



**ISSUES of SUBSTANCE
QUESTIONS de SUBSTANCE**
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CCSA's Issues of Substance 2023

Poster Abstracts

Questions de substance 2023 du CCDUS

Résumés des affiches

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The Continuum of Care: Promoting Health, Reducing Harms, Supporting Recovery / Continuum de soins : promotion de la santé, réduction des méfaits et soutien au rétablissement

1. Creating Recovery-Friendly Campuses in Alberta

Victoria Burns, UCalgary Recovery Community
Chelsie Graham, University of Calgary
Noor Hadad, UCalgary Recovery Community

Learning Objective

Understand the framework, goals, and activities of ROC-Alberta and the UCalgary Recovery communities, and plans for sustainability. Learn about ROC's innovative whole campus, all-pathways approach to recovery that incorporates harm reduction. Understand the challenges and opportunities of making staff programming a priority in collegiate recovery models and explore ways to reduce stigma for this population.

Background

University campuses are known to be recovery-threatening environments. Over 20% of students meet the criteria for substance use disorders—yet less than 10% will seek help due to stigma. Specific challenges for campus members in recovery include few suitable housing options and difficulties finding social networks. As an academic in long-term recovery from addiction, Dr. Victoria Burns, Ph.D., RSW experienced this stigma and sense of non-belonging firsthand.

Although collegiate recovery programs (CRPs) have a long-standing history in the USA, dating back to the 1970s, university-based recovery supports are still largely undeveloped in Canada. Addressing this critical gap, this panel introduces Recovery on Campus (ROC) Alberta—the first province-wide collegiate recovery initiative in Canada that supports and celebrates all pathways of recovery for students and staff across the 26 publicly funded post-secondary institutions (PSIs) in the province. Funded by Alberta Health, and coordinated by the University of Calgary, ROC's mission is to engage, innovate, and inspire CRPs by offering a seed grant opportunity, mentorship, peer support, scholarships, and training to PSIs that want to make their campuses more inclusive and recovery-friendly for all.

Objectives

Funded by Alberta Health, and coordinated by the University of Calgary, ROC's mission is to engage, innovate, and inspire Collegiate Recovery Programs (CRPs) by offering a seed grant opportunity, mentorship, peer support, scholarships, and training to PSIs that want to make their campuses more inclusive and recovery-friendly for all.

Methods

Qualitative.

Results

Results are pending.

Conclusions

ROC and UCRC strive to recognize people in or seeking recovery and remove barriers that have been and continue to be encountered, including loss of status, work, and educational opportunities. Creating a community where people can recovery in safety.

Sex and Gender Considerations

ROC and the UCRC recognize people in or seeking recovery as a marginalized, equity-seeking group. By implementing an innovative whole-campus program we are striving to remove barriers that have been and continue to be encountered, including loss of status, work, and educational opportunities. Our panel will address the impact of stigma and discrimination, and how drug policy continues to be a barrier for racialized people to access support. We will begin our presentation with a land acknowledgement to recognize and honour the Indigenous people who have lived and worked on the land historically and presently, and to understand our privileged role as guests.

2. Rapid Access Addiction Medicine Clinics: Quality Targets and Challenges

Jennifer Wyman, META:PHI

Sarah Clarke, META:PHI

Ann Marie Corrado, META:PHI Provincial Network, Women's College Hospital

Katie Dunham, META:PHI

Meldon Kahan, Women's College Hospital

Learning Objective

At the end of this session, participants will be able to:

- Describe the quality targets associated with RAAM clinic care
- Share guidance documents that outline recommendations for RAAM clinic staffing, function, best practices, and evaluation
- Consider challenges and opportunities in implementing the RAAM clinic model in different contexts

Background

The need to improve access to services and supports for people who use substances has been identified as a priority in provincial and national substance use strategies. Rapid access addiction medicine (RAAM) clinics are an emerging model of care based on the premise that low-barrier rapid access to addiction care improves treatment engagement and retention.

Objectives

META:PHI provides oversight and resource materials for Ontario's 71 provincially funded RAAM clinics. Given emerging evidence that RAAM care is associated with treatment engagement and retention and reduction in resource-intensive services, it is important to identify the essential components of RAAM clinic care and the challenges in delivering that care.

Methods

With input from provincial partners, META:PHI has developed RAAM clinical quality targets. These targets provide a concrete way to measure a RAAM clinic's progress towards delivering care that is timely, appropriate, integrated, person-centred, and safe.

Results

Eighteen targets are identified and grouped into the broad categories of administrative, clinical, and community-oriented. Each target has a set of indicators with goals for clinics to work towards.

Conclusions

The RAAM clinical quality targets are currently being used as part of META:PHI's first evaluation of Ontario's RAAM clinics. Data from the clinics will be assessed in light of the quality targets. This assessment will be used to provide feedback and recommendations to the Ontario Ministry of Health, as well as to inform META:PHI's ongoing projects to provide support to RAAM clinics.

Sex and Gender Considerations

The RAAM clinical targets acknowledge the importance of culturally affirming care and include the following target indicators:

- Opportunities for learning about Indigenous cultural safety are provided to clinic team
- Clinic supports a visiting Indigenous Elder or Community Knowledge Keeper to share guidance and support for service users and care providers
- Opportunities for learning about culturally affirming care for 2SLGBTQ+ and racialized individuals are provided to clinic team
- Service user partners are engaged in discussions about culturally affirming care
- Partnerships exist with local cultural leaders to inform care provision
- A process is in place for referrals to culturally specific care

3. An Exploration of Medical Cannabis Use Profiles in Newfoundland and Labrador: Access, Reason for Consumption, and Purchase Behaviours

Queen Jacques, Memorial University of Newfoundland
Rachel Howells, Memorial University of Newfoundland
Lisa Bishop, Memorial University of Newfoundland
Maisam Najafizada, Memorial University of Newfoundland
Dina Gaid, Memorial University of Newfoundland
Jennifer Donnan, Memorial University of Newfoundland

Background

Non-medical cannabis legalization has introduced new pathways to obtain medical cannabis. Investigating the impact of legalization is necessary for informed, safe, and effective medical cannabis consumption.

Objectives

To outline medical cannabis use profiles in Newfoundland and Labrador (NL), including: 1) reason for use; 2) access to regulated medical cannabis; and 3) purchase behaviour.

Methods

Adults in NL were recruited through a survey panel and paid social media advertisements to complete an online survey. Medical cannabis consumers were included in descriptive and Chi-Square analyses.

Results

Of the total sample ($N=1206$), one-third of participants reported consuming cannabis for medical reasons ($N=404$, 64.6% Women, 88.7% White); of these, 84.9% used for mental health and 74.3% for physical health indications. These participants consumed medical cannabis for reasons unsupported by evidence, such as anxiety (68%), depression (53.1%), pain (50.8%), and headaches (27.3%). Only 22.1% received authorization from their healthcare provider (HCP) in their lifetime, and 5.2% accessed cannabis through an authorized medical producer. Medical cannabis consumers often purchased dried flower products (80.2%) and products with higher THC and lower CBD content (30.4%). Cannabinoid choice significantly differed based on having received authorization by an HCP, $\chi^2(35, N=402) = 50.3, p < .05$.

Conclusions

This study outlines diverse medical cannabis use profiles and gaps in access to regulated medical cannabis. Results support that, to foster effective medical cannabis use, there is a need for increased communication about cannabis in healthcare settings and better access to medical cannabis authorization.

Sex and Gender Considerations

Participant demographics characteristics (e.g., gender, employment, ethnicity, and a range of cannabis purchase behaviours) were outlined. Specifically, medical cannabis use was compared across genders and ethnicities. This was an important component of this study, as these identities play a role in the continued care for medical cannabis patients.

4. Adjunct Harm Reduction Strategy Using Medical Cannabis: Naturalistic Observational Pilot Study Preliminary Results

Tashia Petker, University of British Columbia

Learning Objective

To share preliminary findings of a harm reduction strategy involving supervised medical cannabis and education within a substance use recovery program.

Background

The ongoing health emergency related to toxic drug poisonings in Canada presents a need for novel harm reduction approaches to address overdoses and substance use disorders. Emerging evidence suggests that cannabis may be a potential harm reduction strategy due to its ability to replace or reduce the use of more harmful substances. However, the integration of medically supervised cannabis use as part of a comprehensive recovery framework has not yet been formally tested. This pilot test has started the process.

Objectives

The current study project aims to investigate medically supervised cannabis as a harm reduction strategy within a substance use recovery program in Kamloops, BC.

Methods

The pilot study utilized a naturalistic observational design and conducted qualitative interviews with 14 participants and six Maverick Supportive Recovery and Career Development Program staff members between September 2022 and March 2023.

Results

Preliminary findings suggest that using medically supervised cannabis as an adjunct harm reduction strategy resulted in effective multidimensional symptom control, increased function, and better quality of life among participants. Additionally, the project was well accepted among participants and staff, indicating high feasibility.

Conclusions

The results of this novel study have important implications for improving substance use treatment and informing healthcare cannabis policy. We plan to disseminate our research findings through lay summaries, media interviews, public forums and social media, along with scientific journals and present them at local to international academic conferences to contribute ongoing real-world evidence evaluating the cannabis access and use patterns and associated health impacts among vulnerable populations throughout the implementation of cannabis regulation.

Sex and Gender Considerations

All clients in the recovery program who use medical cannabis were inclusively welcome to participate in the pilot study. A supplementary analysis will occur in a gender-based approach consistent with the CIHR Institute of Gender and Health Guidelines.

5. Medication Selection Tool to Support AUD Pharmacotherapies

Izabela Szelest, Canadian Alcohol Use Disorder Society

Bruce Harries, Canadian Alcohol Use Disorder Society

Hayley Ross, Canadian Alcohol Use Disorder Society

Roland Engelbrecht, Canadian Alcohol Use Disorder Society

Andrew Ashley, Canadian Alcohol Use Disorder Society

Background

Alcohol Use Disorder (AUD) is an undertreated multifactorial chronic disease. In Canada, the British Columbia Centre for Substance Use published the BC Guidelines for the Clinical Management of High-Risk Drinking and Alcohol Use Disorder, promoting the use of four medications as pharmacotherapies to treat AUD. Although these medications have been available for decades, and some are used regularly to treat other conditions, there is little awareness of their availability for AUD by the clinical community. Overall, the uptake of pharmacotherapies by providers and the healthcare system is relatively slow and direct efforts should be made to raise awareness and develop specific tools that enable the uptake of these medications and normalize the use of pharmacotherapies (along with counselling) by providers. The problem of lack of awareness by the clinicians is well known, as less than 1% of patients who seek help for their drinking actually get pharmacotherapy treatment offered to them. To support providers in providing treatment for AUD, a medication selection tool was developed by the Canadian Alcohol Use Disorder Society (CAUDS). The medication selection tool is an easy-to-use and quick-to-complete decision-making guide intended to support clinical decision-making in providing effective pharmaceutical treatment for AUD. This tool is intended to get pharmacotherapy treatment offered to patients. It is designed to help providers gain confidence in prescribing and stay up to date on the latest guidelines.

Sex and Gender Considerations

The medical selection tool is intended to be used by care providers with the ability to prescribe medications. Therefore, any equity considerations would be pertaining to the providers' ability to access and use the tool, which has not been shown to be sex, gender or other-specific at this time.

The tool can be used for all patients presenting with AUD. However, we are mindful of potential differences of sex and gender and have developed specific questions that will help us gain a better profile of med selection users to be inclusive and effectively address all populations.

6. Hope and Connections: Keys of Interventions in Substance Use in Nunavik

Dolly Mesher, Isuarsivik Regional Recovery Centre
Stéphanie Boisclair, Inuulitsivik Health Centre
Jasmine Hewer, Inuulitsivik Health Centre

Learning Objective

Seeing alternatives and community-based ways of doing intervention highlights how it empowers communities.

Background

The community base Isuarsivik Addiction Counsellor, Dolly Mesher, and I, Stéphanie Boisclair, Prevention/Promotion in Addiction for Inuulitsivik Health Center, worked in collaboration on many projects through the past year. The experience and knowledge we gained helped us start the planning of the project that we called sobering up challenge for the community of Puvirnituq.

Objectives

Offer an alternative to drinking. Open up discussion surrounding substance use and resources.

Methods

Bringing all organization from a community together to offer activities, workshops and safe space for healing to the population during a month long challenge.

Results

Ninety-two people registered to the last challenge; 665 participated to all activities/workshops offered. They express feeling more connected to themselves, to each other, to their culture. It brought up the light back in the community and hope there is intervention possible surrounding substance use.

Conclusions

Working in Nunavik requires to rethink our ways of doing intervention. In this presentation, we aim to show how important it is to seek alternative interventions based on different Indigenous communities and to highlight how inspiring the Inuit are and their culture. We wish to present a voice of the community and share the challenges they have faced, along with the positive impact of how a community plays a part in their healing journey.

Sex and Gender Considerations

All our projects are community based and in an optic of being by and for Inuit South workers are only present to support the Inuit workers and what they want for their community. All our projects also include all gender in the creation of the workshops and activities. We wish our project to be a safe space for the participants but also for the local base workers.

Innovative Knowledge Exchange Strategies / Stratégies novatrices d'échange des connaissances

7. Harm Reduction in the Classroom: Building a Classroom Conducive to Reducing the Harms of the Academic Institution and Substance Use Content

Maryellen Gibson, University of Saskatchewan
Barbara Fornssler, University of Saskatchewan

Learning Objective

This presentation aims to share lessons learned on how educators can better support student learners in Studies in Addictions.

Background

Some students experience mental health and bureaucratic harms during their undergraduate degree coupled with the increased personal experiences students have related to substance use harms due to the overdose crisis and increased use patterns over the pandemic.

Objectives

This presentation recognizes the mental health challenges undergraduate students face in our “post-pandemic” world and the added concerns when teaching Studies in Addictions. We will share reflections regarding a teaching philosophy which integrates harm reduction principles in the classroom at the University of Saskatchewan for the course ‘Studies in Addictions’.

Methods

The presenters have integrated increase accessibility of class participation, pronouns has also become standard practice and addressing gender, sexuality, various abilities, race and ethnicity make up key elements of the course content. Also through critical assessment of the literature and course materials, students are encouraged to challenge traditional norms and ways of thinking.

Results

Embracing harm reduction strategies has led to increased uptake of this course and increased awareness of the pressing substance use concerns in Saskatchewan.

Conclusions

Educators, especially those in the substance use field, are uniquely positioned to actively incorporate harm reduction principles into their learning environment for the betterment of student outcomes.

Sex and Gender Considerations

In order to reduce the harms of the university institution, gender, sex, and other forms of diversity must be embraced and accepted in the classroom. The presenters for this project have taken specific steps to build an environment of inclusion and support for their learners.

Current Trends and New Issues — COVID-19 / Tendances actuelles et nouvelles problématiques – COVID-19

8. Profils des adolescents ayant augmenté leur consommation d'alcool en raison de la COVID-19 : une analyse de grappes en deux temps

Louis-Philippe Bleau, Université of Montréal

Christophe Huynh, Centre intégré universitaire de santé et de services sociaux du Centre-Sud-de-l'Île-de-Montréal

Jean-Sébastien Fallu, Université de Montréal

Richard Bélanger, CHUL, Université Laval

Anne-Marie Turcotte-Tremblay, VITAM – Centre de recherche en santé durable, CIUSSSCN et Université Laval

Slim Haddad, VITAM – Centre de recherche en santé durable, CIUSSSCN et Université Laval

Scott T. Leatherdale, Université de Waterloo

Contexte

Alors que la majorité des jeunes consomme par pression ou par désirabilité sociale, ce n'est qu'une minorité qui voit leur consommation comme un mécanisme de défense face à leurs difficultés. Toutefois, la pandémie de la COVID-19, en modifiant leur environnement, a perturbé le quotidien des adolescents. Celle-ci a été associée à une augmentation de la fréquence de consommation d'alcool ainsi que des symptômes anxieux et dépressifs.

Objectifs

La présente étude vise à 1) identifier les sous-groupes parmi les adolescents ayant déclaré avoir augmenté leur consommation d'alcool en raison de la pandémie et 2) identifier les différences sociodémographiques, relationnelles et psychologiques parmi ces sous-groupes d'adolescents.

Méthodes

Les 31 705 participants, provenant de 63 écoles secondaires sondées au printemps 2021, sont issus du projet COMPASS-Québec (Leatherdale et al., 2014), faisant partie d'une étude longitudinale visant à mieux comprendre les réalités adolescentes et soutenir.

Résultats

Il est attendu que l'analyse de grappes en deux temps permettra d'identifier 4 sous-groupes à partir des variables de classification caractérisant la santé mentale, le statut socioéconomique ainsi que la socialisation, pour voir s'il y a des « patterns » de réponses récurrents entre ceux-ci. Ensuite, les sous-groupes seront comparés avec les variables de validation afin de mieux les caractériser et d'identifier les éléments sur lesquels ils sont similaires ou divergents.

Conclusions

Les adolescents constituant une population hétérogène, l'identification de sous-groupes est cliniquement pertinente pour adapter les programmes de prévention et de traitement visant les méfaits possibles de l'usage d'alcool. En vue de minimiser les inéquités de santé chez la jeune population, l'analyse proposée pourrait soutenir des interventions populationnelles basées sur un universalisme proportionné.

Considérations liées au sexe et au genre

Des questions éthno-culturelles abordant le sexe, la nationalité et les minorités visibles ont été posées et permettent de refléter une réalité allant au-delà du binaire. Ces questions favorisent ainsi une culture d'inclusion prônant l'équité et la diversité. De plus, les adolescents n'étaient pas limités à une seule réponse par question. Considérant l'unicité de chaque minorité et les différentes problématiques rencontrées par celles-ci, les analyses effectuées tiendront compte de ces spécificités.

9. Qui sont les personnes utilisatrices de substances psychoactives au Québec qui se sont procuré de l'alcool ou d'autres drogues en ligne durant la pandémie de la COVID-19?

Léandre Sabourin, Institut universitaire sur les dépendances

Christophe Huynh, Centre intégré universitaire de santé et de services sociaux du Centre-Sud-de-l'Île-de-Montréal

Alexis Beaulieu-Thibodeau, Institut universitaire sur les dépendances

Nadine Blanchette-Martin, Service de recherche en dépendance du CIUSSS de la Capitale-Nationale, CISSS de Chaudière-Appalaches

Francine Ferland, Service de recherche en dépendance du CIUSSS de la Capitale-Nationale, CISSS de Chaudière-Appalaches

Vincent Wagner, Institut universitaire sur les dépendances, Université de Sherbrooke

Mathieu Goyette, Université du Québec à Montréal

Jean-Sébastien Fallu, Université de Montréal

Jorge Flores-Aranda, Université du Québec à Montréal

Thomas Götting, indépendant

Objectifs d'apprentissage

Documenter l'achat de substances psychoactives (SPA) en ligne lors des trois premières vagues de la pandémie de la COVID-19 au Québec.

Contexte

Les mesures sanitaires liées à la pandémie de la COVID-19 (distanciation physique, interdiction de rassemblements et fermeture des établissements de consommation comme les bars ou les discothèques) auraient freiné l'approvisionnement en personne de SPA. En contrepartie, le marché en ligne aurait pu connaître un essor comme moyen alternatif pour s'en procurer.

Objectifs

Cette étude vise à identifier les facteurs associés à la probabilité de se procurer de l'alcool ou d'autres drogues en ligne depuis le début de la pandémie (13 mars 2020) parmi des adultes au Québec qui consomment des SPA.

Méthodes

Les participants étaient recrutés à partir des réseaux sociaux pour remplir un sondage en ligne accessible d'octobre 2020 à juin 2021. Une régression logistique a été réalisée afin de déterminer les facteurs associés au fait de s'être procuré des SPA en ligne pendant la pandémie.

Résultats

Parmi les 1175 participants, 24% se sont procuré des SPA en ligne depuis le début de la pandémie contre 20% avant la pandémie. S'identifier comme personne LGBTQ+, avoir un revenu de 17000\$

ou plus, consommation à un niveau de risque modéré, avoir augmenté sa fréquence de consommation lors de la pandémie et consommer pour des motifs de plaisir ou pour accroître ses performances cognitives et physiques étaient des facteurs associés à une plus forte probabilité d'acheter des SPA en ligne pendant la pandémie, alors que consommer pour socialiser ou par pression sociale étaient corrélés à une probabilité plus faible.

Conclusions

Mieux connaître les caractéristiques des personnes qui achètent des SPA en ligne permettra de mieux cibler les messages de prévention qui leur sont destinés selon une perspective de réduction de méfaits, notamment en les amenant à une introspection quant à leurs habitudes de consommation, leurs motifs à consommer et leurs sources d'approvisionnement.

Considérations liées au sexe et au genre

Le sexe assigné à la naissance et l'identité de genre, ainsi que la précarité socio-économique, ont été considérés lors de la collecte de données et lors des analyses. Des questions spécifiques liées aux identités non-cis et non-binaires ont été posées. Les résultats présentés tiennent compte des différences en fonction de l'identité de genre. En lien avec nos résultats, la discussion portera sur les aspects à considérer au sujet des personnes qui achètent en ligne et qui sont issues de la diversité sexuelle, de genre et relationnelle, ainsi que sur les éléments liés au statut socioéconomique.

10. Regards des intervenant(e)s et gestionnaires concernant l'accompagnement des personnes qui consomment des substances psychoactives et résident dans les milieux d'hébergement et de soins de longue durée pour aîné(e)s durant la crise de COVID-19 au Québec

Vincent Wagner, Institut universitaire sur les dépendances, Université de Sherbrooke

David Guertin, Institut universitaire sur les dépendances

Julie Beausoleil, Institut universitaire sur les dépendances

Valérie Aubut, Université du Québec à Trois-Rivières

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Christophe Huynh, Centre intégré universitaire de santé et de services sociaux du Centre-Sud-de-l'Île-de-Montréal

Nadia L'Espérance, CIUSSS de la Mauricie-et-du-Centre-du-Québec

Jorge Flores-Aranda, Université du Québec à Montréal

Objectifs d'apprentissage

Documenter les pratiques d'accompagnement des personnes consommant des substances psychoactives durant la crise de la COVID-19 dans les milieux d'hébergement et de soins de longue durée pour aîné(e)s; et réfléchir à la pérennisation possible de ces pratiques.

Contexte

Les milieux d'hébergement et de soins de longue durée pour aîné(e)s accueillent de plus en plus de personnes présentant un usage, parfois problématique, de substances psychoactives (SPA). La

COVID-19 a obligé ces milieux à rapidement concilier mesures sanitaires et défis liés à tout ce qui entoure ces usages de SPA, sans disposer de lignes directrices claires.

Objectifs

L'objectif de cette étude a été de détailler l'effet de la pandémie de la COVID-19 sur l'accompagnement des personnes consommant des SPA dans les milieux d'hébergement et de soins de longue durée au Québec.

Méthodes

Un total de 35 intervenant(e)s et 13 questionnaires ont participé à une entrevue semi-structurée qui ont fait l'objet d'une analyse thématique.

Résultats

Les établissements ont pris en charge l'approvisionnement en alcool, tabac et cannabis, dans une démarche pouvant s'inscrire dans le champ de la réduction des méfaits. Les règles de distribution et de consommation ont également été ajustées, sur une base hautement personnalisée (par exemple, droit de fumer dans les chambres, gestion de l'achalandage des fumeurs).

Conclusions

En plus de constituer un contexte involontaire d'innovation, la pandémie a reflété certaines limitations de l'accompagnement préexistant des résident(e)s utilisant des SPA. Nos données appuient également la nécessité d'offrir une meilleure formation aux équipes d'intervention et de renforcer la collaboration interprofessionnelle avec les ressources spécialisées en dépendance.

Considérations liées au sexe et au genre

La question du sexe, du genre et de la diversité culturelle a été considérée dans le cadre du plus large projet dans lequel s'inscrit la présentation proposée. Tandis que cela a constitué des critères pour la diversification d'un échantillon de résident(e)s, la collecte et l'analyse des données recueillies dans le cadre des entrevues individuelles réalisées avec les intervenant(e)s et questionnaires ont tenu compte de ces dimensions, au sens où cela pouvait par exemple influencer les trajectoires de consommation de SPA, d'itinérance, les comorbidités de santé mentale, le vécu du vieillissement, les besoins exprimés ou encore l'accompagnement reçu et nécessaire.

11. Regional Snapshots of Changes in Harm Reduction Services Over the Pandemic in Ontario

Emma Nagy, KFL&A (Kingston, Frontenac and Lennox & Addington) Public Health
Daphne Mayer, Substance Use, Mental Health & Well-Being, KFL&A Public Health
Tara Gomes, Ontario Drug Policy Research Network
Keerthana Elankeeran, Toronto Public Health
Sonya Bourgeois, Toronto Public Health

Background

Opioid-related deaths in Ontario increased by 60% from 2019 to 2020 and have increased further since. There is an urgent need for robust policies and harm reduction services to mitigate harms associated with drug use. Public health units and harm reduction services came together on a Locally Driven Collaborative Project, funded by Public Health Ontario, to describe recent changes in harm reduction service delivery and opioid-related morbidity and mortality in Ontario.

Objectives

This collaborative project described regional changes to harm reduction service delivery in Ontario over the COVID-19 pandemic, and the relationship between these changes and opioid-related morbidity and mortality.

Methods

Program-level harm reduction services data and surveillance data at the health unit levels were used to create snapshots for each of the 34 health unit regions in Ontario. Snapshots included summary statistics over time on key indicators related to harm reduction service delivery (e.g., # of needles distributed) and opioid-related morbidity and mortality (e.g., # of deaths).

Results

Despite increasing rates of opioid-related harm since 2019, harm reduction service delivery growth has been inconsistent. Results demonstrated inequities within specific Ontario regions, and by age and sex.

Conclusions

Differences in rates of opioid-related harm across Ontario indicate that there are diverse needs for harm reduction and treatment in various regions. By combining data on opioid-related harms and access to treatment and harm reduction services, policy makers are able to identify regions of high need, and potential gaps in services to support appropriate allocation of evidence-based programming to communities at highest need.

Sex and Gender Considerations

Sex and age trends for opioid-related morbidity and mortality indicators were included in the snapshot so that groups at higher risk can be prioritized in advocacy initiatives and future program planning to strengthen harm reduction service delivery in Ontario. Inequities by geographic region were also a main focus of this locally collaborative driven project. Findings of this project will be used to advocate for changes that reduce disparities related to delivery, uptake and accessibility of harm reduction services in Ontario.

12. Changes in Substance Use–Related Hospital Visits During the COVID-19 Pandemic in BC: Preliminary Findings

Aven Sidhu, Provincial Health Services Authority
Rupinder Thandi, Provincial Health Services Authority
Rajbir Klair, Veralife Health Centre
Art Lodge, Provincial Health Services Authority
Angela Tecson, Provincial Health Services Authority

Background

Since the declaration of the COVID-19 pandemic, deaths related to illicit drug toxicity have more than doubled in BC.

Objectives

This study aims to summarize and describe changes in substance use–related hospital visits between pre-/during-/post- pandemic.

Methods

Retrospective data on hospital admissions between March 1, 2019, to February 28, 2022, was collected from 12 BC hospitals. Visits with a primary diagnosis of substance use were included and

data was split into three time periods: pre-COVID (T1), during-COVID (T2), and post-COVID (T3). Each visit was treated as a new encounter and ANOVA/chi-squared tests were used as appropriate to report differences in hospitalizations over the three periods.

Results

Preliminary results show that alcohol-related encounters accounted for over 50% of all visits ($N=11,135$); stimulant and multi-drug use accounted for 19% and 14% respectively. The first visit of each unique encounter was used to assess mean age differences ($T1=44$, $T2=43$, $T3=42$; $SDT1$, $T2$, $T3=15$, $p < 0.001$). The volume of substance use visits increased across the study period; $T1=30\%$, $T2=34\%$ and $T3=36\%$ ($p < 0.001$). 71% of all encounters were male, but no statistical difference was found. Hospitalizations related to opioids, hypnotics, cannabis, multi-drug use, stimulants, and alcohol increased by 26%, 24%, 7%, 6%, 5% and 3% respectively from $T1$ to $T3$ ($p < 0.001$).

Conclusions

These findings show that substance-use encounters increased from pre-pandemic levels and statistically significant changes were seen with most substances. These results can inform the types of preventative services needed at the community level. Further analysis of our data includes calculating rates of substance-type visits and cost evaluation over three time periods.

Sex and Gender Considerations

The COVID-19 pandemic, and its related public health measures, disproportionately affected vulnerable populations like those struggling with substance use. Our dataset captured descriptive variables like age and sex to describe the population using hospital services for substance-use-related encounters. Further insight into gender, ethnicity, culture, and socioeconomic status in the context of substance use health services was beyond this project's scope. However, they are essential factors to consider when understanding how preventative programs should be implemented.

13. Examining the Impact of the COVID-19 Pandemic on Cannabis Use Among Young Adults in Canada

Ashley Hosker-Field, Humber College

Daniel Bear, Humber College

Marilyn Creswell, Humber College

Learning Objective

To develop a better understanding of how cannabis use trends changed among young adults during COVID.

Background

Substance use in general, and cannabis use in particular, increased during the COVID-19 pandemic. Reports indicate that the greatest increases in use were observed among youth and young adults ages 16 to 24.

Objectives

The current research examined changes in the frequency and method of cannabis consumption and the source of cannabis acquisition during COVID-19.

Methods

Cross-sectional survey data was collected online in late 2020. The sample included 1528 current, and 70 potential cannabis consumers. Participants age ranged from 18 to 30 (M_{age} = 24.02, SD = 3.70).

Results

Many respondents reported increased cannabis consumption during COVID-19 (40.9%, $n = 653$), while others indicated no change in consumption frequency (36.2%, $n = 578$). Only 7.3% ($n = 116$) of participants indicated decreased consumption. Descriptive statistics were further supported by inferential analyses. Among participants that reported increased consumption, results demonstrated significant increases in use of dried herb, oral oils/liquids, vaped oils/liquids, edibles, and drinks. Among participants that reported decreased consumption, findings showed significant decreases in use of dried herb, edibles, concentrates, and hash. Despite self-reporting no COVID-related changes in cannabis consumption, results indicated a significant decrease in dried herb use and a significant increase in oral oils/liquids for this group. Participants were significantly more likely to report growing their own cannabis and significantly less likely to share cannabis with friends, or to obtain cannabis from family/friends or acquaintances during COVID-19.

Conclusions

This research enhances our understand of COVID-related changes in young adult cannabis use. Findings may be useful to mental and public health agencies in developing population specific education and harm reduction materials and may inform cannabis retailers' production and sales decisions.

Sex and Gender Considerations

Although the collected data contains information regarding sex/gender and race/ethnicity, these variables were not included in the current analyses. Additional sex/gender and race/ethnicity based analyses should be conducted and would provide a more nuanced understanding of COVID-related changes in frequency and method of cannabis consumption and the source of cannabis acquisition. Such findings may also be helpful in developing more specific and targeted public education and harm reduction campaigns.

14. The Impact of the COVID-19 Pandemic on the Delivery and Access to STTBI-Related Services in Canada

Marcus Wong, Public Health Agency of Canada

Background

The COVID-19 pandemic affected service providers' (SP) delivery of sexually transmitted and blood-borne infection (STBBI) services, including harm reduction services, and access to these services by people who use drugs or alcohol (PWUD).

Objectives

National surveys were conducted to better understand the impact of COVID-19 on the delivery of and access to STBBI-related services.

Methods

Self-administered, online, anonymous surveys were conducted for SP (November-December 2020) and PWUD (January-February 2021). Eligible SP participants worked for organizations directly providing STBBI-related services in Canada. PWUD participants were aged 18+ years, lived in

Canada, and reported drug/alcohol use in past six months. Information regarding service delivery and access to STBBI-related services during the pandemic were collected.

