

CCSA's Issues of Substance 2021 **Oral Presentation and Workshop Abstracts**

Questions de substance 2021 du CCDUS **Résumés des exposées oraux et des ateliers**

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TUESDAY, NOVEMBER 23 / MARDI 23 NOVEMBRE

13:15–14:15

CONCURRENT SESSION A / SÉANCE SIMULTANÉE A

Oral A1: Updating Canada's Low-Risk Drinking Guidelines to Reduce Alcohol-Related Harms

Catherine Paradis, Canadian Centre on Substance Use and Addiction

Peter Butt, University of Saskatchewan

Hanie Edalati, Canadian Centre on Substance Use and Addiction

Christine Levesque, Canadian Centre on Substance Use and Addiction

Jennifer Reynolds, Canadian Centre on Substance Use and Addiction

Learning Objective

Explain the rationale and background to update Canada's low-risk alcohol drinking guidelines (LRDGs); Describe the methodology adopted to update the LRDGs; Review the primary results from the evidence review and knowledge mobilisation efforts for updating LRDGs' recommendations.

Background

Many countries have published guidelines for low-risk alcohol drinking to reduce short- and long-term alcohol-related harms. This presentation consists of three components that summarise the process and preliminary results in the update of Canada's LRDGs (2022).

Objectives

To review, evaluate, and summarise the evidence on: 1) the impacts of alcohol consumption on physical and mental health, as well as its social consequences; 2) principles of knowledge mobilisation relevant to the dissemination, exchange and application of the guidelines; To update the LRDGs and make recommendations for knowledge mobilisation.

Methods

The first presentation will describe the steps involved in updating Canada's LRDGs using the GRADE-ADOLOPMENT methodology. The second presentation will report on the methodology for identifying, evaluating, and summarising scientific evidence (update of systematic review, evaluations, mathematical modeling) on alcohol-related consequences. The third presentation will describe efforts for developing knowledge mobilisation recommendations (public and targeted consultations).

Results

The outcomes to date from the scientific evidence search and knowledge mobilisation efforts will be presented.

Conclusions

These guidelines will help Canadians make well-informed decisions about alcohol consumption and help multiple and diverse stakeholders better communicate alcohol-related harms with their target audiences.

November 23–25 | 23–25 novembre

Sex and Gender Considerations

To update Canada's LRDGs, an advisory committee consisting of three scientific panels from multidisciplinary backgrounds (e.g., alcohol researchers and policy makers, knowledge mobilisation experts) was established. Panels include experts in the areas of sex/gender and Indigenous research. Regarding scientific evidence, all systematic reviews included in the evidence report will be evaluated to examine the uptake of sex- and gender-based analysis at the review level of included studies. In addition, knowledge mobilisation efforts will include three public consultations to integrate views, expectations, and attitudes of diverse Canadian populations and stakeholders into the development of guidelines' recommendations.

Oral A2: COM-CAP Supports for Innovative Community-Level Initiatives in Addressing Opioid/Overdose Harms

Caroline Bennett AbuAyyash, Public Health Ontario

Pamela Leece, Public Health Ontario

Triti Khorasheh, Public Health Ontario

Kate Sellen, Ontario College of Art & Design University

Maryam Mallakin, Ontario College of Art & Design University

Christina Dery, Ontario College of Art & Design University

Robert Schwartz, University of Toronto

Emily Taylor, University of Toronto

Cassandra Smith, Black Coalition for AIDS Prevention

Jordynne Lindsay, Chatham Kent Public Health

Michelle Kolobutin, NorWest Community Health Centres

Learning Objective

On addressing opioid/overdose harms in Ontario, participants will be able to:

- Describe innovative community-level initiatives
- Identify community-level supports and needs
- Understand the impact of centralized supports on local efforts (*presented by community initiative partners)

Background

Community Opioid/Overdose Capacity Building [COM-CAP] project is based at Public Health Ontario and is in collaboration with OCAD University (Health Design Team) and University of Toronto (Strategy Design and Evaluation Initiative). It focuses on designing, applying, and evaluating a centralized support model for addressing opioid/overdose harms. A key component is partnering with three community initiatives to provide and evaluate supports.

Objectives

- Design a capacity-building model that reflects evidence and best practice
- Support community initiatives in coordination and capacity building
- Evaluate the COM-CAP model

Methods

- Selection of community initiatives: Application and selection processes were led by a panel of people who use drugs and organizations working on opioid/overdose harms
- Implementation of capacity building supports: Ongoing COM-CAP supports are based on periodic facilitated discussions, progress reports, and emerging evidence

Results

Three community initiatives were selected by a community-based panel. Since then, COM-CAP has been providing capacity building supports informed by emerging evidence and unique community needs.

Conclusions

COM-CAP's collaboration with community initiatives is intended to centre local expertise in addressing opioid/overdose harms. In addition, it aims to provide centralized supports informed through partner needs, evidence, design ideas, and evaluative thinking.

Sex and Gender Considerations

COM-CAP project has integrated an equity lens throughout project activities and aimed for intersectional representation including womxn, racialized, and Indigenous community members. This includes membership in our Advisory Committee, representation in community initiative selection committees, and partnering with organizations serving marginalized communities. In addition, our partner community initiatives were asked to outline how their work will ensure meaningful engagement with racialized communities and people who use drugs.

Workshop A3: Best Practices in Recognizing the Expertise of People who Use Drugs

Natasha Touesnard, Canadian Association of People who Use Drugs

San Patten, San Patten and Associates, Inc.

Jenn McCrindle, Canadian Association of People who Use Drugs

Michael Nurse, Canadian Association of People who Use Drugs

Shay J. Vanderschaeghe, Canadian Drug Policy Coalition

Wyatt Noel, Canadian Association of People who Use Drugs

Joshua Edward, Canadian Association of People who Use Drugs

Marie-Anik Blanchet-Gagnon, Sherbrooke University

Learning Objective

Share key recommendations from our study with representatives of organizations which engage People who Use Drugs in the delivery of harm reduction services, or in conferences, meetings, workshops or other events, and facilitate meaningful reflection on the extent to which these organizations have considered and implement the best practices identified from our research.

Background

This workshop will transfer and translate the knowledge gleaned through a project called, CAPUD Best Practices in Meaningful and Respectful Engagement of People Who Use Drugs (Best Practices Project), led by the Canadian Association of People who Use Drugs (CAPUD) and the Canadian Drug Policy Coalition. The workshop will incorporate an interactive, iterative process that cycles between presentation of study findings, discussion of the implications for organizations, and self-reflection and self-assessment on the extent to which best practices have and should be implemented. Participants will be encouraged to thoughtfully consider the (mis)match between their good intentions, and the lived realities of PWUD who either work in harm reduction organizations, or attend conferences/meetings.

Methods

3-4 rounds of the following process, with each round focusing on a specific sub-set of our study findings (e.g., the work titles given to PWUD; the challenges/expectations of PWUD with dual roles as community members and service providers; best practices in holding conferences or meetings that accommodate the needs of PWUD):

- Presentation of key highlights from study findings
- Facilitated discussion on reactions to the findings presented
- Interactive exercise (e.g., online self-assessment poll) for participants to reflect on the extent to which their organization considers and meets the best practices presented

Facilitated discussion of commitments from participants to improve/enhance their organizational practices to be more aligned with the best practices presented.

Sex and Gender Considerations

The Best Practices Project considers sex and gender diversity by collecting data on participants self-identified gender identity. We have also ensured that the research team of people with lived/living experience is gender balanced.

Oral A4.1: Who is in the Cracks? Profiles of Youths Seeking Intensive Substance Use Treatment

Laura Mills, Pine River Institute

Learning Objective

To increase understanding of the profile of youths presenting for intensive substance use treatment and the factors that predict admission.

Background

In federal and provincial reviews of substance use prevalence among Canada's youth, information is lacking from some of our most vulnerable young people. Provincial studies often don't survey youth from vulnerable groups marginalized by systemic inequality such as Indigenous youths, youths in special needs programs or alternate schooling, youths on military bases, those studying in ESL programs, youths in mental health programs, hospitals, or institutions, and youths who do not attend school. Treatment-based studies help to understand more about vulnerable youths but more should be known about factors that predict engagement with treatment and the profile of families of the youths who seek care.

Objectives

We examined data from over 2000 youths who presented for intensive substance use treatment to understand more about:

1. Severity of substance use, mental health, criminality, suicidality, self-harm, and hospitalization,
2. Profile of family functioning and parental missed work, and
3. Factors that predict treatment admission or waitlist dropout.

Methods

Data on the mental, behavioural, and relationship health of over 2000 applicants was collected as a part of the admissions process.

Results

Youths who present for substance use treatment are globally compromised; they experience problems across mental, behavioural, and relationship health. Symptom acuity is a factor predicting treatment admission.

Conclusions

Provincial and federal reports of youth substance use should consider the 'missed' youth when reporting prevalence rates. Consideration of symptom acuity should be part of the admission process.

Sex and Gender Considerations

Sex and gender were included as demographic and explanatory indicators, as was diversity in terms of SES and geographical home location. Race and ethnicity diversity has been added to our data collection process but were not sufficient to report at the time of this study.

Oral A4.2: Understanding Youth and Young Adults' Interest in Vaping Flavoured Cannabis

Andra Taylor, Health Canada

Learning Objective

Increase understanding of youth and young adults' usage of flavoured cannabis vapes, the role that flavours play, and the ways in which behaviours differ across diverse groups of participants.

Background

Although there is growing research on the topic of cannabis vaping amongst Canadian youth and young adults, there is very little research on the role that flavours play.

Objectives

Address this gap by surveying those who have vaped cannabis and explore whether there are any differences in the behaviours or attitudes expressed across participants

Methods

Public opinion research conducted via an online survey of 1,501 Canadian youth, aged 15 to 17, and young adults, aged 18 to 24.

Results

90% of participants reported having tried a flavoured cannabis vape. Furthermore, taste, smell and flavour were among the top reasons for their initial interest in vaping cannabis. 51% of participants reported always or very often using a flavoured product when vaping and 79% of participants ranked flavour as an important factor in their decision to continue vaping cannabis. Key differences by age, gender, ethnicity, and vaping status will be presented.

Conclusions

The use of flavoured products is popular amongst youth and young adults who vape cannabis. Given that this age group is at a greater risk of experiencing negative health impacts from cannabis use, gaining a better understanding of what motivates their usage, including how that differs across diverse groups, is key information that can be used to reduce the public health harms associated with cannabis.

Sex and Gender Considerations

This research was designed from the outset to collect information on sex, gender, age, sexual orientation, ethnicity, and other variables. This was done in order to better understand how youth and young adults' behaviours and attitudes related to the usage of flavoured cannabis vape products varied across diverse groups. The research also prioritized being able to analyze the results to key questions (e.g., age of initiation of vaping, frequency of use of flavoured cannabis vape products, etc.) based on the intersection between gender identity and some of these variables, where sample size permitted.

Oral A4.3: Walking in the Shoes of a Youth with OUD: an Interactive Addiction Simulation

Michaela Lynn, Provincial Addictions and Mental Health

Jordan Melnychuk, ITT Youth Champion

Kayly Vig, ITT Youth Champion

Learning Objective

To increase awareness of the living and lived experience of youth with opioid use experience; To develop an understanding of the uniqueness of an interactive simulation and participate in a facilitated discussion; To increase awareness around empathy and stigma impacting youth who use opioids; To explore debrief activities related to simulation facilitation

Background

The ITT Project is a partnership between Alberta Health Services (AHS) and the Canadian Centre on Substance Use and Addiction (CCSA). The purpose is to develop innovative resources using a co-design approach for youth (ages 12-29), who have lived and/or living experience related to opioid use. One such resource is an Addiction Simulation, an interactive activity that uses game theory to allow users to gain understanding of what it means for youth to live daily with an OUD. The stories and characters in the simulation are fictional and created by youth, family, and service providers to ensure the stories reflect real-life experiences.

Methods

This workshop will engage participants in an interactive addiction simulation process, followed by a facilitated discussion and guided debrief. Participants will discuss themes such as: overall experiences, key simulation learnings, and enhanced awareness in perceptions and thoughts related to stigma and shame of opioid use. Final component consists of a large group discussion related to the importance of pre and post debrief activities when engaging staff in an interactive addiction simulation.

Sex and Gender Considerations

The ITT project team engaged youth with lived/living experience of opioid use, their family members, and service providers who care for youth who use opioids; using co-design methods. The simulation captures Sex, Gender, and Cultural Diversity within the character profiles and content working group members who helped co-design the simulation.

Oral A5.1: A Collaborative Approach to Care and Child Welfare for Perinatal Patients Who Use Substances

Erika Royal, BC Ministry of Children and Family Development

Alison Grundel, Vancouver Aboriginal Child and Family Services

Virginia McConchie, BC Women's Hospital and Health Centre and BC Children's Hospital

Sukhvinder Dosanjh, Ministry of Children and Family Development

Jillian Richman, BC Women's Hospital and Health Centre

Learning Objective

To support participants to develop a collaborative approach between MCFD/DAA and Acute Perinatal Substance Use Care in a hospital setting for knowledge exchange and training as well as joint safety and care planning.

Background

As part of the BC Women's Hospital, FIR provides a safe haven for pregnant women who use substances to receive individualized treatment while bonding with their newborn. In support of this work, VACFSS and MCFD within the Vancouver-Richmond boundaries, partnered with FIR with the goal of evolving our joint practices to better align to the evidence and support the aspirations, goals and needs of women with lived and living experience.

Objectives

To identify and share perspectives, strategies and learning processes used to establish collaboration between child welfare services and acute care hospitals at one pilot site in BC.

Methods

As a component of the FIR Model of Care Implementation and with the Support of the Provincial Perinatal Substance Use Project, Practice Leaders, Team Leaders and Directors at both VACFSS and MCFD alongside Social Workers, Nurses and Leaders from FIR created knowledge exchange pathways and a collaborative working group structure.

Results

Through the work of this project, the working group designed new structures for interdisciplinary collaboration and understanding. This has allowed for a consistent approach to safety planning, harm reduction support in a recovery context, as well as joint care and transition planning for the move from hospital to community.

Conclusions

This partnership has allowed for the development of a shared approach, aligned with the evidence for ensure baby safety while supporting perinatal women who use substances.

Sex and Gender Considerations

Sex, gender and diversity is at the forefront of the work we do. Our mandate is to meet the needs of perinatal women who use substances, the majority of whom identify as Indigenous and as such, our philosophy of care is founded on women focused and culturally safe practices. This awareness becomes the foundation of the work that we do and incites daily innovation. Also at the foundation of the work we do is understanding the impact of stigma, mother-baby togetherness and working from a gendered, decolonized approach to perinatal substance use.

Oral A5.2: Elders Visioning Perinatal Substance Use Toolkit

Akash Sidhu, BC Women's Hospital and Health Centre
Elder Roberta Price, BC Women's Hospital and Health Centre
Elder Glida Morgan, BC Women's Hospital and Health Centre
Denise Bradshaw, BC Women's Hospital and Health Centre

Learning Objective

Highlight Elders' diverse knowledge and approaches from across BC about how they support Indigenous women and families impacted by substances use; Present the development process and learnings of the Elders Visioning Perinatal Substance Use Toolkit; Provide guidance to healthcare providers on how to engage Elders into health care services as a standard of practice.

Background

BC Women's Hospital + Health Centre (PHSA) is leading the Provincial Perinatal Substance Use Project (PPSUP) to create a Provincial Blueprint for a Perinatal Substance Use Continuum of Care. As part of the Blueprint, PPSUP has embarked on an Indigenous Cultural Safety (ICS) journey with Indigenous Elders guiding how to decolonize perinatal substance use services. The ICS journey recognizes the impacts of systemic racism, ongoing gendered colonial violence and intergenerational trauma related to birth, mothering and negative healthcare experiences on Indigenous women and aligns to TRC Calls to Action; UNDRIP; and PHSA commitments to ICS.

Objectives

To develop an Elders Visioning Perinatal Substance Use Toolkit that honours the wise practices and cultural teachings of diverse Elders across BC that is accessible to healthcare providers.

Methods

Guided by Indigenous Elders, Ten Elders across BC involved in substance use and perinatal health participated in facilitated 2-hour virtual discussions. Elder insights and wisdom were collated as the foundation for the Toolkit.

Results

The Toolkit shares essential knowledge, cultural teachings and practical tools from Indigenous Elders and how healthcare providers can engage Elders in culturally safe ways.

Conclusions

The Toolkit provides a practical approach for healthcare systems to incorporate Indigenous Elders into how services are planned and delivered.

Sex and Gender Considerations

PPSUP places ICS as a high priority and is on an ICS journey to explore how perinatal services can be more culturally safe for Indigenous women, children and families. The ICS journey acknowledges that a culture, wisdom and teachings of Indigenous Elder Matriarchs has been lost over time. Indigenous Elders hold space in special way that creates safety for Indigenous women. The development of the Elders Visioning Toolkit is to support a resurgence of the work of Indigenous Elder Matriarchs in maintaining Indigenous healing, ceremony and traditions in a way that is accessible and actionable by health care providers.

Oral A5.3: Opioid use disorder in pregnancy, treatment and perinatal outcomes: A population-based study in British Columbia, Canada, from 2000 to 2019

Micah Piske, Centre for Health Evaluation & Outcome Sciences
Fahmida Homyra, Centre for Health Evaluation & Outcome Sciences
Jeong Eun Min, Centre for Health Evaluation & Outcome Sciences
Haoxuan Zhou, Centre for Health Evaluation & Outcome Sciences
Carolyn Marchand, BC Centre on Substance Use
Annabel Mead, BC Women's Hospital and Health Centre
Jennifer Ng, BC Centre on Substance Use
Megan Woolner, BC Centre on Substance Use
Bohdan Nosyk, Centre for Health Evaluation & Outcome Sciences

Learning Objective

Understanding perinatal outcomes associated with opioid use disorder (OUD) during pregnancy and clinical treatment engagement in British Columbia (BC).

Background

Evidence on the health of mothers and infants affected by opioids in the perinatal period is limited. Elevated risks of opioid-related harms increase the urgency to identify protective factors for mothers and infants.

Objectives

To assess perinatal outcomes among mother-infant dyads following OUD diagnosis and determine the association between engagement in opioid agonist treatment (OAT) and birth outcomes.

Methods

We identified women with an OUD diagnosis prior to delivery and within the puerperium period in BC, between 2000 and 2019 utilizing linked provincial health administrative data. We modelled effects of maternal demographic and OAT characteristics on preterm birth, low birthweight, and neonatal abstinence syndrome (NAS) via logistic regression.

Results

We identified 4,574 women, 6,693 deliveries, and 6,720 live births during the study period. The annual number of BC women with perinatal OUD increased from 166 in 2000 to 513 in 2019. As of 2019, 42% of women with OUD had engaged in OAT during pregnancy. Continued OAT engagement to delivery was associated with lower odds of preterm birth [adjusted odds ratio AOR: 0.6; (95% CI: 0.4, 0.6)], and low birthweight [AOR: 0.4; (0.2, 0.8)]. Finally, treatment with buprenorphine-naloxone (compared to methadone) reduced odds of each outcome including NAS [AOR: 0.6; (0.4, 0.7)].

Conclusions

Perinatal OUD in BC has tripled in incidence over a 20-year period. Sustained OAT during pregnancy reduces the risk of several adverse birth outcomes highlighting the need for expansion of integrated services that include OAT to support mothers with OUD and their infants.

Sex and Gender Considerations

Sex and gender are important factors impacting the quality of care received by people with opioid use disorder and their access to treatment, particularly among populations requiring specialized care including pregnant women. All pregnant individuals identified in the analysis are classified as female (sex at birth) within the health administrative data. Analysis and inference beyond a dichotomized definition of sex without indication of gender is limited. We anticipate the results will provide an explicit basis to determine gaps in healthcare provision for women with opioid use disorder, and will provide an evidence base for targeted public health intervention to improve care services for this population.

Oral A6.1: Driving after cannabis use: driver perceptions during the period of non-medical legalization

Shawna Meister, Canadian Centre on Substance Use and Addiction

Nick Cristiano, University of Guelph

Learning Objective

Participants will learn about public perceptions about driving after cannabis use (DACU), implications, and recommendations for addressing misperceptions.

Background

The legalization of non-medical cannabis in Canada raised a number of public health concerns, including potential changes in public perceptions about cannabis risks, impairment risks, and DACU. Some studies have shown that public perceptions of cannabis risks decrease with legalization, which might contribute to increased public belief that it is safe to drive after using cannabis

Objectives

Objectives of this study are to examine perceptions of DACU across different driver characteristics to identify potential issues and areas for targeted public education.

Methods

Data were analyzed from the National Cannabis Survey (Statistics Canada), a multi-wave survey on public use, perceptions, and behaviours before and after cannabis legalization. Descriptive statistics and regression models were used to analyze relationships between perceptions of when it was safe to drive in hours and depending on person and product.

Results

Findings include that those who believe it is safe to drive within three hours of cannabis use are more likely to be male, engage in daily or almost daily use, and smoke cannabis. Those most likely to believe that it depends on the person and product when determining it is safe to drive include females, youth and young adults, and individuals who report combined medical and non-medical use

Conclusions

Practitioners and policy-makers will need to ensure more consistent evidence reaches the public and will need to tailor varied education to certain demographics in order to reduce the risks of DACU.

Sex and Gender Considerations

Historically, impaired driving has been highest among young males and thus efforts tend to focus on this population. Yet, drug-impaired driving (DID) has shown some differences with females; and we do not know enough about whether individuals from diverse backgrounds (e.g., transgender, ethnicity) are uniquely affected by DID. The first two projects examine diversity where possible in the data (e.g., gender) and, where not available, each presents considerations for collecting these data in future studies. The third project suggests DID indicators that specifically measure gender differences and, importantly, makes recommendations to policy- and decision-makers to consider collecting more diverse data

Oral A6.2: The Prevalence and Perceptions of Cannabis Impaired Driving among Canadians, 2018

Jeanette Bourne, Health Canada
Bruna Brands, Centre for Addiction and Mental Health

Learning Objective

To present differences and increase understanding of driving under the influence of non-medical cannabis (DUIC) among Canadians.

Background

The frequency of cannabis use is a concern not only for the impact on physical and mental health but can also increase the risk of motor vehicle crashes and injury by two or even three times. Few studies have included predictors beyond risk perceptions associated with DUIC, especially within Canada.

