

CCSA's Issues of Substance 2023

Oral Presentation and Workshop Abstracts


Questions de substance 2023 du CCDUS

Résumés des exposées oraux et des ateliers

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Monday, November 20 / Lundi 20 novembre

Time / Heure	Activity / Activité
10:30–12:00 / 10 h 30-12 h	<p>Concurrent Session A / Séance simultanée A</p> <p>The Government of British Columbia has partnered with CCSA to present Concurrent Session A</p> <p>Le gouvernement de la Colombie-Britannique s'est associé au CCDUS pour présenter la séance simultanée A</p> <div data-bbox="711 730 1185 957">  <p>BRITISH COLUMBIA Supported by the Province of British Columbia</p> </div>

ORAL A1: Cultural Considerations and Well-Being / EXPOSÉ ORAL A1 : Considérations culturelles et bien-être

(Simultaneous interpretation available / interprétation simultanée disponible)

ORAL A1.1 Toward Cultural Safety: Perceptions of Provider Awareness of Traditional and Cultural Treatments Among Indigenous People Who Use Drugs in Vancouver

Alexa Norton, First Nations Health Authority
Fahmida Homaïra, Centre for Health Evaluation and Outcome Sciences
Courtney Defriend, First Nations Health Authority
Louise Meilleur, First Nations Health Authority
Kanna Hayashi, British Columbia Centre on Substance Use
Bohdan Nosyk, Centre for Health Evaluation and Outcome Sciences

Learning Objective

Understand 1) how Indigenous people who use drugs (IPWUD) perceived their primary care providers' awareness of Indigenous traditional and cultural treatments after cultural safety reforms were implemented in Vancouver's Downtown Eastside, and 2) the role of culturally safe care in reducing barriers and improving the safety and quality of healthcare for IPWUD.

Background

IPWUD face significant barriers to healthcare, including sparse availability of culturally safe health services. Integrating Indigenous traditional and cultural treatments (TCT) into health service delivery is one way to enhance culturally safe care.

Objectives

To identify the prevalence and correlates of client perceptions of primary care provider awareness of TCT among IPWUD in a Canadian setting that implemented cultural safety reforms.

Methods

Data were derived from two prospective cohort studies of people who use drugs (PWUD) in Vancouver, Canada between December 2017 and March 2020. A generalized linear mixed model with logit-link function was used to identify longitudinal factors associated with perceived provider awareness of TCT.

Results

Among a sample of 507 IPWUD who provided 1,200 survey responses, a majority ($n = 285$, 56%) reported their primary care provider was aware of TCT. In multiple regression analyses, involvement in treatment decisions 100% of the time (Adjusted Odds Ratio [AOR] = 3.6; 95% confidence interval [CI]: 1.6–7.8), involvement in treatment decisions most or some of the time (75–25%) (AOR = 3.3; 95% CI: 1.4–7.7), comfort with provider (AOR = 2.7; 95% CI: 1.5–5.0), and receiving care from a social support worker instead of a clinician (AOR = 1.5; 95% CI: 1.0–2.1) were positively associated with provider awareness of TCT.

Conclusions

Targeted initiatives that advance culturally safe care are required to improve healthcare and health outcomes for IPWUD, who continue to bear a disproportionate burden of substance use harms.

Sex and Gender Considerations

We considered self-identified gender (man vs. woman vs. Two-Spirit, trans, non-binary) as an explanatory variable of interest, although it was not significant in multivariate analyses. We restricted our analysis to individuals who self-identified as Indigenous (First Nations, Métis, and/or Inuit), given that cultural safety is determined by the Indigenous client receiving health services.

ORAL A1.2 The Well-Being Project: Addressing the Impacts of Gender-Based Violence Among Indigenous Women, Two-Spirit, and Genderfluid People with Living/Lived Experience of STBBIs and/or Substance Use Amid the COVID-19 Pandemic

Savannah Swann, Dr. Peter AIDS Foundation
Sally Woodside, CAAN (Communities, Alliances and Networks)
Ashley Smoke, Dr. Peter AIDS Foundation
Florence Ranville, Dr. Peter AIDS Foundation
Carly Welham, Dr. Peter AIDS Foundation

Learning Objective

Attendees will learn: How COVID-19 has impacted experiences of gender-based violence (GBV) among Indigenous people

Recommendations on culturally responsive GBV prevention and intervention for harm reduction service providers.

Background

There is an urgent need to improve access to culturally relevant GBV prevention/intervention resources for Indigenous people, which has only increased over the COVID-19 pandemic.