Results

During the pandemic, 416 SP reported an increase in demand for harm reduction and drug treatment services (40.3%) and referrals to mental health services (78.3%), and a reduced capacity to deliver services (50.4%). Among 1034 PWUD who accessed/considered accessing STBBI-related services during the pandemic, difficulties were reported in accessing mental health counselling referrals (80.9%), drug consumption rooms (86.2%), and drug checking services (83.2%). Of SP providing remote services, 66.1% created new remote services, including delivery of harm reduction supplies by self-serve pick-up and drop-off at service windows or curbside depots.

Conclusions

During the COVID-19 pandemic, PWUD reported difficulties accessing STBBI-related services while SP reported increased demand for these services with reduced capacity for service delivery which resulted in the development of new remote services. With lessons learned from the pandemic, the applicability of these services need to be evaluated over time.

Sex and Gender Considerations

The Impact of COVID-19 on People Who Use Drugs survey was developed in collaboration with the Canadian Association of People who Use Drugs (CAPUD). CAPUD established and led a national Expert Working Group comprised of people with lived and/or living experience of drug use; individuals from the African, Caribbean and Black, Indigenous and 2SLGBTQIA+ communities; representatives from community-based organizations offering STBBI-related services, academic institutions and advocacy groups; and community-engaged researchers.

15. Canadian Legal Cannabis Sales During COVID-19 Pandemic Year One

Michael Armstrong, Brock University
Nathan Cantor, Ottawa Hospital Research Institute
Brendan Smith, Public Health Ontario
Rebecca Jesseman, Health PEI
Erin Hobin, Public Health Ontario
Daniel Myran, Ottawa Hospital Research Institute

Learning Objective

Increase understanding of the extent to which legal cannabis sales growth was related to pandemic events or to continued industry expansion. This should interest industry regulators and health care professionals, as it indicates whether the growth resulted from an unusual act of nature or from predictable economic forces.

Background

There were repeated reports of increased cannabis sales, use, and health impacts in Canada during the COVID-19 pandemic. Sales in 2020 were 120% higher than in 2019, but it was unclear whether this was due to pandemic disruptions or industry expansion.

Objectives

Did Canada's legal recreational cannabis sales change when pandemic disruptions began in 2020?



Methods

Government data on monthly per capita cannabis retail sales were analyzed using interrupted time series linear regressions. The analysis covered 10 provinces from March 2019 to February 2021 (240 total observations) and accounted for differing retail densities. It compared two potential change points: March 2020, when pandemic disruptions began; and January 2020, when product variety increased.

Results

The regression assuming March changes explained 69% of within-province sales variation. Preexisting per capita sales growth averaged \$0.14 per month, there was no immediate change in March, and growth rates thereafter increased by \$0.22 per month. By comparison, the regression assuming January changes explained 70% of variation. Preexisting growth averaged \$0.21, sales fell \$1.02 in January, and growth rates thereafter increased by \$0.16.

Conclusions

Increasing cannabis sales during the pandemic were largely consistent with existing trends and increasing store numbers. Growth increases in 2020 seemed aligned more with January's new product arrivals than with March's pandemic measures, though the latter was not ruled out. Consequently, increases in aggregate cannabis use or health impacts during the pandemic seem more attributable to greater retailing and product variety, rather than the pandemic.

Sex and Gender Considerations

This study analyzed government sales data, so it included all Canadians to the extent they participated in the legal cannabis market. Also, it only estimated aggregate population effects. Future surveys could examine whether some population segments responded differently to pandemic life. For example, suppose single adults living alone consumed more cannabis during the pandemic to cope with isolation, while married adults living with their children consumed less cannabis due to decreased privacy. In that case, both demographic groups would have been significantly affected, despite the average population effect being near zero.

Current Trends and New Issues — Cannabis / Tendances actuelles et nouvelles problématiques – cannabis

16. Addressing the Taboo: Understanding Why Consumers Purchase Cannabis from Illicit Sources and How to Incite Motivation for Change

Jennifer Donnan, Memorial University of Newfoundland
Rachel Howells, Memorial University of Newfoundland
Sylvia Farooq, Memorial University of Newfoundland
Myles Maillet, Ministry of Public Safety and Solicitor General

Background

Growth in legal cannabis sales has slowed in Canada and there remains a large illicit market for cannabis. Shifting more consumers to purchase legal cannabis products helps support licensed growers and retailers, and reduces potential harms associated with consumption of illicit cannabis.

Objectives

To improve understanding of cannabis consumers illicit purchase decisions in British Columbia (BC), and to explore motivational factors for transitioning to the legal market. Specifically, to understand 1) the illicit cannabis purchasing process and mechanism for source decisions; 2) experiences with legal and illicit sources; and 3) potential factors and policy changes that could encourage purchasing from the legal market.

Methods

We will conduct semi-structured interviews with illicit cannabis consumers, who are at least 19 years of age and live in BC. Participants will be recruited through paid social media campaigns and public service announcements. Data collection will continue until saturation is met. An inductive thematic analysis will be conducted using NVivo. Through various iterations of the coding process, we will move from more descriptive to more analytic codes, developing broader conceptual themes from the data. We will explore group differences in gender, age, income, geography and other participant characteristics.

Results

Data collection and analysis will be completed in August 2023.

Conclusions

Since legalization, the majority of cannabis is now purchased through licensed channels. However, strategies to target those who remain loyal to the unlicensed market will require more in-depth knowledge of consumer's behaviours. This study will help to inform policy changes and awareness strategies.

Sex and Gender Considerations

Effort will be made to include a range of participant demographics such as sex/gender, age, education, employment, ethnicity, and geographic region, as well as a range of cannabis purchase behaviours. Analysis will aim to compare findings across genders and other relevant participant characteristics. Our research team is both gender and ethnically diverse.

17. Perceptions of Cannabis Among Older Adults in Canada

Justine Renard, Canadian Centre on Substance Use and Addiction

Robert Gabrys, Canadian Centre on Substance Use and Addiction

Elle Wadsworth, University of Waterloo

Nick Cristiano, Trent University

Background

Older adults have been an underrepresented demographic in cannabis research, largely because of the relatively low prevalence of use among these individuals. Yet, since legalization, cannabis use among older adults has been rising at a greater pace than that of other age groups.

Objectives

This study aimed to identify common methods and reasons for cannabis use, perceived knowledge of harms and benefits of cannabis, and interactions with healthcare providers about cannabis use.

Methods

Ten online focus groups were conducted across Canada, comprising 72 individuals aged 60 years and older. Focus groups were divided in frequent consumers (weekly or more frequent) and

infrequent consumers (monthly or less frequent). Session transcripts were coded and analyzed using thematic analysis.

Results

Cannabis use for medical purposes (as opposed to recreational use) was the dominant point of the discussion – most participants either used cannabis for medical reasons or were considering it. Knowledge of harms and benefits varied by experience with cannabis, with frequent consumers noting more benefits and infrequent consumers listing more harms. Most participants said that they would like more information about cannabis (e.g., dosing, benefits, harms). Most participants have not consulted with their healthcare providers about cannabis, noting stigma and perceived limited cannabis knowledge as barriers.

Conclusions

This research identifies important areas for public education and harm reduction on cannabis use for medical purposes among older adults.

Sex and Gender Considerations

Our study has focused on a specific and underrepresented demographic in cannabis research in Canada (older adults). Within this specific population group, we strived to obtain a mix of settings (rural vs. urban), sex/genders and other diversity considerations. Specifically, in this work, gender differences related to perceptions, knowledge, experience and reasons for using cannabis were collected and, how cannabis use may impact differently cannabis-related experiences and harms between older women and men will be evaluated in this current work and in our future projects.

18. Sex, Gender & Cannabis Hub: Applying SGBA+ to Cannabis Research and Practice

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
Carol Muñoz Nieves, Centre of Excellence for Women's Health
Lorraine Greaves, Centre of Excellence for Women's Health

Learning Objective

To understand the extent to which SGBA+ is included in cannabis research. To improve knowledge about sex and gender influences on cannabis prevalence and patterns of use, harm reduction, and substance use treatment.

Background

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

Objectives

The [Sex, Gender & 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 combined evidence from searches of cannabis literature, SGBA+ analyses of the International Cannabis Policy Study, and the wisdom from Communities of Inquiry (CoI) with leaders in women's treatment, women's harm reduction, and Indigenous reproductive health. The findings from these sources informed a range of products housed on a knowledge hub.

Results

This presentation will highlight how the multiple forms of knowledge gathering facilitated knowledge generation, synthesis and resource development on sex, gender, equity and cannabis. We will illustrate how gender-related sociocultural factors and sex-related biological factors interact to influence health, and how sex and gender intersect with equity related factors to affect patterns and prevalence of cannabis use and treatment responses.

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 centralized Canadian data, information, and knowledge products that are informed by sex and gender science and integrate sex, gender, and equity considerations. It involved the creation of a virtual hub for sex- gender-, and equity-based analysis (SGBA+) of cannabis use, policy and legislation. This multi-faceted approach included engaging with Indigenous and other leaders in women's substance treatment, harm reduction and reproductive health, and filled a crucial gap in evidence by applying SGBA+ in all aspects of cannabis practice and policy in order to support a range of service providers, policy makers, researchers, and ultimately the public.

19. Alcohol Consumption During COVID-19 in Saskatchewan: Findings from the Build Back Better Project

James Dixon, University of Saskatchewan

Ali Bukhari, University of Saskatchewan

Md Sabbir Ahmed, University of Saskatchewan

Patrick Chassé, Saskatchewan Population Health and Evaluation Research Unit

Kayla DeMong, Prairie Harm Reduction

Gabriela Novotna, University of Regina

Barbara Fornssler, University of Saskatchewan

Jim Clifford, University of Saskatchewan

Dyck Erika, University of Saskatchewan

Nazeem Muhajarine, University of Saskatchewan

Background

Before the pandemic, Saskatchewan had been a province characterized by increased alcohol consumption within its population and the highest rates of impairment-related vehicular deaths. In March 2020, the Government of Saskatchewan imposed public health restrictions to limit the spread of the SARS-CoV-2 virus, resulting in social consequences including limited population movement, increased social isolation, remote working arrangements, uncertainty, and stress.

Objectives

Our aim in the mixed methods [Building Back Better project](#) is to identify and measure the relationships between the pandemic and wider social and health impacts in Saskatchewan. Our

focus areas are substance use, mental health, housing precarity, and food insecurity, and we report their impacts on alcohol consumption.

Methods

We conducted a population-based cross-sectional online survey between July and November 2022. We recruited 1,034 participants through random probability sampling and weighted our sample by age, gender, and residence location estimates to represent the Saskatchewan adult population. We calculated descriptive statistics to show trends and patterns of alcohol consumption during the later stages of the pandemic in Saskatchewan. In spring 2023, we will conduct interviews and analyze transcripts thematically to illuminate the impacts of the pandemic on alcohol consumption.

Results

Eight-two percent of respondents indicated their alcohol consumption changed over the pandemic. Increases in consumption were 2-4x more likely to be reported than decreases. The most significant increases were reported among those who indicated their mental health was poor or made worse due to the pandemic, and among those who felt socially isolated.

Conclusions

Our findings suggest increased alcohol consumption may be a coping mechanism for those experiencing mental health challenges or whom are socially isolated during the pandemic in Saskatchewan. We are conducting interviews to better understand this relationship.

Sex and Gender Considerations

Our survey was developed using inclusive indicators reflecting diversity in sex, gender, location, ethnicity, and disability. Where appropriate, we will perform stratified analysis of survey data to show patterns of alcohol consumption during the pandemic in Saskatchewan among different groups. We have partnered and consulted with stakeholders across Saskatchewan to ensure our work reflects the diversity of experiences across the focus areas (substance use, mental health, housing precarity, food insecurity). We intend to share our work widely, including with government and service providers to share evidence and inform interventions to reduce inequities, and with the public to raise awareness of the pandemic's wider health impacts.

20. Insights from the Ground: A Qualitative Investigation of the Challenges and Opportunities Facing Cannabis Retailers in Newfoundland and Labrador

Tanisha Wright-Brown, Memorial University of Newfoundland
Jennifer Donnan, Memorial University of Newfoundland
Lisa Bishop, Memorial University of Newfoundland
Maisam Najafizada, Memorial University of Newfoundland
Dina Gaid, Memorial University of Newfoundland
Thomas Cooper, Memorial University of Newfoundland
Elizabeth Schwartz, Memorial University of Newfoundland
William Newell, Memorial University of Newfoundland

Learning Objective

To ensure the attendees understand the challenges faced by cannabis retailers in Canada.

Background

Legalizing recreational cannabis in Canada was intended to protect public health and safety while opening up new business opportunities. However, opening and operating a cannabis store is not without challenges, and protecting public health is reliant on a functioning retail market.

Objectives

To identify the barriers and facilitators of the cannabis retail market in Newfoundland and Labrador (NL) as perceived by licensed and prospective retailers.

Methods

Using a qualitative research design, we conducted in-depth semi-structured interviews with licensed and prospective retailers between December 2022 and February 2023. The interview guide and analysis were informed by our newly developed Comprehensive Cannabis Retail Framework (CCRF). Deductive coding was used to conduct a thematic analysis of themes within the CCRF.

Results

A total of eight licensed and nine prospective retailers participated in an interview. Our preliminary results revealed eight major themes: government regulations, legal, economic, technological, and sociocultural factors, competitors, suppliers, and consumers. The primary themes were government regulations and economic factors. The main subthemes for prospective retailers were banking and finance, and retail licensing requirements, while licensed retailers focused on banking and finance and price controls.

Conclusions

The barriers and facilitators identified in this study will have important implications for developing the cannabis retail market in NL. The results of this study may better position the provincial government to refine its policies to better support licensed and prospective retailers while gaining economic and public health advantages.

Sex and Gender Considerations

Our research focused on barriers and facilitators to operating a cannabis retail store in Newfoundland and Labrador through interviews with licensed and prospective retailers. We have considered sex, gender, equity, and diversity by ensuring that our sample includes individuals from diverse backgrounds. However, we used gender-inclusive language so as to avoid making assumptions about gender roles and asked open-ended questions that allowed retailers to share their experiences and perspectives. In the future, we could explore how policies and regulations may affect marginalized groups and make recommendations for creating more equitable policies.

21. Framing the Barriers: A Qualitative News Media Content Analysis of Private Cannabis Retailers in Canada

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Jennifer Donnan, Memorial University of Newfoundland

Lisa Bishop, Memorial University of Newfoundland

Maisam Najafizada, Memorial University of Newfoundland

Elizabeth Schwartz, Memorial University of Newfoundland

Thomas Cooper, Memorial University of Newfoundland

William Newell, Memorial University of Newfoundland

Michael Blackwood, Memorial University of Newfoundland

Background

Since the legalization of non-medicinal cannabis in 2018, licensed and potential private cannabis retailers have met several barriers. Understanding these barriers is critical to achieving the government's goal of protecting public health and safety.

Objectives

To analyze the news-media framing of the barriers retailers face in Canada and how they have been portrayed to the public.

Methods

This study combines a framing analysis approach by Robert Entman with qualitative content analysis of Canadian news articles from 2017 to 2022. Articles were selected from Nexis Uni and Eureka databases if they referenced at least one barrier to private cannabis retail stores. Data extraction was performed using Covidence, and deductive coding was conducted using Excel Spreadsheets.

Results

Of the 9371 articles screened, 307 were included in the analysis. The preliminary results revealed that the most common barriers identified in the news media were regulatory hurdles, logistics and supply chain issues, and competition from the unlicensed market. However, news media framing varied significantly, with some articles framing these barriers as impediments to business success, while others framed them as necessary safeguards for public health and safety.

Conclusions

The news media play a crucial role in shaping public opinion on cannabis retailers in Canada. This study will provide insight into how the barriers have been presented to the public. The findings of this study can inform policymakers and industry stakeholders on how to address these barriers and improve public perception of cannabis retail stores.

Sex and Gender Considerations

Our project focused on news media framing of media-portrayed barriers to private cannabis retail operations in Canada. We have considered equity and diversity by analyzing how various media outlets portray the issue. We investigate how ethnicity, race, socioeconomic status, culture, and religion influence news coverage and identify any prejudices or oversights in the media's reporting. This could draw attention to gaps in the representation of the retail market and help ensure that all views and opinions are portrayed impartially.

22. How Do Women Who Use Cannabis Assess Their Health, Well-Being and Social Support During Pregnancy Since Legalization and the COVID-19 Pandemic?

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Karine Bertrand, University of Sherbrooke
Karen Dominguez-Cancino, University of Sherbrooke
Rose Chabot, University of Sherbrooke
Yolaine Frossard de Saugy, University of Sherbrooke
Genève Guilbert-Gauthier, University of Sherbrooke
Nadia L'Espérance, CIUSSS de la Mauricie-et-du-Centre-du-Québec
Julie Loslier, University of Sherbrooke
Pablo Martínez, University of Sherbrooke
José Ignacio Nazif-Muñoz, University of Sherbrooke

Learning Objective

To better understand the cannabis use of pregnant women; their health, well-being and social support; their health and social services use; and their personal strategies to reduce the harms. To better understand the multidimensional reality of pregnant women who use cannabis using an intersectionality lens. To identify some of the needs, strengths, and challenges of pregnant women in managing their health and cannabis use.

Background

Cannabis is the most used substance during pregnancy, for example to deal with physical and mental problems. Although knowledge about the effects of cannabis is still limited, we do know that its use during pregnancy can have harmful effects on unborn child. It is essential to better understand the relationship between cannabis use and perceived health during pregnancy, especially since the cannabis legalization and the COVID-19.

Objectives

One of the objectives of our study is to better understand the health, well-being and social support of pregnant women who use cannabis from their perspectives, since the cannabis legalization and the COVID-19.

Methods

As part of a mixed-methods study, we use a qualitative design to achieve our goal: one-hour individual interviews and sociodemographic questionnaires. A thematic content analysis from an intersectional perspective is performed using NVivo.

Results

We will present our findings regarding of the health, well-being, and social support of pregnant women who use cannabis (e.g., physical, mental, social, emotional) as well as their use of health and social services. We will also consider their strategies for minimizing the effects of cannabis use, and the contribution of individual, relational, and systemic aspects on their cannabis use.

Conclusions

These results will allow us to better understand the health, well-being and social support of pregnant women who use cannabis in order to reduce the stigma they face and find ways to reduce the harms of their cannabis use.

Sex and Gender Considerations

Our study focuses on pregnant women, but we will include other pregnant people, for example trans and non-binary people, if they contact us. Everyone who contacts us will be included in our study if they meet our inclusion criteria: adult, have used cannabis in the three months prior to or during pregnancy, and speak English or French. We also conduct interviews with partners, regardless of their sex and gender. We will organize an event at the end of this objective with the participants (pregnant people who use cannabis) to confirm the results and go further, especially in terms of good practices towards them.

23. Measurement of Cannabis in Population Surveys

Robert Gabrys, Canadian Centre on Substance Use and Addiction

Tyler Marshall, University of Alberta

Karen Pacheco, CCSA

Elle Wadsworth, University of Waterloo

Nick Cristiano, Trent University

Rebecca Jesseman, Health PEI

Learning Objective

Improve the measurement of cannabis in population surveys.

Background

Canada legalized the production, sale and use of non-medical cannabis in 2018. Since then, several other countries have considered making similar policy changes. Monitoring cannabis use and related behaviours (e.g., reasons for use, harms) is fundamental to evaluating the health and social impacts of changing cannabis policies. Yet, research shows that the measurement of cannabis outcomes varies across surveys and studies, making it difficult to compare data and to generate confident conclusions across jurisdictions.

Objectives

To inform the development of population surveys aimed at monitoring the impacts of major changes in cannabis policy and to facilitate some degree of standardization of cannabis measurement in surveys .

Methods

This project is comprised on several steps. First, we completed a systematic review of population surveys assessing cannabis. Second, we developed a data visualization tool of cannabis surveys (the International Cannabis Survey Database). Third, we are engaging an international panel of cannabis experts to i) identify the most important cannabis outcomes and ii) arrive at a consensus on how to best measure them.

Results

Almost 300 surveys assess cannabis outcomes, either in part or in whole. About 30 different cannabis outcomes are currently being measured. The International Cannabis Policy Study survey and the Canadian Cannabis Survey are the most comprehensive surveys. Measurement of cannabis outcomes varies across survey, although this depended on cannabis outcome. Frequency of cannabis use is one of the most common outcomes assessed and the one that has been identified to have the most variability. By contrast, age of onset, another commonly assessed cannabis outcome, has little variability. Results of the Delphi study will be presented at the IOS conference.

Conclusions

Measurement of cannabis outcomes is fundamental to evaluating cannabis policy and in establishing connections between cannabis use and health outcomes.

Sex and Gender Considerations

Our systematic review identified surveys specific to youth, veterans, parents, women who are pregnant, and people who identify as being part of the 2SLGBTQ+ community. Our Delphi survey comprises an international panel of cannabis experts

24. Perceptions of Risks of Driving After Using Cannabis Among Youth and Young Adults Who Use Cannabis: A Mixed Methods Study

Fariyah Ali, CAMH (Centre for Addiction and Mental Health)

Tara Elton-Marshall, University of Ottawa

Background

This study examines risk perceptions of driving after consuming cannabis among youth and young adults who use cannabis.

Methods

There were 2,464 individuals aged 16-30 who use cannabis and live in Ontario who participated in an online survey between January and August 2022. Participants were asked when it would be safe to drive a car after they had: (a) smoked half a joint; or (b) eaten a cannabis edible. They were then asked when it would be safe for the average person to drive after having smoked half a joint or eaten a cannabis edible. A follow-up qualitative telephone interview was conducted among 26 daily cannabis users 18-24 years old recruited from the quantitative study.

Results

Thirteen percent reported that they could safely drive a vehicle immediately after smoking half a joint and 2% reported that they could safely drive after eating an edible. In contrast, 9.2% indicated that the average person could safely drive immediately after smoking half a joint and none reported that the average person could drive safely after eating an edible. Qualitative interviews demonstrated that individuals who used cannabis daily believed that driving safety was related to cannabis tolerance.

Conclusions

Surveys assessing risk perceptions of driving under the influence of cannabis need to consider the framing of questions to capture both individual and general population risk perceptions. Further research to understand the role of cannabis tolerance on driving and to inform risk messaging is needed.

Current Trends and New Issues — Alcohol / Tendances actuelles et nouvelles problématiques – alcool

25. An Investigation of the Event-Specific Effects of Simultaneous Alcohol and Cannabis Use on Heart Rate

Rachael MacDonald-Spracklin, University of Ottawa

Kara Thompson, St. Francis Xavier University

Darien DeWolf, St. Francis Xavier University

Learning Objective

To enhance our understanding of the cardiovascular risk of co-using cannabis and alcohol.

Background

Substance use is a key modifiable risk factor in the prevention of cardiovascular disease but is higher during young adulthood than at any other time in the lifespan. Simultaneous use of alcohol and cannabis (SAM) is common, but the association between SAM use and cardiovascular risk is understudied.

Objectives

The current study investigated event-level associations between SAM use and heart rate, as a key marker of cardiovascular disease risk, in a sample of young adult cannabis users. This study also examines the impact of use order (i.e., cannabis first or alcohol first) during SAM events on heart rate.

Methods

Using an ecological momentary assessment design, 100 cannabis-using participants aged 18-24 (68% female) completed daily surveys and wore a Fitbit device for 14 days.

Results

SAM occasions were associated with significantly higher heart rate than cannabis-only occasions over and above variance attributable to cannabis quantity, potency, and route of administration for both males and females. Heart rate was also significantly higher on SAM occasions when alcohol was consumed first compared to when cannabis was consumed first.

Conclusions

SAM use may have unique and heightened risks for cardiovascular health beyond alcohol or cannabis alone. Moreover, the order in which cannabis and alcohol are consumed likely alters the acute pharmacological effects of cannabis combined with alcohol. More research is required to better understand the sex-specific pharmacological mechanisms underlying the observed associations.

Sex and Gender Considerations

Both the prevalence and associated harms of cannabis vary by sex and gender. This study investigated the moderating effect of sex on the association between the simultaneous use of cannabis and alcohol and heart rate. No sex differences were found.

26. #CHEERS: An Investigation of Adherence to Alcohol Advertising Regulations in Digital Media

Kara Thompson, St. Francis Xavier University
Stephanie Cooper, St. Francis Xavier University
Rachael MacDonald-Spracklin, University of Ottawa
Darien DeWolf, St. Francis Xavier University
Grace Durling, St. Francis Xavier University

Learning Objective

Increase awareness of the prevalence of digital advertising by the alcohol industry and violation of current regulatory advertising guidelines.

Background

Advertising on social networking sites is poorly regulated and is one of the greatest challenges researchers and policy makers face for reducing youth exposure to alcohol marketing. New forms of alcohol advertisement, such as user-generated content (UGC) further complicate this issue.

Objectives

Ready to drink cocktails are the fastest-growing spirits category. The current study examines the prevalence of UGC alcohol advertising by distilleries and the incidence of violations of current regulatory guidelines.

Methods

The Instagram accounts of NS distilleries were monitored for the month of July 2021. Each post/story were evaluated against the current regulatory Canadian Radio-television and Telecommunication commission (CRTC) alcohol advertising guidelines.

Results

During the data collection period there were 193 posts and 613 Instagram stories captured across the 11 distilleries; 27% were user-generated. In total, there were 290 violations of the CRTC guidelines. Seven percent of violations encouraged consumption, 62% depicted irresponsible use, 8% appealed to youth, 7% associated alcohol with activities requiring a degree of skill or care, 5% associated alcohol with social or personal success, and 10% violated the regulations pertaining to contests.

Conclusions

The current self-regulatory system is insufficient in preventing advertising that appeals to youth and exacerbates a culture of immoderate consumption. There is an urgent need to revamp the current regulatory model with a specific focus on digital marketing and user-generated content.

Sex and Gender Considerations

Sex is not considered in the current study, however future research aims to examine how digital ads specifically target women.

27. Polyaromatic Hydrocarbons, Alcohol and Cancer

Timothy Naimi, Canadian Institute for Substance Use Research

Rebekah Alpin, Vancouver Island University

Liam King, University of British Columbia Faculty of Medicine

Learning Objective

Understand the basis of alcohol-cancer relationships, and the carcinogenic characteristics of poly-aromatic hydrocarbons (PAHs) and ethanol. Learn about PAH levels in a variety of alcohol products sold in British Columbia.

Background

Alcohol is causally related to 7 cancers, and ethanol and its metabolite acetaldehyde designated class I human carcinogens by the WHO. However, alcohol products may contain another class of carcinogens: poly-aromatic hydrocarbons (PAHs). However, there has been very little recent research on the presence or concentrations of PAHs in alcohol products generally, and most available research is dated and involves only one beverage type.

Objectives

Characterize the proportion of alcohol products that contain one or more PAHs by beverage type, ethanol content, and method of aging. Determine the levels of PAH compounds in relation to permissible levels in drinking water. Outline further.

Methods

Direct mass spectrometry (DMS) methods using liquid electron ionization/chemical ionization was used to quantify PAH levels in a convenience sample of ethanol samples from various alcoholic beverage types (spirits, wine, beer) in British Columbia.

Results

Preliminary results indicate significant PAH levels in alcoholic beverages, with the highest concentrations measured in whiskey products. Of analyzed samples, 100% of whiskey products ($n=17$), 33% of wine products ($n=6$), and 20% of beer products ($n=5$) were found to exceed total PAH concentrations $>1\text{mg/L}$. This level is more than 1000 times the permissible level for PAH isomers in drinking water.

Conclusions

PAHs are common across alcohol products at harmful levels. Characterizing the levels of individual PAH isomers in a broader range of alcohol products and understanding their potential role in alcohol-cancer relationships could be vital to developing regulatory strategies to improve health.

Sex and Gender Considerations

This is a study of alcohol products, but its implication for alcohol-related cancer touches all sexes and genders. In addition, our background section will cover alcohol-cancer relationships on a sex-specific basis.

28. Comparison of Canadian University Student Drinking Behaviours with the 2011 and 2023 Canada Alcohol Guidelines

Melissa Vereschagin, University of British Columbia

Angel Wang, University of British Columbia

Chris Richardson, University of British Columbia

Kristen Hudec, University of British Columbia

Richard Munthali, University of British Columbia

Ana Paula Prescivalli, University of British Columbia

Daniel Vigo, University of British Columbia

Background

Recently, the Canadian Low-Risk Alcohol Drinking guidelines (LRDG) have been updated with more conservative recommendations. Common behaviours in university students, like binge drinking, may put them at risk of alcohol-related harms. Understanding how the guideline changes may impact assessment of adherence in this population is of interest.

Objectives

To estimate “adherence” by Canadian university students under the new Low-Risk Alcohol Drinking guidelines compared to previous guidelines.

Methods

The Student e-Mental Health Survey is a trend study of mental health and substance use outcomes at the University of British Columbia adapted from the World Health Organization World Mental

Health International College Student survey. The survey was sent to a random stratified sample of 350 students bi-weekly from October 2022 – present. ($n=559$). The results will be updated prior to the presentation, with an expected 1500 total responses.

Results

In our sample, 74.0% of students drink alcohol, including 30.2% students that binge drink monthly or more. Using the 2011 LRDG for maximum weekly alcohol use, 96.7% of women and 98.5% of men who drink have low-risk behaviour, i.e., drink less than the 10 or 15 recommended drinks, respectively. Using the 2022 LRDG for maximum weekly alcohol use, 72.2% drink less than 2 drinks (low risk), 16.5% drink between 3-6 drinks (moderate risk), and 11.4% drink more than the recommended 6 drinks.

Conclusions

Many university students' drinking behaviour does not follow the current or past Low-Risk Alcohol Drinking guidelines. Further considerations are needed to improve adherence among this sub-population.

Sex and Gender Considerations

The Student e-Mental Health Survey includes demographic variables, such as sex, gender, and ethnicity. These variables can be used to get a better understanding of the mental health and substance use for these diverse equity groups. This is demonstrated through our abstract by providing sex-specific results regarding alcohol use. In future analysis, we can further investigate the impact of alcohol on other diverse groups to help inform guidelines and supports available.

Current Trends and New Issues — Opioids and Stimulants / Tendances actuelles et nouvelles problématiques – opioïdes et stimulants

29. Investigating Current and Potential Uses of Virtual Overdose Monitoring Services (VOMS) Beyond Overdose Response: A National Qualitative Study

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Tyler Marshall, University of Alberta
Stephanie Jones, Three Hive Consulting
Boogyung Seo, University of Calgary
Dylan Viste, University of Calgary
Pamela Taplay, Grenfell Ministries
Monty Ghosh, University of Alberta, University of Calgary

Learning Objective

Understand what virtual overdose monitoring services (VOMS) are. Understand stakeholder perspectives about how VOMS are currently being used for purposes other than overdose prevention/response.

Background

Virtual overdose monitoring services (VOMS) are novel technologies which allow remote monitoring of individuals while they use substances by means of a smartphone application, telephone hotline, or other electronic means with the aim of preventing drug poisonings.

Objectives

This study aimed to explore what other services VOMS might be able to offer beyond overdose monitoring from the perspectives of stakeholders.

Methods

Forty-seven participants were recruited from six key stakeholder groups underwent 20 to 60 minute semi-structured interviews via telephone until saturation was reached. Themes and subthemes were identified by two coders using grounded theory. Themes were triangulated with stakeholder groups.

Results

Participants indicated that current or potential uses of VOMS included: (1) providing mental health support and community referral; (2) methamphetamine de-escalation; (3) providing advice on self-care and harm reduction; and (4) providing a sense of community and peer support.

Conclusions

VOMS are being used for purposes beyond drug poisoning prevention. Notably, they are being used for community methamphetamine de-escalation, mental health support, and creation of a community of peers. Appropriate training, policy, and medicolegal oversight is critical for the operation of VOMS in some of these areas.

Sex and Gender Considerations

Responses were representative of a wide range of sex and gender identities. Data was captured from various demographic groups (for example, People of Colour, Indigenous People). Perspectives of people with lived experience of substance use were considered pivotal throughout the project and triangulation of results with key groups was an important part of analysis. The project examines some aspects of equity of access to services.