Objectives

To examine differences of DUIC behaviours by sex, prevalence, risk perception and socio-demographics among Canadians 16 years+. This analysis will also help to establish a benchmark to assess the greatest factors that impact DUIC.

Methods

Socio-demographics from the 2018 Canadian Cannabis Survey were analyzed using a chi-square test, followed by separate binary logistic regressions for unadjusted odds ratios between independent variables and the outcome. A multinomial logistic regression examined all correlates for both sexes and then separately by males and females.

Results

The highest socio-demographic factors associated with DUIC were male, between 25-34 years old, employed, had a high school education or less, had a household income between \$25,000-\$75,000, and first consumed cannabis when they were <15 years of age. Significant predictors of DUIC include frequency of cannabis use, interactions with law enforcement, and risk perceptions. Differences by sex include the age of initiation, and interactions with law enforcement among males, while females differed by risk perception.

Conclusions

Certain populations may be at higher risk for cannabis-impaired driving harms, as such, there is a greater need for more public education on the risks associated with DUIC.

Sex and Gender Considerations

This research analyzed data by sex, education level, and socioeconomic status, etc. as found in the CCS. Data analyzed by sex is a key component of the research objectives to observe sex-specific differences in perceptions associated with the behavior of DUIC. This was done to better understand the perceptions of those who DUIC and to uncover knowledge gaps. The CCS does not include cultural status and lacks representative data for gender. Despite these limitations, the CCS is the only Canadian questionnaire that asks risk perceptions of cannabis use and driving behaviours in Canadians, thus it remains a valid benchmark.

Oral A6.3: Cannabis, Corporate Crime and Public Health

Mike DeVillaer, McMaster University

Learning Objective

Participants will learn of, and be able to discuss, business and regulatory conduct in Canada's legal cannabis industry.

Background

Research has demonstrated a history of failure of alcohol, tobacco, and pharmaceutical industries to balance revenue generation with public health protection. Early indications are that the cannabis industry is on a similar trajectory.

Objectives

Examine unethical conduct and legal violations in the cannabis industry, and the effectiveness of regulation to prevent and curtail such conduct.

Methods

A search of the academic policy literature, government reports, and news media assessed business conduct and regulatory adherence in the cannabis industry, potential impacts on public health and safety, and performance of regulation to hold industry accountable.

Results

Examples of regulatory failure:

- restrictions have not prevented product promotion
- frequent recalls for inaccurate labeling, product contamination
- collusion between legal and illegal cannabis trades
- illegal cultivation by legal producers
- granting of production licences to high-risk applicants
- securities fraud and inadequate investor protections.

Conclusions

The Cannabis Act contains provisions that serve the protection of public health and others that fall short. Regulation without meaningful consequences for violations will fail to optimize public health protection. These failings will be felt most profoundly within Canada's local communities, workplaces, and homes. Communities need to be aware of the evidence-based risks.

Sex and Gender Considerations

Drug industries want to expand their markets into segments of the population with lower prevalence of use. Women are a prime target for market expansion given that use of most drugs is lower among women than it is for men. Past and current promotional strategies targeting women have been aggressive and successful for tobacco, alcohol, and some pharmaceutical products. Drug industries are also interested in expanding the male market segment through strategies that target men. This presentation will identify regulatory best practices to contain targeted market expansion by the cannabis industry.

Oral A7.1: Substance Use Treatment in Fetal Alcohol Spectrum Disorder (FASD) Populations

Aamena Kapasi, University of Alberta
Erika Makowecki, University of Alberta
Devyn Rorem, University of Alberta

Learning Objective

Participants will understand the unique considerations for SU treatment for individuals with FASD, learn best practice guidelines for SU treatment with individuals with FASD, and consider the facilitators and barriers to providing effective services to individuals with FASD with SU issues.

Background

FASD is a disorder that impacts multiple neurocognitive abilities as a direct consequence of the permanent brain injury caused by prenatal alcohol exposure. Individuals with FASD are at-risk for substance misuse and experiencing difficulty in SU treatment due to a combination of environmental and biological factors that make this population vulnerable.

Objectives

This research project aims to increase knowledge of best practices for SU treatment for individuals with FASD.

Methods

Researchers have conducted a scoping review which includes peer-reviewed and grey literature on SU treatment with individuals with FASD. Researchers are conducting surveys and interviews with SU treatment programs across Canada, as well as interviews with caregivers and individuals with FASD. This research project is currently underway and will be completed by August 2021.

Results

The results of the scoping review highlighted the lack of literature and information on SU treatment for FASD populations, emphasizing the need for further research on this topic. Researchers will present data from SU programs on current practices and needs, as well as data from caregivers and individuals with FASD that provides insight into their experiences of SU substance use treatment.

Conclusions

The information collected from this study will inform the development of a best practice guide for substance use treatment for individuals with FASD. Appropriate substance use treatment is integral to improving health and to preventing FASD.

Sex and Gender Considerations

Efforts have been made to embed sex, gender, and diversity into all levels of the research project. An advisory committee was established at the onset of this research study, and committee members represent a diverse group of individuals, including a member with expertise in sex and gender, members with Indigenous heritage and expertise, and individuals with diverse ethnic backgrounds. These advisory members provide feedback on all aspects of the study, including development, implementation, and dissemination. Sex, gender, and ethnicity are specifically considered in the survey and interviews, and interviewees are encouraged to discuss sex, gender, and diversity in their responses.

Oral A7.2: Increasing access to injectable opioid agonist treatment (iOAT): Barriers and Opportunities

Brian Rush, Centre for Addiction and Mental Health
April Furlong, Furlong Consulting
Karen Cook, Addictions and Mental Health Ontario
Adrienne Spafford, Addictions and Mental Health Ontario

Learning Objective

Increase knowledge of the:

- value, need, and current state of (iOAT)
- barriers to implementation in Ontario (and in other jurisdictions)
- opportunities for increasing access

Background

Opioid-related harms are significant and growing. iOAT is an effective medical treatment for those with severe opioid dependence who have not responded to first-line treatment. Few iOAT programs are currently available in Canada.

Objectives

- Provide information to help determine the need for iOAT
- Document promising practices in iOAT program design and integration with existing health services
- Document professional training and regulatory requirements

Methods

The current state of iOAT was documented and specific implementation issues were explored with over 100 stakeholders. A knowledge translation plan was then developed which identified targeted audiences and goals for translation, and which informed a series of implementation resources.

Results

There are few iOAT programs available in Canada despite evidence that it is effective, cost-effective, safe, and good for communities. Much of the infrastructure needed to increase access is already in place, including different delivery models, professional training and regulations, and interested service agencies. While there are additional areas requiring consideration (e.g., health equity; integration in the broader continuum of care), these should not delay increasing access. The one significant barrier is the current lack of public funding of iOAT medications.

Conclusions

iOAT is safe and effective but is largely unavailable in Canada, despite significant need. Much of the infrastructure needed is already in place but jurisdictions will need to publicly fund iOAT medications in order to meet demand.

Sex and Gender Considerations

Available evidence related to diversity was considered for the summary of the current state of iOAT. We also aimed to have balanced gender representation on our advisory committee, including amongst members with lived/living experience of substance use and iOAT. Because of gaps in the literature related to health equity, we conducted targeted consultations with agencies serving marginalized and vulnerable populations, including those with unstable housing and/or complex health issues, as well as women with substance use issues. Finally, a key project recommendation is the need to conduct a health equity impact assessment to inform future planning for iOAT.

Oral A7.3 Effectively Treating Alcohol Use Disorder with Medication

Izabela Szelest, Canadian Alcohol Use Disorder Society
Bruce Harries, Canadian Alcohol Use Disorder Society
Lori Motluk, Canadian Alcohol Use Disorder Society
Jeff Harries, Canadian Alcohol Use Disorder Society, Interior Health

Summary

AUD is a chronic disease that is under-treated and many struggling with AUD do not get the medical care they need for their disorder. For the past 2 decades, there have been several medications showed to effectively treat AUD. Recently, these medications have been endorsed by the British Columbia Centre for Substance Use to clinically manage high-risk drinking and AUD effectively. In fact, they are widely used by physicians to treat other conditions. Yet, most physicians or healthcare leaders are not aware of these medications for AUD treatment. Our goal is to raise awareness about the availability of these medications in practice and medical schools to build a community where patients with AUD receive the care they need. We will share several stories of patients and their experiences with these medications. We will also share the stories of providers who began prescribing these medications to their patients with AUD and the impact it had on their practice and the healthcare system.

Key Message

There are several medications available to effectively treat AUD -Most providers and healthcare leaders are not aware of these medications -Use of medicines to treat AUD is not being taught in medical schools or healthcare related programs -Medications are safe, effective, available, and do not need to be taken for a long period of time -All medications have been available for decades and are regularly used of other conditions

ORAL A8: Strengthening Pandemic Response in Emergency Shelters and Substance Use Centres by Learning Together – A Collaborative Pan-Canadian Program



This session is in partnership with Healthcare Excellence Canada

Heather Johnston, Projets Autochtones du Québec

Cameron Grandy, Yukon Government Mental Wellness and Substance Use Services

Amy Cooper, Yukon Government-Mental Wellness and Substance Use Services

Reija Roberts, Peer Advisor

April Price, BC Patient Safety & Quality Council

Lindsay Yarrow, Healthcare Excellence Canada

Sue Cragg, Canadian Centre on Substance Use and Addiction

Deborah Gardner, Street Haven at the Crossroads

Learning Objective

- Identify the impacts that the program has made within emergency shelters and community-based substance use facilities in response to the COVID-19 pandemic
- Identify innovative practices and approaches to care highlighted through the program

Background

The COVID-19 pandemic has increased the urgency to share learning across care settings, in real time. In response to a clear call for investments to improve pandemic response, recovery and resilience for underserved populations, Healthcare Excellence Canada (HEC), the BC Patient Safety & Quality Council (BCPSQC), and the Canadian Centre on Substance Use and Addiction (CCSA) launched Learning Together in February 2021.

Objectives

This program supports community bed-based substance use facilities and emergency shelters to build immediate COVID-19 response capacity where the need is the greatest.

Methods

Using a self-assessment process based on six promising practices from other congregate living settings, Learning Together provides organizations with seed funding, individual coaching and mentorship, and access to web-based learning and peer networking opportunities.

Results

Learning Together has brought organizations serving urban, rural, Northern, and Indigenous communities together through virtual learning events and provided coaching, mentorship and peer sharing opportunities to over 150 organizations across 8 provinces and 2 territories.

Conclusions

Learning Together empowers organizations to address recognized needs and gaps, while fostering innovation and supporting the implementation of best practices. By bringing together a diverse group of small, large, rural, and urban organizations, this program aims to promote the rapid adoption and sharing of quality and safety innovations that align with priorities identified by those working in the field.

Sex and Gender Considerations

The program examines and shares existing evidence and practical wisdom from people with lived or living experience about identity-related factors that affect the SU of the highly vulnerable populations targeted by this program to inform project activities. Coaches participated in a mandatory cultural safety session to help them understand the specific needs of Indigenous program participants and the communities served by the various learnings. A huddle on issues pertaining to LGBTQ2SI+ people was held. Learning and peer sharing events encourage discussion of the impacts of sex, gender and other identities on service delivery and participation where relevant.

TUESDAY, NOVEMBER 23 / MARDI 23 NOVEMBRE

14:45–15:45

CONCURRENT SESSION B / SÉANCE SIMULTANÉE B

Oral B1: Concurrent Use and Transition to Methamphetamine in British Columbia: Reflections on Processes and Findings

Jenny Corser, BC Centre for Disease Control

Mathew Dueck, BC Centre for Disease Control

Jenny McDougall, BC Centre for Disease Control

Jessica Lamb, BC Centre for Disease Control

Heather Spence, BC Centre for Disease Control

Amiti Mehta, BC Centre for Disease Control

Jane Buxton, BC Centre for Disease Control

Learning Objective

Discussion of three topics intend to:

- highlight learnings generated by engaging with people who use drugs (PWUD) throughout research processes amidst challenges during the COVID-19 pandemic;
- illuminate three distinct patterns of concurrent methamphetamine (MA) use; and
- demonstrate the relationship between deception and the initiation of MA use.

Background

A dramatic increase in MA use within British Columbia has occurred. Health-related concerns have oftentimes been correlated with this.

Objectives

To understand the social and systemic factors associated with an increase in MA use on its own or with other substances.

Methods

Meaningful collaboration with peer research assistants and PWUD significantly informed methodology. A Peer Engagement Evaluation Project (PEEP) team worked alongside the research team to develop study materials, interview participants, and code transcripts inductively. Reflective thematic analysis was applied to identify themes regarding participant's experiences and perceptions of MA use.

Results

COVID-19 impacted recruitment and interviews. Findings revealed three patterns of MA use: individuals who primarily used MA to moderate heroin use; individuals who primarily use MA concurrently with alcohol and cannabis and have transitioned from crack cocaine to MA; and individuals who often use MA concurrently with gamma-hydroxybutyric acid (GHB) and ketamine to enhance sexual activity. Participants identifying as female or LGBTQ2S+ emphasized the role of deception within their initiation into MA use.

Conclusions

An exploration of MA use uncovered complex issues, including identifications of under-studied groups. The study overwhelmingly accentuated areas of research that necessitate further inquiry.

Sex and Gender Considerations

This study illuminates the relevancy of intersectionality — recognizing that certain groups have been under-studied or misrepresented in previous research, recruitment strategies aim to ensure a sample size that amplifies marginalized voices, including Indigenous Peoples, women, youth, individuals identifying as LGBTQ2S+, persons living with disabilities, and persons experiencing homelessness. Meaningful and respectful involvement is prioritized, particularly by collaborating with the Peer Engagement Evaluation Project (PEEP) team at British Columbia's Centre for Disease Control. Alongside PEEP, members of the study team who have lived and living experience of substance use are continually consulted throughout developing research materials and by validating findings.

Oral B2: Substance: Pursuing innovations in drug checking

Bruce Wallace, University of Victoria
Jarred Aasen, Canadian Institute for Substance Use Research
Piotr Burek, Canadian Institute for Substance Use Research
Lea Gozdzialski, University of Victoria
Scott Borden, Vancouver Island University
Armin Saatchi, Vancouver Island University
Chris Gill, Vancouver Island University
Dennis Hore, University of Victoria

Learning Objective

To describe the Substance drug checking project on Vancouver Island to inform the potential scale-up of drug checking to other communities.

Background

Drug checking is being increasingly explored as a public health response to the overdose crisis.

Objectives

We present our project and research within these three presentations:

- Implementation of innovations in drug checking harm reduction; to describe our example of how drug checking can respond to the risks and harms of illicit substances including overdose.
- Instrumentation and method development as an overdose response; to describe our suite of drug checking methods and technologies and their potential, including paper spray mass spectrometry, Raman, infrared spectroscopy (FTIR), and strip tests.
- Reporting and communicating strategies; to describe our reporting and communications strategy including; written reports to service users, monthly, quarterly, annual reports, website, social media platforms including Blogs, Instagram, Twitter and Facebook.

Methods

Practice-based evidence from the initial three years of the project with ongoing and completed research including qualitative interviews, spectroscopy research and program data.

Results

The project is integrated within the region's overdose response utilizing unique technologies and methods to report on full composition and concentrations.

Conclusions

This presentation extends the knowledge base for drug-checking as a harm reduction service to inform scale-up in other communities.

Sex and Gender Considerations

Our project seeks to take into account the broader socio-political and economic influences on risks, harms and access to services such as drug checking. Our data collection includes sex and gender as variables and themes for analysis to explore how drug checking is uniquely responsive to the contexts, risks and needs of gender diverse populations. Health equity guides our work in harm reduction by recognizing how structural inequities contribute to harms are compounded for people who use drugs (PWUD). Our project is located with the local drug user organization.

Workshop B3: Moving beyond regression: Can we use other methods in substance use research to drive change?

Amanda Doggett, University of Waterloo
Kate Battista, University of Waterloo
Mahmood Gohari, University of Waterloo

Learning Objective

Understand the current methodological landscape of quantitative substance use literature; Articulate benefits and drawbacks of using regression in substance use research; Generate ideas for how the methods discussed in the workshop (SEM, LCA/LTA, decision trees) could be leveraged in the context of your research

Background

Substance use is complex and multifaceted, yet the methods used in substance use research often fall short of capturing findings beyond simple associations between variables. In order to develop greater understanding of substance use and to better inform policy and practice, innovative methods are needed to drive change.

This interactive workshop will discuss the pros and cons of using regression to examine substance use, and present other methods that researchers could leverage using real-world examples. For example, an approach such as structural equation modelling could help us understand the complex mechanism between substance use behaviours and mental health, something not robustly possible using regression. The primary audience for this workshop is researchers across domains/levels of expertise who are interested in learning about innovative quantitative methods.

Methods

The workshop would use interactive polling activities via Mentimeter in order to gauge existing knowledge and identify personal learning goals. Mentimeter would also be used throughout to check understanding and discuss feasibility and applicability. Breakout rooms would be leveraged to pair attendees to discuss workshop content in the context of their own research (think-pair-share). Lastly, self-reflection activities would allow participants to consider how to apply some of the content from this workshop in their own research.

Sex and Gender Considerations

One of the reasons that researchers should consider leveraging some of the sophisticated approaches to be discussed in this workshop is that often regression approaches are inadequate to address sex, gender, and diversity-related variables. For example, the traditional approach of controlling for sex in a regression model does not adequately examine how sex may influence, mediate, modify, or otherwise exist in the complex mechanism of substance use behaviours. This workshop would discuss these limitations and explore how innovative approaches to examine substance use behaviours could generate more useful evidence to inform policy and practice decisions surrounding sex, gender, and diversity.

Oral B4.1 Journey of a Seed: A Métis-specific Cultural Framework to Integrate Métis Culture into Addictions Treatment Programming



This session is in partnership with Healthcare Excellence Canada

Indiana Best, University of Saskatchewan, School of Public Health
Barbara Fornssler, University of Saskatchewan, School of Public Health

Learning Objective

Understanding Métis specific cultural elements to be included within addictions treatment programming for Métis clients.

Background

Colonization in Canada continues to plague Indigenous Peoples (First Nations, Métis and Inuit) with intergenerational trauma, social inequities and poor health outcomes. In particular, Indigenous people experience a disproportionate burden of harm regarding problematic substance use (i.e., addictions). Although there is a large body of evidence supporting the positive impact of cultural programming in addictions treatment, much of the focus has been on First Nations culture, with a noticeable paucity of Métis specific culture. The absence of Métis specific cultural programming in addictions treatment means off-reserve treatment centers are often unable to provide appropriate services and supports to Métis clients

Objectives

Through a community-based research approach, the project aims to develop a framework outlining Métis specific cultural elements that should guide the development of addictions programming curriculum.

Methods

Grounded Theory methodology was utilized to generate a theory outlining Métis specific cultural elements that could be included in addictions treatment programming (e.g., inpatient, outpatient and day programming). Research activities were guided by the metaphor, Research is Beading, which authorized an iterative process to occur throughout the research project. Data was collected from two focus groups with three Métis cultural experts and individual interviews with four addiction counsellors; analysis occurred simultaneous to data collection as per the iterative nature of the project.

Results

The Métis cultural framework, titled Journey of a Seed, outlines the main themes of history, culture, kinship and identity as critical Métis core values to be integrated into Métis specific cultural programming.

Conclusions

This foundational understanding will be used to further research and the development of Métis cultural curriculum within addictions treatment programming, ultimately enabling Métis clients to incorporate culture into their healing journey.

Sex and Gender Considerations

As a Métis student and researcher, it was necessary for me to approach this thesis and all research activities with the utmost consideration as I was working with my community. Through my metaphor, Research is Beading, I respectfully approached all stages of research with the values of respect, reciprocity and relationship building. I consulted with community members and my community partner prior to completing my proposal and worked with them through all research processes. In addition, the methodology of this project allowed for expert content review throughout, with focus groups with cultural experts sandwiching data collection and analysis.

Oral B4.2 Effectiveness of Rapid Access Addiction Medicine Clinics: An Innovative Model of Care to Improve Outcomes for People with Opioid Problems



This session is in partnership with Healthcare Excellence Canada

Kim Corace, Royal Ottawa Mental Health Centre, University of Ottawa
Brian Hutton, Ottawa Hospital Research Institute
Kednapa Thavorn, Ottawa Hospital Research Institute
Melanie Willows, Royal Ottawa Mental Health Centre
Pamela Leece, Public Health Ontario
Meldon Kahan, Women's College Hospital
Kelly Suschinsky, Royal Ottawa Mental Health Centre
Gord Garner, Community Addictions Peer Support Association

Learning Objective

Identify the Rapid Access Addiction Medicine (RAAM) clinic model; Recognize the effectiveness of the RAAM model

Background

Care for persons with Opioid Use Disorder (OUD) is fragmented and many persons present repeatedly to the emergency department (ED). Rapid Access Addiction Medicine (RAAM) clinics were implemented in Ontario in 2015 to help address gaps in care. RAAM clinics are low-barrier, walk-in clinics that offer rapid access to care for individuals with problematic substance use and facilitate connections to other services.

Objectives

Evaluate the effectiveness of the RAAM clinic model on treatment outcomes for people with OUD.

Methods

We conducted a population-based, retrospective cohort study. Data from our Ottawa-based RAAM clinic were linked to provincial health administrative data housed at ICES to assess the impact of the RAAM clinic on clinical outcomes for people with OUD, including: changes in all-cause mortality, hospitalizations, and ED presentations. We used the propensity score approach to match RAAM clients (N=186) with controls (N=186), based on time period, geography, and client characteristics.

Results

The RAAM model was associated with a significant reduction in a composite score of 90-day ED visits, hospitalizations for any reason, and all-cause mortality (OR: 0.53, 95% CI 0.30 to 0.96). Significant reductions were observed for several other outcomes, including 30- and 90-day hospitalization for opioid-related reasons.

Conclusions

Our RAAM service improved treatment access and reduced the risk of all-cause mortality, hospitalizations, and ED visits for people with OUD. These findings provide valuable evidence toward a broadened adoption of the RAAM model in other regions of Canada.