Objectives

CAAN and the Dr. Peter Centre established the Well-Being Project to identify how COVID-19 has impacted experiences of GBV among Indigenous people with lived and living experience (IPWLLE) and explore ways to support harm reduction services in delivering culturally safe, stigma-free, and trauma-informed GBV response services amid crisis situations.

Methods

Phase 1: Following a literature review, we held dialogue sessions in the East, South, North, and West. Following thematic analysis of the dialogues, participants reconvened to review the findings. Phase 2: We created a Gender Safety Medicine Basket of resources to increase health and social service providers' capacity to provide stigma-free, trauma-informed, and culturally safe services for Indigenous people experiencing GBV.

Results

Participants' perspectives support the evidence that GBV has increased over COVID-19. Increased isolation due to physical distancing ordinances and service limits is a key contributor to this trend. Participants reported deteriorations in mental health due to the normalization of abuse, increased experiences of racism, and reduced access to safer spaces.

Conclusions

Barriers to gender- and culturally responsive care can be mitigated by incorporating wise practices for cultural and gender safety into community-based harm reduction programming, including culturally responsive safety planning, Elder involvement, ceremony, and arts- and land-based healing practices.

Sex and Gender Considerations

From project inception, to implementation, to knowledge translation, this work has been led by and for Indigenous people with living and lived experience of sexually transmitted and blood borne infections (STBBIs), substance use, and gender-based violence (GBV). This project was originally conceived as an initiative by and for Indigenous "women." Upon recognition that GBV affects all genders at risk of experiencing misogyny, we expanded our scope to include those identifying as Two-Spirit, femme, transfeminine, genderqueer, genderfluid and non-binary. From our core project team to individuals who participated in the national dialogue sessions, this work is representative of multiple diverse gender identities and lived experiences within the context of GBV.

A1.3 The Invisible Segment of Canada

Dwight Ballantyne, The Ballantyne Project

Summary

In The Invisible Segment of Canada, a 50-minute presentation, Dwight Ballantyne, founder of The Ballantyne Project, shares information that rarely makes it into social media, textbooks or conversation. Dwight Ballantyne grew up in Montreal Lake Cree Nation in northern Saskatchewan for 21 years. In 2016 he had a once in a lifetime opportunity to move to BC for education, work and hockey. After spending the first few years adjusting to his entirely foreign life situation, he realized that most people he met in his new urban environment had no idea about the unique challenges and

barriers he, and thousands of other Indigenous youth and young adults, face living in remote First Nations. It was when he was returning from an international hockey tournament in Europe in 2019 that Dwight felt compelled to start The Ballantyne Project with the goal of raising awareness and beginning to bridge the gap between remote Indigenous communities and the rest of the country by sharing his story. Dwight's presentation "The Invisible Segment of Canada" begins with a five-minute video on Canadian history and then continues with his personal life stories to give his audience a greater understanding of how history is still impacting youth and young adults living in remote and northern Indigenous communities today. Dwight does his best to deliver this new and sometimes uncomfortable information with a sense of humour and openness that his audiences appreciate.

Key Message

Dwight Ballantyne grew up in Montreal Lake Cree Nation, a northern Saskatchewan First Nation, until the age of 21 when he moved to British Columbia. In 2016. In an effort to raise awareness about what life is like for youth who grow up in remote Indigenous communities, Dwight founded The Ballantyne Project in 2019. Dwight Ballantyne is the first generation in his family to not be forced into the Residential School system. He offers his story to explain the impact of intergenerational trauma and gives his audience an understanding of the unique challenges and barriers faced by Indigenous youth living in northern Indigenous communities. Dwight uses his story to share the truth about Canada's history, the effects of Residential schools and to begin to bridge the gap between youth living in remote First Nations and the rest of Canada

WORKSHOP A2: Improving Care and Reducing Overdose Risk for Indigenous People Living with Opioid Use Disorder (OUD) Through Partnering with Indigenous Elders at the Kílala Lelum (KL) Health Centre: Health System Transformation and Prospective Cohort Study Results

David Tu, Kilala Lelum Health Centre

Learning Objective

By the end of this workshop, participants will be able to recognize the importance of including Indigenous Elders in the care of Indigenous people and describe the impacts on providers and patients living with OUD.

Background

This workshop focuses on the health of Indigenous people living with OUD. It will present findings from a Health Canada-funded expansion project at KL, located in Vancouver's Downtown Eastside neighbourhood. The project involved expanding a partnership model of care between Indigenous Elders and primary care providers within an inner-city community health centre. Partnership models of care with Indigenous Elders have shown promise in mental health care and represent a meaningful way to improve health systems equity.

