes communautaires du Québec.

Objectifs

Transmettre des connaissances pratiques aux travailleurs du milieu communautaire québécois pour prévenir et réduire le nombre de décès associés aux surdoses d'opioïdes. Permettre aux personnes utilisatrices de substances psychoactives et à leurs proches de pouvoir recevoir l'information nécessaire sur la naloxone et son utilisation.

Méthodes

L'offre d'un programme de formation à toutes les régions du Québec élaborée et donnée par des pairs en collaboration et en concertation avec plusieurs autres partenaires du réseau de la santé.

Résultats

Plus de 700 personnes ont été formées à ce jour amenant celles-ci à adopter des comportements plus avisés concernant les risques de surdoses. Le programme a également permis de démontrer avec certitude que des pairs peuvent être d'excellents éducateurs et gestionnaires.

Conclusions

Le programme devrait mener à terme à l'émergence d'une communauté de pratique en prévention et en prise en charge des surdoses qui inclurait des pairs et des professionnels et qui faciliterait la mise en œuvre de bonnes pratiques dans le domaine.

Considérations liées au sexe et au genre

Parce que les déterminants sociaux de la santé sont souvent influencés par le genre, nous abordons le contenu de nos formations avec une approche pluridisciplinaire, inclusive et holistique, basée sur la spécificité des personnes. Nous favorisons l'équité des sexes et des genres en attribuant de façon égalitaire dans notre programme les ressources et le processus décisionnel, nous recrutons également de manière le plus équitable possible les personnes participantes à la conception et à la réalisation de celui-ci. Nous utilisons dans le cadre du programme un langage n'étant pas chargé de valeurs sexuellement discriminantes en tentant de déroger au masculin générique ou encore en soulignant la présence des femmes et autres genres lorsqu'il y a mixité dans les groupes. Visant à atténuer la stigmatisation, nous employons des stratégies de promotions et de communications sensibles aux personnes de divers genres pour susciter une meilleure participation à notre programme.

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Substance-involved In-patients in Medical and Rehabilitation Settings (in English)

Niki Kiepek, Dalhousie University
Stacey Freemantle, St. Joseph's Care Group
Kristen Jones-Bonofiglio, Lakehead University
Kristine Quaid, St. Joseph's Care Group
Mark Lavallee-Demers, Thunder Bay Regional Health Services Centre
Mandy Byerley-Vita, St. Joseph's Care Group

Background

NW ON rates of opioid related hospital admissions and emergency department visits are 4th highest provincially and 7th highest nationally. Increasingly, patients are admitted for infection (e.g., osteomyelitis, endocarditis) related to intravenous substance use. This results in complex situations such as: patient intoxication following leaves; missed medical care; self-administration of substances on premise; drug paraphernalia on premise; withdrawal symptoms; Code Yellow (missing patient and police contact); and discharge against medical advice.

Objectives

Our research is to aimed at better understanding patient demographics, medical and psychosocial factors, clinical impressions, and decision-making about care pathways for patients who require antibiotic treatment for infections related to IV drug use, which can inform therapeutic approaches and treatment outcomes.

Methods

A mixed methods study involved: 1) medical record review for all patients admitted for IV antibiotic treatment for infections related to IV drug use at a single hospital over a 2 year period; 2) interviews with health providers and decision-maker regarding care pathway decisions.

Results

Preliminary findings indicate a complex interaction of factors (e.g., insecure housing, concurrent health problems, history of poor therapeutic alliances with health professionals). These factors are expected to impact adherence to treatment protocols, discharge against medical advice, enactment of codes while admitted (e.g., code yellow), and readmission or visits to emergency services.

Conclusions

By understanding client circumstances and needs, we aim to better address the needs of this group of patients.

Sex and Gender Considerations

We are collecting demographic data indicating sex. The analysis considers potential ways that sex differences impact substance use, the therapeutical alliance, and medical compliance.

Safe Supply Now (in English)

Frank Crichlow, Canadian Association of People Who Use Drugs
Natasha Touesnard, Canadian Association of People Who Use Drugs
Hawkfeather Peterson, Canadian Association of People Who Use Drugs

Learning Objective for the Presentation

The objective of this presentation is to teach what "safe supply" is, crystalize for the audience that fentanyl contamination in the illicit drug supply is a national issue, and to illustrate the existing barriers that prevent access to safe supply for people at risk of overdose.

Background

Canada is in the midst of an overdose epidemic that is claiming eleven lives each day. Overdose is a preventable cause of death. One of the major factors contributing to the epidemic is the widespread presence of fentanyl, and its analogues, like carfentanil, in Canada's drug supply.

Objectives

The objectives are ensuring a safe supply of opioid or stimulant drugs to anybody at risk of fatal overdose in Canada.