Sex and Gender Considerations

As part of the evaluation of the Rapid Access Addiction Medicine (RAAM) service, gender differences were explored. Of note, 32% identified as women and 2% as transgender or non-binary, which are both under-served populations. Upon intake, women reported greater depressive and anxiety symptoms ($p < .05$) than men. Given that high levels of mental health symptoms are often a barrier to receiving substance use treatment, this could mean that women may be less likely to receive care. These results highlight the need for gender responsive services tailored to the psychological and social challenges faced by women and gender diverse individuals.

Oral B4.3 A Youth Services Appraisal Tool to Improve Service Accessibility, Inclusivity and Safety for Youth with Lived/Living Experience of Substance Use



This session is in partnership with Healthcare Excellence Canada

Roxanne Turuba, Foundry
Courtney Lank, YMCA of Northern BC
Curtis Harris, YMCA of Northern BC

Learning Objective

This presentation will describe the needs and experiences of youth and the co-design process of developing a youth services appraisal tool.

Background

There is a need to understand how to improve youth engagement and retention in opioid use treatment services. In 2018, the Canadian Centre on Substance Use and Addiction partnered with Foundry Central Office and 4 Foundry Centres to understand the experiences and needs of youth, their families, and their service providers, and give them a voice in designing health service interventions.

Objectives

The Improving Treatment Together (ITT) Project aims to improve the experiences and outcomes of opioid treatment services for youth, families and service providers by co-designing and delivering unique service interventions.

Methods

Phase 1 involved two workshops in Vancouver and Kelowna, British Columbia with 13 youth with lived/living experience of opioid use and opioid treatment service experience to identify the needs, experiences and co-design solutions. Phase 2 involved co-designing a Youth Services Appraisal Tool with youth impacted by substance use to improve service accessibility, inclusivity, and safety in Prince George, BC.

Results

Across communities, youth often experience stigma when accessing health and social services, including opioid treatment services. They emphasized the need for better service environments that are welcoming and youth friendly, and relationships that are built on mutual respect and trust. This presentation will describe the process of co-designing a service appraisal tool to improve youth experiences across local health and treatment services.

Conclusions

This tool has the potential to improve youth care experiences and outcomes by incorporating the voices of youth in health service delivery.

Sex and Gender Considerations

Youth with lived experience across different communities were engaged throughout this project. At the beginning of the Phase 2 prototype development consultations, youth self-reported age, gender, ethnicity, substance use and services accessed. The consultations reached youth between 17-24 years old who mainly identified as male and First Nation, Metis, or Inuit. Efforts will be made to engage with more youth during future consultations to finalize the tool.

Oral B5.1: A Community-Informed Approach to Cannabis Public Education and Awareness

Marisa Blake, Native Women's Association of Canada

Learning Objective

To review findings from NWAC's Engagement Sessions and Online Survey with First Nations, Inuit and Métis (FNIM) women and gender-diverse people that helped gain insights into the needs and priorities for cannabis and public health education.

Background

NWAC is working with urban, rural and remote Indigenous communities, encompassing FNIM to identify current awareness and priorities of Indigenous women and gender-diverse people in order to develop cannabis resources. The resources will aim to increase literacy to help make informed decisions about cannabis use that best suit their circumstances (both as an individual and within a community) and needs. NWAC is taking a distinctions-based approach and working closely with FNIM women and gender-diverse people to ensure that the educational tools are reflective of their needs.

Objectives

Identify the needs and priorities regarding cannabis through community engagement and create public education resources that are reflective of these needs. Create culturally safe resources that will be reflective of the lived experiences, histories, values, and cultures of our target population. Increase the cannabis literacy of the target population by including culturally relevant and gender-specific, evidence-based assessments of risk in a format that is accessible and follows harm reduction principles.

Methods

NWAC held 9 Engagement Sessions with over 100 Inuit, Métis, and First Nations women, and gender-diverse people. This was complimented by an online survey with over 1000 participants from across Canada.

Results

The results of the Engagement Sessions and Survey had comparable findings regarding the gaps in available supports and understandings around health and cannabis use.

Conclusions

See results

Sex and Gender Considerations

By adhering to the culturally relevant gender-based analysis (CRGBA) framework developed by NWAC, our project considers how biological factors influence how individuals are affected by cannabis use as well as how gender norms/roles influence behaviour when accessing public health resources. We recognize gender's role: in the habits of cannabis use, how the incarceration rates are disproportionately higher for women and 2SLGBTBQ+ people, their representation in studies on drug usage, and use of harm reduction services. We use CRGBA, to ensure that we hear, promote, and support the voices, priorities, and visions of people of all genders during all project phases.

Oral B5.2 Substance Use Prevention in Youth

Marcella Ogenchuk, College of Nursing, University of Saskatchewan

Summary

I am a Nursing Professor from the University of Saskatchewan. In partnership with the School System, nursing students spend 4 months in a Cree Bilingual Elementary School. During this time the fourth year nursing students learn about substance use disorder from a prevention specialist. Once they have mastered key concepts, the students teach the elementary students about substance use disorder including brain chemistry and stress management techniques. The elementary students are engaged and the nursing students learn valuable information that is now understood at a comprehensive level they can apply to patients they will encounter in their career. Presentations to the elementary students include information, videos, storytelling, and self-reflection techniques as well as experiential techniques for relaxation. Nursing students are also vigilant to use recovery language. The challenges of this clinical rotation, rewards, obstacles and successes will be presented along with examples of teaching strategies.

Key Message

Substance use disorders are pediatric onset and it is critical that we educate health care professionals and children at a young age to understand and move beyond the associated stigma. Key concepts including substance use disorder and recovery language are integral to introduce early in children's lives and nursing student's career.

Oral B5.3: Presenting the World's First Lower-Risk Gambling Guidelines

Matthew Young, Canadian Centre on Substance Use and Addiction
David Hodgins, University of Calgary

Learning Objective

To present the world's first Lower Risk Gambling Guidelines, to educate people regarding how they were developed, and introduce the project website and the suite of public education resources developed

Background

Gambling is a legal behaviour that poses potential risks to Canadians and is recognized as a significant public health issue, yet historically there has been a lack of evidence-informed guidelines that provide people recommendations on how to minimize the risk of gambling-related harms.

Objectives

For the last 5 years, the Canadian Centre on Substance Use and Addiction has led a project to produce the world's first Lower-Risk Gambling Guidelines (LRGGs).

Methods

This multi-modal project has included collaboration with researchers in eight other countries, analysis of epidemiological data from over 60,000 people who gamble, consultation with a large variety of stakeholders including gambling regulators, and health care providers (through a nationally representative advisory committee), input from over 10,000 people who gamble via a national online survey, and qualitative data obtained from focus groups and interviews.

Results

In this presentation we will present the world's first set of evidence-based quantitative lower risk gambling guidelines as well as a suite of posters, a web site and other knowledge mobilization products designed to accompany the guidelines.

Conclusions

It is hoped that development and promotion of these guidelines will contribute to the reduction of gambling-related harms.

Sex and Gender Considerations

Risk curves were conducted separately by self-reported sex. Less than 30% of analyses found significant sex differences, and there was a lack of consistency among the datasets regarding which harms showed sex differences. Furthermore, no sex differences in limits were detected in the two merged Canadian datasets (longitudinal and cross-sectional). Based on these results, we felt there was not enough evidence to conclusively determine whether there is a sex difference in the relationship between gambling involvement and gambling-related harm. Further research examining sex and gender-based differences in the relationship between gambling involvement and gambling harm is warranted.

Oral B6.1: The Impact of the Overdose Crisis on Harm Reduction Services Providers

Samantha King, Canadian Centre on Substance Use and Addiction

Sheena Taha, Canadian Centre on Substance Use and Addiction

Sara Atif, Canadian Centre on Substance Use and Addiction

Learning Objective

Understand the impact of the overdose crisis on the well-being of those working in harm reduction.

Background

The overdose crisis has had a profound impact on Canadians, particularly those with lived or living experience or providing interventions on the front lines. Individuals providing harm reduction services have spoken about their lack of support from the healthcare system and the emotional toll the many deaths in the communities they serve has had on them.

Objectives

To quantify the burnout, trauma, grief, and stigma that individuals providing harm reduction services are experiencing and to identify role-related benefits and challenges, self-care practices, and needs for support.

Methods

An online survey, using validated scales measuring compassion satisfaction, burnout and secondary traumatic stress, grief and self-care, captured data from 714 participants in late 2019. Open-ended questions explored experiences of stigma and needs for support in the workplace.

Results

Most harm reduction service providers derive great satisfaction from their work. However, at least 80% of providers are also experiencing moderate levels of burnout and at least 60% are experiencing moderate levels of secondary traumatic stress. Many report a lack of time for self-care and feel that their work is underfunded, underpaid and unrecognized. Sixty-eight percent have experienced work-related stigma.

Conclusions

A better understanding of the experiences of harm reduction workers will help to tailor existing and future supports that can be implemented to prevent further harm. We re-released the survey in 2021 to determine pandemic-related changes, and will include these findings in our presentation.

Sex and Gender Considerations

Information on gender will be collected in the demographic section of the harm reduction survey; Results will be stratified to determine if there are any differences in the outcomes measures based on gender. It is currently known that women may be more likely to experience burnout and utilize different self-care strategies than men. Our findings may contribute to the evidence base in this regard. Findings and implications from this work will be interpreted and discussed according to gender.

Oral B6.2: Characteristics and Circumstances of People Experiencing Homelessness Who Died of Opioid Toxicity in Ontario in 2020

Symron Bansal, Public Health Agency of Canada
Alexander Caudarella, St. Michael's Hospital
Regan Murray, Public Health Agency of Canada

Learning Objective

To generate discussion on the similarities and differences between decedents of opioid toxicity deaths who were experiencing homelessness compared to those who were not.

Background

The number of decedents of opioid toxicity deaths experiencing homelessness at the time of death nearly doubled from 2019 to 2020. Given the health inequities faced by people experiencing homelessness we sought to describe this sub-population in more detail.

Objectives

To compare the epidemiology and circumstances of opioid toxicity deaths among people experiencing homelessness compared to people who were not.

Methods

Data captured by the Opioid Investigative Aid at the Office of the Chief Coroner for Ontario was analyzed. Chi-square tests were used to determine significant differences in characteristics between decedents experiencing homelessness and those who were not ($\alpha=0.05$).

Results

Compared to decedents who were not experiencing homelessness at the time of death ($N=1855$), decedents experiencing homelessness ($N=347$) were more likely to: have died of accidental causes ($P=0.0008$), outdoors ($P<0.0001$) in urban areas, and in hotels and shelters ($P<0.0001$); been recently released from a correctional facility ($P<0.0001$), have fentanyl/fentanyl analogues as the only opioid(s) directly contributing to death ($P<0.0001$), and also have methamphetamine directly contributing to death ($P<0.0001$).

Conclusions

Understanding the characteristics and circumstances of opioid toxicity deaths amongst individuals experiencing homelessness can inform housing policy, treatment, and harm reduction services to prevent deaths in this priority population.

Sex and Gender Considerations

Data are presented by sex and ethno-racial group

Oral B6.3: Opioid-related Emergency Department Visits and Hospitalizations during the COVID-19 Pandemic

Antony Christy, Canadian Institute for Health Information
Derek Lefebvre, Canadian Institute for Health Information

Learning Objective

To understand the unintended consequences of the COVID-19 pandemic on opioids related ED visits and hospitalizations.

Background

The COVID-19 pandemic has caused unprecedented disruption in Canadians' lives. Within the pandemic context, various factors can impact opioids use, including closure, physical distancing and limited access to other substances.

Objectives

To understand the potential impacts of the COVID-19 pandemic on opioids related ED visits and Hospital utilization.

Methods

Provisional and closed year administrative data from the Canadian Institute of Health Information (CIHI) was used for this study. Data from March to September 2020 was compared to the same time period in 2019. The study population was Canadian residents age 10 and older. Patients were assigned to their province or territory based on their place of residence

Results

The number of hospitalizations and emergency department visits for opioids-related harms increased during the study period compared to the same time period in 2019. Poisoning from fentanyl and derivatives related hospitalization and ED visits increased substantially. Among Canadians who use opioids, this impact was felt disproportionately by men and by people from lower-income neighbourhoods.

Conclusions

This work reveals the negative effect the COVID-19 pandemic is having on opioids-related harms in Canada. As the dual public health crises of COVID-19 and opioids-related overdoses continue to progress in Canada, it will remain critical to continually monitor and report on the developing situation.

Sex and Gender Considerations

Analyses were conducted to examine potential differences between sexes and neighbourhood income.

Oral B7: Attitudes, Knowledge and Implementation Around the Good Samaritan Drug Overdose Act Among Police Officers and People Who Are at Risk of Experiencing or Witnessing an Overdose in BC, Canada

Jessica Xavier, BC Centre for Disease Control

Alissa Greer, Simon Fraser University

Emma Ackermann, University of British Columbia

Brad Kievit, University of British Columbia

Max Ferguson, BC Centre for Disease Control

Zahra Mamdani, BC Centre for Disease Control

Jackson Loyal, BC Centre for Disease Control

Heather Palis, University of British Columbia

Jane Buxton, BC Centre for Disease Control

Amanda Slaunwhite, BC Centre for Disease Control

Bernie Pauley, Canadian Institute for Substance Use Research, University of Victoria

Skye Barbic, University of British Columbia

Learning Objective

To understand: GSDOA knowledge among different populations; implementation challenges; and external factors that impact GSDOA effectiveness.

Background

Bystanders are often present at overdose events; however, they often avoid contacting 911 due to concerns about police attendance. The Good Samaritan Drug Overdose Act (GSDOA) was enacted in 2017 in Canada with the aim of encouraging people to call 911 at overdose events by offering legal protection for simple possession. This panel presentation will be divided into findings from 1) interviews with police officers and both 2) surveys and 3) interviews with people at-risk of experiencing or witnessing an overdose.

Objectives

This project aims to evaluate the GSDOA's effectiveness at increasing bystander response at overdoses by assessing knowledge, attitudes, and experiences among affected groups.

Methods

Utilizing a mixed-methods research design, we conducted 1- interviews with police (n=22) and 2- surveys (n=455) and 3- interviews (n=34) with people at-risk of experiencing or witnessing an overdose. Two thematic analyses were conducted to analyze qualitative interviews (1,3) and a descriptive analysis of survey data was conducted in R (2).

Results

Many police officers and people who are at risk of experiencing or witnessing an overdose were not aware of the GSDOA (e.g., 45% of survey participants) and/or could not clearly articulate when it applies. Police discretion and ongoing concerns about calling 911 such as: warrants, drug trafficking, and sex work, influence and limit the GSDOA's intended impact.

Conclusions

More efforts are needed to increase GSDOA knowledge, as well as address the ongoing barriers to calling 911. Revisions to the GSDOA and other drug laws may be needed to accomplish these objectives.

Sex and Gender Considerations

During recruitment and data collection stages, careful attention was given to participant diversity, including gender diversity. Over half of interview participants identified as women. Among survey participants, 39% identified as women and 5% identified as a gender minority (transgender, gender non-conforming). The higher number of men as compared to women and gender minorities is in line with BC's drug user population. A gender-stratified analyses will be conducted to determine differences in our variables. In addition, other considerations around diversity (age, indigeneity, housing status) are reflected in our research.

ORAL B8: First Nations Adult and Youth Treatment Centres: Success in Virtual Treatment Services

This session is in partnership with Thunderbird Partnership Foundation

Wekatesk Augustine, Native Alcohol and Drug Abuse Counselling Association of Nova Scotia

Nadine Bernard, Native Alcohol and Drug Abuse Counselling Association of Nova Scotia

Gilbert Whiteduck, Wanaki Centre

Brittini Duesterbeck, Leading Thunderbird Lodge

Brandon Desnomie, Leading Thunderbird Lodge

Bernalda Robinson, Mikaaming Mino Pimatiziwin Healing Lodge



Objective

Understanding innovations and impacts of virtual treatment services supported by First Nations addictions treatment centres.

- To identify best practices for virtual addictions treatment service delivery
- To identify best practices for community engagement
- To identify best practices for supporting culture in a virtual context
- To identify best practices for supporting a continuum of care in a virtual context (pre-treatment through to aftercare)

WEDNESDAY, NOVEMBER 24 / MERCREDI 24 NOVEMBRE

The Mental Health Commission of Canada has partnered with CCSA to present Day 2 of the conference focused on the Intersection between Mental Health and Substance Use / La Commission de la santé mentale du Canada s'est associée au CCDUS pour présenter le jour 2 du congrès, qui portera sur le lien entre la santé mentale et l'usage de substances.



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

13:15–14:15

CONCURRENT SESSION C / SÉANCE SIMULTANÉE C

Oral C1: Indigenous-Led Research on Cannabis and Mental Health

Sacha Bragg, Thunderbird Partnership Foundation
Kristy Kowatch, Lakehead University

Jillian Jones, Métis Nation British Columbia
Alana Roscoe, First Nations Information Governance Centre
Magnolia Perron, First Nations Information Governance Centre

Learning Objective

Learn about emerging cannabis and mental health research from First Nations and Métis communities, including Indigenous Research Methodologies; Explore developing resources created by and for First Nations and Métis communities

Background

There is a significant lack of mental health and cannabis research with respect to Indigenous Peoples in Canada. In response to this need, the MHCC funded 14 community-based research (CBR) projects, six of which are Indigenous-led.

Objectives

Projects explore (i) factors related to cannabis use and mental wellness in a First Nations context (ii) patterns of parental cannabis use in relation to child apprehension and placement in care and (iii) patterns of cannabis use among Métis as well as barriers that exist to accessing cannabis for therapeutic use.

Methods

All three projects in this presentation are rooted in CBR principles and use Indigenous research methodologies and ways of knowing.

Results

Projects are currently carrying out their research and will present early results from year one of the research, as well as purpose, process, methods and the importance of Indigenous-led research.

Conclusions

These projects will not only benefit the communities in which they are being led but have significant potential to benefit other Indigenous communities across the nation. Resources developed will include a comprehensive literature review and recommendations for further research within First Nations communities, accessible prevention and harm reduction tools for use by First Nations, toolkits for social service organizations and inform the development of a Métis Mental Health and Substance Use Framework and a Métis Harm Reduction Framework.

Sex and Gender Considerations

All three of the projects being presented are being led by Indigenous organizations and teams, who are best positioned to conduct, interpret, and share research within their communities. The results of the research, in addition to the resources being produced, will have significant impacts not only in the communities in which the research is occurring, but for other First Nations and Métis communities through informing future opportunities for research, informing policies and frameworks and the development of prevention and harm reduction tools for use by First Nations.

Oral C2: Mental Health and Substance Use during COVID-19: A Research, Policy and Lived Experienced Perspective

Robert Gabrys, Canadian Centre on Substance Use and Addiction

Mary Bartram, Mental Health Commission of Canada

Rebecca Jesseman, Canadian Centre on Substance Use and Addiction

Francine Knoops, Mental Health Commission of Canada

Matthew Young, Canadian Centre on Substance Use and Addiction

Jes Besharah, Harm Reduction Community Support Navigator, LGL Public Health, Peer Support Worker for Canadian Addiction Treatment Centres, Harm Reduction Pillar Lead, Brockville's Municipal Drug Strategy & co-founder of Brockville's Overdose Outreach Team

Learning Objective

Increase awareness and understanding of the intersection between mental health and substance use during the COVID-19 pandemic

Background

Mental health and substance use are intimately connected. Yet, this intersection has not received a lot of attention during the COVID-19 pandemic. Accordingly, the Mental Health Commission of Canada (MHCC) and the Canadian Centre on Substance Use and Addiction (CCSA) have collaborated on a research initiative looking at the link between mental health and substance use during the COVID-19 pandemic.

Objectives

Highlight the intersection between mental health and substance use during the COVID-19 pandemic; Provide policy recommendations related to mental health and substance use; Provide a lived and living experience perspective on the COVID-19 pandemic

Methods

Data were collected using Leger's online panel across four time periods:

- October 13 to November 2, 2020 (N = 2502),
- November 19 to December 2, 2020 (N = 1507)
- January 15 to January 25, 2021 (N = 1502)
- March 1 to 12 (N = 1524)

Results

Nearly 45% of individuals with a history of substance use disorders and 31% of those with current substance use concerns report moderately severe to severe symptoms of depression. More individuals with a history of mental health disorders (~38%) and those with current mental health concerns (~39%) reported increasing their alcohol use compared to the general population (~30%). Only 22% of individuals with current mental health symptoms and 24% with current problematic substance use reported accessing to treatment since March 2020.

Conclusions

The COVID-19 pandemic is amplifying the close relationship between mental health and substance use. At the same time, access to mental health and substance use services has not kept up the increasing need.

Sex and Gender Considerations

This research project is monitoring mental health and substance use among several priority populations, including members of the 2SLGBTQ+, households with young children, single person households, low income populations, and racialized populations, among others. Data are also being analyzed by age and gender, when possible. A summary of some of these data will be presented, where applicable.

Oral C3: Examining the intersect between pain, mental health, and substance use

Jean-François Leroux, Health Canada

Jacqueline Oddi, Health Canada

Manon Choinière, Centre de recherche du Centre hospitalier de l'Université de Montréal

Patricia Poulin, Ottawa Hospital Pain Clinic

Learning Objective

Summarize the state of chronic pain in Canada and the intersection with substance use and mental health. Describe identified needs and best practices. Explain recommendations for priority actions to improve future approaches.

Background

The Canadian Pain Task Force was established to identify best practices and approaches to prevent and manage chronic pain. They have a mandate to explore the state of chronic pain, conduct national consultations, and provide recommendations on priority actions to ensure pain is understood, prevented, and effectively treated.

Objectives

Explore how best to improve the prevention and management of chronic pain in Canada.

Methods

National consultations with over 2000 stakeholders, review of available evidence, and Task Force deliberations on best practices, areas for action, and future priorities.

Results

The Task Force released a report on the state of chronic pain – Chronic Pain in Canada: Laying a Foundation for Action – and a summary of best practices and potential strategies – Working Together to Better Understand, Prevent, and Manage Chronic Pain: What We Heard. Their final report, released in 2021, focuses on priority actions. Challenges identified include gaps in monitoring, access to care, education and awareness, research, and policy coordination. Furthermore, a central theme has been the connection between pain, substance use, and mental health and the Task Force emphasized an urgent need to build capacity to better address these health concerns concurrently, integrating services across care settings. Task Force and Health Canada representatives will form a panel to reflect on each report and potential next steps.