This workshop includes two interrelated presentations. The first describes the partnership model of care at KL, including findings from staff interviews that explored their experiences implementing this model. The second presents the quantitative and qualitative findings of a prospective cohort study investigating the impacts of connecting with Indigenous Elders as part of routine primary care among Indigenous adults living with OUD. Quantitative, narrative and thematic analysis of participant data

all signal a positive impact on health, wellness, and substance use behaviours associated with Indigenous people connecting with an Indigenous Elder as part of their primary care.

Sex and Gender Considerations

The “opioid crisis” in British Columbia has had a disproportionately devastating impact on the Indigenous population. Our project aims to reduce this impact by providing access to effective and culturally appropriate primary health care, harm reduction services, and contact with Indigenous Elders. By offering these resources, we hope to preserve life and promote health equity among Indigenous people impacted by the current toxic drug public health emergency.

ORAL A3: Supportive Connections: Crossing over from Trauma to Recovery /

EXPOSÉ ORAL A3 : Des liens de soutien : passer du traumatisme au rétablissement

ORAL A3.1 Trauma and Resiliency Informed Practice (TRIP) Development

Marika Sandrelli, Fraser Health Authority
Natalie Varga, Fraser Health Authority
Beverley Pomeroy, Fraser Health Authority
Stephanie Knaak, Mental Health Commission of Canada

Learning Objective

Participants will: Learn about exemplars of TRIP practices being integrated into health promotion, harm reduction and substance use treatment settings in British Columbia and across Canada. Discuss the process of co-developing TRIP change management strategies, capacity bridging methodologies, decision support tools, curricula, and evaluation frameworks. Engage in the hands-on adaptation of an organizational readiness checklist and monitoring tool for TRIP implementation in their service settings to enhance participants’ safety and optimize TRIP effectiveness

Background

Health and social care are more fully realizing the impact of trauma on service quality, safety, and effectiveness. The effects of trauma have greatly impacted substance use service providers themselves especially in the midst of the toxic drug supply crisis and COVID. Workshop facilitators are people with living experience, service providers and health system leaders engaged in diffusing and scaling up the Trauma and Resiliency Informed Practice (TRIP) Program across Canada. From several evaluation studies, TRIP demonstrates that it is an effective opioid-related stigma reduction and staff well-being strategy. Workshop participants will hear about specific examples behind TRIP’s implementation for individual, team, organizational and system change. Then, they will be invited to apply and adapt a TRIP organizational readiness tool for consideration in their respective service settings.

Sex and Gender Considerations

The 5th TRIP principle guiding all TRIP work including its implementation states the Recognition of intersection of race, culture, beliefs, history, ability, class, age and gender with trauma. This principle is monitored and evaluated. For example, the TRIP Stewardship committee represents each of these areas using an equity lens. Also, the TRIP curricula and workshop design is focused on decolonizing our thinking and actions.

ORAL A3.2 Stimulating Conversations: Bringing Trauma and Gender Informed Lenses to Methamphetamine Responses

Andreea C. Brabete, Centre of Excellence for Women's Health

Lindsay Wolfson, Centre of Excellence for Women's Health

Nancy Poole, Centre of Excellence for Women's Health

Julie Stinson, Centre of Excellence for Women's Health

Ella Huber, Centre of Excellence for Women's Health

Lorraine Greaves, Centre of Excellence for Women's Health

Learning Objective

To share resources on incorporating sex, gender, trauma, mindfulness, and equity informed approaches in methamphetamine treatment responses in Canada

To increase understanding of the role of sex, gender, trauma and equity and their impact on methamphetamine treatment responses

Background

Canada is experiencing an increase in methamphetamine use, resulting in a variety of health and social problems. However, there is a little research on the influence of sex and gender on methamphetamine treatment responses across the continuum of care.

Objectives

To create evidence-based, sex, gender, trauma, and equity-informed resources for substance use treatment providers.

Methods

We conducted a scoping review of interventions in the academic literature, an environmental scan of best practices and a Community of Inquiry.

Results

We translated evidence into five knowledge products that facilitate the application of evidence-based sex-, gender-, trauma-, and equity-informed approaches in treatment responses for methamphetamine users across the continuum of care. Resources are adaptable to various treatment response settings, to better support those who use stimulants. Four resources use a conversation starter format for service providers as they consider tailored service improvement, and the fifth is an infographic to guide trauma-informed substance use service at the agency level.