Methods

CAPUD needs used a variety of methods to

a. increase awareness about overdose death
b. define and disseminate safe supply. Media interviews Projections Article writing letter writing campaigns public demonstrations social media graphic design. Revising clinical protocols and guidelines related to safe supply. Presenting on safe supply to researchers and decision makers. Creating and disseminating a safe supply fact sheet.

Results

None

Conclusion

None

Sex and Gender Considerations

None

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INTERSECTIONS BETWEEN MENTAL HEALTH AND SUBSTANCE USE

These posters are presented in partnership with the Mental Health Commission of Canada

Specific Mindfulness Facets and Self-compassion Predict Drinking to Cope with Depression in Undergraduate Women and Men with Problematic Consumption (in English)

Melanie Wisener, McGill University
Bassam Khoury, McGill University

Background

Undergraduate students show the highest rates of problematic alcohol consumption compared to any other non-clinical category of individuals, and coping-motivated drinking has been consistently shown to be the most problematic.

Objectives

The present study examines mindfulness facets and self-compassion as predictors of coping-motivated drinking, and how these associations differ by gender.

Methods

Undergraduate problematic drinkers (N = 146) completed self-report measures assessing their motives for drinking (coping-depression, coping-anxiety, enhancement, social, conformity) and levels of dispositional mindfulness (observing, describing, acting with awareness, non-judging, non-reactivity) and self-compassion.

Results

For both genders, mindfulness facets and self-compassion negatively predicted coping-depression, but not coping-anxiety. Non-judging uniquely predicted coping-depression in women, but in men, non-reactivity was the sole unique predictor. Unexpectedly, describing negatively predicted conformity-motivated drinking in women.

Conclusions

Mindfulness and self-compassion based programs for undergraduate problematic drinkers may be most effective if they target students who drink to cope with depression and emphasize different skills depending on the student's gender.

Sex and Gender Considerations

Despite cogent and converging evidence suggesting the possibility of gender-specific pathways among variables, a major limitation of extant research on mindfulness, self-compassion, and problematic alcohol consumption is the absence of gender considerations. Understanding the differences in these associations is needed to develop behaviourally-relevant prevention and intervention programs. The present study conducted gender-specific analyses, and the results highlight the importance of gender considerations when conducting this type of research.

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Longitudinal Cohort Survey of Substance Use and Mental Health Problems from Early to Late Adolescence in a School-based Sample (in English)

Leanne Wilkins, Centre for Addiction and Mental Health — Child, Youth and Family
Lisa Hawke, Centre for Addiction and Mental Health — Child, Youth and Family
Elizabeth Brownlie, Centre for Addiction and Mental Health — Child, Youth and Family
Gloria Chaim, Centre for Addiction and Mental Health — Child, Youth and Family
Joanna Henderson, Centre for Addiction and Mental Health — Child, Youth and Family
Joseph Beitchman, Centre for Addiction and Mental Health — Child, Youth and Family
David Wolfe, Centre for Addiction and Mental Health — Child, Youth and Family
Brian Rush, Centre for Addiction and Mental Health — Child, Youth and Family

Background

In Ontario, approximately 20% of adolescents are affected by mental health and/or addictions (MHA). It is estimated that approximately half of all adult MHA arise before the age of 16, with indicators of increasing prevalence of concurrent mental health and substance use disorders.

Objectives

This longitudinal cohort study tracked substance use and mental health problems during early to late adolescents in a school-based sample.

Methods

Participants completed a survey adapted from the Ontario Student Drug Use and Health Survey, with three waves of biennial data collection, initiated in grade 7 and 8. Data was collected from schools nested in school boards, purposively sampled across four regions of Ontario (large urban, norther urban, suburban, and rural).

Results

Rates of internalizing, externalizing, substance use and concurrent mental health and substance use problems increased from early to late adolescence. Frequency of alcohol use, binge drinking, use of other substances, high frequency cannabis use (10+ and 40+ times in a year,), and problematic use of alcohol and cannabis also increased. Rates of internalizing, externalizing and concurrent problems were strongly associated with alcohol and cannabis use. Self-ratings of mental health as fair/poor increased but were not associated with increased utilization of MHA services.

Conclusions

The study identified interconnected development of mental health, substance use and concurrent problems. The results highlight the importance of access to early identification and intervention of MHA and a continued need for capacity building to meet the needs of adolescents with MHA concerns across sectors, including in the school context.

Sex and Gender Considerations

Sex and gender are particularly important considerations for youth mental health and addictions (MHA), given differences in patterns of substance use and related service utilization patterns. This research will take into account sex/gender differences in our analysis and reporting results will identify sex- and gender specific patterns in interconnected development of MHA and service utilization.