30. A Qualitative Study Investigating the Acceptability and Feasibility of Naloxone Kit Inserts in Promoting Virtual Overdose Monitoring Services (VOMS)

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William Rioux, University of Alberta
Nathan Rider, University of Calgary
Barbara Fornssler, University of Saskatchewan
Stephanie Jones, Three Hive Consulting
Monty Ghosh, University of Alberta, University of Calgary

Learning Objective

Explore scaling of naloxone programs as an opportunity to promote harm reduction material such as virtual overdose monitoring services (VOMS). Explore stakeholder perspectives on promoting VOMS by using naloxone kit inserts.

Background

Scaling of naloxone kit distribution programs presents a unique opportunity to promote Virtual overdose monitoring services (VOMS). These novel interventions have the potential to reduce substance-related mortality through technology (smartphone applications or telephone hotlines) for those out of reach of currently supervised consumption sites.

Objectives

This study aimed to explore the feasibility and acceptability of naloxone kit inserts in promoting VOMS.

Methods

Purposive and snowball sampling was utilized to recruit 52 participants from key stakeholder groups who participated in semi-structured interviews via telephone until saturation was reached. Two coders identified key themes and subthemes by conducting thematic analysis rooted in grounded theory.

Results

Four key themes emerged: (1) naloxone kit inserts are an acceptable way to promote VOMS; (2) Information around VOMS be included outside of the naloxone kits and inside the kits as an insert; (3) The information around VOMS in/on naloxone kits should be brief, informative and presented as an adjunct to current harm reduction services; and (4) Messaging about VOMS in/on naloxone Kits should include: The name of the VOMS and phone number(s); That the service is confidential, anonymous, and non-judgemental; Messaging that PWUD do not need to use alone; and A basic description of what the service is, and the steps involved.

Conclusions

The promotion of VOMS within naloxone kits was deemed an acceptable method of informing people. The themes that emerged from this study may aid the distribution of harm reduction information pertaining to VOMS and can be used to enhance current strategies to promote awareness of these services.

Sex and Gender Considerations

Promotion and access to VOMS will lead to more significant equity in distributing harm reduction services to vulnerable populations and geographically isolated communities. Demographics of participants included males, females, BIPOC, and Indigenous People. Perspectives of diverse groups, such as people who use drugs (PWUD), community-based harm-reduction organizations, and family members of PWUD were considered in reaching the study's conclusions.

31. Identifying Early Intervention Opportunities for Illicit Stimulant Use: A Cross-Sectional Study of Factors Associated with Illicit Stimulant Use Among Young People Accessing Integrated Youth Services in British Columbia, Canada

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Sara Kreim, University of British Columbia
Emilie Mallia, Foundry BC, Providence Health Care
Skye Barbic, Foundry BC, Providence Health Care

Background

Illicit stimulant (cocaine and/or amphetamine) use among youth aged 12-24 is a public health priority given its immediate and long-term harms. It is therefore critical that youth using stimulants are engaged in services as early as possible to reduce these harms.

Objectives

This study aimed to identify the risk/protective factors associated with illicit stimulant use among youth to inform early interventions.

Methods

A cross-sectional study was conducted on self-reported data among youth accessing integrated care services in British Columbia between April 2018 and January 2022. Data were collected on youths' sociodemographic characteristics, and social, behavioural, and health profiles. Multivariable logistic regression was used to identify risk/protective factors that were associated with past 30-day illicit stimulant use.

Results

The analytic sample included 5,620 youth and a total of 163 (2.9%) reported past 30 day illicit stimulant use. Demographic characteristics that were independently associated with illicit stimulant use included older age ($aOR = 1.27$, 95% CI = 1.17-1.38) and gender identity as man vs woman ($aOR = 1.71$, 95% CI = 1.10-2.70). Social and environmental risk factors included recently witnessing or experiencing violence ($aOR = 2.32$, 95% CI = 1.47-3.68) and higher past year crime/violent behaviours score ($aOR = 1.39$, 95% CI = 1.13-1.69). Finally, regular alcohol ($aOR = 6.90$, 95% CI = 2.36-25.42), regular ($aOR = 3.74$, 95% CI = 1.95-7.54) or social ($aOR = 3.06$, 95% CI = 1.44-6.60) tobacco use and lifetime hallucinogen ($aOR = 3.24$, 95% CI = 1.82-5.91) and ecstasy/MDMA ($aOR = 2.53$, 95% CI = 1.48-4.39) use were also statistically significant risk factors.

Conclusions

These factors support identification of youth who may benefit from further screening, assessment, and treatment for illicit stimulant use. This also underscores the need to expand early intervention and harm reduction programs that can comprehensively respond to youths' stimulant use, health, and social needs.

Sex and Gender Considerations

The data used in this study are derived from routinely collected health services data and thus, variables for equity considerations were limited. We have been able to include variables for gender identity, race/ethnicity, and socioeconomic status in our analyses however.

32. The Cascade of Care for Opioid Use Disorder in Pregnancy: A Population-based Study in British Columbia, Canada

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Fahmida Homayra, Centre for Advancing Health Outcomes

Micah Piske, Centre for Advancing Health Outcomes

Shannon Joyce, Simon Fraser University

Brittany Barker, First Nations Health Authority

Nicole Catherine, Children's Health Policy Centre, Faculty of Health Sciences, Simon Fraser University

Pamela Joshi, Provincial Health Services Authority

Annabel Mead, BC Women's Hospital and Health Centre

Louise Meilleur, First Nations Health Authority

Bohdan Nosyk, Centre for Advancing Health Outcomes

Learning Objective

Understanding opioid use disorder in pregnancy as well as opioid agonist treatment engagement and retention during the perinatal period at the population level in British Columbia (BC).

Background

Opioid agonist treatment (OAT) is an evidence-based standard of care for the clinical management of opioid use disorder (OUD) including during the perinatal period. The 'cascade of care' framework characterizes OAT engagement patterns to inform healthcare interventions that reduce opioid-related harms, but has yet to be assessed within the perinatal population.

Objectives

To identify the population with perinatal OUD in British Columbia (BC) and to assess OAT engagement and retention among pregnant people with OUD.

Methods

We identified mother-infant dyads with an indication of OUD within one year prior to the first perinatal care visit to delivery between 2016 to 2021 utilizing linked provincial health administrative data. We generated an eight-stage perinatal OUD cascade of care (diagnosed pregnant people with OUD, receipt of any OAT during pregnancy, receipt of continuous OAT during pregnancy, OAT receipt at delivery, retained on OAT < 3 m, ≥3m, ≥6m and ≥12m postpartum).

Results

We identified a total of 2,046 women and 2,324 deliveries with an indication of perinatal OUD during the study period. A total of 239 (57%) deliveries in 2020 with perinatal OUD received OAT at any point during pregnancy. Of the deliveries with receipt of OAT during pregnancy, 96% received continuous OAT during pregnancy, and 83% received OAT at delivery. Postpartum retention among women on OAT at delivery declined from 81% retained on OAT within 3 months after delivery, to 56% and 37% retained on OAT at 6 and 12 months after delivery, respectively.

Conclusions

The cascade highlights the need for interventions to address gaps in OAT engagement in pregnancy and long-term retention postpartum among pregnant people with OUD to reduce opioid-related harms.

Sex and Gender Considerations

Sex and gender are important factors impacting the quality of and access to care for people who use opioids, particularly among populations requiring specialized care including pregnant people. 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 aim to highlight the unique gender-based stigmas faced by pregnant people and women who use substances and anticipate the results will provide an evidence base to inform targeted public health interventions for improving access to care for the perinatal population affected by opioids.

33. New opioid prescription claims and their clinical indication: Results from health administrative data in Québec, Canada, over 16 years.

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Sébastien Tessier, Québec National Institute of Public Health

Sonia Jean, Québec National Institute of Public Health

Background

Opioid overdose worsened recently in Quebec. Because, opioid prescribing for some clinical conditions and to vulnerable patients are playing major role in opioid crisis; their surveillance by using administrative data seem relevant.

Objectives

This study aims to describe new opioid prescription and their probable clinical indication among population covered by Quebec's public drug insurance plan (QPDIP).

Methods

A retrospective cohort was done between 2006/2007 and 2021/2022. A cohort of opioid naïve adults ($N=2,263,380$) was created at each year. The new opioid prescription was the first opioid prescription filled by them during the fiscal year. The annual incidence proportion for each year was calculated and standardized for age. A hierarchical algorithm was built to identify the most likely clinical indication of this first prescription. Descriptive statistics were done.

Results

The incidence decreased from 7.5% (95% CI: 7.5 to 7.6%) in 2006/2007 to 5.4% (95% CI: 5.5 to 5.6%) in 2021/2022. The decreasing was less important between 2006/2007 to 2015/2016 (average annual percent change = -0.7% [CI95%: -0.2%; -3.2%]) than period between 2016/2017 to 2021/2022 (-4.9% [CI95%: -3.3%; -6.6%]). The median daily dose decreased from 27 in 2006/2007 to 24 in 2021/2022 (milligram morphine equivalent per day). Among clinical indications found, the frequency of cancer pain, surgical pain and dental pain increased respectively (34.2 to 43.1%), (31.0

to 35.7%) and (9 to 13.6%); but musculoskeletal pain decreased (12.6% to 2.2%) during the study period.

Conclusions

Opioid initiation and the frequency of the musculoskeletal pain as its clinical indication decreased in last 16 years in Quebec.

Sex and Gender Considerations

First of all; we consider sex and gender classic dichotomy (men and women) because of the use of secondary data (health administrative data of Quebec which use this categorization of sex long time ago). So; we are not able to use specific diversity of gender and sex in our research. But; if an update will be done in this database about sex and gender characteristic; in further research on our topic we will consider it. Secondly; our focus goal was to monitor new opioid prescription claims and their clinical indication among vulnerable population like elders, population with physical and mental disabilities and low socioeconomic status who were mostly covered by Quebec public drug insurance plan. Because, they were more likely to misuse these prescriptions and became addicted.

Current Trends and New Issues — General / Tendances actuelles et nouvelles problématiques – général

34. Les gamers ayant un usage problématique sont-ils tous égaux?

Distinction selon les profils de vie adolescent et adulte

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Mathieu Goyette, Université du Québec à Montréal

Stéphane Turcotte, CISSS de Chaudière-Appalaches

Sébastien Tchoubi, CIUSSS-CN, CISSS-CA, UQTR

Justine Mitchell, CIUSSS-CN, CISSSCA

Objectif d'apprentissage

Acquérir une meilleure compréhension des impacts du trouble d'utilisation des jeux vidéo en considérant le développement de la personne.

Contexte

Les jeux vidéo font partie des loisirs d'une large proportion de la population. Toutefois certaines personnes en développent un usage problématique. Alors que les études sont souvent menées auprès des mineurs ou des adultes, cette étude se veut novatrice, car elle s'intéresse à comparer les participants en fonction du profil de vie adolescent à ceux ayant un profil de vie adulte.

Objectifs

Comparer les habitudes et les impacts de la participation aux jeux vidéo des personnes présentant une utilisation problématique selon qu'elles aient un profil de vie adolescent ou adulte.

Méthodes

Les données sont tirées d'une étude de validation d'un questionnaire visant à identifier l'usage problématique d'Internet/écrans. Les 408 personnes rencontrées jouant à des jeux vidéo ont été réparties en deux groupes : 1) profils de vie adolescent (moins de 18 ans ou ≥ 18 ans habitant chez leurs parents; $n = 168$) et 2) profils de vie adulte ($n = 240$).

Résultats

Les résultats indiquent que les personnes au profil de vie adolescent sont moins nombreuses que les personnes au profil de vie adulte à présenter une utilisation problématique des jeux vidéo (33,3% vs 41,3%). Les profils de vie adulte sont plus nombreux que ceux au profil de vie adolescent à mentionner avoir beaucoup de problèmes en raison de leurs activités de gaming (38,9% vs 29,0%) et à ne pas avoir le contrôle sur celles-ci (41,8% vs 32,7%). Les impacts sur plusieurs sphères de vie distinguent également les deux groupes.

Conclusions

La présence d'un problème d'usage des jeux vidéo se distingue selon que la personne a un profil de vie adolescent ou adulte. Conséquemment, les approches cliniques doivent être adaptées aux différentes clientèles afin de mieux répondre aux besoins spécifiques de chacune.

Considérations liées au sexe et au genre

Le questionnaire socio-démographique ciblait tant le sexe à la naissance que le genre auquel les personnes s'identifient. Moins de 2% de l'échantillon s'identifiaient à un genre autre que masculin ou féminin. Par contre, le but de la présentation n'est pas de faire des distinctions selon le genre, mais bien de vérifier les différences et similitudes existant entre les « gamers » ayant un profil de vie adolescents et les « gamers » ayant un profil de vie adulte.

35. Applying Sex and Gender-based Analysis Plus Equity, Diversity and Inclusion in Practice (SGBA+EDI)

Lorraine Greaves, Centre of Excellence for Women's Health

Nancy Poole, Centre of Excellence for Women's Health

Learning Objective

- To understand the basic concepts in SGBA+EDI
- To promote understanding of how to apply SGBA+EDI to substance use practice
- To promote discussion of how to apply these concepts to organizations or job roles
- To explore how to include these concepts and evidence in communications with audiences

Background

In this workshop, Dr. Greaves and Dr. Poole will describe the concepts of Sex and Gender Based Analysis plus (SGBA+) and Equity, Diversity, and Inclusion (EDI) and how SGBA+EDI approaches be applied and work together in research, policy, and practice. The facilitators will use two case studies with workshop participants. Case Study #1 will discuss how to apply SGBA+EDI in developing job competencies for substance use service providers. Using the prevention, treatment, screening, and assessment competencies as examples, participants will engage in a discussion of how sex, gender, and equity can be integrated into substance use workforce competencies. In Case Study #2 the facilitators will illustrate the application of SGBA+EDI to Canada's Guidance on Alcohol and Health.

Using sex and gender related evidence affecting men, women, and gender-diverse people, participants will be shown how SGBA+EDI was applied to the newly released alcohol guidance.

Sex and Gender Considerations

The Centre of Excellence for Women's Health brings sex and gender evidence to practice and is focused on increasing gender equity through applying SGBA+, gender transformative approaches, and advancing sex and gender science. This workshop will help develop confidence in understanding and applying Sex and Gender Based Analysis plus (SGBA+) and Equity, Diversity, and Inclusion (EDI) and how SGBA+EDI approaches can be applied together in research, policy, and practice.

Unique Considerations for Equity-Deserving Populations — Children and Youth /

Facteurs uniques à prendre en considération pour les populations dignes d'équité – enfants et jeunes

36. How Relational Therapy Fosters Change in Youth Attachment

Laura Mills, Pine River Institute

Victoria Creighton, Pine River Institute

Learning Objective

The malleability of attachment security for youths. Individual, family, and treatment factors that optimize youth attachment security.

Background

Attachment security was once thought to be imprinted from early infancy but recently, attachment security is known to be malleable. Most knowledge related to attachment security change has been about adults; little is known about the malleability of attachment security among youths. Our study examined how attachment security changes during live-in care for substance-using youths.

Objectives

We aimed to advance knowledge about the malleability of attachment security and develop knowledge about attachment security changes over the course of relation based therapeutic intervention.

Methods

Participants attended Pine River Institute (PRI), long-term live-in care in Ontario for teenagers with addictive behaviours and related challenges. Youths completed the Experiences in Close Relationships – Relationships Structures (ECR-RS) at admission and five time during treatment. To analyse trajectories of attachment security change, FIML Multilevel model analyses included eight attachment-oriented variables, three predictors (treatment stage, sex, age), and one controlling variable (clinician).

Results

At admission, youth attachment security to their caregivers was insecure and this shifted during treatment secure. Youths' attachment security to their best friend and their therapist was secure at admission and became more secure during therapy.

Conclusions

Our study involved youths who engaged in long-term treatment for addictive behaviour, and related challenges. The study findings highlight the potential for change in attachment security among youths. This knowledge advances work in the area of attachment security malleability, particularly among youths. This is the first step toward developing knowledge about the specific treatment approaches that underpin improvements in relational attachment.

Sex and Gender Considerations

Our sample is focused on youths. We examined the attachment security and the trajectories of attachment security during youth treatment, and explored how these differentiated by gender. Our sample included only 10 youths who identified as gender diverse or who did not specify a gender identity and thus could not be included for analyses. Future work will continue to prioritize gender identity over physical sex and may have enough gender-diverse youths for meaningful analyses

37. Care for Adolescents with Substance Use — A National Survey of Paediatric Hospitals

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Nicholas Chadi, Sainte-Justine University Hospital Centre, University of Montréal

Christina Grant, McMaster University

Dzung Vo, BC Children's Hospital

Eva Moore, BC Children's Hospital

Richard Bélanger, University Hospital Centre of Québec-Laval University (CHUL)

Stephanie Hosang, Schulich School of Medicine and Dentistry, Western University

Trish Tulloch, Hospital for Sick Children

Natalie Finner, Children's Hospital of Eastern Ontario

Rachel Goren, Queen's University School of Medicine

Learning Objective

Describe current practices across paediatric hospitals in Canada relating to the care of patients with substance use. Discuss how these findings can inform policy and practice at a local, provincial and national level to enhance care.

Background

Substance use is a paediatric health care issue. More than 9 in 10 individuals receiving treatment of SUD report that their first use of substances occurred by young adulthood. Canadian Institute for Health Information reported that 5% of hospital stays among Canadian youth in 2017-2018 were related to harmful substance use. In a study of youth with a first-time ED visit for an MH problem between 2010 and 2014, most visits were due to substance-related disorders (Gill et al 2017). Little is known about practices relating to substance use in children's hospitals.

Objectives

Describe how adolescents who present for care to paediatric hospitals with substance use disorders or substance-related health issues are identified, assessed and treated. Identify best practices that can inform national standards

Methods

Survey methodology using an online questionnaire that asked about: 1) clinical practices in the ED, inpatient services and ICU; 2) policies and practice guidelines, and 3) hospital and community programs and resources. Recruitment emails sent to hospital leaders at all 13 paediatric hospitals

asking them to ID one individual to complete the survey on behalf of their hospital with input from relevant stakeholders in the various clinical areas

Results

Response rate was 70%. Few hospitals utilized best practices and there was inconsistency of practices within clinical areas, across services in each hospital, and between hospitals with respect to: screening + assessment, monitoring and use of medications. Hospital and community-based resources were insufficient.

Conclusions

There is a clear need for: 1) national guidelines for paediatric hospital-based assessment and care, and 2) enhanced co-ordination between services and systems of care for paediatric patients.

Sex and Gender Considerations

While we did not incorporate specific questions that asked about sex, gender and other equity consideration, there were open-ended questions that asked participants about challenges encountered in their hospital relating to the care of teens with substance use. Stigma and discrimination were identified as challenges and therefore there is an imperative to further explore this as we work to mobilize our findings and gather feedback about next steps in this work.

38. Impact of the COVID-19 Pandemic on Alcohol and Drug Use Patterns Among Youth: A Cross-Sectional Sample from British Columbia, Canada

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Guiping Liu, Centre for Health Services and Policy Research, University of British Columbia
Emilie Mallia, Foundry BC, Providence Health Care
Nikki Ow, University of British Columbia
Skye Barbic, Foundry BC

Learning Objective

To identify the pandemic's impact on substance use and its risk/protective factors among youth.
To discuss the health services and policy implications of these findings.

Background

Concerns about youth alcohol and drug use have risen since the COVID-19 pandemic due to the pandemic's impact on known risk/protective factors for substance use. However, the pandemic's immediate and long-term impact on youth substance use has been less clear, limiting services and policies during this crucial time.

Objectives

This study determined how the COVID-19 pandemic impacted youths' need for substance use services and risk and protective factors for substance use.

Methods

We conducted a repeated cross-sectional study of data collected among youth ($n=6,022$) accessing integrated youth services in British Columbia. The exposure was the COVID-19 pandemic (March 2020 – February 2022) compared with a pre-pandemic period (May 2018 – February 2020). Interrupted time series (ITS) examined changes in average monthly substance use symptoms.

Stratified multivariable logistic regression investigated how the pandemic modified the effects of established risk/protective factors on substance use service need.

Results

Fifty-percent of youth met the criteria for moderate/high substance use service need, with the odds being 2.39 times (95% confidence interval = 2.04, 2.80) greater during the pandemic compared to the pre-pandemic period. Results from the ITS indicated significant immediate effects of the pandemic on monthly substance use symptoms (p -value=0.01). Significant risk/protective factors included exposure to violence, engagement in meaningful activities, and self-rated physical and mental health. These factors remained consistent across pandemic and pre-pandemic periods.

Conclusions

This study demonstrated that the COVID-19 pandemic corresponded with increased youth substance use, signalling a need for increased clinical capacity in existing youth services and policies that can respond earlier to risk/protective factors for substance use.

Sex and Gender Considerations

The availability of measures for equity considerations was limited to those collected in this large dataset. We have included gender identity, race/ethnicity and socioeconomic status as risk/protective factors and confounders in the analyses.

39. Exploring the Relationship Between Mental Health and Heavy Drinking Among Canadian Undergraduate Students

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Sarah McDermott, Public Health Agency of Canada

Anton Maslov, Health Canada

Emilia Krzeminska, Health Canada

Background

Nearly 60% of undergraduate students reported heavy drinking according to the 2019-2020 Canadian Postsecondary Education Alcohol and Drug Use Survey (CPADS). However, the impact of mental health status on the prevalence of heavy drinking among Canadian male and female undergraduate students has not been previously reported.

Objectives

Describe the prevalence of heavy drinking in Canadian undergraduate students by mental health status and sex.

Methods

Data from the 2019-2020 CPADS were analyzed by sex (female, male), self-reported mental health status (5 levels; recoded as 'good' or 'poor'), and prevalence of heavy drinking (yes, no). Heavy drinking was defined as consumption of 4 or more drinks for females and 5 or more drinks for males on one occasion in the past 30 days.

Results

Data from 17,582 students (61% females) were weighted and analyzed. Overall, 33% of students had 'poor' mental health. Females were more likely to report 'poor' mental health (41%) compared to males (26%, $p < .001$). Among males, heavy drinking did not significantly differ between those with 'poor' (62%) versus 'good' mental health (61%, $p = 0.39$). By contrast, among female students, those

with 'poor' mental health (63%) were more likely than those with 'good' mental health (57%) to report heavy drinking ($p < .001$).

Conclusions

Among female students only, 'poor' mental health was associated with heavy drinking. These findings contribute to the body of evidence on factors contributing to heavy drinking among undergraduate students in Canada and can inform public health measures and future research.

Sex and Gender Considerations

This study used data from the 2019-2020 Canadian Postsecondary Education Alcohol and Drug Use Survey which examined undergraduate students aged 17 to 25. We chose to analyze heavy drinking and mental health status by sex instead of gender as the definition for heavy drinking used in this study is based on biological sex. Notably, the health risks of consuming alcohol increase more steeply for females than males due to physiological differences.

40. The ABCs of Youth Substance Use — Supporting K-12 Education Professionals in Their Work to Prevent, Reduce and Delay Substance Related Harms

Ash Amlani, Bunyaad Public Affairs
Sherri Moore-Arbour, Bunyaad Public Affairs
Cindy Andrew, Bunyaad Public Affairs

Learning Objective

At the end of this session, participants will: (1) Have an improved understanding of the BC K-12 education system, (2) be aware of some ways to engage K-12 education professionals in a comprehensive school health approach to prevent, delay and reduce substance-related harms, (3) recognize the need to align health system approaches to prevent, delay and reduce substance-related harms for youth with ongoing efforts in education system to promote positive mental health, and (4) understand how the health system can work alongside the education system to facilitate changes in practice.

Background

The ABCs of Youth Substance Use is an initiative to promote evidence-based approaches to youth substance use education in BC schools. This learning workshop aims to improve the understanding of the K-12 education system for health professionals working on efforts to prevent, delay and reduce substance-related harms for school-aged youth. A comprehensive understanding of substance education and health promotion practices in the education system is the first critical step in building a program to improve the consistent implementation of evidence-based practices. This session models a strengths-based, appreciative inquiry approach, which is similar to inquiry-based approaches teachers adopt in their classrooms.

Sex and Gender Considerations

Our project applies to the entire K-12 school system in BC. In seeking to understand the current landscape, we will aim to understand sociocultural attitudes and behaviours around substance use education. Additionally, we will be engaging youth throughout our research to amplify youth voices. Extra care will be taken to address the needs of youth populations that may be marginalized due to their gender, sexuality, race or ethnicity and socioeconomic status.

41. Youth Cannabis Use in Canada Post-Legalization: A Scoping Review

Ragave Vicknarajah, Université Laval

Ashima Kaura, Université Laval

Toula Kourgiantakis, Université Laval

Background

Cannabis is the most widely used substance worldwide, with Canadian youth (15-24) having one of the highest rates of cannabis use worldwide. Canada legalized recreational cannabis in 2018 with a primary objective of the Cannabis Act to protect youth. Despite the aim of trying to protect youth, there are serious concerns about the adverse effects of cannabis use on youth.

Objectives

Considering the high rates of cannabis use among Canadian youth, as well as the risks and potential harms, it is important that we increase our understanding of the gaps and strengths of the research on youth cannabis use. A scoping review was conducted to synthesize literature on youth cannabis use since legalization in Canada.

Methods

Arksey and O'Malley's scoping review framework and the PRISMA-ScR checklist was used in order to check that studies met the following criteria: published after 2018, empirical studies, conducted in Canada, and had a focus on cannabis use in youth (≤ 29 years of age).

Results

We identified 53 articles meeting eligibility criteria ($n= 45$ quantitative, $n= 7$ qualitative, and $n= 1$ mixed methods). Thirty percent of articles focused on trends in cannabis use among youth pre- and post-legalization, with studies reporting mixed findings. Very few articles focused on the link between mental health and cannabis use in youth.

Conclusions

The review showed many gaps in the literature, specifically the need for more research that focuses on adverse effects of cannabis use especially related to mental health. This scoping review has important implications for policy makers, educators, and service providers.

Sex and Gender Considerations

One of the aims of the scoping review was to better understand how equity was addressed in literature on cannabis use in youth. We had a charting category focused on diversity, equity, and inclusion, as well as stigma and social determinants of health. We only identified one article that focused on BIPOC youth and few studies mentioned stigma and cannabis use. No articles focused on LGBTQ youth. Only five studies mentioned diversity, equity, and inclusion, with a specific focus on socioeconomic status and access to services. While attention to equity was limited in the articles included in the study, we found this to be an important gap in the literature. This suggests that there is a need for research that explores equity issues related to youth cannabis use.

Unique Considerations for Equity-Deserving Populations — LGBTQ2+ Individuals /

Facteurs uniques à prendre en considération pour les populations dignes d'équité – personnes 2SLGBTQ+

42. L'expérience des personnes LGBTQIA2S+ avec les jeux de hasard et d'argent depuis la pandémie de Covid-19 : résultats préliminaires

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Magaly Brodeur, Université de Sherbrooke

Pasquale Roberge, Université de Sherbrooke

Julie-Christine Cotton, Université de Sherbrooke

Eva Monson, Université de Sherbrooke

Adèle Morvannou, Université de Sherbrooke

Marie-Ève Poitras, Université de Sherbrooke

Anaïs Lacasse, Université du Québec en Abitibi-Témiscamingue

Didier Jutras-Aswad, Centre de recherche du Centre hospitalier de l'Université de Montréal (CHUM)

Contexte

Les travaux de recherche réalisés depuis le début de la pandémie de COVID-19 nous ont permis d'en apprendre davantage sur ses impacts sur les habitudes de jeu de la population générale. Nous en savons cependant très peu au sujet de certains sous-groupes à risque de présenter un trouble lié aux jeux de hasard et d'argent (TJHA), tel que la population LGBTQIA2S+. Jusqu'à maintenant, aucune étude sur les habitudes de jeu de la population LGBTQIA2S+ durant la pandémie n'a été réalisée.

Objectifs

Décrire les répercussions de la pandémie de COVID-19 sur la pratique des jeux de hasard et d'argent (JHA) chez les personnes LGBTQIA2S+.

Méthodes

Ce projet de recherche prend la forme d'une étude mixte explicative et séquentielle en deux phases. La phase 1 est une étude corrélationnelle transversale. La phase 2 est une étude qualitative descriptive. Cette affiche vise à présenter les résultats préliminaires de la phase 1. Un questionnaire en ligne sera distribué par une firme spécialisée en panel web auprès de 1500 personnes LGBTQIA2S+ qui s'adonnent aux JHA. Afin de participer à l'étude, les personnes devront s'identifier comme appartenant à la diversité sexuelle et de genre (i.e. LGBTQIA2S+), s'être adonnées au moins une fois à un JHA au cours des 12 derniers mois, être âgées de 18 ans et plus, parler français ou anglais et résider au Canada.

Résultats

Le projet a été approuvé par le comité d'éthique de notre établissement et le questionnaire est prêt à être diffusé. La collecte de donnée sera réalisée au printemps 2023 et les résultats préliminaires seront présentés lors de la conférence.

Conclusions

Ce projet permettra d'améliorer nos connaissances sur les habitudes de jeu des personnes LGBTQIA2S+ s'adonnant aux JHA et permettra de proposer des pistes d'actions afin de prévenir et réduire les méfaits associés à la pratique des JHA au sein de cette population.

Considérations liées au sexe et au genre

Notre projet s'intéresse à l'expérience et au vécu des personnes LGBTQIA2S+. Les notions de sexe et de genre occupent une place centrale dans le cadre de ce projet et ce, de la conception du projet à la diffusion des résultats. Afin d'inclure la perspective de la population LGBTQIA2S+, la création de notre questionnaire a été supervisée par un comité-aviseur, dans lequel figurent des personnes s'identifiant à la diversité sexuelle et de genre, et des représentants d'organismes qui travaillent auprès de cette population. Une attention particulière a été portée à la terminologie utilisée et à l'utilisation d'un langage inclusif.

43. The UNtoxicated Queers Experience, How to Create and Facilitate a Queer Harm Reduction Support Group

Patrick Maubert, UNtoxicated Queers

Liane Khoury, UNtoxicated Queers

Learning Objective

In sharing our experience creating UNtoxicated Queers, we aspire to exchange knowledge in creating and facilitating queer harm reduction support groups to bridge the gap and create safer and community-led systems for the 2SLGBTQ+ communities and beyond. We will be happy to share our meeting structure and guidelines to create and facilitate a harm-reduction - recovery spectrum approach of care.

Background

UNtoxicated Queers was created to provide safer spaces and support networks for people with lived and living experiences with substance use and addiction within the 2SLGBTQIA+ community. In an attempt at queering the mental health and addiction systems, we approach substance use and addiction with a nonbinary viewpoint of a spectrum of care from harm reduction wellness to recovery. We have weekly peer-led support groups: a healing space, and monthly social events: a sober-positive connection and a celebratory space.

Sex and Gender Considerations

We come together to support, connect, and hold space for queer and trans people in our community to share about problematic substance use and addictive behaviours of all kinds. If you identify as queer, trans, non-binary, or if you are not sure, welcome. If you practice abstinence-based recovery or if you practice harm-reduction wellness, welcome. If you don't yet know which, welcome. If you identify with some or all of this intersectionality, then you are more than welcome.

44. Imagining Positive Futures: Engaging GBMSM Who Party 'n' Play 50+

Seff Pinch, Dr. Peter AIDS Foundation

Maticus Adams, MAX Ottawa

Daniel Boyle, Health Initiative For Men (HIM)

Randy Miller, Dr. Peter AIDS Foundation

Courtney Pankratz, Dr. Peter AIDS Foundation

Background

Aging gbMSM 50 and older hold key understandings of what programming gaps exist and how to bridge them to reduce STBBI transmission and overdose among this key population.

Objectives

Imagining Positive Futures is a peer-driven community research project focusing on the experiences and hopes of the key population. This project is a collaboration between the Dr. Peter Centre and HIM and seeks to identify the landscape of aging while living with HIV and using substances. To explore processes in which to identify re-imagined HIV prevention strategies and outcomes among aging (50+) gay and bisexual men who have sex with men (gbMSM) who use substances during sex and/or identify with Party 'n' Play (PnP).