Conclusions

The resources developed highlight various ways in which treatment providers can understand and attend to the impacts of sex, gender, trauma, and structural sexism on methamphetamine to develop more comprehensive treatment responses that empower women and all genders who use methamphetamine.

Sex and Gender Considerations

There is limited evidence on sex and gender informed treatment responses for methamphetamine users, particularly for women. In this project, we translated evidence into resources for substance use treatment providers to further the application of evidence-based sex-, gender-, trauma-, and equity-informed approaches in improving responses for methamphetamine users. Sex, gender, trauma, and equity considerations were at the core of this project, and they were included in both

the literature review and environmental scan and incorporated into the KT products in order to reflect the complexity of tailoring interventions for diverse methamphetamine users.

A3.3 Supporting Recovery, Supporting Ourselves: A Family Perspective

Sonja Riddle, Legacy West Healing

Summary

I want to highlight the importance of healing and recovery for families by sharing the experience, strength, and hope of two to three individuals whose loved ones did not survive addiction. Witnessing someone we love engaged in active addiction is a traumatic process that leaves a lasting effect on the nervous system. To cope, we unconsciously engage in behaviours that diminish personal health and contribute to the progression of the illness for those we love. Families are often unaware of the tremendous impact this level of chronic stress has on their health and how this impacts their ability to support the recovery process. Without proper care, these coping strategies will continue to disadvantage those living with addiction even after treatment is received. When wrapped in support and guidance, families have the potential to motivate recovery for those experiencing addiction, while simultaneously healing themselves, and providing a strong foundation for the next generation. Because families are part of the system-of-care, whether they are invited into recovery or not, they will either be supported to encourage health, or they will inadvertently disadvantage those they love. The proposed presentation is one of resilience and hope. It will explore relatable examples of unmanageability experienced by families in the chaos of active addiction and present a clear roadmap to the possibilities of recovery regardless of the decisions made by those we love. Sharing lived experiences from a family perspective helps remove barriers to proper support including reducing shame/stigma and increasing awareness around the need for family healing.

Key Message

I am proposing an oral presentation of lived experience with addiction and recovery from the perspective of the family. Families, friends, colleagues, and concerned others have a critical role to play for those living with an addiction, for themselves, and for the next generation. The message is two-fold in that sharing stories of families in recovery emphasizes that healing is necessary and possible for other families, while also imparting to treatment providers the need for specialized family programming in a comprehensive, recovery-oriented system of care. Historically, families have been excluded from the treatment and recovery process; today this has improved only marginally. This gap in care significantly impacts treatment outcomes for those living with an addiction and negatively impacts the mental, emotional, physical, and spiritual health of the millions of people that love them. This is a significantly under-represented perspective in places where addiction recovery is celebrated.

***ORAL A4: Harm Reduction During a Public Health Emergency: From Supervised Consumption to Safer Supply /
EXPOSÉ ORAL A4 : La réduction des méfaits pendant une urgence de santé publique : de la consommation supervisée à un approvisionnement sûr***

ORAL A4.1 Identifying Demographic, Substance Use, and Health Services Characteristics Associated with Obtaining Prescribed Safer Supply: Analysis from the Harm Reduction Client Survey

Heather Palis, University of British Columbia
Beth Haywood, Island Health
Roshni Desai, British Columbia Centre for Disease Control
Heather Burgess, Public Health Agency of Canada
Lisa Liu, British Columbia Centre for Disease Control
Sam Tobias, British Columbia Centre on Substance Use
Brooke Kinniburgh, British Columbia Centre for Disease Control
Amanda Slaunwhite, British Columbia Centre for Disease Control
Alexis Crabtree, University of British Columbia
Jane Buxton, British Columbia Centre for Disease Control

Learning Objective

To describe the substance use patterns of people who have accessed prescribed safer supply in British Columbia. To identify factors associated with access to prescribed safer supply in British Columbia.

Background

The COVID-19 pandemic was preceded by an ongoing unregulated drug poisoning emergency, which worsened with the pandemic. In March 2020, guidance for prescribing a safe supply (PSS) of opioids, stimulants, and benzodiazepines was introduced in British Columbia to reduce risk of illicit drug toxicity death.

Objectives

This analysis examined the association between using drug checking (DCS) and overdose prevention services (OPS) in the past six months and obtaining a PSS prescription.