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Randomized Controlled Trial Comparing the Effectiveness of Interventions to Improve Physician Benzodiazepine Prescribing Practices in Alberta, Canada (in English)

Nikki Kain, College of Physicians and Surgeons of Alberta
Nigel Ashworth, College of Physicians and Surgeons of Alberta
Delaney Wiebe, College of Physicians and Surgeons of Alberta
Ed Jess, College of Physicians and Surgeons of Alberta
Karen Mazurek, College of Physicians and Surgeons of Alberta

Learning Objective for the Presentation

Learn how the College of Physicians & Surgeons of Alberta (CPSA) conducted an RCT to determine the most effective strategy for reducing BZD prescriptions to older patients in Alberta.

Background

Long-term or inappropriate use of BDZ may lead to tolerance, dependence and/or even death. The CPSA has monitored opioid prescriptions since 1986, and BDZ since 2015. It is standard practice for the CPSA to flag outlying prescribers and use a letter and/or phone call by a peer-physician to intervene; yet there is no evidence of the effectiveness of those interventions.

Objectives

Determine the most effective intervention to improve physician prescribing of benzodiazepines in Alberta.

Methods

We conducted an RCT consisting of 4 groups. Participants were included if they had prescribed >=4x the defined daily dose (DDD) of BDZ to a patient age 65+ in Q32016 (n=269). All groups received a novel prescribing profile outlining their individual prescribing for the quarter and either: 1) nothing (status quo); 2) personalized letter; 3) phone call from pharmacist; 4) phone call from peer-physician. Primary outcome: change in total DDDs from Q32016 to Q32017.

Results

All four RCT groups saw statistically significant reductions of approximately 20% in terms of numbers of patients prescribed high and total doses of BDZ at up to 6 months follow-up.

Conclusions

Providing physicians with a prescribing profile alone was just as effective as any of the other interventions. The cost of this intervention is substantially less than the other groups, making it highly cost-effective.

Sex and Gender Considerations

Recognizing that the culture of medical practice among males and females may differ, and that certain age- and gender-related factors may impact both those patients' being prescribed benzodiazepines as well as those physicians' doing the prescribing, we did take gender into consideration for this small trial. The pharmacist phone call was made by was a female (group 3), and the peer-physicians for the phone call (group 4) were both male and female. This reflects the practice environment at the CPSA, and also reflects the population of Alberta physicians who were included in the trial. Further research may be warranted into an investigation of the different prescribing habits or patterns in male physicians compared to female physicians; and the different gender-related reasons for Albertans to be prescribed such high doses of BDZ. This study was approved by the appropriate research ethics board at the University of Alberta.

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Drinking and Thinking: Do Alcohol and Depression Affect Ruminative Thought Valence in Social Anxiety? (in English)

Amanda Hagen, Dalhousie University
Marie-Eve Couture, Dalhousie University
Susan Battista, Dalhousie University
Sherry Stewart, Dalhousie University

Background

Social Anxiety (SA) and Alcohol Use Disorder (AUD) are highly comorbid: those with SA are 2.3 times more likely to develop AUD. Many causal theories have been proposed, e.g. the self-medication hypothesis. Indeed, there is evidence that alcohol dampens state anxiety. Post-event rumination involves repetitive thoughts about recent events and may help maintain SA. Rumination is also important in depression, commonly comorbid with SA and AUD. Gender differences in this area are inconclusive: some evidence indicates that alcohol may dampen social anxiety related rumination in women but not men.

Objectives

The present study examined the valence of post-event thought content days after consuming alcohol or no alcohol before a social interaction in SA, moderated by depressive symptoms.

Methods

Ninety-four high SA university students were recruited. Depressive symptoms were measured and participants consumed either alcohol or a non-alcoholic beverage. Participants then engaged in a social interaction with a confederate. Three days later, they completed post-event rumination measures.

Results

Those high in depressive symptoms reported more negative rumination than those low in depression symptoms, with no difference in positive rumination. No gender or condition differences were observed in negative rumination, however both men and those given alcohol engaged in more positive rumination than women and those in the no-alcohol condition.

Conclusions

Individuals high in SA may drink to increase positive thoughts about social interactions and may benefit from learning other means to do so. These findings may be particularly relevant for those high in both SA and depression and may help reduce the risk of AUD.

Sex and Gender Considerations

We considered sex as a between-subjects variable in our analyses. (A discrepancy between gender and biological sex was not reported by any participants). Findings from prior research on sex differences for the effects of alcohol on social anxiety have been mixed: some evidence indicates that alcohol may dampen social anxiety related rumination in women but not men. While we found no evidence of sex differences in our observed effects of alcohol in increasing positive post-event rumination in high SA participants, or in the effects of depressive symptoms in increasing negative post-event rumination, we did find that men engaged in more positive post-event rumination than women overall. This finding suggests that socially anxious women, in particular, may need assistance in learning to engage in more positive ways of thinking about past social interactions without resorting to the use of alcohol as a social lubricant during social interactions.

