



# **CCSA's Issues of Substance 2019**

## **Oral Presentation and Workshop Abstracts**

**Note:** Authors whose names are in bold are presenting authors. Presentations will be given in the language indicated below. The authors of the abstracts included in this document have given CCSA permission to post them online. CCSA has not edited the abstracts. The abstracts are published as received in the language in which they are received.

MONDAY, NOVEMBER 25

10:30–12:00

CONCURRENT SESSION A

## **ORAL A1.1: Land for Healing: Developing a First Nations Land-based Service Delivery Model (in English)**

**Nora Bressette**, Thunderbird Partnership Foundation  
Carol Hopkins, Thunderbird Partnership Foundation

### **Learning Objective for the Presentation**

Learning objectives for the presentation: Understand what a First Nations Land-based Service Delivery Model (LBSDM) is and what it looks like in practice. Develop preliminary knowledge and skills necessary to implement a LBSDM in the participant's own context.

### **Background**

In the fall of 2018, Thunderbird Partnership Foundation launched the document “Land for Healing – First Nations Service Delivery Model”. A service delivery model is typically structured with a set of principles, standards, policies, and constraints used to guide the development, deployment, operation, and evaluation of services delivered with the intent to offer a consistent experience to all. This LBSDM shares principles and standards from an First Nations lens while ensuring cultural protocols and knowledge are valued with the same integrity as standards of practice.

### **Objectives**

Provide the LBSDM reference guide Support contextual tailoring for planning, decision making, delivery, and monitoring performance related to a specific service.

### **Methods**

The model for land-based programming was developed by the assessment of eight existing programs. This model was guided by the First Nations Mental Wellness Continuum Framework and the Indigenous Wellness Framework. Methodologically, the study is based on a review of the available literature on land-based healing, and Indigenous approaches to healing and wellness.

### **Results**

A service delivery model and training program were created, both of which are designed to support First Nations culture in program design, delivery and policy.

### **Conclusions**

Ultimately, if culture is the foundation, then land must be central to mental wellness.

### **Sex and Gender Considerations**

The “Land for Healing: Developing a First Nations Land-based Service Delivery Model” considers sex and gender in several ways. Recruitment to land-based programs target both male and female participants to ensure equal participation. In delivering the LBSDM, there are increased efforts to reduce stigma and discrimination faced by men and women who use substances and are on their healing journey. One of the ways that the LBSDM aims to address these potential challenges is through having gender-specific land-based programs. The LBSDM is a culturally-based gender informed approach to treatment and prevention.

## **A1.2: Getting By versus Getting Ahead: Helpfulness of Services Used by Housed and Homeless People with Mental Health Problems Who Use Substances (in English)**

Nick Kerman, University of Ottawa  
John Sylvestre, University of Ottawa

### **Background**

A range of health, social, and community services exist to meet the complex needs of people with histories of homelessness. Yet, this marginalized population often experiences a range of barriers to accessing and receiving adequate treatment and care. To improve service delivery and outreach, it is important to achieve a better understanding of the service experiences of housed and homeless people with mental health problems who use substances.

### **Objectives**

The objectives of the study were to understand what are [a] the factors that contribute to positive and negative experiences using services and [b] the impacts of services accessed by people who use substances, have mental health problems, and have histories of homelessness.

### **Methods**

A qualitative study was conducted in Ottawa, Ontario, that examined the role of services in the lives of over 50 adults with mental illness and lived experience of homelessness. In-depth interviews and surveys were completed with each participant. This poster will share findings from a subsample of 30 participants who also reported using substances (half were currently homeless and the other half were formerly homeless).

### **Results**

Findings showed that the helpfulness of services was multifaceted (e.g., feeling less alone, finding housing, giving back). However, participants reported frequent negative service experiences (e.g., service bans, stigma and discrimination, victimization and lack of safety) that impeded recovery and contributed to further disengagement from service systems. Although services helped to exit homelessness, they were perceived by participants as inadequate for overcoming poverty.

### **Conclusions**

The health, social, and community services used by people with mental health problems who use substances and have histories of homelessness help them to get by but seldom get ahead. Implications for improving service delivery and conceptualizing recovery more broadly for this population will be discussed.

### **Sex and Gender Considerations**

This study collected data on participants' gender and considered this in the context of the findings, though specific gender-based analyses were not completed. Of note, transgendered adults were underrepresented in the sample despite concerns voiced by some participants about prevalent transphobia within homeless-serving systems.

### **A1.3: A Path to Wellness: Incorporating Traditional Knowledge into Substance Use Clinical Care Guidance for Indigenous Peoples in British Columbia (in English)**

Lindsay Farrell, British Columbia Centre on Substance Use  
Nel Wieman, First Nations Health Authority  
Cheyenne Johnson, British Columbia Centre on Substance Use

#### **Learning Objective for the Presentation**

The holistic vision of wellness holds a critical place in the lives of Indigenous peoples. In an effort of reconciliation, health authorities across British Columbia (BC) have adopted Indigenous Cultural Safety policies that facilitate inclusion, cultural humility and access to traditional medicines and ceremony. Increased cultural safety supports the path to healing and improves health outcomes of Indigenous peoples accessing care. Despite these positive steps, in substance use and addiction, there remains a significant gap between science, practice and the provision of culturally informed care.

#### **Background**

A core function of the British Columbia Centre on Substance Use (BCCSU) is to develop and disseminate world-leading evidence-based clinical practice guidelines, practice supports and aligned education focused on substance use disorders and health system interventions.

#### **Objectives**

In building a substance use system of care, it is integral to provide support for primary care and allied health care professionals to utilize the best evidence-based approaches to addiction and substance use screening, assessment, and treatment.

#### **Methods**

In partnership with the First Nations Health Authority (FNHA), we are working to embed traditional knowledge into existing and new guidelines, practice support tools and education using an Indigenous framework.

#### **Results**

This Indigenous framework aims to bridge the gap between western-based medical models and Indigenous healing knowledge.

#### **Conclusions**

Our aim is to create a space where acknowledged clinical experts work together with Elders and Knowledge Keepers to develop and apply the holistic vision of wellness across the continuum of care for various substance use disorders leading to culturally safe care and better outcomes for Indigenous populations.

#### **Sex and Gender Considerations**

Western concepts and the social construction around sex and gender norms are divergent from the Indigenous worldview. Indigenous ways of knowing, teaching, and learning centre around holism; recognizing the spiritual, physical, mental and emotional and are contextualized in social position and role within the community.

## **ORAL A2: Acute Care Service Design and Delivery for Perinatal Women Using Substances (in English)**

**Denise Bradshaw**, British Columbia Women's Hospital and Health Centre  
**Jill Pascoe**, British Columbia Women's Hospital and Health Centre  
**Serena Kullar**, British Columbia Women's Hospital and Health Centre  
**Lani Wittman**, British Columbia Women's Hospital and Health Centre  
**Raj Johal**, British Columbia Women's Hospital and Health

### **Learning Objective for the Presentation**

Participants will have the opportunity to: Learn about the renewed model of care for the BC Women's Hospital and Health Centre - Families in Recovery Combined Care Unit Program (FiR Square) Learn about acute care design and operational considerations for pregnant and newly parenting women using substances.

### **Background**

The FiR Square is one of the first inpatient programs in Canada to provide acute hospital based care for women using substances during pregnancy along with specialized care for their infants. FiR Square is staffed by a multidisciplinary team including family physicians, pediatricians, nurses, social workers, counsellors and allied health care providers.

### **Objectives**

To meet the emerging and evolving needs of pregnant and newly parenting women using substances, FiR Square engaged in a process to renew its model of care. Learnings from this process have been used to inform operational planning recommendations for acute care services.

### **Methods**

FiR Square leadership and allied health staff reviewed the strengths, opportunities, priorities, and current quality/care improvement initiatives. In an iterative and collaborative design process, leadership and staff engaged in facilitated discussions on service enhancements. Women with lived experience were also engaged.

### **Results**

The renewed model of care will be shared in the session. Implications to interdisciplinary staffing models, programming, workforce planning, education/training will be highlighted.

### **Conclusions**

The renewed model of care will inform a blueprint/operational planning for acute care services for pregnant and newly parenting women using substances across the province. Regional applications/planning for acute care services will also be outlined.

### **Sex and Gender Considerations**

This oral presentation directly relates to the conference themes on sex and gender. FiR Square has been providing prenatal and postnatal care for women using substances since 2003. Pregnant and newly parenting women receiving care from FiR Square has evolved over time. Renewing the model of care provides the opportunity to evolve the service to address the changing needs of the women and infants. Operational issues/considerations for service planning will also be outlined to support other jurisdictions in planning acute care services.

## **ORAL A3: Are Canadian Jurisdictions Implementing Evidence-based Alcohol Policies? A Report Card Based on 11 Policy Domains (in English)**

**Kate Vallance**, Canadian Institute for Substance Use Research  
Ashley Wettlaufer, Centre for Addiction and Mental Health  
**Tim Stockwell**, Canadian Institute for Substance Use Research  
**Norman Giesbrecht**, Centre for Addiction and Mental Health  
Clifton Chow, Canadian Institute for Substance Use Research  
Samantha Cukier, Dartmouth College  
Mark Asbridge, Dalhousie University  
Geoff Hynes, Canadian Institute for Health Information  
Gerald Thomas, Canadian Institute for Substance Use Research

### **Learning Objective for the Presentation**

To identify best practices and areas for improvement based on a rigorous national study of Canadian governments' implementation of effective policies to reduce alcohol-related harm.

### **Background**

Evaluating governments' implementation of evidence-based alcohol policies can improve health. Funded by Health Canada and the Public Health Agency of Canada, this project evaluated the performance of the federal government as well as each province and territory.

### **Objectives**

Identify 11 key alcohol policy domains with evidence of direct or indirect effectiveness for reducing alcohol-related harms; Outline methods used to develop and apply a scoring rubric quantifying performance in each policy domain; Report Canada-wide, federal and province/territory specific achievements in each policy domain, identifying strengths and areas for improvement.

### **Methods**

We replicated, refined and extended methods for an alcohol policy evaluation reported by Giesbrecht et al. (2013). Based on systematic review and epidemiological data, selected policy domains were weighted for the degree of effectiveness and population reach. The scoring rubric relied on both publicly available data and information provided by government representatives.

### **Results**

The federal government achieved 38% of its potential to implement effective policies; provinces and territories achieved an average score of 44%, down from 2012. When taking into account best practices implemented in at least one province or territory, a collective score of 87% was achieved.

### **Conclusions**

Overall, Canadian governments could improve implementation of evidence-based policies to reduce alcohol-related harm; the policy benchmarks are achievable. Specific recommendations, by domain, are offered for each jurisdiction. By learning from others, jurisdictions can implement and sustain more effective alcohol policies.

## Sex and Gender Considerations

While the main focus of this project was the implementation of effective alcohol policies to reduce alcohol-related harms at a population level, a gender lens was applied to certain policy indicators where there was evidence to suggest a differential impact on priority populations such as women. For example, within the Screening Brief Intervention and Referral policy domain our indicators took into account whether jurisdictional guidelines and practices targeted women as a priority population. A similar approach was taken when examining advertising content restrictions across the provinces and territories as well as at the federal level.

## **ORAL A4.1: Academia in Action: How Research led to Renewed Community Advocacy Efforts for Safer Injection Sites in Saskatoon Saskatchewan (in English)**

**Lori Hanson**, University of Saskatchewan

**Maryellen Gibson**, University of Saskatchewan

**James Dixon**, University of Saskatchewan

**Barbara Fornssler**, University of Saskatchewan

**Peter Butt**, University of Saskatchewan

### **Learning Objective for the Presentation**

How action research can invigorate community advocacy efforts.

### **Background**

Canada is experiencing an opioid crisis, though dimensions of the crisis vary dramatically by locality. In the province of Saskatchewan, the city of Saskatoon is experiencing the majority of opioid associated morbidities and mortality; however, preliminary research suggests that the community lacks a coherent articulation of the current nature of the crisis, potentially hampering responses to its local context.

### **Objectives**

The research initiative Consolidating Perspectives on Saskatoon's Opioid Crisis sought to articulate the current nature of the crisis within this city using knowledge translation and action research methodology.

### **Methods**

An environmental scan provided data from publicly available administrative reports and the team conducted 21 semi-structured interviews with key stakeholders representing different points on the continuum of care. The scan and interviews informed our deliberative dialogue and discussion at the ensuing stakeholder forum.

### **Results**

Stakeholders who participated as interviewees became enthused to re-initiate advocacy efforts. As a promising outcome, community stakeholders and members of the research team have begun the development of the Saskatchewan Advocates for Safe Consumption Coalition (SASCC) to build upon the study's results. SASCC focuses on addressing the need for dedicated coalition-building resources and ensuring these efforts are sustainable.

### **Conclusions**

SASCC has begun monthly meetings where priority areas of media relations, policy development, and evidence-gathering have been highlighted. Working groups are dedicated to each priority area to advocate in conjunction with a local application for a safe injection site. This project shows how research initiatives can spark community collaboration, advocacy efforts, and potential actions.

### **Sex and Gender Considerations**

The project methodology engages the context of the social determinants of health including gender. Stakeholders reported gender related concerns during the environmental scan regarding the vulnerability of male identified youth for opioid related poisonings. Stakeholders further indicated divergent pathways of use initiation and resulting treatment options. In the future this work will support further exploration of how gendered power dynamics influence the roles and actions of coalition activities.

## **ORAL A4.2: From the Roots: A Look into Successful Supervised Injection Site Implementation in Ottawa, Canada (in English)**

**Candis Lepage**, HIV and HCV Prevention Research Team - University of Ottawa  
Rob Boyd, Oasis Program, Sandy Hill Community Health Centre  
Lynne Leonard, HIV HCV Prevention Research Team - University of Ottawa

### **Learning Objective for the Presentation**

To understand the uptake of different models of supervised injection services (SIS).

### **Background**

In Spring 2018, three SIS-delivery models: Overdose Prevention Ottawa's (OPO) peer-driven SIS, Ottawa Public Health (OPH) SIS, and a SIS attached to a supportive housing facility, Shepherds of Good Hope (SGH), were implemented in Ottawa to address increasing opioid-related overdoses.

### **Objectives**

The objective was to evaluate the utilization and acceptance of different SIS-delivery models.

### **Methods**

Individual interviews were conducted with people who inject drugs (PWID) recruited through Ottawa-based community agencies providing harm reduction services. Results were subjected to a gender-based analysis.

### **Results**

259 PWIDs were interviewed between December 2017 and March 2018, of whom 90 (35%) had used an Ottawa SIS. When comparing SIS-delivery model specific utilization, men and women equally accessed the OPH SIS ( $p = 0.5$ ) and the SGH SIS ( $p = 0.3$ ), whereas the OPO SIS was accessed significantly more often by women (43% vs. 22%,  $p = 0.03$ ). The OPO SIS experienced more frequent (minimum once daily) clients compared to OPH and SGH SIS (54% vs. 23% vs. 33%). Increased acceptability of the OPO SIS may be due to its ability to offer supervised-inhalation services, as 52% of users reported smoking drugs while using the site.

### **Conclusions**

The grass roots approach used by OPO for SIS implementation which incorporated guidance from people with lived experience and peers was successful in engaging frequent SIS service users. Similar approaches are essential for successful future SIS implementation serving vulnerable groups, including women, in Ottawa.

### **Sex and Gender Considerations**

The described research considered gender in the context of how it may mediate a person's access, utilization and derived benefit from various delivery-models of supervised injection sites. This is a unique finding as there has been little focus in recent research on the gendered experience of using SISs, and in particular on the experiences of women using supervised-injection services in Canada. A gendered analysis is essential to evaluate and understand gendered differential access to supervised-injection site delivery models and to address any potential barriers for women accessing SIS services.

## **ORAL A4.3: Staff Perspectives of an Inpatient Syringe Exchange Program at an Acute Care Hospital (in English)**

**Kelsey Speed**, University of Alberta; Inner City Health and Wellness Program  
**Hannah Brooks**, University of Alberta; Inner City Health and Wellness Program  
**Ginetta Salvalaggio**, University of Alberta; Inner City Health and Wellness Program  
**Kathryn Dong**, University of Alberta; Inner City Health and Wellness Program  
**Elaine Hyshka**, University of Alberta; Inner City Health and Wellness Program

### **Learning Objective for the Presentation**

Audience members will understand front-line hospital staff perspectives on the provision of an inpatient syringe exchange program (SEP).

### **Background**

The benefits of SEPs have been well established in community settings, yet hospital inpatients who inject drugs have limited access to these services. In addition, clinical guidance to support implementation of SEPs in acute care settings has not yet been developed. In 2014, Edmonton's Royal Alexandra Hospital implemented an SEP for inpatients.

### **Objectives**

We aimed to:

- 1) explore staff perspectives on benefits, impacts, and challenges related to the SEP, and
- 2) identify opportunities for further improvement.

### **Methods**

We conducted qualitative interviews with 22 nurses and physicians working at the hospital, and inductively analyzed the transcripts using latent content analysis.

### **Results**

Participants identified many benefits of the SEP, including risk reduction for patients who continue to inject while hospitalized, and opportunities to develop rapport with patients. Participants also discussed some concerns, including improper disposal of used syringes that could lead to staff injuries. Participants provided suggestions for improvement, including increasing harm reduction education for staff to improve their capacity to meet the needs of patients who inject drugs.

### **Conclusions**

Overall, participants were very supportive of the SEP and provided suggestions for how to continue to improve the service within the hospital. These findings will be beneficial for other hospitals that plan to implement formal inpatient SEPs in the future.

### **Sex and Gender Considerations**

Different strategies for engaging men, women and gender diverse individuals into acute care harm reduction programming will be needed to address their unique needs. Further work exploring this from both patient and provider perspectives could improve service delivery.

## **ORAL A5.1: Correlates of Take-home Naloxone Kit Possession among People Who Use Drugs in British Columbia: A Cross-sectional Analysis (in English)**

**Amina Moustaqim-Barrette**, British Columbia Centre for Disease Control

Brittany Graham, British Columbia Centre for Disease Control

**Kristi Papamihali**, British Columbia Centre for Disease Control

Mohammad Karamouzian, British Columbia Centre for Disease Control

Alexis Crabtree, British Columbia Centre for Disease Control

Christopher Mill, British Columbia Centre for Disease Control

**Jane Buxton**, British Columbia Centre for Disease Control

Sara Young, British Columbia Centre for Disease Control

### **Learning Objective for the Presentation**

Understand factors associated with having a naloxone kit, in order to inform areas to target in naloxone distribution practices.

### **Background**

In response to Canada's ongoing opioid overdose crisis, emergency access to naloxone has been expedited in communities across British Columbia (BC). There is currently limited literature examining the prevalence and correlates of possessing a naloxone kit, especially amongst those at highest risk of overdose.

### **Objectives**

This study seeks to determine the prevalence and correlates of naloxone kit possession among clients of BC's harm reduction sites.

### **Methods**

This analysis used cross-sectional survey data collected over two months in 2018 from 27 harm reduction sites in BC. Descriptive statistics and robust Poisson regression was used to examine factors associated with naloxone possession.

### **Results**

Overall, 67.7% of the total sample (n=359) reported having a naloxone kit. The likelihood of having a kit was significantly and positively associated with reported opioid use (Adjusted Prevalence Ratio (APR) 2.69 (CI 1.47 – 4.90)). Those that preferred 'injection' drug administration were more likely to possess a naloxone kit compared to those that inhaled, smoked or snorted drugs (APR 2.48 (CI 1.30 – 4.72)). Geographical location, rurality, age, and having stable housing were not significantly associated with possessing a naloxone kit.

### **Conclusions**

This study suggests that naloxone kits are being distributed to individuals who have a high risk of opioid overdose. Those that preferred inhalation or smoking were less likely to possess a kit, supporting the need for more education around risk of opioid overdose among those who inhale or smoke opioids.

### **Sex and Gender Considerations**

This study examined the effect of gender on the possession of a naloxone kit. The survey gave respondents the option to specify whether they were a man, woman, trans-woman, trans-man, or gender non-conforming. While gender was not a significant predictor of naloxone possession in this study, further iterations of this survey will continue to examine the association between gender and substance use, naloxone possession, and overdose risk.

## **A5.2 Exploring the Influence of an Overdose Prevention Site on the Everyday Lives of Clients: A Narrative Study (in English)**

**Shamiram Zendo**, Western University  
Melissa McCann, Middlesex London Health Unit  
Helene Berman, Western University  
Abe Oudshoorn, Western University  
Zayya Zendo, Western University  
Jordan Banninga, Middlesex London Health Unit  
Michelle Sangster Bouck, Middlesex London Health Unit

### **Learning Objective for the Presentation**

Present preliminary findings from a current evaluation of a temporary overdose consumption facility and the barriers and facilitators in the research process.

### **Background**

This study was conducted at an overdose consumption site in Southwestern Ontario to understand how CarePoint Consumption and Treatment Services – formerly TOPS (Temporary Overdose Prevention Site) has influenced the lives of people who use the site.

### **Objectives**

The purpose of this research is to examine the changes that the Temporary Overdose Prevention Site (TOPS) has had on the lives of the site users.

### **Methods**

A narrative photo study was conducted. Participants engaged in two interviews and took photos with a camera. In the first interview, participants were asked about the influence of the site on their life. Participants were then provided with a camera to take photos. During the second interview, participants were asked to share the meaning of the photos to help researchers understand how the site has impacted their lives.

### **Results**

The site provides physical and emotional safety, increased self-worth, enhanced mental health/wellbeing, and reduced stigma among participants. These factors are enhanced through the social relationships that participants formed with staff.

### **Conclusions**

We anticipate that the findings will help shift public attitudes about this site, and the individuals who access the site.

### **Sex and Gender Considerations**

Gender was considered during the sampling process. Researchers asked questions about the individual's gender identity to gain a deeper understanding of the person's story, and how the services at the site impacted their life. Researchers also purposefully sampled to make sure that there was an equal representation of men and women in the study sample.

## **ORAL A5.3: POW-R (Peer Overdose Witness Response) Project (in English)**

Jeremy Kalicum, Newleaf Outreach Society

Kevin Donaghy, Newleaf Outreach Society

### **Learning Objective for the Presentation**

The Peer Overdose Witness-Response (POW-R) Project aims to demonstrate how utilizing a peer-based research program can be used effectively to address critical gaps in overdose data.

### **Background**

There is a severe data gap relating to opioid overdoses. Overdoses that are resolved without the help of Emergency Medical Services often go unreported. Peers are often the ones responding to these overdoses and are the only ones who can report them. There has been a tendency to dismiss people who use drugs (PWUD) or people who have used illicit drugs in the past as unreliable, but this has proven to be both offensive and untrue.

### **Objectives**

The POW-R project aims to adopt a community-based participatory action research methodology to empower and compensate existing peer-networks to conduct meaningful research and data collection within their community. The objectives include, but are not limited to helping to effectively inform the overdose response and highlight the need to meaningfully engage peers in discussions around policy reforms with the greatest impact on people who use drugs.

### **Methods**

This project offers weekly stipends to peer-researchers to collect stories from the community and translate them into recordable data points. Data was collected on location, time, age, gender, ethnicity, housing status and if emergency services were utilized. Compensation is participation, not on the number of reported overdoses. All the data collected is reported back to the community.

### **Results**

In a one-month pilot project in Nanaimo, BC, 29 previously unreported overdoses were collected and additional information was provided for 5 previously reported overdoses.

### **Conclusions**

These results illustrate how a peer-based approach is suitable and necessary to obtain a complete view of the overdose crisis.

### **Sex and Gender Considerations**

We seek to apply a stronger gender focus as our research to date suggests that there are differences that are evident in terms of our ability to reach both men and women. In the pilot project that ran from December 23rd, 2018 to January 23rd, 2019 the data collected shows that of the 27 previously unreported non-fatal overdoses that were documented 16 were men, 11 were women and 2 were unknown or gender was not specified. The peers that run the pop-up overdose prevention site with New Leaf Outreach are both male and female and the ratio of male to female is 5:4. We feel that the main outcome of applying a gender lens to this research would be to highlight whether the trends regarding gender reflected in the data currently collected regarding previously reported overdoses is similar to that of the data from previously unreported non-fatal overdoses.

## **WORKSHOP A6 : Mieux soutenir les membres de l'entourage de personnes ayant une dépendance (in French)**

**Chantal Plourde**, Université du Québec à Trois-Rivières

**Joël Tremblay**, Université du Québec à Trois-Rivières

**Mélissa Côté**, Université du Québec à Trois-Rivières

**Myriam Laventure**, Université de Sherbrooke

### **Type de présentation préféré**

Atelier d'apprentissage interactif

### **Objectifs d'apprentissage**

Cet atelier interactif permettra de démontrer concrètement différentes manières de soutenir les membres de l'entourage de personnes ayant une dépendance à l'alcool, aux drogues ou aux jeux de hasard et d'argent. Il a comme objectif d'outiller les intervenants pour favoriser la communication, les prises de décisions stratégiques et le processus de pardon dans la relation conjugale.

### **Formats ou processus interactifs**

vidéos, témoignages réels pré-enregistrés et présentation interactive d'un modèle d'intervention conjugale axé sur le pardon. Les participants seront actifs avec des retours en direct, des réponses ou des défis en utilisant leurs téléphones portables.

### **Considérations liées au sexe et au genre**

Les multiples analyses liées à l'efficacité de l'intervention conjugale en jeu pathologique tiennent compte des effets liés au genre. En effet, la majorité des joueurs (environ 75%) sont des hommes et les partenaires de ces joueurs sont principalement des femmes. Mais l'inverse existe et comment cela affecte-t-il la manière dont les thérapeutes doivent intervenir? Lorsqu'il s'agit de communication ou du processus de pardon, nous reconnaissons que les hommes et les femmes interagissent de manière différente. Par exemple, les femmes ont tendance à avoir davantage d'attributions de responsabilité négatives que les hommes. De plus, il semble plus difficile pour un homme de demander pardon à sa partenaire. La présentation mettra en lumière ces différences. Soulignons également que dans la présentation, les exemples représenteront des relations femmes/hommes, femmes/femmes et hommes/hommes.

## **ORAL A7.1: Reducing Harms for Students: Implementing Harm Reduction at the University of Calgary (in English)**

**Debbie Bruckner**, University of Calgary

**Andrew Szeto**, University of Calgary

**Alex Klassen**, University of Calgary

### **Learning Objective for the Presentation**

- Discuss how to better engage students in reducing substance use harms
- Learn about unique harm reduction initiatives being implemented at the University of Calgary and other universities/organizations
- Generate potential initiatives that they can implement at their own organization

### **Interactive Formats or Processes**

A facilitator at each table will describe a set of harms reduction initiatives on our campus. Participants will discuss the initiatives and generate ideas for their own setting. For the first hour, participants will rotate to different tables. Ending the session, everyone will participate in a facilitated discussion that will draw participant experiences to develop strategies that better engage people in harm reduction.

### **Sex and Gender Considerations**

An intersectional lens is critical in a university setting in order to engage the entire community. This lens includes an understanding of the experiences of marginalized groups by fostering empathy, encouraging meaningful engagement, and empowering students to get involved in making our community a better, more positive, safer/braver space including LGBTQ2S+, Indigenous identities, international / newcomers / multiculturalism, and race. In harm reduction trainings we are specifically addressing social stigma related to those who use substances, helping participants reflect and challenge their own assumptions about who uses, why people use, and how people's use may be viewed differently based on sex, gender, and other identity factors. Another key collaboration in our harm reduction work has been consultation and inclusion of sexual consent education. Through consultation with our Sexual Violence Support Advocate, we are including information about the prevalence of sexual violence, its relation to substance use, and education about sexual consent in our health promotion and harm reduction education initiatives. Finally, a new program called "Upstanders" bundles various on-campus trainings focused on mental health, diversity, sexuality, and harm reduction, under a single banner, which allows students to gain curricular credit while combining intersectional learnings that increase their abilities to be effective community helpers and peer leaders.

## **ORAL A7.2: Targeting Alcohol Misuse on Campus: Designing and Implementing Health Promotion Initiatives with Post-Secondary Students (in English)**

**Salinda Horgan**, Queen's University  
Shu-Ping Chen, University of Alberta  
Heather Stuart, Queen's University

### **Learning Objective for the Presentation**

Learning Objectives: describe a health promotion initiative involving student peer researchers increase awareness of alcohol use issues in relation to gendered-norm perceptions explore benefits and challenges of implementing student-led health promotion.

### **Background**

Student teams on two university campuses designed and implemented health promotion initiatives to raise awareness of alcohol use issues in relation to gender-norm perceptions. The peer researchers were also empowered to examine their own perspectives in relation to gender and alcohol use norms.

### **Objectives**

increase student awareness of alcohol use issues in relation to gendered-norm perceptions build the university community's awareness of these issues mobilize resources to increase community/campus capacity.

### **Methods**

Three male and three female undergraduate students were recruited at each university. Each student team received a budget to help implement health promotion activities. Data was collected from: (1) student action plans, (2) team meeting notes and activity logs, (3) team events records and evaluation, and (4) semi-structured interviews with the 12 student peer researchers.

### **Results**

The results of the study will be discussed in terms of key themes: (1) affirmation (achievements, empowerment, motivation); (2) challenges (group cohesion, burnout, leadership, communication); and (3) sustainability (branding, ratification, momentum)

### **Conclusions**

Successful student-led gender transformative health promotion programs were implemented on both campuses. These experiences and related learnings can be disseminated to other Canadian universities to sustain the project impact.

### **Sex and Gender Considerations**

Our project is specifically concerned with exploring the interconnected pathways that construct gendered ideals to collectively shape the cognitions and behaviours of male and female students with respect to alcohol use, and how this ultimately influences their health and well-being experiences.

## **ORAL A7.3: Minimizing Cannabis-related Harms: An Examination of Students' Protective Strategies (in English)**

**Kara Thompson**, St. Francis Xavier University  
**Mohammed Al-Hamdani**, St. Francis Xavier University

### **Primary Subtheme**

Health promotion, prevention and early identification.

### **Alternate Subtheme**

Current trends, emerging issues, and their implications.

### **Learning Objective for the Presentation**

To increase our understanding of the strategies used by students to minimize cannabis-related risks and learn whether these strategies are effective.

### **Background**

Canadian students are heavy cannabis users. Minimizing cannabis-related harms among this population is a priority. To achieve this goal, we need to better understand the strategies used by students to mitigate risks.

### **Objectives**

To answer four questions: What are students' concerns about the negative impact of cannabis? What strategies do students employ to mitigate these risks? Are there sex differences in strategy use? and Are these strategies effective?

### **Methods**

A mixed-methods design using qualitative focus groups and a quantitative online survey.

### **Results**

Focus groups were conducted with 18 (8 male/10 female) cannabis-using students. Participants clearly expressed concerns about the association of cannabis use with health risks, dependency, amotivation, and relationship problems. Participants identified 10 key strategies to avoid these concerns, such as delaying use, avoiding use as a coping mechanism, setting limits, taking tolerance breaks, avoiding concentrates/edibles, and refraining from cannabis and alcohol co-use. The quantitative survey was completed by 593 students (Mage = 20; 74% female); 54% used cannabis in the last 30 days. Males reported more harms than females and fewer protective strategies. Whether the use of strategies is associated with fewer harms will be presented.

### **Conclusions**

Results will assist campus administrators, decision makers and practitioners in the development and delivery of targeted evidence-based harm-reduction messages.

### **Sex and Gender Considerations**

Differences in the use of cannabis protective behavioral strategies between males and females and in the effectiveness of these strategies is a central objective of the proposed study. Our understanding of sex and gender differences in cannabis use and effects is in its infancy. However, research shows that males tend to use more frequently and at higher quantities compared to females and report more consequences. Legalization of cannabis presents an urgent need to better understand sex differences in use practices and effects in order to create accurate public health messages. The results of the current study will inform sex-specific approaches to the prevention of cannabis-related harm.

## **ORAL A8: Towards a Cross-Canada Surveillance of Illicit Drug Content (in English)**

**Pascale Leclerc**, Regional Public Health Branch - CCSMTL

Brittany Graham, British Columbia Centre for Disease Control

**Kristi Papamihali**, British Columbia Centre for Disease Control

Elaine Hyshka, University of Alberta

Marliss Taylor, Streetworks

Claude Tremblay, Regional Public Health Branch - CIUSSS du Centre-Sud-de-l'Île-de-Montréal

Nicolas Carron, CTQ-Toxicology Lab - National Institute of Public Health in Quebec

Carole Morissette, Regional Public Health Branch - CIUSSS du Centre-Sud-de-l'Île-de-Montréal

Jane Buxton, British Columbia Centre for Disease Control

### **Learning Objective for the Presentation**

To understand the usefulness of a cross-Canada surveillance system of illicit drug content.