Methods

A Peer Research Advisory Committee was assembled and identified key themes and recommendations for improving HIV prevention and harm reduction among this key population. The committee identified strategies to chronicle experiences of stigmatizing public health messages through art and a survey to empower and uplift the perspectives of gbMSM who engage in PnP.

Results

Aging gbMSM hold key understandings of what programming gaps exist and how to bridge them to reduce harms among this key population. This was demonstrated through the life cycle of this project, the development of the survey, and arts-based strategies. Through this, knowledge products will be shared across national platforms and networks.

Conclusions

This presentation explores the step-by-step process in which this project came into fruition and key learnings from it. This includes the process of trust building with the committee, the iterative process of doing research with community, and strategies to be considered throughout the life course of aging gbMSM who engage in chemsex.

Sex and Gender Considerations

Imagining Positive Futures aligns with the theme Pushing Possibilities as the project's focus is on expanding the possibility for the future of aging gbMSM living with HIV and using substances while having sex. The area of focus was determined through conversations with a group of peer researchers who steered the project. The project looks at what it means to have lived through unresponsive governments and stigma over the years. It gives the opportunity to look forward and explore what they need as they move into a different stage of life. This also reminds service providers that HIV care and prevention strategies need to be considered.

Unique Considerations for Equity-Deserving Populations — Women /

Facteurs uniques à prendre en considération pour les populations dignes d'équité – femmes

45. Addiction Residential Treatment Program for Homeless Women

Siu Mee Cheng, Street Haven at the Crossroads

Learning Objective

The presentation will provide an overview of the Street Haven addictions residential treatment therapy program for vulnerable women. The critical success factors that enable success in supporting recovery for women with addictions challenges will be outlined. It will also provide an overview of the client characteristics that shape, influence and the challenge treatment programming.

Background

Evidence shows that women-specific addiction treatment programs are necessary because the drivers and patterns on substance misuse and impact of misuse differ from men. Access to such treatment is challenging for homeless women, because of the lack of social structure supports that enable access to addictions including shelter and income supports that increase likelihood of misuse. Street Haven (SH) is a multi-service women's agency that provides shelter, supportive housing, and training supports and other support services for highly vulnerable women. We also operate a residential addictions treatment programs in Toronto.

Objectives

Following treatment, clients have regained a sense of empowerment and understanding of their addiction and life goals, have enhanced social network through their relationships with their fellow program participants, improved mental health as a result of having gained critical coping skills and insights into the triggers that lead to substance misuse, and have improved physical health as a result of access to shelter for three months.

Methods

A case study of the Street Haven residential treatment program was undertaken.

Results

There are several factors that contribute to the success of the program including screening for readiness, development of post treatment plans, ability to engage in group therapies, evidence-based therapies, harming reduction in services delivery, and addressing overall well-being through a social determinants of health lens.

Conclusions

The focus on developing coping skills and creating conditions for stability after treatment are crucial for success among homeless women.

Sex and Gender Considerations

The program that is outlined is intended to serve highly vulnerable women who are homeless, suffering from deep poverty and suffering from addictions challenges. The focus is to highlight the social determinants of health challenges that the clients face, and the necessity to address all such challenges when it comes to addictions treatment. This includes addressing trauma associated with gender-based violence, poverty and homelessness. This abstract shines a light on the intersectionality of these issues and its relationship with addictions.

46. The Experience of Women with Opioid Use Disorder Accessing Methadone Treatment

Lizette Keenan, St. Clair College

Learning Objective

To further understanding of women's experiences when attempting to access methadone treatment during the COVID-19 epidemic.

Background

The number of women experiencing opioid use disorder (OUD) in Canada has increased exponentially. In Canada, healthcare is socialized and free for all citizens and often medications like methadone are free as well, yet few individuals with OUD access treatment services.

Objectives

The purpose of this study was to describe the lived experiences of Canadian women with OUD who were receiving methadone treatment.

Methods

Interpretive phenomenology was used to investigate the treatment experiences of seven women with OUD. The conceptual framework of self-care of chronic illness was used to examine this phenomenon. Data were analyzed using a seven-step process of interpretive phenomenological analysis.

Results

Four major themes emerged from the research: learning how to be you again, reaching out for help, finding your way to methadone, and going down the path of methadone. Women's experiences were influenced by family, friends, and healthcare providers. Accessibility and self-determination were important factors in entering and sustaining treatment. The COVID-19 epidemic influenced women's treatment access, a surprising finding of this research.

Conclusions

This study contributes to the discipline of nursing by providing accurate information regarding women's experiences with OUD and uncovering practice changes that can attract and retain women in treatment.

Sex and Gender Considerations

The research has considered issues related to sex by focusing on women's experiences in methadone treatment only. Women were the focus due to a gap in the literature and the unique attributes of women. Anyone who identified as a woman, regardless of sex at birth, was accepted to participate. A future focus could be on those born as male transitioning to female. This population could be included to determine their unique experiences in seeking methadone. Two women in the study identified as LGBTQ2+. The women in the study were not from visible minority groups which could be considered in future research. Convenience sampling was used.

47. Perceptions of Virtual Overdose Prevention Services (VOPS) Among Women and Gender Diverse Individuals Who Use Drugs in Canada: A Qualitative Study

Amanda Lee, University of Alberta
Farah Jafri, University of Alberta
Dylan Viste, University of Calgary
Tyler Marshall, University of Alberta
Monty Ghosh, University of Alberta, University of Calgary

Background

As of 2022, nearly 20 drug-related deaths occur in Canada daily. Most drug-related harms occur when individuals use drugs alone, without access to timely emergency support services. Through literature review and a pilot study, we have identified that female and gender diverse individuals face unique challenges in accessing existing supervised consumption sites (SCS), and that the majority of individuals accessing virtual overdose prevention services (VOPS) are gender diverse compared to cis-gendered men. However, the underlying perspectives and beliefs regarding VOPS are not known.

Objectives

This study aims to explore the beliefs and perceptions of women and gender diverse individuals who use drugs on VOPS.

Methods

This is a qualitative study currently being completed. Residents of Canada >18 years old who identify as female or gender diverse with a history of using substances were eligible. One-on-one interviews were conducted using a semi-structured interview guide until saturation was reached, and thematic analysis performed by at least 2 independent reviewers.

Results

Our thematic analysis indicates that gender minorities feel that VOPS are a reasonable intervention to support substance users who use alone. Themes including safety, stigma, and convenience were identified as primary reasons they used VOPS.

Conclusions

The results of this study will be used to tailor VOPS to better fit the needs and values of people from diverse gender backgrounds. Additionally, understanding the role of gender identity in the context of substance use has been considered a priority by policy makers in Canada.

Sex and Gender Considerations

Our study is aimed to explore the values and beliefs of women and gender diverse individuals surrounding virtual overdose prevention services (VOPS), and therefore specifically engages these populations in qualitative interviews. We also utilized literature review, a pilot study and consultation with a gender and substance use researcher to create the semi-structured interview guide, designed to both explore gender-related issues previously highlighted, as well as provide opportunities during the interviews for participants to share their unprompted, unique experiences.

48. Interprofessional Collaboration to Work with Pregnant Women Exposed to Cannabis in Quebec's Health and Social System: Theory or Reality

Karen Dominguez-Cancino, University of Sherbrooke

Kristelle Alunni-Menichini, University of Sherbrooke, McGill University, Douglas Research Centre

Karine Bertrand, University of Sherbrooke

Rose Chabot, University of Sherbrooke

Yolaine Frossard de Saugy, University of Sherbrooke

Christophe Huynh, Integrated University Health and Social Services Centre of Centre-Sud-de-l'Île-de-Montréal

Nadia L'Espérance, CIUSSS de la Mauricie-et-du-Centre-du-Québec

Julie Loslier, University of Sherbrooke

Pablo Martínez, University of Sherbrooke
José Ignacio Nazif-Muñoz, University of Sherbrooke

Learning Objective

To analyze the development of interprofessional collaboration as a way to respond to the needs of pregnant women exposed to cannabis from the health professional perspective.

Background

Initiating conversations about cannabis use has been identified as a challenge for health professionals, especially in vulnerable populations such as pregnant women. Studies have shown that health professionals' support for therapeutic cannabis use is not homogenous, which can create ambiguities regarding cannabis use. Considering the new socio-political context that represents the Cannabis Act of 2018, a coordinated and aligned response from health and social service's professionals is needed. Interprofessional collaboration is envisioned as a way of delivering comprehensive solutions to meet the needs of pregnant women.

Objectives

To identify how interprofessional collaboration unfolds when attending pregnant women exposed to cannabis.

Methods

As part of a mixed-methods study, we will conduct focus groups and interviews with health professionals (physicians, nurses, psychologists, midwives, and social workers) working in Québec's social and health system. A thematic content analysis will be performed.

Results

We will present a preliminary synthesis of different narratives of health and social service's professionals regarding how interprofessional collaboration unfolds in the context of pregnant women exposed to cannabis.

Conclusions

Identifying how interprofessional collaboration unfolds can allow the recognition and subsequent interventions to develop an interprofessional response to meet the needs of pregnant women exposed to cannabis in the health system more comprehensively.

Sex and Gender Considerations

The research project considers the integration of the perspectives of health professionals, pregnant women, and their partners from a qualitative perspective in light of the health outcomes derived from cannabis exposure in the gestation period. The findings will allow engaging in dialogues to suggest new guidelines to be used by health and social services' professionals, when interacting with pregnant women exposed to cannabis.

49. Diverse Women's Experiences with Prescription Opioids for Chronic Pain Management

Lindsay Wolfson, Centre of Excellence for Women's Health
Olivia Schultz, Centre of Excellence for Women's Health
Nancy Poole, Centre of Excellence for Women's Health
Darby Whittaker, Centre of Excellence for Women's Health
Andreea Brabete, Centre of Excellence for Women's Health
Lorraine Greaves, Centre of Excellence for Women's Health

Learning Objective

To increase understanding of diverse women's experiences with prescription opioid use for chronic pain. To share a digital resource developed for providers who support women with chronic pain who have been prescribed opioids.

Background

Women report more chronic pain than men and are more likely to be prescribed opioids for pain management.

Objectives

To create an evidence-informed and women-centred digital resource for providers to increase confidence and competence in supporting women living with chronic pain.

Methods

A scoping review and interviews were conducted to explore women's experiences with prescription opioid use for chronic pain. Recruitment was done in person and through social media with a focus on engaging diverse women from different geographic and social locations. Twenty-two eligible participants completed interviews. Data were analyzed using intersectional thematic analysis in NVivo20.

Results

Six key themes were identified: 1) the benefits and harms of opioid use; 2) interactions with healthcare providers; 3) intersectional considerations; 4) information needs; 5) stigma; and 6) pain management strategies. These themes reflect the role of prescribed opioids on women's quality of life and disparities in care based on social factors such as race, class, age, sexual orientation, history of substance use, chronic condition, geography, and self-advocacy. The findings were translated into a digital resource for service providers that is sex, gender, trauma, and equity informed.

Conclusions

The digital resource reflects the need for a women-centred approach responsive to lived realities of women with chronic pain in a non-stigmatizing and harm-reducing manner.

Sex and Gender Considerations

In this study, we intentionally partnered with seven organizations in BC, Yukon, and Northwest Territories that represent diverse women, including women who use substances, pregnant women, senior women, women with experiences of violence, lesbians, Indigenous women, etc. By considering sex, gender, diversity, equity, and intersectional considerations from the forefront, we were able to create a digital resource for healthcare providers that incorporates information on how sex and gender-related factors impact women's chronic pain and prescription opioid use, as well as how to tailor care in order to reflect women's lives and social locations.

Unique Considerations for Equity-Deserving Populations — Older Adults /

Facteurs uniques à prendre en considération pour les populations dignes d'équité – personnes âgées

50. Pistes de bonification de l'accompagnement des résident(e)s qui consomment des substances psychoactives dans les milieux d'hébergement et de soins de longue durée pour aîné(e)s

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Camille Beaujoin, Institut universitaire sur les dépendances

David Guertin, Institut universitaire sur les dépendances

Julie Beausoleil, Institut universitaire sur les dépendances

Valérie Aubut, Université du Québec à Trois-Rivières

Nadine Blanchette-Martin, CIUSSS de la Capitale-Nationale, CISSS de Chaudière-Appalaches

Francine Ferland, CIUSSS de la Capitale-Nationale, CISSS de Chaudière-Appalaches

Christophe Huynh, Centre intégré universitaire de santé et de services sociaux du Centre-Sud-de-l'Île-de-Montréal

Nadia L'Espérance, CIUSSS de la Mauricie-et-du-Centre-du-Québec

Jorge Flores-Aranda, Université du Québec à Montréal

Objectif d'apprentissage

Connaître les avenues permettant de bonifier l'accompagnement des personnes qui consomment des substances psychoactives dans les milieux d'hébergement et de soins de longue durée pour aîné(e)s.

Contexte

Les milieux d'hébergement et de soins de longue durée peinent à répondre aux besoins des aîné(e)s en perte d'autonomie qui consomment des substances psychoactives (SPA). L'absence de prise en charge adaptée aggrave néanmoins les effets des consommations et accentue la perte d'autonomie.

Objectifs

Documenter les pistes d'amélioration de l'accompagnement des résident(e)s consommant des SPA dans les milieux d'hébergement et de soins de longue durée.

Méthodes

Notre démarche repose sur l'analyse thématique d'entrevues individuelles réalisées avec 28 résident(e)s, 35 intervenant(e)s et 13 gestionnaires au Québec. À cela s'ajoute l'analyse de 65 documents identifiés à l'issue d'une revue de portée de la littérature scientifique et grise.

Résultats

La synthèse de l'ensemble des données met en évidence le besoin de formation du personnel sur les spécificités de cette population, tout comme celui d'une collaboration bonifiée entre les ressources spécialisées. Améliorer l'intégration des résident(e)s, l'évaluation et le suivi de leurs pratiques de consommation et leur offrir des activités adaptées, sont des points récurrents. Disposer d'un cadre clair relatif à la consommation (incluant l'approvisionnement et la distribution) est également essentiel.

Conclusions

La triangulation des perspectives des personnes concernées et l'exploration de la littérature existante sur le sujet apporte une richesse à notre démarche. Les diverses pistes proposées viendront ainsi soutenir les services offerts à cette population, considérant en parallèle la pression croissante exercée par le vieillissement de la population sur l'organisation des services de santé et sociaux.

Considérations liées au sexe et au genre

La question du sexe, du genre et de la diversité culturelle a été considérée dans le cadre de ce projet. Ces dimensions ont tout d'abord constitué des critères de diversification du sous-échantillon de résident(e)s. La collecte et l'analyse des données, tant qualitatives que documentaires, a tenu compte de ces éléments, dans la mesure où cela pouvait influencer les trajectoires de consommation de SPA, d'itinérance, les comorbidités de santé mentale, le vécu du vieillissement, les besoins exprimés ou encore l'accompagnement reçu et nécessaire. Ces dimensions auront aussi une incidence sur l'applicabilité des avenues identifiées au fil de la démarche de recherche.

51. Promoting Inclusion of Older People Experiencing Homelessness and Addiction: Innovating Harm Reduction Through Service Co-design

Lara Nixon, University of Calgary
Martina Kelly, University of Calgary

Learning Objective

To describe structure and impact of therapeutic recreation co-designed with older people residing in harm reduction housing. To understand staff and resident experiences with a view to developing supports. To examine key project learnings from the perspective of staff and lived experience collaborators

Background

Mainstream aged care is ill-equipped to accommodate growing numbers of older people experiencing homelessness and addiction (OPEHA). Harm reduction (HR) interventions mitigate harms of substance use but focus mainly on substances. Less attention is given to cultivating non-substance use interests or engaging OPEHA in service co-design.

Objectives

A 3-year participatory action research (PAR) project to expand and evaluate housing-based HR, including therapeutic recreation programming co-designed with OPEHA.

Methods

Setting: "Harbour House" (pseudonym), 68-bed permanent supportive housing facility; on-site care, HR supports for people aged 55+ years excluded from other housing for substance use (85.5% use tobacco, cannabis, &/or alcohol; 16% use illicit substances) +/- serious mental illness (85.5%). Intervention: recreation programming, co-designed by recreation therapist with residents (Oct/19-Aug/22). Data: resident surveys of health, quality of life; interviews, residents & staff experiences of intervention, PAR process focus groups. Pre/post move-in health service admin data; cost analysis (2005-2019).

Results

Recreation programming improved resident social engagement and well-being. Staff found providing HR care was stressful yet inspiring, better navigated using Frank's "chaos narrative" to understand behaviours of OPEHA. Core model saved \$14 828 per resident in health service costs, three years post-vs three years pre move in.

Conclusions

PAR revealed and fostered meaningful relationships amongst service providers and users, essential to successful harm reduction programming. However, power structures in care settings, and upstream (e.g., funding priorities), pose formidable barriers to program success and sustainability.

Sex and Gender Considerations

Our team and project included opportunities for resident participants to share sex, gender identity and expression, sexual orientation, ethnicity, culture, immigration or refugee status, substance use, and pattern of homelessness, while ensuring participants could indicate "prefer not to answer". We endeavoured to ensure that we used accessible, person-first, trauma-informed and inclusive language in all of verbal and written communication with participants. In our interview sampling for we sought as much variation as possible in terms of the above intersecting identity markers. We also used "process consent", revisiting the nature of the project and confirming consent at each data collection point, in addition to initial written informed consent.

52. It Makes Me Feel Like a Child: A Scoping Review of Older Adults' Experiences in Opioid Agonist Therapy (OAT)

Lara Nixon, University of Calgary
Megan Sampson, University of Calgary
Meggy Wylie, University of Alberta
Martina Kelly, University of Calgary

Learning Objective

To consider older people's experiences in OAT locally, compared to those reported in the literature.

Background

Growing numbers of older people are experiencing serious health and social consequences due to opioid dependence. Opioid Agonist Therapy (OAT) benefits are well-known but greater understanding of the experiences of older people are needed to inform integration of addiction and aged care.

Objectives

To explore the experiences of older adults receiving opioid agonist therapy in existing literature.

Methods

Scoping review methodology to identify and organize literature. An interpretive synthesis grounded in phenomenology was developed, based on verbatim accounts of older people receiving OAT. Articles with primary data (direct first-person quotations) by older people with experience on OAT (age >50 years) were included. Systematically searched 6 databases. Studies were reviewed independently by 2 reviewers. Data extracted: study characteristics, including context, and all direct quotations. Researchers collaboratively and reflexively interpreted the qualitative data to develop a synthesis of older people's experiences in OAT. Consultations with citizen and care providing stakeholders ($n=9$) supplemented the review.

Results

Of 3235 reports identified, 237 underwent full-text review; 11 studies were included, providing 159 quotations reflecting ($n=82$) older adults' experiences in OAT. Participants reported multiple losses (health and relational), negative self-image, and wanting a different life, free of addiction. Many described their lives as "saved" by OAT, enhanced by supportive friends, family, and care providers/models. Some participants had deep regret related to OAT and multidimensional stigma (intervention, interpersonal, and/or structural) in care and social relationships. Processes and demands of participating in OAT further undermined identity for some.

Conclusions

OAT can be very positively experienced by older people when grounded in principles of patient-centred and inclusive aged care.

Sex and Gender Considerations

This study is part of a larger participatory action research (PAR) project with older people marginalized by substance use and addiction. We considered individual and intersecting demographics in data extraction, analysis and interpretive synthesis, including sex, gender identity and expression, sexual orientation, ethnicity, substance and OAT use, and social stability. We contacted authors of 7 studies to confirm participant demographics to maximize inclusion while remaining true to the study objective. We explored sub-analyses of the primary data based on available identifiers (e.g. sex, gender identity, ethnicity) but could not complete due to inconsistencies and limitations across the included studies.

Unique Considerations for Equity-Deserving Populations — Other /

Facteurs uniques à prendre en considération pour les populations dignes d'équité - autre

53. Heavy Drinking Prevalence Among Adults in Canada, by Sex/Gender, Sexual Orientation, and Race/Ethnicity, 2015–2020

Brendan Smith, Public Health Ontario
Julian Gitelman, University of Toronto
Christine Warren, Public Health Ontario
Alessandra Andreacchi, Public Health Ontario
Roman Pabayo, University of Alberta
Erin Hobin, Public Health Ontario

Background

Few studies have reported on heavy drinking ($\geq 4/5$ drinks in males/females at least monthly in the past year) at the intersection of multiple sociodemographic characteristics.

Objectives

Our objective was to estimate the association between sexual orientation and heavy drinking in Canada and whether it differs by race/ethnicity and sex/gender.

Methods

We pooled three Canadian Community Health Survey cycles (2015/16-2019/20). We used modified Poisson regression to explore the sex/gender-specific association between sexual orientation and heavy drinking by race/ethnicity, adjusted for cycle, age, marital status and province. Our categorization of sexual orientation included: 1) heterosexual, 2) gay or lesbian, and 3) bisexual or pansexual.

Results

Estimates of heavy drinking prevalence were 1.9 (95%CI: 1.5, 2.3) times higher among bisexual/pansexual compared to heterosexual women, with no differences among men. Estimates of heavy drinking prevalence were 0.4 (0.4, 0.5) times as high among racialized men and 0.4 (0.3, 0.4) times as high among racialized women compared to white individuals of the same sex/gender. There was effect modification by race/ethnicity. Compared to heterosexual women of the same race/ethnicity, heavy drinking prevalence was 2.9 (1.3, 6.4) times higher among racialized bisexual/pansexual women and 1.2 (0.8, 1.6) times higher among white bisexual/pansexual women. Compared to heterosexual men of the same race/ethnicity, heavy drinking prevalence was 1.9 (0.9, 4.0) times higher among racialized gay men, but similar among white gay men [prevalence ratio (95%CI): 1.0 (0.6, 1.6)].

Conclusions

Heavy drinking is distributed unevenly across sex/gender, sexual orientation, and race/ethnicity. These results encourage equity-focused public health interventions to reduce heavy drinking among intersecting sociodemographic groups experiencing the largest burden of heavy drinking.

Sex and Gender Considerations

Our study describes the prevalence of heavy drinking at the intersection of sex/gender, sexual orientation, and race/ethnicity. Consistent with intersectionality theory, we find the prevalence estimate of heavy drinking could not be predicted by examining any one identity independently. For example, while racialized men and women reported lower prevalence of heavy drinking than white individuals, among racialized individuals, minority sexual orientation was associated with increased prevalence of heavy drinking. We use the term sex/gender to reflect our inability to disentangle sex and gender, as participants of the CCHS are asked to self-identify as male or female.

54. The Alcohol Harm Paradox: Educational Attainment, Heavy Drinking and 100% Alcohol-Attributable Hospitalizations and Death in Canada, 2000–2017

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Alessandra Andreacchi, Public Health Ontario
Naomi Schwartz, Public Health Ontario
Erin Hobin, Public Health Ontario

Learning Objective

To explore the association between socioeconomic position (SEP) and heavy drinking on alcohol-attributable harm.

Background

The alcohol harm paradox, where individuals with low SEP experience disproportionate alcohol-attributable harm, despite similar or lower alcohol use, has not been quantified in Canada.

Objectives

To estimate whether the sex/gender-specific association between education (a SEP indicator) and alcohol-attributable harm differs by heavy drinking.

Methods

We conducted a cohort study among current and former alcohol consumers aged 15-64 from the Canadian Community Health Survey (2000-08) linked to hospitalization and mortality records through 2017. SEP was assessed using dichotomized education (low: \leq high school graduation; high: trades etc., \geq Bachelors). Cox proportional hazard models were used to estimate the association between education and incident 100% alcohol-attributable harm (hospitalization or death), including an interaction between education and heavy drinking (≥ 5 standard drinks in an occasion \geq once a month in the past year). Models were adjusted for age, marital status, immigration, rurality, province and cycle.

Results

The sample included 199,100 (52% women) respondents. Among non-heavy drinkers, low compared to high education was associated with alcohol-attributable harm (men: HR=1.65, 95%CI: 1.36-2.00; women: HR 1.39, 95%CI: 1.08-1.80). Similarly, relative to high education non-heavy drinkers, the hazard of alcohol attributable harm was greater among individuals with low education and heavy drinking (men: HR: 5.06, 95%CI: 4.22-6.06; women: HR: 5.68, 95%CI: 4.31-7.50) than individuals with high education and heavy drinking (men: HR: 3.67, 95%CI: 2.97-4.54 ; women: HR: 4.10, 95%CI: 2.95-5.70).

Conclusions

The alcohol harm paradox exists in Canada. Research is required to explore potential mechanisms of this association beyond heavy drinking.

Sex and Gender Considerations

This study examined socioeconomic inequities in alcohol harm by estimating the association between education and alcohol-attributable harm and whether this association differed by heavy drinking. We stratified by sex/gender, recognizing that men and women experience different levels of alcohol harm from similar alcohol use. These differences may be compounded at the intersection of sex/gender and education. The Canadian Community Health Survey measured sex as dichotomous male or female. However, we interpret our findings with the understanding that sex (e.g., physiological differences) and gender (e.g., roles, attitudes and expectations) are entangled. As such, the terms sex/gender, women and men are used.



Mental Health and Substance Use Santé mentale et usage de substances

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

Ces affiches sont présentées en partenariat avec la Commission de la santé mentale du Canada

55. Examination of People Who Died from Alcohol Acute Toxicity in Canada from 2016 to 2017

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Jenny Rotondo, Public Health Agency of Canada
Regan Murray, Public Health Agency of Canada
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Graham Jones, University of Alberta
Eva Graham, Public Health Agency of Canada
Amanda VanSteelandt, Public Health Agency of Canada

Learning Objective

To provide detailed national information on the characteristics and circumstances of people who died from alcohol acute toxicity deaths (AATDs) in Canada.

Background

Although alcohol is a regulated substance in Canada, mortality data related to alcohol consumption remains limited.

Objectives

This study aims to describe demographic, health, substance use, and circumstances of death information related to AATDs.

Methods

Data were abstracted from the coroner and medical examiner (C/ME) files of all acute toxicity deaths (ATDs) that occurred across Canada between 2016 and 2017. Proportions were calculated by manner of death, sex, age group, province/territory, and health characteristics among people who died due to alcohol alone and in combination with other substances.

Results

Of the 9,414 ATDs occurring in Canada in 2016 and 2017, 20% identified alcohol as contributing to death, 34% (73% males, 27% females) involved alcohol overall, and 3% involved alcohol alone. The majority of AATDs were accidental (83%). Among people who experienced AATD, there was evidence that 69% had interacted with the health care system in the last year, 15% had a history of mental health symptoms, 16% had an alcohol use disorder, and 45% had a history of alcohol use. Fentanyl, cocaine, or fentanyl with cocaine were most often identified as contributing to death alongside alcohol.

Conclusions

Approximately 1 in every 3 ATDs involved alcohol. As literature indicates that AATDs have increased, the implications of this research are even more substantive.

Sex and Gender Considerations

Due to environmental, biological, and social influences, alcohol consumption and its harms may differ across populations. Our chart review study collected record-level information on a variety of characteristics including sex, gender, sexual orientation, race, ethnicity, immigration, education, income, occupation, and health. However, due to limitations in sample size and missing data, findings from this analysis have only been disaggregated by sex and age, though health is explored. Our study co-investigators and project team members include people with lived experience, expertise in the C/ME system, and a variety of knowledge areas. These individuals helped design the study protocol, analyses, and knowledge translation products.

56. Mes parents ont un problème de jeux de hasard et d'argent : impacts dans ma vie d'enfant et dans ma vie d'adulte

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Joël Tremblay, Université du Québec à Trois-Rivières
Sylvia Kairouz, Université Concordia
Annie-Claude Savard, Université Laval
Nadia L'Espérance, CIUSSS de la Mauricie-et-du-Centre-du-Québec
Magali Dufour, Université du Québec à Montréal
Louise Nadeau, Université de Montréal

Objectifs d'apprentissage

Éveiller les participants aux conséquences à court et à long terme que peuvent vivre les enfants en raison du problème de jeux d'un de leur parent.

Contexte

Les conséquences des problèmes de JHA pour l'entourage sont bien documentés. Toutefois peu d'études ont interrogé directement des enfants de joueurs pour mieux connaître comment les JHA ont teinté leur vie.

Objectifs

Rendre compte des impacts vécus dans l'enfance et à l'âge adulte par les enfants qui partagent leur vie avec un parent qui a un problème de JHA.

Méthodes

Les données sont tirées d'un projet où 50 membres de l'entourage (ME) de joueurs pathologiques ont complété des entrevues semi-structurées pour identifier les impacts qu'ils vivaient en raison du problème de JHA. Parmi ceux-ci 6 femmes et 1 homme étaient des enfants adultes de joueurs (23 à 42 ans).

Résultats

Les résultats indiquent que les JHA (problématique ou non) ont toujours été présents dans la vie des enfants. Lorsque présent dans l'enfance, les participants indiquent avoir vieilli trop vite. Quand le problème perdure dans le temps, les participants indiquent avoir pris une distance émotive avec leur parent joueur afin de ne pas être affecté par les impacts du problème.

Conclusions

Les impacts associés à la présence d'un parent qui a un problème de JHA arrivent tôt dans l'enfance et persistent à l'âge adulte. Il semble donc que les enfants de joueurs devraient pouvoir bénéficier de ressources d'aide afin d'éviter la cristallisation des problèmes.

Considérations liées au sexe et au genre

Les entrevues ont été menées auprès d'hommes et de femmes faisant partie de l'entourage de joueurs problématiques en traitement. Les entrevues ont ciblé les impacts vécus et comment ces impacts ont eu des répercussions sur la vie des ME. Bien que le sexe à la naissance ait été documenté, le petit nombre d'enfants de joueurs dans l'échantillon ne permet pas de comparer les impacts selon le sexe. Toutefois, les différences sont indiquées lorsqu'elles sont présentes.

57. Reducing Harms Through Youth Cannabis Education: A Survey of Educator Perspectives

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Jennifer Donnan, Memorial University of Newfoundland
Nick Harris, Memorial University of Newfoundland
Emily Rowe, Memorial University of Newfoundland

Background

Cannabis use is prevalent among Canadian youth and can have an impact on their health and safety. There is a lack of cannabis education in schools and educators may not be equipped to educate students about this newly legalized substance using a harm reduction approach.

Objectives

This study explored Newfoundland and Labrador educator perspectives toward teaching harm reduction cannabis education to students in grades 4-12. The primary objectives were to explore educator: 1) attitudes towards harm reduction; 2) needs in order to facilitate cannabis education; and 3) preferences for receiving educator training and curriculum materials.

Methods

An online survey was completed by 170 educators, of which the majority (59%) were classroom teachers. Data analysis included descriptive statistics to evaluate demographic variables and ANOVAs to identify differences between subgroups.

Results

Only 13% of educators agreed that students were well-informed on cannabis-related harms. Ninety-two percent felt harm reduction was an effective approach to substance use education, and 89% expressed interest in harm reduction training, particularly interactive training (70%) and instructor-led lessons (51%). Online curriculum resources were preferred by 57%. Support for harm reduction significantly differed by gender, $t(159) = 2.03, p = 0.044$, with females reporting greater support than males, and by age group, $t(164) = 3.39, p < 0.001$, with educators under 40 reporting greater support than those aged 40 and over.

Conclusions

Insight into educator perspectives will contribute to the development of a cannabis education strategy that meets teacher needs, allowing them to help students make informed choices that promote health and reduce harms.

Sex and Gender Considerations

Our gender-diverse interdisciplinary team aims to gather gendered/sociocultural perspectives from educators to inform our drug education curriculum. We collected the gender identity of participants so we could analyze on how gender influenced educator perspectives, including attitudes towards harm reduction approaches, preparedness to teach cannabis education and comfort addressing student cannabis use. This will help inform our curriculum and teacher resources, resulting in a more meaningful curriculum plan that uses inclusive language, images, and approaches sensitive to gender-diverse populations.

58. Substance Use Disorder in People with Mental Disorders Using an International Database: How Might Physical Activity and Multimorbidity Differ and Influence One Another?