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Supporting Mental Health and Substance Use Concerns on Canadian Campuses Through the Development of the Standard on Psychological Health and Safety for Post-secondary Students (in English)

Polly Leonard, Mental Health Commission of Canada
Greg Kyllo, Canadian Mental Health Association, National

Learning Objective for the Presentation

Participants will have the opportunity to: Learn about the development and importance of the Standard on Psychological Health and Safety for Post-Secondary Students. Provide guidance on aspects of the Standard that include student substance use and concurrent issues.Engage in hands-on evaluation and examination of the Standard as evidenced by the collective feedback provided by the participants.

Description

An increasing number of post-secondary students are struggling with their mental health, including substance use concerns. Mental Health Commission of Canada (MHCC) is working collaboratively with the CSA Group to develop a Standard on Psychological Health and Safety for Post-Secondary Students. This Standard will act as a voluntary guideline to help post-secondary institutions review and implement policies, programs, and processes to better support students. A draft of the Standard will be ready for public review by late 2019, and MHCC will require the input of substance use and addictions professionals and those with lived experiences to help provide feedback and guidance. At this session, presenters will do a focus group with participants to review and inform the draft of the Standard.

Sex and Gender Considerations

Examining the role of sex and gender as a risk or protective factor for mental health in students is an important component of the development of the Standard. The scoping review, provides much insight into how sex and gender impact mental health outcomes of students in post-secondary institutions. Some of the factors that are impacted by sex and gender include suicidality, help seeking behaviour and coping skills, safety on campus and the importance of identity-specific interventions. During our engagement phase, we are seeking partners from the post-secondary community across Canada. Specific considerations are being taken to include organizations that work with Pride Centres, as well as Sexual Assault Centres on and off campus. Additionally, we will be seeking input from stakeholders through an online survey which will include capturing demographic information of respondents at the beginning of the survey to enable appropriate sex and gender data collection.

A Scoping Review of Cannabis and Mental Health: A State of the Science (in English)

Fiona Clement, University of Calgary
Scott Patten, University of Calgary
Rebecca Haines-Saah, University of Calgary
Caroline Corbett, University of Calgary
Christopher Canning, Mental Health Commission of Canada

Learning Objective for the Presentation

The presentation will provide a summary of the research that has been conducted world-wide regarding cannabis and mental health.

Background

The Mental Health Commission of Canada (MHCC) commissioned a research team at the University of Calgary to undertake a scoping and environmental review of existing research on cannabis and mental health as part of a $10m investment from Health Canada to assess the impact of cannabis use on the mental health of Canadians.

Objectives

To map the current knowledge, and knowledge gaps, with respect to both harms and benefits of cannabis and mental health.

Methods

A scoping review and environmental scan of a broad range of scientific inquiry including neuroscience knowledge, harm reduction approaches, prevention and intervention was included. PRISMA-ScR reporting guidelines were followed to ensure best practices. 8 databases were searched from inception to December 2018, combing terms from two themes: 1) cannabis (e.g., bhang, doobie, marijuana) and 2) mental health (e.g addiction, behavioral, depression). A charting template included: descriptive study information; populations (age, gender, cultural background); and any reported outcomes.

Results

In total 26, 270 abstracts were identified from the literature search, with 2909 meeting inclusion criteria for full text review. Data is currently being analyzed, and results will be ready to present spring, 2019.

Conclusions

There are specific populations and outcomes that have been extensively researched and those that are missing from the literature regarding cannabis use and mental health. The scoping and environmental review will inform the development of a research agenda in Canada.

Sex and Gender Considerations

While conducting this scoping review, any article including a comparison between sex or gender was pulled and compiled into a separate analysis. Sex and gender have important associations of cannabis use and mental health outcomes, are social determinants related to public health outcomes. It is important to highlight the literature, or lack thereof, that has been conducted in this area in order to better inform these future research directions.

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Harm Reduction as a Bridge Between Mental Health and Addiction Recovery (in English)

Mary Bartram, McGill University

Learning Objective for the Presentation

To examine the relationship between mental health recovery, addiction recovery, harm reduction and wellbeing, and propose an integrated model for policy-making.

Background

Recovery is a key concept driving system transformation in both the addiction and mental health sectors, and yet there are important differences in how the concept is used.

Objectives

This study explores the potential for harm reduction to act as a bridge.

Methods

This qualitative study first compares the defining attributes of key concepts such as harm reduction, recovery, and well-being. An integrated conceptual model for mental health and addiction recovery is then developed and refined through interviews and focus groups with policy-makers, stakeholders and researchers.