Methods

Data come from the 2021 Harm Reduction Client Survey (HRCS) administered at 17 harm reduction sites across British Columbia. The dependent variable was receipt of PSS. The independent variables of interest were DCS or OPS in the last six months, self-reported, as a binary “Yes” vs. “No.” Multivariable logistic regression models were used to examine the association between DCS and OPS use and receipt of PSS.

Results

People who had used DCS had 1.67 (1.00-2.79) times the odds of PSS receipt compared to people who reported no contact with these services. People who reported OPS use in the past six months

had more than twice the odds (OR [95% CI]: 2.08 [1.20-3.60]) of receiving PSS, compared to people who did not report using OPS after adjusting for gender, age, and urbanicity.

Conclusions

The proportion of people who have received PSS was low, reflecting that the current approach to PSS is not reaching all those in need. Additional outreach strategies and service models are needed to reach people who are not already connected to services and to improve accessibility of harm reduction services (i.e. increased service hours, and reduced wait lists).

Sex and Gender Considerations

HRCS gender identity response options are reported as cisgender man, cisgender woman, or transgender and gender diverse. Transgender or gender-diverse people account for approximately 1.6% ($N = 8$) of participants in this analysis. These gender categories are reported in both descriptive tables and in the multivariable modelling. HRCS respondents were asked about Indigenous identity but stratified data are not shared here; these analyses will be led by partners in Indigenous organizations and are not presented here.

ORAL A4.2 Evaluating the Impact of Risk Mitigation Guidance Opioid and Stimulant Dispensations on Mortality and Acute Care Visits During Dual Public Health Emergencies

Amanda Slaunwhite, British Columbia Centre for Disease Control
Jeong Eun Min, Centre for Health Evaluation & Outcome Sciences
Alexis Crabtree, University of British Columbia
Heather Palis, University of British Columbia
Bernadette Pauly, University of Victoria, Canadian Institute for Substance Use Research
Karen Urbanoski, British Columbia Centre on Substance Use
Brittany Barker, British Columbia Centre on Substance Use
Bohdan Nosyk, Centre for Health Evaluation and Outcome Sciences

Learning Objective

- 1) Learn about efforts to evaluate Risk Mitigation Guidance (RMG) dispensing (prescribed safer supply) in British Columbia using administrative health data.
- 2) Understand the estimated impact of RMG prescribing on mortality and acute care utilization for overdose and any causes.

Background

At the onset of the COVID-19 pandemic, clinical guidance was issued in British Columbia, Canada that allowed healthcare providers to prescribe opioid and stimulant substitutes for illicit substances, also known as RMG prescribing, to support quarantine and isolation.

Objectives

Our objective was to evaluate the impact of opioid and stimulant RMG dispensations on mortality and acute care visits.

Methods

We identified people who received RMG opioid or stimulant dispensations from March 27, 2020 to August 31, 2021 using provincial linked health administrative data for persons diagnosed with

opioid or stimulant use disorder. RMG recipients were matched 1:1 with control groups constructed using investigator-selected propensity score and high-dimensional propensity score (hdPS) matching. Marginal structural models, executed on weekly time steps, were used to determine the impact of dispensations on outcomes.

Results

A total of 6,430 persons were dispensed opioid (83.5% [5,371]) or stimulant (16.5% [1,059]) RMG prescriptions during the study period. Using the hdPS-matched cohort, Among persons who were dispensed ≥ 4 days of RMG opioids, there was a reduced hazard of all-cause ($aHR = .09$ [95% CI .04-.21]) and overdose-related mortality ($aHR = .11$ [95% CI .04-.30]) compared to the control group. Receipt of RMG stimulants in a given week was associated with a reduced hazard of all-cause ($aHR = 0.36$ [95% CI 0.15-0.88]) and overdose mortality ($aHR = 0.39$ [95% CI 0.13-0.17]). Opioid and stimulant RMG dispensations did not significantly modify the odds of overdose-related acute care visits.

Conclusions

Pharmaceutical alternatives to the illicit drug supply are a promising intervention to reduce mortality.

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).

ORAL A4.3 Scaling Up Supervised Consumption and Overdose Prevention Services: A Response to Canada's Drug Poisoning Crisis

Patrick McDougall, Dr. Peter Centre
Clement Fong, Dr. Peter Centre
Savannah Swann, Dr. Peter AIDS Foundation
Courtney Pankratz, Dr. Peter AIDS Foundation
Nabila Basri, Dr. Peter Centre
Seff Pinch, Dr. Peter AIDS Foundation
Cassandra Smith, Dr. Peter AIDS Foundation

Learning Objective

To demonstrate the continued need for capacity building and knowledge sharing coordination, meaningful engagement of people who use drugs, and focus on urgent and emerging gaps in harm reduction service provision.