### **Background**

In 2015, a cross-sectional study conducted in British Columbia (BC) assessed prevalence of fentanyl use among harm reduction service clients. Participants completed a questionnaire and provided a urine sample that was tested using fentanyl detection strips. In 2017, Montréal conducted a similar study using expanded urine toxicology screening. These studies identified a discrepancy between drugs reported and detected. In response to the drug overdose epidemic, Health Canada Substance Use and Addiction Program funded this two-year project.

### **Objectives**

To explore the development of a standardized cross-Canada surveillance system of illicit drug content and their correspondence with contents expected by users.

### **Methods**

In 2018, participants recruited at harm reduction services (27 BC sites; 10 Montréal sites) answered questions on past three-day drug use and provided urine samples that were submitted to an expanded drug screen. A similar method will be used in Edmonton.

### **Results**

Findings and learnings from BC and Montréal (2018) and Edmonton (2019) will be described and contrasted. For example, fentanyl was detected in samples from 59% of the 309 BC participants; 64% of them reported using it. Fentanyl was detected in samples from 10% of the 341 Montréal participants; 10% of them reported using it.

### **Conclusions**

Implementing a questionnaire and urinalysis at harm reduction services is feasible. The common core set of questions allows cross-jurisdiction comparisons. Data collected in BC and Montréal informed local public health response and provincial differences highlight the pertinence of planned project expansion.

## Sex and Gender Considerations

The drug using population in both British Columbia and Montréal is largely male. However, it also includes a significant number of female and transgendered individuals. Recruitment in all sites of the proposed national surveillance system will aim at reflecting the local gender and transgender diversity and data will be collected on gender and transgender status. In British Columbia, 36% of recruited participants were female, 2% transgendered or gender non-conforming, and 62% male. In Montréal, 29% of recruited participants were female, 2% were transgendered and 69 % were male. In both sites, gender-stratified analyses will be conducted on the main study variables such as reported drug use and involuntary fentanyl use. Identified gender-specific differences will be shared with health officials and other stakeholders to encourage the development of appropriate actions to address them.

**MONDAY, NOVEMBER 25**

**14:00–15:30**

**CONCURRENT SESSION B**

## **WORKSHOP B1: How to Integrate Sex and Gender Based + Analyses into Substance Use Practice, Policy and Research (in English)**

**Lorraine Greaves**, Centre of Excellence for Women's Health

**Nancy Poole**, Centre of Excellence for Women's Health

### **Learning Objective for the Presentation**

To share information about the concepts of sex, gender, equity and gender transformative approaches To illustrate how sex, gender, equity and gender transformative concepts matter in substance use, using numerous examples of applying SGBA+ to various substance use issues To offer tips on integrating SGBA+ into organizations, practitioner guidelines, health promotion and institutional practices.

### **Interactive Formats or Processes**

In this workshop: Participants will be given cards reflecting evidence on substance use and be asked to identify how sex or gender matter in the examples Participants will be given a case example and assisted in performing basic SGBA+ in a small group set.

### **Sex and Gender Considerations**

Sex and gender related factors have an impact on how individuals react to substances, respond to prevention and treatment, and are impacted by policy. Further, the goals of gender and health equity are paramount in designing programs and policies. This workshop recognizes the importance of integrating sex and gender in the substance use field. The workshop will cover concepts of sex and gender, and the specific challenges of integrating SGBA+ into practice, research and policy development. It will illustrate how to do SGBA+ using substance use examples and generate enthusiasm for further training and transmitting the knowledge to colleagues and peers.

## **ORAL B2: Don't Let Precision be the Enemy of Policy Progress: The Case for Evidence-based Modelling of Substance Use Data to Answer Critical Policy Questions (in English)**

**Tim Stockwell**, Canadian Institute for Substance Use Research

**Matthew Young**, Canadian Centre on Substance Use and Addiction

**Adam Sherk**, Canadian Institute for Substance Use Research

### **Learning Objective for the Presentation**

To highlight shortcomings in available datasets for surveillance and policy evaluation in Canada and showcase how innovative modelling methods can better inform decision-makers.

### **Background**

With legalization of cannabis, an opioid crisis, weakening of alcohol controls and new tobacco harm reduction technologies, it has never been more critical to provide policymakers with accurate data. However, self-report surveys substantially underestimate substance use, while health service, mortality and crime record data do not reliably assess substance use involvement.

### **Objectives**

- Describe existing datasets and their limitations;
- Explain the principles and methods to overcome shortcomings in substance use data;
- Demonstrate the value of these methods with estimates of
  - a) the economic costs of substance use
  - b) the health impacts of a minimum unit price (MUP) for alcohol in Québec and BC.

### **Methods**

We offer three presentations: (i) theories and methods (ii) economic costs of substance use updated to 2017 (iii) modelled impacts on mortality and morbidity of MUP. We will show how to adjust for underreporting in surveys and how to estimate substance use attributable harms.

### **Results**

Outcomes will be demonstrated with a new data visualisation tool offering downloadable data tables and maps of substance use harms and costs by jurisdiction and substance type. Numbers of deaths and hospitalizations preventable by different alcohol MUPs will be reported.

### **Conclusions**

To answer important questions about harmful substance use and policy options, it is essential to augment available datasets with innovative new methods. Without these, the burden of substance use and the impacts of alternative policies are both greatly underestimated.

### **Sex and Gender Considerations**

The research presented here recognises the fundamental importance of gender and biological sex as determinants of patterns of substance use and related harms – and that they are distinct concepts. Without exception, the prevalence estimates of substance use in our analyses are reported by age and self-reported sex. We rely on self-report survey data here and what people identify as their sex or gender (depending on wording). These prevalence estimates were used to create substance use attributable fractions for approximately 70 different causes of death and injury, again with separate estimates by sex and age. The variable "sex" here is as it is entered in hospital and death records. The conclusions drawn from our analyses contribute more to understanding of differences on the basis of biological sex than gender. We will acknowledge this limitation in our presentations.

## **ORAL B3: Cannabis Legalization in Canada and Comparisons with US States: Findings from the International Cannabis Policy Study (in English)**

**Samantha Goodman**, University of Waterloo

**Elle Wadsworth**, University of Waterloo

**David Hammond**, University of Waterloo

### **Learning Objective for the Presentation**

Describe the cannabis market in Canada pre/post legalization; Compare key outcomes across Canada and US; Illustrate methodologies for measuring cannabis consumption and evaluating the impact of cannabis policies.

### **Background**

In 2018, Canada became the second country in the world to legalize non-medical cannabis. The Canadian legal framework for cannabis includes similarities with US states that have also legalized cannabis, while setting international precedents in other policy areas.

### **Objectives**

The project seeks to examine the population-level impact of cannabis legalization, as well as evaluate differences in policies across Canadian provinces and US states.

### **Methods**

The session will present data from the International Cannabis Policy Study survey, a prospective online cohort of 27,183 respondents in Canada (n=10,057), US 'legal' non-medical cannabis states (n=7,412), and US 'illegal' states (n=9,714). The first annual wave was conducted in August-September 2018, before legalization in Canada, with the first follow-up to be conducted in August-September 2019.

### **Results**

The session will provide a summary of the cannabis market in Canada and US immediately preceding legalization and preliminary findings of the first 12-month follow-up. The presentation will focus on differences between Canada, US 'legal', and US 'illegal' states in consumption patterns; cannabis sources and pricing; risk behaviours such as impaired driving; and policy-relevant outcomes such as exposure to cannabis marketing and perceptions of risk.

### **Conclusions**

The session will conclude by discussing implications for cannabis policies in Canada as well as take-home messages for jurisdictions considering cannabis legalization.

### **Sex and Gender Considerations**

The ICPS gathers data on a number of predictors of health disparity, including sex; gender; ethnicity; education; physical and mental health; income and perceived income adequacy; and family disposition. All statistical models will be adjusted for sex. The session will describe the cannabis market in Canada before and after legalization, including differences between demographic groups, and the proposed session will include discussion of socio-economic predictors of cannabis use and other outcomes.

## **ORAL B4: Stigma Ends with Me (in English)**

**Moderator:** Rita Notarandrea, Canadian Centre on Substance Use and Addiction

**Panelists:**

**Gord Garner**, Community Addictions Peer Support Association

**Kim Hellemans**, Carleton University

**Kim Corace**, Royal Ottawa Mental Health Centre

**Learning objectives**

To raise participants' awareness of the effects of stigma on people who use substances by presenting evidence on the neurobiology of addiction, the effects of stigmatizing language and stigma as a barrier to treatment.

**Background**

Stigma around substance use is a key barrier to recovery for people who use substances because it prevents them from seeking and accessing vital healthcare and treatment programs.

**Objectives**

The objective of this session is to bring together presenters on the issues of neuroscience, access to treatment, and lived experience of substance use, in order to bring these key perspectives on stigma into focus.

**Methods**

Gord Garner will frame the discussion by examining how stigmatizing language among healthcare and treatment providers affects their perceptions of substance use and their treatment of people who use substances. Kim Hellemans will discuss how drug use affects key brain circuits implicated in decision making and control. Kim Corace will discuss some of the system-level barriers to care and strategies for breaking them down. Rita Notarandrea will moderate the panel and invite participants to engage in Q&A with the presenters.

**Conclusions**

Interventions to decrease the stigma around substance use throughout society are critical to improving access to treatment and treatment outcomes for people who use substances.

**Sex and Gender Considerations**

The discussion will include consideration of how sex and gender shape the experience of stigma and how gender identity can compound this experience, and of the importance of developing anti-stigma strategies tailored to the needs of those across the sex and gender continuum.

## **ORAL B5.1: Prescription Monitoring Programs and Opioid-Related Outcomes (in English)**

**Mark Asbridge**, Dalhousie University  
Jill Hayden, Dalhousie University  
Maria Wilson, Dalhousie University  
Alysia Robinson, Dalhousie University  
Emily Rhodes, Dalhousie University  
Peter MacDougall, Nova Scotia Health Authority  
Samuel Campbell, Nova Scotia Health Authority

### **Learning Objective for the Presentation**

To understand the available evidence on prescription monitoring programs (PMPs) and opioid-related consequences and prescribing outcomes.

### **Background**

Prescription monitoring programs (PMPs) house and monitor data about the prescribing and dispensing practices of healthcare providers, as well as medications received by patients. PMPs aim to promote the appropriate use of prescription opioids by providing this information to prescribers and dispensers.

### **Objectives**

Our objective in this systematic review was to comprehensively identify and assess the available evidence about the impact of PMPs on opioid use and related consequences.

### **Methods**

We used a comprehensive search strategy and included study designs that could determine changes in outcomes with the implementation of a PMP. We included any outcomes on opioid use and related consequences.

### **Results**

We included 38 relevant studies. We identified five opioid use outcomes: prescribing and dispensing, multiple provider use, inappropriate prescribing, non-medical prescription use, and illicit use. We identified four opioid-related consequences: dependence, healthcare use (including hospital discharges/visits and treatment admissions), overdose and poisonings, and crime. We found some evidence that PMPs were associated with reduced Schedule II opioid prescribing and dispensing, as well as multiple provider use. We found inconsistent evidence, but multiple studies reporting decreased levels prescribing/dispensing of any opioids, treatment admissions, and overdose deaths. Limitations in the evidence include a lack of recent data, a lack of Canadian studies, and heterogeneity in measurements and methods which prevented meta-analyses.

### **Conclusions**

This information will be useful to policy makers and PMP administrators as they seek to optimize the impact of these programs.

### **Sex and Gender Considerations**

The studies included in our systematic review did not present results on the association of PMPs with opioid use and related consequences by sex or gender. However, we recognize the importance of taking sex or gender into account in this work. When assessing the risk of bias of included studies, we considered sex/gender as an important confounder, and if studies did not adjust for this or other important demographics, they were rated as higher risk of bias.

## **ORAL B5.2: Multi-sector, Multi-strategy Community Plans to Prevent and Reduce Opioid-related Harms in North America (in English)**

**Pamela Leece**, Public Health Ontario  
Triti Khorasheh, Public Health Ontario  
Nimitha Paul, Public Health Ontario  
Sue Keller-Olaman, Public Health Ontario  
Susan Massarella, Toronto Public Health  
Jayne Caldwell, Public Health Ontario  
Michael Parkinson, Waterloo Region Crime Prevention Council  
Carol Strike, Dalla Lana School of Public Health  
Heather Manson, Public Health Ontario

### **Learning Objective for the Presentation**

To increase understanding of the key components of community opioid-related plans to inform practice

### **Background**

Coordinated multi-strategy plans are emerging in communities across North America to prevent and reduce opioid-related harms, although little is understood about their effective development and implementation.

### **Objectives**

Our scoping review characterized the key components of community opioid-related responses and identified gaps for future research, evaluation, and practice.

### **Methods**

Our scoping review drew on peer-reviewed and grey literature from six electronic databases and three search engines, stakeholder consultation interviews (n=14), focus groups (n=3), and a workshop. Thematic and descriptive analysis, when applicable, was conducted for all data.

### **Results**

We identified 100 opioid-related plans from 82 communities, the majority of which were provincially/state-funded (n=26), public health-led initiatives (n=22) involving an average of 7 partner organizations. Forums were often the strategy used in plans for public engagement (n=15). Plan components focused on treatment (n=96) and harm reduction strategies (n=93), particularly those that increased access to addiction treatment (n=69) and naloxone (n=76), which were implemented using training strategies (n=95). Among populations considered in plans, interventions for people in conflict with the law were most frequent (n=34). Evaluation of plans was rare (n=4).

### **Conclusions**

This scoping review was the first to characterize the emerging practice of community opioid-related plans, and findings can be used to inform local response strategies. There is need for more formal evaluation of plans and greater effort to meaningfully engage people with lived experience of substance use and address stigma and equity to enable comprehensive person-centred approaches to opioid-related harms.

## Sex and Gender Considerations

We extracted information on sex- or gender-specific considerations from all included community opioid-related plans. Of the 53 plans that considered specific approaches for certain subgroups, 13 focused on interventions tailored to women, with particular focus on access to addiction treatment and supports, overdose prevention and naloxone education, and opioid case management for women who are pregnant or parenting. Plans with tailored approaches for men were less frequent (n=1), and involved specific focus on men in trade industries. National data indicates most accidental opioid-related deaths occur among men, and as such, tailored approaches for men should also be considered in future community opioid-related planning and practice.

## **B5.3: Prescribing Opioids Safely: Developing a Clinical Pathway for Primary Care (in English)**

**Peter Selby**, Centre for Addiction and Mental Health  
**Rosa Dragonetti**, Centre for Addiction and Mental Health  
**Andrew Smith**, Centre for Addiction and Mental Health  
**Monique Moller**, Centre for Addiction and Mental Health  
**Kirstie Peden**, Centre for Addiction and Mental Health  
**Nikki Bozinoff**, Centre for Addiction and Mental Health  
**Shannon Harding**, Centre for Addiction and Mental Health  
**Elise Tanzini**, Centre for Addiction and Mental Health  
**Shareen Rikhranj**, Centre for Addiction and Mental Health

### **Background**

Low-value prescribing practices contribute to the increasing opioid-related harms observed in Ontario. To replace these practices, clinicians need additional support for how, when, or if opioid therapy should be administered.

### **Objectives of the Research**

Attendees will learn about the development of a pathway for primary care clinicians to identify risks associated with opioids and to treat chronic pain and addiction.

### **Methods**

The content and workflow of the pathway is being informed by a comprehensive review of the literature and existing guidelines. A multi-disciplinary team with expertise in pain and addiction, and individuals with lived experiences of pain, opioid use, or dependence are further informing the pathway. Ontario primary care teams are also contributing feedback via a needs and readiness questionnaire.

### **Results**

The pathway consists of two electronic forms for the practitioner and their patient. These include questions that capture patients' demographics (e.g. sex, gender), pain, medications and side effects, as well as physical health, mental health, and substance use to screen for risk of overdose and dependence. Based on these risks, practitioners will receive treatment recommendations to facilitate shared care decision making, including access to external resources.

### **Conclusions**

This pathway will be implemented across primary care teams in Ontario and will be used to facilitate safe opioid prescribing.

### **Sex and Gender Considerations**

Patterns of opioid use and misuse amongst Canadians vary between men and women (Hemsing et al., 2016). Evidence exploring licit and illicit opioid use and misuse amongst transgender populations is limited, although existing evidence indicates that non-prescription opioid misuse in this community is high (Benotsch et al., 2013). Explanations for these differences include sex and gender differences in sensitivity to pain, catastrophizing of pain and experiences of trauma (Hemsing et al., 2016). The opioid de-implementation pathway is a risk assessment tool that determines a patient's risk of overdose and/or addiction, and provides risk-informed treatment recommendations to practitioners. Data collected from the use of the pathway will indicate sex and gender differences in patients' experiences of chronic non-cancer pain, physical and mental health (including trauma), licit and illicit opioid use, and risk of overdose and addiction. Once analyzed, any differences identified will be used to inform the development of treatment recommendations that are sex, gender-informed.

## **ORAL B6.1: A Pilot Co-education Workshop for Harm Reduction and Emergency Health Providers (in English)**

**Nadia Primiani**, Sinai Health System, Toronto

Caesar Lim, Sinai Health System, Toronto

Victoria Lall, The Works, Toronto

Aaron Orkin, Sinai Health System, Toronto

### **Learning Objective for the Presentation**

Identify interprofessional partnership and collaboration needs between harm reduction and emergency health care personnel in Canada. Explain the role of co-education programming to build collaborations between harm reduction and emergency health care personnel.

### **Background**

Harm reduction and emergency health personnel often serve the same population. Harm reduction providers working in supervised injection sites provide resuscitative interventions for people who experience opioid overdose on a daily basis, but have not generally had access to advanced resuscitation or simulation-based education. Emergency health providers serve as an essential point of contact between people who use drugs and the health care system, but have not always incorporated harm reduction and anti-stigma approaches into their practice.

### **Objectives**

To use co-education as a vehicle to build trust, partnership and a sense of shared purpose between harm reduction and emergency care workers To develop a team based approach to opioid overdose emergencies To identify effective strategies to improve relationships with patients in emergency care settings.

### **Methods**

Through a unique local partnership we developed a 1-day workshop to share knowledge and build partnerships between our professional communities.

### **Results**

The workshop involved 50 participants who reported that their comfort with responding to opioid overdoses increased and that they were able to build better rapport and trust with people who use drugs after attending the conference.

### **Conclusions**

Co-education programs can enhance community partnerships and interprofessional trust between harm reduction workers and emergency health care personnel. This model could be applied in communities across Canada to improve collaboration between supervised injection site and emergency health care personnel and institutions.

### **Sex and Gender Considerations**

While working on the co-education day, we focused primarily on marginalized populations. In order to ensure our day was carried out in a safe environment, we developed 'basic assumptions'. This allowed participants to build trust throughout the day. It also allowed us all to include considerations around sex and gender. For example, one component of the day included an interactive activity to highlight privilege, which included topics around sex and gender.

## **ORAL B6.2: Advancing Naloxone Training and Access During a Public Health Emergency in British Columbia (in English)**

Sierra Williams, British Columbia Centre for Disease Control  
Zahra Mamdani, British Columbia Centre for Disease Control  
Sara Young, British Columbia Centre for Disease Control  
Emily Ogborne-Hill, British Columbia Centre for Disease Control  
Marago Kuo, British Columbia Centre for Disease Control  
**Jane Buxton**, British Columbia Centre for Disease Control

### **Learning Objective for the Presentation**

Demonstrate partnerships and innovation to advance naloxone training and access

### **Background**

The BC Centre for Disease Control started the Take Home Naloxone (THN) program in 2012 to support overdose prevention, recognition and response. THN kits are available to persons at-risk of experiencing or witnessing an overdose through community sites including harm reduction sites and community organizations. The program expanded into community pharmacies December 2017 once an online, self-guided training application was available to assist with training in busy settings. Individuals can present the certificate of training completion at a pharmacy to obtain a kit.

### **Objectives**

We assess the utilization of the training application and community pharmacy THN distribution.

### **Methods**

THN administrative data and web application analytics were reviewed and analyzed using descriptive methods. Qualitative interviews were conducted with key stakeholders in pharmacy THN roll out including pharmacy BCCDC staff, staff at the pharmacy chain head offices and community pharmacists.

### **Results**

From Sept 1, 2017–Dec 31, 2018 a total of 16, 851 video plays were reported on the web app and Toward the Heart platform. Interviews identified strengths and barriers to the implementation of THN in pharmacies and explored stakeholder perceptions and knowledge regarding overdose prevention and response. The training application allowed consistent standardised training for clients.

### **Conclusions**

The training application analytics demonstrates the reach throughout BC; this application supports training in busy settings such as pharmacies and hospitals. Continued partnerships and program expansion and improvement efforts have advanced opportunities for meaningful engagement with those who need naloxone most to save lives.

### **Sex and Gender Considerations**

We are able to explore demographics (i.e. age and gender) of individuals receiving a new kit and training, as well as those who are receiving a replacement kit based on non-identifying program reporting. The program also captures types of sites that participate in the program and naloxone administration events. This data will help to assess the reach of THN, both in terms of geographical locations as well as populations that access the program. They may also help in identifying areas and populations that may be underserved by THN. In moving forward, considerations of gender and sex are important aspects of program evaluation and will inform the development of initiatives to enhance access of naloxone.

## **ORAL B6.3: Harm Reduction: Making a Difference Through Policy Development and Implementation in Practice (in English)**

**Amy Woroniuk**, Alberta Health Services

**Dianne Dyer**, Alberta Health Services

**Jane Buxton**, British Columbia Centre for Disease Control

### **Learning Objective for the Presentation**

The audience will learn about the Alberta Health Services (AHS) Harm Reduction for Psychoactive Substance Use provincial policy revision and the work underway to promote and implement a harm reduction approach across the organization.

### **Background**

Changes to the revised AHS policy reinforces the province's commitment to support individuals, families, and communities who may be harmed or have been harmed by psychoactive substance use. The revised policy is one of the many actions that AHS is taking to address the opioid crisis in Alberta in a kind, respectful and compassionate manner that is based on the AHS values.

### **Objectives**

To promote wellness and decrease the harms associated with psychoactive substance use rather than decrease psychoactive substance use itself. To provide direction to employees on how to implement a harm reduction approach.

### **Methods**

A provincial interdisciplinary education working group has developed educational resources to support the policy implementation. Typically, education work related to policies focuses on the cognitive domain or the ability to recall learned material and apply the learnings in practice. This policy is unique because the education needs to focus primarily on the affective domain or changing values, beliefs, emotions and the application of this new perspective consistently in practice. The education work is divided into four focus areas to support these two domains and includes multiple strategies and initiatives to support and advise leaders, staff and physicians.

### **Results**

Implementation of the revised AHS Harm Reduction for Psychoactive Substance Use policy across the organization.

### **Conclusions**

The successes and challenges will be presented and discussed.

### **Sex and Gender Considerations**

The AHS Harm Reduction for Psychoactive Substance Use provincial policy recognizes and addresses the unique health and social needs of populations vulnerable to poor health outcomes, that is, socially, culturally, and/or economically marginalized groups such as, but not limited to, youth, women, older adults, homeless persons, Indigenous people, the Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex and Two Spirit (LGBTQI2S+) communities, and cultural minority groups. The provincial education initiatives address the unique needs of women and the LGBTQI2S+ communities and reflect on the benefits of a harm reduction approach in support of these populations.

## **ORAL B7: Ask the Experts: Maintaining a Peer Advisory Group in British Columbia (in English)**

**Charlene Burmeister**, British Columbia Centre for Disease Control

**Cheri Newman**, British Columbia Centre for Disease Control

**Paul Choisl**, British Columbia Centre for Disease Control

Kevin Donaghy, British Columbia Centre for Disease Control

Laura Moore, British Columbia Centre for Disease Control

Holly Trider, British Columbia Centre for Disease Control Peer Advisory Group

Jane Buxton, British Columbia Centre for Disease Control

### **Learning Objective for the Presentation**

To understand how a provincial peer-led advisory group was developed and functions effectively.

### **Background**

The Peer Engagement and Evaluation Project (PEEP) research team included research assistants (RAs) with experience of substance use from across the province. RAs were key to the project; they led focus groups, helped validate results, provided insights into outputs including peer engagement best practice guidelines, “how to involve people who use drugs” and “language matters” an infographic about respectful language regarding substance use.

### **Objectives**

To describe how the PEEP advisory group acts as a provincial expert consultation body regarding substance use.

### **Methods**

During PEEP the RAs developed research, advocacy and presentation skills; at project completion it was agreed the RAs were an invaluable resource and thus funding was identified to support the team and the peer coordinator position.

### **Results**

To maintain the PEEP advisory group, members receive suitable remuneration; weekly teleconferences facilitate trust and provide team support. Review documents are sent in advance and an administrative assistant takes minutes. Each meeting starts with ‘check in’. The advisory group is sought after for their opinions into diverse documents and policies. They receive frequent meeting invitations to provide their perspectives. Engaging people with lived experience in harm reduction program development and evaluation is an essential component. Being known as a provincial expert advisory group helps to reduce stigma related to substance use.

### **Conclusions**

From Australia to Scotland, the PEEP advisory group is a vital global resource providing timely community perspectives from people with lived experience.

## Sex and Gender Considerations

The PEEP research assistants continue their work as the PEEP Consultation and Advisory Board meeting by phone weekly, which continues to give recommendations on topics related to best practices for harm reduction strategies and services province wide. As the membership of PEEP is eighty percent women, the lack of resources that target specific marginalized groups within harm reduction (youth, indigenous, women – and especially women with children) has been brought up as a topic of focus repeatedly. This includes advising on how women who use drugs can deal with the MCFD, advising on how we can develop targeted resources that aim to address existing service gaps, including resources teaching women how to self-inject. PEEPs existing resources also aim to support families by recommending a living wage to folks who use drugs. In practice this has guaranteed support for some of the most marginalized drug users, including single mothers.

## **ORAL B8.1: Understanding Overdose Incidents in Correctional Custody in the Age of Opioids (in English)**

Laura McKendy, Correctional Service of Canada  
Stephanie Biro, Correctional Service of Canada  
**Leslie Anne Keown**, Correctional Service of Canada

### **Learning Objective for the Presentation**

Given that minimal research has been conducted in this specific area to date, the current study will significantly contribute to the understanding and prevention of overdose incidents occurring in Canadian correctional custodial settings.

### **Background**

Despite preventive measures (e.g. drug detection technology) and deterrent strategies (e.g. random urinalysis testing), overdose incidents within correctional institutions still occur.

### **Objectives**

Given this ongoing operational concern and increasing emphasis on overdoses involving opioids, the purpose of the current study is to provide a detailed overview of all fatal and non-fatal overdose incidents occurring within a CSC institution between 2012/2013 and 2016/2017.

### **Methods**

There were 330 incidents identified after expanding beyond those subject to a formal investigation. Only incidents where the consumption of drugs led to the necessity of medical intervention (e.g., administration of NARCAN, intervention by medical staff, paramedics, or outside medical personnel) were included. Information relating to both the incident (e.g., suspected and confirmed substances involved, possible precipitating factors) and the offender (e.g., age, institutional history, substance use history) was extracted from multiple sources and systematically coded.

### **Results**

The majority of incidents were unintentional and non-fatal (77%). Opioids were most common in fatal (91%) and unintentional non-fatal (57%) incidents, with Fentanyl being the most common substance in fatal incidents (36%).

### **Conclusions**

The findings of this study suggest that the community opioid crisis may be paralleled in custodial settings. As this crisis continues to affect the federal offender population, CSC remains committed to efforts to curb prison drug use and reduce the likelihood of overdose incidents.

### **Sex and Gender Considerations**

Where numbers permitted analyses were conducted separately for men and women. The report contains a special section that discusses overdoses in Women's Federal Institutions.

## **ORAL B8.2: Current Substance Use Patterns among Canadian Federal Offenders (in English)**

Shanna Farrell MacDonald, Correctional Service of Canada

Angela Smeth, Correctional Service of Canada

Sarah Cram, Correctional Service of Canada

**Dena Derkzen**, Correctional Service of Canada

### **Background**

Substance misuse is an important dynamic risk factor for federal offenders, with over two-thirds of men and over three-quarters of women having an identified substance use issue (Kelly and Farrell MacDonald, 2015).

### **Objectives**

This poster presentation will highlight current substance use patterns of federal offenders, examining the differences of substance use histories between: men and women; Indigenous, Caucasian, and other ethnic groups; and younger and older offenders.

### **Methods**

The Correctional Service of Canada assesses offenders' pre-incarceration substance use using the Computerized Assessment of Substance Abuse (CASA). Data from this assessment completed upon admission to federal custody from November 2014 and January 2019 for women offenders and August 2018 and January 2019 for men offenders were examined.

### **Results**

Lifetime substance use, substance use in the twelve-month period prior to arrest, including substance used most, severity of substance use issues, injection drug use history, polysubstance use, and the link between offender substance use and their crime cycle will be presented. For women, an examination of substance use and pregnancy will also be explored.

### **Conclusions**

Federal offender substance use patterns examined show the unique profiles for women and Indigenous men offenders within Canada, with greater substance use severity and a greater proportion having a link between their offending and substance use than non-Indigenous men offenders.

### **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.

## **ORAL B8.3: Toronto's Harm Reduction Prison In-Reach Project at Toronto South Detention Centre (in English)**

**Stephanie Moulton**, Prisoner AIDS Support Action Network

### **Learning Objective for the Presentation**

This interactive workshop will demonstrate how two Toronto agencies are working together to provide harm reduction education and overdose prevention by running bimonthly groups with incarcerated men. The session is intended to normalize prison in-reach work, debunk common myths associated with drug use with a special focus on opiates and overdose risk factors. We also use these opportunities to familiarize men with front line support agencies & workers, so that they can be connected/stay connected with these supports while inside, and post release.

### **Interactive Formats or Processes**

Powerpoint presentation of data, research, and feedback provided by program participants (anonymous) Attendees will participate in “Minefield” activity, an interactive matching game conducted during in-reach sessions. The activity will explore barriers, risk factors, solutions, and available community supports. Naloxone training will be available.

### **Sex and Gender Considerations**

The lens of sex and gender considerations could be applied to my program by extending prison inreach/harm reduction educational groups to women's prisons. Currently, there are no women's specific institutions in metropolitan Toronto and PASAN's partner agency, Parkdale Queen West Community Health is restricted in terms of the ability to provide programming to individuals outside of their catchment area. That being said, PASAN is able to visit institutions throughout the province of Ontario and could potentially create partnerships with local community health centres using the same model and provide sessions like these in neighbouring cities such as Milton or Hamilton.

MONDAY, NOVEMBER 25

16:30–18:00

CONCURRENT SESSION C

## **ORAL C1.1: Hospital Stays for Harm Caused by Substance Use — A Pan-Canadian Snapshot (in English)**

Mary-Ellen Hogan, Canadian Institute for Health Information  
**Derek Lefebvre**, Canadian Institute for Health Information  
 Ruiwei Jing, Canadian Institute for Health Information  
 Antony Denis Christy, Canadian Institute for Health Information  
 Vanita Gorzkiewicz, Canadian Institute for Health Information  
 Chantal Couris, Canadian Institute for Health Information

### **Learning Objective for the Presentation**

To increase understanding of the magnitude of preventable harm from substance use at the pan-Canadian level.

### **Background**

The Canadian Institute for Health Information, working closely with federal, provincial and territorial governments, is developing a set of indicators for annual reporting of access to community-based mental health and addictions services.

### **Objectives**

Provide a signal of whether Canadians are getting access to information and help to prevent or manage harm from substance use that leads to hospitalization.

### **Methods**

Hospitalizations for substance use were selected from administrative databases. Substances include alcohol, opioids, cannabis, other depressants, cocaine, other stimulants, other substances, and unknown and multiple substances. Rates were age-standardized and expressed per 100,000 population.

### **Results**

There were more than 150,000 hospitalizations for substances in one year, translating to >475 per 100,000. Alcohol was the largest (~83,000, 53%), followed by cannabis (~23,000, 15%), opioids (~19,000, 12%) and stimulants (~15,000, 11%). Unknown and multiple substances contributed ~26,000 (17%). Rates varied 5 fold across jurisdictions. Hospitalization rates for men were ≥50% higher than for women for all except opioids (15% higher) and depressants (26% lower). A bimodal pattern with peaks at ages 25-29 and 50-54 was observed, driven by alcohol in older age and other substances together in younger age.

### **Conclusions**

Burden from substance use is substantial. Variation across jurisdictions, sex and ages warrants closer examination. Annual reporting provides a signal of access to, and effectiveness of community-based mental health and addictions services, and helps set future priorities.