Conclusions

Future actions need to address the intersect between pain, substance use, and mental health.

Sex and Gender Considerations

Chronic pain is more common among females compared to males across all ages. There are biological differences in the ways women and men experience pain and gender-related differences that can play a role in gaining access to care, patient-provider interactions, and treatment. Occurrence of chronic pain, severity of illness, and barriers to care are also higher in populations affected by social inequities, racism, poverty, violence, trauma, and marginalization. Various intersecting forms of discrimination may lead to compounded challenges in receiving care and outcomes. The Task Force considered such issues and their report reflects an equity-oriented and trauma and violence-informed approach.

Oral C4: The Varied Helping Roles of Service Dogs in the Recovery Journeys of Veterans Diagnosed with PTSD & Substance Use Disorder

Colleen Dell, University of Saskatchewan
Linzi Williamson, University of Saskatchewan
Maryellen Gibson, University of Saskatchewan
Alexandria Pavelich, University of Saskatchewan

Learning Objective

This panel presents the findings of a patient-oriented study examining the role of service dogs (SD) in the recovery journeys of Veterans with a posttraumatic stress disorder (PTSD) and substance use disorder (SUD) diagnosis.

Background

Comorbid PTSD and SUD is a growing health concern among Canadian veterans. Veterans are increasingly seeking comorbid symptom relief by engaging SDs.

Objectives

The program of study aims to examine the beneficial contributions of SDs to Veterans' comorbid problematic use of substances.

Methods

The research design is an exploratory patient-oriented, time-series approach over a one year period with five Veterans teamed with SDs. Study 1 applied a mixed methods design using standardized measures (PCL-5 and DUSI) and interviews. Studies 2 and 3 employed qualitative interviews.

Results

Study 1: clinically significant decreases in the veterans' PTSD scores with the PCL-5 measure but not the DUSI. Interviews reported a decrease in use of opioids and alcohol, with some increase in medical cannabis. Study 2: alcohol and medical cannabis was used to cope with PTSD symptoms. Medical cannabis is a prescribed medication but is perceived by the Veterans to be associated with stigma and this is not the case for alcohol. This is confounded by the stigma Veterans report to experience with their SDs. Study 3: the Veterans' feelings of personal significance appeared to increase as they received social support provided by their SD. In addition, they also seemed to experience a decrease in experiences of individual suffering, as well as a reduced need for substances to manage pre-existing emotional and physical pain.

Conclusions

This program of study makes an important contribution to the emerging field examining the potential benefit of SDs for Veterans diagnosed with PTSD.

Sex and Gender Considerations

Participants in this program of study identified as male. Although research is limited, female-identified Veterans may have different experiences and perceptions in each of the studied areas. Related, 3 of the 5 participants identified as having Indigenous ancestry, but did not acknowledge their Indigeneity as a part of their world experience. Indigeneity needs to be acknowledged given the harmful role of substance use in the colonial history of Indigenous people in Canada and current day disproportional health impacts of substance use and related stigma. When possible, both of these areas should be explored fully in any future research.

Workshop C5: Developing and Implementing a Virtual Day Program for Concurrent Substance Use and Mental Health Problems: Lessons Learned

Louise Overington, Royal Ottawa Mental Health Centre
Suzanne Bell, Royal Ottawa Mental Health Centre
 Kelly Suschinsky, Royal Ottawa Mental Health Centre
 Charlene Belu, Royal Ottawa Mental Health Centre
Kim Corace, Royal Ottawa Mental Health Centre, University of Ottawa

Learning Objective

Describe the development of a virtual concurrent disorders day program; Identify practical considerations, obstacles, and solutions for program implementation; Recognize patient experiences and preliminary program evaluation data

Background

COVID-19 has disproportionally affected individuals with concurrent substance use and mental health disorders (CDs) and has led to the disruption of vital services. The Virtual Concurrent Disorders Unit (V-CDU) is a new initiative at a mental health hospital in Ottawa, Canada that started in August 2020 to provide increased access to care for individuals with CDs both within the region and in rural communities via partnerships with local agencies. The V-CDU program philosophy is one of integrated CD treatment, harm reduction, and trauma-informed care. A multidisciplinary team of professionals offer a comprehensive program including stabilization, assessment, evidence-based individual and group treatment, and collaborative care planning with regional and community partners. In this workshop, we will review design, implementation, and lessons learned based on preliminary data. To date, 64 clients (56% female) have attended the V-CDU. At intake, most reported problematic alcohol use (90%), substantial to severe substance use (54%), and moderate to severe anxiety (82%) and depressive (59%) symptoms. Clients reported satisfaction with the care they received and would recommend V-CDU to others. VCDU expanded access to care for rural communities.

Methods

Interactive small group work; Facilitated discussions; Exploration of opportunities for enhancing virtual care services for CDs; Networking with professionals interested in enhancing concurrent disorders services using a virtual setting

Sex and Gender Considerations

Women typically face more barriers when accessing treatment for mental health and substance use disorders. V-CDU was designed with a gender-responsive and trauma-informed care lens. We examined gender differences at intake. There were no significant sex differences in age, substance use symptoms, anxiety, or depressive symptoms at the onset of treatment in V-CDU ($p > .47$). Data collection is ongoing and we will examine gender differences in treatment outcomes.

Oral C6.1: Latent Class Analysis for Co-occurrence of Common Mental Health and Substance Use Problems in University Students

Daniel Vigo, University of British Columbia
Richard Munthali, University of British Columbia
Julia Pei, University of British Columbia
Jean Westenberg, University of British Columbia
Chris Richardson, University of British Columbia
Brian Rush, Centre for Addiction and Mental Health
Angel Wang, University of British Columbia

Learning Objective

To increase understanding about the patterns of co-occurrence of common mental and substance use problems in university students.

Background

A granular understanding of how mental health and substance use related behaviours occur is required in order to plan appropriate health systems and services.

Objectives

To determine the various patterns of substance use and common mental health problems within a population of university students.

Methods

The World Health Organization World Mental Health-International College Student survey (with additional questions about COVID-19) was administered weekly to a different stratified random student sample at the University of British Columbia. We performed latent class analysis and modeled which demographic and other characteristics predispose students to different patterns of mental and substance use symptoms.

Results

3,666 students responded to the survey over 40 weeks. Four latent classes were found: low mental health problems and low substance use risk; low mental health problems and high substance use risk; high mental health problems and low substance use risk, and high mental health problems and high substance use risk. We will present the prevalence of these 4 classes as well as population characteristics that are associated with class belonging.

Conclusions

This study provides a framework for identifying characteristics that predispose university students to different patterns of mental health and substance use.

Sex and Gender Considerations

Sex and gender are key determinants for risk of mental health and substance use related problems. Indeed, research shows that men are at an increased risk of substance use related problems, while women are at increased risk of common mental health challenges such as depression and anxiety. Also, it is well known that stigmatization of non-heterosexual and gender-diverse persons can lead to worse mental health outcomes. Our work elicits granular data about sex and gender, to understand better how these determinants influence risk and disorder profile.

Oral C6.2: A Preliminary Investigation of ADHD as a Moderator of the Relation Between Cannabis Misuse and Readiness to Change

Talia Tissera, St. Joseph's Healthcare Hamilton
Stephanie Penta, St. Joseph's Healthcare Hamilton
Mina Pichtikova, St. Joseph's Healthcare Hamilton
James Mirabelli, St. Joseph's Healthcare Hamilton
Holly Raymond, St. Joseph's Healthcare Hamilton
Catherine McCarron, St. Joseph's Healthcare Hamilton
Michael Amlung, Cofrin Logan Center for Addiction Research and Treatment, University of Kansas
James MacKillop, McMaster University, Peter Boris Centre for Addictions Research, St. Joseph's Healthcare Hamilton, Centre for Medicinal Cannabis Research
Katherine Holshausen, St. Joseph's Healthcare Hamilton

Learning Objective

To review the relation between ADHD and cannabis in young adults.

Background

Individuals with ADHD and substance use disorders are more eager to change—though worse at recognizing—problematic substance use. College students with ADHD are more likely to develop cannabis use disorder than their non-ADHD counterparts.

Objectives

To investigate the role of ADHD in the relation between cannabis misuse and readiness to change in young adults.

Methods

Participants were 84 young adults, age 17 to 35, who endorsed past 12-month cannabis use. Before entering treatment in the Concurrent Disorders Outpatient Service at St. Joseph's Healthcare Hamilton, participants completed self-report measures of cannabis misuse (CUDIT-R), ADHD (ASRS), and readiness to change cannabis use. ADHD outcomes were dichotomized based on whether participants met the clinical cut-off. To investigate ADHD as a moderator of the relation between cannabis misuse and readiness to change, hierarchical multiple regression was conducted.

Results

ADHD significantly moderated the relation between cannabis misuse and readiness to change ($\Delta R^2 = .184$, $\Delta F(1, 80) = 6.79$, $p = .011$, $\beta = 1.18$, $t(80) = 2.61$, $p = .011$). Clients below the ADHD cut-off displayed less cannabis misuse the readier they were to change, while clients above the ADHD cut-off displayed more cannabis misuse, regardless of readiness to change.

Conclusions

ADHD partially accounts for the variation in the relation between readiness to change and cannabis misuse. Due to the popular perception that cannabis reduces ADHD symptoms, people with ADHD may struggle to cut down on cannabis use despite expressing readiness to change. In treatment, clinicians should address the impact of ADHD on self-medicating behaviour and impulsivity.

Sex and Gender Considerations

Gender and racial identity were considered through detailed demographic questions. Continued data collection and an increase in sample size will allow for future studies that investigate how minority stress impacts concurrent disorders. Gender-diverse individuals (i.e., people whose gender is different than the one assigned at birth) are disproportionately affected by substance use disorders, and they are over-represented in this sample ten-fold (0.35% of the Canadian population is gender-diverse according to a 2019 Canadian Census Test while 3.5% of this sample is gender-diverse). Furthermore, 20% of the sample identifies as a visible minority, reflecting diversity in Hamilton, Ontario where data collection took place.

Oral C6.3: Alcohol and Suicide

Melanie Varin, Public Health Agency of Canada

Natalia Uribe, Mental Health Commission of Canada

Sarah Konefal, Canadian Centre on Substance Use and Addiction

Robert Gabrys, Canadian Centre on Substance Use and Addiction

Learning Objective

To increase awareness and understanding of the link between alcohol use and suicide

Background

There is generally a lack of awareness and understanding about the (complex) relationship between alcohol use and suicide, especially in the context of the COVID-19 pandemic. This has led to ongoing collaboration between the Public Health Agency of Canada, the Mental Health Commission of Canada, and the Canadian Centre on Substance Use and Addiction.

Objectives

Describe the link between alcohol use and suicide, including a summary of Canadian statistics (Presentation #1); Examine the relationship between alcohol use and suicidal ideation during the COVID-19 pandemic (Presentation #2); Explore alcohol use and means safety in suicide prevention initiatives in Canada (Presentation #3)

Methods

The Canadian Substance Use Costs and Harms (CSUCH) database, along with several other data sources, were used to estimate the proportion of intentional deaths that involved alcohol. Data from Survey on COVID-19 and Mental Health (SCMH) was used to 1) estimate the proportion of suicidal ideation during COVID-19 among individuals who reported increased alcohol consumption and past month binge drinking, and 2) assess the association between two alcohol use variables and suicidal ideation during COVID-19.

Results

In 2017, an estimated 30% of all intentional deaths involved alcohol use as a contributing factor. Preliminary results from the SCMH indicate that 2.4% of individuals reported seriously contemplating suicide since the COVID-19 pandemic began. Of this group, 31.8% self-reported that their alcohol consumption had increased and 40% reported past month binge drinking

Conclusions

Addressing problematic alcohol use might play an important role in suicide prevention.

Sex and Gender Considerations

Men are more likely to die by suicide and account for 75% of suicide deaths in Canada. Additionally, men make up over 60% of the people living in Canada (excluding the territories) who meet the criteria for heavy drinking. As such, men may be more at risk of dying by alcohol-related suicide than women. Understanding how alcohol may increase men's risk for dying by suicide is important for preventing death by suicide in this population.

Oral C7.1 has been withdrawn

Oral C7.2 Reducing Opioid and Substance Use-Related Stigma in Health Care and Other Direct Service Delivery Contexts — Evaluation Results from Four Programs

Kirandeep Kharpal, Mental Health Commission of Canada

Stephanie Knaak, Mental Health Commission of Canada

Learning Objective

To demonstrate how the Opening Minds Provider Attitudes Towards Opioid Use scale (OM-PATOS) can be used to evaluate stigma reduction programs and describe four program evaluation results, including key learnings on effective approaches for stigma reduction.

Background

Stigma is a major barrier to access, care, and recovery for people experiencing problematic substance use. The Mental Health Commission of Canada developed the OM-PATOS to evaluate the effectiveness of initiatives designed to reduce stigma related to opioid and other substance use among health care providers and first responders. We used this scale to evaluate four programs.

Objectives

To evaluate the effectiveness of four opioid and substance stigma reduction programs in reducing stigma among healthcare and other direct health service providers using the OM-PATOS.

Methods

Evaluations used a pre-post design and administered the OM-PATOS before and after each program. Paired t-tests were used to analyze the statistical significance of average mean score changes from pre- to post-program at the 95% confidence interval. Effect sizes (Cohen's d) were also calculated to estimate magnitude of change.

Results

All programs showed statistically significant improvements in attitudes and behaviours. Social contact and personal stories emerged as an important ingredient. Training in self compassion and trauma informed practice was also effective. The scale performed well in all participant samples.

Conclusions

The OM-PATOS is a useful tool to evaluate stigma reduction programs. Results outline promising practices and methods for reducing stigma, however organizations should look at reducing stigma in their workplaces at multiple levels to ensure long-lasting improvements to care for people who use substances.

Sex and Gender Considerations

The OM-PATOS collects data on gender, and evaluations include analyses by gender. Compassion, stigma, and the health care workplace are inherently gendered, and we have taken an intersectional approach to the program evaluations and analyses.

Oral C7.3: TRIP: Reducing Substance Use Stigma by Increasing Resiliency Skills, Self-Compassion & Compassion Satisfaction in Direct Service Providers

Stephanie Knaak, Mental Health Commission of Canada
Kirandeep Kharpal, Mental Health Commission of Canada
Marika Sandrelli, Fraser Health Authority

Learning Objective

Recognize how increasing resiliency skills, self-compassion, and compassion satisfaction can reduce substance-use stigma, improve quality of care, and help support mental needs of direct service providers.

Background

Healthcare provider compassion satisfaction and burnout are linked to negative attitudes and behaviours towards people who use opioids. Fraser Health Authority has developed the Trauma and Resiliency Informed Practice program (TRIP), a compassion-led program for service providers based in the principles of trauma and resiliency informed practice.

Objectives

Understand TRIP's effectiveness at reducing stigma towards patients who use opioids, increasing self-compassion and resiliency, and reducing burnout.

Methods

TRIP was delivered to 145 emergency department (ED) staff and 133 Maternal, Infant, Child, and Youth department (MICY) staff. We used an open pre-post-follow up design. Main outcomes were mean changes from pre- to post-program. Measures included the Professional Quality of Life Scale, the Opening Minds Provider Attitudes Towards Opioid Use scale, the Self Compassion Scale, ad hoc resiliency skills scale, demographics, and qualitative reflection questions.

Results

82 of 145 ED staff completed both pre- and post-tests. Participants showed significant reduction in stigma (Cohen's d .42), significant improvements in compassion satisfaction (Cohen's d -.40), burnout (Cohen's d .33), resiliency (Cohen's d -.73) and self-compassion (Cohen's d -.48). 65 of 133 MICY staff complete both pre- and post-tests. Results from this delivery are being analyzed and will be presented in the session.

Conclusions

Embedding resiliency and self-compassion within trauma informed training programs is a promising approach for cultural change in healthcare practice.

Sex and Gender Considerations

Consultations were held with Indigenous knowledge keepers and service partners when developing TRIP curriculum, including consultations on how to decolonize content. People with lived and living experience of substance use were also consulted on curriculum development and provided a final review for content in both ED and MICY pilots.

The OM-PATOS collects data on gender, and evaluations include analyses by gender. Compassion, stigma, and the health care workplace are inherently gendered, and we have taken an intersectional approach to the program evaluations and analyses.

WEDNESDAY, NOVEMBER 24 / MERCREDI 24 NOVEMBRE

The Mental Health Commission of Canada has partnered with CCSA to present Day 2 of the conference focused on the Intersection between Mental Health and Substance Use / La Commission de la santé mentale du Canada s'est associée au CCDUS pour présenter le jour 2 du congrès, qui portera sur le lien entre la santé mentale et l'usage de substances.



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

14:15–15:15

CONCURRENT SESSION D / SÉANCE SIMULTANÉE D

Oral D1.1: The Promise of the ROSE Model in improving Workplace Stigmatization of Peers in Overdose Response Settings in British Columbia

Zahra Mamdani, BC Centre for Disease Control

Sophie McKenzie, BC Centre for Disease Control

Emma Ackermann, BC Centre for Disease Control

Mat Savage, RainCity Housing

Mike Knott, SOLID Outreach

Fred Cameron, SOLID Outreach

Amy Howell, SOLID Outreach

Ryan Seguin, SOLID Outreach

Jennifer Conway-Brown, Fraser Health (previously RainCity Housing)

Jessica van Norren, RainCity Housing

Rayne Voyer, RainCity Housing

Peter Woodrow, RainCity Housing

Tracy Scott, RainCity Housing

Bernie Pauly, Canadian Institute for Substance Use Research, University of Victoria

Jane Buxton, BC Centre for Disease Control and University of British Columbia

Learning Objective

To understand the support needs of peers in overdose response settings, and discuss the promise of the ROSE model in improving experiences of peers in BC.

Background

Peer workers (peers), i.e., people with lived/living experience of substance use working in overdose response settings, are at the forefront of harm reduction efforts in BC. Their work is stressful, with lasting mental health effects. The advent of COVID-19 has further increased the workload and stressors of peers. The ROSE model (described below) was developed and piloted at two sites. This panel presentation will include descriptions of: a) The Development of the ROSE Model b) Workplace Stigmatization of Peer Workers, and c) Impact of the ROSE model.

Objectives

The Peer-to-Peer project aims to identify, implement and evaluate peer-led support interventions for peers in overdose response settings.

Methods

The project uses a community-based research design. Eight peer-led focus groups (n=31) were conducted and transcripts were thematically analyzed.

Results

Three key themes emerged and formed the basis of the intervention model 'ROSE'; R – Recognition, O – Organizational Support, and S – Skill Development. We will describe how the ROSE model was developed, then hone in on the recognition component as peers felt that they were not taken seriously or given their due respect by their work colleagues without lived experience and other professionals, such as police. These experiences are rooted in societal stigma against people who use substances. We will end by highlighting the impact of the ROSE model.

Conclusions

The ROSE model holds much promise in improving the experiences of peers as they provide crucial services during the dual public health emergencies.

Sex and Gender Considerations

We recognize how gender identity, race, substance use history, and socioeconomic status are critical factors when considering the stigmatization of peer workers. These factors have been an important consideration for this project.

Furthermore, as part of the evaluation of the intervention, surveys were conducted pre- and post-implementation, which explore demographics (i.e., age, gender, race, etc.) of peer workers. This information will help us identify any differences across groups in peer workplace satisfaction, stressors, and other experiences.

Oral D1.2: All People All Pathways: online peer support meetings for people seeking wellness with relationships to substances.

Gord Garner, Community Addictions Peer Support Association
Ashleigh Hyland, Community Addictions Peer Support Association

Learning Objective

Participants will learn how the Community Addictions Peer Support Association (CAPSA) promotes increased health and provides opportunity for connection through All People, All Pathways (APAP), a peer support group available virtually.

Background

Limited access to peer support groups or other sources of social connection has been reported as a risk factor for reoccurrence of substance use disorder (SUD) symptoms. In response, CAPSA's APAP peer support groups have been made accessible on the Wellness Together Canada portal.

Objectives

APAP peer support groups empower people seeking wellness with relationships with substances, including those seeking help or wanting to help others.

Methods

APAP peer support group facilitators use a harm reduction approach and show kindness and compassion while empowering participants seeking increased health in their relationship with substances. This is accomplished through practices and introducing tools aligned with personal goals for increased health.

Results

APAP peer support groups provide meaningful social interaction and improve community linkages, thereby reducing the alienation of people who use/have used substances. People seeking help to question their relationship with substances are empowered with evidence-based tools to increase health and prevent/manage SUD symptoms in a safe and aware environment, free from stigma or discrimination.

Conclusions

People seeking increased health have access to peer support from individuals living well with SUDs through the Wellness Together Canada portal.

Sex and Gender Considerations

All People All Pathways is the foundational concept of this peer support which recognizes that there are many ways to increased wellness and people will walk on different paths. This peer support is inclusive of all individuals seeking increased health in their relationship with substances. Facilitators are trained to deliver trauma and violence informed peer support, use inclusive language, and promote mindfulness exercises and other tools aligned with personal goals for increased health.

Oral D1.3: Peer Support in the Emergency Department: An Innovative Way to Compliment Care for Young Adults Presenting with Mental Health and Substance Use

Yolanda-Nicole Delmonte, Sinai Health System, Schwartz/Reisman Emergency Medicine Institute
Christine Bradshaw, Sinai Health System, Schwartz/Reisman Emergency Medicine Institute
Allison Dunning, Dunning Consulting

Learning Objective

To develop and implement a peer support program for young adults presenting to the emergency department (ED) with mental health and substance use.

Background

The ED is often the first point of access to the health care system, either because patients do not have a primary care provider or access is not available in a timely fashion. Between 2006 and 2017, the number of young adults accessing the ED for mental health and substance use has increased by 89.1%.

Objectives

To create a novel, patient-centred, peer support model of care for young adults (16-29 years) presenting to the ED with mental health and substance use.

Methods

In partnership with Stella's Place, our program provides face-to-face, connections in the ED using trained peer support workers with lived experience who assist young adults in navigating the mental health care system and connect them with community-based resources to enhance their long-term health.