Results

While there is considerable common ground, the emphasis on abstinence as the starting point for addictions recovery is at odds with the de-emphasis on cure as necessary for mental health recovery. Harm reduction, with its focus on reducing harms even with on-going substance use and addiction, has the potential to act as a bridge. A two-continuum model of mental health and addiction recovery and well-being is proposed. This model acknowledges that people can reduce harms associated with on-going substance use in much the same way that people with serious mental illnesses can also be flourishing.

Conclusions

The proposed model is an opportunity to clear up conceptual confusion between the mental health and addictions sectors on recovery. This coherence can in turn influence the development of more integrated policies and ultimately improve the quality of services for people living with mental health and substance use problems.

Sex and Gender Considerations

Risk and protective factors for mental illness and substance use disorders are highly gendered, as evidenced by the higher rates of depression and anxiety for women and of substance use disorders and completed suicide for men. Gender diverse people, lesbian, gay, bisexual and trans people also face unique risk factors arising from discrimination. Further, risk and protective factors are shaped by the intersections of sex, gender and other identities such as First Nations, Inuit and Metis, ethnicity, and class. These individual, social and structural factors are reflected in the proposed two continuum model of mental health and addiction recovery, and are discussed from a sex and gender perspective.

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Development of a Concurrent Disorders Curriculum in British Columbia (in English)

Kimberley Korf-Uzan, British Columbia Mental Health and Substance Use Services
Deborah Ross, British Columbia Mental Health and Substance Use Services
Sherry Mumford, British Columbia Mental Health and Substance Use Services

Learning Objective for the Presentation

1) Describe the collaborative process undertaken by BCMHSUS to develop a curriculum to build provincial capacity to address concurrent disorders.
2) Discuss preliminary findings of an environmental scan of best practices and a needs assessment of current concurrent disorder competencies in BC, including gaps and priority areas for enhancement.
3) Identify key target audiences and next steps in the translation of review findings into curriculum content.

Background

BCMHSUS has identified a need to increase provincial capacity for evidence-informed screening, assessment, treatment and management of concurrent disorders (CD) across the province.

Objectives

This abstract describes a collaborative inquiry approach to the development of a robust and practical curriculum which will support the delivery concurrent disorder training for health care providers in BC.

Methods

BCMHSUS is undertaking a comprehensive review and engagement process which will ultimately inform the CD curriculum content. The process will include: A review of the grey/academic literature Consultation and engagement with key informant groups Identification of gaps in knowledge, practice, and/or core competencies Development of a CD competency framework Identification of the group of practitioners that the curriculum will aim to support

Results

Expected outcomes of this project include: - Description of key best practices and related workforce competencies - Identified competency gaps and priorities for improvement - Recommendations for curriculum development and implementation considerations

Conclusions

Developing a robust, competency-based framework to inform BCMHSUS' provincial CD training curriculum will lay the foundation to support knowledge translation and capacity building in the area of concurrent disorders across the province.

Sex and Gender Considerations

There is increasing evidence in the literature to support the application of a gender-based perspective (as well as looking at other forms of diversity, e.g., age, ethnicity, etc.) when considering the assessment, treatment, and management of concurrent disorders. For example, research suggests that girls and women are more vulnerable to the physical health impacts of substance use, and that emotional motivation may be a more significant factor in the use of substances for women and girls than for boys and men. Concurrent Disorders Guidelines from the government of Newfoundland and Labrador indicate that "individuals who are oppressed due to race, ethnicity, gender, age, sexual orientations, abilities, or other factors may be at an increased risk of using substances." Given these factors, principles of gender-informed practice and related best practices will be integrated into the project processes, and will ultimately be reflected in the CD curriculum content.

A Comprehensive Approach to Tobacco Interventions in Patients with Severe Addiction and Mental Health Issues (in English)

Stephanie Demers, Grand River Hospital

Learning Objective for the Presentation

To increase understanding about tobacco interventions for people with concurrent disorders.

Background

Rates of tobacco use are highest among patients with concurrent mental health and addictions. For these individuals, tobacco use compromises treatment and recovery.

Objectives

The aim of the study was to design, implement, and evaluate a comprehensive approach to tobacco interventions in a mental health and addiction inpatient unit; with overarching goals of reducing smoking behaviour and improving compliance with Smoke Free Policy.

Methods

The current analysis used a multifaceted approach to tobacco interventions, including: staff training, evidenced-based clinical interventions, and environmental modifications. These 3 facets of tobacco intervention were reinforced with a Behaviour Therapy-based incentive program.