## Sex and Gender Considerations

This research uses the sex variable in the Canadian Institute for Health Information's Discharge Abstract Database. The indicator will report annually on hospitalizations for substance use in a format allowing stratification by sex. We have also examined sex and sex by age for individual substances, and will share key findings. This will add to the body of knowledge about sex differences in substance use. In particular, this work provides information about sex differences in harm measured by hospitalization. The indicator also indirectly provides a measure of whether Canadians are getting access to community-based information and help to prevent or manage harm from substance use that leads to hospitalization, and how that varies by sex. Information from this research and the indicator will assist program developers and policy makers to focus programs and policies appropriately.

## **ORAL C1.2: Hospital Stays for Harm Caused by Substance Use in Canadian Children and Youth Aged 10–24 Years (in English)**

Ania Syrowatka, Canadian Institute for Health Information  
Danielle Rice, Canadian Institute for Health Information  
**Erin Pichora**, Canadian Institute for Health Information  
Chantal Couris, Canadian Institute for Health Information  
Mary-Ellen Hogan, Canadian Institute for Health Information  
Geoff Hynes, Canadian Institute for Health Information  
Jean Harvey, Canadian Institute for Health Information

### **Learning Objective for the Presentation**

To raise awareness around harm caused by substance use in children and youth, and to better understand the characteristics of those at risk.

### **Background**

Children and youth are particularly vulnerable to harm caused by substance use including serious adverse events, such as poisoning or injury, as well as mortality. Hospitalization rates are a key indicator of harm in this population.

### **Objectives**

To provide a pan-Canadian snapshot of hospital stays for harm caused by substance use in children and youth aged 10-24 years, with a focus on the magnitude of the problem; patterns of hospitalizations; common substances and combinations; and inequalities by age, sex, income and geographic location.

### **Methods**

Data from the Canadian Institute for Health Information (CIHI) "Hospital Stays for Harm Caused by Substance Use" indicator were used to calculate the hospitalization rates for children and youth in Canada, and describe variations by geography, sociodemographic characteristics, and type of substance. Substances of focus included alcohol, opioids, cannabis, other depressants, cocaine, and other stimulants.

### **Results**

Preliminary analyses indicate that hospitalization rates varied by age, sex, income quintile, and geographic location, as well as by substance. In children and youth aged 10-19 years, hospitalization rates were higher for females; in contrast, rates were higher among males in those aged 20-24 years. Cannabis and alcohol use were associated with higher hospitalization rates compared with other substances.

### **Conclusions**

This work can support health systems with developing and evaluating strategies for reducing harm caused by substance use.

### **Sex and Gender Considerations**

Analyses are stratified by sex and consider inequalities by examining multiple stratifiers together (e.g., by considering if income-related inequalities vary between males and females). The presentation will also discuss the implications of findings and strategies for harm reduction while considering sex and gender.

## **ORAL C1.3: Direct Health Care Costs Incurred by People Who Use Drugs in Ontario (in English)**

Ahmed Bayoumi, St. Michael's Hospital  
Lisa Boucher, University of Ottawa  
Amy Mark, Institute for Clinical Evaluative Sciences  
Alana Martin, Shepherds of Good Hope  
Zack Marshall, McGill University  
Sean LeBlanc, Drug Users Advocacy League  
Dave Pineau, PROUD Community Advisory Committee  
Nicola Diliso, PROUD Community Advisory Committee  
Brad Renaud, PROUD Community Advisory Committee  
Rob Boyd, Sandy Hill Community Health Centre  
Pam Oickle, Ottawa Public Health  
Mark Tyndall, University of British Columbia  
Claire Kendall, St. Michael's Hospital

### **Learning Objective for the Presentation**

To appreciate how studying costs can identify priorities for marginalized people who use drugs (PWUD).

### **Background**

Few studies report the cost of caring for PWUD. Cost estimates are important for resource planning and for estimating the cost-effectiveness of interventions.

### **Objectives**

1. To estimate the direct costs of care for marginalized PWUD in Ontario.
2. To determine the components of costs.
3. To compare costs across selected subgroups.

### **Methods**

We used data from the community-based cross-sectional Participatory Research in Ottawa: Understanding Drugs (PROUD) study, which recruited marginalized PWUD in 2013. We estimated direct health care costs across 14 domains for consenting participants using administrative health databases at ICES.

### **Results**

Of 663 participants, 603 (91%) incurred health care costs in the year prior to being surveyed. Mean (standard deviation [SD]) and median (interquartile range [IQR]) costs per person were \$8,119 (\$16,246) and \$3,295 (\$665 to \$8,514). Hospital-related costs were 31% of the total, physician fees were 21%, and publicly funded drugs were 35%. Among 508 participants with public drug claims, the mean (SD) cost of opioid substitution therapy was \$521 (\$935) and of other drugs was \$3,207 (\$5,698). Median (IQR) costs for participants who did and did not inject drugs were \$5,456 (\$1,727 to \$10,613) and \$1,920 (\$352 to \$5,633), respectively.

### **Conclusions**

Our cohort of marginalized PWUD had significant health needs with mean annual health care costs that were comparable to the top 5% of all Ontarians. Interventions to reduce hospitalizations among people who inject drugs may significantly reduce net costs of care.

## Sex and Gender Considerations

The PROUD cohort study meaningfully engaged community members who represented a diversity of sex, gender, and sexual orientation categories. The survey asked participants to self-report their gender identity using the following response options selected with community input: male, female, trans male-to-female, trans female-to-male, two-spirited, other, no answer. In the present analyses, we categorized sex/gender based on ICES-defined sex at birth for participants reporting other gender classifications (two-spirited or other) or who did not respond. We excluded self-reported transgender individuals because numbers were too small to make valid inferences and in accordance with ICES privacy policies regarding the risk of re-identification ( $n \leq 6$ ). In future studies linking survey data to ICES databases, researchers planning to analyse these self-reported classifications as distinct categories will need to purposefully sample a larger number of gender-diverse individuals.

## **ORAL C2.1: Considering a Positive Right to Access Harm Reduction Services under the Canadian Charter of Rights and Freedoms (in English)**

Vanessa Gruben, University of Ottawa

Colleen Flood, University of Ottawa

### **Learning Objective for the Presentation**

Participants will: explore how courts have applied the Charter to positive rights claims for access to health and social services; examine the strengths and weaknesses of a Charter claim for a right to access harm reduction services; analyze whether the Charter is a useful tool in advocating for greater access to harm reduction services.

### **Background**

Although access to harm reduction services has improved, there continues to be an unmet demand. There is also no guarantee that these services will continue to be provided. This research project considers the use of Charter rights to advocate for increased access or to guarantee a certain level of harm reduction services for Canadians.

### **Objectives**

This research project will examine the types of legal arguments that can be made under the Charter in order to guarantee or increase a range of harm reduction services.

### **Methods**

We will use legal research methodology to consider the strength of a potential Charter claim. This method involves analyzing statutes, cases and scholarly writing. Our analysis will examine the protection of positive rights under several sections of the Charter, including section 7 (life, liberty and security of the person), section 15 (equality), and section 12 (cruel and unusual treatment).

### **Results**

Although no court has concluded there is a positive right to health care, a number of cases (e.g. Canadian Doctors for Refugee Care) establish a compelling basis for the court to affirm a Charter protected right to access harm reduction services.

### **Conclusions**

Advocates should advance legal claims under the Charter as an important way to improve access to a range of harm reduction services.

### **Sex and Gender Considerations**

Sex and gender are central pillars of this research project. Section 15 of the Charter guarantees the right to equality, which includes the right to be free from sex and gender discrimination. In examining whether the Charter is an effective tool for advocating for access to harm reduction services, this project will use a gender-based analysis to consider the types of harm reduction services that are needed to effectively respond to the unique experiences of women. A range of factors are unique to women's substance use, including violence, pregnancy and sex work (Gendering the National Framework, 2010). A gender-based approach ensures that we advocate for harm reduction services which reflect women's experiences and promote women's health.

## **ORAL C2.2: The Political Economy of the Canadian Opioid Crisis Across Four Western Canadian Centres: An Exploratory Case Study (in English)**

James Dixon, University of Saskatchewan

Lori Hanson, University of Saskatchewan

### **Learning Objective for the Presentation**

Attendees will be able to describe some of the political, economic, and social contextual influences of the Western Canadian opioid overdose crisis.

### **Background**

The Canadian opioid overdose crisis consists of high rates of prescription opioid consumption by Canadians and the drastic increase in opioid-related morbidities and mortalities across the country. Several measures have been enacted to reduce these harms.

### **Objectives**

The study seeks further understanding of the crisis by examining how it is manifesting across four distinct centres (Nanaimo, Kelowna, BC; Fort McMurray, AB; Saskatoon, SK), and the broad political, economic, and social contextual considerations possibly influencing its manifestation and maintenance in and across each centre.

### **Methods**

The research is guided by a qualitative case study approach and employs a mixed method contextual synthesis and analysis (CSA) method. The CSA method critically and comprehensively considers relevant available literature and documents, published administrative data, and stakeholder interviews from each site. This data is synthesized to form a broader contextual understanding of the crisis.

### **Results**

Generally, opioid-related harms are increasing across the sites. Findings suggest stigma and negative perceptions of harm reduction and people who use drugs, political decision-making at various levels, racism and the legacy of colonization, and desire for individual and corporate profits are interwoven complex influences of the crisis.

### **Conclusions**

Examination of the broader influences of the crisis suggests it is symptomatic of political and economic decisions, where attitudes and values are of significant import. Understanding of the contextual factors of the opioid crisis is crucial to effectively respond and prevent future harms.

### **Sex and Gender Considerations**

This study engages the context of the social determinants of health including gender. Participants and reports indicate gender-related concerns regarding the vulnerability of males for opioid related poisonings across the sites generally, and that harms to females in First Nations communities in BC are overrepresented. This information shows that there are multiple complex pathways between broader contextual influences of the crisis and the harms that are experienced by individuals. This study seeks to illuminate some of these possible pathways, while also posing inquiries for further examination.

## **C2.3 Responding to the Opioid Crisis by Developing an Online Curriculum for Future Physicians on Pain Medicine and Substance Use Disorder in Canada (in English)**

**Lisa Graves**, Association of Faculties of Medicine of Canada  
Richard van Wylick, Queen's University  
Nancy Dalgarno, Queen's University  
Fran Kirby, Association of Faculties of Medicine of Canada

### **Learning Objective for the Presentation**

Provide an approach for addressing the largest current public health crisis in Canada.

### **Background**

The Association of Faculties of Medicine of Canada undertook a substantive initiative, supported by Health Canada titled the "AFMC Response to the Opioid Crisis" aimed at developing a national, online curriculum for undergraduate students in pain medicine and opioid use disorder.

### **Objectives**

To close the gaps in educational offerings for future physicians on the required competencies needed to diagnose, treat and manage pain and substance use.

### **Methods**

Conducted environmental scans to analyze rigorously existing curricula and best practices. Convened educational curriculum leaders to design competencies and objectives required for future physicians. Planned using emerging technology and advanced instructional design to develop a comprehensive and superior curriculum that will be highly desirable for the Canadian medical schools.

### **Results**

A curriculum will be informed by the environmental scans and undergraduate curriculum leaders and will see pedagogical frameworks mapped to a spiral curricular structure. This includes competencies and objectives that align with a national framework for medical education.

### **Conclusions**

A national curriculum in pain and opioid use disorder is a pivotal component of a national response to the opioid crisis. Application of a sex and gender lens will be an important curricular construct.

### **Sex and Gender Considerations**

In order to determine impact, the project will collect information on gender (Man, Woman, Does not identify within the gender binary) and/or sex (Male, Female, Intersex) as part of the curriculum's evaluation. We will use the information to determine significant differences in the acquisition of knowledge, confidence and comfort of material, and satisfaction with the curriculum between the genders and sexes. This data may also allow us to determine differences between perceptions of the strengths, challenges, and overall value of the curriculum to address the Canadian opioid crisis.

## **WORKSHOP C3: Party n Play Your Way: Improving the Health of Gay, Bi, Queer Men Who Use Drugs to Enhance Sex (in English)**

**Dane Griffiths**, Gay Men's Sexual Health Alliance

**Nick Boyce**, Ontario Harm Reduction Network

### **Learning Objective for the Presentation**

Participants will:

1. Explore the subcultural context in which sexual minority men use drugs (i.e. Party n Play).
2. Review facets of the GMSH's provincial campaign entitled, Party n Play Your Way, to better understand language/terms used in this subpopulation and to increase cultural competency in working with sexual minority men.

### **Description**

In Ontario, gay, bi, queer men who have sex with men (GBMSM) have higher rates of substance use than the general population and remain disproportionately impacted by HIV and other sexually transmitted infections (STIs). Evidence clearly indicates an association between sexualized substance use, co-occurring mental health challenges and sexual health related concerns, however many traditional substance use and mental health services are not equipped to effectively help GBMSM seeking support. This workshop will provide participants an opportunity to increase their knowledge and capacity to work with this marginalized population.

### **Interactive Formats or Processes**

1. We will utilize a variety of teaching methods - (presentations, written handouts, interactive tasks, and group work).
2. This session will include case studies to apply learnings and a comprehensive resource list for participants to take away.
3. Participants will be exposed to key outputs of an Ontario wide health promotion project for GBMSM who Party n Play.

### **Sex and Gender Considerations**

A good deal of research evidence, in Canada and internationally, shows that HIV is moving much faster among some gay, bisexual, and other men who have sex with men (GBMSM) compared to others. The implication of these findings is that limited resources would be better concentrated in areas of vulnerability. Interdisciplinary approaches to sexualised substance use are efficacious and needed.

Harm reduction and gay men's HIV prevention could be considered two historic elements in our HIV response that have long stood separate from one another. Traditionally, HIV prevention with gay men focused on sexual risk, while harm reduction focused on risks associated with injection drug use. Both approaches have evolved over the decades and some might argue that safer sex is a form of harm reduction, but in the context of drug use, there has been little focus given to harm reduction in the context of gay men's sexual health.

## **ORAL C4: National Guidelines for Older Adults: Prevention, Assessment and Treatment of Alcohol, Benzodiazepine, Cannabis and Opioid Use Disorders (in English)**

**Amy Porath**, Canadian Centre on Substance Use and Addiction

**Peter Butt**, University of Saskatchewan

**Kiran Rabheru**, The Ottawa General Hospital

### **Learning objectives for the presentation**

- List key recommendations regarding prevention, screening, assessment and treatment in each of the substance areas
- Identify barriers in assessment and treatment of substance use disorders in older adults.
- Describe the physiological, psychological, and pharmacological circumstances of older adults which make them more vulnerable to the effects of substances.

### **Interactive Formats or Processes**

An interactive knowledge translation session with a discussion of the following: The value of the clinical guidelines; issues related to sex and gender, implementation and dissemination

### **Sex and Gender Considerations**

Presenters will provide discussion around how our work in the future can evaluate implications of sex and gender when clinically applying the guidelines. Going forward, we can study sex/gender differences in the literature with an aim of describing variations in substance use and factors that are uniquely linked to each group. Context for consideration includes: Females are more likely than males to seek out healthcare treatment. Older women have been largely ignored in addictions research. Much-needed research on gender differences in treatment response and gender-specific treatments. A need for increased efforts to reduce the stigma and discrimination faced by women who use substances. Adopt a multidisciplinary, holistic, comprehensive approach to treatment, prevention, health promotion. Coordinated and integrated systems of care and services with gender and cultural competence.

## **ORAL C5: Perspectives on a Safer Drug Supply for Canada (in English)**

**Frank Crichlow**, Canadian Association of People Who Use Drugs

**William (Bill) Moore**, Canadian Association of Chiefs of Police

**Wendy Muckle**, Ottawa Inner City Health

**Peter Selby**, Centre for Addiction and Mental Health

The issue of a safer or uncontaminated drug supply is a timely topic in Canadian drug policy. This session is intended to foster discussion on this issue from a variety of perspectives, including public health, regulations and implementation, lived/living experience, research, and enforcement. This session will discuss what implementation of an uncontaminated drug supply could look like, what policy changes would be needed, potential unintended consequences associated with this approach and how they can be mitigated, and what sectors should be involved.

## **ORAL C6: Reaching Pregnant Women Who Use Substances and Face Other Health and Social Challenges: Findings from a National Evaluation of Multi-service Programs (in English)**

**Deborah Rutman**, Nota Bene Consulting Group

**Carol Hubberstey**, Nota Bene Consulting Group

Marilyn Van Bibber, Nota Bene Consulting Group

**Nancy Poole**, Centre of Excellence in Women's Health

Rose Schmidt, Centre of Excellence in Women's Health

### **Learning Objective for the Presentation**

In this session, participants will: Gain knowledge about outcomes for women and their children through these types of services, showing how prevention of alcohol use in pregnancy can be effectively addressed Increase knowledge about ways in which these programs' guiding philosophies are realized and the strengths and challenges of employing these approaches when working with pregnant and parenting women with substance use issues.

### **Background**

The Co-Creating Evidence project is a national evaluation involving eight holistic, 'one-stop' programs across Canada serving women at highest risk of having an infant with FASD – i.e., women affected by substance use, trauma, mental health, and other complex social determinants of health issues. The study started in February 2017 and runs until September 2020; funding is from the Public Health Agency of Canada.

### **Objectives**

The project's goals are to: Undertake a prospective, multi-site evaluation of 'wrap-around' FASD prevention programming in Canada; and, Identify promising approaches and characteristics that make these programs successful.

### **Methods**

This presentation will present findings of semi-structured, open-ended interviews conducted at all sites with clients, program staff, and service partners. Quantitative client-based and program/output data will also be shared.

### **Results**

The presentation will describe how the programs are successfully applying their theoretical foundations to achieve client outcomes.

### **Conclusions**

The programs participating in the study work with women at highest risk by providing low barrier, community-based services. These harm reduction-oriented, holistic services reaching substance-using women and their children are important components of a substance use system of care.

### **Sex and Gender Considerations**

The programs involved in this study work with women at highest risk by providing low-barrier holistic services and by using a harm reduction, trauma-informed, and women-centered approach. FASD and its prevention is highly sex/gender-related terrain for alcohol interventions, that the substance use field often marginalizes or ignores.

## **ORAL C7.1: Heterogeneity in the Cascade of Opioid Use Disorder Care: A Retrospective Study in British Columbia (in English)**

Micah Piske, British Columbia Centre for Excellence in HIV/AIDS  
Charlie Zhou, British Columbia Centre for Excellence in HIV/AIDS  
Jeong Min, British Columbia Centre for Excellence in HIV/AIDS  
Fahmida Homayra, British Columbia Centre for Excellence in HIV/AIDS  
Lindsay Pearce, British Columbia Centre for Excellence in HIV/AIDS  
Bohdan Nosyk, British Columbia Centre for Excellence in HIV/AIDS

### **Learning Objective for the Presentation**

Understanding the cascade of care for opioid use disorder (OUD) as a framework to determine gaps in treatment engagement and retention.

### **Background**

The 'cascade of care' concept of measuring attrition at various stages of care engagement has been proposed to guide the public health response to the opioid crisis in British Columbia (BC), Canada.

### **Objectives**

To explicate heterogeneity in the cascade of care for people with opioid use disorders (PWOUD) regionally and among demographic groups.

### **Methods**

We identified diagnosed PWOUD in BC from 1996 to 2017, linking provincial administrative databases. We present an 8-stage (diagnosed PWOUD, ever on OAT, recently on OAT, currently on OAT, retained on OAT:  $\geq 1m$ ,  $\geq 3m$ ,  $\geq 12m$ ,  $\geq 24m$ ) cascade of opioid use disorder care, stratified by regional health authority (HA), age, sex, comorbidities, service utilization, and time since diagnosis or OAT discontinuation.

### **Results**

A total of 55,470 diagnosed PWOUD were alive at the end of study follow-up. In 2017, 71% of diagnosed BC PWOUD had ever engaged in OAT yet only 33% were currently on OAT and only 16% were retained in care for  $\geq 12m$ . Northern HA (rural) observed the lowest engagement (49%). Females were less likely to engage in OAT (66% vs. 75% males). OAT discontinuation occurred largely (30%) within one year of engagement. PWOUD who had completed tapering had over 3-times fewer hospitalization days relative to those who discontinued OAT under 1 year from engagement (0.5 vs. 1.7/person-year).

### **Conclusions**

We identified provincial and regional heterogeneity in OAT engagement and retention. These findings further warrant timely, targeted strategies to improve care for PWOUD.

### **Sex and Gender Considerations**

Sex and gender are important factors impacting the quality of care received by PWOUD, particularly among populations requiring specialized care such as pregnant women. Therefore, all cascade of OUD care stages presented are stratified by sex (at birth) as captured in provincial health administrative databases [male, female, unknown]. Analysis and inference beyond a dichotomized definition of sex without gender is limited due to data capture and sample size. Future work will consider sex as a covariate in risk adjustment and analyses on the determinants of treatment engagement, retention, and service utilization. We anticipate that the cascade of OUD care will provide an explicit basis to determine any sex-based disparities in healthcare provision for OUD across treatment stages within different demographic groups, and will provide an evidence base for targeted public health intervention to improve sex-appropriate care.

## **ORAL C7.2: How Does Engagement in Continuing Care Activities Effect Changes in Substance Use Outcomes Over Time? (in English)**

Jean Costello, Homewood Research Institute  
Yao Li, Homewood Research Institute  
Shannon Remers, Homewood Research Institute  
James MacKillop, Peter Boris Centre for Addiction Research  
Sarah Sousa, Homewood Research Institute  
Courtney Ropp, Homewood Research Institute  
Mark Weiss, Homewood Health Inc.  
Don Roth, Homewood Health Centre  
Brian Rush, Homewood Research Institute

### **Learning Objective for the Presentation**

Learn about how continuing care enhances inpatient treatment outcomes for substance use disorders.

### **Background**

Recovery from substance use disorders (SUDs) extends beyond inpatient treatment. Engagement in continuing care, including mutual support (e.g., 12-step groups) and/or professional outpatient services, may facilitate recovery management and enhance treatment outcomes.

### **Objectives**

This study investigates how engagement in continuing care activities influences substance use outcomes over time among a sample of patients who completed inpatient treatment for SUDs.

### **Methods**

As part of the Recovery Journey Project – a longitudinal, prospective cohort study – participants completed questionnaires during their first week of admission to an inpatient SUDs treatment program, and at 1- and/or 3-months post-discharge (n=379). Baseline data were collected by self-administered, electronic questionnaires. Follow up data were collected by web-based questionnaires administered by phone and email. Analyses involved multivariate GEEs separately modelling total abstinence and percent days abstinent (PDA) across the three time periods.

### **Results**

Overall, rates of total abstinence and PDA increased significantly from baseline to 3-months follow up. Rates of total abstinence and PDA were significantly higher among participants who engaged in 12-step activities (i.e., attended meetings, had a home group, had a sponsor, did service work) or who received addiction outpatient support. Participants who reported a higher degree of 12-step involvement also experienced higher rates of abstinence and PDA.

### **Conclusions**

Engagement in continuing care, including 12-step activities and outpatient addiction support, following inpatient treatment was highly predictive of both substance use outcomes. Clinical teams should encourage participation in such activities and facilitate ongoing involvement to optimize treatment outcomes.

## Sex and Gender Considerations

At the bivariate level, we examined how self-identified sex (male/female) was associated with changes in substance use outcomes and engagement in continuing care activities. Within our sample, sex was not significantly associated with changes in substances use outcomes or engagement in 12-step group activities; however, females were more likely to engage in outpatient addiction support compared to males. To further investigate possible sex differences, we will stratify our analyses by sex to investigate whether engagement in continuing care has a differential impact on changes in substance use overtime among males and females, separately.

## **ORAL C7.3: Overcoming Stigma — How Katie Knebel Found Her Worth Through Recovery (in English)**

**Katie Knebel**, Member of the Leduc Drug Action Committee

Katie Knebel will share her personal journey from addiction to recovery. She will describe how stigma impacted her sense of self-worth and her substance use and how she ultimately overcame stigma to lead a fulfilling life and become a leader in her community. Finally, Katie will also share the many lessons learned from her personal experience as a framework to foster change and offer hope for others living with addiction.

## **WORKSHOP C8: Exploring the intersection between chronic pain, mental health, and problematic substance use (in English)**

**Manon Choinière**, Canadian Pain Task Force; Full Professor, Department of Anesthesiology and Pain Medicine, Faculty of Medicine, Université de Montréal; Clinical Scientist, Research Center of the Centre hospitalier de l'Université de Montréal

**Patricia Poulin**, Canadian Pain Task Force, External Advisory Panel; Clinical Health and Rehabilitation Psychologist, Ottawa Hospital Pain Clinic; Associate Scientist, Ottawa Hospital Research Institute

### **Learning Objective for the Presentation**

- Summarize the distribution of chronic pain within the Canadian population and successes and challenges in how chronic pain is currently prevented and treated in Canada.
- Describe the prevalence of chronic pain among people with concurrent substance use and mental health disorders and challenges for people who live with these illnesses and those who care for them.
- Explain the unintended consequences of the collective response to the drug-related overdose crisis for persons who live with chronic pain including those who use substances.
- Identify best, promising, and emerging practices to address barriers to the management of concurrent chronic pain, mental health, and problematic substance use.

### **Description**

The Canadian Pain Task Force was established to identify best practices and an improved approach to prevent and manage chronic pain in Canada. To support this work, the Task Force assessed how chronic pain is currently addressed in their first report entitled – *Chronic Pain in Canada: Laying a Foundation for Action*. Central challenges include gaps in monitoring chronic pain, access to timely and appropriate multi-modal care, education and awareness, research and related infrastructure, and policy coordination. In addition, actions to promote appropriate opioid prescribing and inform Canadians of the risks of prescribed and illicit opioids have inadvertently increased stigma and created additional barriers to receiving care for people who live with chronic pain. Furthermore, chronic pain is common among people with substance use disorder and often leads to a cyclical challenge – unmanaged pain resulting in problematic use of substances, which leads to further declines in health and more pain. There is an urgent need to build capacity to better address the health needs of people living with chronic pain and concurrent substance use and other mental health disorders and to strike the right balance with respect to opioid prescribing based on the needs of the individual. The Task Force is engaging stakeholders to identify best practices to address these challenges. This workshop will explore Task Force findings and engage participants in a structured dialogue around best practices, gaps, and activities for addressing the intersection between chronic pain, mental health, and problematic substance use.

### **Interactive Formats or Processes**

- Presentations from Canadian Pain Task Force members on the state of chronic pain and clinical challenges related to chronic pain, mental health, and problematic substance use.
- Structured small and large group exercises to (1) identify best practices, enablers, and challenges; and (2) discuss options that could facilitate the development, integration, and spread of best practices.

## Sex and Gender Considerations

Chronic pain is more common among females compared to males across all ages, with women aged 65 years and older consistently reporting the highest prevalence of chronic pain. Fibromyalgia, irritable bowel syndrome, rheumatoid arthritis, chronic pelvic pain, and migraine headache are disproportionately reported by women. There are also biological differences in the ways that women and men experience pain and these differences along with gender-related differences can play a major role in gaining access to care, patient-provider interactions, and treatment. Similarly, women may experience substance use disorder differently from men, often use drugs differently, and can have unique obstacles to effective prevention and treatment. The workshop will highlight these differences and specifically ask participants to consider sex and gender in the identification of best practices, gaps and options.

**TUESDAY, NOVEMBER 26**

**10:30–12:00**

**CONCURRENT SESSION D**

## **WORKSHOP D1: Solving Problems in Addiction Services: Fast Trekking Through QI's Model for Improvement (in English)**

**Debbie Bang**, Addictions and Mental Health Ontario  
**Laura Daly-Trottier**, Canadian Mental Health Association  
**Ashley Koster**, Canadian Mental Health Association  
 Michael Dunn, Canadian Mental Health Association  
 Jenna Hitchcox, Canadian Mental Health Association

### **Learning Objective for the Presentation**

Participants will engage in fast-track work stations to better understand how to identify root causes of common addiction agency problems including wait times and dropout rates. Participants will rotate through the fast-track work stations to experience the key steps of a quality improvement process using the “Model for Improvement”. Participants will engage in a dialogue with their colleagues about the experience and their next steps to begin/continue QI in their home addiction agency.

### **Interactive Formats or Processes**

Introduction: 15 minutes Work stations: 60 minutes Outro: 15 minutes Participants will identify one of two typical QI case example problems from addiction agencies to use as they experience and dialogue about the different stages of the Model for Improvement to identify the root causes, measurement options, possible “change ideas” to solve the problem and how to sustain and spread their findings.

### **Sex and Gender Considerations**

This workshop will assist programs working with each gender and sex to improve the services received by their clients.

## **ORAL D2: Zooming Out, Zooming In: A Panel Discussion About Federal, Provincial and Territorial Shifts Towards Service, System Integration for Mental Health and Substance Use (in English)**

**Brandon Hey**, Mental Health Commission of Canada

**Rebecca Jesseman**, Canadian Centre on Substance Use and Addiction

**Brian Rush**, Centre for Addiction and Mental Health

**Mary Bartram**, Mental Health Commission of Canada

### **Learning Objective for the Presentation**

To increase participants' understanding of the relationship between mental illness, mental health, substance use and addiction (MHSUA) To increase participants' understanding of complementarities in service and system needs of people living on the continuum of MHSUA.

### **Background**

There is increasing recognition at the about commonalities in service and system-level needs for mental health and addictions (MHA). This increased focus stems from high rates of concurrent disorders, common risk factors, including adverse childhood experiences, social determinants of health, disease burden, in priority population need, and the need for much better service and system responses. Agencies and organizations such as the Mental Health Commission of Canada and Canadian Centre on Substance Use and Addiction are taking steps to respond to these needs in a more coordinated way, but challenges remain.

### **Objectives**

This panel will speak to specific opportunities, challenges, and initiatives on emerging priorities related to system and service integration, including cannabis and mental health research, comprehensive, Pan-Canadian performance measurement, recovery, stigma, needs-based planning efforts and policy considerations in the context of cannabis legalization and regulation.

### **Methods**

Each presentation (each 10 to 15-minute long) will speak to distinct research and/or policy initiatives drawing on a broad range of research methods. Cannabis, mental health, performance measurement: literature review, qualitative research Recovery: literature review, focus groups Integrated care: literature review Policy cannabis legalization: qualitative research

### **Results**

None provided.

### **Conclusions**

An integrated care model will be best positioned to level inequities in health service access and outcomes, while introducing significant cost savings to the Canadian economy. Complementarities in recovery and needs-based planning for MHSUA populations will also help guide system planning efforts.

### **Sex and Gender Considerations**

Considerations around sex and gender are central to the differential prevalence rates found among men, women and other priority populations. Most noteworthy is the higher rates of substance use disorder among men, and anxiety and depression among women. Further, the relative distribution of risk and protective factors related to the onset and maintenance of substance use and concurrent disorders are demarcated across sex, gender (e.g., social isolation/connectedness), thus informing service planning efforts for MHSUA.

## **ORAL D3: Investigations of Effects of Substance Use at Entry and Over Time in Early Intervention Services For Psychosis: Informing Interventions (in English)**

**Philip Tibbo**, Nova Scotia Health Authority  
**Jacob Cooke**, Nova Scotia Health Authority  
**Amal Abdel-Baki**, University of Montreal  
**Clairelaine Ouellet-Plamondon**, University of Montreal  
**Candice Crocker**, Dalhousie University  
**Jacob McGavin**, University of Toronto

### **Learning Objective for the Presentation**

In these three presentations data will be presented illustrating the associated effects of cannabis, alcohol and other substance use disorders on demographic and clinical outcomes data at entry to early intervention services for psychosis and over a 2 year time period. How this data has informed the development of substance use disorders research in this population in Canada will be discussed.

### **Background**

Substance misuse has significant effects on clinical and functional outcomes in individuals with early phase psychosis (EPP). Early intervention services (EIS) for psychosis identify improved understanding of substance misuse and its treatment as a priority research area, especially within the Canadian context.

### **Objectives**

To better understand the interactions between cannabis, alcohol and other misused substances, individually and together on EPP, so specialized treatment approaches can be defined to improve outcomes.

### **Methods**

Three different projects will be presented: a retrospective cohort study in 264 Nova Scotia EPP patients examined the relationship of cannabis and alcohol misuse (alone and together) to age/gender, symptomatology and social/occupational functioning at time of entry to EIS; an examination with a Quebec prospective longitudinal study on 227 EPP patients the further impact of stimulant, alcohol and cannabis use on 2-year functional and symptomatic outcomes; the outcomes of a systematic review of EPP substance misuse cessation therapies.

### **Results**

Results clearly indicate differential associations of cannabis and alcohol misuse on demographic and clinical variables at entry to EIS; a 30% decrease of substance use disorder in the first year within EIS is reported, but few changes afterwards. Continued use resulted in worse functional outcomes, symptoms and service use, especially stimulants and cannabis, the latter being associated with deterioration; that the systematic review has led to the development of a multi-site, staged intervention, research protocol which will be presented.