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Learning Objective

Exploring physical activity and multimorbidity in people living with substance use disorders.

Background

Physical activity (PA) is considered as a therapeutic tool for people with substance use disorders (SUD), notably in the management of chronic conditions. Yet, participation in PA is low among people with mental disorders (MD).

Objectives

To determine 1) the PA level of people with SUD compared with people with MD, 2) the association between having SUD, the level of PA and the presence of two and more chronic conditions (multimorbidity).

Methods

Cross-sectional study using the database SIMPAQ (23 countries) including 1013 participants with MD (G1: SUD; G2: other MD). To compare PA levels, we used an ANOVA. To investigate the association between the presence of multimorbidity (dependent variable) according to PA level, logistic regressions were used. The reference group was non-active MD without SUD.

Results

Groups G1 ($N = 423$; 36% women; 39.2 ± 12.2 years) and G2 ($N = 590$; 51% women; 39.9 ± 13.1 years) were similar for multimorbidity (G1: 56% vs. G2: 57%). G1 were more active (2.51 ± 1.89 ; vs. G2: 2.23 ± 1.83 h of PA/week; $p=0.03$). There was a significant result between PA level and the presence of multimorbidity (OR = 0.65; 95% CI = 0.49-0.87; $p=0.003$).

Conclusions

People with SUD appear to be more active than people with other MD, and this PA practice appears to be a protective factor against multimorbidity. PA could be a proposed way to help people with SUD and MD to prevent the development of chronic conditions.

Sex and Gender Considerations

The notion of sex in its biological aspects is taken into account in our research, as there are differences in the prevalence of chronic conditions. We therefore took it into account in our analysis based on whether the participant considers himself or herself to be male or female.

59. How Addictive is it? The Association Between Substance Use and Substance Use Disorder in a National Cross-Sectional Survey

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Nolan Gooding, University of Lethbridge

Robert Williams, University of Lethbridge

Background

Knowing the relative addictiveness of different substances is important from a policy and public health perspective. While published rankings exist, these are primarily based on the subjective ratings of experts or theoretical considerations, rather than an empirical analysis.

Objectives

The goal of the present study is to employ an empirical approach to rank substances and examine how closely these empirical results are to prior subjective and theoretical ratings.

Methods

A secondary analysis of weighted data from the 2020 National Survey on Drug Use and Health was conducted with four research questions: (1) What is the relative frequency of use for each substance? (2) What is the rate of substance use disorder (SUD) among users of each substance when controlling for demographics and polysubstance use?

Results

Results converged on heroin and methamphetamine as being particularly problematic, as evidenced by their relatively high frequency of use and high odds/rate of SUD. In contrast, very few individuals who used hallucinogens or inhalants had an SUD related to these substances. Cannabis also displayed a more problematic pattern of results compared to previous ranking systems. Regardless of the substance under consideration, poly-substance use was associated with a heightened risk of SUD.

Conclusions

The present results confirm that certain substances appear to have inherently greater addiction potential compared to other substances. While these findings are not fundamentally divergent from prior ranking systems, they provide a more solid empirical basis for the theoretical and subjective rankings that have been proposed.

Sex and Gender Considerations

In our analyses, we controlled for demographic differences, such as sex, income, race, and employment status. As such, our results are robust to between group differences in substance use and addiction.

60. Patterns of Change in Alcohol and Cannabis Consumption Following Admission to a Cannabis Substitution Program

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Tim Stockwell, Canadian Institute for Substance Use Research

Bernadette Pauly, Canadian Institute for Substance Use Research

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Background

Managed Alcohol Programs (MAPs) offer regulated access to alcohol alongside a range of other supports for individuals with severe alcohol use disorder (AUD) experiencing unstable housing. MAPs are effective at stabilizing alcohol consumption and reducing alcohol-related harms. However, daily alcohol consumption is associated with an elevated risk of alcohol-related disease. Cannabis substitution for alcohol has been proposed as a harm reduction strategy for individuals with severe AUD.

Objectives

To examine individual change in alcohol consumption patterns following admission to a cannabis substitution program within a MAP.

Methods

A pilot intervention of cannabis substitution for alcohol in the context of a MAP is being conducted at a Canadian residential MAP. Participants include 31 program residents. Daily program records from up to 12 months pre-intervention and 3 months post-intervention were collected. Program records include daily alcohol and cannabis administration. Self-reported alcohol consumption and alcohol- and cannabis-related harms were collected. Multilevel models will be fit to examine patterns of change in alcohol and cannabis consumption as well as the interaction between alcohol and cannabis consumption over time.

Results

Within-person and between-person patterns of change in alcohol and cannabis consumption over time will be presented. Changes in alcohol- and cannabis-related harms will be presented.

Conclusions

The impact of a cannabis substitution program on alcohol and cannabis consumption patterns and the health and well-being implications of the observed patterns will be discussed.

Sex and Gender Considerations

Sex will be considered as a level-1 variable in the multilevel models.

61. Facteurs associés à la détresse psychologique élevée ou l'augmentation de la consommation pendant la pandémie de la COVID-19 par les personnes utilisatrices de substances psychoactives au Québec

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Objectifs d'apprentissage

Mieux connaître les caractéristiques des personnes utilisatrices de substances psychoactives (SPA) présentant un niveau de détresse psychologique élevée et/ou ayant augmenté leur fréquence de consommation pendant la pandémie de la COVID-19.

Contexte

La pandémie de la COVID-19 a été associée à une augmentation de la détresse psychologique et à une consommation accrue de SPA chez certaines personnes.

Objectifs

Identifier les facteurs associés à 1) la présence d'une détresse psychologique élevée ou 2) l'augmentation de la consommation pendant la pandémie.

Méthodes

Les participants étaient recrutés à partir des réseaux sociaux pour remplir un sondage en ligne accessible d'octobre 2020 à juin 2021. Les questions posées provenaient de questionnaires validés et reconnus dans la littérature scientifique. Deux régressions logistiques ont été réalisées afin de déterminer les facteurs associés à la détresse psychologique élevée ou à l'augmentation de la consommation pendant la pandémie.

Résultats

Parmi les 1165 participants, s'identifier comme femme, être un jeune adulte de 18-29 ans (vs les adultes plus âgés), la baisse de revenus, et la consommation dans le but de gérer des symptômes anxiodépressifs étaient des facteurs associés à la détresse psychologique élevée, alors qu'avoir un bon soutien social était lié à un faible niveau de détresse. L'augmentation de la consommation était observée parmi les jeunes adultes, ceux ayant connu une baisse de leur revenu, ceux qui cotaient une sévérité de consommation requérant une intervention, ainsi que ceux qui consommaient pour gérer leur anxiété. Consommer pour mieux se connaître ou être plus créatif était associé à une diminution.

Conclusions

Mieux connaître leurs caractéristiques individuelles psychosociales est essentiel pour mieux cibler les personnes les plus à risque, tout en déterminant quels éléments devraient être prioritaires du point de vue de l'intervention.

Considérations liées au sexe et au genre

Le sexe assigné à la naissance et l'identité de genre, ainsi que la précarité socio-économique, ont été considérés lors de la collecte de données et lors des analyses. Des questions spécifiques liées aux identités non-cis et non-binaires ont été posées. Les résultats présentés tiennent compte des différences en fonction de l'identité de genre. Nous discuterons des iniquités renforcées durant la pandémie entre hommes et femmes sur les plans professionnels et familiaux, ce qui aurait contribué au niveau de détresse psychologique chez elles.

62. The Concurrent Disorders Curriculum: A Free, Evidence-Based Tool to Enhance Workforce Competency

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Learning Objective

Review a novel online learning program with the aim to enhance professional helpers' competency in working with people experiencing concurrent disorders.

Background

Many people across health, housing and other social systems work with people experiencing concurrent disorders. However, there are few evidence-based, low- or no-cost educational resources available to support their work.

Objectives

To create an interactive and engaging learning program that explains the relationship between concurrent mental health and substance use disorders, the impact of stigma and discrimination, the impact of social determinants of health, and key factors that foster recovery.

Methods

The curriculum was developed in partnership of people with lived and living experience with concurrent disorders, family members, as well as Indigenous partners. Content development partners also included diverse helping (nurses, social workers, psychologists, researchers, physicians, etc.) and online learning development professionals. Using the Concurrent Disorders Competency Framework and Toolkit, key competencies were identified as introductory "building blocks" for any professional helper to know in order to best support people with concurrent disorders- regardless of their workplace or role. Curriculum content was then developed, reviewed, and edited based on partner feedback.

Results

The curriculum is now live and freely accessible to any helping professional, regardless of jurisdiction. The module content was intentionally designed to be applicable variety of helper roles, workplaces, and settings.

Conclusions

Future modules are planned based on partner feedback and to address further needed competency areas. Ways to enrol and apply this curriculum as a professional helper or as manager will be reviewed.

Sex and Gender Considerations

The online curriculum was developed in partnership with people who had lived and living experience with concurrent disorders, family, as well as Indigenous partners. The CD Curriculum project team was also diverse in terms of ethnicity, race, and sexual orientations. Content, including interactive learning activities, were developed with particular attention to issues of sex, gender, equity and diversity- not only for representation but managing risk of further stigmatization or stereotyping.

63. Comparative Analysis of Instrumental Variables on the Assignment of Buprenorphine/Naloxone or Methadone for the Treatment of Opioid Use Disorder

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Bohdan Nosyk, Centre for Advancing Health Outcomes

Learning Objective

To evaluate and compare prescribing preference based instrumental variables (IVs) and calendar time IV in comparative effectiveness of treatments for opioid use disorder.

Background

Instrumental variable (IV) analysis provides a means of addressing uncontrolled confounding by indication.

Objectives

Our objective was to evaluate the suitability of prescriber preference and calendar time as potential IVs to evaluate the comparative effectiveness of buprenorphine/naloxone versus methadone for the treatment of opioid use disorder (OUD).

Methods

Using linked population-level health administrative data we constructed five IVs: prescribing preference at the individual, facility, and region level (continuous and categorical variables), calendar time, and a hybrid IV for an intent-to-treat analysis using both incident-user and prevalent-new-user designs. The primary outcome was treatment discontinuation. Using published guidelines, we assessed and compared each IV according to the four necessary assumptions for IVs using both empirical assessment and content expertise. We confirmed the robustness of our results through a series of sensitivity analyses.

Results

The study sample included 35,904 incident-users (43.3% on buprenorphine/naloxone) initiated on opioid agonist treatment by 1,585 prescribers during the study period. We found that while all candidate IVs were strong (A1) according to conventional criteria, assumptions of exclusion (A2), independence (A3), monotonicity (A4a) and homogeneity (A4b) were upheld for prescribing preference-based IV but did not hold for calendar-time-based IV, by empirical criteria and expert opinion, respectively. We determined that provider-level-prescribing preference, measured on a continuous scale, was the most suitable IV for the comparative effectiveness of buprenorphine/naloxone and methadone for the treatment of OUD.

Conclusions

This study demonstrates the suitability of measures of prescriber preference as IVs in comparative effectiveness studies of treatment for OUD.

Sex and Gender Considerations

We considered biological sex as a covariate in our statistical models. We cannot observe gender or diversity in the health administrative data, thus, we did not consider those variables in our study.

64. Développer des services pour les proches de personnes présentant des troubles concomitants : facilitateurs et barrières à tenir compte

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Karine Bertrand, Université de Sherbrooke

Objectifs d'apprentissage

Décrire les facilitateurs et barrières liés à l'implantation de services visant les proches de personnes présentant un trouble psychotique et d'utilisation de substance. Décrire comment le modèle The Quality Implementation Framework peut faciliter l'implantation en troubles concomitants.

Contexte

Les proches de personnes présentant un trouble d'utilisation de substance et un trouble psychotique, présentent plusieurs besoins à titre de client, d'accompagnateur et de partenaire. L'implantation de services visant spécifiquement ces proches est complexe et peu documentée, aucune évaluation d'implantation n'a été réalisée. Des barrières à l'acceptabilité et à la faisabilité, proviendrait des difficultés importantes à les rejoindre pour les intégrer dans les services. Quelques services développés peu efficaces questionneraient leur compatibilité besoins-services. Des difficultés de faisabilité proviendraient des structures organisationnelles et du au manque de préparation des soignants.

Objectifs

Décrire et comprendre les facilitateurs et barrières de l'implantation d'un programme dédié aux proches de personnes présentant un trouble d'utilisation de substance et un trouble psychotique lors d'une évaluation prospective d'implantation.

Méthodes

Un devis de recherche-action sur 30 mois, incluant un comité de recherche (proches, intervenants, coordonnateurs, gestionnaires et acteurs-clés) ($n=13$) a été utilisé. Lors de la mise en œuvre, des proches ($n=9$) ainsi que les personnes qu'ils accompagnent ($n=5$) se sont ajoutés. Un journal de bord, des groupes focalisés ($n=2$) et des entrevues ($n=26$) ont été analysés.

Résultats

Notons des obstacles administratifs et organisationnels liés aux connaissances et à l'accessibilité. Parmi les facilitateurs, notons l'engagement d'un comité diversifié, un leadership continu, et un processus d'implantation clair et adapté au milieu.

Conclusions

Ces résultats réitérent la nécessité de développer un continuum de services incluant une structure organisationnelle soutenant son implantation.

Considérations liées au sexe et au genre

Les proches soutenant les personnes présentant des troubles d'utilisation de substance et un trouble psychotique sont majoritairement des femmes. Afin de permettre de mieux documenter les spécificités de genre, un effort supplémentaire a été fait lors du recrutement pour inclure des proches hommes, dans ce cas des pères.

65. Drugs and Drug Combinations of Public Health Interest Among Substance-Related Acute Toxicity Deaths (ATDS) in Canada from 2016 to 2017

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Background

Canada has seen a rise in ATDs in recent years. Research indicates that fentanyl, non-fentanyl opioids, and stimulants are classes of concern and that polysubstance ATDs have increased. However, there is limited information regarding the specific substances involved.

Objectives

This study aims to identify top substances, classes and combinations contributing to substance-related ATDs across Canada, and to determine whether they vary by manner of death, sex, age and urban versus rural municipalities of residence.

Methods

Data were abstracted from coroner/medical examiner files of all 9,414 ATDs that occurred across Canada between 2016 and 2017 and met the case definition for our study. Substances involved in death were identified using toxicology reports and cause of death statements. Top 20 substances and top 10 classes were identified based on proportions of deaths where they were detected or had contributed to death. Combinations of substances/classes contributing to death were examined with UpSet plots.

Results

Ethanol, fentanyl, cocaine and other opioids and stimulants were top substances involved in overall and accidental deaths. Ethanol, zopiclone, non-fentanyl opioids, quetiapine and diphenhydramine were among top substances involved in overall and suicide deaths. Fentanyl was involved in 46% of overall male deaths and 26% of overall female deaths. Over half of all ATDs had multiple substances contributing to death. Diacetylmorphine figured among the top substances for ATDs in urban municipalities, and codeine for ATDs in rural municipalities.

Conclusions

Specific substances causing ATDs vary among demographics. Understanding these differences will allow for targeted substance-use policies, prevention, and harm reduction efforts.

Sex and Gender Considerations

Due to environmental, biological, and social influences, substance use may differ across populations. Our chart review study collected record-level information on a variety of characteristics including sex, gender, sexual orientation, race, ethnicity, immigration, education, income, occupation, and health. However, due to limitations in sample size and missing data, findings from this analysis have only been disaggregated by sex, age and urban versus rural municipalities.

Our study co-investigators and project team members include people with lived experience, expertise in the coroner/medical examiner system, and a variety of knowledge areas. These individuals helped design the study protocol, analyses, and knowledge translation products.

66. Road Map to Integrated Care: The Development of an Evidence-based Tool to Improve Access to Youth Concurrent Mental Health and Addictions Services

Karolina Kaminska, University of Waterloo

Learning Objective

Understand gaps in current mental health and addiction system for people with concurrent disorders. Learn about the potential role of machine learning in mental health and addiction system improvement.

Background

Canadian youth aged 15-24 experience the highest rates of substance use disorders (SUD) and mood disorders in comparison to other ages, yet only one in six can access appropriate services to improve their health outcomes. Those with SUD are 5x more likely to experience another mental disorder, resulting in 147,000-180,000 of 4.6 million Canadian youth having co-existing SUD and mental disorder, and a compounded burden of disease. Within the range of existing mental health service models, evidence and enthusiasm is growing for better collaboration between mental health and addiction services to address these barriers; however, research is still mixed with regards to their effectiveness and there is even less evidence on their impact on youth outcomes.

Objectives

Evaluate the extent to which existing health and social services address the needs of individuals with co-existing substance use and mental health disorders; use a co-design process to develop a systems map to describe optimal health system integration for concurrent disorders; develop evidence-based algorithm based on existing health system data to act as a dynamic roadmap for individuals trying to access relevant

Methods

Mixed-methods exploratory evaluation to identify population's needs and degree to which existing services fulfill them; co-design with system experts of optimal system's interconnections and pathways according to population's needs; machine learning methods to develop algorithm tool based on data collected from interRAI mental health assessments.

Results

This study is to be conducted 2023-2025.

Conclusions

This project contributes a tangible solution to the existing silos within the mental health and addiction system.

Sex and Gender Considerations

Target population needs will be disaggregated according to sex, gender, age, ethnicity, etc.

67. Cluster Analysis of Accidental Substance-Related Acute Toxicity Deaths in Canada in 2016 and 2017

Tanya Kakkar, Public Health Agency of Canada
 Mohammad Howard-Azzeh, Public Health Agency of Canada
 Rania Wasfi, Public Health Agency of Canada
 Jenny Rotondo, Public Health Agency of Canada
 Matthew Bowes, Nova Scotia Medical Examiner Service
 Emily Schleihauf, Public Health Agency of Canada
 Erin Rees, Public Health Agency of Canada
 Amanda VanSteelandt, Public Health Agency of Canada

Learning Objective

To demonstrate geographic disparities in ATDs in Canada at the national and provincial/territorial (P/T) levels.

Background

Substance-related acute toxicity deaths (ATDs) continue to rise at regional and P/T levels, however it is unknown if, where, when, and to what degree ATDs cluster in space and time across Canada.

Objectives

The objective of this study is to identify and describe spatial and temporal clusters of accidental ATDs that occurred in Canada during 2016 and 2017.

Methods

Data on ATDs was abstracted from coroner and medical exam files using a standardized data collection tool, including information on the home, acute toxicity (AT), and death postal code and the substances involved. Spatial scan statistics were used to identify higher rates of accidental ATDs overall and stratified by substance group (opioid, stimulant, alcohol, and benzodiazepine-related) at the national and P/T levels.

Results

Our national-level analyses showed that ATDs clustered in space, time, and space-time. Statistically significant clusters characterized regions both well recognized (e.g., Western Canada) and less recognized (e.g., northwestern Ontario) to be suffering from proportionally higher AT mortality. Risk ratios of identified clusters ranged from 1.96 to 9.62. Additional fine-scale clusters were found when stratifying by substance group and P/T.

Conclusions

These findings are the first to reveal the geographic disparities in AT mortality at the national level in Canada. They allow for the possibility of comparison between different time periods moving forward and help guide future interventions.

Sex and Gender Considerations

The chart review study collected record-level information on a variety of characteristics including sex, gender, sexual orientation, race, ethnicity, immigration, education, income, occupation, and health. Future spatial regression analyses will incorporate these characteristics as covariates to recognize their impact on the spatial distribution of ATDs. Our study co-investigators and project team members include people with lived experience, expertise in the C/ME system, and a variety of

knowledge areas. These individuals helped design the study protocol, analyses, and knowledge translation products.

68. Comparative Effectiveness of Buprenorphine/Naloxone Versus Methadone for Treatment of Opioid Use Disorder: Emulating Target Trials with Population-Level Data

Bohdan Nosyk, Centre for Advancing Health Outcomes
Jeong Eun Min, Centre for Advancing Health Outcomes
Fahmida Homayra, Centre for Advancing Health Outcomes
Megan Kurz, Centre for Advancing Health Outcomes

Learning Objective

Learn about the comparative effectiveness of first-line opioid agonist treatment regimens.

Background

Identifying effective treatment options for opioid use disorder (OUD) is critical in bridging the gap between research evidence and evidence-based care for the clinical management. Previous studies on the comparative effectiveness of buprenorphine and methadone featured challenges that limit their applicability to clinical practice.

Objectives

Our objective was to determine the comparative effectiveness of buprenorphine/naloxone versus methadone, both overall and within key populations, using population-level data and both intention-to-treat and per-protocol study designs.

Methods

We conducted a retrospective cohort study of adults living in British Columbia receiving opioid agonist treatment with buprenorphine/naloxone or methadone from January 1, 2010 to March 17, 2020, using linked population-level administrative databases. We compared the effectiveness of the two medication regimens on treatment retention using pooled-logistic regression models for the intention-to-treat analysis, and generalized estimating equation (GEE) model and marginal structural models (MSM) for per-protocol analyses.

Results

There were 44,446 recipients of buprenorphine/naloxone or methadone treatment for OUD during study period. After controlling for baseline covariates, the hazard ratio (HR) for treatment discontinuation for buprenorphine/naloxone versus methadone obtained using intention-to-treat analysis was 1.49 (95% Wald CI; 1.46, 1.52). After controlling for time-dependent covariates using per-protocol analysis, the HR decreased to 1.40 (1.36, 1.45) obtained by GEE, and 1.38 (1.35, 1.42) obtained by MSM.

Conclusions

Assessing the comparative effectiveness of buprenorphine-naloxone versus methadone through both intent-to-treat and per-protocol perspectives addresses the potential confounding by indication at and time-varying confounding, thus providing pragmatic real-world clinical evidence to inform the clinicians and policy makers.

Sex and Gender Considerations

Administrative health data only allows for measurement of sex. Unfortunately, data on gender is not available. Results were examined by sex (male/female).

69. Opioid Agonist Therapy Discontinuation in British Columbia: A Cross-sectional Study of People Who Access Harm Reduction Services

Kimia Ziafat, University of British Columbia

Lisa Liu, BC Centre for Disease Control (BCCDC)

Michael Otterstatter, University of British Columbia

Jane Buxton, University of British Columbia

Background

The opioid overdose crisis has been contributing to increasing mortality rates in North America, with 2272 deaths in 2022 compared to 1774 in 2020, in British Columbia (BC) alone. Research has shown significant reductions in opioid overdose mortality rates among those who receive opioid agonist therapy (OAT), while OAT discontinuation has been recognized as a period of high risk for overdose.

Objectives

This study assesses a provincial sample of individuals who use substances and access harm reduction supply distribution sites to investigate the prevalence and correlates of OAT discontinuation across BC.

Methods

This study utilizes data from the cross-sectional provincial-level Harm Reduction Client Survey administered in 2019, among individuals who use substances. Prevalence of potential correlates and their association with OAT discontinuation (reported dichotomously) was assessed using Chi-squared or Fisher's Exact test. Bivariate and multivariable analyses using logistic regression models examined demographic, socioeconomic, accessibility, drug use and harm reduction associations with the outcome.

Results

Among the 194 included participants, 59.8% identified as cis man, 37.6% identified as Indigenous and 38.1% were between the ages of 30-39 years old. Multivariable analyses showed that being aged ≥ 50 and taking the survey in medium/large urban areas was associated with lower odds of OAT discontinuation, while having experienced an overdose in the past 6 months was associated with greater odds of OAT discontinuation. Substance use, including opioids and stimulants, was similar among those who continued and discontinued OAT.

Conclusions

Prevention of OAT discontinuation in BC should address disparities in healthcare accessibility in remote and rural areas, while targeting younger individuals who have a history of overdose or are at higher risk of overdose, following OAT discontinuation. Continued access to harm reduction services can allow for safer consumption of substances among those enrolled in OAT.

Sex and Gender Considerations

All stages of this study were carried out with equity considerations. During the design phase, through close collaboration with harm reduction distribution sites, First Nations Health Authority, as well as individuals with lived and living experiences of substance use, we attempted for survey questions

that were culturally safe and relevant. When inquiring about a person's gender identity, "woman", "man", "trans man", "trans woman", "gender non-conforming" and "other" options were included and all variable levels were assessed during the analysis. Additionally, all questions included a "prefer not to say" option to consider the vulnerability of the population group the survey was addressing.

70. Interventions for Cannabis Use Disorder: An Umbrella Review

Christine Levesque, Canadian Centre on Substance Use and Addiction

Nitika Sanger, Canadian Centre on Substance Use and Addiction

Robert Gabrys, Canadian Centre on Substance Use and Addiction

Cathleen de Groot, Canadian Centre on Substance Use and Addiction

Learning Objective

The intended outcome of this project is to equip the substance use field with the knowledge they need to effectively respond.

Background

The legalization of cannabis in Canada has been accompanied by increased availability and accessibility to a wide range of cannabis products. About one in 10 individuals who use cannabis will develop some degree of cannabis use disorder. Among those who use cannabis daily, about half will develop problems associated with cannabis use. Despite these statistics, there appears to be few effective interventions for cannabis use disorder. An umbrella review was conducted to address this and evaluate the effectiveness of different types of interventions for cannabis use disorder.

Objectives

Specifically, the goal is to determine the types of interventions, both pharmacological and psychological, that are assessed and reported in systematic reviews and to identify those that are more (or less) strongly associated with improvements in different treatment outcomes.

Methods

The search was conducted in September 2022 using PubMed, PsycNet, and CINAHL. The search was limited to systematic reviews, meta-analyses, and evidence synthesis. Variations of search terms related to cannabis use disorder and treatment were used.

Results

A total of 1,632 articles were initially retrieved. After deduplication and an initial round of screening, 243 full-text studies remained to be assessed for eligibility. Preliminary screening highlighted the urgent need for a standardized measurement and definition of cannabis use disorder, as it limits how scientific evidence can be synthesized and evaluated.

Conclusions

As this project is ongoing, the findings and impacts will be presented at the conference.

Sex and Gender Considerations

If there is sufficient scientific evidence, a subgroup analysis on sex and gender will be conducted.

71. Patterns of Service Utilization Among Youth with Substance Use Service Needs

Nikki Ow, University of British Columbia

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

Guiping Liu, Centre for Health Services and Policy Research, University of British Columbia

Emilie Mallia, Foundry BC, Providence Health Care

Skye Barbic, Foundry BC

Background

Youth with mental health and substance use disorders (MHSU) experience health and social challenges and require dedicated integrated youth services (IYS) for their evolving needs. Yet, research on IYS utilization patterns for youth with substance use service needs is limited.

Objectives

To identify the demographic, health characteristics, and IYS utilization patterns among youths (12 to 24 years) with different substance use service needs, and to estimate the relationships between substance use service needs and frequency of visits and types of services utilized.

Methods

Data was collected from youth accessing 11 IYS centres across British Columbia between May 2018 and January 2022. Demographic and health outcomes data were summarized using distributional parameters and Poisson regression estimated the relationship between substance use service need and rate of service visits and number of service types utilized.

Results

Of 6181 youths, 48.0% had low substance use service needs, 30.6% moderate and 21.4% had high needs. 17.2% in the high needs group rated their mental health poor. MHSU and counselling services were utilized most frequently. Youths with high needs had 1.1x higher service visit rate and 1.2x higher rate of utilizing different service types than those with low needs. Youths rating their mental health as poor had 1.4-1.6x higher visit rate than those with excellent/very good.

Conclusions

Youth with high substance use service needs had an increased rate of visits and service types. Poor self-rated physical and mental health also increased this rate, making it an indicator of service need. Future studies should explore the relationship between IYS utilization patterns on health and social functioning outcomes.

Sex and Gender Considerations

Demographic characteristics of all three groups of people with substance use service needs were presented, this included the gender identity of participants. We also analyzed the impact of gender identity on the rate of service visits and the number of services utilized.

72. Advancing Evidence for Improving Mental Well-Being and Addictions Outcomes — A Whole-of-PEI Approach

Connolly Aziz, PEI Alliance for Mental Well-Being

Learning Objective

Present the collaborative province-wide mental health research agenda, co-designed by practitioners, policy-makers, researchers, and individuals with lived experience.



Background

PEI Alliance for Mental Well-Being was established in response to national, provincial, and community calls to action to 'strengthen upstream approaches to mental health. Through leadership, convening and communications, the Alliance creates conditions for positive change that advance resiliency, and improve mental well-being of all Islanders, in order to prevent future incidences of mental health issues, and addiction, from occurring. A community-focused advisory group was created to co-develop and action a shared research agenda to create systems alignment in addressing mental health & addictions (MH&A). The absence of an existing, collaborative approach to address MH&A has been identified as a gap by the research community.

Objectives

Work with advisory group to consolidate, align, and commit to evidence-based approaches for improving mental well-being outcome on PEI.

Methods

Working with broad, cross-sector partners to develop relationships and produce network maps, environmental scan, and gaps analysis of MH&A research on PEI.

Results

Through a multi-sectoral Research Forum (held in Sept. 2023), the following outcomes will be established: Common provincial research agenda and action plan that outlines priorities, and recommendations to developing shared measurements, understanding, and language about MH&A. A research community poised to use aligned research findings to influence public policy and systems change.

Conclusions

The project aligns research priorities and consolidates efforts across system partners to influence MH&A services on PEI and collectively drives a culture-shift that embraces research as a critical component of MH&A care.

Sex and Gender Considerations

In our strategic planning and priority setting, we engage with individuals with lived experience, representing community service organizations, to provide input and help to ensure our priorities and approaches for achieving them are equitable and align with our long-term vision that 'all island residents respond positively in the face of adversity and sustain it over their lifetime.

73. Psilocybin-Assisted Psychotherapy for Opioid Tapering in Chronic Pain

Tashia Petker, University of British Columbia

Zach Walsh, University of British Columbia

Francois Louw, University of British Columbia

Background

Public health responses have emphasized the need to reduce opioid prescribing, taper patients to lower doses, or transition patients to alternative forms of pain management. However, many patients engaged in long-term opioid therapy are unsuccessful in attempts to taper and discontinue use, contributing to risk for ongoing opioid dependence, overdose, and lower quality of life. The combination of psychotherapy with pharmacotherapy is an effective way to support effective opioid

tapering. Psilocybin-assisted psychotherapy is a combination therapy that has shown initial promise for substance dependence, but has not been trialled in the context of opioid tapering.

Objectives

This is a pilot trial to assess the feasibility of a novel intervention to facilitate opioid tapering in chronic pain patients.

Methods

Participants are 10 patients from a local pain clinic who have at least one failed prior attempt to reduce opioid use and have no contraindications for psilocybin administration. The intervention combines a physician-supervised opioid tapering protocol with a 6-week psilocybin-assisted psychotherapy intervention. The study phases include extensive medical and psychological screening, preparatory therapy, 2 macrodose psilocybin sessions, integration therapy, and assessments. Health Canada has provided a No Objection Letter and Section 56 exemptions proceed with this study.

Results

This study is in progress. Our results will establish the safety, tolerability, and preliminary effectiveness estimates for this approach in patients who have failed to reduce opioid use via conventional approaches.

Conclusions

Although psilocybin-assisted therapy has been applied in alcohol and tobacco dependence, this study is groundbreaking in the treatment of problematic opioid use in the context of chronic pain. Addictions and chronic pain place enormous burden on the healthcare system. If this approach is effective in this population, the implications within the medical system could be tremendous.

Sex and Gender Considerations

Our target population is a group of patients who are often dismissed and marginalized within the healthcare system. They face tremendous stigma regarding their use of opioids, and are often deemed “drug seeking” in their efforts to manage pain symptoms. Less than 40% of those who attempt to taper opioids are successful, and effective multidisciplinary treatments for them are often inaccessible due to financial, systemic, and geographical barriers. They face higher risk of opioid-related harms such as dependence, overdose, and poor quality of life. Our research is aimed to help this underserved population by addressing their specific psychological and medical needs.