Results

Capacity building enabled staff ($N = 80$) to feel more confident in their ability to encourage success of the policy ($p < .0001$) and their skills to help clients ($p < .05$). Individual counselling, group counselling and pharmacotherapy were all observed to trend upward, and resulting smoking behaviour trended downward. Outcome measures for environmental modifications, including smoking-related security interventions and high-risk incident reporting tended to decrease. No Smoke Free Ontario Act infractions were reported. Involvement in the incentive program varied with perceived desirability and immediacy of reinforcers.

Conclusions

When environmental changes, staff training opportunities, and evidenced-based clinical interventions converge and are positively reinforced, success of Smoke Free Policy implementation and smoking cessation is enhanced in populations with concurrent mental health and addictions.

Sex and Gender Considerations

Rates of tobacco use differ among men and women, and similarly among men and women with concurrent disorders. The current analysis did not initially evaluate differences among the sexes. This information could be gleamed from the demographic data and reviewed to assertain differences among sexes with regards to use and effectiveness of clinical interventions and intervention preferences (e.g. perhaps women prefer group interventions and men prefer individual counselling). This data may provide insight into specific gender based interventions that further enhance compliance with Smoke Free Policy and smoking cessation in populations with chronic mental health and substance use disorder.

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Animal-assisted Therapy in a Canadian Psychiatric Prison: Addressing Problematic Substance Use and Mental Health (in English)

Colleen Dell, University of Saskatchewan
Darlene Chalmers, University of Regina

Learning Objective for the Presentation

To share the findings of the first Canadian study of a prison-based animal assisted therapy (AAT) program in a psychiatric correctional facility.

Background

Prison-based animal programs are becoming increasingly common in North America. The majority focus on community and animal well-being, with less explicit therapeutic goals for human participants. Few explicitly address participants' problematic substance use backgrounds.

Objectives

The purpose of this research is to measure the objectives of a canine AAT program in a Canadian psychiatric prison and examine whether the program supports inmates' correctional plans. Substance use as a determinant of well-being is specifically focussed on.

Methods

A modified instrumental case study design was applied with three inmates over 24 AAT sessions. All participants had mental health and related problematic substance use backgrounds. Quantitative and qualitative session data were collected and mid- and end-of-program interviews were held with the inmates, their mental health clinicians, and the therapy dog handlers.

Results

Inmates connected with the therapy dogs through the animals' perceived offering of love and support. Development of a human-animal bond supported inmates' correctional plans, largely situated within a cognitive-behavioural skill development framework. This was valuable for addressing their backgrounds with problematic substance use. Inmates' connections with the therapy dogs increased recognition of their personal feelings and emotions and positively impacted their conduct.

Conclusions

The findings suggest that prison-based AAT programs emphasizing inmate mental well-being and specifically the impacts of problematic substance use, alongside that of animal and community well-being generally, merit further exploration.

Sex and Gender Considerations

We had a very small sample of three inmates in this case study, so it was not possible to compare by sex or account for gender specific experiences. It was the initial study in a prison and there is much more room for sex and gender to be considered in the future with a larger sample size and now that we have an initial understanding of a unique intervention. That said, we did explore the data that we collected for this study for anything specific to sex and gender, but it was not found. We will acknowledge this in the presentation. Accounting for sex and gender will be a very important part of our more large-scale research in the future.

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HEALTH PROMOTION, PREVENTION AND EARLY IDENTIFICATION

An Analysis of the Economic Benefits of Substance Use Prevention Programs for Youth (in English)

Maya Pilin, University of British Columbia
Sherry Hanna, University of British Columbia
Emma Mikkelsen, University of British Columbia
Marvin Krank, University of British Columbia

Learning Objective for the Presentation

The audience will learn about Preventure and what makes it an economically efficient program to implement.

Background

Abuse of alcohol and cannabis often begins in adolescence and has serious consequences on adolescents' educational and health prospects (i.e. Lev-Ran et al., 2014). Preventure is an effective program designed to target risky personality traits in order to prevent adolescent substance use (Conrod, 2016).

Objectives

As costs of such prevention programs may be detractors, the aim of this study was to determine whether the money spent on Preventure results in overall savings to the Canadian economy.

Methods

An analysis of seven studies determined the reduction in odds of adolescent alcohol substance use in Preventure. The costs of Preventure were estimated using public records while its benefits were calculated as savings in healthcare and socio-educational costs.

Results

The analysis determined that the mean odds ratio of Preventure was 0.61 for alcohol and 0.88 for cannabis, demonstrating a reduction in adolescents' odds of substance use. The total costs yearly to the Canadian economy were $10.89/person for cannabis and $171.43/person for alcohol use. After adjusting all costs and benefits to reflect present values, the final ratio demonstrated that for every dollar spent on Preventure, $78.43 in savings is generated for the Canadian economy.