### **Conclusions**

Continued research on substance misuse in EPP is necessary to inform the development of SUD interventions to improve outcomes.

## **Sex and Gender Considerations**

Sex is a potential modifying factor when examining the effects of substance use on clinical outcomes in early phase psychosis (EPP). Data on sex/gender has been recorded in the 2 research studies listed and has been factored into the analyses and methods. The results of these two studies are thus sensitive to the role that sex/gender have on the outcomes and will be discussed. Sex/Gender are also a primary consideration when discussing the development of SUD treatment interventions and have been taken into consideration during the systematic review and substance use cessation protocol development.

## **ORAL D4.1: Transforming a 21 Day Substance Use Program into an Individualized Treatment Service for Persons Experiencing Concurrent Disorders (in English)**

**Bernard Goguen**, New Brunswick Department of Health, Addiction and Mental Health Services

**Gino Mallais**, Addiction Treatment Services, Réseau de santé Vitalité

**Marie-France Clevette**, Addiction Treatment Services, Réseau de santé Vitalité

### **Learning Objective for the Presentation**

Participants will develop a better understanding of: Key factors to consider when implementing new service models for treating concurrent disorders. How principles of effective service delivery can be used to guide service development and improvement.

### **Interactive Formats or Processes**

Participants and presenters will discuss the challenges and successes of providing individualized concurrent disorder treatment services in a live-in setting. Presenters will describe common challenges and key successes and facilitate a discussion.

### **Sex and Gender Considerations**

The concurrent disorder treatment service model the presentation will describe was developed based on principles of effective service delivery which include trauma informed care and gender specific interventions. The presenters will describe how gender and trauma issues are considered in the treatment and service delivery process.

## **ORAL D4.2: Cannabis Use and Its Co-occurrence with Other Substance Use and Mental Health Symptoms within a Treatment Population (in English)**

**Sarah Sousa**, Homewood Research Institute  
Jean Costello, Homewood Research Institute  
Yao Li, Homewood Research Institute  
Isabella Romano, University of Waterloo  
Don Roth, Homewood Research Institute  
Mark Weiss, Homewood Research Institute  
Margaret McKinnon, McMaster University  
Brian Rush, Centre for Addiction and Mental Health  
James MacKillop, Peter Boris Centre for Addiction Research

### **Learning Objective for the Presentation**

Learn about the co-occurrence of cannabis use, other substance use, and mental health (MH) symptoms.

### **Background**

Little is known about the patterns or strength of associations between cannabis use, other substance use, and MH symptoms.

### **Objectives**

This study explores cannabis use and co-occurring substance use and MH symptoms within an inpatient substance use disorders (SUDs) treatment population.

### **Methods**

We examined data collected via standardized, clinical screening assessments of patients admitted to an inpatient SUDs program (N=255). Data included measures of substance use and MH symptoms (i.e., PTSD, anxiety, depression). Preliminary analyses examined bivariate associations using Chi-squared and T-tests.

### **Results**

About 50% (n=126) of patients reported cannabis use; 40% of whom reported moderate to severe cannabis use dependence (DSM-V) symptoms. Majority (93%) used non-prescription cannabis and, on average, used half of the 90-days prior to treatment; 44% reported daily use. Those who used cannabis tended to be male and younger compared to those who did not. Cannabis use was associated with higher rates of tobacco, opioid, cocaine, and stimulant use. Mean ratings of PTSD, anxiety or depression symptoms did not differ by cannabis use. Additional analyses will aim to replicate findings within a larger sample to examine interrelationships between variables and identify latent sub-groups of patients.

### **Conclusions**

In this sample, cannabis use was associated other substance use, but not MH symptoms. A better understanding of cannabis use and its correlates among SUD patients will help to inform treatment delivery. This work also serves as a foundation for examining how patient profiles may change after cannabis legalization.

## Sex and Gender Considerations

At the bivariate level, we examined how self-identified sex (male/female) was associated with cannabis use patterns. Within the preliminary sample, we identified sex was significantly associated with use of cannabis; a higher proportion of males reported use of cannabis. From the cannabis literature we know that cannabis use, particularly among women is associated with mental health problems. Further analyses will continue to explore possible sex differences in patterns of cannabis use (e.g., severity of symptoms) and associations with mental health symptoms, to understand if there are differential impacts among males and females, separately. We will stratify our analyses by sex to examine these associations.

## **ORAL D4.3: Treatment Barriers among People with Substance Use and Co-occurring Mental Health Problems: Examining Gender Differences (in English)**

**Silvana Agterberg**, Yeshiva University  
Kim Corace, The Royal Ottawa Mental Health Centre  
Tim Pychyl, Carleton University  
Nick Schubert, The Royal Ottawa Mental Health Centre  
Nathaniel Leduc, The Royal Ottawa Mental Health Centre

### **Learning Objective for the Presentation**

Describe gender differences in treatment barriers and perceived stigma among individuals with substance use and mental health problems. Discuss the importance of gender-responsive services and ending stigma to improve women's access to care.

### **Background**

Despite a narrowing gender gap in the prevalence of substance use disorders, women continue to be vastly underrepresented in substance use services. Women's relationships, family responsibilities, mental health, and stigma may present unique barriers.

### **Objectives**

The primary aim of the study was to compare men and women on a range of substance use treatment barriers. A secondary aim was to investigate whether these barriers differed among women who use opioids compared to those who use other substances.

### **Methods**

One hundred men and women from a substance use and concurrent disorders program in Ontario completed a questionnaire assessing demographic information, substance use and mental health, trauma, perceptions of stigma, and barriers.

### **Results**

While both men and women reported multiple barriers to treatment, women reported experiencing more barriers related to family responsibilities, relational factors, and mental health ( $p < .01$ ). In addition, women reported higher levels of perceived stigma compared to men ( $p < .01$ ). Perceived stigma was greater among women who used opioids compared to women who used other substances ( $p < .05$ ).

### **Conclusions**

This study highlights the unique needs and barriers faced by women with substance use and mental health problems, and the importance of gender-responsive services. Breaking down these barriers and ending stigma is crucial to increase access to care and ensure the health and well-being of women.

## Sex and Gender Considerations

This study examined gender differences in barriers to substance use treatment, mental health, trauma, and stigma, including whether certain factors disproportionately impede women's access to treatment. Furthermore, it examined whether women who use opioids are more likely to report barriers and perceived stigma compared to women who use other substances. Findings revealed that, although both men and women reported multiple barriers to substance use treatment, women reported more barriers related to family responsibilities, relational factors, and mental health. In addition, women reported greater levels of perceived stigma compared to men. This was especially true among women who use opioids as they reported significantly more perceived stigma compared to women who used other substances. Results highlight the importance of a gender-responsive system of care as opposed to a one-size-fits all approach. To improve treatment access, systems must work together to break down these barriers and end stigma.

## **ORAL D5.1: Supporting Diverse Youth in Ontario: Integrating Services for Substance Use and Mental Health (in English)**

Joanna Henderson, Centre for Addiction and Mental Health  
Shauna MacEachern, Centre for Addiction and Mental Health

### **Learning Objective for the Presentation**

Participants will be able to: Identify YWHO's model of integrated service delivery & youth engagement process Describe the value of YWHO's work for Ontario's diverse youth and the mental health and addictions system.

### **Background**

Youth in Ontario with substance use and/or mental health problems experience many barriers to accessing care, little coordination between services, and challenging transitions to the adult care system at age 18. Furthermore, youth are seldom meaningfully engaged in the design of services meant for them.

### **Objectives**

Youth Wellness Hubs Ontario (YWHO) aims to bring the right services to youth at the right time and in the right place by establishing 'one-stop-shops' across the province for young people between the ages of 12 and 25 seeking any type of support.

### **Methods**

With a process grounded in Implementation Science and principles of access, equity, and inclusion, the YWHO team is working with youth to inform every aspect of the initiative, including groups who have historically experienced barriers to access, such as: First Nations, Inuit, and Métis; LGBTQ+; Francophones; newcomers to Canada; racialized youth, and youth with disabilities.

### **Results**

Evaluation of hubs will serve to demonstrate the impact of the YWHO model of care on indicators such as wait times for services, perceptions of care, social and psychological functioning, and collaboration between service providers.

### **Conclusions**

Through equitable, youth-informed, integrated service delivery, YWHO is expected to provide Ontario with a scalable care model that can increase access to services for diverse youth, improve their clinical outcomes, and improve the way service providers work together.

### **Sex and Gender Considerations**

To ensure that hub services are safe, equitable, welcoming, and non-judgmental, the planning and design of integrated youth service hubs are being done in collaboration with youth from diverse backgrounds, including youth who identify with a range of genders (male, female, trans, gender non-conforming). The evaluation of YWHO is also designed to identify any discrepancies between the way services are experienced by youth of different genders so that those discrepancies can be addressed.

## **ORAL D5.2: Gender and Age Differences in the Characteristics and Treatment Needs of Transitional Aged Youth with Concurrent Disorders (in English)**

Nicholas Schubert, The Royal Ottawa Mental Health Centre

**Gretchen Conrad**, The Royal Ottawa Mental Health Centre

Andrew Lumb, The Royal Ottawa Mental Health Centre

Timothy Moran, The Royal Ottawa Mental Health Centre

Melanie Willows, The Royal Ottawa Mental Health Centre

Kim Corace, The Royal Ottawa Mental Health Centre

### **Learning Objective for the Presentation**

Describe the characteristics of youth with concurrent disorders and the effect of gender and age.

### **Background**

Specialized services have recently emerged in response to a service gap for transitional aged youth (TAY) with substance use and mental health problems. However, little is known about the clinical characteristics and treatment needs of TAY seeking treatment, and about vulnerable groups that may exist among them.

### **Objectives**

To describe the clinical characteristics and treatment needs of TAY receiving concurrent disorders treatment and to compare them based on their gender and age.

### **Methods**

Patients (N=129; 54% male) self-report measures of demographics, substance use, and mental health upon intake. Differences between self-identified males and females, as well as, 16-19, 20-21, and 22-24 year olds were tested using multifactorial ANOVAS and logistic regression.

### **Results**

Most patients reported intermediate-severe drug use (91%), hazardous/harmful drinking (73%), and polysubstance use (78%), while several reported injection drug-use (22%). Almost all reported moderate-severe depression (91%) and anxiety (86%). Females reported greater suicidal ideation and poorer attachment, self-esteem, and psychological well-being than males ( $ps < .05$ ), while younger youth reported more severe substance use, more hallucinogen use, and lower readiness to change their substance use compared to older youth ( $ps < .05$ ).

### **Conclusions**

Results highlight a heavy burden of concurrent disorders among TAY. Females reported poorer psychological health than males in selected domains; whereas younger youth reported worse substance use problems than older youth. TAY services should be responsive to gender and age differences.

### **Sex and Gender Considerations**

A study objective was to compare self-identified male and female TAY patients on their clinical characteristics and corresponding treatment needs. Results highlight the complexity of both male and female TAY patients presenting with concurrent disorders. However, females reported poorer scores on several indices of psychological health and well-being, suggesting a need for targeted and longer term interventions for these issues. Clinicians should be particularly aware of the high levels of suicidal ideation among youth with concurrent disorders, especially in females, and should regularly monitor and assess for suicide risk.

## **ORAL D5.3: Opioid Use Among Help-seeking Youth: A Descriptive Study (in English)**

Joanna Henderson, Centre for Addiction and Mental Health

Lisa Hawke, Centre for Addiction and Mental Health

### **Learning Objective for the Presentation**

Participants will learn about the substance use and mental health needs of help-seeking youth with opioid use. Participants will also learn about the sex, gender, developmental and social contexts of help-seeking youth with opioid use.

### **Background**

The serious harms resulting from problematic opioid use are well-documented, though few studies examine youth opioid use through the lens of development and gender. The continuing tragic effects of opioid use, especially among youth, highlight the importance of developing tailored services for youth.

### **Objectives**

This study aims to enhance understanding of the substance use and mental health needs of help-seeking youth with opioid use. The project also examines the sex, gender, developmental and social contexts of opioid use amongst help-seeking youth with opioid use.

### **Methods**

Youth aged 14-24 years presenting for service to a large urban tertiary psychiatric hospital for substance use treatment with or without co-occurring mental health concerns participated in this study. As youth entered the service through a group orientation process, they were asked for their consent for use their clinical information for study purposes.

### **Results**

Thirty-three percent (N=518) of youth presenting for service (N=1584) reported non-medicinal use of opioids on at least one occasion. Seven percent of youth reported using opioids at least several times per week. Gender, development and other social determinants of health were explored.

### **Conclusions**

Help seeking youth presenting with opioid use have an array of substance related and non-substance-related needs. Given both the importance and challenge of treatment engagement, new models of service delivery to enhance youth engagement will be discussed.

### **Sex and Gender Considerations**

Sex and gender are key variables considered in this study designed to examine opioid use among youth presenting for treatment services.

## **ORAL D6.1: “Still Fighting for a Future.” Where We Were and Where We Are Now: Exploring 15 Years of Progress on Fetal Alcohol Spectrum Disorder in Canada (in English)**

Kelly Harding, Canada FASD Research Network  
Dorothy Reid, Canada FASD Research Network  
Shana Mohr, Canada FASD Research Network  
Audrey McFarlane, Canada FASD Research Network

### **Learning Objective for the Presentation**

Critically analyze and discuss developments in the six identified areas - Identify the ongoing need for applied FASD research to support individuals with FASD and caregivers.

### **Background**

In 2004, caregivers of individuals with Fetal Alcohol Spectrum Disorder (FASD) came together to discuss the complexity of FASD and the need for supports and services to improve outcomes for these individuals. Six broad areas of need were identified with calls for action in each area including: homelessness; finances; physical/mental health; education, programming and employment; legal and addictions; and family support.

### **Objectives**

Provide a historical perspective of the changes in the 6 areas.

### **Methods**

We will triangulate and synthesize findings collected from multiple data sources including: an environmental scan of programs and services across Canada; a literature review; and a historical document review of CanFASD Research Network reports. Findings will discuss the progress made, as well as the progress that is still needed, to support individuals with FASD and their families across the lifespan.

### **Results**

Work in the field of FASD has greatly increased in recent history, with research focusing on assessment/diagnosis, neurobehavioural profiles, family-focused interventions, and prevalence. However, while some work has been done in each of the identified six key areas, existing gaps still include: the inability of some individuals to retain supported housing; barriers to accessing clinical assessment/diagnosis in childhood and adulthood; and a lack of knowledge and awareness among justice professionals.

### **Conclusions**

Best practices and promising approaches will be highlighted, and implications for promoting hope for the future in families raising individuals with FASD.

### **Sex and Gender Considerations**

Sex and gender considerations will be discussed in line with some of the findings of this work. For example, the 10 Fundamental components of FASD prevention from a women's health determinants perspective (CanFASD Northwest, 2010) will be used to frame issues related to FASD prevalence, prevention, and women's health. Additionally, sex and genders considerations will also be discussed in line with the particular challenges in each key area (e.g., overrepresentation of males with FASD in the criminal justice system; women with FASD who have unstable housing and are at risk for heavy alcohol use, etc.).

## **ORAL D6.2: Fetal Alcohol Spectrum Disorder, Substance Use and Mental Health: Results from the National FASD Database (in English)**

Jocelynn Cook, Society of Obstetricians and Gynaecologists of Canada

Kathy Unsworth, Society of Obstetricians and Gynaecologists of Canada

### **Learning Objective for the Presentation**

To describe the Canadian FASD population, including concurrent substance use and mental health issues.

### **Background**

Despite well-documented teratogenic effects, prenatal alcohol and polysubstance use exposure is still prevalent in Canada. The National FASD Database captures patient-level data on substance use, neurodevelopment and secondary issues and describes individuals with FASD who have co-occurring mental health concerns and prenatal exposure to polysubstances.

### **Objectives**

The goal of this study is to develop a database that standardizes the collection of FASD diagnostic data across Canada.

### **Methods**

Participating Canadian FASD diagnostic clinics completed an online questionnaire for each patient. Based on 1139 records from 26 clinics, individuals prenatally exposed to alcohol and other substances are described, as well as the frequency of substance use and mental health concerns among individuals with FASD.

### **Results**

666 individuals (58%) were diagnosed with FASD. Many with FASD were prenatally exposed to other substances; nicotine (42.3%), cannabis (30.8 %) and cocaine (17.2%). The prevalence of mental health disorders among those with FASD were higher than in the general population. Among adolescents/adults with FASD, 51% had anxiety and 57% were experiencing substance use themselves. Prenatal exposure to cannabis seems to have an additive negative effect on the function of nine brain domains and exposure to nicotine or cannabis increases the risk for mental health issues in those with FASD.

### **Conclusions**

Concomitant exposure to multiple substances is common with FASD, which can act together to increase risk for mental health and substance use disorders later in life. Understanding the complexities of prenatal exposures changes the way we think about the prevention of FASD and supporting women.

### **Sex and Gender Considerations**

Sex and gender are both considered in this project and information and data are collected and will be reported as part of the presentation, particularly as it relates to the unique intervention, support and treatment needs of the FASD population.

## **ORAL D6.3: #sendwine: An Analysis of Motherhood, Alcohol Use, and #winemom Culture on Instagram (in English)**

**Kelly Harding**, Canada FASD Research Network  
Kerry McGannon, Laurentian University  
Lisa Whittingham, Brock University

### **Learning Objective for the Presentation**

To describe the Canadian FASD population, including concurrent substance use and mental health issues.

### **Background**

Despite well-documented teratogenic effects, prenatal alcohol and polysubstance use exposure is still prevalent in Canada. The National FASD Database captures patient-level data on substance use, neurodevelopment and secondary issues and describes individuals with FASD who have co-occurring mental health concerns and prenatal exposure to polysubstances.

### **Objectives**

The goal of this study is to develop a database that standardizes the collection of FASD diagnostic data across Canada.

### **Methods**

An initial search of Instagram for the hashtags #winemoms, #winemom, #whymommydrinks, and #sendwine yielded a total of 85,473 Instagram posts. Given the large number of posts for #winemom (n = 43,098), this singular hashtag was chosen for data collection and analysis. Theoretical sampling was used to identify 20 images and textual postings/conversations for interpretative thematic analysis (Braun & Clarke, 2016).

### **Results**

Preliminary findings indicate that alcohol consumption is an interconnected issue with cultural meanings of motherhood, as women represent their alcohol use (#mommyjuice) as a means of coping with the demands of motherhood. Alcohol use is also comedically juxtaposed with other 'mom' behaviours, such as 'Sunday Night Yoga' which includes mothers in athletic apparel opening bottles of wine. Instagram posts represented a form of self-resistance to other women who are not mothers telling them that they should "stop drinking so much" and conventional socio-cultural norms concerning good motherhood.

### **Conclusions**

The findings of this study provide further evidence for the entrenched normalization of alcohol consumption among women, particularly when it comes to coping with the demands of motherhood.

### **Sex and Gender Considerations**

Sex and gender are both considered in this project and information and data are collected and will be reported as part of the presentation, particularly as it relates to the unique intervention, support and treatment needs of the FASD population.

## **ORAL D7.1: Family Matters: The Impact of Parent Engagement in Youth Residential Therapy (In English)**

**Laura Mills**, Pine River Institute

### **Learning Objective for the Presentation**

Participants will dialogue approaches to parent engagement in youth care, and the impact of parent engagement on youth treatment completion and outcomes.

### **Background**

Family therapy is known to benefit youths and families in outpatient substance use treatment but there is a paucity of information about parent engagement with residential youth care. We were dedicated to validate the benefits of parent engagement with youth residential therapy in terms of its impact on youth treatment completion, duration, and health and behaviour. outcomes

### **Objectives**

Our objectives were to:

- a) Measure the impact of parent engagement on youth treatment completion, and duration.
- b) Measure the impact of parent engagement on post-treatment family functioning and youth mental health and substance use.
- c) Explore the impact of parent emotional intelligence youth treatment and outcomes.

### **Methods**

Our sample is drawn from all parents and youths who attend Pine River Institute, a residential treatment center for teenagers in Ontario. Data were collected as part of ongoing research and evaluation before, during, and after treatment. Indicators include family functioning, youth mental health, emotional intelligence, and youth substance use.

### **Results**

Youths whose parents were more engaged with therapy stayed fewer days and were more likely to complete the program than those whose parents were less engaged. Parent engagement had beneficial impact on youth internalizing problems after treatment. Exploratory analyses reveal interesting findings on the impact of parental emotional intelligence on youth health and behaviour outcomes.

### **Conclusions**

Engaging parents in residential youth care is challenging but beneficial. Care providers are encouraged to find ways to meaningfully engage parents in structured family systems therapeutic approaches.

### **Sex and Gender Considerations**

Gender was used as a 'group' variable to explore any differences between genders on pre-treatment health and behaviour, treatment progression and length of stay, and youth outcomes.

## **ORAL D7.2: Cognitions Mediate the Impact of Perceived Parental Use and the Initiation of Cannabis Use in Adolescents (In English)**

Jill Robinson, University of British Columbia Okanagan  
Maya Pilin, University of British Columbia Okanagan  
Tatiana Sanchez, University of British Columbia Okanagan  
Marvin Krank, University of British Columbia Okanagan

### **Learning Objective for the Presentation**

Participants will develop an understanding of the early social, cognitive, and parental influences on cannabis use.

### **Background**

Adolescence is a critical period where cannabis use is often initiated. Studies demonstrate that both implicit and explicit cognitions about cannabis partially mediate the effects of parental use on adolescent use.

### **Objectives**

The present study sought to explore the role of cognitions as mediators of parental influence on the intergenerational transfer of cannabis use.

### **Methods**

Participants (ages 11-17) were drawn from a longitudinal study of students from a school district in Western Canada. At Time 1 (T1), 1303 students completed the Word Association Task, the Outcome Expectancy Liking task, and provided estimates of personal and parental cannabis use. Participants were surveyed again 1 year later (T2).

### **Results**

Perceived parental cannabis use at T1 was a significant predictor of adolescents' cannabis cognitions at T1 (estimate = 0.30,  $p < 0.01$ ). Analyses indicated that there were significant gender differences between the models. Specifically, fathers' use at T1 predicted sons' cannabis cognitions at T1. These cognitions acted as a mediator between father's use at T1 and adolescent cannabis use at T2; for females, mother's use at T1 was the predictor of cannabis cognitions at T1. Analyses suggest that cannabis cognitions fully mediate the relationship between parental use at T1 and adolescent use at T2.

### **Conclusions**

Analyses demonstrated that parental cannabis use and cognitive factors predict adolescent cannabis use one year later. Perceiving that one's parents use cannabis influences adolescents' cannabis-related cognitions. This relationship was moderated by gender.

### **Sex and Gender Considerations**

Examining the role of gender in adolescent substance use is important for prevention and treatment programs alike. As children age, social pressure and risk factors for substance use may impact the adolescent's substance use trajectory differentially by gender. In this study, the pattern of parental influence changed as a function of gender. Males were more influenced by their father's perceived use than their mother's. The opposite pattern was found for females.

## **ORAL D7.3: Structural Analysis of MACSI, of a Métis Organization Providing Cultural Healing to Métis Clients Experiencing Problematic Substance Use in Saskatoon, SK (in English)**

Indiana Best, University of Saskatchewan  
Colleen Dell, University of Saskatchewan  
Barbara Fornssler, University of Saskatchewan

### **Learning Objective for the Presentation**

- 1) Understand relevant historical, political and economic factors influencing health of Métis clients experiencing problematic substance use, and
- 2) Comprehend recommendations resulting from a structural analysis.

### **Background**

Indigenous Peoples (First Nations, Métis, and Inuit) experience a disproportionate burden of harm regarding problematic substance use, that is further perpetuated as the majority of treatment services/supports are grounded in a Euro-Western biomedical worldview. This Euro-Western worldview is often applied to off-reserve treatment centers, disabling their ability to provide an ethical continuum of care; centers providing care to Métis clients operate within this distinct reality. This project works to understand the implications of this reality through applying a social determinants of health (SDoH) lens to the daily operations of Métis Addictions Council Saskatchewan Inc. (MACSI).

### **Objectives**

Engaging a holistic worldview (i.e. mental, emotional, physical, and spiritual wellbeing) will allow examination of the SDoH of MACSI. Policy and strategic planning recommendations will be produced that outline an equitable community-centered approach to healing for Métis clients experiencing problematic substance use.

### **Methods**

Structural analysis will include comparison of internal/external policies of MACSI with provincial/federal operated treatment centers and interviews conducted with key members of the Métis community and MACSI leadership/administrative staff.

### **Results**

Descriptive thematic analysis emphasizing an intersectional approach will be utilized and reviewed through expert content review with project guiding Elder. Anticipated outcomes include policy recommendations that promote culturally relevant services and resources for Métis clients and contributions to MACSI strategic planning.

### **Conclusions**

This structural analysis is a foundational document to advocate for ethical and equitable care for Métis clients experiencing problematic substance use.

### **Sex and Gender Considerations**

It is anticipated that sex and gender, as social determinants of health, will impact outcomes in this study. A gender-based policy analysis of how cultural interventions influence treatment access and program retention could be completed in the future.

## **D8.1: Risk Factors and Birth Outcomes Associated with Teenage Pregnancy: A Canadian Sample (in English)**

**Stephanie Wong**, Brescia University College

Jasna Twynstra, Brescia University College; Western University

Jason Gilliland, Western University; Human Environments Analysis Laboratory

Jocelynn Cook, University of Ottawa; The Society of Obstetricians and Gynaecologists of Canada

Jamie Seabrook, Brescia University College; Western University; Children's Health Research Institute/Lawson Health Research Institute

### **Learning Objective for the Presentation**

To examine risk factors and birth outcomes of teenage pregnancies in Southwestern Ontario (SWO).

### **Background**

Teenage pregnancies are associated with adverse birth outcomes in the U.S., although research is conflicting in Canada.

### **Objectives**

To examine the socioeconomic status (SES), mental health, and substance use of teenage pregnant women, and to assess risk for adverse birth outcomes, after controlling for medical, behavioral, and SES factors.

### **Methods**

This retrospective cohort study utilized data from London Health Sciences Centre. Women who gave birth to singleton infants without congenital anomalies between 2009 and 2014 were included.

### **Results**

Of 25,263 pregnant women, 4.3% were  $\leq 19$  years; 18% lived in disadvantaged neighbourhoods, compared to 11% of mothers aged 20-34 and 9%  $\geq 35$  years ( $p < 0.001$ ). Teenage mothers had higher rates of depression during pregnancy (9.8%) than mothers 20-34 years (5.8%) and  $\geq 35$  years (6.8%) ( $p < 0.001$ ). Young mothers reported higher tobacco, marijuana, and alcohol use during pregnancy than adult mothers ( $p < 0.001$ ). Teenage pregnancy increased the risk of a low Apgar score (aOR: 1.56; 95% CI: 1.21, 2.02), but was not associated with low birthweight, preterm birth, or macrosomia in regression models.

### **Conclusions**

Teenage pregnancy is associated with greater socioeconomic disadvantage, mental illness and substance use, but is largely unrelated to adverse birth outcomes.

### **Sex and Gender Considerations**

This study addressed women's health by targeting teenage vs. adult pregnant women who gave birth at London Health Sciences Centre. We compared differences in risk factors and birth outcomes between the two groups. Future work can compare differences in male vs. female babies between these two groups.

## **D8.2 Characterizing Motivations for Cannabis Use in a Cohort of People who Use Illicit Drugs: A Latent Class Analysis (in English)**

**Stephanie Lake**, British Columbia Centre on Substance Use; University of British Columbia  
Thomas Kerr, British Columbia Centre on Substance Use; University of British Columbia  
Jane Buxton, University of British Columbia  
Zach Walsh, University of British Columbia Okanagan  
M-J Milloy, British Columbia Centre on Substance Use; University of British Columbia

### **Learning Objective for the Presentation**

Understand motivations for cannabis use among people who use illicit drugs (PWUD), and learn how these motivations might relate to states of health.

### **Background**

Cannabis use is common among marginalized PWUD, but reasons for use remain poorly investigated.

### **Objectives**

We sought to explore instrumental uses of cannabis and associations with a range of social, structural, and behavioural factors among PWUD in Vancouver, Canada.

### **Methods**

We used 2.5 years of data from cannabis-using participants in two community-recruited prospective cohort studies of PWUD. We used latent class analysis to identify discrete user groups based on reported motivations for use, and examined correlates of class membership.

### **Results**

We estimated four latent classes of cannabis use: class 1 (37.5%) primarily to manage stress, nausea, and insomnia; class 2 (21.9%) primarily to treat pain; class 3 (31.6%) primarily for non-medical purposes; and class 4 (9.0%) engaging in use for a variety of therapeutic and non-therapeutic purposes. Class membership was associated with frequency of cannabis use, other substance use patterns, mental health, quality of life, and pain.

### **Conclusions**

We observed a wide spectrum of motivations for cannabis use among PWUD and noted important health-related differences between classes. These findings inform discussions around access to cannabis for medical purposes and harm reduction among PWUD.

### **Sex and Gender Considerations**

Approximately 1/3 of this sample of PWUD are cisgender women. We considered sex to be a potentially important factor in correlates of class membership and we did find that women were more likely to belong to Class 2 (primarily using for pain relief) whereas men were more likely to belong to Class 3 (primarily using for intoxication and other non-therapeutic uses). We consider potential factors driving these associations in our paper's discussion.

## **D8.3 Strong Alcopops and Alcohol-related Medical Emergencies among Youth: The Impact of the Quebec Government's Alcopops Legislation (in English)**

**Catherine Paradis**, Canadian Centre on Substance Use and Addiction  
Cyr Claude, University of Sherbrooke  
Ariane Gauthier Chamard, University of Sherbrooke

### **Learning Objective for the Presentation**

To describe clinical presentation of youth taken to the emergency department (ED) for an alcohol-related medical emergency. To stimulate discussion regarding alcohol regulations to reduce alcohol-related harm.

### **Background**

Following the death of a 14-year-old girl who had consumed strong alcopop, the Quebec government introduced a ban on the sale of those beverages in convenience stores if they contained more than 7% alcohol.

### **Objectives**

To assess what has been the impact of the alcopop legislation on ED admissions.

### **Methods**

All alcohol-related visits for youth (12–24 years) were analyzed for 2012–2018 period. ED visits were analyzed before, during and after strong alcopops became readily available. Chi-square and Fisher's exact tests were used to verify if the number of ED visits varied across the three time periods.

### **Results**

The overall number of ED visits was 46.4 cases per 100 days. There were significant differences in the number of youth taken to the ED after consuming strong alcopops across the three time periods. Strong alcopops-related ED visits began in March 2017, a peak was reached in July 2017, and the trend disappeared after November 2017.

### **Conclusions**

To effectively reduce the burden of alcohol, the government should consider additional revisions of alcohol regulations to limit young people's access to other products with high alcohol content.

### **Sex and Gender Considerations**

ED presentations were analysed according to gender.

## **D8.4 Experiences and Impacts of Supervised Consumption Site Use on the Social Determinants of Health (in English)**

Nick Kerman, University of Ottawa  
Stéphanie Manoni-Millar, University of Ottawa  
Luc Cormier, Sandy Hill Community Health Centre  
Tali Cahill, Sandy Hill Community Health Centre  
John Sylvestre, University of Ottawa

### **Learning Objective for the Presentation**

To highlight the role and impacts of supervised consumption sites (SCSs) in the lives of a highly marginalized, street-involved population.

### **Background**

SCSs have emerged in some communities across Canada as an essential health service for people who inject drugs. As this population is vulnerable to a range of social adversities that negatively affect health, it is important to better understand the role of SCSs in the lives of service users.

### **Objectives**

To qualitatively explore people's experiences using SCSs in Ottawa, Canada, and how these services affected their housing statuses, stress levels, social support, food security, employment and income, and healthcare access.

### **Methods**

In-depth interviews were conducted with 21 participants in March 2019.

### **Results**

SCSs provided emotional support (caring and nonjudgmental approach of staff), social connection, and protection from criminalization of drug use and homelessness. By providing a place to use drugs, SCSs also prevented people experiencing homelessness from being banned from emergency shelters due to drug use. Further, SCSs improved many participants' access or engagement with healthcare services.

### **Conclusions**

SCSs have multifaceted impacts in the lives of people who inject drugs and offer an opportunity to address some of the social adversities that negatively affect the health of this highly marginalized population.

### **Sex and Gender Considerations**

This study collected data on participants' gender and considered this in the context of the findings. For example, findings showed that sense of belonging when using SCSs for several female and transgendered participants was undermined due to their experiences of judgment and abuse from other service users. However, specific gender-based analyses were not completed.

## **D8.5 Cannabis Advertising, Promotion and Branding: Differences in Consumer Exposure between ‘Legal’ and ‘Illegal’ Markets in the US and Canada (in English)**

Jennifer Rup, University of Waterloo  
Samantha Goodman, University of Waterloo  
David Hammond, University of Waterloo

### **Learning Objective for the Presentation**

To describe differences in consumer exposure to cannabis advertising in Canada and the US.