74. Barriers to Calling 9-1-1 During an Overdose: A Scoping Review

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Taylor Orr, University of Calgary

Monty Ghosh, University of Alberta, University of Calgary

Background

North America faces ongoing challenges with the opioid epidemic, which was exacerbated following the COVID-19 pandemic due to isolation and altered opioid supply. Although use of naloxone has increased, people who use drugs (PWUD) should still seek medical attention to reduce morbidity and mortality following overdose. The Good Samaritan Drug Overdose Act was introduced in 2017 in Canada, providing legal protection for people who experience or witness an overdose and call 9-1-1. Despite this law, however, PWUD are still reluctant to call 9-1-1.

Objectives

We conducted a scoping review aimed to investigate the barriers that prevent PWUD from calling emergency services during a drug overdose.

Methods

The scoping review was conducted with a search of medical literature using various key data bases and comprehensive search terms in consultation with a librarian. Articles were uploaded to COVIDENCE for primary and secondary screening with extraction. A thematic analysis was then performed in the extracted articles using NVivo software to explore common concepts.

Results

An initial search gathered 5181 articles for title and abstract screening. Ultimately, 36 studies met eligibility for inclusion. The primary barrier to calling 9-1-1 expressed by PWUD was a fear of police, including the fear of criminalization, arrest, stigma, and mistreatment. The second most common barrier was a reliance on other methods, such as using naloxone kits and/or home remedies. Other barriers included the fear of losing child custody or housing.

Conclusions

Despite good intentions of Good Samaritan laws, PWUD continue to experience significant barriers that prevent them from calling emergency medical services. It will be important to understand and consider these barriers in order to best inform future policy change and advocacy regarding overdose safety and drug use.

Sex and Gender Considerations

Our scoping review sought to investigate the barriers to calling 9-1-1 during an overdose, voiced by people who use drugs (PWUD). During the scoping review process we had a broad inclusion criteria in order to capture literature with all populations that have provided perspective on this topic. We will plan to highlight any sex and gender specific results in order to capture the diversity within this population which will be crucial when using these results to inform policy change and advocacy.

75. Effects of E-Cigarette Use on Mental Health Among Youth: Quasi-experimental Evidence from Canada

Shweta Mital, University of Manitoba

Hai Nguyen, Memorial University of Newfoundland

Learning Objective

To understand the causal impacts of youths' e-cigarette use on their mental health.

Background

E-cigarette use has been linked to adverse mental health outcomes. However, existing studies only look at associations that are subject to confounding bias. Unobservable confounders such as risk attitudes could drive both e-cigarette use and mental health outcomes, and youths at greater risk of mental health conditions may be more likely to use e-cigarettes.

Objectives

To provide the first quasi-experimental evidence on the effects of e-cigarette use on youth mental health by using e-cigarette Minimum Legal Age (MLA) laws adopted by Canadian provinces as a natural experiment.

Methods

Using individual-level data from nationally-representative, repeated cross-sectional Canadian surveys for 2008-2019, we first estimated the MLA law's effects on youths' mental disorders by comparing changes in outcomes in provinces after the MLA law was implemented with similar changes in provinces without the law. We then combined these effects with previously reported effects of MLA laws on youth e-cigarette use to estimate the effects of e-cigarette use on youth mental health, using two-sample instrumental variables (TSIV) method.

Results

After the e-cigarette MLA laws, risks of mood disorders declined by 1.9 percentage points (95% CI, -3.8 to 0.0; $p = 0.05$) and anxiety disorders by 1.6 percentage points (95% CI, -3.7 to 0.5; $p = 0.13$). Youths in provinces with MLA laws were also less likely to report cannabis use and illicit drug use and more likely to feel being part of schools. TSIV analysis indicates that youth e-cigarette use increased the likelihood of mood and anxiety disorders by 44% and 37%, respectively.

Conclusions

E-cigarette MLA laws reduced risks of mood and anxiety disorders, lowered substance use and improved peer relationships at schools. Combined with previous evidence of lower e-cigarette use following the MLA law, our findings indicate that youth e-cigarette use increases risks of mood and anxiety disorders.

Sex and Gender Considerations

We examine how the effects of the e-cigarette MLA laws on youth mental health, and in turn, the relationship between vaping and mental health varies by sex and age.

76. The Role of Opioid Prescription on University Students Problematic Use of Opioids

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Priscilla Paz, University of British Columbia
Angel Wang, University of British Columbia
Daniel Vigo, University of British Columbia
Chris Richardson, University of British Columbia
Tiana Mori, University of British Columbia

Background

Over the past 30 years, opioid prescription went from being mostly used for acute and terminal pain to more widespread use for sub-acute and chronic pain. Increased prescription of Pharmaceutical Opioids (PO) is one key factor contributing to the opioid overdose crisis in Canada, and understanding prescription patterns and their consequences in young people can shed light on this important issue 1-2.

Objectives

Our aim is to explore the opioid prescription patterns among university students, and to investigate if an opioid prescription is associated with later street opioid use (e.g., heroin, fentanyl).

Methods

We analyzed data from a trend study of student mental health and substance use survey administered at the University of British Columbia ($N=15058$).

Results

Sixteen percent of students reported past PO prescription, 4% PO misuse, and 1% street opioid use. When asked the circumstances in which they first used opioids, 83% of those with any use reported an initial opioid prescription. The main reason was post-surgical pain. Using a generalized linear model adjusted for age, sex, sexual orientation, and ethnicity, we found that students who used POs for the first time due to a medical prescription had 2 times higher odds of using street opioids than those who were never prescribed a PO. Adverse childhood experiences and alcohol dependence also increased the odds of using street opioids.

Conclusions

Our results highlight the importance of taking social history (alcohol and drug history, and childhood experiences as appropriate) when determining if the benefits of prescribing opioids for pain outweigh the risks.

Sex and Gender Considerations

The student mental health and substance use survey used in this research enquires students about their sexual orientation. Although we didn't focus on the LGBTQ+ population, we adjusted for sexual orientation in the generalized linear model used to estimate the odds of using street opioids as sexual orientation and street opioid use were significantly associated in our bivariate analysis.

77. A Cross-Lagged Panel Model of Sex Differences in the Reciprocal Relationship Between Cannabis Use and Depressive Symptoms During Adolescence

Sima Noorbakhsh, University of Montreal

Background

Adolescence is characterized by both initiation and comorbidity of substance use and depression. While the cooccurrence of cannabis use (CU) and depressive symptoms (DSs) has been demonstrated in previous research, their sequential relationship and whether the association is moderated by sex is still unclear.

Objectives

This research aimed to find out whether CU can predict changes in DSs or vice versa, considering the moderative role of sex in this association during adolescence.

Methods

Participants of the current study were 3,826 high school students (47% female; mean age, 12.7) from Co-Venture study. Adolescents were recruited from thirty-one public or private high schools in greater Montreal participating in annual surveys for five consecutive years, from 7th to 11th grade and being assessed for CU and DSs. We aimed to test the cannabis effect hypothesis, which suggests that cannabis use contributes to the onset of later depressive symptoms; and the self-medication hypothesis, which posits that individuals increase their use of a substance to alleviate distressing psychological symptoms. Using Random Intercept Cross-Lagged Panel Models (RI-CLPM), we tested for within-person differences that inform on the extent to which an individual's increase in CU precedes an increase in this individual's DSs (cannabis effect hypothesis) and vice versa (self-medication hypothesis), with sex as a moderator. The models were implemented in MPLUS 8.

Results

Increases in adolescent DSs were associated with a steeper predicted increase in CU frequency from early to late adolescence, and these associations were significantly stronger for females compared to males. Conversely, males showed an increase in CU precedes an increase in next year's DSs.

Conclusions

The results support the Self-Medication Model, meaning that CU is associated with earlier DSs, especially for females. We can apply that knowledge to modify prevention and intervention plans to target female and male adolescents differently.

Sex and Gender Considerations

It is critical to consider sex differences during adolescence in developmental studies. The results of this study enable us to know which sex is more vulnerable to the effects of early cannabis use and depressive symptoms.

Indigenous Approaches to Healing / Méthodes autochtones de guérison

78. First Nations National Naloxone/Harm Reduction Training Program

Mary Deleary, Thunderbird Partnership Foundation

Background

In the Fall of 2021 Thunderbird Partnership Foundation established a working group comprised of First Nations Treatment Center staff and regional partners as a response to First Nations challenges in accessing naloxone kits and the need for sharing knowledge and resources to support harm reduction approaches. Opioid / fentanyl poisonings and deaths are a worsening crisis for First Nation communities and providing a national Naloxone/Harm Reduction training program to meet the needs of Thunderbirds stakeholders that is grounded in culture, is trauma-informed, and supports their efforts to protect the sacred breath of life.

Objectives

To develop a National Naloxone / Harm Reduction Training program curriculum package that is relatable, experiential, and easily accessible that regions can adapt to meet their specific First Nation community / stakeholder needs.

The objective of the training project is to provide a wholistic, culturally safe, trauma-informed training program to support and be utilized by First Nation communities/ stakeholders.

Methods

Indigenous Worldview; Belief; Identity; language; connection to land; family community; lineage as central to trauma informed harm reduction approaches. Clinical, evidence-based best harm reduction practices including OAT; safe supply and administering of naloxone. Inclusion of persons with lived and living experience.

Results

Building upon the Honoring Our Strengths and First Nations Mental Wellness Continuum Framework, this training acknowledges the need for an Indigenous perspective and the necessity for

implementing a Continuum of Care approach to Harm Reduction with culture being the foundation of wellness.

Conclusions

Training will guide participants through a continuum of learning that moves from foundations of awareness and knowledge to harm reduction strategies and potential treatment options utilizing Indigenous methodologies.

Sex and Gender Considerations

Sex, gender and diversity is considered in several ways. As this training and the focuses on the Indigenous First Nations population the training development is informed by Indigenous Worldview, methodologies, perspectives, and research relevant to Indigenous peoples. Thunderbird Partnership Foundation is committed to reducing stigma and discrimination faced by any persons who use substances or those who are on their healing journey by facilitating knowledge transfer and drawing upon culture-based responses. This training considers the different causes and impacts that substance use and trauma has on sex and gender, acknowledging this can appear differently in certain populations.

79. Buffalo Riders Early Intervention Program: Program Facilitator Training for Those Who Deliver Programming to First Nations Youth Ages 11–17

Jessica Ford, Thunderbird Partnership Foundation

Learning Objective

This is a five-day program facilitator training, designed to strengthen and empower facilitators with culturally relevant knowledge and skills needed to deliver the Buffalo Riders Early Intervention Program in schools and communities to First Nations Youth ages 11-17. The training reflects the latest research and Indigenous culturally- specific teachings about resiliency, risk, and protective factors, that facilitators may use to teach youth the skills needed to recognize and resist social pressures around harmful substances use.

Background

Buffalo Riders Early Intervention Training is a Program Facilitator Training that Thunderbird Partnership Foundation has been offering since 2011. Program Facilitators will deliver youth directed intervention programming within their community's youth services, including school-based programs (virtually or in-person) to First Nations youth (on and off reserve).

Objectives

Buffalo Riders is an early intervention program for youth developed from an Indigenous wisdom perspective, which is both culturally-centred and strengthbased. The intent of this oral presentation is to highlight and share best practices from the program facilitator training.

Methods

The program targets First Nations youth between the ages of 11 to 13 (but can be adapted to youth up to age 17), indicated as at-risk for problematic substance use. The goal of this initiative is to identify at-risk youth, intervene by building self-esteem and fostering resilience through a positive Indigenous self-identity (by teaching youth the skills needed to recognize and resist social pressures to use substances).

Results

The Buffalo Riders Program Facilitator Training strengthens the capacity of First Nations communities to deliver culturally based mental wellness support services for Indigenous youth.

Conclusions

BuffaloRiders is a program that enhances and strengthens community-based capacity to provide First Nations youth with early and brief interventions and support services to help reduce harmful substance-using behaviour.

Sex and Gender Considerations

Sex, gender and diversity is considered in several ways. As this training focuses on the Indigenous First Nations population the training development is informed by Indigenous Worldview, methodologies, perspectives, and research relevant to Indigenous peoples. Thunderbird Partnership Foundation is committed to reducing stigma and discrimination faced by any persons who use substances or those who are on their healing journey by facilitating knowledge transfer and drawing upon culture-based responses. This training considers the different causes and impacts that substance use and trauma has on sex and gender, acknowledging this can appear differently in certain populations.

80. An Environmental Scan of Service Adaptations in Community-based Harm Reduction Services for Indigenous Peoples in Response to the COVID-19 Pandemic

Savannah Swann, Dr. Peter AIDS Foundation

Caterina Kendrick, CAAN (Communities, Alliances and Networks)

Ashley Smoke, Dr. Peter AIDS Foundation

Clint Barton, Dr. Peter AIDS Foundation

Elaine Hyshka, University of Alberta

Sugandhi del Canto, CAAN (Communities, Alliances and Networks)

Carly Welham, Dr. Peter AIDS Foundation Holly Mathias, CAAN (Communities, Alliances and Networks)

Patrick McDougall, Dr. Peter AIDS Foundation

Learning Objective

Attendees will learn effective strategies for providing context-specific, trauma-informed, and culturally responsive harm reduction (HR) services for Indigenous people.

Background

Indigenous values of social connection and relational care are foundational to HR programming, and address the disproportionate overdose rate among Indigenous peoples. Amid rising rates of drug poisonings, physical distancing to limit COVID-19 transmission has reduced access to culturally responsive HR services. These intersecting pandemics have created an urgent need for frontline organizations to adapt to support Indigenous people who use drugs.

Objectives

This national environmental scan seeks to identify: 1) COVID-19's impact on HR programming for Indigenous people and 2) successful adaptations by frontline organizations to provide culturally responsive HR programming.

Methods

Utilizing a Two-Eyed Seeing approach to knowledge synthesis, we combined a state-of-the-art literature review with regional sharing circles ($n=6$) and key informant interviews ($n=4$) with service providers/users of HR organizations ($n=38$). Utilizing Western and Indigenous qualitative data analysis methodology, we created a national Wise Practices Asset Map of culturally responsive HR services.

Results

Throughout COVID-19, community champions have been meaningfully engaging Indigenous individuals and partner organizations to implement Indigenous HR approaches, including land-based healing, language revitalization, cultural activities, ceremony, Elder engagement, Indigenous-led HR outreach, culturally informed grief support, and more.

Conclusions

HR services that support connections to kin, community, and culture are vital for meeting the needs of Indigenous people who use drugs. This presentation will share results from this rapid synthesis of evidence-based wise practices to facilitate the data-to-action trajectory of effective community responses.

Sex and Gender Considerations

Indigenous gender-inclusive people have unique concerns that are currently unmet by mainstream Western harm reduction (HR) services. Indigenous women and genderful people who use substances experience significant barriers to accessing HR services as they disproportionately face risks of gendered violence, child apprehension, and criminalization within the context of an increasingly toxic drug supply. Sex and gender-based considerations have been incorporated into this project throughout data collection, analysis, and knowledge translation. Both Indigenous and non-Indigenous women, transgender, Two-Spirit and genderfluid individuals are represented in this work as both sharing circle participants and core study team members.

81. Shining a Light on Métis Storytelling

Kelsey Todd, Métis Nation British Columbia

Michelle Padley, Métis Nation British Columbia Ministry of Mental Health and Harm Reduction

Mike Mercier, Métis Nation British Columbia

Background

Métis Peoples face social inequities that directly affect mental health. Connection to culture has been identified as a protective factor for Métis mental health and is linked to higher mental health status and lower rates of substance use (Ta Saantii Deu/Neso, 2019). Through stories, we learn the history of Métis people's adaptability, resilience, and reciprocal connection to land and our communities (Adese, 2014). Métis Nation BC's (MNBC) Ministry of Mental Health and Harm Reduction is building on the Métis tradition of storytelling to develop mental health and harm reduction programming.

Objectives

MNBC has created resources for Métis Peoples including Kaa-wiichihitoyaahk, Resilient Roots Magazine, Ooma La Michinn, Community Life Promotion Circle, Mental Health and Wellness Gathering, and Virtual Elders Healing Circles with the intention of creating mental health and harm reduction resources developed by Métis Peoples for Métis Peoples. The purpose of this presentation is to bring awareness of Métis Storytelling methods as a community-based healing process.

Methods

Storytelling has worked to foster mental wellness by raising awareness, opening space for dialogue, destigmatizing mental health and substance use, and promoting Métis culture. Feedback from the Métis communities across BC is overwhelmingly positive.

Results

Storytelling from a Métis lens shines a light on the resilience of Métis Peoples – specifically as it relates to mental wellness and harm reduction. Storytelling programming is of Métis, by Métis, for Métis.

Conclusions

The aim of MNBC's storytelling programming is to ground healing in Métis Ways of knowing, being, and doing and improve the mental wellness of Métis Peoples in BC.

Sex and Gender Considerations

The historical and ongoing effects of colonial capitalism and the social determinants of health which stem from those impacts disproportionately affect Indigenous peoples including Métis. This is layered further within our multiple identities. Following the analytical process of Gender Based Analysis Plus (GBA+) allows us to ensure we consider the numerous systemic inequalities when building our programming as well as ensure engagement is safe, inclusive and considers intersecting identity factors. In our work, we tailor our services to meet the needs of diverse ages, social locations, abilities, sexes, genders, and more.

Stigma and Discrimination /

La stigmatisation et la discrimination

82. Changing the Way We Communicate About Substance Use: Health Canada's Substance Use Spectrum

Katie Faloon-Drew, Health Canada

Nicole Prentice, Health Canada

Learning Objective

Explain how Health Canada changed its communications approach related to substance use to help reduce stigma including via a new Substance Use Spectrum.

Background

Evidence shows the importance of reducing stigma surrounding substance use and addiction. Health Canada has been working with people with living and lived experience (PWLE) and others to identify better ways to communicate substance use and reduce stigmatizing language. Health Canada developed a spectrum to guide our communications about substance use.

Objectives

Find a plain language, non-stigmatizing way to communication about substance use. Have a visual representation showing that substance use can be seen across a spectrum.

Methods

Health Canada drew on consultations with PWLE and other stakeholders concerning non-stigmatizing terminology, conducted a scan of existing substance use spectrums, and explored how substance use was being described in non-stigmatizing ways.

Results

Language used to describe substance use varies greatly. Findings showed there was confusion between the terms addiction, substance use disorder and “problematic substance use,” and that the latter was seen as stigmatizing. There was also a gap in communicating that substance use can be seen across a spectrum.

Conclusions

Health Canada developed the spectrum as a visual guide and tool to change and define our language and the way we communicate about substance use. It can also be used by organizations when discussing substance use. It should be seen as an evergreen communications tool that continuously evolves with language.

Sex and Gender Considerations

People use substances for different reasons, including medical purposes, personal enjoyment, religious or ceremonial purposes or to cope with stress, trauma or pain. The spectrum is inclusive of all people, no matter their sex, gender, ethnicity, race, socioeconomic status, culture, or religion.

83. Parenting Skills Training Program Cap sur la famille: What Is the Impact on Families with Addicted Parents?

Myriam Laventure, University of Sherbrooke

Jennifer Beauregard, University of Québec at Trois-Rivières

Sex and Gender Considerations

As mothers and fathers participated in the program, results are discussed by gender of parent and child.

84. Stigma Towards Cannabis Consumption in Canada: A Vignette Study

Jennifer Donnan, Memorial University of Newfoundland

Ashlee Coles, Memorial University of Newfoundland

Rachel Howells, Memorial University of Newfoundland

Emily Rowe, Memorial University of Newfoundland

Lisa Bishop, Memorial University of Newfoundland

Nick Harris, Memorial University of Newfoundland

Background

Reports of cannabis consumption have increased across all demographics following legalization in Canada. While cannabis may be normalized in some populations, prevailing stigma in the community has been highlighted as a concern.

Objectives

Firstly, to explore how Canadians stigmatize cannabis consumption, based on characteristics of the consumer and their behaviour, specifically: 1) method of consumption (inhalation/ingestion); 2) reason for use (recreationally/medical); 3) sex; 4) age 5) cannabis source; and 6) frequency of use. Secondly, to compare cannabis stigma to tobacco, alcohol, and caffeine related stigma.

Methods

Using an experimental vignette design, this study seeks to quantify stigma related to cannabis. Canadian citizens 18 years and older will be recruited through Angus Reid ($N = 1000$). With a

between-subjects design, each participant will read a randomized set of 4 vignettes that alter the variables of interest. The Social Distance Questionnaire will follow each vignette as the dependent measure of stigma. Participants will complete a personal substance use and demographic questionnaire to determine if these characteristics are predictive of stigma.

Results

Data collection and analysis will be completed by April 2023.

Conclusions

This is the first study to measure stigma towards cannabis consumers in Canada post-legalization. Prevailing stigma has many potential consequences, including marginalizing certain populations, encouraging risky cannabis behaviours, and creating barriers to seeking help. Findings from this study can help inform cannabis education and awareness strategies aimed at reducing stigma.

Sex and Gender Considerations

We are working with Angus Reid to recruit a representative sample of the Canadian population with respect to gender, age, geographic region and income. One of four vignette scenarios in the survey explores the impact of sex on stigma. We chose sex, not gender, in an effort to replicate a previous vignette study. Vignette scenarios that are not designed to explore sex are described using gender neutral names to remove the potential influence of gender on stigma measurements. We will be conducting post hoc analyses to explore the impact of the gender of the survey participants on vignette question responses.

85. Reluctance to Seek Medical Care Due to Substance Use Stigma: Analysis of the 2021 Harm Reduction Client Survey in British Columbia, Canada

Heather Burgess, Public Health Agency of Canada
Wenxue Ge, BC Centre for Disease Control (BCCDC)
Lisa Liu, BC Centre for Disease Control (BCCDC)
Brooke Kinniburgh, BC Centre for Disease Control (BCCDC)
Heather Palis, University of British Columbia
Beth Haywood, Island Health
Kali Sedgemore, Professionals for the Ethical Engagement of Peers
Jessica Lamb, BC Centre for Disease Control (BCCDC)
Alexis Crabtree, University of British Columbia (BCCDC)
Jane Buxton, BC Centre for Disease Control (BCCDC)

Background

Delayed health care seeking is associated with worse health outcomes and greater health care costs. Previous experiences of substance-use stigma and discrimination from health care providers can lead people who use substances (PWUS) to anticipate further stigmatization, and avoid seeking health care.

Objectives

To identify variables associated with reluctance to seek health care among PWUS.

Methods

In a survey at 17 harm reduction supply distribution sites across BC, 469 PWUS answered yes or no when asked “In the past six months, have you been reluctant to seek medical care because you use drugs?” We conducted bivariate analyses using Chi-squa and Fisher’s exact test.

Results

In bivariate analyses, eleven sociodemographic, health, and substance use variables were positively associated with reluctance to seek medical care at $p < 0.001$, including receipt of prescribed safer supply prescription, housing instability, polysubstance use, and recent opioid overdose. Use of witnessed consumption services was negatively associated with the outcome ($p < 0.01$).

Conclusions

People experiencing higher levels of marginalization may experience greater levels of reluctance to seek health care due to substance use stigma. Variable selection for a logistic regression model is underway, and includes a priori knowledge of people with lived and living experience of substance use. Identifying populations most affected by substance use stigma when accessing medical care can help improve health system accessibility through tailoring provider education and patient navigation services.

Sex and Gender Considerations

This analysis assesses which sub-populations of people who use substances (PWUS) are inequitably affected by reluctance to access medical care. LGBTQ2SA+ identity and gender data, including gender diversity, were collected but not statistically significant in bivariate analyses. In collaboration with Indigenous data stewards, specific attention will be paid to the potential role of anti-Indigenous racism in the final model. Several co-authors, who are people with lived and living experience of substance use, informed the a priori selection of variables for the multivariable model, and will inform the interpretation of results and knowledge translation planning.

86. A National Survey of Key Professionals on a Public Health Approach to Substance Use

Kelsey MacIntosh, Canadian Public Health Association
Tara Marie Watson, University of Toronto
Sophie Chochla, Canadian Public Health Association
Alexie Kim, Canadian Public Health Association

Learning Objective

Understand the beliefs, attitudes, and levels of knowledge related to substance use held by public health, public safety or health and social service providers. Identify the barriers to implementing a public health approach to substance use, including individual and organizational capacity.

Background

This national survey is a key component of CPHA’s four-year project that is engaging professionals and communities to build capacity to implement a public health approach (PHA) to substance use.

Objectives

Enhance knowledge and capacity regarding implementation of a PHA to substance use. Generate data that supports the co-creation of practical knowledge products.

Methods

Survey questions were developed to assess knowledge, beliefs, and capacity in relation to a PHA to substance use. An Expert Reference Group, including people with lived and living experience, provided feedback on survey questions. The online survey was launched using SimpleSurvey from May-July 2021 and disseminated to relevant organizations and stakeholders (i.e., public health, public safety, and health and social service professionals) across Canada. Analyses included descriptive statistics and thematic coding.

Results

A total of 1041 surveys were completed. Varied and competing definitions of a PHA to substance use were reported. While 42% of respondents reported their organization was “very likely” to implement a PHA to substance use, 30% said this was “somewhat likely”, and 13% said this was “unlikely”. Lack of organizational and government support were commonly reported barriers to implementation. Though 67% rated their knowledge of how stigma affects people who use substances as “high”, many respondents said they would like to see additional and updated resources on stigma reduction.

Conclusions

CPHA's survey generated unique data on what key stakeholders across Canada consider to be a PHA to substance use. CPHA will use these findings to inform new resources on reducing the stigma associated with substance use.

Sex and Gender Considerations

The target population of CPHA's national survey was public health, public safety, and health and social service professionals across Canada. To enhance equity and diversity in the study's design, a key component of the work included engagement and consultation with an Expert Reference Group (ERG) comprised of diverse stakeholders, including people with lived and living experience of substance use. Survey respondents could select all that apply from an inclusive list of sex and gender identities. This data will be further explored in relation to other survey findings. The ERG will be consulted on inclusive results dissemination.

87. Co-creation Through Co-location: CAPSA and Ottawa Public Health Tackle Systemic Stigma Through Partnership

Gord Garner, Community Addictions Peer Support Association (CAPSA)

Caroline Bala, Community Addictions Peer Support Association (CAPSA), Ottawa Public Health

Tamara Chipperfield, Community Addictions Peer Support Association (CAPSA)

Learning Objective

Innovative partnerships between PWLLE and service providers to dismantle systemic stigma. Co-designing inclusive programs that build on diverse knowledges. Processes and results of co-location partnerships. How co-location can create change in the healthcare system.

Background

Ottawa Public Health (OPH) and CAPSA, an organization of subject matter experts living well with SUDs, have been raising awareness of systemic stigma through the promotion of a Substance Use Health framework. This partnership culminated in a one-year co-location of a public health nurse from OPH to co-locate to CAPSA to serve as an innovative partnership model to reduce stigma in both process and results.

Objectives

Stigma is a barrier for people to improve Substance Use Health outcomes. Part of this stigma is recognizing that substance use is a health issue. This co-location models a partnership that promotes a Substance Use Health framework and reduces systemic stigma in the process. Their joint workplan has impacted training delivery and curriculum of both organizations towards reducing stigma as Goal 1 of the Ottawa Community Action Plan (OCAP).

Methods

One OPH public health nurse joined CAPSA for a one-year co-location to execute a joint workplan.

Results

This co-location is a novel public health approach of mutual engagement in the healthcare system. The result is reduced stigma in partnership processes and results, including more productive training outcomes and a better understanding of mutual strengths and limitations.

Conclusions

This initiative is an example for other municipalities to implement anti-stigma initiatives at the local level. It also visibly and tangibly reinforces the relationship between substance use and health.

Sex and Gender Considerations

CAPSA and OPH recognize the distinct and disproportionate impacts of layered stigmas faced by people of different intersectional identities. These differences are addressed in training programs because of the impact they have on access to, and quality of care, openness of conversation, and health and wellness outcomes.

88. Substance Use and Stigma: Initiating System-Level Change Through an Organizational Assessment Tool

Sophie Chochla, Canadian Public Health Association

Ashleigh Hyland, Community Addictions Peer Support Association (CAPSA)

Alexie Kim, Canadian Public Health Association

Kelsey MacIntosh, Canadian Public Health Association

Learning Objective

Reflect on individual and organizational policies and practices. Identify ways to create safer and more supportive environments for people with lived and living experience (PWLLE).

Background

This Organizational Assessment Tool, developed in partnership with CAPSA, is part of CPHA's four-year project that is engaging professionals and communities to build the capacity needed to implement a public health approach (PHA) to substance use. This tool aims to assist health and social service organizations in reducing stigma within their policies and practices.

Objectives

- Support organizations to foster safe and inclusive environments for, and interactions with, people who use substances
- Identify factors contributing to stigma
- Increase awareness of organizational issues and opportunities
- Develop strategies to reduce stigma within their organization

- Foster dialogue, reflect on practices, and measure potential changes in attitudes, perspectives, and stigma over time
- Identify priorities for action and resources needed to develop an improvement plan

Methods

This tool was adapted from CPHA's Organizational Assessment Tool for STBBIs and stigma, and includes the substance use stigma scale (SUSS) self-reflection tool. CPHA and CAPSA utilized the expertise of PWLLE, members of CPHA's Expert Reference Group, focus group participants, and a scan of relevant work in the development of this tool.

Results

This tool was published in English and French in January 2023, therefore findings on its use and implementation are currently limited. It is anticipated that there will be more information collected through follow up with organizations on how the tool has been utilized by the time of this conference.

Conclusions

The tool has been shared widely with healthcare and social service organizations. It has been downloaded approximately 400 times on the Canadian Substance Use Resource and Knowledge Exchange Centre in English and French, with greater uptake and impact expected in the future.

Sex and Gender Considerations

To ensure this tool reflected the intersectionality of different experiences of stigma, national focus groups were held with diverse people of lived and living experience. This helped to identify the environmental and cultural factors that contribute to substance use stigma and discrimination. This tool asks organizations to reflect on whether their environments are welcoming to people of diverse identities, their materials use inclusive language, and their staff reflect the diversity of their community. These questions encourage reflection on equity and diversity within organizational policies and practices to identify changes that provide safer, more inclusive care for people who use substances.

89. L'oppression au cœur de la rue : une recherche participative et ethnographie sur le non-recours aux refuges

Caroline Leblanc, Université de Sherbrooke
Christine Loignon, Université de Sherbrooke
Karine Bertrand, Université de Sherbrooke
Jeannine Foisy, Université de Sherbrooke

Objectif d'apprentissage

Le but est de comprendre à partir d'un cercle de l'invisibilité les oppressions que vivent les personnes qui habitent la rue en période hivernale et qui n'ont pas recours aux refuges.

Contexte

L'itinérance visible et le nombre de campements sont en croissance au Québec ainsi que dans le reste du Canada. Les démantèlements dans plusieurs villes ont aussi été fortement médiatisés. En effet, les structures mises en place peuvent avoir pour effet de déstabiliser constamment les personnes qui habitent la rue et ainsi, de les exclure de la réponse. Or, malgré notre bonne volonté, cette réalité devient une préoccupation croissante pour l'ensemble de la société.

Objectifs

L'objectif principal de cette recherche est de comprendre à partir de la perception des personnes qui habitent la rue comment les structures alimentent le non-recours aux refuges et les conséquences que cela peut avoir sur leur santé en période hivernale.

Méthodes

Cette recherche à adopter une approche participative et ethnographique critique combinant les méthodes de recherche suivante : les observations, les entrevues informelles et ethnographiques, ainsi que les entrevues semi-dirigées.

Résultats

Les personnes qui n'ont pas recours aux refuges pour une multitudes de raisons (contraintes informationnelles, organisationnelles ex. consommation interdites et environnementales) sont amené à vivre dans la rue. Il s'agit d'une forme d'itinérance qui les exposent à des actions qui les invisibilise de l'espace public et qui les opprime (ex. démantèlement).

Conclusions

Les démantèlements les poussent à être constamment en mouvement, ce qui les amènent à vivre de l'isolement et être plus à risque de surdose. Cela dit, malgré les nombreuses forces et capacités, elles ont besoin de stabilité et des ressources adaptées à leur réalité pour répondre à leurs besoins.