Conclusions

Given the recent legalization of cannabis and the prevalence of alcohol abuse by adolescents, it is important to consider the benefits of prevention programs. Along with their numerous intangible benefits, we must consider economic indicators of prevention programs' successes.

Sex and Gender Considerations

While sex and gender were not originally considered for the current study, they can be implemented in several ways. Firstly, if Preventure is differentially effective for males and females, then the savings to the Canadian economy would also differ for these two groups. Moreover, the costs of substance use to the economy may also differ for males and females. If accepted, we will explore existing research on these two issues and implement the findings in our presentation.

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Strengthening Community Through Dialogue — Let's Talk Cannabis (in English)

Dan Reist, Canadian Institute for Substance Use Research
Kristina Jenei, Canadian Institute for Substance Use Research
Z'Anne Harvey-Jansen, Canadian Institute for Substance Use Research
Ron Beach, Canadian Institute for Substance Use Research

Learning Objective for the Presentation

- Understand the principles of dialogue
- Recognize the benefits of nurturing dialogue within organization and community settings
- Learn how to ask good questions about complex topics that spark a deeper conversation
- Gain the confidence to plan and facilitate dialogue
- Acquire different tools to spark dialogue and creative ways that bring people together.

Description

Communities often find it difficult to address issues around which there is divergent opinion and contested evidence. We need opportunities to talk with each other in safe environments and create connection. Addressing complex issues such as substance use requires that we come together as a community and build understanding. But how?

Dialogue is a way to create trust and explore new possibilities for a community. It is deeply needed. This workshop will explore how dialogue is able to bring about change in how we understand and interact with each other and why this is so important in addressing issues such as substance use.

This workshop was designed from the Let's Talk Cannabis project. The partnership includes CCSA, British Columbia Ministry of Health, Alberta Health Services, Saskatchewan Ministry of Health, Thunderbird Partnership Foundation, and Newfoundland and Labrador Department of Health and Community Services. The partnership was supported with funding from Health Canada

Sex and Gender Considerations

Dialogue encourages diversity within communities. Sex and gender considerations were a part of this project.

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Empowering the Next Generation of Healthcare Professionals with Knowledge, Skills, Tools, and Supports to Address Substance Use Issues in Canada (in English)

Cynthia Baker, Canadian Association of Schools of Nursing
Alexandra Wright, Canadian Association for Social Work Education
Janet Cooper, Association of Faculties of Pharmacy of Canada

Learning Objective for the Presentation

To ensure that pharmacy, nursing, and social work students are well equipped upon entry to practice with relevant, evidence-informed knowledge, skills, and supports to address substance use issues in Canada.

Background

The rising number of substance use issues in Canada is staggering. To respond to these challenges, multiple studies demonstrate a significant need for nurses, pharmacists, and social workers to develop greater knowledge and skills related to substance use.

Objectives

To develop interprofessional guidelines and electronic resources for nursing, pharmacy, and social work education related to substance use in order to promote and guide curricular change in these respective Canadian faculties and schools.

Methods

A search for evidence was conducted to identify major areas and specific elements to be addressed in the guidelines. A scoping review was carried out to provide evidence for these areas. The guidelines were developed using an evidence-informed, modified-Delphi process. This entailed an iterative process of stakeholder input, guideline revision, and further stakeholder input from expert panels to build consensus.

Results

The results of the project are a set of guidelines and educational resources that will help promote the integration of substance use content into curricula among the targeted programs.

Conclusions

By disseminating the work, it is the aim that health care and social service providers will enter the workforce well-equipped with relevant, evidence-informed knowledge to address issues related to substance use across health promotion, prevention, harm reduction, and treatment continuums at primary, secondary, and tertiary care levels.

Sex and Gender Considerations

The project partners are committed to supporting and equipping healthcare and social service providers with relevant, evidence-informed knowledge that recognizes gender-based differences, to address issues related to substance use across the care continuum. To achieve this, a Sex and Gender-Based Analysis (GBA) was employed. This analysis explored how sex and gender intersect with other identities (such as race, ethnicity, and religion) as well as social contexts. To effectively carry out this analysis, a gender-transformative approach was employed which encompassed a comprehensive review of the literature to identify current practices, gaps, and barriers to sex and gender implementation, as well as trends among health services related to substance use issues. To guide this analysis and to ensure appropriate and effective guideline recommendations and related resources were developed, key experts on gender and health promotion were represented on the advisory committee.

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What Is the Impact of a Comprehensive Tobacco Control Intervention among Patients Receiving Inpatient Treatment for Substance Use Disorders? (in English)

Isabella Romano, University of Waterloo
Jean Costello, Homewood Research Institute
Courtney Ropp, Homewood Research Institute
Yao Li, Homewood Research Institute
Sarah Sousa, Homewood Research Institute
Dominique Bruce, Homewood Health Centre
Don Roth, Homewood Health Centre
James MacKillop, Peter Boris Centre for Addiction Research
Brian Rush, Homewood Research Institute

Learning Objective for the Presentation

Learn about the impact of a comprehensive tobacco control intervention on patients receiving inpatient treatment for substance use disorders (SUDs).