### **Background**

Little evidence exists on the impact of exposure to cannabis marketing, including differences between ‘legal’ and ‘illegal’ markets.

### **Objectives**

To examine differences in advertisement exposure and brand awareness between legal and illegal cannabis markets across: (i) Canadian provinces, (ii) US states that have not legalized nonmedical cannabis, (iii) US states that have legalized nonmedical cannabis.

### **Methods**

Data are from International Cannabis Policy Study, an online survey conducted from August to October 2018. The sample (n=26,710) included respondents from Canada (n=9,840), US illegal (n=9,578), and US legal states (n=7,292). Regression models were fitted to examine cannabis advertisement exposure and brand awareness.

### **Results**

Respondents in US legal states were more likely to report noticing advertisements, while Canadian respondents were more likely to report higher brand recall. Across jurisdictions, social media was cited among the most frequent channels from which cannabis advertisements were noticed in the past month.

### **Conclusions**

Advertisement exposure was higher in legal cannabis markets, although brand awareness for cannabis products was low across all jurisdictions. These findings provide a benchmark for evaluating the impact of cannabis advertising as legal markets become established.

### **Sex and Gender Considerations**

This study examined sex differences in cannabis advertising exposure. The results showed that males were more likely to notice cannabis advertisements and recall cannabis brands than females. A gender lens could be applied to future research in this area through the inclusion of questions in subsequent surveys that prioritize the collection of data related to gender, encouraging the identification of different roles, identities, or experiences. This would help to facilitate further analyses and evaluation of gender specific outcomes related to cannabis advertising exposure.

## **D8.6 Defining Success in Integrated Treatment Programs for Pregnant and Parenting Women Who Use Drugs: A Qualitative Analysis Conceptualizing Outcomes (in English)**

Emily Nichol, University of Victoria  
Karen Milligan, Ryerson University  
Karen Urbanoski, University of Victoria

### **Learning Objective for the Presentation**

Attendees will learn about how success is defined in integrated treatment for pregnant and parenting women with substance use problems.

### **Background**

Aspects of what constitutes positive outcomes of substance use treatment may vary systematically across key population subgroups. In particular, there is a lack of research conceptualizing treatment success for women and mothers.

### **Objectives**

To develop a conceptual model of outcomes from the perspective of women and service providers.

### **Methods**

Focus groups and interviews were conducted in 12 treatment agencies in Ontario, with clients and service providers (n=65). Participants were asked about the role of treatment in supporting changes in diverse areas of health and wellbeing.

### **Results**

Findings illustrated success as an ongoing process rather than discrete outcome stages or events. Improvements were defined in terms of maternal wellbeing, parenting, child wellbeing, and social determinants of health. Treatment processes perceived as conducive to healing and recovery included community connections, relationship with child welfare services, quality of therapeutic relationship, and treatment engagement.

### **Conclusions**

The benefits to overall health of attending to concerns other than simply the use of substances demonstrates the need for holistic treatment models that address the life contexts of women.

### **Sex and Gender Considerations**

Experiences of medical, social, and psychiatric problems are gendered, and women require care that is tailored to meet their goals as both individuals and as mothers. Our study addressed these concerns, and sought to identify what women value most in integrated treatment to ensure adequate attention is paid to life history, comorbidities and social issues that shape overall health. Such unique considerations highlight the need for woman-centred care to address the life contexts of women in treatment to understand how environment amplifies substance use and related effects, as well as the treatment processes that foster recovery for this population. Recognition of gender-specific variance regarding treatment outcomes opens the door to enhance quality of care oriented to supporting families, especially when considered from the perspective of women and service providers.

**TUESDAY, NOVEMBER 26**

**13:15–14:45**

**CONCURRENT SESSION E**

## **WORKSHOP E1: Become a Data Explorer — Understanding Canadian Substance Use Costs and Harms Using Data Visualization (in English)**

**Jill Fairbank**, Canadian Centre on Substance Use and Addiction  
 Bridget Hall, Canadian Centre on Substance Use and Addiction  
 Chelsea De Moor, Canadian Centre on Substance Use and Addiction  
**Adam Sherk**, Canadian Institute for Substance Use Research  
**Matthew Young**, Canadian Centre on Substance Use and Addiction

### **Learning Objective for the Presentation**

Participants will explore the available data from the recent study of Canadian substance use costs and harms, and analyze the appropriate datasets to answer unique questions about substance use costs and harms in Canada.

### **Interactive Formats or Processes**

This interactive workshop will include:

1. An introduction to the Canadian Substance Use Costs and Harms study and results published at the national and provincial and territorial level (20 mins).
2. An opportunity to become a data explorer by using the online data visualization tool to answer public health questions:
  - a) Tool demonstration (10 mins)
  - b) Group discussion to generate and prioritize substance use costs and harms questions pertinent to participants' professional contexts (20 mins)
  - c) Individual use of the data visualization tool to explore available data and create customized graphs and tables (20 mins). Bring your laptop!
  - d) Presentation of individual results to the group and interpretation of results (15 mins)
  - e) Individual feedback about the user experience and suggestions for version 2.0 of the tool (5 mins)

### **Sex and Gender Considerations**

Sex and gender are important considerations when studying trends in substance use and related harms, as we know that there are differences in the use of substances between men and women, and that harms associated with substance use impact men and women differently. When data were available, data were collected and analyzed by sex. Due to data limitations, we were unable to incorporate those who are intersex or who are not cisgender (e.g., those who are transgender, gender queer or gender fluid). For the purposes of the study report, we did not report by sex. However, in the online tool, some data are available by sex. As part of the workshop, presenters will summarize the data available by sex, and will demonstrate how participants can generate graphs and tables that analyze differences in trends by sex.

## **WORKSHOP E2: How We Talk About What's in Our Drugs: Drug Checking Messaging Workshop (in English)**

**Julie-Soleil Meeson**, AIDQ  
**Jarred Aasen**, Latern project  
**Chloe Sage**, ANKORS

### **Learning Objective for the Presentation**

Participants will have the opportunity to:

- Learn about key components and complexities of messaging drug checking results
- Develop a shared understanding of the role of messaging in harm reduction services
- Discuss with facilitators and other participants best practices to communicate results to various populations
- Offer feedback on the effectiveness of existing messaging tools

### **Interactive Formats or Processes**

Give options/ideas of potential messaging for different populations & technologies advertising the service relaying the results Messaging about alerts/riskier trends to the wider community Ask attendees to look at messaging and discuss what they like and what they would add/change? What format is most effective and helpful? cards, booklet, posters, online, email, in person.

### **Sex and Gender Considerations**

The proposed workshop considers gender and sex because we are very aware that there are differences between women's and men's patterns of substance use. They have common risks but they also have risks that differ for example concerning their metabolism, their weight, their tolerance. In the field we are confronted with many situations regarding this issue, like a girl of 100lbs can not consume in the same way as a boyfriend of 200lbs so necessarily our messages can differ from one sex to another. When giving a drug checking result we always take into consideration the gender or sex of the person we are talking with about their substance use. It's an essential part of our work. Our workshop will bring concrete examples of this.

## **ORAL E3.1: Improving Treatment Access and Outcomes for People with Alcohol and Opioid Problems: A Novel Rapid Access Model of Care (in English)**

**Kim Corace**, The Royal Ottawa Mental Health Centre  
Melanie Willows, The Royal Ottawa Mental Health Centre  
Nicholas Schubert, The Royal Ottawa Mental Health Centre  
Nathaniel Leduc, The University of Ottawa Institute of Mental Health Research  
Sean Mattingly, The Ottawa Hospital  
Guy Hébert, The Ottawa Hospital

### **Learning Objective for the Presentation**

Describe a rapid access addiction medicine care model to improve outcomes for people with opioid and alcohol use problems. Recognize the importance of partnerships and seamless care pathways.

### **Background**

In Ottawa, substance use treatment wait times were long and emergency department (ED) utilization was high, especially for people with alcohol and/or opioid problems.

### **Objectives**

To describe the development and evaluation of a novel Rapid Access Addiction Medicine (RAAM) service for people with alcohol and/or opioid use problems.

### **Methods**

Our RAAM service is a multidisciplinary, walk-in care model. Pathways were created to facilitate rapid access to care (i.e., from the ED). RAAM offers assessment, substance use and mental health treatment, harm reduction, and connections to community services. RAAM clients (N=439; 66% men) completed substance use and mental health measures upon intake and 30 day follow-up. Clinical information was collected via chart review; ED visit information was collected on clients referred by The Ottawa Hospital (TOH)-ED (n=195).

### **Results**

At intake, clients reported moderate-severe alcohol dependence (72%), drug use (41%), depression (76%), and anxiety (69%). Women reported more severe substance dependence and depression ( $p < .05$ ). At follow-up, clients reported reduced opioid, alcohol, cannabis, and cocaine use, and improved depression and anxiety ( $p < .05$ ). Most clients were connected to community services. Client satisfaction was high (99%). Clients referred by TOH-ED had an 83% reduction in 30 day ED revisits ( $p < .001$ ).

### **Conclusions**

Our RAAM service increased treatment access, improved outcomes, and reduced ED utilization, and built system capacity. This model may be adaptable to other regions.

### **Sex and Gender Considerations**

As part of the evaluation of the Rapid Access Addiction Medicine (RAAM) service, gender differences were explored. Of note, over one-third (34%) of clients were self-identified women, who represent an underserved population. Upon intake, women reported more severe alcohol ( $p < .05$ ) and opioid ( $p < .05$ ) dependence and greater depressive symptoms ( $p < .01$ ). Given that women presented to services with higher levels of substance use and mental health acuity and severity than men, this may suggest that women experience delays and barriers to accessing treatment services. In the current opioid crisis, delays in access to services put women at significant risk. Our work highlights the need for gender responsive services, rather than a one-size-fits-all approach to treatment, so that women get equitable and rapid access to care. Future research should ensure that gender differences in treatment access and outcomes are routinely evaluated.

## **ORAL E3.2: Access to Recovery with Assistive Technology Devices: Using a Two Eyed Seeing Approach to Develop a Culturally-Informed iPad Application (in English)**

**Gabriela Novotna**, University of Regina

**Raymond Laliberte**, Métis Addictions Council of Saskatchewan Inc.

**Norman Fleury**, University of Saskatchewan

Emily Bear, Métis Addictions Council of Saskatchewan Inc.

Randy Johnner, University of Regina

Katya MacDonald, University of Regina

Kristen Pawliw, University of Regina

Katherine Bird, NCV Therapies

### **Learning Objective for the Presentation**

To present a process of engaging in community-based research informed by two-eyed seeing based on Indigenous and Western world-views and findings from talking circles with persons with lived experience of addiction and recovery.

### **Background**

While substance use presents a significant risk to the health and wellness of Indigenous Peoples in Canada, reconnecting with their communities, cultural practices and spiritual beliefs in search of healing has shown promising results. Research shows encouraging results in using assistive technology to improve access to health services. Nevertheless, studies that simultaneously explore substance use treatment, Indigenous cultural practices, and assistive technology is sparse.

### **Objectives**

The objectives are to

- 1) develop a culturally-informed iPad application (App) for individuals with substance use issues who have diverse learning needs that receive treatment at the Métis Addictions Council of Saskatchewan Inc. [MACSI]; and,
- 2) empower the community members through their engagement in the project.

### **Methods**

We have used a community-based research design framed within a “two-eyed seeing” perspective that involved talking circles, interviews and quantitative methods, such as developing and testing the usability of the iPad application.

### **Results**

Findings from four talking circles (n=55) suggest that 1) storytelling is an essential facet that helps to sustain Métis and First Nation’s identity; 2) cultural practices appear to be an integral component of recovery, and 3) social connections help to support health and wellbeing.

### **Conclusions**

In our project, a two-eyed seeing perspective supported the integration of Métis and First Nations Traditional Knowledges and cultural practices with Western science and theory that focused on assets, not deficits.

## **Sex and Gender Considerations**

The project has adopted the holistic view of the role of sex and gender concerning First Nations and Métis cultures and worldviews and respect for the role of the Knowledge Keepers and Elders in guiding the data collection and community engagement. Data collection and analyses continue to be an iterative process, and if future involvement with data reveals sex and gender to be significant factors in culturally informed recovery practices, integrated knowledge translation methods will be used to ensure that these findings will be communicated to community members, academics, and decision makers.

## **ORAL E3.3: Provincial Opioid Dependence Treatment Centre of Excellence, Eastern Health (in English)**

**Debbie Curtis**, Government of Newfoundland and Labrador

**Wayne Bishop**, Government of Newfoundland and Labrador

### **Learning Objective for the Presentation**

This session will explore topics related to the new Model for Opioid Dependence Treatment (ODT) for Newfoundland and Labrador. We will discuss the needs assessment, model development, and the implementation process for this new model of ODT.

### **Background**

Access to ODT is limited by stigma, underserved geographical locations, and underutilized medical settings. The complexity of treatment needs, the need for high quality services, consumer expectations, and the need for integrated system of service delivery have increased the demand for ODT services in this province.

### **Objectives**

To improve access to care for people closer to their homes. to integrate harm reduction initiatives to ensure recovery focused and client-centered approaches.

### **Methods**

The model development and implementation was supported by the provincial ODT working group which is a part of provincial Towards Recovery Action Plan for Mental Health and Addictions. The implementation has been conducted by the four regional health authorities with support from the newly created ODT Provincial Center of Excellence.

### **Results**

Model implementation started in Fall 2018. We will be monitoring indicators such as access to treatment, wait times, and harm reduction initiatives. We are also interested in increasing the number of health care providers involved in opioid dependence treatment. There are currently less than 100 physicians who prescribe methadone or suboxone and less than half of community pharmacies that dispense these medications.

### **Conclusions**

We need to ensure that the new model meets the specific needs of each region of the province. We will work closely with our working group and the regional health authorities.

### **Sex and Gender Considerations**

This initiative will recognize that sex and/or gender is relevant to prevalence and patterns of substance use, types of substances used, impact of substances used, and service delivery needs in relation to substance use health promotion, prevention, harm reduction and ODT programs and services.

Culturally relevant sex and gender based analysis (SGBA) will be integrated within this new model of ODT in many ways including using an SGBA approach to: Define and address sex and gender-based gaps in provincial ODT service delivery. Provide direction in the provision of SGBA targeted training for key healthcare practitioner and stakeholders. Form partnerships and incorporating SGBA expertise within collaboration activities. Enhance guidelines, processes and resources to integrate SGBA in policy and program design. Select gender tools of analysis as part of an overall strategy to inform ODT service delivery model identification and implementation. Identify the types of evaluation and performance indicators used.

## **ORAL E4.1: UCalgary Campus Experience with Cannabis (in English)**

Jacqueline Smith, University of Calgary

Joel Mader, University of Calgary

Andrew Szeto, University of Calgary

### **Learning Objective for the Presentation**

Describe cannabis use prevalence & related psychosocial problems among university students. Describe early predictors of cannabis use, problematic use, & protective factors. Describe students' perspectives on cannabis use & stigma. Describe service gaps including substance use intervention.

### **Background**

Cannabis use is prevalent among university students. Society's changing beliefs about cannabis use and its current legal status are impacting young people's decisions around cannabis use including underestimates of harms which may place them at risk.

### **Objectives**

Identify cannabis use prevalence & related psychosocial problems among university students Identify early predictors of cannabis use, problematic use, & protective factors. Identify students' perspectives on cannabis use & stigma. Identify service gaps including substance use intervention.

### **Methods**

A random sample of 4000 university students was asked to complete a cross-sectional web-based survey. The survey was completed by 2212, representing a 55.3% response rate.

### **Results**

52% of respondents used cannabis at least once in their lifetime, with 11% reporting medicinal cannabis use. Over 30% of students reported cannabis use in the past six months with most endorsing cannabis use practice inconsistent with Canada's Lower-Risk Cannabis Use Guidelines. 7.6% of students who used cannabis in the past six months met diagnostic criteria for cannabis use disorder.

### **Conclusions**

Results provided a foundational needs assessment for student-focused harm reduction supports & services. 70% of students indicated they would like additional on-campus cannabis education resources. This suggests that, although students may be engaging in risky cannabis use behaviours, they have a desire for additional education and supports.

### **Sex and Gender Considerations**

Although gender & sex differences were not fully considered in the survey, the researchers now have an enhanced understanding of these issues, which will be incorporated into a subsequent educational initiative. Differences in intervention effects will be compared by gender, sex, ethnicity and age based on relevant resources (see <http://sgba-resource.ca/en/resources/>) Participants gender and sex information will be collected as part of the baseline assessment (i.e. what gender do you identify as – male/female/gender diverse, and what is your anatomical sex – male/female/other) Statistical analyses will compare gender and sex groups on their cannabis practices including frequency of use, risky cannabis behaviours, intervention outcomes, and prevalence of problematic use. Interactions effects with other demographic variables (i.e. age and ethnicity) will be investigated as well. Reporting of results will include results for all sex and gender groups.

## **ORAL E4.2: Exploring the Impact of Gender on Youth Alcohol Consumption, Knowledge, and Perceived Risk (in English)**

Lori Hellsten, University of Saskatchewan

Amin Mousavi, University of Saskatchewan

**Marcella Ogenchuk**, University of Saskatchewan

### **Learning Objective for the Presentation**

This presentation will: (1) create awareness of gender differences in youth alcohol use and perceived risk; and (2) identify future educational opportunities.

### **Background**

Alcohol continues to be the drug of choice for Canadian youth. Early use of alcohol contributes to harms such as motor vehicle accidents, which continues to be the leading cause of death by drivers between 16 and 25 years of age (Minaker et al, 2017). Qualitative research suggests differential effects of alcohol prevention programs for young men and women (Ogenchuk, Hellsten, Prytula, 2012).

### **Objectives**

To understand the impact of gender on student:

- (a) alcohol consumption;
- (b) knowledge regarding alcohol use;
- (c) perceived degree of risk in using alcohol;
- (d) confidence in resisting alcohol use; and
- (e) confidence in attaining support for alcohol abstention.

### **Methods**

Survey data was obtained from over 1,000 Saskatchewan youth participating in a curricular based alcohol education program. Descriptive, correlational, relevant inferential statistics, and data visualizations were employed.

### **Results**

Results suggest that gender differentially impacts alcohol consumption, knowledge, and perceived degree of risk. For example, males reported consuming more alcohol than females; few students correctly identified how much beer/wine/hard liquor was equal to one standard drink (with differences between genders); and females perceived consuming alcohol to be of higher risk than males.

### **Conclusions**

The majority of youth surveyed reported consuming alcohol but many have misperceptions about how much alcohol they and their peers consume. Gender impacts alcohol consumption, knowledge of alcohol, and perceived risks.

### **Sex and Gender Considerations**

Nothing additional provided.

## **ORAL E4.3: Pilot Study Results from the 2018 Canadian Postsecondary Education Alcohol and Drug Use Survey (in English)**

Anna-Maria Frescura, Health Canada  
Stéphane Racine, Health Canada  
Chantal Bacev-Giles, Health Canada  
Samuel Ileka-Priouzeau, Health Canada  
Julie Laroche, Health Canada

### **Background**

The Office of Drug Research and Surveillance (ODRS) has launched a new survey to measure the prevalence of substance use among Canadian postsecondary students 17 to 25 years of age. The Canadian Postsecondary Education Alcohol and Drug Use Survey (CPADS) is a collaborative effort between Health Canada and the Postsecondary Education Partnership for Alcohol Harms (PEP-AH). The CPADS was pilot tested from April to May, 2018 in four postsecondary institutions to test survey methodology.

### **Objectives**

Postsecondary students are a high risk population, known to have higher rates of alcohol and drug use compared to the general population. There has never been a survey of postsecondary students performed by Health Canada under the Canadian Drugs and Substances Strategy and the CPADS fulfills this data gap. This survey will be an important data source to measure the impact of cannabis legalisation and regulation among Canadian postsecondary students.

### **Methods**

The CPADS is an online survey administered to postsecondary students via their school affiliated e-mail address. Students access the survey by clicking on the survey link that is emailed to them and submitting responses anonymously. For the pilot study students who did not respond were sent up to 2 reminders. All students were compensated \$10 gift cards for their time.

### **Results**

Results from the CPADS pilot study will report trends in alcohol, cannabis, tobacco, pharmaceutical and illicit drug use.

### **Conclusions**

The results and lessons learned from pilot testing will be incorporated into the future CPADS protocol that will be implemented on a nationwide scale in 2019.

### **Sex and Gender Considerations**

The CPADS survey includes separate questions to ask respondents their biological sex at birth and their gender identity. Biological sex is important to identify separately as this is an important factor in how alcohol and drugs are metabolised. In addition, recommendations on safe drinking limits (the Low Risk Drinking Guidelines) are based on biological sex.

## **ORAL E5.1: Predictors of Potentially Harmful Prescribing among Alberta's Physicians (in English)**

**Delaney Wiebe**, College of Physicians and Surgeons of Alberta  
Nigel Ashworth, College of Physicians and Surgeons of Alberta, University of Alberta  
Nikki Kain, College of Physicians and Surgeons of Alberta, University 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**

Understand factors that may potentially impact physician prescribing patterns.

### **Background**

Potentially unsafe physician prescriptions triggering substance misuse among patients has been postulated to contribute to the current and ongoing global opioid crisis. However, few studies investigate physician-prescriber characteristics that might lead to potentially unsafe opioid prescriptions. The College of Physicians & Surgeons of Alberta (CPSA) is the Medical Regulatory Authority for physicians in the province of Alberta and is uniquely placed to respond to the opioid crisis by monitoring physician prescription of opioids.

### **Objectives**

To identify predictors of potentially unsafe opioid prescribing by physicians in the province of Alberta, Canada.

### **Methods**

Prescribing data sourced from Alberta's Pharmaceutical Information Network was linked to data held by the CPSA containing complaints information, demographic information and self-reported practice characteristics. Data was obtained for a group of physicians who were registered for a complete year. A multivariate Negative Binomial regression analysis was performed using a flag for potential high risk opioid prescribing.

### **Results**

Approximately 10000 physicians were included in the analyses. Most were male and about half were family physicians. The model showed that family physicians, gender (male), age (older), previous complaints, increasing days seeing patients, and country of training were highly significant predictors of high risk prescribing. Teaching was associated with reduced risk.

### **Conclusions**

Increased understanding of risk factors for physician prescribing will allow the CPSA to better target intervention programs, allocate limited resources and protect the public from potentially unsafe prescriptions.

## Sex and Gender Considerations

Recognizing that the culture of medical practice among males and females may differ, gender was included in the model. This enabled us to identify differences across gender, rather than assuming a linear relationship (i.e. that the prescribing patterns between males and females are the same). We tried to include as many of these factors into our models as we could identify and measure. However, we recognize that not all of them were measurable and included in our model. Some research suggests that men practice riskier medicine than women (i.e. men take on more challenging cases). In this study, we measured one of the potential risks to patients resulting from a 'riskier practice,' but we have yet to ascertain how such practice may affect patients. Yet, male physicians have also been hypothesized to work more hours than females, and we included a measure of patient volume to account for this.

## **ORAL E5.2: An Invisible Epidemic: The Opioid Crisis in Older Adults in Canada (in English)**

**Marilyn White Campbell**, Baycrest

P. Lynn McDonald, University of Toronto

Adriana Shnall, Baycrest Health Sciences

Andrea Austen, City of Toronto

Raza M. Mirza, University of Toronto

Samir Sinha, Sinai Health System and University Health Network

Tamblyn Watts, Canadian Association of Retired Persons

Christopher Klinger, National Initiative for the Care of the Elderly

### **Learning Objective for the Presentation**

To heighten knowledge about the opioid crisis in older adults in Canada.

### **Background**

Canada is facing an almost ‘invisible epidemic’: About 30% of opioid-related deaths occur in older adults. These also have the highest rates of opioid hospitalizations and poisoning. Despite those statistics, little is known about the specifics.

### **Objectives**

Establish the magnitude of the problem; Inquire about innovative and evidence-based treatment approaches and harm reduction/prevention strategies; and Establish potential implications for practice, policy and research.

### **Methods**

Comprehensive scoping review of the literature following Arksey and O’Malley’s framework – including a stakeholder consultation.

### **Results**

6,814 sources were identified. Forty-five (mostly literature reviews, cohort and cross-sectional studies) met inclusion criteria, the majority from the US and Canada. Twenty (44%) took a gendered approach (influence of gender on health throughout the life course). Four predominant themes emerged from thematic content analysis: Medical Applications of Opioids; Problematic Opioid Use; Treatment and Prevention Strategies; and Recommendations. Data highlighted the magnitude of the issue, with treatment strategies to be tailored to this population in light of metabolic differences and drug interactions as part of aging. Enhanced opioid prescribing and titration education/training for health care providers to avoid over- and under-treatment of pain was regarded essential, alongside prescription drug monitoring programs.

### **Conclusions**

Older adults are a large part of the opioid crisis (‘the invisible epidemic’). Tailored approaches, informed by older adults’ voices/lived experience, are necessary to deliver adequate, evidence-based counteraction, supplemented by further research. Funding: Canadian Institutes of Health Research, Grant Number 397990.

## Sex and Gender Considerations

The scoping review incorporated a gender lens by including research that utilized a gendered approach regarding the influence of sex and gender on health throughout the life course, and specifically reviewing research findings that identified/addressed pressing health challenges in this regard. Twenty of the 45 articles included took a gendered approach (44%). Older adult women required more attention with regard to pain management and were more likely to be chronic opioid users. They were mainly prescribed opioids to treat back pain/osteoarthritis, while more frail, older men used opioids to manage persistent musculoskeletal pain. While the risk of large doses decreased with age, men experienced higher rates of dose escalation than women under long-term opioid therapy. Older women with a history of opioid use were more likely to seek prescriptions from multiple clinicians, though. Overall, the need for age-appropriate service provision due to metabolic differences and drug interactions was stressed.

## **ORAL E5.3: Informing an “All Hands on Deck” Approach to the Opioid Crisis: A Systematic Review of the Effectiveness of Prevention, Treatment, Harm Reduction and Enforcement Strategies to Prevent and Reduce Opioid-related 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  
Sara Macdonald, Institute for Work and Health  
Maria-Laura Santos, Volunteer  
Andrea Furlan, Institute for Work and Health

### **Learning Objective for the Presentation**

To understand what evidence is available on emerging strategies to tackle the opioid crisis.

### **Background**

Prior attempts to overcome the opioid crisis in Canada have been insufficient.

### **Objectives**

To conduct a systematic review of the effectiveness of strategies not widely implemented in preventing and reducing opioid-related harms.

### **Methods**

We identified, appraised, and synthesized published studies from the past five years. Studies were ranked and categorized as high, medium, or low quality, taking into consideration internal and external validity. We used the Best Evidence Synthesis approach that takes into consideration the quality, quantity, and consistency of findings across studies, resulting in the following levels of evidence: strong, moderate, limited, mixed, or insufficient. The Canadian Drugs and Substances Strategy was used as a synthesis framework, with findings mapped to the four pillars, where available.

### **Results**

51 high- and medium-quality studies reporting on various strategies were identified: 29 on prevention, 16 on treatment, 4 on harm reduction, 1 on enforcement, and 1 addressing all pillars. The most promising strategies were found within the prevention pillar, including clinical practice changes to improve opioid prescribing (strong evidence) and reduce emergency department visits (moderate evidence), educational strategies to improve opioid prescribing (moderate evidence), and regulations/policies to reduce problematic opioid use (moderate evidence). There were an insufficient number of studies of sufficient quality and examining similar outcomes and strategies within the other pillars.

### **Conclusions**

Recent published literature suggests a number of effective strategies aimed more upstream that can be considered to address the crisis.

## Sex and Gender Considerations

As this is a systematic review, we are limited in the data on sex and gender that are available in the literature. We have extracted data on whether studies were conducted in certain high-risk target populations or whether they conducted subgroup analyses of individuals potentially at higher risk of opioid-related harms. Data were also extracted separately for males and females to examine sex differences, where available. The synthesis of this data is ongoing, but where possible, we will report on whether there was evidence of differences in effectiveness for the various strategies by sex. Unfortunately, measures of gender were unavailable in the literature. This and potential gaps in the literature for sex differences will be highlighted in the presentation.

## **ORAL E6: Addressing Cannabis Use Disorder in Young Adults Through Targeted Social Media, Novel Pharmacological Approaches and Clinical Orders Sets (in English)**

**Philip Tibbo**, Nova Scotia Health Authority

**Candice Crocker**, Dalhousie University

**Anees Bahji**, Queen's University

### **Learning Objective for the Presentation**

To understand the need for and to discuss novel evidence based approaches for targeted education, harm reduction, and standardized approaches to treatment of cannabis use disorders in a clinical setting.

### **Background**

Cannabis misuse and its relationship with psychosis has been studied for over 30 years. While there is significant evidence for an association between misuse and psychosis onset, as well as reported poorer outcomes with continued use, there have been few investigations on ways to approach cannabis misuse treatment especially within the context of early phase psychosis (EPP) in Canada.

### **Objectives**

To address the relative lack of information on successful cannabis cessation/harm reduction options in EPP.

### **Methods**

3 different projects will be presented: a public health campaign that used both traditional and social media approaches; systematic review and meta-analyses examined the use of synthetic cannabinoids in cannabis misuse cessation withdrawal and craving in otherwise healthy populations and a project to develop clinical order sets for physicians.

### **Results**

First the youth-informed and demographically-focused public social media campaign addressing two common myths with cannabis use ('its ok to drive while high' and 'cannabis is harmless') developed in Nova Scotia. YouTube and Instagram metrics indicated that the information resonated well with the targeted audience, and feedback to the landing page created needed discussion. The second project showed, despite limited evidence, there is potential promise for nabilone, nabiximols and dronabinol to aid cessation therapies. Finally, a Health Canada-funded project was used to develop clinical order sets to promptly and successfully identify, diagnose and treat cannabis induced psychosis in youth.

### **Conclusions**

A multi layered harm reduction approach is needed to optimize mental health outcomes in young adults in the context of cannabis misuse.

### **Sex and Gender Considerations**

Sex is a potential modifying factor when examining the effects of substance use on clinical outcomes in early phase psychosis (EPP) as well as on outcomes in the general population. This consideration was made in the development and analyses of the projects outlined in this abstract. The WeedMyths campaign that will be discussed in this team presentation was informed and directed by young adult focus groups that specifically incorporated the narrative from both sexes. The systematic review and meta-analyses was completed with the existing literature to date, and where sex/gender was included in the analyses, this was examined in the study. Finally, the development of the standardized clinical intervention (order set) incorporates the existing literature on sex differences in this area.

## **ORAL E7: Peer Engagement in Harm Reduction: Identifying Priorities in Harm Reduction from the Perspectives of People with Lived Experience (in English)**

**Charlene Burmeister**, British Columbia Centre for Disease Control

**Cheri Newman**, British Columbia Centre for Disease Control

**Paul Choisl**, British Columbia Centre for Disease Control

Kevin Donaghy, British Columbia Centre for Disease Control

Holly Trider, British Columbia Centre for Disease Control Peer Advisory Group

Jane Buxton, British Columbia Centre for Disease Control

### **Learning Objective for the Presentation**

Participants will leave this session with an understanding of the key healthcare priorities identified by people who use substances.

### **Background**

The PEEP Consultation and Advisory Board is made up of people with lived experience with substance use from across British Columbia. Often priorities to reduce harms from substance use are developed by providers and managers within health authorities without the input of the people with lived experience.

### **Objectives**

The goal of the PEEP Consultation and Advisory Board is to inform and enhance peer engagement with best practice recommendations so service providers BC-wide can work with peers in their communities to better meet local needs.

### **Methods**

PEEP currently is used by several major institutions including the BCCDC and the BCCSU as a resource for identifying systemic priorities, gaps in processes, validating resources, and identifying the best practice for provincial harm reduction strategies. PEEP meets by phone weekly and discusses emerging issues. The board developed a priority issues and upcoming challenges list through a brainstorming session and on reflection and further discussions.

### **Results**

Current priorities identified by PEEP are: 1) Safer supply 2) The importance of peer engagement within client centred models of care 3) The need for diversity in treatment options 4) Addressing the lack of a provincial standard of harm reduction services.

### **Conclusions**

The PEEP Advisory Board's impact has been global, with resources being read and shared around the world, from Australia to Scotland. Together we continue work to address the constraints that systemic limitations can place on the needs of the community.

## Sex and Gender Considerations

The PEEP research assistants continue their work as the PEEP Consultation and Advisory Board meeting by phone weekly, which continues to give recommendations on topics related to best practices for harm reduction strategies and services province wide. As the membership of PEEP is eighty percent women, the lack of resources that target specific marginalized groups within harm reduction (youth, indigenous, women – and especially women with children) has been brought up as a topic of focus repeatedly. This includes advising on how women who use drugs can deal with the MCFD, advising on how we can develop targeted resources that aim to address existing service gaps, including resources teaching women how to self-inject. PEEPs existing resources also aim to support families by recommending a living wage to folks who use drugs. In practice this has guaranteed support for some of the most marginalized drug users, including single mothers.