Results

Made possible by the RBC Foundation, we have implemented our program. The peer support workers are well integrated into the clinical care team, have access to supervision, and maintain a supportive connection with Stella's Place through community of practise meetings. The program has been well received by ED staff and has served over 1,000 patients over the last year.

Conclusions

Future work will determine if the implementation of this program reduces healthcare utilization and barriers to care and improves patient health outcomes for this at-risk population.

Sex and Gender Considerations

Patient populations of an urban adult ED are diverse. The program provides care from peers with lived experience and is dictated by the needs of the patient in that moment ultimately fluctuating between issues of all social determinants of health. The vision for this program was created by leadership in partnership with our peers and will continue to evolve to meet the needs of young adults around issues associated with sex, gender and diversity.

Oral D2: Sex, Gender, and Cannabis: Creating a Knowledge Hub

Nancy Poole, Centre of Excellence for Women's Health
Andreea Brabete, Centre of Excellence for Women's Health
Julie Stinson, Centre of Excellence for Women's Health
Lindsay Wolfson, Centre of Excellence for Women's Health
Ella Huber, Centre of Excellence for Women's Health
Lorraine Greaves, Centre of Excellence for Women's Health

Learning Objective

To improve knowledge about sex and gender influences on cannabis use; To become familiar with a multi-dimensional knowledge translation platform including: 1) cannabis information 2) sex, gender and equity based analyses (SGBA+) of cannabis survey data, and 3) data from three communities of inquiry (Cols).

Background

It is essential to synthesize and share knowledge and evidence on sex, gender and equity related factors and their influences on cannabis use to better inform health professionals, policymakers, researchers and the public.

Objectives

The Sex, Gender and Cannabis Hub harnesses Canadian data, information, and knowledge products that are sex and gender relevant, gender transformative, and equity oriented in order to improve women's treatment outcomes using harm reduction, culturally safe, and trauma-informed approaches.

Methods

The project combines evidence from: ongoing scoping reviews, SGBA+ analyses of surveys such as the International Cannabis Policy Study, and wisdom from Cols with key leaders in women's treatment, women's harm reduction, and Indigenous reproductive health. The findings from these sources inform a range of products housed on a knowledge hub.

Results

This 3 part panel will share findings on 1) the development of a multidisciplinary virtual hub; 2) SGBA+ analyses of survey data, and 3) data from the Cols. We will illustrate how gender-related sociocultural factors and sex-related biological factors interact to influence health and wellbeing, and how sex and gender intersect with other factors to affect cannabis use patterns.

Conclusions

The multidimensional approach to a wide range of data on sex, gender and cannabis fills a crucial gap for Canadian audiences.

Sex and Gender Considerations

The project, on which this three-part panel presentation is based centralizes Canadian data, information, and knowledge products that are sex and gender related, and/or gender transformative and equity oriented and involves the creation of a virtual hub for sex- gender-, and equity-based analysis (SGBA+) of cannabis use, policy and legislation. This multi-faceted approach includes engaging with Indigenous and other leaders in women's treatment, harm reduction and reproductive health, and fills a crucial gap in evidence by applying SGBA+ in all aspects of cannabis practice and policy. It is geared towards service providers, policymakers, researchers and the public.

Oral D3: The Impact of the Pandemic on the Mental Health and Substance Use Workforce in Canada

Lynn Bar-Telford, Statistics Canada

Rita Notarandrea, Canadian Centre on Substance Use and Addiction

Michel Rodrigue, Mental Health Commission of Canada

Ivy Bourgeault, University of Ottawa

Mary Bartram, Mental Health Commission of Canada

Jelena Atanackovic, University of Ottawa

Learning Objective

Increased awareness of the breadth of the mental health and substance use (MHSU) workforce in Canada and appreciation of the many and varied impacts of the pandemic on capacity.

Background

While governments have invested rapidly and heavily in virtual services, pandemic response plans have failed to explicitly address the capacity of the MHSU workforce to respond to emerging needs in the population.

Objectives

In this panel, the key findings from a new study on The Impact of the Pandemic on the MHSU Workforce in Canada will be presented, followed by a reflections from the CEOs of three partner organizations: CCSA, MHCC and CIHI.

Methods

The partnership project used a mixed methods approach integrating significant stakeholder engagement across four phases to gather and analyse data from: a literature synthesis, a pan-Canadian survey, stakeholder interviews, and a virtual policy dialogue to foster consensus on policy implications and next steps.

Results

Our rapid literature synthesis revealed four key themes: emerging population needs; MHSU workforce responses and service modifications; the impact on workforce capacity; and explicit equity implications. Our survey and key informant interviews took stock of the MHSU workforce and documented capacity impacts from the pivot to virtual delivery, redeployments to support direct COVID-19 services, and increased MHSU issues across the population. The virtual policy dialogue identified short and long term priorities for action, including data gaps.

Conclusions

The potential next steps following the study from the perspective of mental health, substance use and addiction, and health workforce data will be identified.

Sex and Gender Considerations

An explicit focus on the impact of gender and other social identities emerged from the rapid literature synthesis, formed explicit questions in the survey and were also addressed in the stakeholder interviews and policy dialogue. In keeping with the academic literature, female service providers working without the benefit public health insurance coverage made up the vast majority of survey respondents. Results to the survey were analysed by gender to assess gendered differences in the impacts of the pandemic on the capacity of the mental health and substance use workforce.

Workshop D4: The Brain Story in action: Mobilizing knowledge about childhood adversity in your community

Doris Payer, Canadian Centre on Substance Use and Addiction

Julie Cull, Consortium for Students in Northern Ontario

Learning Objective

Participants will:

- Develop an understanding of adverse childhood experiences (ACEs) and their impact on brain development;
- Learn to develop community-based projects to move this knowledge into practice; and
- Draw on the experience of individuals with first-hand practical experience of this process.

Background

Adverse childhood experiences (ACEs) can impact brain development and increase the risk of mental health and substance use issues later in life. The Brain Story is a resource that makes the science behind these relationships accessible. Communicating the Brain Story can help improve programs and policies that prevent mental health and substance use disorders, and can shift perceptions of substance use to increase compassion. The Canadian Centre on Substance Use and Addiction recently developed a knowledge mobilization model called the Brain Builders Lab (BBL), which built capacity among participants to develop, implement, and evaluate community-based projects to move Brain Story science into action. At the end of two years, all projects reported increased awareness among their stakeholders, and some reported practice and policy changes.

In this workshop, participants will learn about practical issues and opportunities from existing Brain Builders, including a “practice expert” from the education sector, and start planning their own community-based projects to mobilize the science.

Methods

Participants will:

- Play the Brain Architecture Game - a hands-on tool for understanding and explaining ACEs;
- Start planning activities and evaluation strategies for their own context, using BBL resources;
- Interact with a Brain Builder who will showcase materials developed through the BBL and share practical tips.

Sex and Gender Considerations

Sex- and gender-based analysis and socio-cultural considerations (SGBA+) have been part of the BBL model since the beginning, given that traumatic experiences can be gender-specific and Indigenous experiences often include inter-generational and colonial trauma. Development of BBL projects was overseen by SGBA+ experts, and documents that were developed as part of this mentorship (e.g., an intersectionality primer) will be shared with workshop attendees to help them develop their implementation and evaluation plans. Moreover, one co-presenting Brain Builder will address unique considerations faced by northern and francophone communities.

ORAL D5: Personal Experience Story Panel

Hosted by Jennifer Lafontaine (www.communitystorystrategies.ca), this session will showcase the stories of individuals with lived and living experience with substance use and mental health issues, and include a moderated interactive discussion.

Theresa Conroy, Alberta Addicts Who Educate and Advocate Responsibly, Canadian Mental Health Association

Dillon Kakanis, Individual with lived experience

Kayly Vig, Improving Treatment Together Youth Champion

Theresa Conroy Summary

We all know a family who has tried to work to help another member with an addiction. We ourselves struggle on a daily basis. Perhaps coffee, television, the phone, sugar I am sure you at least have one vice that is hard to let go of! The point I am going to talk about today runs much deeper but still has the same strings attached. At first what starts off as maybe a way to fit in, feels good, a coping mechanism turns into something that gets out of control. I know I was there many times. After fighting my way back from hell, ending up addicted to cocaine, homeless and filled with guilt and shame I knew I needed help. Nine treatment centres later. Three more bouts of homelessness and countless relapses. I could not get clean. I did not want to die. I hated my life. People were so cruel. A life on the streets is ugly and unforgiving! Some people care. most people think your garbage. I remember years ago when I stayed in shelters. I asked for a non smelling section. I thought at that time I was funny. Today I am grateful!

Key Message

As hard as one fights to recover I struggle as to whether I share that I am in recovery. We are considered the lowest form of humanity. Recognizing that when addicts fight so hard to recover we have so many obstacles to overcome. We have a hard time forgiving ourselves, along with dealing with what we did in our addiction. Trying to forgive ourselves and others for the wreckage of the past. What I have noticed is when there are opportunities offered there should be multiple levels, one size does not fit all. We are still all lumped into one category. People with lived experience are not created equal. Some have worked many years, learning about themselves. How to heal work with families other addicts giving back to their communities. Others are just learning. When do I get to have people stop judging me, I have tried.

Dillon Kakanis Summary

The last 3.5 years, due to cocaine and benzodiazepine addiction and undiagnosed mental health, I lost everything. I was spiraling out of control from addiction that began in university. My Grandpa, who was the best role model died, and I found him. I ended my career, and nearly my life. I went to rehab and two months into sobriety I met the love of my life. Early 2019 my daughter was born. Family was all I ever wanted. In my head I was coping working 6 days a week, being present and active at home, I didn't sleep and was not healthy. I tried managing my escalating mental health issues which included a childhood trauma that just presented itself. On the outside it seemed I was high functioning, but it became clear inside I was not. I did something I nor anyone who knew me would have thought possible, I turned to crime to pay bills. In January 2020, I entered the criminal justice system where I remain until September 1st ,2021 I had no prior record. I missed my daughters '1st and 2nd birthdays, first steps, first words, and caused devastation to my fiancé and family.

Key Message

I was taken to an emergency ward and put on suicide watch for 3 weeks before being taken to jail. There I was properly diagnosed for the first time, BiPolar1. During first months in regular jail, I was seen by psychiatrist who tried to manage my meds. In August of 2020 I was transferred to another provincial correction facility that is also a treatment centre. I have learned so much. I know now that substance abuse often masks mental health issues and alters brain receptors, therefore resulting in misdiagnoses and incorrect treatment with medications that can have catastrophic effects on both physical and mental health treatment outcomes. When using, doctors couldn't diagnose mania to arrive at BP1. With a good psychiatrist and treatment for co-occurring disorders, I have been given a second chance and for the first time in a decade I feel hopeful for the future.

Oral D6.1: Building Capacity for FASD Through the Design of Service Provider Training

Pascal Gagné, Health Nexus

Learning Objective

Participants will gain a better understanding on how to design inclusive and evidence-based curriculum for implementing FASD-informed strategies.

Background

Health Nexus has just developed a cross-sectoral service provider training on Fetal Alcohol Spectrum Disorder (FASD). This new online training, funded by the Ministry of Children, Community and Social Services, is fulfilling a longstanding need for advanced education in service providers to address diagnostic capacity, financial and emotional costs, trauma-informed approaches, and concrete strategies to address issues of inclusivity and diversity in everyday practices and interventions. Thus, the training aims at building capacity and wellness for people with FASD and prenatal alcohol exposure.

When designing this standardized curriculum, three specific considerations emerged: 1) the need to collaborate with academic and clinical experts; 2) difficulties in untangling competing viewpoints about training goals and format; 3) developing an intentional process for using inclusive language and diverse representations to avoid stereotyping and further stigma. Two controversies occupied committee members and collaborating partners: 1) how to interpret Canadian diagnostic guidelines concerning the elements of FASD diagnosis and the role of clinical judgement; 2) finding a way to balance challenges and strength-based approaches.

Methods

By attending this workshop, participants will gain a better understanding on how to design inclusive and evidence-based curriculum for implementing FASD-informed strategies across sectors. This communication provides insight into how to overcome challenges in knowledge creation about marginalized population.

Sex and Gender Considerations

The training discusses systemic barriers to FASD diagnosis in terms of race and class. Our work seeks to improve health equity across populations.

Oral D6.2: Tackling the Opioid Crisis by Developing a Curriculum for Postgraduate Medical Education and Continuing Professional Development on Pain Management and Substance Use Disorder in Canada

Lisa Graves, Western Michigan University, Homer Stryker M.D. School of Medicine, Kalamazoo, Michigan

Homer Stryker, School of Medicine, Kalamazoo, Michigan

Fran Kirby, Association of Faculties of Medicine of Canada

Richard van Wylick, Queen's University

Nancy Dalgarno, Queen's University

Klodiana Kolomitro, Queen's University

Jeanne Mulder, Queen's University

Learning Objective

Discover the approach undertaken by the AFMC across the medical education continuum.

Background

In January 2021, the AFMC launched an online bilingual pain management, substance use disorder and opioid stewardship curriculum for undergraduate medical education (UGME) for integration into all Canadian Medical Schools. AFMC also provided access to other health professionals, additional non-medical student trainees and the public (<https://opioids.afmc.ca/>). AFMC has now begun the development of a competency-based curriculum for PGME and CPD to support the continuum of learning.

Objectives

To close the gaps in physician's practice on the required competencies needed to diagnose, treat and manage pain, substance use and opioids stewardship, with specific consideration depending on patient's profile.

Methods

Conducted environmental scans to analyze existing curricula and best practices. Conducted focus groups and consulted national partners. Convened leaders in the field to obtain consensus on adapted objectives. Planned use of emerging technology and advanced instructional design to develop a comprehensive and high-quality curriculum.

Results

Environmental scans and consultation with key groups, partners and subject matter experts has created competencies and objectives that align with a national framework for medical education and expand to fill challenges observed in practice. This second phase allows a seamless curriculum that transitions across the medical education continuum.

Conclusions

A national curriculum in pain and opioid use disorder is a pivotal component of a national response to the opioid crisis, with this second phase addressing specifically medical residents and physicians in practice.

Sex and Gender Considerations

The AFMC seeks to achieve excellence in education, research and care for the health of all Canadians, in an inclusive manner. Therefore, we mobilized Francophone stakeholders for our focus groups and specialized medical experts and curriculum reviewers. Moreover, we aim improve the health and well-being of Indigenous people by ensuring the present curriculum responds to the Calls to Action of the Truth and Reconciliation Commission. To achieve this, we involved Indigenous health professionals and communities, to develop safe working and learning environments for Indigenous learners, faculty and staff.

Oral D6.3: Land for Healing Train the Trainer Program (Thunderbird Partnership Foundation)

Deanna Jones-Keeshig, Thunderbird Partnership Foundation

Learning Objective

Share best practices that exemplify Indigenous resiliency and connection to cultural practices and ways of being (Land, Language & cultural customary practices) during the pandemic; Promote awareness and share the LBSDB with participants

Background

The 2018 First Nations Land-Based Service Delivery Model informed the development of a Land for Healing curriculum and Train the Trainer program supported by an online Community of Practice. In Winter of 2020 the Land for Healing Train the Trainer Program was launched with delivery of three training pilots providing opportunity for 3 cohorts of participants to be certified trainers. Since the pandemic, there have been 2 virtual deliveries of the Land for Healing Curriculum, as well as one virtual delivery of the Train the Trainer program.

Objectives

Increase capacity in First Nations Communities to deliver training via a Train the Trainer program; Support training delivery that is based on Indigenous Cultural foundations via mentoring using an online Community of Practice

Methods

Indigenous healing approaches, and the conceptualizations of wellness, specifically Indigenous mental wellness were the foundation to the creation of the LBSDM and in the development, delivery and support of the Land for Healing Train the Trainer Program.

Results

Building upon knowledge gathered for the Honoring our Strengths and the First Nations Mental Wellness Continuum Framework, the Land for Healing TTT addresses mental wellness in four areas: Hope, Belonging, Meaning, and Purpose through the application of delivery of Land for Healing training.

Conclusions

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

Sex and Gender Considerations

Recruitment to land-based programs target both male and female participants to ensure equal participation. In delivering the training, there are increased efforts to reduce stigma and discrimination faced by men and women who use substances and are on their healing journey. The Land for Healing TTT adopts a multidisciplinary, holistic, comprehensive approach to treatment, prevention, health promotion with gender and cultural competence.

Oral D7: The Complex Interplay between Personality, Drinking, Adherence, and Distress During the COVID-19 Pandemic

Sherry Stewart, Dalhousie University
Matthew Keough, York University
Natasha Baptist-Mohseni, York University
Vanessa Morris, York University
Fakir Yunus, Dalhousie University
Clayton Murphy, Dalhousie University
Mackenzie Moore, Dalhousie University
Kara Thompson, Saint Francis Xavier University
Marvin Krank, University of British Columbia
Patricia Conrod, Centre de recherche, CHU Sainte-Justine
The Univenture Consortium, Dalhousie University

Learning Objective

Three presentations will examine whether personality predicts variation in two important pandemic-related outcomes (adherence to public health strategies for viral containment and distress) and how alcohol may be involved in promoting non-adherence or as a reaction to distress.

Background

The COVID-19 pandemic has created both distress and the need for adherence to public health measures.

Objectives

We examined whether personality predicts adherence/non-adherence to public health measures and the role of mediators (e.g., alcohol use) in these links in middle-aged community adults (Study 1) and undergraduates (Study 2). We then examined links of personality to coping-motivated alcohol use through distress (Study 3).

Methods

Validated measures of personality, alcohol use/coping motives, distress, and/or adherence were completed by 400 community adults (mean age=32.05; 45% female, 55% male; Study 1) and 1085 undergraduates (through the multi-site Univenture study; mean age=19.11; 79% female, 21% male; Studies 2-3).

Results

Study 1 showed that impulsivity (IMP) predicts greater non-adherence through problematic alcohol use, and anxiety sensitivity (AS) predicts greater adherence through heightened COVID-19-related distress, in middle-aged adults. Study 2 replicated these findings in a younger sample where rates of non-adherence are much higher (i.e., undergraduates). In Study 3, AS was both directly and indirectly linked with increased coping-related drinking during the pandemic. Significant mediational pathways were shown through both heightened levels of pandemic-related traumatic stress and general depressive symptoms.

Conclusions

Personality may be a useful intervention target for increasing adherence to public health viral containment measures (by reducing heavy/problematic drinking), and for reducing risk.

Sex and Gender Considerations

Biological sex and self-identified gender were assessed in all three studies. In Study 1, efforts were made to recruit a sex-balanced sample. In Studies 2-3, more females than males responded. While this is consistent with the population from which our sample was drawn (i.e., university undergraduates), the sample was disproportionately weighted toward females. This suggests the Univenture study should determine ways to increase representation of males in future survey waves. Sex was used to describe our samples, and as a control variable where personality predicted over-and-above demographic variables including biological sex. Future analyses will examine moderation by sex and/or gender.

WORKSHOP D8: Life Promotion: A Toolkit for Engaging Indigenous Youth

This session is in partnership with Thunderbird Partnership Foundation

Tia Piché, Social Worker

Tristen Schneider, Anishinaabe-Dene Facilitator, Advocate and Entrepreneur

Connor Lafortune, Youth Facilitator for *La Fédération de la Jeunesse Franco-Ontarienne*



Description

This workshop will provide an understanding of Life Promotion along with key examples of life promotion strategies. These strategies were developed by First Nations and Metis youth working together with Elder guidance and Thunderbird Partnership Foundation with an objective to develop practical resources to support community-based engagement of youth in Life Promotion initiatives.

THURSDAY, NOVEMBER 25 / JEUDI 25 NOVEMBRE

11:00–12:00 | CONCURRENT SESSION E / SÉANCE SIMULTANÉE E

Oral E1: Cannabis products, sources, and criminal justice issues: Findings from the International Cannabis Policy Study

David Hammond, University of Waterloo

Elle Wadsworth, University of Waterloo

Fathima Fataar, University of Waterloo

Samantha Goodman, University of Waterloo

Learning Objective

Describe how patterns of cannabis use have shifted from before to two years after legalization, including the risk in higher THC product forms. Describe the legal and illegal cannabis market in Canada, including factors that influence consumers' willingness to transition to the legal market. Understand the association between socioeconomic factors and neighbourhood deprivation on the likelihood of being convicted for cannabis offenses.

Background

The cannabis market in Canada has been rapidly evolving since cannabis legalization in 2018. Monitoring the market is critically important to understanding why consumers may or may not transition to the legal market, including the influence of price, availability, and products available on the legal market.

Objectives

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

Methods

The symposium will present findings from three years of data from the International Cannabis Policy Study, a repeat cross-sectional study conducted annually since fall 2018.

Results

Presentations will focus on 1) patterns of cannabis product use in Canada, including different product forms, by sex and age; 2) self-reported barriers to transitioning to the legal market; 3) the impact of price and retail availability on consumers' transition to the legal market; and 4) the association between race, socio-economic status, and neighbourhood deprivation on cannabis-related offenses

Conclusions

The symposium will discuss implications for specific cannabis policies and evaluating the impact of cannabis legalization in Canada. Delegates will be able to use the information presented in the session to learn about the evolving cannabis market.

Sex and Gender Considerations

The ICPS gathers data on a number of predictors of health disparity, including sex; gender; ethnicity/race; education; physical and mental health; income and perceived income adequacy; and family disposition. All statistical models will be adjusted for sex and the proposed session will include discussion of socio-economic predictors of cannabis use and other outcomes.

Workshop E2: Improving opioid treatment service experiences for family members of youth with lived/living experience with opioids: A cross-provincial and co-design workshop of family members' experiences, needs, and solutions

Christina Katan, Canadian Centre on Substance Use and Addiction

Kirsten Marchand, Foundry, Providence Health Care, University of British Columbia

Roxanne Turuba, Foundry

Kat Pellatt, Improving Treatment Together Youth Champion

Learning Objective

Summarize family members' experiences navigating opioid treatment services for their youth; Describe the co-design process used to develop a Parent Handbook on navigating opioid treatment services; Brainstorm opportunities for co-designing a similar handbook in attendees' local communities

Background

The Improving Treatment Together (ITT) Project is a multi-phase community-based project that aims to improve opioid treatment services for youth (ages 12-29) in Alberta and British Columbia. Phase 1 involved a series of workshops with family members (parents, caregivers, grandparents) of youth with lived/living opioid use and opioid treatment service experience in 4 communities in AB and 3 communities in BC. Findings show that family members experience significant responsibility navigating multiple systems (i.e., health, social, criminal justice). To improve parents' experiences with these systems, parents/caregivers in Victoria (BC) proposed a Parent Handbook, which has since been co-developed with a group of 9 parents. A similar Handbook is being co-developed in AB to help families navigate services. Finally, a Handbook Template is also being co-developed for other communities to adapt to their own context.