Background

Despite evidence that tobacco control interventions, including evidence-based (EB) cessation treatment and campus-wide smoke-free policies, may be effective in clinical settings, tobacco use is often insufficiently addressed within SUDs treatment settings.

Objectives

This study evaluates the impact of a comprehensive tobacco control intervention on patient tobacco use.

Methods

We used data from the Recovery Journey Project – a longitudinal, prospective cohort study of patients who received inpatient SUDs treatment. Participants completed questionnaires at admission and discharge time points (n=379). We compare three groups, those who received: (1) 'usual care' for tobacco cessation; (2) an EB tobacco cessation program; and, (3) an EB program plus campus-wide tobacco ban. We used multivariate GLMM to measure changes over time in tobacco use (i.e., smoking status, frequency, amount used per day, and quit attempts) during treatment.

Results

Group 3 was over 80% less likely to report having used tobacco during treatment and 70% less likely to report using tobacco daily ($p<0.05$) compared to Group 1. In Group 3, there was a 35% decrease in the average number of days of tobacco use ($p<0.05$) and a 27% decrease in the average number of cigarettes used per day compared to Group 1 ($p<0.05$). Longer-term outcomes, including tobacco use and other substance use, will be examined and presented.

Conclusions

The combination of an EB cessation program and a campus-wide tobacco ban led to significant reductions in tobacco use during treatment and may contribute longer-term tobacco cessation.

Sex and Gender Considerations

The Recovery Journey Project baseline questionnaire asks participants to self-identify as male or female. Within our sample, most (67.4%) identified as male. We tested for associations between sex and several baseline tobacco use measures, including overall use, frequency, cigarettes per day (CPD), and quit attempts. We found a significant association between sex and CPD ($X2=5.49$, $p<0.05$), but found no differences across other measures. We adjusted for variation in sex across each of our multivariate models predicting tobacco use and found that for each one-cigarette increase in CPD, female participants were 26% less likely to report using as many CPD as males (OR=0.74, 95% CI [0.58, 0.93]). These findings suggest female identity may be a protective factor of tobacco use within our SUD population; however, further investigation of specific sex differences is warranted. As such, we plan to stratify future analyses by sex.

Canadian Centre on Substance Use and Addiction

Evidence. Engagement. Impact.

Substance Use at Music Festivals: Interdisciplinary Research on Risks and Mitigation of Harms (in English)

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Learning Objective for the Presentation

Review substance use at music festivals using a public health harm minimisation model discussing risks, interventions, and the reduction of negative outcomes.

Background

Recreational substance use is common amongst music festival attendees to enhance overall experiences and enjoyment. Inappropriate knowledge of substances may result in harm, illness and injury. Given the dense concentration of attendees and high prevalence of substance use at these events, they constitute an ideal microcosm for research focused on perceived risk and motivations for use. In addition, the quasi closed system nature of thse events provides an ideal context for studying the efficacy of harm reduction strategies and their integration with medical services.

Objectives

To present the shared experience of frontline workers involved in health services delivery and research at music festivals. We advance the claim that such events represent relatively untapped opportunities for strategies to mitigate substance-related harms both on event and in the broader community.

Methods

A team presentation of interdisciplinary and collaborative research undertaken at music festivals during the planning and delivery of onsite medical and harm mitigation services.

Results

We present contemporary academic understanding and original research results via the delivery of festival health services in three panel presentations : "Risk Assessments and Motivations for Substance Use", "Harm Reduction Strategies", and "Impact of Interventions - Decreasing Morbidity & Mortality and Lessons for the Larger Community".

Conclusions

Music festivals provide an important opportunity to engage and understand the factors involved in safer recreational substance use. Work done at these events has the potential to objectively benefit efforts to characterize and reduce substance-related harms in the community.

Sex and Gender Considerations

There are considerations for both sex and gender that occur along the entire public health continuum as it is presented here using a model of risk perception, harm reduction intervention and minimization of negative outcomes. Perceptions of substance use related risks, response to interventions, and potential negative outcomes are known to vary between sexes, and gender considerations and accommodations for gender are necessary to mitigate potential harms. The extent to which educational opportunities, drug checking services, gender-based violence & sexual assault services, psychedelic support services and backup medical care all cater to these important differences is explored. The way in which behaviours, motivations, responses to interventions, and responses to substance use itself differ with respect to the gender and sex of festival attendees is a key consideration in the successful understanding and delivery of services and effective harm minimisation strategies.