## **ORAL E8.1: Reducing Stigma and Improving Services for Pregnant and Parenting Women Who Use Opioids (In English)**

Rose Schmidt, Centre of Excellence for Women's Health  
Nancy Poole, Centre of Excellence for Women's Health  
Lindsay Wolfson, Centre of Excellence for Women's Health  
Julie Stinson, Centre of Excellence for Women's Health  
Lorraine Greaves, Centre of Excellence for Women's Health

### **Learning Objective for the Presentation**

Examine evidence on mothers, opioids, stigma and child welfare interactions Increase awareness of promising addictions and child welfare policies and programs.

### **Background**

Women who use opioids experience stigma, particularly in the context of pregnancy, parenting and child welfare interactions. This impacts access, retention and responses to harm reduction services. Promising approaches to harm reducing, trauma-informed, and mother-child centred responses by the child welfare and substance use fields are beginning to be discussed and implemented.

### **Objectives**

To improve both the substance use and child welfare systems' responses to women who use substances and are pregnant or mothering.

### **Methods**

Evidence on mothers, opioids, stigma and child welfare interactions, and on related harm reduction approaches was gathered through: a) a scoping review of literature; and b) interviews with women with these experiences. A working group with representatives from both service systems reviewed this evidence and adapted previously published Mothering-Centered Policy Values as a basis for improving services and designing resources.

### **Results**

A Toolkit for both the addiction and child welfare systems was developed in consultation with our working group. The Toolkit builds on mother-centred values to analyse the issues experienced by women.

### **Conclusions**

This Toolkit identifies strategies for reducing stigma and improving the health, safety and social needs of women and their children. Low-threshold services with integrated sexual and reproductive health care, and links with domestic and sexual violence prevention services are important, along with adopting principles that place the mother-child unit at the centre of service response.

### **Sex and Gender Considerations**

Stigma acts as a barrier to accessing health and social care services. Women who use opioids and are pregnant or have children experience amplified stigma, and often, restrictions on access to services. Experiences of stigma for women who use opioids include being perceived as an inadequate mother at risk of abusing her child. Stigma is also associated with riskier substance use. In addition, women with children are often not able to access addiction treatment. Despite the gendered nature of stigma, practice and policies related to opioids, stigma and harm reduction, are often absent of gender considerations. The Toolkit developed for this project addresses the need for sex, gender and equity informed harm reduction response to reduce stigma among pregnant and parenting women who use opioids.

## **ORAL E8.2: Reducing Stigma in Primary Care for People Who Use Substances (in English)**

Paige Phillips, SOLID Outreach  
Fred Cameron, SOLID Outreach  
Connor Rosen, Umbrella Society  
**Bernie Pauly**, University of Victoria  
**Karen Urbanoski**, University of Victoria

### **Learning Objective for the Presentation**

To enhance knowledge and awareness of strategies for reducing stigma in primary care for people who use substances.

### **Background**

Stigma is deeply embedded in health and social systems as a result of current policies that criminalize drug use and neo-liberal beliefs that people who use substances are to blame for their own problems. Feelings of being unsafe in health care settings, due to fear of judgements and stereotyping, can lead people to delay and avoid seeking healthcare. Cultural safety has been proposed as a strategy for mitigating stigma in health care.

### **Objectives**

The purpose of this research was to generate an understanding of culturally safe care from the perspectives of people who use substances and recommendations for implementing culturally safe primary care services.

### **Methods**

Within a framework of community based participatory research, our team employed concept mapping. Concept mapping begins with brainstorming followed by sorting and rating to generate a model of culturally safe care. Data were collected from 75 individuals in response to the focused prompt: I would feel safe going to the doctor if...

### **Results**

Seventy three statements were sorted into 8 clusters. The eight clusters included 1) Hey I'm human, treat me right; 2) Live up to professional standards; 3) Don't treat me like crap; 4) Do you care about me?; 5) Maintain confidentiality in a safe and welcoming environment; 6) Don't red flag me; 7) Acknowledge and accomodate my needs and circumstances; 8) Champion advocacy.

### **Conclusions**

Primary care providers can mitigate stigma by attending to the development of trusting relationships, recognizing differences that impact the lives of people who use substances and the environments in which care is provided.

### **Sex and Gender Considerations**

In this research, we interviewed equal numbers of individuals who identified as male and female. We were able to identify both shared as well as differences in perceptions of culturally safe primary care. In this presentation, we will include an analysis of these differences.

## **ORAL E8.3: Towards a Comprehensive Performance Measurement System for Opioid Use Disorders in British Columbia (in English)**

**Bohdan Nosyk**, British Columbia Centre for Excellence in HIV/AIDS  
**Jeong Eun Min**, British Columbia Centre for Excellence in HIV/AIDS  
**Lindsay Pearce**, British Columbia Centre for Excellence in HIV/AIDS  
**Charlie Zhou**, British Columbia Centre for Excellence in HIV/AIDS  
**Fahmida Homayra**, British Columbia Centre for Excellence in HIV/AIDS  
**Micah Piske**, British Columbia Centre for Excellence in HIV/AIDS

### **Learning Objective for the Presentation**

Introduce the role of and opportunities for health system performance measurement as a means to improve quality of care for people with opioid use disorders (PWOD) in Canada.

### **Background**

Quality of care for PWOD is rarely assessed, and has taken on a heightened level of importance amidst a public health emergency in opioid overdose.

### **Objectives**

To develop and validate a set of health system performance measures for PWOD in British Columbia (BC).

### **Methods**

Provincial and local health administrative databases were used to generate performance measures in four domains: care engagement, compliance to OUD clinical guidelines, care integration, and healthcare utilization. Local stakeholders and international experts validated and endorsed measures in a 2-stage modified Delphi process using information on measure construction, sensitivity analyses, quality of evidence, face validity, predictive validity, potential for unintended consequences, and perspectives from PWOD. 70% support for a measure was required for endorsement.

### **Results**

We received n=49 responses from local stakeholders (n=25;51%) and international experts (n=24;49%) in stage 1 (assessing face validity and unintended consequences) and n=44 responses in stage 2 (measure endorsement). From 104 candidate measures, 37 were endorsed including a 9-stage cascade of OUD care, 2 measures of guideline compliance, 17 measures of integration, and 9 measures of healthcare utilization.

### **Conclusions**

We identified a number of priorities to improve quality of care and reduce the public health burden of OUD in BC. These measures can be derived for geographic and clinical subgroups, updated over time, and expanded, providing an ongoing, sustainable basis for monitoring health system performance.

## Sex and Gender Considerations

Sex and gender are important factors impacting the quality of care received by PWOD, particularly among populations requiring specialized care such as pregnant women. All proposed and endorsed performance measures have and will be stratified by sex as it is captured in provincial health administrative databases [male, female, unknown]. A noted limitation of these databases is that analysis and inference beyond a dichotomized definition of sex without indication of gender is limited due to data capture and sample size. Future work will consider sex as a covariate in risk adjustment and analyses on the determinants of treatment engagement, clinical OUD guideline compliance, and healthcare integration. We anticipate that health system performance measurement will provide an explicit basis to determine whether there are sex-based disparities in healthcare provision for OUD within different demographic groups across the province, and will provide an evidence base for targeted public health intervention to improve sex-appropriate care.

**TUESDAY, NOVEMBER 26**

**15:45–17:15**

**CONCURRENT SESSION F**

## **WORKSHOP F1: Provincial Approach to Perinatal Substance Use in British Columbia (in English)**

**Denise Bradshaw**, British Columbia Women's Hospital and Health Centre

Annabel Mead, British Columbia Centre for Substance Use

Pamela Joshi, Perinatal Services British Columbia

Akash Sidhu, British Columbia Women's Hospital and Health Centre

Cheryl Davies, British Columbia Women's Hospital and Health Centre

### **Learning Objective for the Presentation**

Participants will have the opportunity to: Learn about context of perinatal substance use in BC and the Provincial Perinatal Substance Use Project Engage with an interdisciplinary panel of health leaders, professionals and women with lived experience Share program and system level responses for pregnant and newly parenting women using substances in other jurisdictions.

### **Interactive Formats or Processes**

This session will involve panelists, including women with lived experience, sharing their perspectives from addiction medicine, nursing, social work and system planning on the issues in developing a blueprint for continuum of care for perinatal substance.

### **Sex and Gender Considerations**

This panel presentation directly related to the conference themes on sex and gender. Pregnant and newly parenting women using substances are uniquely positioned as having increased interactions with the health care system for receiving prenatal, and postpartum care. Yet, pregnant women using substances experience intense stigma and judgement regarding substance use and impacts to their infants from the general public and health care service providers alike. This project provides foundational key principles for providing care for pregnant women using substances as well as operational planning guidance on how to develop and enhance services that can better address their needs.

## **ORAL F2: Communicating Risks to Drinkers: A Real-World Study Testing the Impact of Alcohol Labels (in English)**

**Erin Hobin**, Public Health Ontario

**Tim Stockwell**, Canadian Institute for Substance Use Research

**Candace Zuccarini**, Office of the Yukon Chief Medical Officer of Health

**Frank Cesa**, Health Canada

**Robert Solomon**, Western University

### **Learning Objective for the Presentation**

Discuss the Northern Territories Alcohol Label Study in Yukon, including key findings and considerations for applying alcohol labels in other Canadian jurisdictions.

### **Background**

Funded by Health Canada, this research investigated the impact of enhanced alcohol warning labels implemented in Whitehorse, Yukon as compared to the no treatment control site, Yellowknife, Northwest Territories. The study was modified partway through due to concerns that came forward from national alcohol industry representatives.

### **Objectives**

Provide an overview of the alcohol label study; Report on the impact of the modified study design; and, Highlight key results and lessons learned.

### **Methods**

This quasi-experiment involved partnering with government liquor distribution agencies to test the impact of evidence-informed enhanced labels on alcohol containers in the intervention (Whitehorse) liquor store relative to the no treatment control site (Yellowknife). Surveys were conducted among a cohort of randomly selected liquor store patrons before and after the label intervention to assess differences between sites over time in key outcomes.

### **Results**

Pre-intervention data identified low consumer awareness of alcohol-related health risks and drinking guidelines. Despite the industry concerns, a temporary pause in the study, and a compromised and shortened intervention, significant increases in label salience and processing, alcohol-related knowledge, and self-reported impact of the labels on drinking behaviours in the intervention relative to the comparison site were detected.

### **Conclusions**

Enhanced alcohol labels are effective for conveying health risks and promoting safer consumption to drinkers. Implementation of stronger safeguards, including leadership at the federal level to buffer against future potential alcohol-industry concerns and further unimpeded real-world testing of enhanced alcohol labels is recommended.

## Sex and Gender Considerations

Alcohol control policies and practices need to consider both sex and gender given the male/female differences in the prevalence of patterns of alcohol use in Canada, alcohol-related health risks, and the biological (sex-based) and psycho-social (gender-based) factors associated with those differences. More specifically, we will examine the influence of both sex and gender as covariates in the proposed presentation as previous tobacco and food labelling research indicates that women are more likely to notice and apply label messages relative to men. These results are important for informing current and future alcohol labelling policies and practices in Yukon as well as other jurisdictions considering alcohol labels.

## **ORAL F3.1: “New Cannabis Products”: For an Informed Supply Management (in French)**

François Gagnon, National Institute of Public Health in Quebec

### **Learning Objectives**

Determine the health risks associated with the supply of new products. Be able to make informed supply management choices.

### **Background**

Health Canada announced its intention to authorize edible cannabis products, cannabis extracts and cannabis topicals in 2019.

### **Objectives**

Provincial and territorial authorities will have to deal with a major industry supply. For example, Washington State’s registry of edible cannabis products lists close to 2,500 authorized products. They might want to develop a supply management policy with a view to protecting public health. The National Institute of Public Health in Quebec identified principles and criteria to inform the choices inherent in such supply management.

### **Methods**

The analyses were structured around two questions. 1) Should provincial authorities authorize the retail sale of the “new cannabis products” authorized by Health Canada? 2) If yes, are there principles and criteria that could inform the choices to be made about the industry’s offer? A literature review was done to answer these questions.

### **Results**

In the United States, these products have contributed to an increase in the number of overall users, and daily or near-daily users, and cannabis-related emergency room admissions and hospitalizations. Some products are riskier than others.

### **Conclusions**

Provincial and territorial authorities should consider a moratorium on the supply of edible cannabis products and cannabis extracts. Another option would be to apply various criteria to select safer cannabis edibles and extracts.

### **Considerations of Sex and Gender**

The purpose of the project does not yet allow it to address considerations of sex and gender. Edible cannabis products and extracts are not yet developed in Canada, nor is their promotion. When they are, they could be gendered or sexualized, just like we see in the tobacco and alcohol industries. It will then be relevant to address these issues.

## **ORAL F3.2: Cannabis Specific Public Health and Education Tools for First Nations Communities (in English)**

**Mary Deleary**, Thunderbird Partnership Foundation  
Carol Hopkins, Thunderbird Partnership Foundation

### **Learning Objective for the Presentation**

To review the cannabis related tools that Thunderbird has created and explore how these tools can enhance their work.

### **Background**

This presentation will explore the resulting key themes, public health and education tools from First Nations regional focus groups on the legalization of cannabis lead by Thunderbird Partnership Foundation. As culture is the foundation to wellness, it is essential to ground tools and initiatives within the context of First Nations cultures, strengths, histories and communities.

### **Objectives**

Explore and review the cannabis related tools that Thunderbird has created and explore how these tools can enhance their work.

### **Methods**

Focus groups were held in ten regions across Canada to facilitate dialogue on cannabis from a First Nations worldview. Ten regional dialogue sessions were held between May and November 2018. Recruitment for these regional dialogue sessions was facilitated through key regional contacts. A total of 232 participants participated (77% response rate) in the dialogue sessions. Qualitative data was collected. This data was analyzed using content analysis and a deductive coding approach.

### **Results**

Each region received a written report based on the analysis. To ensure the authentic voice was captured, each regional report was validated by the participants. One national report was synthesized with the intention to influence public health practices, policies and educational approaches to supporting First Nation communities.

### **Conclusions**

Thunderbird has created Indigenous specific tools and public health resources to reduce the potential harms of cannabis legalization.

### **Sex and Gender Considerations**

This national project and tool development process has considered sex and gender in multiple ways. As stated by Thunderbird Partnership Foundation (2018), “The First Nations Information Governance Centre reveals that cannabis is used daily or almost daily by 12.4% of First Nations adults and more so by men at 16.9% compared to 7.8% of women”. As such, people of all sex, genders, and ages were invited to participate in the focus groups, webinars, and online surveys. Cannabis specific public health and education tools for First Nations communities must consider sex and gender as cannabis use affects males and females differently as shown by the higher rates of cannabis use disorders in males (Thunderbird Partnership Foundation, 2017). Thunderbird Partnership Foundation. (2018). Legalized Cannabis: The Pros and Cons for Indigenous Communities. Thunderbird Partnership Foundation. (2017). Annual Report.

## **ORAL F3.3: Hazardous Cannabis Use Prior to Legalization of Recreational Cannabis in Canada: Results of a Community Cohort (in English)**

Jasmine Turna, Michael G. DeGroote Centre for Medicinal Cannabis Research  
James MacKillop, Michael G. DeGroote Centre for Medicinal Cannabis Research

### **Learning Objective for the Presentation**

To discuss levels of hazardous cannabis use, motives of use and psychiatric comorbidities among Canadian recreational and medicinal cannabis users prior to legalization.

### **Background**

The landscape of cannabis legalization is evolving in Canada. Worldwide, Canada is the second country to have legalized cannabis at a national level.

### **Objectives**

Given that legalization will increase accessibility, characterizing individuals endorsing problematic cannabis use prior to legalization is of interest.

### **Methods**

An online survey collecting information on pre-legalization attitudes regarding cannabis, personal substance use, and cannabis-specific and domain-specific factors was sent out to a community cohort (Hamilton, ON) between September 16 and October 17/18. Prevalence of hazardous cannabis use (CUDIT total $\geq$ 8) and possible cannabis use disorder (CUD; CUDIT $\geq$ 12) was examined among users. Demographics, motives for use and psychopathology of those endorsing problematic cannabis use are presented.

### **Results**

Overall, 1480 complete responses were obtained, of whom 709 reported cannabis use in the 6-months prior to legalization (recreational, medicinal or both). Hazardous use was identified in 32.4% (n=230) of users, while 16.9% (n=120) screened positively for CUD. Those screening positively for CUD were more likely male (54.2%), single (43.3%), have lower income (<30k=40.8%), and some college/university education (42.5%). Anxiety (p<.0001) and depressive (p<.001) symptoms were higher among those screening positive for CUD. Psychiatric comorbidity and motives for use will be presented.

### **Conclusions**

Prior to legalization of cannabis, almost a third of cannabis users revealed hazardous use behaviours with 16.9% screening positive for CUD. Similar rates have been reported in large cohorts in the United States.

### **Sex and Gender Considerations**

We will provide information regarding sex differences among those screening positively for CUD or hazardous cannabis use. As mentioned in the abstract, most individuals screening positive for CUD were male; however a substantial proportion were also female. After characterizing the CUD positive group as a whole, differences between male and female CUD positive respondents will be presented. We will focus on differences in psychopathology and motives for use among male and female CUD respondents.

## **ORAL F4.1: Adverse Childhood Experiences and Substance Use for a First Nations Population (in English)**

Christopher Mushquash, Lakehead University

Elaine Toombs, Lakehead University

Jessie Lund, Lakehead University

Tina Bobinski, Dilico Anishinabek Family Care, Fort William First Nation

Meagan Drebit, Dilico Anishinabek Family Care, Fort William First Nation

### **Learning Objective for the Presentation**

The proposed learning objectives are: Provide descriptions of treatment for substance use, ACEs, and executive functioning for Indigenous populations in Canada. (Elaine Toombs) Offer a model of a community-based research collaboration dedicated to substance use research with Indigenous communities. (Tina Bobinski/Meagan Drebit) Describe preliminary study outcomes including qualitative stakeholder feedback, systematic review results, and quantitative data. (Jessie Lund).

### **Background**

Indigenous populations experience health disparities when compared to non-Indigenous populations, in addition to reduced access to social determinants that may mitigate these concerns. Minimal research has described how Adverse Childhood Experiences (ACEs) may influence health outcomes for Indigenous communities.

### **Objectives**

The First Nations ACE Study documents ACEs within a sample seeking substance use treatment. This study aims to: 1) document ACEs prevalence, 2) understand how ACEs influence substance use and health, 3) delineate relationships between trauma and executive functioning, and 4) document the process of community-based research with an on-reserve residential treatment facility.

### **Methods**

Two hundred participants complete questionnaires pertaining to these research objectives. Scoping reviews of ACEs for Indigenous populations, and comparing residential and non-residential substance use treatment outcomes were completed.

### **Results**

Literature indicates ACEs within Indigenous populations may be higher than non-Indigenous populations. Preliminary quantitative results (of approximately 50 participants) and stakeholder feedback will be presented.

### **Conclusions**

By examining ACEs within a First Nations population experiencing mental health concerns, knowledge can address mental health and substance-use treatment across a lifespan.

## Sex and Gender Considerations

Sex and gender are relevant considerations to the successful implementation and evaluation of substance use interventions, particularly within Indigenous communities. Gender in non-Indigenous individuals has been considered within ACE research and substance use, and has been associated with specific gendered responses to trauma, disparities in mental health diagnoses, and efficacy of substance use treatment. Although gender is a social construct that requires cultural contextualization, it also may influence broader health decisions, at an individual, social, and cultural level. Sex also influences responses to trauma and substance use. Attachment is considered to be facilitated by biological processes that influence trauma responses following adverse childhood experiences. Brain-based differences may contribute to discrepancies in substance use as well, such as executive functioning. This project will explore executive functioning and potential sex and/or gender differences in the relationship between ACEs, substance use and health outcomes.

## **ORAL F4.2: The Significance of Addressing Adverse Childhood Experience and Interrupted Neurological Development in Recovery (in English)**

**Andra Smith**, University of Ottawa

**Rand Teed**, Rand Teed Consulting/Drug Class

### **Learning objectives for the presentation**

1. Understand the 10 Factors related to Adverse Childhood Experience
2. Understand how these factors interrupt cognitive development.
3. Understand how disrupted development increases the risk of SUD.
4. Understand how Recovery Capital and Brain Based individualized Recovery planning can help to address the impact of ACE.

### **Interactive Formats or Processes**

Using powerpoints, videos, images, and diagrams, the presenters will help participants understand how ACE can stand between a person with SUD and recovery. This will include a brief Brain 101 discussion to acquaint participants with the development of key brain functions and how they might be altered by both ACE and SUD. Descriptions of individually designed recovery programs to address ACE and brain health will be presented. A toolkit will be provided to help participants transfer the workshop information to their work situations.

### **Sex and Gender Considerations**

The presenters have considered sex and gender in their work and will speak to the differences when designing individualized recovery programs. Due to the inclusion of ACE as a main contributor to recovery outcomes, it is imperative to take sex and gender into account.

## **ORAL F4.3: Adapting Personality-Targeted Interventions for Reducing the Risk of Substance Use and Misuse in Adolescents Involved in Child Welfare System (in English)**

Hanie Edalati, University of Montreal  
Delphine Collin-Vézina, McGill University  
Patricia Conrod, University of Montreal

### **Learning Objective for the Presentation**

To increase understanding about gap in the substance use research and practice in adolescents in child welfare system and efficacy of personality-targeted interventions for reducing substance use problems in this vulnerable population.

### **Background**

Substance use problems are major concern in adolescents involved in child welfare system. Personality risk profiles have been shown to associate with the risk of substance misuse and problems and to explain motivation underlying substance use behaviours in adolescents in child welfare system.

### **Objectives**

To provide findings of current efforts for adapting personality-targeted interventions for use with adolescents in child welfare system. To present primary results of an ongoing cluster randomised trial (Well-Venture Trial) on the effects of these interventions on substance use outcomes in these adolescents.

### **Methods**

Adolescents are recruited from Batshaw Youth and Family Centres (N = 200, aged 12 to 17) in Montreal. High-risk adolescents are identified using personality scores on the Substance Use Risk Profile Scale (Woicik et al., 2009) and randomised to intervention and control groups. Intervention group receives four 45-minutes group sessions targeting one of four personality risk profiles: Anxiety Sensitivity, Hopelessness, Impulsivity, or Sensation Seeking. Both intervention and control groups are assessed 3 months after receiving the interventions.

### **Results**

The steps for adapting personality-targeted interventions and results on the effects of these interventions on substance use outcomes will be presented.

### **Conclusions**

These brief interventions have the potential to help adolescents in child welfare system to build resilience and effective coping strategies against substance misuse and related problems.

### **Sex and Gender Considerations**

Developmental findings are strongly influenced by sex/gender differences during adolescence. Sex/gender differences have been reported for many variables included in this study, such as childhood maltreatment, personality development, and substance use problems. Participants of this project are assessed during adolescence when many effects of sex and gender differences appears due to the recent pubertal changes in this critical period of life. Thus, we will include sex/gender as covariates in our models and will report related results in our presentation.

## **ORAL F5.1: Development of Canada's National Lower-Risk Gambling Guidelines (in English)**

Natacha Brunelle, University of Quebec at Trois-Rivières

Shawn Currie, University of Calgary

Magali Dufour, University of Quebec at Montreal

Marie-Claire Flores-Pajot, Canadian Centre on Substance Use and Addiction

**David Hodgins**, University of Calgary

**Louise Nadeau**, University of Montreal

Catherine Paradis, Canadian Centre on Substance Use and Addiction

Matthew Young, Canadian Centre on Substance Use and Addiction

### **Learning Objective for the Presentation**

The objective is to present on the development of National Lower-Risk Gambling Guidelines (LRGGs).

### **Background**

Gambling is a legal behaviour that poses potential risks to Canadians. Problem-gambling is recognized as a significant public health issue, yet there is currently a lack of evidence-informed guidelines that provide individuals with recommendations on how to minimize the risk of gambling-related harms.

### **Objectives**

This project aims to develop a workable set of LRGGs with clear quantitative limits on gambling behavior, to help people make informed decisions about their gambling.

### **Methods**

First, eight Canadian and international population datasets on the relationship between gambling patterns and gambling related harms (i.e., financial, relationship, emotional, and physical harms) were analyzed and synthesized. Secondly, focus groups and individual interviews with different categories of gamblers will be set in both official languages to test hypotheses resulting from the synthesized findings of the datasets. The analysis should provide different scenarios for a workable set of national LRGGs. A national advisory committee, including partners from government and industry, was formed to review the evidence and make suggestions on the contents and implementation of the LRGGs.

### **Results**

A final technical report will summarize the final guidelines, the evidence that informed their development, the limitations, and contextual factors (e.g., gambling when drinking alcohol).

### **Conclusions**

The development and promotion of these guidelines will contribute to the reduction of gambling-related harms.

### **Sex and Gender Considerations**

Much discussion was put into the possibility of having different lower-risk gambling guidelines (LRGGs) for males and females, however there is no empirical evidence to support this. We still recognize the importance and the differences across gender for the development of the LRGGs. Therefore, we are paying special attention when analyzing results from risk curve analyses, and when conducting focus groups and individual interviews with people who gamble, we will ensure to have gender-diversity to our best capacity.

## **ORAL F5.2: Pistes d'intervention auprès des membres de l'entourage des joueurs (in French)**

**Nadine Blanchette-Martin**, Service de recherche en dépendance CIUSSS-CN/CISS-CA

**Francine Ferland**, Service de recherche en dépendance CIUSSS-CN/CISS-CA

Sylvia Kairouz, Université de Montréal

Joël Tremblay, Centre de recherche CISS-CA

Louise Nadeau, Université de Montréal

Annie-Claude Savard, Institut universitaire sur les dépendances

Nadia L'espérance, Institut universitaire sur les dépendances

Pascal Garceau, Service de recherche en dépendance CIUSSS-CN/CISS-CA

Magali Dufour, Institut universitaire sur les dépendances

### **Objectifs d'apprentissage**

Sensibiliser l'auditoire aux besoins spécifiques d'intervention des membres de l'entourage des joueurs afin que les services qui leur sont offerts correspondent à leurs besoins.

### **Contexte**

Au cours de l'année qui précède l'entrée en traitement, les habitudes de jeu de hasard et d'argent (JHA) du joueur affectent 7 personnes de son entourage (Ferland et al., 2016). Peu d'études se sont attardées à identifier les besoins spécifiques de service de ces membres de l'entourage (ME) alors que ceux-ci vivent plusieurs conséquences en raison du problème de jeu de leur proche.

### **Objectifs**

Cette étude documente les types de services qui aideraient les ME à améliorer leur qualité de vie en lien avec la problématique de JHA de leur proche.

### **Méthodes**

Des entrevues qualitatives menées auprès de 50 ME de 50 joueurs en traitement sont utilisées (conjoint, enfants adultes, parents, fratrie, amis, autres).

### **Résultats**

Les résultats ciblent les différents besoins de service et modalités d'intervention nommés par les ME. Ils identifient également des motifs pour lesquels ils ne consultent pas pour eux-mêmes. De plus, les besoins de service des conjoints et des hommes sont distingués de ceux des autres ME lorsqu'ils identifient des éléments qui leur sont propres.

### **Conclusions**

L'ensemble des résultats permet une réflexion sur les services à offrir aux ME afin de favoriser leur mieux-être, mais aussi à alimenter la réflexion sur la façon de rejoindre ces personnes qui consultent peu. Ces réflexions pourraient également aider à mieux desservir les ME de personnes ayant des problèmes de consommation de substances psychoactives.

### **Considérations liées au sexe et au genre**

Alors que le recrutement des participants pour le projet ciblait l'ensemble des membres de l'entourage (ME) des joueurs en traitement, nous avons réussi à rencontrer 10 ME de sexe masculin pour ce projet. Lors de la présentation, nous porterons une attention particulière à mettre en évidence les besoins d'intervention spécifiques mentionnés par ces hommes.

## **ORAL F5.3: Couples in Alcohol and Gambling Treatment: Evidence from a Randomized Controlled Trial in the Health System (in English)**

**Bonnie Lee**, University of Lethbridge  
**Yanjun Shi**, University of Lethbridge  
**Rebecca Knighton**, University of Lethbridge

### **Learning Objective for the Presentation**

Learn how couple therapy compares to treatment-as-usual in clinical outcomes. Gain insight from feedback of clients, counsellors and administrators.

### **Background**

Couple treatment and systemic thinking are lacking in most addiction services.

### **Objectives**

This was a first-ever couple therapy randomized controlled trial implemented in the Alberta health system at two sites.

### **Methods**

Statistical analysis of couple characteristics and treatment outcomes of couple therapy vs. treatment-as-usual. A Strategy Oriented Patient Research (SPOR) method solicited qualitative feedback from a sub-sample of research participants (n=20). Surveys and three focus groups solicited counsellors' and administrators' feedback on the appropriateness, applicability and feasibility of the couple intervention.

### **Results**

Results from screening (N=177) showed a large majority of female (68%) initiating the calls. More males were the index client with alcohol and/or gambling problems than females. More females were represented as the partners. All except two couples were heterosexual. Caucasian (84.8%) and Indigenous (8.6%) clients were the most represented. Both partners had addiction in one third of the couples, with important differences in their profiles. Alcohol Use Disorder (48.9%) predominated, with gambling disorder at 2.2%, combined alcohol and gambling disorders at 13%. We will present our analysis of the demographics, gender differences, and treatment outcomes (N=92). An innovative multi-level evaluation was used to obtain feedback from clients, counsellors and administrators exemplifying an integrated knowledge translation approach.

### **Conclusions**

Studies on couples seeking and receiving treatment for substance abuse and gambling are few. The intriguing findings based on multiple levels of evaluation from this major randomized couple treatment study have implications for treatment services, counsellors training, and organizational culture.

### **Sex and Gender Considerations**

Our Results section already indicated that we have given consideration to gender and sexual orientation in our data analysis. We will be looking further into gender differences in relation to treatment outcomes, types and severity of childhood maltreatment, intimate partner violence, mental status, multiple addictions and severity of addictions.

## **ORAL F6.1: Identifying Barriers of Access and Retention in Opioid Agonist Treatment in British Columbia (in English)**

Kristi Papamihali, British Columbia Centre for Disease Control  
Brittany Graham, British Columbia Centre for Disease Control  
Christopher Mill, British Columbia Centre for Disease Control  
Mohammad Karamouzian, University of British Columbia  
Alexis Crabtree, British Columbia Centre for Disease Control  
Sara Young, British Columbia Centre for Disease Control  
Jane A. Buxton, British Columbia Centre for Disease Control

### **Learning Objective for the Presentation**

To understand structural barriers that impede people who use drugs (PWUD) from accessing recommended treatments and services.

### **Background**

Opioid use disorder (OUD) is a key driver of the opioid crisis in Canada. In British Columbia (BC), expansion of opioid agonist treatment (OAT) for OUD has included scale-up of primary care training programs; development of evidence-based guidelines recommending buprenorphine/naloxone as preferred first-line treatment; and removing prescribing restrictions. However, overdose events and deaths continue to rise.

### **Objectives**

We aim to recognize barriers in OAT access and retention identified by harm reduction site clients across BC.

### **Methods**

A questionnaire was administered to harm reduction site clients May-August 2018. Quantitative survey data were analyzed using descriptive statistics. Qualitative survey data were summarized using thematic analysis.

### **Results**

Of 486 participants, 35% took methadone treatment in the past 6 months, 14% buprenorphine / naloxone, 10% hydromorphone, and 4% slow-release oral morphine. Of 245 respondents that tried to access OAT, 24% reported difficulties including: unable to find a prescribing physician (38%); prescription stopped due to positive urine test (19%); and worry about being stigmatized at the clinic (19%). 24% of respondents reported discontinuing OAT in the past 6 months. Thematic analysis identified the primary reason for OAT discontinuation was difficulty adhering to strict prescription pick-up and appointment times, commonly associated with subsequent use of illegal drugs.

### **Conclusions**

Structural barriers and stigma towards PWUD continue to limit OAT initiation and retention. Client-informed low-barrier treatment is necessary to improve accessibility of OUD care and services.

## Sex and Gender Considerations

In this study participants self-identified their gender which included men, women, transgendered men, transgendered women, and gender non-conforming participants. The work outlined will include an analysis on gender and how it may affect access and retention in opioid agonist treatment for people who use drugs. While men make up the majority of people who use drugs in BC, differential power dynamics and increased marginalization of women, transgendered, and gender non-conforming people can negatively affect access to services. Identification of inequities by gender identity will inform gender-based actions that health officials and other stakeholders may take to address inequities.