Methods

The first 15 minutes of the workshop will share the cross-provincial themes regarding family members' experiences. The presenters will then spend 15 minutes discussing the process of co-developing the Victoria Parent Handbook, share the Handbook's content, and findings from the evaluation of parents' experiences with the co-design process. Attendees will then go into breakout rooms to brainstorm ideas for how to create a handbook in their own community using the Handbook Template.

Sex and Gender Considerations

This presentation focuses on family members of youth with lived/living opioid use experience and their engagement in the co-design of a Parent Handbook. The co-design process evaluation suggested a lack of diversity within the Parent Handbook working group, given that many of the parents were already part of a peer group. This limitation and future strategies to reach more diverse population groups will be discussed.

Oral E3.1: Digital Health Resources for Substance Use Concerns in Women: A Gender- and Trauma-Informed Resource Evaluation

Lena Quilty, Centre for Addiction and Mental Health

Learning Objective

To review gender- and trauma-informed principles in online and mobile interventions for substance use available in Canada

Background

Digital health resources are increasingly used to support women with substance use concerns. Although research supports the promise of these resources, the degree to which they incorporate principles of gender- and trauma-informed care requires further evaluation.

Objectives

To evaluate the features of online or mobile interventions for risky or harmful substance use in adults available in Canada, with a focus on principles of gender- and trauma-informed care.

Methods

Digital health resources were identified from a scoping review as well as from online and mobile resources. An initial pool of evaluation questions was co-developed, revised, and reduced; a detailed scoring key was used to optimize inter-rater reliability. Of the 38 resources identified, 23 met all eligibility criteria and were rated by two independent raters.

Results

Resource ratings suggested that many resources provide sex or gender specific information, and support empowerment; however, most principles of gender-informed care are not evident in these resources, particularly gender roles/needs, gender fluidity, gender equity, and intersectionality. Resource ratings suggested that most resources uphold several principles of trauma-informed care – specifically safety and trustworthiness; choice, control, and collaboration; and strength-based care and empowerment. However, other principles were less represented, particularly cultural and historical issues

Conclusions

This evaluation may inform digital health resources that can be mobilized to support women during and after COVID-19, as well as future resource development, implementation, and evaluation.

Sex and Gender Considerations

Sex and gender are central to the current work. Important sex differences have been identified in substance use effects and harms, and important gender differences have been documented in substance related harms as well as treatment seeking, preferences, and engagement. This evaluation highlighted current strengths and weaknesses in digital health resources for substance misuse particularly for adults who identify as female or women, and for whom gender- and trauma-informed care is the current best practice and preferred care model. This evaluation further incorporates intersectionality and broader health equity issues and recommendations.

Oral E3.2: The Virtual Opioid Dependency Program and COVID-19: Pivoting a Fully Virtual OAT Clinic to Safely Care for Clients

Nathaniel Day, Alberta Health Services
Maureen Wass, Alberta Health Services
Kelly Smith, Alberta Health Services

Learning Objective

Participants will be able to identify the benefits of software-based video consults (Zoom) for OAT during the COVID-19 pandemic.

Background

The Virtual Opioid Dependency Program (VODP) represents a unique iteration of a completely virtual clinic supporting Opioid Agonist Therapy (OAT). In response to the COVID-19 pandemic the VODP enhanced virtual visit options to include software-based video consults using Zoom to safely maintain continuity of care.

Objectives

The objectives were to outline VODP outcomes preceding the pandemic and to describe the initial client/provider experience of connecting via Zoom during COVID-19.

Methods

Available records derived from existing electronic databases were extracted at four time periods for clients in treatment over three years. Clinical and non-clinical outcomes were aggregated for analysis. The VODP began using Zoom to connect with clients at the end of March 2020. Client/provider experience was evaluated using a brief survey.

Results

The VODP has maintained steady growth with positive outcomes (N = 445; reductions in drug use, improved social functioning). Video visits increased by 26% in 2020/2021. The option to use Zoom during the pandemic was received positively, and clients (N = 64) noted that they felt secure and comfortable at home. Zoom encounters were described as more convenient and less stressful. Clients appreciated not having to travel as it reduced childcare challenges, mobility issues and geographic isolation.

Conclusions

As a completely virtual clinic model of OAT delivery the VODP is well positioned to respond successfully to a global health crisis such as the COVID-19 pandemic. The transition from site-based to software-based virtual visits (Zoom) was rapid, client-centered and supported continuity of care.

Sex and Gender Considerations

The VODP supports OAT virtually for clients from diverse interpersonal, socio-economic and ethnic backgrounds. A virtual model of OAT improves treatment equity, as limitations on resources are reduced with the use of readily available technologies. Those without devices may attend at local telehealth sites or engage other community resources.

We analyzed outcomes data from 445 unique client IDs; 44.3% identified as female and 55.7% identified as male. Average age for all clients was 37.93 years (SD = 11.74). About 25% of clients admitted for ongoing care identified as Indigenous, and the VODP supports clients from over 270 communities in Alberta.

Oral E3.3: Ka-pasikônahk Piyêsiw (The Thunderbird is lifting you up)

Brittni Duesterbeck, Leading Thunderbird Lodge

Brandon Desnomie, Leading Thunderbird Lodge

Learning Objective

Participants will have the opportunity to:

- Engage in a sample of the virtual learning program.
- Participate in an informational session on how virtual therapy and programming have been incorporated into traditional treatment.

Background

Leading Thunderbird Lodge is an Indigenous male youth treatment center located in Fort Qu'Appelle, Saskatchewan. COVID-19 allowed LTL the space to adjust and pivot programming to incorporate a virtual learning space.

Objectives

Ka-pasikônahk Piyêsiw (The Thunderbird is lifting you up) was developed to bridge the gap between the lack of accessible treatment centers and the need for support due to COVID-19.

The Virtual Pilot Program offers virtual learning modules and counseling sessions that cover drug education and awareness, harm reduction, self-awareness and reflective introspection. This program has been created to ensure that youth are able to access mental health supports and addictions treatment through a seamless virtual platform. The virtual platforms allow LTL staff to guide the participants through individualized learning objectives. The program ranges from 6 - 28 weeks of cultural, clinical and psycho-educational sessions.

Methods

The Virtual Pilot Program was created using Prezi software and will be delivered to participants via Dropbox links. Progress evaluations will be measured through virtual counseling sessions as well as the built-in learning goals, assessments and a survey. Participant outcomes will be measures using our national addictions database.

Results

Preliminary results will be presented at the conference.

Conclusions

The Virtual Pilot is a working program and we will continue to monitor the success and outcomes through the Addictions Management Information System and participant feedback.

Sex and Gender Considerations

Leading Thunderbird Lodge has prioritized an inclusive virtual learning environment. The Virtual Pilot Program is available to Indigenous male, female and non-binary youth between the ages of 12 – 17. The Virtual Pilot Program uses inclusive language and is structured in an ethically sound manner. Both a male and female counselor are available to Participants/Learners. The counseling structure has been created to allow room for flexibility on behalf of the Participants/Learners; they are able to move to a different counselor within the first two session if they choose.

The learning plan is individually scheduled and tailored to each Participant/Learner.

E4.1 Recovery Is Not a Swear Word

Rand Teed, Drug Class

Summary

There has been a lot of pushback against the idea of "Recovery" much of this is based on a lack of knowledge about Recovery programs and recovery thinking. I will tell my personal story of ACEs and a path through interrupted neurodevelopment to a life free from the constraints of drugs including alcohol.

Key Message

My story will weave the neurobiology of ACEs, of SUD and of using community-based support and well as mindfulness, meditation and connection to the neurobiology of a life in recovery.

Exposé oral E4.2 : Les forces et les ressources mobilisées à travers le parcours de personnes présentant un trouble persistant d'usage de substance

Myriam Beaulieu, Université du Québec à Trois-Rivières

Joël Tremblay, Université du Québec à Trois-Rivières

Karine Bertrand, Université de Sherbrooke

Objectif d'apprentissage

Découvrir les forces et les ressources des personnes présentant un trouble persistant d'usage de substance (TUS).

Contexte

Le concept de capital de rétablissement réfère à la somme des ressources disponibles dans l'initiation et le maintien du processus de rétablissement. Un concept peu exploré auprès des personnes présentant un TUS persistant, dont les parcours de rétablissement sont particulièrement longs.

Objectifs

Documenter les forces et les ressources personnelles mobilisées au travers du processus de rétablissement des personnes présentant un TUS persistant.

Méthodes

Des entrevues individuelles semi-dirigées d'environ 120 minutes sont réalisées auprès de 19 personnes (9 hommes et 10 femmes) présentant un TUS persistant et analysées en s'appuyant sur l'interactionnisme symbolique.

Résultats

Les résultats montrent que les ressources matérielles et financières sont celles qui font le plus défaut pour soutenir leur processus de rétablissement. Cependant, les données recueillies dressent le portrait de personnes qui malgré leurs difficultés sont parvenues à cumuler des compétences et possèdent plusieurs qualités pour faire face à leur problématique (introspection, persévérance, curiosité, détachement émotionnel). Plusieurs participants se rapportent d'ailleurs à ces qualités pour se projeter positivement quant à leur avenir professionnel. L'écart entre les hommes et les femmes est présenté.

Conclusions

L'absence de ressources matérielles serait un enjeu particulièrement fragilisant pour les femmes. Le concept du capital de rétablissement nous amène à considérer davantage les éléments qui vont bien dans la vie de ces personnes, ce qui est d'autant plus important, car leurs compétences pour passer à travers les étapes difficiles de la vie sont rarement soulignées.

Considérations liées au sexe et au genre

Il s'agit d'un élément que nous avons considéré tout au long de nos travaux. Les personnes invitées à participer au projet devaient être en situation économique ou résidentielle précaire en plus d'avoir eu recours à l'utilisation de service spécialisé à au moins deux reprises dans le cadre de leur vie. Le genre féminin était un critère de diversification de notre stratégie d'échantillonnage. De plus, nous avons tenu compte du genre dans nos analyses et discutons des résultats que nous avons obtenus à la lumière de l'état des connaissances scientifiques actuelles sur le genre en dépendance.

Oral E4.3: Writing Your Recovery: The Healing Power of Narrative Therapy

Ann Dowsett Johnston, Author and Psychotherapist

Learning Objective

All individuals in recovery have a story; many are too ashamed to access that story, to share it or work with it. Narrative healing is a profoundly impactful vehicle for affecting an individual's personal perception of stigma and shame.

Participants in this unique workshop will experience the power of participating in my Writing Your Recovery program. I will guide the group through a writing exercise: individuals will learn how to excavate their story in a trauma-informed manner, using words and story to metabolize their personal history. The learning objective: to access tools to navigate the rough waters of personal narrative. Participants will learn about: the power of finding your voice, how to stare down Imposter Syndrome, how to show up to the page and develop a healing habit; how to mine their story for power and themes. In doing so, they will experience the transformative power of narrative therapy. This revolutionary workshop will equip participants with the alchemical tools to use their personal recovery story to find profound healing and peace. Narrative healing is a profoundly impactful exercise—especially for mental health and addiction issues.

Background

Writing Your Recovery is a revolutionary new program designed by bestselling author (Drink), seasoned editor and psychotherapist Ann Dowsett Johnston. Its aim: to help individuals use the power of trauma-informed narrative therapy to metabolize their recovery history. By excavating their personal history, participants are able to: reduce significant stigma and shame, find a path to owning and airing their story and find community with fellow writers. In this unique eight-week workshop format, Writing Your Recovery has been instrumental in helping more than 50 women own their voices, transforming recovery into discovery. Novel in its delivery, the program is designed to help all.

Sex and Gender Considerations

Writing Your Recovery is a program designed for women-centric communities, on the understanding that women in recovery share more openly with those of their own gender. This work was informed by my research in my book *Drink: The Intimate Relationship Between Women and Alcohol*. I believe there is power in these female-oriented circles. We share female-centric myths, poetry, narratives, with the aim of fostering a sense of empowerment, voice and liberation in a patriarchal world.

Oral E5.1: "A reward for surviving the day": Gendered meanings of substance use in the context of daily activity

Niki Kiepek, Dalhousie University

Learning Objective

Health promotion interventions may be more effective when social inequities and sex disparities are recognized and mitigated.

Background

Women's contemporary experiences related to substance use are influenced by historical, social, and political factors. Women have been uniquely subject to medicalisation.

Objectives

This study explores substance use by professionals in Canada, using a non-problem-focused approach, integrating opportunities to share positive and beneficial effects.

Methods

An anonymous, online, national survey (n=516; 370 women, 145 men) and semi-structured interviews (n=52; 36 women, 17 men) with regulated professionals in Canada.

Results

Certain substances were condoned and expected (e.g., alcohol for collegial relationships). Use of licit and illicit substances declined, related to professional image, maturity, tolerance, and responsibilities. Women had higher severity of anxiety (8.0% vs. 1.9%). Women had higher prevalence of pharmaceutical substances (e.g., to improve mood, decrease pain, improve sleep). Men saw substances as a social catalyst; women reported social use as incidental. Substances facilitated relaxation from work, which was a source of stress, unhappiness, and worry. Substances were a means to 'unwind' and 'function' for women, who were predominantly responsible for household/family responsibilities. Whereas men described home as a place to unwind, women reported little to no personal time.

Conclusions

Social expectations about professional identity mitigated use for men and women, but questions arose about how lives can be fulfilling and pleasurable without substances. Women reported more anxiety than men, reflecting ongoing gender inequities. As stated by Horwitz (2002), "Inequity, not femaleness, produces distress" (p. 177).

Sex and Gender Considerations

This paper focuses on experiences of women in comparison to men both in quantitative and qualitative analysis. Our team recognized women's drinking is subject to disproportionate scrutiny over men's drinking, although men's tend to demonstrate more "problematic" patterns of alcohol use (McKetta & Keyes, 2019), which we attempted to mitigate in our analysis and dissemination. In systematic analysis about 'substance abuse' among women, Martin and Aston (2014) found women to be presented as uniquely vulnerable to physiological and psychosocial harms, for their use to be positioned in relation to victimisation, and concerns to centre on childbearing and childrearing.

E5.2 My Story Is Not Unique (My Experience with an Alcohol Use Disorder)

Liz VandenBygaart, Community member with lived experience

Summary

The idea for my presentation came to me because I realize many people (including myself), have one mental image when it comes to addiction: often homeless, with little to no family support or connection. I have lived experience with an Alcohol Use Disorder but at the time had not 'lost it all', so wondered if I was really that bad, if I really needed professional help. I also worried about what people would think if I was asking for help; I was embarrassed that I had a problem, that I had tried to stop and was having a hard time (stigma led me to thinking this way).

Key Message

My PowerPoint presentation is about how stigma impacted my experience with an Alcohol Use Disorder, how stigma made it hard for me to know if I really had a problem, how stigma made me feel like I was not trying hard enough to get better and how stigma inhibited my physician from providing help for this medical condition. My presentation touches on the fact that many people with SUD's may appear 'functional', but are struggling, suffering and might not know there is help. Many people might feel they are not 'severe enough' to get help; this narrative prevented me from getting help sooner. In sharing my story, my goal is to encourage people to get help sooner and to help HCP's understand that it is important to know of all resources available in order to fully support their patients.

Oral E5.3: Gatekeeper perspectives on substance misuse among a Muslim community in Southwestern Ontario, Canada

Siham Elkassem, Affia Wellness, Private Practitioner
Rick Csiernik, Kings University College at Western University

Learning Objective

To present a literature review, methodology, findings and recommendations for the following study: Gatekeeper perspectives on substance misuse among a Muslim community in Southwestern Ontario, Canada

Background

In Aloud and Rathur (2009) study, 360 questionnaires were distributed to Arab Muslims in the United States. The results revealed that attitudes amongst this population regarding accessing any type of mental health service, including for addiction issues, was impacted by both stigma and cultural beliefs, as well as by an overall lack of know

Objectives

This study was conducted during 2018 with 20 community leaders and professionals from within one Muslim community in Canada: Imams, physicians, police officers, social workers, and teachers, who serve as gatekeepers to treatment for Muslims who are seeking support for addiction.

Methods

The goal of this qualitative exploratory study was to obtain the perspectives of 20 leaders and professionals from within a Muslim community in Southwestern Ontario, Canada, using one on one interviews and focus group discussions. A grounded theory methodology was employed for data collection and analysis.

Results

Major themes revealed were i) The Impact of Islam on responses to psychoactive substance use and misuse, ii) The influence of family and community on responses to psychoactive drug use and misuse, and iii) Barriers Muslims face in seeking help for substance misuse. The influence of faith was identified as a source of both protection and burden due to different interpretations of Islam and negative cultural beliefs which fuel stigma and shame. The greatest protective factors were also often the reasons preventing individuals from seeking treatment. Recommendations for future action to address this community issue are provided.

Sex and Gender Considerations

Participants from the study included faith and community leaders, health care and counseling professionals, police officers, and teachers. Forty individuals from across southwestern Ontario were invited to participate of whom 20 accepted the invitation to serve as key informants. Demographic (gender, profession, education) profiles of the participants are presented in Table 1. Participants discussed differential gender impacts of the topic.

Oral E6.1: Alcohol related emergency department visits and hospitalizations during the COVID-19 pandemic

Derek Lefebvre, Canadian Institute for Health Information
Antony Christy, Canadian Institute for Health Information
Xi-Kuan Chen, Canadian Institute for Health Information
Liudmila Husak, Canadian Institute for Health Information
Vanessa Sovran, Canadian Institute for Health Information

Learning Objective

To understand the unintended consequences of the COVID-19 pandemic on alcohol related ED visits and hospitalizations.

Background

The COVID-19 pandemic has caused unprecedented disruption in Canadians' lives. Within the pandemic context, various factors can impact alcohol use, including the use of alcohol as a means of coping, changes in social supports and networks and availability and accessibility of services.

Objectives

To understand the potential impacts of the COVID-19 pandemic on alcohol related ED and Hospital utilization.

Methods

Provisional and closed year administrative data from the Canadian Institute of Health Information (CIHI) was used for this study. Data from March to September 2020 was compared to the same time period in 2019. The study population was Canadian residents age 10 and older. Patients were assigned to their province or territory based on their place of residence.

Results

The number of hospitalizations for alcohol-related harms increased during the study period compared to the same time period in 2019, while the emergency department (ED) visits decreased. Hospitalizations for chronic alcohol related health conditions increased while acute intoxication ED visits declined. Findings reflect the disproportionate burden of the pandemic on certain populations. Among Canadians who use alcohol, this impact was felt disproportionately by men and by people from lower-income neighbourhoods.

Conclusions

This work reveals the negative effect the COVID-19 pandemic is having on alcohol-related harms in Canada. As the dual public health crises of COVID-19 and alcohol-related overdoses continue to progress in Canada, it will remain critical to continually monitor and report on the developing situation.

Sex and Gender Considerations

Analyses were conducted to examine potential differences between sexes and neighbourhood income.

Oral E6.2: Community Urinalysis and Self-Report Project (CUSP): Past, present and future of a standardized drug surveillance system

Emily Biggar, Canadian Centre on Substance Use and Addiction
Veda Končan, Manitoba Harm Reduction Network
Kristi Papamihali, BC Centre for Disease Control
Doris Payer, Canadian Centre on Substance Use and Addiction
Matthew Young, Canadian Centre on Substance Use and Addiction
Pascale Leclerc, Direction régionale de santé publique du Centre intégré universitaire de santé et de services sociaux du Centre-Sud-de-l'Île-de-Montréal
Brittany Graham, BC Centre for Disease Control
Jane Buxton, BC Centre for Disease Control

Learning Objective

Describe the process of scaling up a low-barrier, standardized surveillance system for drugs in the unregulated street supply; Summarise recent results on self-reported drug use and concordance with drug contents detected by urinalysis; Describe opportunities to incorporate qualitative research into surveillance

Background

Over the past 3 years, a national working group developed and facilitated implementation of a low-barrier sentinel surveillance system for the unregulated drug supply across Canada. It consists of a paired self-report survey and urine screen administered to clients of harm reduction sites

Objectives

To build capacity to generate comparable information about drug use trends across Canada, and use it to inform harm reduction programs and policy.

Methods

We will offer three presentations that i) detail the development of a “project in a box” to facilitate adoption by partners across Canada, ii) present recent results from Manitoba sites, and iii) describe next steps to improve understanding of emerging issues such as preferred mode of drug use, safer supply, and impacts of COVID-19 on the drug supply and harm reduction services.

Results

We will present results on system scale-up achieved to date, key trends in expected and actual drug use, and addition of qualitative interviews to the survey.

Conclusions

CUSP is a standardized yet flexible tool for detecting trends in the unregulated street drug supply. Findings are well-situated to inform harm reduction programs and policy and improve the well-being of people who use drugs.

Sex and Gender Considerations

The survey collects data on multiple aspects of diversity that influence health outcomes such as gender (including transgender and non-binary), Indigenous identity, and experience of homelessness. This permits stratification of results to examine different experiences of drug use and harm reduction service needs. Further, the project was implemented in rural, remote and northern regions in Manitoba and BC, which have been relatively underrepresented in past drug surveillance and research.

Oral E6.3: Predictors of concurrent use of stimulants and opioids among people who access harm reduction services in British Columbia, Canada: findings from the 2019 British Columbia Harm Reduction Client Survey

Christine Lukac, University of British Columbia
Abigail Steinberg, University of British Columbia
Kristi Papamihali, BC Centre for Disease Control
Amiti Mehta, BC Centre for Disease Control
Jane Buxton, BC Centre for Disease Control

Learning Objective

Describe new trends in methamphetamine use in the context of an opioid overdose epidemic in British Columbia, Canada. Define concurrent use of stimulants and opioids and explain associated harms. Outline the process of data collection and predictive model building using the 2019 Harm Reduction Client Survey. Describe the demographics of the analytical sample. Describe the results of the predictive model. Interpret results regarding predictors of concurrent use of stimulants and opioids.