Considérations liées au sexe et au genre

Ce projet de recherche s'appui sur l'intersectionnalité qui permet de soulever les systèmes de dominance liés par exemple à la race, le genre, la sexualité, l'ethnicité, l'âge, et ainsi développer une meilleure compréhension permettant d'atteindre mieux l'équité (Collins et Bilge.2016).

90. Applying a Substance Use Health Lens in Health Service Delivery: Innovations and Implications in Support of Health Equity

Nancy-Grace Lipsky, University of British Columbia

Annette Browne, University of British Columbia

Gord Garner, Community Addictions Peer Support Association (CAPSA)

Ashleigh Hyland, Community Addictions Peer Support Association (CAPSA)

Lisha Di Gioacchino, Community Addictions Peer Support Association (CAPSA)

Colleen Varcoe, University of British Columbia

Learning Objective

Discuss the development and implementation of a new organizational assessment tool designed to evaluate the conditions, resources, and leadership needed to integrate Substance Use Health safely and effectively into organizational policies and practices. Explore the potential implications of the assessment tool for enhancing health equity goals.

Background

Substance Use Health frames substance use in relation to a spectrum of non-use, beneficial uses, occasional risks or harms, use that has ongoing or understood harms and consequences, and substance use disorders. This framework is increasingly being integrated as an essential component of health equity actions within organizations and at the point of care. Since 2021, EQUIP Health Care and CAPSA have been promoting Substance Use Health through the development of a suite of stigma assessment tools.

Objectives

To develop a tool that assesses an organization's capacity to a) prioritize self-chosen health goals as the primary service success outcome; b) remove barriers to care, including intersecting forms of stigma; and c) facilitate access to social determinant

Methods

This knowledge mobilization project integrates input from a range of sources including people with lived experience of substance use stigma, community-led focus groups, and service providers.

Results

Evidence indicates that such tools have a measurable impact on fostering equity-oriented approaches to care.

Conclusions

This tool is adaptable to any organization looking to improve its practices related to health equity and Substance Use Health. This presentation will provide opportunities for uptake and use in a range of settings.

Sex and Gender Considerations

Substance use stigma intersects with mental health and gender-based stigma, and other forms of discrimination, including racism, classism, and sexism, affecting peoples' access to care regardless of whether they use substances or not. Research in primary care and emergency departments shows that educational tools and resources to reduce substance use stigma within organizations and at the point-of-care are essential components of equity-oriented care.

Including People Who Use Substances in Building Capacity and Promoting Health (e.g., User-Led Support, Self-Directed Living) / Participation des personnes qui font usage de substances au renforcement des capacités et à la promotion de la santé (soutien dirigé par des consommateurs, vie autonome, etc.)

91. Facilitators and Barriers to the Expansion of a Peer-led Overdose Prevention Program

Michel Perreault, Douglas Research Centre
Guillaume Tremblay, Méta d'Âme

Learning Objective

Learn about PROFAN, a peer-led overdose prevention program and discuss key facilitators and barriers that can affect the expansion of such programs.

Background

Given the recent increase in opioid overdoses in Canada, a peer-led overdose prevention program, PROFAN, was implemented in Montreal, Quebec. PROFAN provides training to people who use drugs (PWUD) and their entourage, as well as community workers. The worsening of the situation during COVID-19 sparked the need to expand the program across the province.

Objectives

Explore facilitators and barriers affecting PROFAN's implementation in the context of the program's expansion.

Methods

Individual interviews were conducted with 17 key informants from 12 regions to identify implementation facilitators and barriers. A thematic analysis was conducted based on emerging themes.

Results

Four main facilitators were reported: 1) presence of active peer networks involved with harm reduction, 2) collaboration among community/public health sectors, 3) stakeholder awareness of opioid situation, and 4) perceived training appropriateness. Six barriers emerged: 1) geographical isolation, 2) existence of similar programs, 3) difficulty reaching isolated PWUD, 4) stigmatization of PWUD, 5) stakeholders unwilling to address situation, and 6) funding instability.

Conclusions

The expansion achieved by PROFAN highlights the ability of a peer-driven community organization to lead an overdose prevention program when provided with funding and support, as well as partnerships with other organizations.

Sex and Gender Considerations

PROFAN training content is adapted to the realities of different communities (women, LGBTQIA2S+, minority populations, homeless populations and individuals living in situations of poverty, etc.). Also, in terms of personnel, PROFAN job postings indicate that they encourage the candidature of First Nations persons, those with disabilities, of all gender, sex, sexual orientation and identity, and any person confronted with systemic barriers that influence job access. PROFAN favours diversity in terms of sex and gender when hiring personnel and forming training groups. Finally, in all communications and documents, PROFAN uses inclusive writing and language to encourage participation and reduce stigmatization.

92. Awareness and Accessibility: Barriers to Opioid Substitution Therapy Uptake in KFL&A (Kingston Frontenac Lennox & Addington Health Unit)

Emma Amaral, Queen's University
Farzan Ansari, Queen's University
Jamie Fujioka, Queen's University
Griffin Pauli, Queen's University
Samantha Buttemer, Queen's University
Jane Philpott, Queen's University
Kieran Moore, Queen's University
Stephanie Parent, Queen's University

Background

This study explores the experiences of people who use opioids (PWUO) in KFL&A in relation to Opioid Substitution Therapy (OST) – the use of opioid agonists to prevent opioid withdrawal and reduce cravings. The opioid crisis has affected KFL&A significantly, including higher rates of opioid-related hospitalizations and ED visits than the provincial average. Clinical guidelines for opioid use disorder

recommend OST as first line treatment, but a recent study found that only 11.2% of people who died from opioid-related causes in KFL&A between 2017-2021 had been prescribed OST (Parent et al., 2023).

Objectives

The objective is to better understand local lived experiences in accessing this first line treatment; any factors that may be leading to inequitable access; and how the accessibility of OST for PWUO could be improved in KFL&A.

Methods

Recruited participants were based in KFL&A with any opioid use outside of medically prescribed treatment. Interviews were conducted virtually after obtaining informed consent, and participants were compensated financially. Interviews were transcribed and a thematic analysis was conducted to identify key experiences and common themes.

Results

Results were consistent with findings from local coroner data that found low OST uptake in KFL&A (Parent et al., 2023). Half of participants had never heard of OST and only one had tried it. Among the former, all were interested in trying OST after researchers provided a short description. Participants shared ideas to increase OST uptake, including social media campaigns, education from health care providers even for people who have not disclosed their opioid use, and more non-judgmental patient/physician relationships.

Conclusions

Strategies to increase awareness of OST as a key treatment option should be informed by PWUO locally. The rate of PWUO who had not heard of OST but were interested suggests that there is an educational gap and a missed opportunity for public health officials and health care providers to provide better care.

Sex and Gender Considerations

Recruiting participants for this study was challenging, as PWUO are often a hard-to-reach population due to stigma and discrimination. Although we collected gender and age demographic information, we did not recruit sufficient participants to draw correlations between these characteristics and OST experiences. However, we used open-ended interview questions and encouraged participants to discuss anything they felt was important, so they were still able to share experiences related to their personal identities. Collecting more demographic information in the future will be important to ensure perspectives are not being excluded, while offering the option of participant anonymity if preferred.

93. Right to Oxygen Through Peer Responders During Pandemic

Samuel López, BC Association of Community Response Networks

Nick Rondinelli, Heart to Heart First Aid CPR Services Inc

Christian Hui, Toronto Metropolitan University

Learning Objective

Learn how to provide low barrier support. Gain insight from training evaluation. Hear how to identify gaps.

Background

Opioid-related deaths amongst PWUD increased in Toronto amidst the COVID pandemic. City provided unclear guidelines for public rescuers and inadequate training of shelter staff. First-aid health professional spearheaded an overdose peer support training with ventilation techniques and provision of full PPE for lay responders so they can acquire skills not provided in Basic Life Support to manage opioid poisoning

Objectives

Enhance the capacities of peer support responders to provide vital oxygen to people experiencing opioid drug poisoning.

Methods

Two-part mixed-methods impact evaluation was conducted amongst CPR-OPR trainee ($n=75$). Pre-course and post-course surveys (47 questions) were conducted between June and July, 2021 to assess impact of training on overdose response knowledge. Quantitative analyses include descriptive statistics and two-tailed t-test, and qualitative thematic analysis.

Results

Ninety-four percent of respondents worked in harm reduction, 66.6% took the course for workplace purposes. Over 50% identified as a visible minority (54%) [22% Indigenous and 22% Black], 41% as 2SLGBTQIA+, 69.7% witnessed an opioid overdose in their lifetime, 34% witnessed 5 overdoses within one year. 31% knew how to ventilate using a one-way valve resuscitation mask, 26% knew how to use a BVM. 58% felt any method of providing ventilations posed a risk of cross-infection, 65.15% felt giving oxygen led to better rescue outcomes. 69% supported the use of BVM as the preferred method of oxygen delivery during COVID. Impact of training was statistically significant (2 tailed test $\alpha=0.00$), suggesting benefit of the course.

Conclusions

Systemic barriers warranted provision of CPR-OPR training with ventilation and full PPE for lay responders. Through enhancing lay rescuers' ability to perform CPR-OPR safely during the pandemic, the training proved to be an invaluable community-led initiative to ameliorate the lives of PWUD.

Sex and Gender Considerations

Ninety-four percent of respondents worked in harm reduction and 66.6% took the course for workplace purposes. Over 50% identified as a visible minority (54%) [22% Indigenous and 22% Black] and 41% as 2SLGBTQIA+, 69.7% witnessed an opioid overdose in their lifetime, and 34% witnessed 5 overdoses within one year. Marginalized women and other stigmatized individuals were part of a community consultation before the conception of the course. Videos were created with the participation of Drug Culture Expert Consultants who gained the skills to save lives during an overdose poisoning. Professional, academia and peers were involved in the complete and process and training at Heart to Heart

94. Developing a Competency-based Curriculum for Opioid Use Through Co-creation with Subject Matter Experts

Lisa Graves, Western Michigan University Homer Stryker M.D. School of Medicine
Nicholas Cofie, Queen's University
Nancy Dalgarno, Queen's University
Sarah Greco, Queen's University

Jennifer Turnnidge, Queen's University
Rob Van Hoorn, Association of Faculties of Medicine of Canada

Learning Objective

This presentation will explore SMEs' partnership experiences in co-creating educational curriculum.

Background

Postgraduate medical education institutions and continuing professional development programs (CPD) in Canada lack a standardized training curriculum in delivering pain management and substance use disorder education. In 2021, the Association of Faculties of Medicine of Canada (AFMC) began a collaborative process of developing and implementing a postgraduate medical education (PGME) and CPD curricula on pain management and substance use disorder. The 16 online educational modules for these curricula were co-created by healthcare subject matter experts and patient subject matter experts (SMEs). We explored SMEs' partnership experiences in co-creating educational content, describe their process of collaboration, and make recommendations for future partnerships using patient co-creation as a model.

Objectives

Create a standardized training curriculum.

Methods

SME teams ($n = 13$) developed a total of 16 online modules and interviews were conducted with patient SMEs ($n = 8$) and healthcare expert SMEs ($n = 6$) to better understand their experience in co-creating these educational materials, and their process of collaboration. Interviews were audio recorded and transcribed verbatim. Transcripts were thematically analyzed using NVivo.

Results

The analysis revealed three overarching themes on SMEs co-creation experiences in developing content for the curriculum. These include (a) building authentic partnerships, (b) developing equitable partnership processes, and (c) envisioning a brighter future for partnerships in medical education. These themes informed the development of six recommendations for developing future partnerships for medical education.

Conclusions

Patient partnerships are an important component of the educational development process and partners must ensure that partnerships are authentic, foster meaningful engagement, and critically focus on co-creation.

Sex and Gender Considerations

In recruiting SME participants for interviews, we ensured that all sexes and genders had an equal chance of being interviewed.

95. Low-Barrier Toxic Drug and Health Alerts

Trisha Manio, Provincial Health Services Authorities
Emily Ogborne, BC Centre for Disease Control (BCCDC)

Learning Objective

To understand how utilizing low barrier technology can provide provincial wide toxic drug and health alerts.

Background

In 2016, BC issued a province-wide health emergency to tackle the increasing number of deaths related to toxic drug supply. Since 2017, over 9500 people have lost their lives to overdose and, in 2022, there were 1827 illicit drug toxicity deaths.

Objectives

To implement an SMS based service that enables communication of toxic drug supply and health alerts to subscribing members of the public and health service providers.

Methods

Toxic drugs and health alerts are issued from a secure web based platform using short messaging services (SMS). Members of the public anonymously subscribe and are provided with options to select all or desired health regions to receive alerts. Subscribers are able to anonymously share information about toxic drugs when 'OD' is texted into the system. Additionally, a list of key words (i.e., NARCAN) are available to text in, allowing subscribers to access harm reduction resources.

Results

Currently, there are over 2500 subscribers to the system, and four health authorities currently using the service to send alerts. The evaluation is ongoing with a mixed methodology approach aligned to areas of access, equity, quality, safety, efficiency and acceptability.

Conclusions

As BC remains to be where the majority of apparent opioid toxicity deaths in Canada occur, this alerting initiative is positioned as a channel to reach communities. Knowledge gathered from the evaluation is poised to influence other jurisdictions' practices of alerting.

Sex and Gender Considerations

The TDHA initiative aims to evaluate the cultural appropriateness and equity of alerts through a proposed research study. To evaluate the impact of these alerts on harm reduction practices it is vital to understand the experiences, beliefs and the impressions from community members that have subscribed to the service or, share the alerts with people who use illicit substances. Additionally, work is underway to seek partnerships with an Indigenous evaluator(s) to incorporate culturally sensitive evaluation practices including Indigenous knowledge, methodologies, and frameworks. Understanding the influence of the TDHA system from cultural perspectives is key to a community driven approach.

96. A New Community-based Addictions Program Based on a Personal Story

Jennith Guertin, Executive Medical Solutions
Jeffrey Waldman, Executive Medical Solutions

Learning Objective

Learn how one person's journey of recovery led to the development of a new and unique community-based addictions program

Background

Executive Medical Solutions (EMS) was formed in 2020 as an outpatient, community-based treatment program designed to help individuals overcome substance use disorders and other related addictions. The vision that started EMS blossomed out of the experiences of a recovering alcoholic

named Jennith. At the age of 47, and with a history of adverse childhood experiences, Jennith surrendered to her disease and went to a detoxification unit followed by a 90-day inpatient treatment program. After this commitment, and with consistent sobriety, she was graciously able to see that if she had been given an option of outpatient treatment, she would have gotten the help she needed a lot sooner. EMS offers scientifically driven programs, developed and provided by clinicians with lived experience, that are tailored to each client's individual biopsychosocial circumstances. We believe that if we can get patients well where they live, they will have a better chance of staying in this place of health and happiness.

Objectives

Clients learn new life skills in the environment where they will need to use them. This includes standard recovery-based programming such as understanding addiction, honesty in recovery, complex trauma, managing resentments, and many dialectical-based coping strategies and skills including mindfulness.

Methods

This program includes at-home detox, regular appointments with a counsellor with lived experience, access to psychiatric care, and 6 day a week group therapy work. It also includes 24/7 access to an addiction counsellor and Zoom appointments are available for both individual and group counselling.

Results

Although the program remains in its infancy, there are already many success stories.

Conclusions

Community-based treatment is an effective and overlooked method for people early in their journey to recovery that allows people to continue with their life while getting help.

Sex and Gender Considerations

EMS is open to all ethnic groups and any gender identification. All the counsellors and the person who developed the program are women. We use traditional ceremonies as a component of our treatment, and are focused on hiring indigenous staff.

97. A Qualitative Study Exploring Ways Peer Support Workers Enhance Youth Substance Use Services

Roxanne Turuba, Foundry BC
Miranda Tymoschuk, Foundry Virtual BC
Ciara Toddington, Foundry BC
Skye Barbic, Foundry BC

Learning Objective

To illustrate the benefits of involving peer support workers in youth substance use services and give participants practical actions to enhance the effectiveness of this role.

Background

Including peer support as a core substance use service shows positive recovery outcomes for adults; however, research focusing on youth, who may especially benefit from this intervention, is lacking.

Objectives

This study explores the role of peer support workers who walk alongside youth addressing their substance use, highlighting the uniqueness of the role and how to empower them.

Methods

In British Columbia, Canada, peer support workers who provide substance use services to youth (ages 12-24) participated in either a focus group ($n=3$) or individual interview ($n=15$). The discussions were recorded, transcribed verbatim, and analyzed thematically using an inductive approach. Youth participatory action research methods were used to co-design the research.

Results

Peer support workers emphasized the power of using their lived/living experience to cultivate strong connections with youth while de-stigmatizing substance use. They described flexibility within their role, which enabled them to “support youth throughout the whole process” and “meet youth where they’re at”. Peer support workers described important insights on how to address access barriers and build bridges to other services. They stressed the importance of “having an employer who understands the work you’re doing” and promotes collaboration with other service providers. Having a supportive employer also involved providing peer support workers with adequate training and mentorship, and giving them the ability to set boundaries within their role.

Conclusions

The findings from this study highlight a need for better integration of peer support workers into existing youth substance use services, given the unique role they play in a youth’s recovery journey.

Sex and Gender Considerations

This project applied participatory action research methods by engaging with 14 youth with different backgrounds and experiences to inform all stages of the project. Research participants from across BC were engaged and self-reported sex, gender, ethnicity, and employment setting. BIPOC-specific interviews were also offered to ensure safe spaces for BIPOC individuals to participate and share their experiences.

Policy and System-Level Innovation (e.g., Safer Supply, Decriminalization) /

Innovation dans les politiques et les systèmes (approvisionnement plus sûr, décriminalisation, etc.)

98. Providers’ and Stakeholders’ Perspectives on How Injectable Opioid Agonist Treatment (IOAT) Care Can be Improved

Tianna Magel, University of British Columbia
Elizabeth Matzinger, Centre for Advancing Health Outcomes
Sarin Blawatt, Centre for Advancing Health Outcomes
Scott Harrison, Providence Health Care
Scott Macdonald, Providence Health Care
Sherif Amara, Provincial Health Services Authority
Nick Bansback, University of British Columbia
David Byres, Provincial Health Services Authority
Martin Schechter, University of British Columbia
Eugenia Oviedo-Joekes, University of British Columbia

Background

Treatments such as injectable opioid agonist treatment (iOAT), have proven clinical efficacy and safety in the management of opioid use disorder (OUD). With the continued expansion of iOAT care across Canada and worldwide, service provider and stakeholder perspectives on iOAT care are needed to inform program optimization.

Objectives

The present study aimed to better understand stakeholder and provider perspectives on how iOAT can be improved to better meet clients' needs.

Methods

This study was a secondary analysis of a study to develop a preference elicitation task to quantify client preferences in iOAT. Semi-structured interviews ($n=11$), email correspondence ($n=2$), a focus group ($n=4$), and one regional meeting were conducted with iOAT stakeholders in Canada and internationally to receive feedback on 'How iOAT can be improved to better meet clients' needs?'. Coding and analysis followed a qualitative thematic and interpretive description approach to identify key themes.

Results

Stakeholders expressed a sense of urgency for not only how iOAT is offered, but also for addiction care to be more patient-centred. Narratives highlight the importance stakeholders attribute to client autonomy, individualized care (gender and culturally informed care), tensions between providers and the system (policies, governing structures, etc.) as well as power dynamics between providers and clients.

Conclusions

Providers and stakeholders are committed to seeing the needs of clients met but often feel constrained by system-level regulations in their ability to provide person-centred care. Findings provide key insights into stakeholder perspectives of iOAT and offer pragmatic ways to support stakeholders in advancing person-centred care.

Sex and Gender Considerations

Through our study and analysis we connected with diverse stakeholders providing iOAT and identified capabilities and limitations of iOAT service delivery. Our findings from providers demonstrated the importance of equitable care that is delivered in culturally sensitive and gender informed settings and highlights the gender-specific disparities that are often seen in the opioid use disorder care of women (and two-spirited peoples).

99. Influence of Physician Networks on the Implementation of Pharmaceutical Alternative to a Toxic Drug Supply in British Columbia

Megan Kurz, Centre for Advancing Health Outcomes
Jeong Eun Min, Centre for Advancing Health Outcomes
Bohdan Nosyk, Centre for Advancing Health Outcomes

Learning Objective

Identify the impact of prescribers' peer networks on their prescribing decisions and uptake of new policies.

Background

We aimed to characterize the diffusion of adoption of a novel provincial policy guideline to prescribe opioids, stimulants, and benzodiazepines to individuals who were at high risk of a COVID-19 infection and drug overdose at the onset of the COVID-19 pandemic.

Objectives

Determine the extent to which 'Risk Mitigation Guidance' (RMG) uptake operated through established networks of prescribers in British Columbia, Canada.

Methods

We executed a retrospective population-based study using linked health administrative data that captured all clinicians who prescribed to at least one client with a substance use disorder from 03/27/2020-08/31/2021. Social network analysis was implemented to create a network with connections between prescribers based on their shared clients. Our outcome was a clinician's uptake in a given calendar month. Our main exposure was the proportion of connected physicians that had prescribed RMG in the month prior. Generalized linear mixed modelling was used to characterize RMG uptake through the networks of clinicians.

Results

Among 14,137 prescribers treating clients with SUD, there were 228 early adopters of RMG (initiated before 04/30/2020) and 1,062 adopters through the end of study follow-up. Prescribers with over 20% of their peers prescribing RMG was associated with a 3-fold increase in the odds of RMG prescription (OR: 3.79 95% CI: (3.15, 4.56)), when compared to those with no connected RMG prescribers.

Conclusions

RMG uptake in BC was highly dependent on the behaviour of prescribers' peer networks. These findings provide insights into the diffusion of policy uptake which can be used to improve future policy implementation strategies.

Sex and Gender Considerations

We controlled for client's sex for the prescribers case-mix. We also controlled for case-mix of clients that had experienced unstable housing and accessing social assistance, both of which are highly correlated with socioeconomic status (SES). Gender, religion and race/ethnicity for both clients and prescribers are not available in our data. Sex is not available for prescribers.

100. Examining the Longitudinal Impacts of Cannabis Legalization in Canada on a Sample of High-Risk Emerging Adults

Amanda Doggett, McMaster University

Kyla Belisario, McMaster University

André McDonald, McMaster University

Mark Ferro, University of Waterloo

James Murphy, University of Memphis

James MacKillop, McMaster University

Learning Objective

Identify how patterns of cannabis use and experiences of cannabis-related consequences changed over legalization in emerging adults. Distinguish changes over time based on how emerging adults were consuming cannabis pre-legalization.

Background

A key concern throughout cannabis legalization in Canada was that increase in access to cannabis could lead to increased use in the population. Emerging adults tend to show the greatest consumption of recreational cannabis, making them a key group for monitoring the impacts of legalization. However, nearly five years later there remains a gap in the literature of robust longitudinal examinations among this population.

Objectives

This study aimed to examine how legalization may have impacted cannabis consumption and experiences of cannabis-related consequences in emerging adults.

Methods

Using data from the longitudinal cohort study BETA-H, a sample of young adults aged 19.5-23 in Hamilton, Ontario who reported regular substance use at enrolment were followed every four months for three years ($n=619$) between 2017 and 2020. Linear mixed models were used to examine how cannabis use frequency and experiences of cannabis-related consequences changed over time.

Results

There were significant decreases in cannabis use frequency ($F=2.25, p < 0.001$), as well as a reduction in experiences of cannabis-related consequences ($F=9.95, p < 0.001$) in this sample over time. Post hoc testing indicated individuals who used cannabis more frequently pre-legalization significantly decreased their use and saw a decrease in experiences of cannabis-related consequences over time.

Conclusions

Findings of this longitudinal study were consistent with expected patterns of use in emerging adults, who tend to decrease their substance use over time, sometimes referred to as “aging out.” Cannabis legalization did not appear to impact frequency of cannabis use nor experiences of cannabis-related consequences in this sample; instead, aging out patterns of cannabis use occurred despite legalization.

Sex and Gender Considerations

Substance use patterns are known to differ by sex and gender, depending on which measure was used in previous literature. In this study, participants were asked both their sex and gender. Given that this study was focused on examining behavioural indicators (i.e., cannabis use patterns and consequences) biological sex was less relevant comparatively, and gender was examined as a moderator. It was hypothesized a priori that gender may impact cannabis use patterns through social contextual factors, however this study found no statistically significant gender differences in cannabis use patterns or experiences of cannabis-related consequences across legalization.

101. Assessing the Impact of the Cannabis Act (2018) on Cannabis-Related Disorders Among Pregnant Women in Quebec

Kristelle Alunni-Menichini, University of Sherbrooke, McGill University, Douglas Research Centre

Karen Dominguez-Cancino, University of Sherbrooke

José Ignacio Nazif-Munoz, University of Sherbrooke

Pablo Martínez, University of Sherbrooke

Karine Bertrand, University of Sherbrooke

Rose Chabot, University of Sherbrooke

Yolaine Frossard de Saugy, University of Sherbrooke

Christophe Huynh, Integrated University Health and Social Services Centre of Centre-Sud-de-l'Île-de-Montréal

Nadia L'Espérance, CIUSSS de la Mauricie-et-du-Centre-du-Québec

Julie Loslier, University of Sherbrooke

Victoria Massamba, National Institute of Public Health in Quebec

Learning Objective

To learn the challenges of working with administrative health databases.

Background

The *Cannabis Act* (2018) in Canada legalized the recreational use of cannabis. Little is known regarding the impact of such liberalization on the health of pregnant women in Quebec, even though evidence across the United States has suggested that cannabis legalization might be associated with increased cannabis-related hospitalizations in this population. Moreover, in British Columbia and Ontario, during a pre-Cannabis Act scenario, an upward trend in prenatal cannabis use was observed, with a disproportionate concentration of use among young, single, or low-income (i.e., vulnerable) pregnant women.

Objectives

To discuss challenges in using administrative health databases to study the impact of the *Cannabis Act* (2018) on cannabis-related disorders among pregnant women in Quebec.

Methods

The Quebec Integrated Chronic Disease Surveillance System (QICDSS) under the Institut national de santé publique du Québec (INSPQ) tutelage provides a unique opportunity to produce population-based data on the impacts of the Cannabis Act by considering time and space variations in cannabis-related disorders. The QICDSS linked five administrative health databases with coverage since 1996. Within the context of a mixed-methods study investigating cannabis use among pregnant women in Quebec, the main challenges of using QICDSS at the INSPQ will be discussed.

Results

The exploitation of the QICDSS requires addressing several challenges, such as building partnerships between researchers and the INSPQ, obtaining supervised access to the QICDSS, using a combination of codes from the International Classification of Diseases and Procedure Codes to identify pregnant women, and obtaining cannabis-related outcomes, and the use of statistical procedures to protect confidentiality.

Conclusions

Collaborative and strategic partnerships and data protection and extraction procedures are among the main challenges when working with the QICDSS at the INSPQ.

Sex and Gender Considerations

The study on cannabis use among pregnant women in Quebec considers sex, gender, and equity considerations by recognizing that women may face unique challenges and risks related to cannabis use during pregnancy. The study also acknowledges that vulnerable populations, such as young, single, or low-income pregnant women, may be disproportionately affected by cannabis use and related health outcomes. By considering the individual and partners' characteristics, health system factors, and cannabis policies, the study aims to develop better approaches that support informed decision-making and equitable access to healthcare services for all pregnant women.

102. Effects of Cannabis Legalization on Patterns of Cannabis Consumption Among Adolescents in Ontario, Canada (2001 to 2019)

Sameer Imtiaz, CAMH (Centre for Addiction and Mental Health)

Background

Cannabis legalization occurred through the enactment of the *Cannabis Act*. The evidence concerning the impacts of this legislation on patterns of cannabis consumption among adolescents remains equivocal.

Objectives

The objective of the present research was to examine the effects of cannabis legalization on cannabis initiation, any cannabis use, daily cannabis use and cannabis dependence among adolescents.

Methods

Data were obtained from a biennial population-based, cross-sectional survey of students enrolled in provincially funded schools in Ontario, Canada. Iterations of the survey conducted between 2001 and 2019 (N=89,238) were pooled in a pre-post design. Participants provided self-reports of cannabis initiation (past year), any cannabis use (past month), daily cannabis use (past month) and cannabis dependence. The effects of cannabis legalization on patterns of cannabis consumption were quantified using logistic regression analyses.

Results

Changes were found in the prevalence of most patterns of cannabis consumption between 2001 and 2019: cannabis initiation decreased and then increased (10% to 8% to 10%), any cannabis use decreased (22% to 14%) and daily cannabis use decreased (5% to 3%). Cannabis dependence remained unchanged (4% to 3%). Cannabis legalization was not associated with cannabis initiation (OR; 95% CI: 1.00; 0.79, 1.27), but it was associated with an increased likelihood of any cannabis use (1.31; 1.12, 1.53), daily cannabis use (1.40; 1.09, 1.80) and cannabis dependence (1.98; 1.29, 3.04).

Conclusions

Cannabis legalization was not associated with cannabis initiation, but it was associated with an increased likelihood of any cannabis use, daily cannabis use and cannabis dependence.

Sex and Gender Considerations

Sex perspectives were incorporated at two stages: (1) Statistical interactions between sex and cannabis legalization were tested to determine differences in impacts of cannabis legalization on patterns of cannabis consumption; (2) The interpretation of the findings considered implications by sex. Gender and equity perspectives were not incorporated due to the lack of availability of such information in the surveys across the examined time period. Future research will explore additional data sources that facilitate the incorporation of these perspectives.

103. The Relationship Between Canadian Sales of Legal Medical Cannabis and Alcohol, 2015–2018

Michael Armstrong, Brock University

Learning Objective

Increase understanding of how cannabis and alcohol sales might be related. Inform Canadian public health professionals and industry regulators, as well as policymakers in other countries that are considering cannabis legalization.

Background

The impact of cannabis legalization on alcohol use has been much debated by medical and economics researchers. But most previous research examined the USA, where cannabis is federally illegal.

Objectives

Did Canada's alcohol sales change as medical cannabis sales grew during 2015-2018?

Methods

Panel data linear regressions analyzed government data on monthly alcohol sales in 7 Canadian regions from January 2011 to September 2018. Dollars sold per capita of legal medical cannabis were compared to those by beer, wine, and liquor stores. The analysis controlled for alcohol prices, alcohol sales seasonality, unemployment, tertiary education, retail activity, and impaired driving penalties.

Results

The two main regression models estimated that each dollar of legal medical cannabis sold was associated with average alcohol sales decreases of \$0.74 or \$0.84, respectively. The negative relationship remained statistically significant when alternative models were tested.

Conclusions

This study showed correlation, not causation. But it suggests that medical cannabis use partially substituted for alcohol use, with Canada's 2017-2018 alcohol sales being roughly 1.8% lower than they otherwise would have been. This indirectly implies the health and economic impacts of medical cannabis legalization were likely accompanied by reduced impacts from alcohol use.

Sex and Gender Considerations

This study analyzed government-reported total sales data, so it only estimated aggregate population effects and only included legal cannabis sales. Follow-up survey research could examine whether some population segments responded differently than others. For example, getting medical cannabis legally requires patients to have internet access, credit cards, fixed home addresses, and willing physicians; but realistically, those factors vary according to patients' socioeconomic status.

104. The Effect of Opioid Co-prescription Through BC's Risk Mitigation Guidelines on Opioid Agonist Treatment Retention: A Population-based Observational Study

Jeong Eun Min, Centre for Advancing Health Outcomes

Heather Palis, University of British Columbia

Amanda Slaunwhite, BC Centre for Disease Control (BCCDC)

Karen Urbanoski, University of Victoria

Bernadette Pauly, Canadian Institute for Substance Use Research

Brittany Barker, First Nations Health Authority

Bohdan Nosyk, Centre for Advancing Health Outcomes



Learning Objective

Learn about impact of Risk Mitigation Guidance (RMG) dispensing (prescribed safer supply) in British Columbia (BC) on opioid agonist treatment (OAT) retention.

Background

At the onset of the COVID-19 pandemic physicians and nurse practitioners in BC were authorized to prescribe opioids and other medications under the auspices of RMG, designed to reduce the risk of SARS-COV-2 infection and harms associated with illicit drug use.