## **ORAL F6.2: Evaluating Comparative Effectiveness of Psychosocial Interventions Adjunctive to Opioid Agonist Therapy: A Systematic Review and Network Meta-Analysis (in English)**

Kim Corace, Royal Ottawa Mental Health Centre  
 Danielle Rice, Ottawa Hospital Research Institute  
 Patricia Poulin, Ottawa Hospital Research Institute  
 Beth Sproule, Centre for Addiction and Mental Health  
 David Moher, Ottawa Hospital Research Institute  
 Gary Garber, Public Health Ontario  
 Sheena Taha, Canadian Centre on Substance Use and Addiction  
 Amy Porath, Canadian Centre on Substance Use and Addiction  
 Melanie Willows, Royal Ottawa Mental Health Centre  
 Leila Esmaeilisaraji, Ottawa Hospital Research Institute  
 Fatemeh Yazadi, Ottawa Hospital Research Institute  
 Bradley Austin, Ottawa Hospital Research Institute  
 Alicia Grima, Ottawa Hospital Research Institute  
 Reuben Douma, Ottawa Hospital Research Institute  
 Gord Garner, The Community Addictions Peer Support Association  
 Donna May, moms united and mandated to saving the lives of Drug Users  
 Kednapa Thavorn, Ottawa Hospital Research Institute  
 Pauline Barbeau, Ottawa Hospital Research Institute  
 Dianna Wolfe, Ottawa Hospital Research Institute  
 Bev Shea, Ottawa Hospital Research Institute  
 Becky Skidmore, Ottawa Hospital Research Institute  
 Mistry Pratt, Ottawa Hospital Research Institute  
 Brian Hutton, Ottawa Hospital Research Institute

### **Learning Objective for the Presentation**

Attendees will understand the available evidence for psychosocial interventions adjunctive to opioid agonist therapy for individuals with opioid use disorder. The urgent need for high-quality trials with more diverse populations that collect consistent outcome measures to facilitate improved knowledge synthesis will be described.

### **Background**

Guidelines recommend that individuals with opioid use disorder (OUD) receive pharmacological and psychosocial therapy; however, the most appropriate psychosocial therapy is not known.

### **Objectives**

In collaboration with people with lived experience, clinicians, and policy makers, our team sought to assess the relative benefits of psychosocial interventions as an adjunct to opioid agonist therapy among persons with OUD.

### **Methods**

A comprehensive search for randomised controlled trials was conducted from database inception to March 8, 2018. Primary outcomes were treatment retention and opioid abstinence. Random- and fixed- effects network meta-analyses (NMA) were conducted where feasible.

## Results

Eighty-five studies met our inclusion criteria. Due to inconsistent outcome measures, only 29 studies (11 interventions) were included in a NMA of treatment retention where no statistically significant differences were found between psychosocial interventions. Twenty-three studies were included in the analysis of opioid abstinence. Results from five trials indicated that the addition of contingency management to opioid agonist therapy was superior to opioid agonist therapy alone.

## Conclusions

This work helps inform the psychosocial intervention modalities that clinicians and services can implement in their work to improve outcomes for people with OUD. There is an urgent need for high-quality trials that include women and more diverse populations including individuals with comorbid health concerns and women.

## Sex and Gender Considerations

This work considered sex and gender in several ways. We examined eligibility criteria of all included studies in order to consider how trials excluded individuals based on sex or gender-. We also intended to conduct subgroup analyses to consider trials that were sex specific, for example, studies that included only females who were pregnant; however, too few studies existed to be able to conduct these analyses. In studies identified, men were over-represented and interventions may be less generalizable to women. Our presentation will discuss the implications of our findings with a sex and gender lens.

## **ORAL F6.3: Opioid-Agonist Therapy (OAT) Guidelines for First Nations Community-Based Programs and NNADAP/NYSAP Residential Treatment Programs: A Canadian Research Initiative on Substance Misuse (in English)**

Amanda Perri, Thunderbird Partnership Foundation  
Carol Hopkins, Thunderbird Partnership Foundation  
Christopher Musquash, Lakehead University

### **Learning Objective for the Presentation**

To increase awareness and understanding of First Nations research methodologies relying on Indigenous knowledge, practice-based evidence, continuous consensus building processes for the development of guidelines which combine conventional OAT with First Nations culture-based practices.

### **Background**

Opioid misuse has become a public health concern in Canada and is a critical issue for First Nations people. Opioid misuse and wellness challenges are a direct result of the lasting impacts of colonization, which puts First Nations people at risk for opioid misuse.

### **Objectives**

1. To engage a national First Nations voice to support culturally safe collaboration;
2. To collaborate with Elders, Knowledge Keepers and leaders in substance misuse research nationally;
3. To determine current best practices of OAT
4. To promote the First Nations Opioid Survey;
5. To share current evidence and explore application within the First Nations context;
6. To ensure there are benefits for service providers throughout the project;
7. To create First Nations culturally safe guidelines

### **Methods**

The current study will use a four-year phased approach consisting of (1) environmental scans via engagement with communities, treatment centres, and Elders (2) qualitative analyses of data (3) drafting of guidelines (4) validation of guideline implementation in First Nations community-based programs and treatment centres.

### **Results**

First Nations two-eyed seeing approaches and research methodologies will be highlighted to communicate research through an Indigenous lens.

### **Conclusions**

The guidelines developed will support OAT for First Nations by First Nations. This work has the capacity to influence policy in establishing guidelines for community-based and residential treatment centres serving First Nation peoples.

### **Sex and Gender Considerations**

The literature review considers whether sex and gender are important factors in opioid misuse. For all engagement sessions, recruitment will target both male and female participants to ensure equal participation. The qualitative data collected during the engagement sessions will consider sociodemographic factors, including gender, sex, and culture. The resulting guidelines will highlight gender specific treatment. Further, the guidelines will strive to reduce stigma and discrimination faced by men and women who use substances. Multidisciplinary, strength-based, and culturally-informed approaches to opioid agonist therapy will be adopted.

## **ORAL F7: Comparing Harm Reduction Approaches Across Sectors: Cannabis, Opioids and Tobacco (in English)**

Vanessa Gruben, University of Ottawa

Colleen Flood, University of Ottawa

Patrick Fafard, University of Ottawa

### **Learning Objective for the Presentation**

Analyze the adoption of harm reduction strategies across three different sectors: opioids, cannabis and tobacco; Evaluate the efficacy of harm reduction approaches in these sectors; and Apply new insights and ideas to harm reduction approaches based on this comparison.

### **Background**

In recent years harm reduction approaches have been increasingly accepted by Canadian law and policy-makers as legitimate strategies to promote public health (Hyshka, 2017). Vanessa Gruben will discuss the various harm reduction approaches adopted by federal, provincial and municipal governments to combat the opioid epidemic. Patrick Fafard will address harm reduction approaches to address the health risk arising from tobacco use (e.g. e-cigarettes). Colleen Flood will speak about the development of harm reduction approaches to address health risks associated with non-medical cannabis use.

### **Objectives**

While the dominant approach has been to think about harm reduction as it applies to one area (e.g. opioids OR tobacco), the objective of this research is to compare experiences with harm reduction across different areas.

### **Methods**

We use an interdisciplinary approach to compare and contrast experiences harm reduction strategies in different areas and to reflect on what we can learn from the diverse application of harm reduction principles and tools.

### **Results**

A comparison of harm reduction strategies across different areas demonstrates that there are important lessons to be learned across sectors to enhance harm reduction services.

### **Conclusions**

This analysis improves our understanding of the common challenges and opportunities for harm reduction and enables us to apply new insights and ideas to our own harm reduction efforts or research.

### **Sex and Gender Considerations**

Sex and gender are central pillars of this research project. This project will use a gender-based analysis to consider the types of harm reduction services that are needed to effectively respond to the unique experiences of women across three different sectors: opioids, cannabis and tobacco. A range of factors are unique to women's substance use, including violence, pregnancy and sex work (Gendering the National Framework, 2010). This project will examine policies and strategies that seek to provide more accessible and comprehensive harm reduction services to women. A gender-based approach ensures that our analysis of harm reduction strategies across different sectors reflect women's experiences and promote women's health.

## **F8.1 An Online Survey Approach to Detecting New Psychoactive Substances (in English)**

**Chantal Bacev-Giles**, Health Canada  
**Stéphane Racine**, Health Canada  
**Samuel Ileka-Priouzeau**, Health Canada  
**Julie Laroche**, Health Canada

### **Learning Objective for the Presentation**

To increase awareness and understanding of Health Canada's new surveillance tool to detect NPS use in Canada.

### **Background**

The Online New Psychoactive Substances (NPS) Survey was developed to collect detailed information for the demand for and use of NPS in Canada.

### **Objectives**

To provide rapid and timely detection of new substances and emerging issues, as well as identify associated health and safety risks.

### **Methods**

Respondents are recruited via online venues (e.g., drug-user forums, websites). Through an online questionnaire, respondents are asked about an episode of use of an NPS in the past 12 months. Questions ask about the reported substance(s), including form, method and dosage, effects experienced, use as a replacement, poly-substance use, harms, sourcing and pricing information. A pilot survey was conducted in 2017 and ongoing implementation of the survey will commence in fall 2019.

### **Results**

Qualitative data for respondents' self-reported substances will be presented as well as selected quantitative results for substances which are not controlled under the Canada's Controlled Drugs and Substances Act (CDSA), as verified by chemists.

### **Conclusions**

Monitoring NPS use trends in Canada will help inform policy and regulatory processes and contribute to existing surveillance tools for an early warning system.

### **Sex and Gender Considerations**

Research has found that people who use NPS are typically young adult males (e.g., Mdege et al., 2017), though sex and gender based analyses have seldom been investigated among this hard-to-reach segment of the population. With the proliferation of NPS internationally, it is important to better understand the implications of NPS not only as a policy challenge, but also as a public health challenge. The Online NPS Survey includes separate questions to assess biological sex at birth and gender identity. Data from this project will integrate a sex and gender-based lens that will help understand patterns of NPS use from a biological and behavioural perspective and use this knowledge to help develop relevant policies and programs.

## **F8.2 Cracks in the Ice (in English)**

**Steph Kershaw**, Matilda Center for Research in Mental Health and Substance Use, University of Sydney  
**Cath Chapman**, Matilda Center for Research in Mental Health and Substance Use, University of Sydney  
**Hannah Deen**, Matilda Center for Research in Mental Health and Substance Use, University of Sydney  
**Louise Birrell**, Matilda Center for Research in Mental Health and Substance Use, University of Sydney  
**Katrina Champion**, Matilda Center for Research in Mental Health and Substance Use, University of Sydney  
**Lexine Stapinski**, Matilda Center for Research in Mental Health and Substance Use, University of Sydney  
**Frances Kay-Lambkin**, University of Newcastle  
**Maree Teesson**, Matilda Center for Research in Mental Health and Substance Use, University of Sydney  
**Nicola Newton**, Matilda Center for Research in Mental Health and Substance Use, University of Sydney

### **Learning Objective for the Presentation**

The presentation will showcase an innovative online portal which provides information and resources about crystal methamphetamine (“ice”) to affected individuals, families and communities.

### **Background**

Ice use is associated with significant harms to individuals, families and communities. Cracks in the Ice online toolkit (CITI, [www.cracksintheice.org.au](http://www.cracksintheice.org.au)) is the first online national portal of its kind in Australia. The portal provides evidence-based information and resources to help people better respond to ice-related issues.

### **Objectives**

A national online survey was conducted to evaluate whether 1) CITI is meeting the needs of its end-users, 2) there were differences between CITI users and non- users in terms of knowledge and attitudes about ice and 3) there were any perceived and actual barriers to help-seeking among people who use ice.

### **Methods**

The survey ran from Nov-18 to Mar-19 and was completed by >2000 participants, including people who use ice, family members, health workers, and the general community.

### **Results**

Preliminary results indicate that majority of website visitors find CITI useful and would recommend it to others. Stigmatising attitudes towards ice were prevalent among the sample, and fear of being judged stopped many people who use ice from seeking help. Findings will be discussed in detail at the conference.

### **Conclusions**

Digital information initiatives like CITI stand to overcome structural, geographical, and attitudinal barriers to AOD prevention

### **Sex and Gender Considerations**

Gender will be considered during the full analysis of the data set, as it may yield insights and new developments of tailored resources.

## **F8.3 L'usage des produits psychoactifs chez les jeunes adultes en milieu universitaire au Canada (in French)**

**Ndeye Rokhaya Gueye**, Université de Saint-Boniface  
Danielle de Moissac, Université de Saint-Boniface

### **Learning Objective for the Presentation**

Permettre aux universitaires et aux professionnels de la santé à mieux connaître la prépondérance des comportements liés à la consommation de produits psychoactifs chez les jeunes étudiants.

### **Background**

L'usage des produits psychoactifs chez les jeunes adultes est une préoccupation grandissante dans le champ de la santé publique. L'alcool et le cannabis sont les produits les plus consommés par les jeunes. Cependant, la consommation de boissons énergisantes, de mélanges d'alcool et de drogues, de mélanges d'alcool et de boissons énergisantes gagnent de plus en plus de popularité auprès de ces jeunes.

### **Objectives**

Étudier la prépondérance de ces comportements par les jeunes adultes selon les universités des milieux ruraux ou urbains et aussi selon l'origine du jeune, qu'elle soit rurale ou urbaine.

### **Methods**

Des analyses de régressions logistiques ajustées pour certaines variables sociodémographiques comme l'âge et le sexe.

### **Results**

Les étudiants des universités de milieux ruraux étaient plus à risque de consommer l'alcool, le cannabis, le tabac, les boissons énergisantes, les mélanges d'alcool et de boissons énergisantes et les mélanges d'alcool et de drogues.

### **Conclusions**

Des stratégies de sensibilisation aux dangers de consommer ces produits doivent être développées auprès de ces groupes cibles.

### **Sex and Gender Considerations**

La consommation des produits psychoactifs par les jeunes adultes sont associée à l'âge, le sexe et le genre. Il est connu dans la littérature scientifique, que les prévalences de consommation de ces produits ainsi que les comportements liés à cette consommation sont très différents entre les hommes et les femmes. De plus certains auteurs montrent que ces comportements sont encore plus prévalent chez les homosexuels que chez les hétérosexuels. C'est pourquoi, nous avons considéré dans notre étude des questions portant sur le sexe et l'orientation du genre. Nous disposons d'un faible pourcentage d'homosexuels dans notre échantillon. Ainsi nous avons ajustés nos analyses pour l'âge et le sexe.

## **F8.4 Take Home Drug Checking as a Novel Harm Reduction Strategy in British Columbia (in English)**

**Sukhpreet Klaire**, British Columbia Centre on Substance Use  
Renée Janssen, British Columbia Centre on Substance Use; University of British Columbia  
Karmen Olson, British Columbia Centre for Disease Control  
Sara Young, British Columbia Centre for Disease Control  
Jessica Bridgeman, Interior Health  
Ellen Korol, Interior Health  
Helenka Jedrzejowski, Vancouver Coastal Health  
Sebastien Payan, Vancouver Coastal Health  
Tim Chu, Vancouver Coastal Health  
Cher Ghafari, Vancouver Coastal Health  
Jane Buxton, British Columbia Centre for Disease Control; University of British Columbia  
Mark Lysyshyn, Vancouver Coastal Health; University of British Columbia

### **Learning Objective for the Presentation**

Understand drug checking as a harm reduction strategy and expand novel strategies to local populations.

### **Background**

Drug checking, the analysis of drugs to identify adulterants, is a potential strategy for preventing overdose. This study evaluated distribution of take home fentanyl test strips to people who use drugs (PWUD) in British Columbia.

### **Objectives**

To determine the effectiveness of take home drug checking and assess the feasibility and acceptability of this strategy to PWUD.

### **Methods**

Take home fentanyl test strip kits were distributed at 10 sites. Results from home drug checking were compared to results obtained on-site during the same time period.

### **Results**

A total of 1510 take home results were obtained; 73% were for drugs identified as opioids. Fentanyl positivity of opioids tested at home appears to be within 5% of samples tested on-site. Fentanyl positivity of stimulants tested at home appears to be more than 5% higher than on-site. Greater than 95% of participants indicated they would use fentanyl test strips again.

### **Conclusions**

Take home drug checking of opioids appears equivalent to on-site drug checking. Fentanyl positivity in stimulants may not be equivalent, suggesting a need for further education and evaluation. This harm reduction strategy is feasible and acceptable to PWUD.

### **Sex and Gender Considerations**

Supervised consumption sites, such as InSite in Vancouver, are a valuable and evidence-based component of harm reduction. However, barriers to their use amongst specific populations have been identified, including for women. In addition, negative relationships stemming from gender-based power imbalances may limit their use by female clients. Therefore, the positioning of drug

checking services in these locations may not reach people who use drugs that identify as female. Take home drug checking may expand the availability and uptake of this harm reduction intervention. While our study did not focus on targeting specific populations, there were a significant number of study participants that identified as women (41%).

## **F8.5 Improving Experiences of Peers in Research on Drug Use: Recommendations from the Peers Examining Experiences in Research Study (in English)**

**Elizabeth McLean**, University of Toronto  
Adrian Guta, University of Windsor  
Merrick Pilling, University of Toronto  
Lori Ross, University of Toronto

### **Learning Objective for the Presentation**

To learn how the inclusion of peer researchers can be both beneficial and harmful and ways to mitigate potential harms and maximize benefits.

### **Background**

One strategy for inclusion of user voices in drug use research has been to hire people with lived experience as research staff. However, very little research has examined peer researchers' experiences with this work.

### **Objectives**

This participatory research project aimed to examine the experiences of peer researchers working with four marginalized communities.

### **Methods**

A total of 33 peer researchers (including 10 who worked in research on drug use) participated in individual interviews. Data were analyzed using a participatory grounded theory approach to identify recommendations to improve the peer research experience.

### **Results**

Participant recommendations were directed towards four stakeholders: employers, peer researchers, organized labour, and the academic community.

### **Conclusions**

While inclusion of peers in the research process can benefit both the research and peers themselves, the experience also has the potential to produce harm, particularly for individuals who experience multiple forms of oppression (e.g., associated with drug use in intersection with gender). Attention to the recommendations proposed by our participants may serve to help mitigate these potential harms and maximize the benefits of peer research.

### **Sex and Gender Considerations**

The PEERS study explicitly included gender considerations as part of our intersectional framing. Specifically, one of the communities of interest for this study was transgender and non-binary communities; as part of this we examined the specific considerations for trans and non-binary identified people who are employed as peer researchers. Further, across all of our communities of study (including people who use drugs), we purposefully recruited participants across gender categories, and in our analysis, considered how gender impacted experiences of research involvement. As a result of this attention to gender issues throughout the study, the recommendations to be discussed in this presentation attend to how gender will be relevant to their implementation.

## **F8.6 Connecting Community Knowledge and Expertise to Create a Comprehensive Understanding of Community Substance Patterns (in English)**

**Michael Whyte**, Wellington-Dufferin-Guelph Public Health  
**Auburn Larose**, North Bay Parry Sound District Health Unit

### **Learning Objective for the Presentation**

The purpose of the session is to share with participants a collaborative way of collecting and disseminating data related to drug overdoses and negative reactions.

### **Background**

This methodology was selected as a winner in the MaRS Discovery District's Opioid Data Challenge, a challenge that recruited innovative designs from across the country to more effectively capture and understand substance-related patterns. Many communities in Ontario struggle to make sense of the data related to drug incidents, disseminate it in a timely and meaningful way, and use it to make evidence-informed decisions in the community to reduce harms.

### **Objectives**

This FAST Overdose Alert Platform is designed to provide community organizations with timely information about overdose patterns in their communities.

### **Methods**

The system collects real-time information about substance-related overdoses from local service providers who respond to or hear about an incident.

### **Results**

Benefits also include the ability to respond quickly and appropriately to contaminated substances and abnormal overdose patterns through community alerts, the ability to reach a population of people who use substances and do not access emergency services, and a strong network of organizations committed to addressing substance use.

### **Conclusions**

The presenters hope to share their success with any community who might benefit.

### **Sex and Gender Considerations**

The gender and sex of an individual must be considered when examining substance use in a community (McHugh et al, 2018). Gender contributes to the initiation of and course of substance use and their disorders while sex affects the biological impact of substance use. A CIHI study determined that rates of emergency department visits for opioids in Ontario was higher for males than females. Between 2010-11 and 2014-15, the rate of emergency department visits for opioids among males increased by 38% in Ontario compared to 7% for females. However, little is known about the gender differences for incidents that do not present to the emergency department. The FAST Overdose Alert Platform aims to shed light on this topic. The tool collects information about the gender of individuals who experience harm from a substance, regardless of emergency service intervention and allows for a local understanding of gender differences.

## **F8.7 Program evaluation of Trauma-informed Practice Capacity in a Women's 21-day Substance Use Treatment Program: Application of a gender-informed lens to the Creating Cultures of Trauma-informed Care Tool.(in English)**

Rosanra Yoon, The Jean Tweed Centre  
Michelle Coombs, The Jean Tweed Centre

### **Learning Objective for the Presentation**

The learning objectives of the presentation are to: 1) Provide an overview of examining a program evaluation measure of trauma-informed practice from a gender-informed framework. 2) Provide opportunities for reflection on how a gendered lens can be integrated

### **Background**

This study highlights the implementation of a program level measure of trauma-informed practice utilizing the Creating Cultures of Trauma-informed Care (CCTIC) measure for a women's 21-day treatment program in Ontario and examines the results using a gender-informed analysis.

### **Objectives**

The objectives of this evaluation were to: Conduct a program evaluation of trauma-informed practice using an evaluation measure of trauma-informed practice. Evaluate the CCTIC using with respect to sex and gender. Identify strengths and opportunities to integrate a gendered lens to CCTIC program evaluation.

### **Methods**

Case study using program evaluation.

### **Results**

The CCTIC measure of trauma-informed practice demonstrated utility as a tool for program evaluation with dimensions reflective of core aspects of a gender and sex informed approach to service delivery. However, the full integration of sex and gender into the program evaluation measure is not explicit with many areas of gap.

### **Conclusions**

Issues of gender and sex are not explicitly evaluated in the program measure and there is opportunity to integrate a gendered and sex informed lens.

### **Sex and Gender Considerations**

By applying a gender-informed lens to the components of the CCTIC which was used as a program evaluation measure of trauma-informed practice, this study aims to examine the strengths as well as identify gaps with respect to considerations of gender and sex for a women's treatment service. The results indicate the need for explicit integration of gender and sex into program evaluation measures which may not be captured if not explicitly integrated and evaluated. The results highlight the invisible nature of gender and sex in current program evaluations and the need to explicitly integrate a gender and sex lens to program evaluation analyses.

**WEDNESDAY, NOVEMBER 27**

**8:30–10:00**

**CONCURRENT SESSION G**

## **WORKSHOP G1: How to Inform Policy and Decision Makers About Evidence-based Prevention (in English)**

**Matej Košir**, Institute of Research and Development (UTRIP), Slovenia

**Sanela Talić**, Institute of Research and Development (UTRIP), Slovenia

### **Learning Objective for the Presentation**

Learning objectives include an increased competence for public health advocacy as forging stronger relationships with policy and decision makers and other key stakeholders in the field, advocating for the use of research to inform policy and decision makers about evidence-based policies and practice, providing expert testimony, writing position papers, press releases and social media posts, increasing the visibility and recognition of evidence-based prevention, and committing to ongoing advocacy.

### **Interactive Formats or Processes**

Structure of the workshop: - Short introduction of the workshop - Advocacy for evidence-based prevention policy and practice: definitions, aims & objectives - Coalition building / developing effective coalitions (small group discussion) - Making the case

### **Sex and Gender Considerations**

The workshop focuses on general advocacy-related issues and tries to increase knowledge and skills of (future) public health advocates. Sex and gender issues are not very relevant in this practice-oriented workshop. However, participants will be motivated by facilitator to focus their discussions and group work also towards sex and gender considerations as the key topic of the conference.

## **ORAL G2: Exploring Non-Stigmatized Systems of Research and Clinical Practice (in English)**

**Kim Hellemans**, Carleton University

**John Weekes**, Waypoint Centre for Mental Health Care

**Kim Corace**, Royal Ottawa Mental Health Centre

**Gord Garner**, Community Addictions Peer Support Association

### **Learning Objective for the Presentation**

To enhance awareness as to how a meaningful partnership between science, clinical practice, and lived experience can enrich our understanding of the causes, progression, relapse and treatment of addiction and ultimately contribute to de-stigmatization of individuals living with addiction.

### **Background**

Stigma experienced by individuals living with addiction is due to diverse factors, and results in significant impediments and barriers to treatment, support, and overall well-being. What might a non-stigmatized system look like?

### **Methods**

We begin with a conversation on how the findings from pre-clinical (Hellemans) and clinical (Weekes) research serves to enlighten and dispel commonly held beliefs about the nature of addiction, particularly with regard to sex and gender. We will then discuss how integrated treatment is vital in removing systemic and structural barriers to care among individuals with concurrent disorders while ensuring the delivery of evidence-based practice (Corace). Finally, we will discuss the importance of incorporating individuals living with substance use disorder into the entire system, to bring their voice into basic science and clinical research, and to the delivery of treatment and support (Garner).

### **Results**

n/a

### **Conclusions**

From our integrated and evidence-informed perspective, it is only when these diverse viewpoints are incorporated into a comprehensive and person-centred human service response can we meaningfully move-the-needle on reducing stigma and improve the lives for individuals living with addiction.

### **Sex and Gender Considerations**

Neglecting to explore how sex and gender influence pathways to addiction has dogged both research and treatment for decades. However, there are increasingly movements and mechanisms to explore addiction through the lens of sex/gender, and with a “trauma-informed” approach. We will discuss how the failure to incorporate sex/gender into research and practice has contributed to stigma and treatment access, and how non-stigmatized systems of research and clinical practice necessitate diversity and inclusiveness.

## **ORAL G3.1: Clearing the Haze on How Canadian Workers Use and Perceive Cannabis at Work (in English)**

**Nancy Carnide**, Institute for Work and Health

Peter Smith, Institute for Work and Health

Andrea Furlan, Institute for Work and Health

Curtis Breslin, Institute for Work and Health

Michael Frone, Clinical and Research Institute on Addictions, University at Buffalo

### **Learning Objective for the Presentation**

To understand how Canadian workers used and perceived workplace cannabis use before legalization.

### **Background**

Data on workplace cannabis use in Canada is limited and has failed to measure modifiable risk factors.

### **Objectives**

To describe how workers consume cannabis temporally in relation to work, how they perceive use in relation to work, and the social norms around workplace use.

### **Methods**

We conducted a survey in June 2018 to gather prelegalization information on workplace cannabis use patterns, reasons for use, workers' perceptions regarding the risks and impact of use at work, knowledge of cannabis effects, and workplace norms and availability. The survey was administered by EKOS Research Associates through both online and telephone surveys.

### **Results**

A total of 2,014 workers completed the survey, including 592 past-year cannabis users. Analysis is ongoing. Preliminary findings suggest cannabis use may be occurring in ways that may impact safety. For instance, unweighted analyses suggest a non-trivial proportion of past-year cannabis users consumed cannabis within 2 hours of starting work (21%), on breaks (14%), or during work (11.0%), primarily for nonmedical reasons or mixed reasons. Findings also suggest some problematic perceptions. For example, 29% thought workers would possibly be allowed to consume cannabis for medical purposes at work without an authorization following legalization. We will present results of final weighted analyses.

### **Conclusions**

These data provide a baseline for monitoring and evaluating the impact of legalization on the workplace and may inform educational messaging aimed at workers to ensure lower risk use.

### **Sex and Gender Considerations**

Men and women occupy very different roles inside and outside of the Canadian labour market. These include the types of industries and occupations typically worked at by men and women and the degree to which men and women are engaged in caregiving and household responsibilities outside of work. Men and women also differ biologically and these differences may influence the effects of cannabis. As part of the data collection, we asked respondents to indicate their gender. In our analyses and for the presentation, we will be examining how use and perceptions differ according to self-reported gender. Unfortunately, the sample size of those selecting a gender other than male and female will be insufficient to examine differences for this group of individuals. We also did not collect data on indicators of labour market gender roles. These limitations will be highlighted. However, for future survey cycles, we will include these items.

## **ORAL G3.2: An Overview of Cannabis-related Exposure Calls to Canadian Poison Centres: 2013 to 2017 (in English)**

Samuel Ileka-Priouzeau, Health Canada

Kahina Abdesselam, Health Canada

**Jacob Miller**, Health Canada

Julie Laroche, Health Canada

### **Background**

With the Cannabis Act recently into force, it is vital to have efficient multisource surveillance mechanisms in place to monitor the potential health outcomes of cannabis. There are 5 major poison centers (PC) across Canada that help the public and health-care professionals seek guidance and medical advice related to substance exposures. PCs can provide real-time data on harms related to cannabis exposure. Health Canada is collaborating with all 5 PCs to establish the Canadian Surveillance System for Poison Information (CSSPI).

### **Objectives**

To assess the feasibility of: aggregating, harmonizing PC cannabis data, supporting an early warning system (EWS) for harms, and establishing a baseline before legalisation and regulation of cannabis.

### **Methods**

Data on cannabis-related exposure calls were obtained from CSSPI. The data was aggregated and analyzed to provide a national overview.

### **Results**

There were a total of 4,706 cannabis-related exposure calls, mainly reporting ingestion of cannabis (68%). The rate of cannabis-related exposure calls increased by 37% over the 5 year period; and the rates were consistently higher in males compared to females. Age groups 13-19 years, followed by 20-29 years had the highest rates; however, the largest increase in rates were seen in age groups  $\geq 60$  years (218%), followed by 6-12 years (186%) and  $\leq 5$  years (171%).

### **Conclusions**

Although cannabis-related calls and harms were higher in 13-19 years and 20-29 years, all age groups, sex and regions of Canada were impacted. Additional work is required to ensure that CSSPI can be used to support an EWS for cannabis surveillance.

### **Sex and Gender Considerations**

This study will consider sex-based analysis and identify the impact of cannabis-related harms in females and males. The analyses will be stratified by sex to describe variations in trends of harms related to cannabis exposure between males and females. Variations in rates of cannabis-related harms trends by age group between males and females will also be presented.

## **ORAL G3.3: Suicide and Homicide in Canada Associated with Alcohol and Other Drugs: Recommendations for Action and Enhanced Monitoring (in English)**

**Norman Giesbrecht**, Centre for Addiction and Mental Health

Heather Orpana, Public Health Agency of Canada

Aliya Hajee, Centre for Addiction and Mental Health

Mark Kaplan, Luskin School of Public Affairs, University of California at Los Angeles

### **Learning Objective for the Presentation**

To highlight current understanding of the contributions of alcohol and other drugs to suicide and homicide in Canada. Suggest steps for enhancing monitoring and prevention initiatives.

### **Background**

Alcohol and other drugs have been identified as significant factors related to suicide and homicide.

### **Objectives**

Identify trends and patterns in suicide and homicide in Canada Summarize research on alcohol and other drugs in relation to suicide and homicide. Recommend how current systems of documentation can be enhanced to inform policies and prevention practice.

### **Methods**

Vital statistics data for 2000 to 2016 were examined to document patterns in suicide and homicide rates. Publications from 1998 to 2018 about suicides or homicides in Canada and that referred to alcohol or other drugs were identified using Pub Med and Google Scholar.

### **Results**

Between 2000 and 2016 annual suicide mortality increased from 2798 to 2935 for males, and females 807 to 1039. However, homicides declined from 337 to 300 for males, and for females from 126 to 90. Searches yielded 5189 publications, with 158 documents considered alcohol or other drugs in connection with suicide or homicide in Canada – 43% focused on suicide, 32% homicide, 17% both, and 7% accidental death. Of these documents, 25% referred to the use of biological samples.

### **Conclusions**

These topics are not extensively studied. Our understanding of the role of drugs and alcohol in violent deaths could be enhanced through systematic documentation of these deaths, building on the lessons of the US National Violent Death Reporting System.

### **Sex and Gender Considerations**

Our analysis will present the official statistics by sex, and also document in detail how the empirical research on suicide and homicide related to alcohol and other drugs addresses sex – for example differences in homicide victims by sex. Our recommendations with regard to prevention and enhanced documentation will indicate how proposed changes need to be customized to be amenable to differences by sex in terms of contributing factors to homicide and suicide.

## **ORAL G4.1: HarmCheck: Direct Mass Spectrometry Harm Reduction Drug Checking for Point-of-Care Use in the Opioid Overdose Crisis (in English)**

**Christopher Gill**, Vancouver Island University

### **Learning Objective for the Presentation**

Point-of-care drug checking by direct mass spectrometry using paper spray mass spectrometry (PS-MS) is presented as a rapid, high precision, high sensitivity instrumental method for use in harm reduction intervention.