Background

During a public health overdose emergency driven by fentanyl in British Columbia (BC), Canada, a parallel increase in methamphetamines use exacerbates the risk of overdose. Concurrent use refers to using stimulants and opioids one after the other, or together.

Objectives

Elucidating predictors of concurrent use can characterise at risk populations and inform the provision of harm reduction services.

Methods

This cross-sectional study interrogated the 2019 Harm Reduction Client Survey which sampled 621 individuals across 22 harm reduction sites in BC. Multivariable logistic regressions using backwards selection identified predictors of concurrent use.

Results

Of the 574 individuals who reported using stimulants and/or opioids, 307 (53.5%) reported concurrent use. The odds of concurrent use decreased with every one-year increase in age (aOR=0.97, 95%CI 0.95-0.99), among individuals with paid work (aOR=0.58, 95%CI 0.34-0.99), and stable housing (aOR=0.63, 95%CI 0.38-1.03). The odds of concurrent use increased among individuals who used drugs daily (aOR=3.80, 95%CI 2.31-6.37), experienced a non-fatal opioid overdose (aOR=1.90, 95%CI 1.06-3.48), owned a naloxone kit (aOR=1.88, 95%CI 1.13-3.14), used observed consumption sites (aOR=2.62, 95%CI 1.65-4.20), and were prescribed opioid agonist therapy (aOR=2.87, 95%CI 1.81-4.63).

Conclusions

Young unemployed individuals with unstable housing have increased odds of concurrent use. Although this subpopulation is connected with harm reduction services, concurrent use remained associated with overdose. Our findings suggest that housing, employment, counselling regarding the risks of concurrent use, and access to age-appropriate harm reduction services may reduce harms of concurrent use.

Sex and Gender Considerations

To best represent people who use drugs in BC, the 2019 Harm Reduction Client Survey was administered at 22 harm reduction sites in 20 communities across the province. The analytical sample was composed of 574 people from urban (387, 67%) and rural (187, 33%) areas, including men (357, 62%), woman (201, 35%), and gender non-binary (10, 2%). The sample included people who identify as indigenous (235, 41%), have no fixed address (187, 33%), and are unemployed (129, 22%). The presentation will describe the sample demographics in both the bivariable and multivariable analyses.

Oral E7.1: Communication and advertising practices related to the marketing of non-medical cannabis products

Antoine Fournier, National Institute of Public Health in Quebec

Learning Objective

The presentation is a public health analysis of the communication and advertising practices implemented by actors in the legal non-medical cannabis industry, which aims to inform public health actors about the practices employed by the cannabis industry.

Background

Research shows that exposure to advertisements encouraging the consumption of psychoactive substances is an important driver of increased population consumption and higher risk consumption practices. In the case of cannabis, the change in the legal status of the substance has involved the authorization of advertising by industry players, with many constraints.

Objectives

The research aims to draw a portrait of the communication practices used by the non-medical cannabis industry, and their risks, to identify the vulnerabilities in the legal framework regarding promotion of non-medical cannabis in Quebec and Canada.

Methods

Content analysis of the websites and social media platforms of cannabis producers, accessory manufacturers and cannabis retailers is performed. The data coding is developed inductively to identify a globality of advertising and information practices of cannabis products.

Results

Preliminary results highlight the use of communication and advertising practices that are akin to those of the tobacco and alcohol industries in several ways, and of public health concern with the use of communications appealing to young people.

Conclusions

According to the preliminary results, certain concerns appear regarding compliance with the federal and Quebec legislative frameworks in communication and promotion practices. Past experiences in the supervision of promotional practices in the alcohol industry call for caution as to a possible paradigm shift in the supervision of cannabis promotion.

Sex and Gender Considerations

The outlined work pays particular attention to communication and promotion practices aimed at young people, or which could be attractive to them. In addition, the outlined work pays particular attention to the use of the notion of gender and feminine attributes within the communication practices of the cannabis industry to reach and initiate a female clientele. Lastly, with the use of inductive coding, the outlined work takes into account the use of diversity referents in the promotion practices of players in the cannabis industry. The researcher has a GBA+ training completion certificate.

Exposé oral E7.2 : Portrait du marketing de l'alcool au Québec : des stratégies pour tous les goûts

Marianne Dessureault, Association pour la santé publique du Québec

Objectifs d'apprentissage

Enrichir la compréhension du marketing de l'alcool. Susciter la discussion pour favoriser des actions et politiques soutenant des environnements favorables.

Contexte

Les produits et promotions d'alcool sont omniprésents et banalisés dans notre société. La compréhension des stratégies de vente utilisées est nécessaire afin de mener des actions efficaces en santé publique.

Objectifs

Établir un portrait du marketing de l'alcool. Sensibiliser la population et les décideurs aux pratiques favorisant la consommation d'alcool.

Méthodes

Une recension a permis de répertorier différentes stratégies commerciales utilisées en matière d'alcool au Québec. Un échantillonnage aléatoire (lieux publics, établissements de vente, sphère numérique et médiatique) et un échantillonnage ciblé dans les circulaires de 5 chaînes de supermarchés sur 3 semaines ont été réalisés. Les stratégies ont été classées selon les éléments du marketing mix : produit, prix, placement, promotion.

Résultats

Les publicités et les promotions d'alcool sont diversifiées, nombreuses et présentes dans une variété de lieux. L'industrie de l'alcool s'adapte aux différents contextes sociaux, comme la crise sanitaire de Covid-19, en employant une diversité de pratiques pour attirer les consommateurs : segmentation, stratégies de prix, augmentation de l'accessibilité, etc. Cette surexposition aux produits et promotions contribue à la banalisation de l'alcool, la hausse de consommation et à l'initiation précoce en particulier chez les groupes vulnérables.

Conclusions

Les stratégies de vente influencent les habitudes de consommation et la norme sociale. Réglementer les promotions et publicités dans l'espace public et instaurer des prix minimums sur la vente seraient des actions prometteuses.

Considérations liées au sexe et au genre

Une attention a été portée aux effets de la publicité et des promotions sur les femmes et aux stratégies commerciales employées qui les ciblent particulièrement. Des parties des sections Prix et Promotion traitent ainsi ce public cible.

Dans le cadre de projets et de programmes futurs, il serait pertinent de faire une recension des stratégies commerciales (marketing) ciblant les femmes spécifiquement dans une région donnée. Un portrait ou un guide de publicités sexistes serait aussi pertinent. Un portrait et des recommandations spécifiques pour contrer l'effet du marketing chez les femmes et contrer la publicité sexiste pourraient alors émerger.

Oral E7.3: Alcohol advertising and control in Canada

Norman Giesbrecht, Centre for Addiction and Mental Health
Emilene Reisdorfer, MacEwan University

Learning Objective

To demonstrate the scope and extent of alcohol marketing and advertising in Canada

Background

International assessments and WHO have indicated that controlling alcohol advertising is an important consideration in reducing alcohol-related harm. There are many types of alcohol marketing, including: social media, TV and radio advertisements, billboards, print advertising, depictions in movies and TV, and sponsorship.

Objectives

To identify the scope, content, findings and conclusions of research on alcohol advertising in Canada.

Methods

A rapid review, initiated in January 2021, used five search engines: Embase, PubMed, Scopus, Web of Science, and PsycInfo. We identified 533 non-duplicate abstracts which were entered into Covidence, screened and eventually 35 studies conducted in Canada were selected for full text assessment and data extraction.

Results

The main themes found on the studies were: overview of alcohol promotion and control; alcohol advertising, alcohol availability and per capita consumption; alcohol advertising and public opinion; and analyses of alcohol advertising and control. There has been an erosion in public support for controls on alcohol advertising, even as the venues and means of promotion has expanded, including social media. Furthermore, the studies that examined guidelines reported that many advertisements did not adhere to them. Self-regulatory approaches do not appear to work.

Conclusions

In order to reduce negative impacts of alcohol advertising, several strategies are proposed: expand the scope of controls; control of advertising oriented to youth and to those in recovery from alcohol dependence; implement an effective and efficient system to handle breeches of codes; and create a national body to oversee implementation of effective controls.

Sex and Gender Considerations

In recent years alcohol advertising is increasingly oriented to women, especially young women, at time when high risk drinking has been reported in this population; concurrently, stronger evidence is emerging on the risk of cancer, including breast cancer, at relatively low levels of alcohol consumption. However, advertising messages do not allude to risks associated with alcohol consumption. Furthermore, alcohol marketing may be offensive and potentially dangerous to those addicted to alcohol, or in recovery from alcohol dependence. How is alcohol marketing directed to, or how does it impact, drinking and high risk drinking in Indigenous and other minority populations? These are several priority topics for future action and research.

THURSDAY, NOVEMBER 25 / JEUDI 25 NOVEMBRE

12:30–13:30 | CONCURRENT SESSION F / SÉANCE SIMULTANÉE F

Oral F1: Alcohol and COVID-19: A Time for Change

Daniel Myran, Ottawa Hospital Research Institute
Susan Barrass, Canadian Centre on Substance Use and Addiction
Tim Stockwell, Canadian Institute for Substance Use Research
Erin Hobin, Public Health Ontario
Rebecca Jesseman, Canadian Centre on Substance Use and Addiction

Learning Objective

Through a 3-part panel, understand the complex impacts of the COVID-19 pandemic and pandemic response on alcohol consumption in Canada using alcohol sales and survey data and changes to alcohol control policy, and discuss the potential long-term implications.

Background

Concern about potential increases in alcohol consumption during COVID-19 has been highlighted by reports of record alcohol sales and changes in patterns of alcohol use, including Zoom cocktail parties and memes about wine in the coffee mug during work meetings.

Objectives

To systematically monitor changes to alcohol policy, sales, and consumption during the pandemic to predict future health and economic impacts and inform future policy and practice toward mitigating risks.

Methods

Policy changes were systematically tracked across all 13 Canadian provinces and territories through internet searches. Consumption data are based on polls conducted since March 2020. Monthly alcohol sales data were accessed from Statistics Canada for both on premise and off premise outlets for the six largest provinces in Canada. Detailed weekly data were obtained for three provinces.

Results

Across most surveys, over 25% of respondents reported increased use, and approximately 15% decreased use. On average, per capita alcohol sales were 10.1% greater than predicted based on pre-COVID-19 trends during the first 9 months of the pandemic. Rapid policy changes have focused on increasing sales opportunities and providing economic supports to the hospitality industry.

Conclusions

Promoting best practice in alcohol policy is essential in mitigating health and social risks associated with new consumption patterns and increasing availability of alcohol that have developed during the COVID-19 pandemic.

Sex and Gender Considerations

All poll data are disaggregated and analyzed according to sex and gender. This analysis indicates significant differences for changes in alcohol consumption, reasons for changes in use, and individual characteristics (e.g., childcare responsibilities). Conclusions speak to differences in health and social impacts according to sex, and appropriate approaches to reduce risks and harms. Sample sizes for gender minorities restrict our ability to report on this priority population.

Oral F2: Building Competency-based Job Profiles for the Substance Use Workforce

Claire Rykelyk-Huizen, Canadian Centre on Substance Use and Addiction

Nina Salazar, Canadian Centre on Substance Use and Addiction

Learning Objective

Participants will have an opportunity to:

- Understand how a competency-based framework supports the substance use and mental health workforce
- Understand how to adapt job clusters and proficiency profiles for specific areas of substance use service delivery and professional practice
- Build their own competency profile for hiring, retention, curriculum development, performance management and professional development

Background

The workforce competencies describe the behaviours, skills and knowledge required for regulated and unregulated professionals who work with people who use substances. A competency-based approach to workforce development addresses several key questions. What are the competencies needed for each job? What is the scope of practice for a specific job? What is the level of expertise needed to perform a job? This workshop will demonstrate the practical application of CCSA's Competencies for Canada's Substance Use Workforce. Through a series of guided exercises participants will learn how to apply the competencies to their specific workplace setting. The exercises will help them understand the value of a Competency-based framework in building workforce capacity, enhancing service delivery and improving the quality of services.

Methods

Using a worksheet provided in advance of the workshop, participants will learn how to build their own competency profile using the tools and guides from the Competencies collection. This will include adapting the job clusters and proficiency profiles for their specific workplace or professional development needs, incorporating sex, gender, equity and diversity considerations into job descriptions, and developing customized interview and performance management tools.

Sex and Gender Considerations

Sex- and gender-based analysis (SGBA+) is relevant to all jobs in the substance use field because it examines how factors related to sex, gender and diversity affect substance use and addiction. This information needs to be integrated into all health services, programs, policies, recommendations, practices and job descriptions for the substance use field. For these reasons, the workshop will include a discussion of how SGBA+ analysis can be used to inform job descriptions and performance management.

Oral F3.1: Putting Indigenous Harm Reduction to Work

Andrea Medley, Johns Hopkins University
Alexa Norton, First Nations Health Authority
Sarah Levine, Vancouver Coastal Health Authority

Learning Objective

Describe community-based, peer-led, Indigenous harm reduction programming; Examine culturally safe, culturally responsive curriculum design; Establish the need for networks of diverse harm reduction roles

Background

First Nations people in BC are experiencing devastatingly high rates of overdose events and deaths. Yet substance use and harm reduction remain highly stigmatized in many First Nations communities, impacting access to life-saving harm reduction services. Further, many First Nations people do not feel that harm reduction is culturally relevant.

Objectives

Community-driven, culturally relevant responses to the overdose emergency are required to support First Nations people. The imposition of outside approaches has often been ineffective and even created harm. “Not Just Naloxone” (NJN) is a train-the-trainer workshop program created to foster community champions to advocate for harm reduction approaches, services, supplies, and resources, and train others to provide education within their communities.

Methods

52 community champions attended a gathering in December 2018 to share their experiences bringing NJN into their communities. 37 filled out an evaluation survey on pre- and post-training knowledge, NJN curriculum implementation, resources and supports, and outcomes. Qualitative thematic data analysis was conducted.

Results

Participants held diverse paid and volunteer positions and conducted NJN trainings in unique spaces. Strengths of NJN included the “decolonizing addiction” training module and skill development. Barriers included maintaining up-to-date materials and triggers experienced while training. Feedback included population-specific future trainings.

Conclusions

Overdose response must be responsive to cultural, political, and historical contexts.

Sex and Gender Considerations

The NJN curriculum takes into account the unique impacts of the overdose crisis for First Nations women, who died from overdose at 8.7 times the rate of other women in BC in 2019. Further, the training includes discussion of the impacts of this crisis on First Nations transgender and Two-Spirit populations, for whom data is currently unavailable.

Exposé oral F3.2 : Analyse des approches et des risques en réduction des méfaits offertes aux personnes utilisatrices de drogues

Caroline Longpré, Université du Québec en Outaouais
Monique Benoît, Université du Québec en Outaouais
Sylvie Charette, Université du Québec en Outaouais
Jorge Flores-Aranda, Université du Québec à Montréal
Isabelle Savard, Université du Québec en Outaouais
Gilbert Émond, Université Concordia
Hugo Bissonnet, Centre Sida Amitié
Maripier Jubinville, Université du Québec en Outaouais
Crystelle Robert, Université du Québec en Outaouais

Objectifs d'apprentissage

Illustrer le travail interdisciplinaire d'une équipe de professeurs chercheurs et professionnels d'un organisme communautaire au Québec (Centre Sida Amitié, chef de file dans la prise en charge des personnes utilisatrices de drogues - PUD), visant à identifier des pistes de solutions aux enjeux d'accès à des services en réduction des méfaits (RDM) pour les PUD (Recherche financé par le CRSH:1008-2020-1105)

Contexte

Les crises des surdoses et de la pandémie (COVID-19) au Québec mettent en évidence les enjeux relatifs à la prise en charge des PUD. On assiste à des bris de services, une collaboration déficiente, des disparités dans les pratiques et un soutien limité aux organismes communautaires.

Objectifs

Dresser un portrait des besoins des PUD au Québec et répertorier internationalement des initiatives communautaires exemplaires en RDM afin d'émettre des recommandations visant à mieux répondre aux besoins des PUD.

Méthodes

Un devis mixte et une approche en RDM a permis d'effectuer une triangulation entre des données issues d'entrevues semi-dirigées menées auprès des PUD, intervenants et gestionnaires communautaires et d'une revue systématique des écrits. Des analyses thématiques et statistiques bi-variées ont été effectuées.

Résultats

Les besoins des PUD en termes de services en santé sont identifiés ainsi que différentes initiatives communautaires exemplaires en RDM visant la prévention des surdoses, telles que l'analyse des substances et la distribution de matériel d'injection.

Conclusions

Des recommandations permettront de développer une action concertée des organisations communautaires contribuant à répondre aux besoins des PUD au Québec en matière d'accès aux services de santé selon une approche en réduction des méfaits.

Considérations liées au sexe et au genre

Toutes les personnes utilisatrices de drogues provenant des organismes communautaires à l'étude ont été invitées de manière équitable à participer à l'étude, peu importe leur genre, leur sexe ou leurs diversités. Ces facteurs n'ont pas eu d'influence sur le développement du protocole de recherche, ni sur la collecte, l'analyse et l'interprétation des données puisque les résultats prennent en considération de manière globale toutes les réponses des répondants à l'étude, sans aucune discrimination quelconque.

Exposé oral F3.3 : Interventions préventives en milieux festifs : Recommandations pour de meilleures pratiques

Marie-Anik Blanchet-Gagnon, Université de Sherbrooke

Objectif d'apprentissage

Illustrer les résultats d'une scoping review portant sur les recommandations en matière d'intervention préventive en milieux festifs.

Contexte

L'usage de substances en milieux festifs est connu et les risques associés sont importants. Les services préventifs sont indiqués pour répondre à ces besoins, mais aucune directive n'est fournie pour guider les organisations québécoises. Les organisations et les intervenants.es sont contraints.es à développer leurs services intuitivement, ce qui les expose à des risques pour elles-mêmes et la population festive.

Objectifs

Identifier les recommandations organisationnelles et d'intervention permettant la réalisation de ces services.

Méthodes

Une scoping review a été réalisée. 28 documents provenant de la littérature scientifique, d'organisations, d'associations et de réseaux ont été inclus. Ils incluent les services de type kiosque, analyse de substances, maraudes et accompagnement psychosocial.

Résultats

Cinq recommandations portent sur l'organisation des services, incluant la planification, le recrutement, l'implantation, les partenariats et l'évaluation des pratiques. Quatre recommandations portent sur l'intervention, incluant l'évaluation des besoins et l'adaptation, l'utilisation d'approches et de stratégies d'intervention, la responsabilisation et le respect des limites des participants.es et des intervenants.es.

Conclusions

Cette démarche était extensive. Les recommandations fournissent un portrait global qui peut être utilisé par les organisations en émergence ou qui cherchent à améliorer leur pratique. Elles pourront s'appuyer sur l'expérience d'autres pour prévenir les risques associés au développement intuitif et fournir des services plus efficaces et adaptés à la population festive.

Considérations liées au sexe et au genre

Les milieux festifs sont ouverts à tous.tes, indépendamment du sexe ou du genre. Tous.tes y sont inclus.es. Pour renforcer cette inclusion, les organismes devraient promouvoir cette inclusion, s'assurer que tous.tes les membres impliqués.es soient dépourvus.es de préjugés et constamment évaluer l'adéquation des services aux besoins des personnes rencontrées. Également, tant dans la littérature que mon expérience des milieux festifs, les personnes de communautés culturelles non québécoises sont peu représentées. Il serait nécessaire d'évaluer en amont si elles présentent des besoins qui peuvent être répondus. De toute manière, tout service et toute intervention devrait s'adapter à la clientèle et à ses besoins.

Oral F4.1: The Impact of the COVID-19 Pandemic on Opioid Use Disorder Treatment: Client and Prescriber Perspectives

Kim Corace, Royal Ottawa Mental Health Care Centre, University of Ottawa

Kelly Suschinsky, Royal Ottawa Mental Health Centre

Jennifer Wyman, Mentoring, Education, and Clinical Tools for Addiction: Partners in Health Integration (META:PHI)

Pamela Leece, Public Health Ontario

Sue Cragg, Canadian Centre on Substance Use and Addiction

Sarah Konefal, Canadian Centre on Substance Use and Addiction

Priscille Pana, Public Health Montréal

Susan Barrass, Canadian Centre on Substance Use and Addiction

Amy Porath, Canadian Centre on Substance Use and Addiction

Brian Hutton, Ottawa Hospital Research Institute

Learning Objective

Describe the experiences of OAT prescribers and clients when care was delivered during the COVID-19 pandemic; Consider implications of the COVID-19 experience for future OAT care guidance beyond the pandemic; Inform policy responses to increase access to OAT supports and services

Background

The COVID-19 pandemic has exacerbated the opioid crisis. Opioid-related deaths have increased and treatment services, including opioid agonist therapy (OAT), have been impacted. The Ontario COVID-19 OAT Treatment Guidelines were developed to facilitate safe access to care and continuity of care during the pandemic, while supporting physical distancing.

Objectives

Assess how OAT care has been affected by the COVID-19 OAT guidelines from client and prescriber perspectives.

Methods

Online questionnaires assessed client (N = 361) and prescriber (N = 100) experiences with OAT care during the pandemic.

Results

Most prescribers (91%) modified care in line with the Guideline recommendations. Clients reported little change in the frequency of office visits or urine drug screens, but 57% received additional carries. Most clients and prescribers responded positively to changes in OAT care (e.g., improved client-prescriber relationship). Additional carries were not associated with self-reported adverse health outcomes. Most clients and prescribers also responded positively to virtual care, though noted room for improvement.

Conclusions

Clients and prescribers responded positively to changes in OAT care delivery, yet barriers to care remain. Results support the need for equitable access to quality virtual care and re-evaluation of historic approaches to OAT care. It is crucial to implement policies, regulations, and supports to reduce barriers to OAT care during and post-pandemic.

Sex and Gender Considerations

Women experience more barriers when seeking treatment for opioid use disorder. We analyzed gender differences in clients' experiences with opioid agonist therapy (OAT) care during the pandemic. Women reported fewer benefits from virtual care compared to men. Women were less likely to agree that virtual care saved them time and/or money ($p < .001$) and their prescriber took the time to listen to them ($p = .001$). Virtual care may be perceived as less beneficial to women; thus, presenting barriers to accessing services. This highlights the need for gender-responsive approaches when implementing virtual care models to reduce barriers to care and improve outcomes.