Objectives

To determine the effect of opioid RMG co-prescription on OAT retention among people with opioid use disorders (OUD).

Methods

We conducted a retrospective cohort study of adults living in BC with an indication of OUD using linked population-level administrative databases. The primary exposure of interest was opioid RMG receipt, defined by at least 4 days, 1-3 days or no days of hydromorphone or M-eslon dispensed in a given week. The primary outcome was OAT receipt, defined as at least one dispensed dose of OAT in week t+1. Multiple logistic regression models were used to estimate propensity scores matched longitudinally. A marginal structural modelling approach was used to control for potential time-varying confounding.

Results

A total of 5,330 individuals received at least one opioid RMG dispensation during study follow-up. We found opioid RMG receipt of up to 3 days in a given week increased the odds of OAT receipt in the subsequent week (aOR: 3.1, 95% CI: (2.9 to 3.4)), while receipt of opioid RMG ≥ 4 days further increased the odds of receipt in the subsequent week (aOR: 6.6 (5.8 to 7.4)) compared to those not on RMG. Effect sizes were largest during treatment induction, among those initiating opioid RMG and OAT concurrently and among those receiving methadone as opposed to buprenorphine/naloxone.

Conclusions

Our findings demonstrate that individuals receiving opioid RMG prescriptions alongside OAT had substantially higher adjusted odds of OAT retention compared to receipt of OAT alone, with the effects especially pronounced during treatment induction.

Sex and Gender Considerations

Data on gender is not available. Results were examined by sex (male/female) from the administrative health data.

105. A Multi-Methods Study: Safer Supply Preferences Among People Who Use Illegal Substances in British Columbia

Jessica Xavier, BC Centre for Disease Control (BCCDC), University of British Columbia

Jessica Lamb, BC Centre for Disease Control

Max Ferguson, BC Centre for Disease Control (BCCDC)

Phoenix McGreevy, Canadian Institute of Substance Use Research

Jackson Loyal, Simon Fraser University

Emma Ackermann, University of British Columbia

Kurt Lock, BC Centre for Disease Control (BCCDC)

Jane Buxton, BC Centre for Disease Control (BCCDC)

Learning Objective

To understand, from the perspective of people who use illegal substances, the needs and preferences that will ultimately encourage access.

Background

British Columbia (BC) is experiencing an illicit drug toxicity crisis. Safer supply programs that provide people who use drugs with a regulated supply of their preferred substance(s) are urgently needed to reduce peoples' reliance on the unpredictable and toxic illicit supply. However, program options remain very limited.

Objectives

We conducted a multi-methods needs assessment with the aim of understanding the needs and preferences of people who use illegal substances who can benefit from access to safer supply.

Methods

A cross-sectional survey was administered to clients at harm reduction supply distribution sites across BC in 2021; multivariate logistic regression was used to investigate associations with preferred safer supply substances and mode of use in the survey. Focus groups and one-on-one qualitative interviews were conducted across BC in 2021-2022 with people who reported using illegal opioids and/or stimulants in the past month and a thematic analysis was conducted to analyze qualitative data.

Results

Our quantitative findings indicate that many PWUD are seeking a safer supply of heroin (diacetylmorphine), fentanyl powder and crystal methamphetamine. Among those that specified opioid safer supply preferences ($n=331$), heroin ($n=151$, 45.6%) and fentanyl powder ($n=67$, 20.2%) were preferred. Among those who reported a preferred stimulant safer supply option ($n=361$), the most frequently chosen substance was crystal methamphetamine ($n=222$, 61.5%). Our qualitative findings reflect these preferences and provide nuanced insights into the personal considerations that inform peoples' substance and mode of use preferences and emphasize that there is no 'one size fits all'.

Conclusions

More options that reflect the substance use patterns and preferences of people are needed in order for safer supply program to reach their primary objective of reducing overdose risk.

Sex and Gender Considerations

We conducted a needs assessment that employed an equity lens. By conducting a needs assessment with marginalized people who use substances who experience intersecting vulnerabilities (women and gender minorities, BIPOC, sex workers, etc.), our aim is to amplify the needs and experiences of equity deserving groups who are disproportionately impacted by overdose and may benefit from acceptable safer supply programs.

106. The Provincial Mental Health and Substance Use (MHSU) Network: Building System Capacity to Better Address System-Level Challenges Experienced by People with Complex MHSU, and Other Issues

Krista English, BC Mental Health & Substance Use Services (BCMHSUS)

Anita David, BC Mental Health & Substance Use Services (BCMHSUS)

April Furlong, BC Mental Health & Substance Use Services (BCMHSUS)

Renee Cormier, BC Mental Health & Substance Use Services (BCMHSUS)

Deborah Ross, BC Mental Health & Substance Use Services (BCMHSUS)

Background

Mental health and substance use (MHSU) services in BC are often fragmented with difficulties in efficacy and equitable access. There is a significant need to develop innovative solutions that enhance system capacity by engaging diverse perspectives of those who support individuals with complex MHSU.

Objectives

The objective of the Provincial MHSU Network ('the Network') is to accelerate knowledge translation and exchange toward innovative solutions by elevating the preferences of people living with lived/living experience (PWLLE) and incorporating a wide range of other perspectives along the continuum of care.

Methods

The Network is hosted by BCMHSUS, a part of the Provincial Health Services Authority. It is a provincial cross-sectoral collaborative that is evidenced-based, person-centred, and non-hierarchical in its approach. Membership includes PWLLE, Indigenous and culturally diverse representation, service providers, and other provincial stakeholders. It is a mechanism to create opportunities for dialogue, exchange, reflection, combination and synergy, and accelerates the creation of new knowledge toward innovative solutions.

Results

The Network activities have accomplished workforce capacity building, processes for improved data quality and coordination, the development of practice recommendations and guidelines, standards, and new knowledge products. Additionally, the Lived Experience Advisors and Partners (LEAP) team has been established to participate in priority-setting, provide insights and perspective as well as magnify the voices of PWLLE for health care system improvement.

Conclusions

The Network serves as a valuable model that engages diverse perspectives to help build system capacity to better serve people in BC with complex MHSU, and other issues.

Sex and Gender Considerations

A foundational and guiding principle of the innovations described in this panel is the importance of engaging, empowering, and amplifying diverse voices, including, and particularly, from individuals from equity deserving groups. This principle is enacted by using multiple methods to engage with diverse partners; by identifying and monitoring gaps in representation; and by implementing strategies to fill them (including, as needed, by consulting literature to learn about the needs and

preferences of any groups not sufficiently engaged to date). Importantly, and as much as possible, these strategies are iteratively developed based on the needs and preferences of these groups.

107. Safer Supply: Protecting Our Loved Ones, Families, and Communities from the Toxic Drug Supply

Brian Emerson, British Columbia Ministry of Health

Learning Objective

Participants will be able to describe what safer supply is and its role in the response to the toxic drug crisis in BC and discuss the rationale for the BC Provincial Health Officer's recommendation to implement non-prescribed safer supply.

Background

Since 2016, more than 10,000 people have died from exposure to the toxic drug supply in BC. In Spring, 2023 the Provincial Health Officer of BC released a report titled, *Safer Supply: Protecting our Loved Ones, Families, and Communities from the Toxic Drug Supply*.

Objectives

Provide a vision to advance public, scientific, and governmental dialogue, and collaboration about the concept of safer supply, and build support for expanding safer supply through engagement with key parties, with a focus on implementing non-prescribed safer supply models.

Methods

Literature review and consultation with people with lived/living experience and experts.

Results

The most important underlying cause of the toxic drug crisis is the toxic drug supply which has resulted from governmental prohibition of drugs. Prescribed safer supply, while helpful, has many barriers so is not scalable to meet the needs of people who use drugs.

Conclusions

Scalable non-prescribed models of safer supply and measures to deal with the illegal market are urgently needed in BC. BC and federal governments should work together to implement non-prescribed safer supply, in partnership with Indigenous organizations and local governments.

Sex and Gender Considerations

The report summarizes the disproportionate impacts of the toxic drug crisis (e.g., sex, age, geography, health status). The report highlights disproportionate impacts on Indigenous people, the resilience of Indigenous people and organizations in responding to the toxic drug crisis, and foundational commitments to Indigenous Peoples (UN Declaration on the Rights of Indigenous Peoples, BC's Declaration on the Rights of Indigenous Peoples Act, recommendations from BC's In Plain Sight report among others). The report describes engagement with First Nations Health Authority and Métis Nation BC.

Innovative Approaches to Delivering Care (e.g., Virtual Care, Therapy Animals) / Approches novatrices dans la prestation de services (soins virtuels, zoothérapie, etc.)

108. Utilisation des services psychosociaux en ligne lors des trois premières vagues de la pandémie de la COVID-19 par les personnes utilisatrices de substances psychoactives au Québec

Alexis Beaulieu-Thibodeau, Institut universitaire sur les dépendances

Christophe Huynh, Centre intégré universitaire de santé et de services sociaux du Centre-Sud-de-l'Île-de-Montréal

Nadine Blanchette-Martin, CIUSSS de la Capitale-Nationale, CISSS de Chaudière-Appalaches

Francine Ferland, CIUSSS de la Capitale-Nationale, CISSS de Chaudière-Appalaches

Vincent Wagner, Institut universitaire sur les dépendances, Université de Sherbrooke

Yuan Song, Université de Montréal

Mathieu Goyette, Université du Québec à Montréal

Jean-Sébastien Fallu, Université de Montréal

Jorge Flores-Aranda, Université du Québec à Montréal

Objectif d'apprentissage

Documenter le recours aux services psychosociaux par les personnes utilisatrices de substances psychoactives (SPA) ont eu recours aux services psychosociaux en ligne lors des trois premières vagues de la pandémie de la COVID-19.

Contexte

Avant la pandémie de la COVID-19, les services psychosociaux offerts aux personnes utilisatrices de SPA étaient majoritairement offerts dans des contextes en personne. Considérant que les mesures sanitaires ont entraîné un recours considérable à Internet dans la vie quotidienne, est-ce que les services psychosociaux ont aussi connu ce virage numérique?

Objectifs

Cette étude vise à identifier les facteurs associés à la probabilité d'utiliser les services en ligne depuis le début de la pandémie (13 mars 2020) parmi des adultes au Québec qui consomment des SPA.

Méthodes

Les participants étaient recrutés à partir des réseaux sociaux pour remplir un sondage en ligne accessible d'octobre 2020 à juin 2021. Les questions posées provenaient d'enquêtes canadiennes sur la santé ou de questionnaires validés sur le plan psychométrique. Une régression logistique a été réalisée afin de déterminer les facteurs associés à l'utilisation ou non des services psychosociaux en ligne selon le modèle d'Andersen (1995).

Résultats

Parmi les 1159 participants, 59% ont cherché des ressources à contacter, 36% ont discuté avec d'autres de leurs difficultés et 30% ont reçu un soutien professionnel en ligne. Être une femme, être un jeune adulte, présenter une détresse psychologique élevée, consommer pour gérer son anxiété,

augmenter sa fréquence de la consommation pendant la pandémie et avoir consulté avant la pandémie sont trois facteurs associés à l'utilisation des services en ligne depuis la pandémie.

Conclusions

La proportion élevée de personnes utilisatrices de SPA ayant reçu des services en ligne souligne la pertinence d'offrir une modalité virtuelle. Ces services peuvent même être bonifiés, tout en assurant un arrimage étroit et bidirectionnel avec ceux prodigués en personne.

Considérations liées au sexe et au genre

Le sexe assigné à la naissance et l'identité de genre, ainsi que la précarité socio-économique, ont été considérés lors de la collecte de données et lors des analyses. Des questions spécifiques liées aux identités non-cis et non-binaires ont été posées. Les résultats présentés tiennent compte des différences en fonction de l'identité de genre. Nous discuterons des iniquités renforcées durant la pandémie entre hommes et femmes sur les plans professionnels et familiaux, ce qui auraient accru les besoins d'aide chez celles-ci.

109. Mécanisme d'accès aux services en dépendance Adulte : initiative de collaboration en Mauricie/Centre-du-Québec

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Steve Jacob, Université Laval

Francine Ferland, CIUSSS de la Capitale-Nationale, CISSS de Chaudière-Appalaches

Marie-Josée Fleury, Université McGill

Sandrina Adam, Université de Sherbrooke

Amélie Brousseau, CIUSSS de la Mauricie-et-du-Centre-du-Québec

Objectif d'apprentissage

L'objectif d'apprentissage de l'exposé est de présenter la mise en œuvre d'une initiative de collaboration et d'identifier ses conditions de succès.

Contexte

En Mauricie/Centre-du-Québec, un mécanisme d'accès aux services en dépendance adulte a été mis en place dans le but d'améliorer l'accès et de soutenir le travail de collaboration entre les ressources d'hébergement en dépendance et les services publics en dépendance.

Objectifs

Cette communication présentera les résultats de l'évaluation d'implantation du mécanisme, dont les obstacles, les facilitateurs ainsi que les conditions favorisant la collaboration entre les organisations.

Méthodes

L'évaluation s'appuie sur un questionnaire portant sur le fonctionnement du partenariat et des discussions de groupes menées auprès de 36 gestionnaires et intervenants entre novembre 2021 et septembre 2022.

Résultats

Les propos rapportés montrent que la mise en place d'une structure de gouvernance où la présence des représentants des ressources impliquées a permis d'assurer la co-construction et le déploiement du mécanisme dans chaque organisation. Le mécanisme permet, entre autres, de rendre la communication et les échanges d'informations plus fluide entre les organisations. Les conditions qui contribuent au succès de la collaboration entre les organisations sont la motivation à

travailler en partenariat, la relation entre les partenaires, la clarté des rôles de chacun et le pouvoir d'agir en partenariat.

Conclusions

Ces résultats fournissent des pistes de réflexion quant aux conditions favorisant l'implantation d'un mécanisme d'accès aux services en dépendance adulte et le travail en collaboration.

Considérations liées au sexe et au genre

L'évaluation s'est spécifiquement intéressée aux étapes requises à la mise en œuvre du mécanisme, ses forces et ses limites, les personnes impliquées et les ingrédients de succès à l'implantation. À cette étape de l'évaluation, seules les parties prenantes ont été consultées. Toutefois, le mécanisme vise toutes les personnes nécessitant un service en dépendance. Il est prévu, ultérieurement, de mettre en place une démarche de consultation auprès de ces personnes afin de s'assurer, entre autres, de bien tenir en compte des différents profils de clientèles dans l'accès aux services en dépendance. Cet élément sera abordé lors de la présentation.

110. Innovating Internet-Delivered Cognitive Behaviour Therapy for Alcohol Use: A Patient-Oriented Approach

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Tristen Lozinski, University of Regina

Background

While past research shows that Internet-delivered cognitive behaviour therapy (ICBT) for alcohol problems is effective, there is a need to improve uptake, engagement, and outcomes of ICBT to maximize the potential of the approach.

Objectives

This project describes an innovative, patient-oriented research approach for improving ICBT.

Methods

A Patient-Oriented Research Steering Committee (PORSC) of diverse patient partners with lived/familial experience with alcohol problems, clinicians, community stakeholders, and researchers was formed. The PORSC reviewed data from past participants of ICBT ($n = 270$) in Saskatchewan, identifying areas for improving uptake, engagement, and outcomes. They collaboratively revised ICBT materials and outreach efforts.

Results

The PORSC identified various areas for improvement, which were used to modify ICBT in Saskatchewan, namely: addressing comorbidities (e.g., PTSD, sleep problems), enhancing the diversity of narratives/examples, and optimizing promotion efforts via media advertisements (e.g., Google, radio) and outreach/integration with other services (e.g., primary care, cardiology, mental health and addictions services). Mixed-methods data collection is currently underway to assess the impact of the changes to ICBT and further identify methods to optimize ICBT in Saskatchewan.

Conclusions

The patient-oriented research approach was valuable for identifying opportunities to optimize the use of ICBT in addressing alcohol problems, using feedback from past participants of ICBT. The approach has potential to inspire others to use this approach to fine-tune innovative ways of care, such as ICBT for alcohol use, in efforts to close the vast treatment gap for Canadians struggling with their alcohol use.

Sex and Gender Considerations

We are using sex- and gender-based analysis throughout our project. For instance, our Patient-Oriented Research Steering Committee (PORSC) has considered gender when refining ICBT materials. Interviews are underway with current clients about how to further improve the materials to be more diverse and inclusive. We also collect/analyze data while remaining sensitive to sex and gender; clients self-identify their sex and gender via an open-ended response question, and we are exploring how both sex and gender impact treatment uptake, engagement, and outcomes. Moreover, our PORSC is composed of individuals who identify as coming from diverse backgrounds in terms of sex/gender and ethnocultural background.

111. Ontario's Rapid Access Addiction Medicine Clinics Reduce Acute Care Utilization and Mortality for People with Problematic Opioid Use: A Multi-site Study

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Kednapa Thavorn, Ottawa Hospital Research Institute
Kelly Suschinsky, Royal Ottawa Mental Health Centre
Melanie Willows, Royal Ottawa Mental Health Centre
Pamela Leece, Public Health Ontario
Meldon Kahan, Women's College Hospital
Larry Nijmeh, Lakeridge Health
Natalie Aubin, Health Sciences North
Gord Garner, Community Addictions Peer Support Association (CAPSA)
Brian Hutton, Ottawa Hospital Research Institute

Learning Objective

Understand the characteristics of Rapid Access Addiction Medicine (RAAM) clinics. Recognize the effectiveness of the RAAM clinic model for problematic opioid use.

Background

Care for individuals with problematic opioid use (POU) is fragmented. As a result, individuals with POU may repeatedly present to emergency departments (ED). Rapid Access Addiction Medicine (RAAM) clinics were implemented to help address gaps in care. RAAM clinics are low-barrier, walk-in clinics that offer rapid access to care for individuals with substance use health problems.

Objectives

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

Methods

We conducted a retrospective cohort study utilizing data from four Ontario RAAM clinics and provincial health administrative data. We assessed the impact of RAAM clinics on clinical outcomes for people with POU, including changes in all-cause and opioid-related mortality, hospitalizations, and ED presentations. RAAM clients ($N=440$) were matched with controls ($N=440$), based on time period, geography, and client characteristics using propensity score matching (PSM) methods. Multilevel models were used to remove confounding if imbalances existed after PSM.

Results

The RAAM model was associated with a significant reduction in the composite outcome of ED visits, hospitalizations for any reason, and all-cause mortality at 30 days (OR: 0.68, 95% CI 0.50 to 0.92)

following clients' initial RAAM visit, and a reduction in opioid-related hospitalizations and ED visits at 30 (OR: 0.47, 95% CI 0.29, 0.76) and 90 days (OR: 0.53, 95% CI 0.37, 0.78) following clients' initial RAAM visit.

Conclusions

RAAM clinics are an effective model of care for people with POU, improving patient outcomes and reducing acute healthcare utilization. These findings provide valuable evidence toward a broadened adoption of the RAAM model in other regions of Canada, including virtual RAAM clinic models.

Sex and Gender Considerations

The administrative health databases collect information on biological sex, not gender. RAAM clients were matched with control individuals based on sex, and other factors (e.g., geographic region and age at index visit). Gender differences were examined at one site's RAAM clinic. At intake, women reported greater depressive and anxiety symptoms ($p < .05$) than men. Severe mental health symptoms are often a barrier to receiving substance use treatment, which could mean that women are less likely to receive care. Gender-responsive services tailored to the psychological and social challenges faced by women and gender diverse individuals are required.

112. An Economic Evaluation of a Virtual Overdose Monitoring Service: The National Overdose Response Service

William Rioux, University of Alberta

Monty Ghosh, University of Alberta, University of Calgary

Learning Objective

Evaluate the cost versus benefits of the National Overdose Response service. Reflect on additional methodologies to improve the value of these services to Canadians.

Background

The overdose crisis continues across Canada which calls for novel harm reduction strategies. Previous research indicates that a majority of ehealth solutions are cost effective however current literature for the cost-effectiveness of ehealth for harm reduction is sparse. The National Overdose Response Service (NORS) is a Canada wide telephone based harm reduction service. Service users can call the phone number and connect to a peer who can virtually monitor the substance use session and dispatch appropriate interventions in the case of overdose.

Objectives

We aim to assess the cost effectiveness of NORS by comparing potentially prevented mortality to operating costs of the program alongside healthcare costs associated with its operation.

Methods

Data around systems costs and operational costs were gathered for our calculations. We utilized the variability in the value of lives saved generated by NORS in comparison to rates of mortality from unwitnessed overdose in recent literature. These values were utilized to determine the overall cost-effectiveness and value per dollar spent on service provision by NORS over the entire length of the program's operation (December 2020-2022).

Results

Over the total funded lifespan of the program, NORS created an overall savings which ranged from \$2,428,769 - 3,649,511 CAD with a cost benefit ratio of \$2.54-3.31 per dollar spent on the program varying on previously calculated mortality rates of unwitnessed overdose. Further, we conservatively

estimate that early community-based naloxone intervention results in healthcare system savings of \$4190.44 per overdose response.

Conclusions

Virtual overdose monitoring services like NORS present a cost-effective solution to reduce the harms associated with using illicit drugs.

Sex and Gender Considerations

As part of a separate abstract presented at this conference, attendees learned that a large proportion of NORS clients are cis-women and gender diverse. Applying the results from the current project, NORS presents a cost effective strategy to reduce the harms in these populations.

113. The Power Over Pain Portal: Improving Access to Chronic Pain Care and Associated Mental Health and Substance Use Health

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Etienne Bisson, Kingston Health Sciences Centre
Lynn Cooper, Ottawa Hospital Research Institute
Natalie Zur Nedden, Ottawa Hospital Research Institute
Amin Zahrai, Ottawa Hospital Research Institute
Sarah Fitzgerald, Ottawa Hospital Research Institute
Rachael Bosma, University of Toronto
Yaad Shergill, Ottawa Hospital Research Institute
Josh Rash, Memorial University of Newfoundland

Learning Objective

To describe the relationship between chronic pain (CP), mental health, and substance use, and how a new centralized web application could improve access to care for Canadians with CP.

Background

For 1 in 5 persons living with CP (PLWP) in Canada, accessing care is challenging. More than 50% of those referred for specialty care experience wait-times ranging from 6 months to over 2 years. These wait-times have detrimental impacts on pain, mental health, and substance use in this population.

Objectives

To improve access to pain care and associated mental health and substance use health-related needs in Canada, by implementing the Power Over Pain Portal offering free, evidence-based virtual resources to Canadians with CP.

Methods

The Power Over Pain Portal was co-designed by PLWP. The Portal provides rapid access to various resources such as pain education, self-directed courses, peer support, and individual counselling for CP and associated mental health and substance use health. It includes symptom monitoring to promote behaviour change and improve health decision-making. Based on the Stepped Care 2.0 framework, the Power Over Pain Portal offers resources across a continuum of care, graded in intensity and tailored to people's goals, needs, preferences, and readiness. Integrated within CP care, the Portal takes the complex inter-relationships between CP, mental health, and substance use into account by integrating holistic educational materials and services.

Results

The Power Over Pain Portal was launched in December 2022 and anticipates reaching 350,000 Canadians who live with CP. We will present the Portal's user analytics and results of a 6-month implementation project in an Ontario tertiary care pain clinic.

Conclusions

The Power Over Pain Portal increases access to care, connects PLWP to peer support, and enhances the ability of healthcare providers to support Canadians receiving the right care at the right time that is tailored to their needs, motivations, and capacities.

Sex and Gender Considerations

Sex, gender, and intersectionality (age, race, ethnicity, socioeconomic status, ability, sexual orientation, migration status, and geography) impact the experience of pain, mental health, substance use, and access to care. These equity considerations are constantly taken into account throughout the development and implementation of the Power Over Pain Portal i.e. resources are reviewed for relevancy and suitability by a diverse group of PLWP; Portal's accessibility and appropriateness is evaluated by equity, diversity, and inclusion experts on our team; and cultural tailoring and creation of culturally safe and anchored resources is ongoing with multiple partners.

114. A Pilot Project to Evaluate the Impact of a Text Messaging Intervention to Improve Engagement in Primary Care by Clients with Mental Health and Substance Use Disorders in the Downtown Eastside, Vancouver

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Gabriela Sincaian, British Columbia Centre for Excellence in HIV/AIDS

Christina Fulton, British Columbia Centre for Excellence in HIV/AIDS

Tim Wesseling, British Columbia Centre for Excellence in HIV/AIDS

Kate Salters, British Columbia Centre for Excellence in HIV/AIDS

Richard Lester, University of British Columbia

Rolando Barrios, British Columbia Centre for Excellence in HIV/AIDS

Julio Montaner, British Columbia Centre for Excellence in HIV/AIDS

David Moore, British Columbia Centre for Excellence in HIV/AIDS

Learning Objective

We will characterize an innovative program to engage and retain clients with complex substance use and mental health issues in primary care.

Background

Many residents of the Downtown Eastside (DTES) have unmet healthcare needs related to mental health and substance use disorders and are poorly attached to primary care.

Objectives

We conducted a pilot project that supplies 50 clients of the Hope to Health (H2H) clinic with mobile phones and uses WeITel, a text messaging platform, to check-in with clients weekly.

Methods

Participants complete surveys every two months for six months. The main outcomes for the pilot are attitudes towards and perceived utility of the service and retention of the phones.

Results

We enrolled 48 participants; 22 men and 26 women, inclusive of transgender women (median age: 48 years). Among 48 participants, 24 (50.0%) identify as Indigenous, 19 (39.6%) as Caucasian and 5 (10.4%) as other ethnicities. Additionally, at their intake into the cohort (June 2021 – October 2022), 12 (25.0%) were homeless, 45 (90.0%) reported an annual income below \$20,000, and 33 (68.8%) had ever been diagnosed with a mental health or substance use disorder. After approximately two months, 8 (16.7%) of phones have been reported lost or stolen. To date, 13 participants have completed the two-month follow-up survey. Of the 11 participants with a cell phone, 10 (90.9%) liked receiving weekly messages from their healthcare team and 6 (54.5%) report that providers outside of H2H used the phone to get ahold of them.

Conclusions

Early results demonstrate that providing weekly text messages are positively received by clients and appear to foster communication with healthcare, however, retention of mobile phones may be an ongoing challenge.

Sex and Gender Considerations

This pilot study of 50 participants was drawn from a sample of 394 primary care clients enrolled in a cohort study. We used stratified random sampling based on self-identified Indigenous identity and gender to ensure opportunities for participation. All study participants who self-identified as non-binary or transgender were also offered enrolment. This sampling resulted in an overrepresentation of women and Indigenous individuals, in comparison to the Hope to Health Clinic as a whole. This was done intentionally to support engagement and retention among these especially underserved groups. The results presented will be stratified both by gender and Indigenous identity.

Local Innovations in Community-Level Programming (Can Go Beyond Service Delivery and Include Housing Access, Employment, etc.) /

Innovations locales dans les programmes communautaires (ne se limite pas à la prestation de services, peut inclure l'accès au logement et l'emploi, etc.)

115. Strengthening the Use of Outcome Frameworks as an Evidence-based Decision-Making Tool

Clara Sankey, Greo Evidence Insights

Jess Voll, Greo Evidence Insights

Lindsay Kalbfleisch, Greo Evidence Insights

Learning Objective

This workshop will support participants to strengthen identification of meaningful program and policy outcomes to assess impact and support continuous improvement; intentionally connect outcome

frameworks with strategic organizational priorities; increase awareness of tools and strategies to support stakeholder engagement, evaluation, and evidence-based practice; and situate outcome frameworks within a larger performance and monitoring system that facilitates continuous improvement, learning, and refinement in a timely fashion.

Background

An evaluative lens is integral to how organizations design their programs and services to support positive individual, community, and population-level impacts. The development of an outcome framework for programs or initiatives can guide assessment of what is working, benchmark outcomes relative to other organizations/jurisdictions, and identify opportunities to course-correct closer to real-time to achieve desired impacts. This session will take participants through the process of engaging stakeholders with relevant evidence, an activities inventory, and strategic planning tools and documents to identify meaningful outcomes that can be measured to strengthen mental health and substance use and addictions programs and initiatives.

Sex and Gender Considerations

Greo will demonstrate how a diversity, equity, and inclusivity (DEI) lens can be adopted into the design and implementation of outcome frameworks. As illustrated through a case study, participants will learn how a DEI lens can be reflected in the selection of outcomes that meaningfully move the needle forward in closing inequities by measuring what matters to inform change.

Advances in Brain and Behavioural Science / Progrès des sciences du cerveau et du comportement

116. Does a J-shape Curve Best Describe the Association of Alcohol Intake and Risk of All-cause Mortality? A Systematic Review and Meta-analyses

Jinhui Zhao, Canadian Institute for Substance Use Research
Tim Stockwell, Canadian Institute for Substance Use Research
Timothy Naimi, Canadian Institute for Substance Use Research

Learning Objective

This updated meta-analysis seeks to investigate how the relationship between alcohol and all-cause mortality (ACM) varies by study quality, sex and age of cohorts. It was conducted to contribute to new guidance on alcohol and health.

Background

A 2016 meta-analysis found no statistically significant reductions in all-cause mortality (ACM) risk at low levels of consumption compared to lifetime nondrinkers.

Objectives

It was conducted to contribute to new guidance on alcohol and health.

Methods

Cohort studies were identified by systematic review to facilitate comparisons of studies with and without some degree of control for lifetime selection biases affecting comparisons between 'abstainers' and 'drinkers'. We identified 107 studies of alcohol use and ACM published between 1980 and July, 2021. Mixed linear regression models were used to model relative risks (RRs), firstly

pooled for all studies and then stratified by cohort median age (< 56 vs 56+) and sex (male vs female). Cohorts recruited at younger ages are less susceptible to lifetime selection bias.

Results

The RRs of ACM and for people drinking at different drinking levels versus lifetime abstainers based on all the included studies will be presented. The RR estimates of ACM by age cohorts and sexes of the study population will be presented after adjustments are made for potential biases in study design.

Conclusions

This updated systematic review and meta-analysis will examine how mean daily alcohol intake is significantly associated with ACM risk by age and sex and by study quality. In particular, we will assess evidence for health benefits associated with low volume alcohol consumption after controlling for potential sources of bias.

117. The Neurocognitive Impacts of Caffeine Across Phases of the Human Menstrual Cycle

Sydney Slaunwhite-Hay, Mount Saint Vincent University, Saint Mary's University

Objectives

To share findings on the impact of caffeine on cognition in biological females, depending on hormonal cycle phase. There is evidence that the effects of caffeine on cognition may be altered by sex differences, but this literature fails to address the impact of menstrual phase in females, despite the overlap in cognitive domains affected by both psychoactive drugs (e.g., caffeine) and sex hormones. Study Objective: to examine how caffeine impacts auditory target detection across the menstrual cycle in ($N=86$) naturally-cycling (NC) and hormonal birth control mediated-cycling (HC) women.

Methods

Participants completed two sessions during a randomly assigned hormonal phase (menstrual [$n = 31$], follicular [$n = 26$], or luteal phase [$n = 29$]). Either caffeine (200 mg) or placebo was administered in a randomized, double-blind, counterbalanced order. Participants were presented with a novelty oddball task comprised of a frequently occurring standard stimulus (1000 Hz; $P = .8$), with target tones (1200 Hz; $P = .1$) and novel distractor sounds ($P = .1$) randomly interspersed in the auditory train. Behavioural correlates of cognitive performance were assessed.

Results

Planned pairwise comparisons investigating the interaction between group and drug found a significant difference in the percentage of correct responses to attentional prompts (accuracy; $p = .038$) as well as in the number of incorrect hits (false alarms; $p = .015$) between the caffeine and placebo conditions, but only in the menstrual group. These results suggest that caffeine has differential effects on auditory target detection across the menstrual cycle in biological females.

Sex and Gender Considerations

These results emphasize the impact of menstrual cycle phase on cognition with psychoactive drug use and importance of considering sex as a biological variable in psychopharmacology research. This research will inform further study of different substances and their unique effects within biological women.



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