### **Background**

Paper spray mass spectrometry (PS-MS) is a simple strategy that allows direct mass spectrometry measurements to be made for complex samples. We have been developing it as an alternative drug checking strategy for two years, with substantial success.

### **Objectives**

The aim of this research project is to explore and develop PS-MS as a viable point-of-care drug checking strategy for use with people who use drugs (PWUD).

### **Methods**

We present the evaluation of PS-MS as a sensitive and selective method for the simultaneous, quantitative and direct measurement of drugs in complex samples in a 60 second measurement time.

### **Results**

The area of PS-MS, although ~10 yrs old, is seeing rapid development in a wide range of disciplines. PS-MS uses commercially available, inexpensive and disposable paper strips to quantitatively and simultaneously measure (in 60 seconds) multiple drugs directly from small samples (10 microlitres if liquid, 1 mg if solid). We have demonstrated the simultaneous measurement of 52 drugs, although up to 200 are possible. Detection limits are in the low ng/mL for liquids and >0.0003% for solids. PS-MS results agree well with clinical LC-MS measurements. Drug-checking trials in point-of-care harm reduction settings are scheduled for late Spring 2019. Longer-term goals are to implement PS-MS in a small footprint systems for portable/mobile use.

### **Conclusions**

PS-MS is a simple candidate drug checking technology for harm reduction, and can be used to test and quantify multiple drugs.

### **Sex and Gender Considerations**

Although we have not considered sex and gender at the instrumental development stages, as we move towards point-of-use evaluations in settings serving vulnerable clientele, we will work with the BC Centre on Substance Use and Regional Health authorities to ensure all drug checking PS-MS services incorporate cultural and gender sensitivity and safety approaches appropriate for diverse populations, including indigenous persons. To capture data on PWUD accessing our services, we will use the standard Equity, Diversity and Inclusion (EDI) form required for Principal Investigators and Co-Applicants in federally funded grant programs. With the inherently vulnerable population being served, completion will be encouraged, but not mandatory. Any population data collection methods will be fully vetted by the relevant Research Ethics Boards.

## **ORAL G4.2: Drug Checking at an Electronic Dance Music Festival During the Public Health Overdose Emergency in British Columbia (in English)**

Silvina Mema, Interior Health Authority, Kelowna

**Chloe Sage**, AIDS Network Outreach and Support Society (ANKORS)

Yuhui Xu, Interior Health Authority

Kenneth Tupper, British Columbia Centre on Substance Use

Daniel Ziemianowicz, AIDS Network Outreach and Support Society (ANKORS)

Karen McRae, British Columbia Centre on Substance Use

Mark Leigh, AIDS Network Outreach and Support Society (ANKORS)

Brendan Munn, University of British Columbia

Deanne Taylor, Interior Health Authority

### **Learning Objective for the Presentation**

Review the harm reduction implications of point-of-care drug checking at electronic dance music festivals, including the identification of fentanyl.

### **Background**

Harm reduction services have been provided on event since 2003 at a 5-day electronic dance music (EDM) festival held in rural British Columbia. Services include point-of-care drug checking which allows real-time testing of illicit substances to assess their composition.

### **Objectives**

To compare the expected and actual compositions of illicit substances on event, to identify the prevalence of fentanyl in submitted samples, and to evaluate the discard rate following test results.

### **Methods**

In 2017, a brief survey collected information on what clients expected the samples to contain. Volunteers carried out drug checks and subsequently logged test results. Clients were provided with an amnesty bin to discard substances if they so chose.

### **Results**

Of 2683 surveys, 2387 included sufficient data for inclusion. Clients were more likely to discard when the test result differed from their belief (5.16%) than when it was confirmed (0.69%). Discarding increased to 15.54% when a substance wasn't clearly identified, and to 30.77% if the client did not have prior belief of the substance. Of 1971 samples tested for fentanyl, 31 tested positive and 16.13% of clients discarded compared to 2.63% in the negative group.

### **Conclusions**

Drug checking services are an innovative harm reduction service that appeal to festivalgoers who, when faced with uncertainty, may discard their substances. They also allow for a personalized risk discussion, potentially reaching others via word-of-mouth and early warning systems.

### **Sex and Gender Considerations**

Demographics, sex and gender were not presented in this publication but were obtained in the surveys and remain a subject of interest. Looking at the effects of sex and gender on planned substance use and the interpretation of sample results, including discard rate, are a subject of consideration for future analysis of the data and will be an important part of all future research on the subject of drug checking in this population.

## **ORAL G4.3: Checking Out the Drug, Checking In on Life: Implementation, Acceptability and Feasibility of Drug Checking Services Using Mass Spectrometry at a Supervised Injection Service (in English)**

**Lynne Leonard**, HIV and HCV Prevention Research Team, University of Ottawa

**Rob Boyd**, Oasis Programme, Sandy Hill Community Health Centre

Caleb Chepesiuk, HIV and HCV Prevention Research Team, University of Ottawa

Wondewassen Gebeyehu, Carleton University

Karl Wasslen, Carleton University

Candis Lepage, HIV and HCV Prevention Research Team, University of Ottawa

Luc Cormier, Oasis Programme, Sandy Hill Community Health Centre

Jeffrey Smith, Carleton University

### **Learning Objective for the Presentation**

To increase understanding of: The parameters of the unacceptable levels of overdose-related deaths and non-fatal overdose events occurring across Canada among people who use and inject drugs (PWUD) and a critical review of responses to date; The use of a mass spectrometer to analyze drug supplies; and The feasibility and acceptability of a drug checking service using this technology at a Supervised Injection Site (SIS).

### **Background**

9,000 Canadians have died from an apparent opioid-related overdose; the majority in 2016 (88%), 2017 (92%) and between January and June 2018 (94%) were professionally declared unintentional: the individuals did not intend to die.

### **Objectives**

To determine the acceptability among PWUD of a drug checking service using a mass spectrometer in a SIS. To determine the feasibility among service providers of providing this service in their facility.

### **Methods**

Mass spectrometer able to detect 16 toxic compounds installed in an Ottawa SIS. Quantitative research methods determine acceptability among SIS clients, qualitative interviews with key informants determine feasibility.

### **Results**

Comparison of analysis results and client`s expectations will be presented (e.g., November 2018: among samples described as heroin, 17% contained only heroin, 83% heroin with fentanyl or fentanyl analogues; 75% described as cocaine/crack-cocaine contained an opioid). Analysis of clients` actions on receipt of results will be presented. Best practices in terms of implementation will be presented.

### **Conclusions**

In the context of a widespread contaminated drug supply, implementing an efficient speedy drug checking service to provide PWUD with information on which to base their use of drugs is clearly acceptable and feasible within a SIS.

## Sex and Gender Considerations

Drug checking service data from the last six months indicate 500 tests have been completed; 30% completed by people reporting woman as their gender identity and 70% by self-identified men. We compared these self-reported gender identity data to other measures of gender composition among Ottawa PWUD. The drug checking data mirror the gender profile of the clients attending the SIS and the findings from our ongoing study among PWUD, the I-Track Study. The drug checking data are systematically reviewed and, if indicated through changes in the profile, a self-identified women-only drug checking space may be discussed with our Community Advisory Board and SIS management. Data on drug use behaviour following receipt of drug analysis results will be subject to a gender analysis, and self-identified gender will be a variable in a logistic regression to determine variables associated with use of the drug checking service.

## **ORAL G5: Supporting, Engaging and Building Capacity of Families Affected by Substance Use in Canada (in English)**

**Leslie McBain**, Moms Stop the Harm and British Columbia Centre on Substance Use

**Petra Schulz**, Moms Stop the Harm

### **Learning Objective for the Presentation**

Discuss themes in patient/family experiences substance use care access, including gaps and opportunities in provincial and national health systems; Share model for family engagement to guide healthcare improvements; Share model for peer-led substance-related grief support.

### **Background**

Canada's overdose crisis claims 11 people every day. Stigma experienced by people who use drugs (PWUD) is then passed onto grieving families, who face trauma, shame, and blame, and as a result, long-term health risks. Grief supports for families affected by drug-related bereavement are sparse or non-existent. Moreover, families are often the default caregivers for PWUD because the system has failed to provide quality care, yet they are largely excluded from decision-making despite being an important resource.

### **Objectives**

Mobilize the knowledge of families/caregivers to address gaps in the health system; Provide peer-led support to prevent the psychosocial and societal harms of unresolved grief.

### **Methods**

Moms Stop the Harm (MSTH) has initiated "Healing Hearts" peer-led grief support groups in several Canadian communities. Concurrently, MSTH is partnering with the BC Centre on Substance Use to host "Stronger Together" capacity-building sessions in 15 communities affected by overdose deaths – delivering supports, training, and mobilizing families' knowledge to inform regional health authorities' programs.

### **Results**

"Healing Hearts" contribute to improved coping skills and better overall health in families and others affected by overdose deaths (i.e. first responders). Engagement sessions have surfaced understandings around the barriers in our health system that are causing unintended consequences, leading to service improvements.

### **Conclusions**

A moderated panel representing families and health systems allies will speak to how they collaborate to support families and work towards healthcare transformation. Literature and session findings will be discussed.

### **Sex and Gender Considerations**

The illicit drug overdose crisis has left thousands of families, communities, and survivors to deal with unresolved and unsupported grief. People who witness and experience multiple preventable deaths face severe trauma – including caregivers, first responders, health care and harm reduction workers. Examining the role of gender in caregiving and front-line support work, it is clear that women, in particular, are uniquely affected as survivors of this crisis. Moreover, data from Coroners Services in British Columbia, Canada show that close to 80% of those who die are men of the age of 25 to 40. As a result, to date, it is mostly mothers, sisters, and partners who continue to show up in large numbers at "Healing Hearts" and "Stronger Together" groups. This panel will explore ways to provide increased gender-specific supports and engagement initiatives for women across Canada.

## **ORAL G6: Canadian Managed Alcohol Programs: New Evidence for Best Practices and Policies (in English)**

**Bernie Pauly**, Canadian Institute for Substance Use Research

**Tim Stockwell**, Canadian Institute for Substance Use Research

Clifton Chow, Canadian Institute for Substance Use Research

Meaghan Brown, Canadian Institute for Substance Use Research

Ashley Wettlaufer, Canadian Institute for Substance Use Research

Kate Vallance, Canadian Institute for Substance Use Research

Jinhui Zhao, Canadian Institute for Substance Use Research

### **Learning Objective for the Presentation**

To disseminate findings from a six year program of qualitative and quantitative research on Canadian Managed Alcohol Programs (MAPs).

### **Background**

Other countries are emulating MAPs, harm reduction services developed in Canada over the past two decades. Over 20 Canadian MAPs offer regulated access to alcohol and other supports to unstably housed people with severe alcohol dependence. We have conducted two CIHR funded studies on the implementation and outcomes of MAPs.

### **Objectives**

Provide an overview of policies, philosophies, and supports provided by Canadian MAPs; Present quantitative and qualitative research on outcomes in the domains of physical and mental health, substance use and related harms, and service utilization; Provide high-level recommendations to support best practices.

### **Methods**

Interviews were conducted with staff and policy documents accessed to describe MAPs. A controlled longitudinal study was conducted of 188 MAP clients and 200 controls who met MAP eligibility criteria. Interviews were conducted at baseline, six and 12 months; liver function tests, occupancy and service utilization data accessed. A comparative case study analysis was conducted to identify practices associated with best outcomes.

### **Results**

A wide range of program philosophies and practices were identified across different MAP sites. Evidence for improved outcomes in housing, safety, well-being and alcohol-related harm was identified along with associated program characteristics.

### **Conclusions**

MAPs can contribute effectively to the network of supports for unstably housed people with alcohol dependence who are underserved by other harm reduction and housing programs. Program policies need to be matched to client characteristics to manage outside alcohol consumption effectively.

### **Sex and Gender Considerations**

Statistical analyses were completed to compare outcomes across genders. Qualitative analyses for the development of best practices recommendations were informed by perspectives of participants and staff on MAP programming for all genders. Recommendations will include emerging suggestions for sex and gender-informed best practices and policies in MAPs.

## **ORALG7.1: Evaluation of British Columbia's Facility Overdose Response Box Program for Community Organizations (in English)**

Sierra Williams, British Columbia Centre for Disease Control  
Tanis Lewis-King, British Columbia Centre for Disease Control  
Sara Young, British Columbia Centre for Disease Control  
Emily Ogborne-Hill, British Columbia Centre for Disease Control  
Margot Kuo, British Columbia Centre for Disease Control  
**Jane Buxton**, British Columbia Centre for Disease Control

### **Learning Objective for the Presentation**

Demonstrate the importance of standardized protocol and supporting frontline staff.

### **Background**

In December 2016, BC Centre for Disease Control launched the Facility Overdose Response Box Program (FORB) to provide boxes containing naloxone to not-for-profit community organizations. FORB supports sites to develop and implement overdose response protocol and policy, facilitate overdose response training, drills and debriefing for site staff.

### **Objectives**

We evaluate program acceptability, effectiveness and identify suggestions for improvement.

### **Methods**

Program administrative data and responses to a FORB site survey were analyzed using descriptive statistics. Paired key informant interviews were transcribed and analyzed using qualitative descriptive methods.

### **Results**

As of January 2019, 561 sites were registered for FORB and reported 842 overdose reversals. Sites included housing, outreach, counselling, shelter, drop-in, harm reduction supplies and observed consumption services. The survey captured site needs regarding program implementation, overdose response and ongoing program activities. Paired interviews (n=3) highlighted the importance of collaboration and standardized best-practices for implementing protocols. Participants reported program resources and hands-on-training enhanced response capacity and promoted dialogue about harm reduction principles and stigma. Train-the-trainer models that incorporate local champions and educators were most valued.

### **Conclusions**

The FORB program is acceptable to site staff and highly valued. Sites are required to consider occupational health and safety issues in their response protocols to ensure staff are supported. Sites vary by philosophies, service models, and structure; programs such as FORB can shift approaches to harm reduction in an organization and enable more meaningful engagement with clients at sites.

## Sex and Gender Considerations

FORB sites vary by site type and the services provided; this may include sites that are gender specific such as women's shelters, and sites may be confidential or private. This makes it important that the FORB program is adaptable to site and client needs. As part of this evaluation research, it would be possible to explore availability of services with a consideration of gender and sex. We also receive overdose response administration records, which are completed by staff that respond to an overdose in the workplace. We are able to examine demographic characteristics of individuals who have overdosed at a FORB site, while comparing where the overdose occurred, how many ampoules of naloxone were required, survival and transport to the hospital. Evaluating this program data, as well as considering the relations with sex and gender will be useful for quality improvement, and to inform program and policy decisions.

## **ORAL G7.2: Consolidating Perspectives on the Nature of Saskatoon's Evolving Opioid Crisis (in English)**

**Lori Hanson**, University of Saskatchewan

**James Dixon**, University of Saskatchewan

**Maryellen Gibson**, University of Saskatchewan

**Barbara Fornssler**, University of Saskatchewan

**Peter Butt**, University of Saskatchewan

### **Learning Objective for the Presentation**

How action research can address gaps in understanding via knowledge exchange and translation.

### **Background**

Canada is in the throes of an opioid crisis, though manifestations of that crisis vary by province and locality. In the province of Saskatchewan, the city of Saskatoon is experiencing the majority of opioid associated morbidities and mortality; however, preliminary research suggests that the community lacks a coherent articulation of the current nature of the crisis, potentially hampering responses to its local context.

### **Objectives**

This study actively consolidated information and perspectives regarding the crisis, while simultaneously improving knowledge exchange among stakeholders.

### **Methods**

The research was guided by an integrated Knowledge Translation and Exchange approach employing environmental scan and deliberative dialogue methods. The environmental scan assembled data from publicly available administrative reports and 21 semi-structured interviews with key stakeholders representing different points on the continuum of care. The scan informed the deliberative dialogue and discussion at the ensuing stakeholder forum.

### **Results**

Divergent interpretations of the crisis persist, seemingly dependent on the roles of stakeholders in responding to the crisis. Contextual factors identified included stigma, conservative ideological leanings in the province, racism and the legacy of colonialism, economic issues, and geographic location. Administrative data and reports were inconsistently shared among stakeholders, contributing to divergent perspectives and hampering responses.

### **Conclusions**

Context matters when planning appropriate responses and limited sharing of local public data may further inhibit local stakeholders' capacity to respond to the opioid crisis in Saskatoon; action research has a role to play in diminishing gaps in understanding.

### **Sex and Gender Considerations**

The project methodology engages the context of the social determinants of health including gender. Stakeholders reported gender related concerns during the environmental scan regarding the vulnerability of male identified youth for opioid related poisonings. Stakeholders further indicated divergent pathways of use initiation and resulting treatment options. The foundation this work provides will support future investigation of sex-specific approaches to knowledge mobilization and exchange, in addition to informing relevant gender-based health promotion materials.

## **ORAL G7.3: Chronic Prescription Opioid Therapy Associated with Injection Drug Use: A Large Administrative Cohort Study (in English)**

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Naveed Z. Janjua, University of British Columbia

Bin Zhao, University of British Columbia

**James Wilton**, British Columbia Centre for Disease Control

Younathan Abdia, British Columbia Centre for Disease Control

Robert Balshaw, Centre for Healthcare Innovation, University of Manitoba

Jane Buxton, British Columbia Centre for Disease Control

### **Learning Objective for the Presentation**

To understand the association between prescription opioid (PO) patterns and subsequent initiation of injection drug use (IDU).

### **Background**

British Columbia (BC) is experiencing an epidemic of overdose deaths mostly related to illicitly manufactured opioids. IDU is associated with a higher risk of overdose and other negative outcomes. The role of POs in the current illicit overdose epidemic is being debated and little is known about the transition from PO use to IDU.

### **Objectives**

To evaluate the relationship between chronic PO use and initiation of IDU.

### **Methods**

We used a large cohort of ~1.7 million people linked with administrative healthcare and prescription databases (BC Hepatitis Testers Cohort). Acute and chronic PO episodes were defined as those lasting  $\leq 90$  or  $>90$  days, respectively, and individuals were categorized based on their episode patterns. IDU assessment was based on a validated algorithm. Proportional hazards regression examined the association between PO use and time to IDU initiation after adjusting for baseline and time-varying predictors.

### **Results**

In preliminary analyses, the rate of transition to IDU was highest for chronic PO users, with approximately one in 14 transitioning to IDU within five years. In the proportional hazards model, chronic PO use was the strongest predictor of transition to IDU (adjusted hazard ratio: 13.6, 95%CI: 12.9-14.3). Other significant predictors ( $p < 0.05$ ) included acute PO use, male sex, problematic alcohol use, major mental illness, greater material deprivation and a higher Elixhauser comorbidity index score.

### **Conclusions**

Chronic PO therapy is strongly associated with IDU and has likely contributed to the illicit overdose epidemic in BC.

### **Sex and Gender Considerations**

We stratify our primary outcome (time from chronic opioid use to initiation of injection drug use) by sex. We also include sex as a predictor in our multivariable regression model examining characteristics associated with injection drug use.

## **G8.1 Practitioner and Client Perspectives on Adapting Personality Targeted Interventions for Use as an Adjunct to Methadone Maintenance Therapy (in English)**

**Ioan Mahu**, Dalhousie University

Patricia Conrod, University of Montreal; Ste. Justine Hospital

Sean Barrett, Dalhousie University

Cindy MacIsaac, Direction 180

Aïssata Sako, Quebec-Atlantic Node, Canadian Research Initiative in Substance Misuse; Centre de Recherche du CHUM

Jennifer Swansburg, Dalhousie University

Jean-François Morin, University of Montreal; Ste. Justine Hospital

Flavie Laroque, University of Montreal; Ste. Justine Hospital

Sherry Stewart, Dalhousie University

### **Learning Objective for the Presentation**

1. What is the personality-targeted approach to substance use intervention?
2. How can it be adapted to the opioid agonist therapy (OAT) setting?

### **Background**

Although specific traits are associated with concurrent substance use among methadone maintenance therapy (MMT) clients, personality-targeted interventions have not been adapted for the OAT setting.

### **Objectives**

We sought to gain information from MMT practitioners and clients about their perceptions on how to best adapt an existing personality-targeted intervention (Preventure) to the OAT setting.

### **Methods**

We conducted (a) focus groups with MMT practitioners (i.e., case managers, nurses, social workers, physicians) at four MMT clinics, and (b) interviews with 19 high personality-risk MMT clients, to obtain qualitative feedback about the feasibility, applicability, and content/format of personality-targeted treatment. Interviews were transcribed, coded, and subjected to Thematic Analysis.

### **Results**

Expert and client opinions regarding individual/group and manual format varied depending on client literacy levels and clinical heterogeneity. Suggestions included dividing the program into shorter modules (30-45 minutes) delivered over more (3-8) sessions. Availability of human resources and space limitations were the major identified barriers to feasibility.

### **Conclusions**

Strong interest in the program from both practitioners and clients supports the adaptation of personality-targeted approaches as a supplement to MMT.

### **Sex and Gender Considerations**

Both male and female clients (n=19) undergoing MMT at one of four OAT clinics were interviewed regarding their personal experiences with addiction and treatment. This resulted in extracting specific contexts and situations which will be used to represent realistic scenarios in the treatment manuals that include experiences relevant to MMT clients of both sexes. It also allows us to examine whether both sexes report similar themes regarding their methadone treatment and addiction histories. The group of MMT practitioners interviewed in the focus groups was diverse and included individuals of both sexes, ensuring diversity of clinician perspectives regarding intervention adaptation.

## **G8.2 Dyadic Conflict Effects on Drinking Behaviour in Romantic Couples: A Lab-based Experiment and Examination of Sex Differences (in English)**

Nacera Hanzal, Dalhousie University; University of Ottawa  
Raquel Nogueira-Arjona, Dalhousie University  
Sherry Stewart, Dalhousie University

### **Learning Objective for the Presentation**

To examine sex differences in the effects of dyadic conflict on alcohol preference and consumption levels.

### **Background**

Alcohol use is strongly influenced by interpersonal factors. Self-report studies suggest that couples' conflict may influence alcohol use and alcohol-related problems, particularly in females.

### **Objectives**

To provide behavioral validation of prior findings suggesting that females in particular respond to relationship conflict with increased coping drinking.

### **Methods**

Sixty-six undergraduate romantic couples were recruited for an in-laboratory testing session consisting of three parts: (1) a series of online self-report measures; (2) a 15-minute interaction in which couples were randomly assigned to discuss one of two topics: an everyday topic (neutral condition) or an unresolved relationship conflict (conflict condition); and (3) an unobtrusive mock alcohol taste-rating test to assess alcohol intake and preference.

### **Results**

In terms of beverage consumption levels, females (but not males) drank more alcoholic than non-alcoholic beverages, but only following conflict. In terms of alcohol preference ratio (i.e., the proportion of total beverage consumption that was alcohol), females (but not males) showed a greater alcohol preference in the conflict than neutral condition.

### **Conclusions**

Findings suggests that females' alcohol consumption was more influenced than males by the conflict manipulation. Findings suggest that reducing couples' conflict may be helpful for reducing heavier drinking in members of a romantic dyad, particularly the female members.

### **Sex and Gender Considerations**

Sex differences in alcohol use are of importance given their significant clinical implications. The current study examined how males and females may display different drinking behaviour in the context of relationship conflict. Prior research has shown that females are more likely than males to drink to cope with negative affect in response to dyadic conflict (Lambe et al., 2015; Levitt & Cooper, 2010). This suggests that while males may drink more overall, females respond with greater drinking to relationship conflict. However, these findings are limited to self-report research (Lambe et al., 2015; Levitt & Cooper, 2010). It may be that this sex difference emerged due to females' possibly greater willingness to report drinking to cope with negative affect in the context of couples' conflict. As such, the current study offers an objective behavioral validation of this sex difference in conflict-induced drinking is required.

## **G8.3 Pill Pushers, Pain Patients, and Policy-Practice Problems: Unwelcome and Unforeseen Outcomes of British Columbia's 2016 Opioid Prescribing Guidelines for Physicians (in English)**

Hilary Morden, Simon Fraser University

### **Learning Objective for the Presentation**

To explore consequences of BC College of Physician and Surgeons (BCCPS) 2016 opioid prescribing guidelines on chronic pain patients, buyers of diverted/illicit opioids, and illicit opioid sellers in BC.

### **Background**

In 2016, US CDC declared an opioid epidemic caused by prescription opioids. In response prescribing guidelines were issued for primary care physicians. These were quickly adopted by BCCPS as mandatory leading to a reduction in number and strength of scripts issued for opioid medications in BC.

### **Objectives**

To examine the effects of the BCCPS prescribing guidelines on those with opioid prescriptions for chronic pain and those purchasing/selling diverted prescription and other opioids.

### **Methods**

84 first person interviews conducted. Data was recorded, transcribed, and analyzed qualitatively and quantitatively.

### **Results**

Some chronic pain patients forcibly tapered/cut off from opioid medications, experienced full disability leading to suicide; others sought out illicit opioids resulting in increased accidental/deliberate overdose/overdose death, risk/cost, and decreased quality of life. As diverted prescription opioids became unavailable, some buyers quit using while others purchased fentanyl; those selling illicit opioids experienced increased sales/profits.

### **Conclusions**

The BCCPS guidelines, intended to prevent/respond to opioid prescribing leading to addiction led to: minimal/no intended effect; a variety of negative consequence for pain patients; and varied effect on illicit opioid buyers/sellers.

### **Sex and Gender Considerations**

While this study does not specifically address issues of gender, chronic pain patients self identifying as female/LGBTQ reported greater barriers to access for prescription opioids, greater scrutiny/disbelief as to pain experience, higher expectations to retry prior failed medications/treatments/surgeries, and lower rates of referrals to pain specialists with lengthier delays when referred. In response to barriers to care/higher levels of scrutiny, many reported activities conducted specifically for purposes of convincing physicians they were worthy of compassionate medical care and valued contributors to society. Indeed, one referred to this as "prostituting her accomplishments." Those buying/selling diverted/other opioids were more likely to be male. While no conclusions as to gender and the purchase/sale of illicit substances are made, in regards to medical care, barriers reported mirror prior research and indicate ongoing gender-based disparities in medical care in Canada. Clearly, changes are needed.

## **G8.4 CCENDU Snapshot: An Overview of Adulterants in the Canadian Unregulated Drug Supply (in English)**

Doris Payer, Canadian Centre on Substance Use and Addiction  
Matthew Young, Canadian Centre on Substance Use and Addiction  
Bridget Hall, Canadian Centre on Substance Use and Addiction  
CCSA's Canadian Community Epidemiology Network on Drug Use  
National Drug Checking Working Group

### **Learning Objective for the Presentation**

To raise awareness of the prevalence of adulterated substances on the unregulated market and the emergence of new adulterants in recent months.

### **Background**

Use of any substance carries with it inherent risks; however, this risk is substantially increased when the composition or amounts of active ingredients are unknown.

### **Objectives**

To provide a national snapshot of adulterants in substances sold on the unregulated market in Canada.

### **Methods**

In January 2019, the Canadian Community Epidemiology Network on Drug Use (CCENDU) began compiling information from the National Drug Checking Working Group, CCENDU site coordinators, and government laboratories.

### **Results**

National laboratory analyses showed co-occurrence of fentanyl with other psychoactive substances in up to 32% of samples nationwide, although there was significant regional variation. Drug checking and urinalysis corroborated frequent discrepancies between expected and actual drug contents. Adulterants likely to be associated with negative health consequences included fentanyl and analogues (e.g., carfentanil), but also emerging substances such as synthetic opioids not detected by fentanyl test strips (e.g., U-47700); benzodiazepines, which do not respond to naloxone; etizolam, which is not detected by benzodiazepine test strips; and synthetic cannabinoids (e.g., AMB-FUBINACA).

### **Conclusions**

Multiple data sources suggest that unexpected compounds are common in the unregulated drug supply, posing significant risks to consumers.

### **Sex and Gender Considerations**

Because drug checking data are usually reported anonymously, and sex and gender considerations do not apply to the analysis of components in samples of substances, it is not possible to bring a sex and gender lens to the present findings. However, in the future, information collected on sex and gender at drug checking sites could help determine who uses drug checking services and whether there are sex- or gender-based differences in behaviour modifications following unfavourable drug checking results.

## **G8.5 Une analyse médiatique du cas des boissons sucrées alcoolisées Four Loko et FCKD UP au Québec : construction d'un problème public, prise de risque et contrôle social (in French)**

Yannick Masse, Université d'Ottawa

### **Learning Objective for the Presentation**

Montrer le processus de création d'une nouvelle problématique.

### **Background**

Notre recherche s'intéresse aux processus qui ont mené à l'application de règlements pour encadrer la vente de boissons sucrées alcoolisées.

### **Objectives**

L'objectif de la recherche est de déterminer comment ces boissons alcoolisées ont été définies comme un problème au Québec à partir de l'analyse du discours de plusieurs acteurs dans les médias québécois.

### **Methods**

Nous utilisons l'analyse de discours en scrutant les médias québécois qui permettent de saisir les perceptions autour de la consommation d'alcool, particulièrement chez les jeunes.

### **Results**

Trois pôles ressortent de notre analyse : l'inquiétude sur la prise de risque chez les jeunes, les responsabilités sociales pour prévenir la consommation des jeunes et l'écart entre les propositions des acteurs et la mise en place de la loi. Ces pôles ressortiraient notamment grâce à la mise en avant d'événements fortuits qui exposeraient les demandes des acteurs.

### **Conclusions**

Cette recherche permet de mettre en perspective les demandes des acteurs (entreprises, OBNL, opinion publique) et de comprendre les divergences avec les lois et règlements mis en place par les gouvernements.

### **Sex and Gender Considerations**

La mise en marché des boissons alcoolisées Four Loko et FCKD UP semble curieusement concorder avec l'augmentation de la consommation dite à risque chez les jeunes et la hausse de la consommation d'alcool chez les femmes (Tam, 2018). Bien que cette recherche ne se soit pas concentrée sur les questions du sexe et du genre, il semble évidemment y avoir des liens clairs avec la sortie de telles boissons, les critiques à l'égard de leurs producteurs et la mise en place de lois limitant leur vente. Un des questionnements qui est revenu tout au long de cette recherche concerne les efforts chez les producteurs d'alcool pour atteindre de nouveaux consommateurs. Différents acteurs évoquent des inquiétudes concernant la vente et le marketing entourant la consommation d'alcool chez les jeunes femmes. Une analyse médiatique serait particulièrement intéressante pour comprendre le traitement particulier de leur consommation d'alcool.

## **G8.6 Regulation Strategies and Guidelines to Mitigate Gambling Harms: Perceptions of Individuals who Gamble (in English)**

**Marie-Claire Flores-Pajot**, Canadian Centre on Substance Use and Addiction

Sara Atif, Canadian Centre on Substance Use and Addiction

Natacha Brunelle, Université de Québec à Trois-Rivières

Shawn Currie, University of Alberta

Magali Dufour, Université que Québec à Montréal

David Hodgins, University of Calgary

Louise Nadeau, Université de Montréal

Matthew Young, Canadian Centre on Substance Use and Addiction

### **Learning Objective for the Presentation**

To present findings on the perceptions of individuals who gamble on regulation strategies and guidelines to mitigate gambling harms.

### **Background**

Problem gambling is recognized as a significant public health issue. Regulation Strategies (RS) used by people who gamble may help mitigate harmful consequences associated to gambling, yet there is little research conducted on this topic. Furthermore, there is a lack of evidence-informed guidelines developed to minimize the risk of gambling harms.

### **Objectives**

To understand 1) RS used by individuals who gamble to limit their gambling, and 2) their perceptions on what should be gambling guidelines. This is part of a larger project aiming to develop a workable set of Lower-Risk Gambling Guidelines (LRGGs).

### **Methods**

A total of 9 focus groups and 5 individual interviews were conducted with individuals who gamble and use RS (27 males, 29 females), across three Canadian cities. Focus groups and interviews examined participants' RS and perceptions on the suggested LRGGs.

### **Results**

RS used to avoid gambling harms included controlling money, time and the frequency of gambling. Participants supported the idea of having LRGGs, yet perceptions on the specific monetary amount or frequency of gambling varied.

### **Conclusions**

These results will inform the development and dissemination of the LRGGs and ultimately contribute to the reduction of gambling-related harms.

### **Sex and Gender Considerations**

Much discussion was put into the possibility of having different lower-risk gambling guidelines (LRGGs) for males and females; however, there is no empirical evidence to support this. We still recognize the importance and differences across gender for the development of the LRGGs. Therefore, we ensured heterogeneous gender representation when conducting focus groups and individual interviews and we are paying special attention when analyzing results to observe any differences in the regulation strategies used and perceptions of male and female participants.