Oral F4.2: Love and Substance Use in the Time of COVID

Mandy Hagen, Dalhousie University
Sherry Stewart, Dalhousie University
Helene Deacon, Dalhousie University
Danika DesRoches, Dalhousie University
Lindsey Rodriguez, University of South Florida
Simon B. Sherry, Dalhousie University
Raquel Nogueira-Arjona, Dalhousie University
Sandra Meier, Dalhousie University
Allan Abbass, Dalhousie University
Myriam Beaulieu, University of Quebec at Trois-Rivières

Learning Objective

The “No Exit” project investigated the effects of pandemic lockdown on substance use in romantic couples in three studies.

Background

The COVID-19 pandemic led to: school closures; couples isolating together during mandatory lockdowns; and increases in domestic violence.

Objectives

Study 1 examined effects of mandated homeschooling on parents’ coping-related substance use. Study 2 tested gender differences in homeschooling effects on drinking. Study 3 examined gender differences in romantic conflict effects on couples’ drinking levels and mediation through coping motives.

Methods

N=758 couples (93.8% mixed-sex; 50.9% men, 48.8% women, 0.3% other; mean age=54.7) completed validated measures of alcohol use, drinking motives, cannabis use motives, and romantic conflict.

Results

Study 1 found greater coping-related cannabis use in couples who were (n=211) vs. were not (n=547) homeschooling. Among homeschooling couples, homeschooling hours were associated with partners’ increased coping-related drinking. In Study 2, the woman’s homeschooling hours were positively related to both her own and her partner’s drinking frequency (risks) while the man’s homeschooling hours were negatively related to his partner’s drinking frequency (protective effects). In Study 3, conflict was associated with increased drinking in men and women alike, both directly and indirectly through own coping motives, with the indirect effect strongest in women. The effects of partner coping motives on own drinking varied by gender, serving as a risk for heavier drinking in men and a protection against heavier drinking in women.

Conclusions

We will review implications for policy and the educational and mental health supports that couples require during the pandemic to reduce adverse substance use outcomes.

Sex and Gender Considerations

We attended to sex and gender in the No Exit project in several ways. First, we were careful to be inclusive of couples regardless of members' biological sex, gender identity, or sexual orientation. We also examined gender differences, making these the focus of Studies 2-3. These analyses could only be performed among the mixed-sex couples due to limitations imposed by the Actor Partner Interdependence Modelling analytic framework which requires pairs of men and women to examine gender differences using distinguishable dyads analyses. We also present results among all couples (regardless of sexual orientation) in indistinguishable dyads analyses to be inclusive.

Oral F4.3: Changes in Substance Supply and Use Characteristics among People who use Drugs (PWUD) during the COVID-19 Global Pandemic: A National Qualitative Assessment in Canada

Farihah Ali, Centre for Addiction and Mental Health

Learning Objective

To identify changes to substance use behaviors and outcomes related to COVID-19 among PWUD

Background

People who use drugs (PWUD) may be more susceptible to COVID-19-related side effects. Closures of border and non-essential services may have placed PWUD at a higher risk of unintended consequences in terms of drug use and supply patterns, as well as related outcomes. However, the extent of these effects upon this population is unknown.

Objectives

To identify changes to substance supply (including toxic and adulterated substances) among PWUD during COVID-19 and highlight the need for improved services and supports for PWUD to ensure they have the tools necessary to mitigate risk when using substances.

Methods

We conducted semi-structured one-on-one telephone-based interviews with 200 adult PWUD across Canada who were currently using a licit or illicit psychoactive substance at least weekly, and/or currently receiving opioid agonist treatment (OAT). Thematic analyses were conducted using qualitative software.

Results

PWUD attributed adverse changes to their substance use frequency, supply, use patterns, and risk behaviors and outcomes to COVID-19. Many participants noted supply disruptions with the majority indicating a decrease in potency and availability, and an increase in the price of substances since COVID-19. Nearly half of participants specified that they had increased their substance use, with some experiencing relapses. In terms of changes to risk level, many participants perceived they were at a greater risk for experiencing an overdose.

Conclusions

Our findings warrant the need for improved supports and services, as well as accessibility of safe supply programs, take home naloxone kits, and novel approaches to ensure PWUD have the tools necessary to mitigate risk when using substances.

Sex and Gender Considerations

Demographic characteristics of sex and gender were collected during the data collection phase, whereby our sample included 112 (56%) male, 81(40.5%) female and 7 (3.5%) “other” when asked about gender.

Oral F5.1: The Impact of Cannabis Legalization in Canada on Adolescents' Perceptions

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Angela Meyer, University of British Columbia Okanagan
Marvin D. Krank, University of British Columbia Okanagan

Learning Objective

Participants will develop an understanding of the important themes that adolescents identify when asked how they perceive cannabis legalization.

Background

Youth and young adults consistently use the most cannabis of any age range. Since the legalization of cannabis in Canada in October 2018, research has not reached a consensus on how legalization impacts adolescents' perceptions of cannabis.

Objectives

This study sought to examine how the nationwide legalization of cannabis impacted youth opinions.

Methods

Surveys were administered to 398 Grade 8 students in May 2017 (pre-legalization) and 377 Grade 8 students in December 2018 (post-legalization). Similar proportions of males and females participated in both the pre- and post-legalization surveys. Participants completed an open-ended question regarding their opinion on cannabis legalization and a ranking of whether legalization of cannabis was very good to very bad.

Results

In both cohorts, most students indicated that they had not used cannabis in the past year and that adolescents primarily hold negative views towards legalization. Thematic coding identified themes including negative views, positive views, unsure, pros and cons, medicinal use only, and legalization will not affect levels of use. Quantitative ratings of legalization were similar in both the pre- and post-legalization groups.

Conclusions

These results suggest that legalization use had little effect on perceptions of cannabis. Responses revealed that adolescents primarily hold negative views toward cannabis legalization. Negative views suggested that legalization will lead to more drug-related issues in society. Positive views suggested that government control of the cannabis industry would be beneficial for society.

Sex and Gender Considerations

Examining the role of sex, gender, and diversity in adolescent substance use is important for prevention programs. As children age, social pressure, societal norms, and other risk factors for substance use may impact the adolescent's perceptions of substance use differentially by sex and gender. We found no such difference in this sample which is consistent with other research on this age demographic. If this research was replicated in an older or more diverse sample, we may expect to find sex, gender, and diversity differences.

Oral F5.2: Decriminalizing Drugs: A Canadian Civil Society Common Platform

Sandra Ka Hon Chu, HIV Legal Network
Richard Elliott, HIV Legal Network
Scott Bernstein, Canadian Drug Policy Coalition
Caitlin Shane, Pivot Legal Society
Donald MacPherson, Canadian Drug Policy Coalition

Learning Objective

To understand “decriminalization” proposals advanced by different stakeholders in Canada.

Background

In May 2020, civil society organizations (CSOs) launched a call (endorsed by 180+ organizations) to decriminalize simple possession, and for the health minister to issue a nation-wide exemption, under the Controlled Drugs and Substances Act (s. 56), from the criminal prohibition on possession. Subsequently, police chiefs endorsed decriminalization, the federal prosecution service recommended non-prosecution for simple possession except in the “most serious cases,” and bills to reduce criminalization were introduced in Parliament.

Objectives

A CSO Strategy Group developed a common agenda for drug decriminalization to mobilize support for drug law reform that puts health and human rights first.

Methods

Multiple rounds of drafting and discussion by a core Strategy Group (50 members), and consultation with a broader range of CSOs, including targeted outreach to specific communities; final review of feedback; final adoption of common platform; circulation for wider endorsement.

Results

CSOs’ common vision for decriminalization includes:

- Full removal of criminal sanctions and all other penalties and coercive interventions for all drug possession for personal use, as well as the sharing or selling of set limited quantities of drugs.
- Automatic expungement of previous convictions for these activities.
- Redistribution of resources from law enforcement to programs and services that protect and promote health and human rights, including housing and social services.

Conclusions

Non-prosecution policies or diversion are inadequate, as are proposals that maintain any punitive sanctions (criminal or otherwise) for simple possession and small-scale selling or sharing.

Sex and Gender Considerations

The Strategy Group is a diverse, roughly gender-balanced loose working group inclusive of people who use(d) drugs. The racialized impact of drug criminalization, especially for Black and Indigenous people in Canada, has been part of the group’s deliberations throughout. Additional targeted outreach to Black and Indigenous community organizations, advocates and other experts was part of the consultation process. The racial justice dimensions of prohibition, and of the case for decriminalization, are reflected expressly in the common platform.

Oral F5.3: Over-policed and underrepresented: Perspectives on cannabis legalization from members of racialized communities in Canada

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Tara Marie Watson, Centre for Addiction and Mental Health
Akwasi Owusu-Bempah, University of Toronto
Elaine Hyshka, University of Alberta
Tara Elton-Marshall, Centre for Addiction and Mental Health
Margaret Robinson, Dalhousie University
Samantha Wells, Centre for Addiction and Mental Health
Sergio Rueda, Centre for Addiction and Mental Health

Learning Objective

Participants will learn about the perspectives of Indigenous people and racialized Canadians regarding cannabis legalization, including perceived impacts, concerns and opportunities that support equity and social justice.

Background

Canada legalized cannabis in October 2018. The benefits of legislation may be limited for Indigenous people and racialized Canadians due to inequitable law enforcement. The Mental Health Commission of Canada identified a lack of cannabis research with Indigenous people and racialized groups. Research engagement is essential for achieving cannabis justice.

Objectives

The objectives of the research are to address the paucity of Indigenous and racialized voices in cannabis research and identify potential solutions to address injustices of prohibition.

Methods

Between September 2018 and July 2019, we recruited 37 Indigenous and racialized community workers to participate in focus groups and interviews in Québec, Ontario, Alberta and BC.

Results

Major themes emerged from the data concerning over-policing, underrepresentation of Indigenous and racialized communities in the legal cannabis market, and in cannabis research.

Conclusions

Recommendations to support cannabis justice for Indigenous and racialized people include: Require law enforcement to follow Ontario Human Rights Commission recommendations; expunge cannabis criminal records; reinvest cannabis tax revenue into communities and initiatives for those disadvantaged by prohibition; provide priority licensing for Indigenous and racialized individuals; engage with cultural and spiritual views and practices to strengthen the legal market; and meaningfully engage with Indigenous and racialized communities in future cannabis research to inform policies and legislation.

Sex and Gender Considerations

This study focused on Indigeneity and racialization in relation to law enforcement, the cannabis economy, and the field of cannabis research. Indigeneity and racialization were operationalized by self-identification in recruitment, but Indigeneity and racialization as perceived by law enforcement (e.g., in racial profiling) is also relevant. Issues of sex and gender are highlighted in relation to racial profiling and over-incarceration, which vary significantly in this regard. We identified some intersectional issues related to race, class, gender, and age, but our sample size did not support exploring these intersections in depth.

Oral F6.1 Environmental Scan of Withdrawal Management Practices and Services in Canada: Response to Opioid Use Disorder



This session is in partnership with The Association of Faculties of Medicine of Canada

Brian Rush, Centre for Addiction and Mental Health

Learning Objective

To increase an understanding of current practices for opioid withdrawal management across Canada.

Background

Failure to follow current guidelines for withdrawal from opioids can cause serious harm including high risk of overdose. Information about current practices for withdrawal management with respect to opioid-use disorder is limited and needed to help guide the development and dissemination of evidence-based practices appropriate for the Canadian context.

Objectives

To summarize current organizational practices with respect to withdrawal management for patients with opioid use disorder in Canadian substance use treatment systems.

Methods

The project implemented an organizational-level national survey of public and private substance use treatment programs that offer residential and non-residential WM services. The analysis included quantitative data on service utilization, substance involved and WM approaches used, as well as qualitative feedback of facilitators and challenges to following recommended guidelines.

Results

147 programs were targeted to participate in the national survey, of which 86 programs completed the survey: an overall return rate of 58.5%. While there were many positive aspects to the overall national response to withdrawal management for opioid use disorder (e.g., a client-centred approach and significant risk management), there was high variability to adherence to the current opioid treatment guidelines and availability of medical supports. Many respondents also reported barriers to transitioning client to longer-term treatment.

Conclusions

There is a need for more concrete guidance on withdrawal management for opioid use disorder and supportive implementation of those guidelines.

Sex and Gender Considerations

Information was requested, received and analysed with respect to availability of withdrawal management beds designated specifically for males and females. We also report on access to WMS services for a wide range of sub-groups including Indigenous peoples, LGBTQ, pregnant/post-partum women, and people who are incarcerated, to name a few groups requiring special consideration due to current issues related to low treatment access.

Oral F6.2: Psychedelic use is associated with reduced daily opioid use among people who use illicit drugs in a Canadian Setting



This session is in partnership with The Association of Faculties of Medicine of Canada

Elena Argento, University of British Columbia; BC Centre on Substance Use
M. Eugenia Socias, University of British Columbia, BC Centre on Substance Use
Kanna Hayashi, Simon Fraser University; BC Centre on Substance Use
JinCheol Choi, BC Centre on Substance Use
Lindsay Mackay, University of British Columbia
Devon Christie, University of British Columbia
M-J Milloy, University of British Columbia; BC Centre on Substance Use
Kora DeBeck, Simon Fraser University; BC Centre on Substance Use

Learning Objective

To share findings from an observational study investigating the relationship between psychedelic use and subsequent daily illicit opioid use among a closely followed prospective cohort of people who use drugs in Vancouver, Canada.

Background

Research into the therapeutic and naturalistic uses of psychedelics for improving outcomes related to mental health disorders has generated increasing interest in recent years. While controlled clinical trials of classic psychedelics have signaled benefits for treating substance use disorders, this area has not been well studied in the context of naturalistic psychedelic use.

Objectives

This study sought to investigate the possible relationship between recent non-therapeutic psychedelic use and subsequent daily illicit opioid use among people who use drugs (PWUD).

Methods

Data (2006-2018) were drawn from three harmonized prospective cohorts of community-recruited PWUD in Vancouver, Canada. Multivariable generalized linear mixed modeling (GLMM) was used to estimate the independent association between classic psychedelic use and subsequent daily illicit opioid use.

Results

Among 3818 PWUD at baseline, 1093 (29%) reported daily use of illicit opioids and 229 (6%) reported classic psychedelic use in the past six months. Over study follow-up after adjusting for a range of potential confounders, classic psychedelic use remained independently associated with a significantly reduced odds of subsequent daily opioid use (Adjusted Odds Ratio: 0.46; 95% Confidence Interval: 0.30 to 0.72).

Conclusions

While confirmation in other settings is required, these findings align with growing evidence that classic psychedelic use may be associated with detectable effects on subsequent health behaviors including illicit opioid use.

Sex and Gender Considerations

The ability to extrapolate findings to other settings and diverse populations has been limited by a largely white and male-dominant psychedelic research landscape and it is noteworthy that this study included 1307 (34%) cis/trans women and other people who identify as gender minorities (trans/two-spirit), as well as 1324 (35%) non-white participants, including 1176 (31%) who identified as Indigenous. Nevertheless, there remains a critical need to prioritize gender and ethnic diversity to address inequities in health and access to psychedelic research and future care.

Oral F6.3: Assessing the determinants of completing OAT induction and long term retention: A population-based study in British Columbia, Canada



This session is in partnership with The Association of Faculties of Medicine of Canada

Megan Kurz, Centre for Health Evaluations and Outcome Sciences
Jeong Eun Min, Centre for Health Evaluation & Outcome Sciences
Laura Dale, Centre for Health Evaluation and Outcome Sciences
Bohdan Nosyk, Centre for Health Evaluation & Outcome Sciences

Learning Objective

To present a novel study assessing induction separately from retention in opioid agonist treatment (OAT).

Background

OAT is essential, life-saving medication, yet successful induction and long-term retention are limited in many settings. The induction stage of OAT features the highest discontinuation and mortality risks throughout the treatment course.

Objectives

To identify determinants of completing OAT induction and, among completers, time to OAT discontinuation in British Columbia, Canada.

Methods

We conducted a retrospective study using linked population-level health administrative databases to capture all individuals receiving at least one OAT dispensation from January 2008 to September 2018. We estimated a two-part model to determine the probability of completing induction using a generalized linear mixed model and, among completers, time to OAT discontinuation using a Cox proportional hazards frailty model, controlling for client demographics, clinical history, characteristics of the OAT episode and primary prescribing physician.

Results

We observed 220,570 OAT episodes among 45,608 individuals over the study period. Less than 60% of all OAT episodes completed induction and half of those reached the minimum effective dose. In multiple regression analysis, those treated with buprenorphine were 21% less likely to complete induction compared to methadone and, for those who completed it, buprenorphine use was associated with 88% shorter times to discontinuation.

Conclusions

We found low rates of completing induction and, for those who completed it, low rates of reaching the minimum effective dose. Health systems should work to provide low-barrier wrap-around treatment supports to improve retention for those experiencing complex comorbidities and social instability.

Sex and Gender Considerations

We controlled for individuals' sex in both of our models to identify differences in outcomes related to sex. We also controlled for individuals that had experienced unstable housing and history of social assistance, both of which are highly correlated with socio-economic status (SES). In future work, we will have access to additional linked data (British Columbia Social Development and Poverty

Reduction data), allowing us to include more a more direct measure of SES in analyses. Gender, religion, and race/ethnicity are not available in our data.

Oral F7.1: Section 56 exemptions for drug checking services: Supporting a streamlined approach

Doris Payer, Canadian Centre on Substance Use and Addiction
Karen McDonald, Centre on Drug Policy Evaluation
Bruce Wallace, University of Victoria
Jarred Aasen, Canadian Institute for Substance Use Research

Learning Objective

Participants will

- Learn about best practices in applying for a Section 56 exemption; and
- Contribute to the development of tools to streamline the application process.

Background

Drug checking is a harm reduction service that empowers people who use drugs to make informed decisions by providing information about the contents of their drugs. It also serves an important function in monitoring the unregulated drug supply. This is vital as the drug supply becomes more contaminated and overdose rates surpass record highs.

Drug checking protocols involve collecting and analyzing samples of drugs for their contents. This requires possession, transportation, storage, and disposal of illegal drugs by service providers, couriers, and technicians. These activities are prohibited under Canada's Controlled Drugs and Substances Act. Health Canada can issue exemptions from this Act under Subsection 56(1) to enable implementation of services; however, this process is time- and resource-intensive. Given the urgency of developing and scaling-up these life-saving services, members of Canada's National Drug Checking Working Group have been working to streamline the application process and decrease the administrative burden.

In this workshop, participants will engage with members of the Working Group who have successfully navigated the exemption process, and will have an opportunity to contribute to the documents and tools being developed to simplify the process.

Methods

Facilitators will share resources and lessons about the workflow, decision points, and information required to apply for an exemption. Participants will then have an opportunity map out their own workflow, and will be able to contribute ideas to the evolution of the streamlining tools.

Sex and Gender Considerations

In collaboration with people who use drugs and harm reduction community partners, participating drug checking programs develop and operate services that promote representation across genders and cultural/racial groups to inform the development of equitable drug policies that are responsive to the needs of these groups. These considerations are imperative since:

- Gender has been identified as a risk factor for non-fatal overdose, with women at increased risk.
- Racialized communities and survivors of colonization are disproportionately impacted by unjust drug policies.
- Men are more likely than women to access drug checking services, although this is primarily in nightlife settings.

Exposé oral F7.2 : Un examen de la portée (Scoping Review) sur les modèles d'analyse des drogues : en soutien aux stratégies de prévention des surdoses au Québec

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Jorge Flores-Aranda, Université du Québec à Montréal
Caroline Longpré, Université du Québec en Outaouais
Gilbert Émond, Université Concordia
Sylvie Charette, Université du Québec en Outaouais
Isabelle Savard, Université du Québec en Outaouais
Hugo Bissonnet, Centre Sida Amitié
Jean Robert, Centre de santé communautaire Le DISPENSAIRE
Marie-Ève Blackburn, Université du Québec en Outaouais

Objectif d'apprentissage

Soutenir des stratégies efficaces en prévention des surdoses au Québec.

Contexte

La crise des surdoses s'accroît depuis plusieurs années au Canada et les outils disponibles au Québec visant à réduire les méfaits ou les risques associés à la consommation sont peu nombreux. Or, un modèle d'intervention communautaire offrant des analyses de substances a été développé au Québec par l'équipe du Centre Sida Amitié (CSA) située dans la région des Laurentides.

Objectifs

Recenser les modèles d'analyse des drogues par un examen de la portée; comparer les résultats de l'examen de la portée avec le modèle VIGIttox communautaire du CSA; et, confronter les résultats sur la base d'une conférence de consensus (CC) avec les acteurs clés préoccupés par la situation des surdoses.

Méthodes

Un examen de la portée a été développé; un questionnaire administré aux personnes concernées par l'analyse de la substance; une conférence de consensus (CC) pour cibler le meilleur modèle.

Résultats

Les résultats préliminaires de l'examen de la portée montrent que ce sont surtout les organisations communautaires œuvrant en réduction des méfaits qui offrent le plus grand éventail de services sur l'analyse des substances. Une autre constatation dans la littérature existante en analyse des substances est que sa production existe surtout dans les régions occidentales et dans quelques parties du monde seulement.

Conclusions

Enfin, un ensemble d'articles portant sur la COVID-19 permet de penser que l'analyse des drogues représente un outil indispensable pour faire face à la crise des surdoses particulièrement exacerbée dans le contexte de la pandémie.

Considérations liées au sexe et au genre

Le groupe de recherche en infectiologie, sexualité et santé communautaire (RISSQ+), qui regroupe près d'une dizaine de chercheur.euse.s du domaine de la santé (médecine, infectiologie, sciences infirmières...) et des sciences sociales (sociologue, travail social, méthodologue...), s'est associé depuis quelques années au développement de la recherche avec le Centre Sida Amitié, qui compte une clientèle de personnes LGBTQ+. Cette population est au centre d'une intervention communautaire en matière de réduction des méfaits que privilégie le CSA. Notre alliance avec le CSA permet le développement de recherches en santé communautaire sur les dépendances au sein des populations LGBTQ+ de loin la plus affectée par la crise des surdoses