Background

Canada has been experiencing a drug poisoning crisis since 2015. When the crisis hit, the country had limited harm reduction services due to active opposition to harm reduction by the Conservative federal government. Harm reduction services slowly started expanding in 2017, but there was a marked lack of models or support for emerging services.

Objectives

The Dr. Peter Centre (DPC) in Vancouver, B.C. has been providing a key harm reduction service — supervised consumption services (SCS) — since 2002. For many years, the DPC provided informal guidance to organizations wanting to start supervised consumption sites and overdose prevention sites (SCS/OPS). In 2017, the DPC received funding from the federal government to formally support organizations starting SCS/OPS.

Methods

This project supported organizations through virtual and in-person capacity-building training, experiential learning opportunities, communities of practice, and issue-specific working groups. This evolved into a network of over 600 people working toward expanding the number of SCS/OPS, as well as the breadth of their services.

Results

Over the five-year project, Canada expanded from 10 SCS/OPS, all located in Vancouver, to over 150 sites nationally. Our project also uncovered gaps where key communities are being left out of services including, Indigenous communities, African, Caribbean, and Black communities, rural and remote communities, and women and gender-diverse communities. Many services also lack culturally responsive modes of service provision that reflect the realities of drug use culture, making them inaccessible.

Conclusions

This presentation will share key project findings, namely the need for meaningful engagement of people who use drugs and other targeted solutions to complex and urgent issues within the sector.

Sex and Gender Considerations

The project encouraged individuals with intersecting identities from the priority and target population by creating focused Working Groups that became safe spaces for knowledge sharing. For example, the Women and Gender-Diverse Populations Working Group sought to bring together women, gender-diverse, parenting and pregnant people who use drugs to explore accessibility barriers to SCS/OPS. The Inhalation Working Group is informed by Indigenous, Black, and people of colour, as these populations have been found to prefer inhalation to injection as a route of drug administration. This way, evidence and key recommendations developed are relevant across the sector.

PANEL A5: Gathering Evidence on Decriminalization in British Columbia

(Simultaneous interpretation available / interprétation simultanée disponible)

Damien Chen, Ministry of Mental Health and Addictions

Alissa M. Greer, Simon Fraser University

Brooke Kinniburgh, British Columbia Centre for Disease Control

Learning Objective

The aim of this presentation is to increase knowledge and understanding of the monitoring and research on British Columbia's decriminalization policy and the early evidence of its impact on people who use substances.

Background

In British Columbia, the decriminalization of simple possession of certain illicit substances came into effect on January 31, 2023, and will be valid for 3 years. British Columbia's Ministry of Mental Health and Addiction is monitoring the impact of this policy with health partners and researchers in British Columbia.



Objectives

The aim of this project is to monitor the implementation of decriminalization, inform policy implementation and design, and provide quantitative and qualitative evidence on early outcomes for people who use substances (PWUS) within 3 years.

Methods

This project employs administrative data and data collection through qualitative interviews and quantitative surveys from PWUS across British Columbia to understand the context and impact of decriminalization in British Columbia.

Results

British Columbia's decriminalization policy has been implemented across British Columbia. MMHA will present the provincial monitoring and evaluation framework and available monitoring metrics. British Columbia Centre for Disease Control (BCCDC) and partnered researcher(s) will present self-report baseline data on awareness of the policy and patterns of obtaining substances and qualitative findings on how PWUS; experience interactions with police and their access to health and harm reduction services since the policy was implemented.

Sex and Gender Considerations

We will include gender and ethnicity disaggregated analysis where appropriate.

ORAL A6: What I Can Teach You: Learning from People with Lived or Living Expertise /

EXPOSÉ ORAL A6 : Ce que je peux vous enseigner : apprendre des personnes ayant une expertise passée ou présente

(Simultaneous interpretation available / interprétation simultanée disponible)

ORAL A6.1 Innovative Online Substance Use Trainings: Amplifying the Voices of People With Lived/Living Experience

Sarah Levine, Vancouver Coastal Health
Wendy Stevens, Vancouver Coastal Health
Guy Felicella, Vancouver Coastal Health
Nancy Chow, Vancouver Coastal Health and Providence Healthcare
Amelia Birch, Vancouver Coastal Health
Sebastien Payan, Vancouver Coastal Health
Robin Janes, Vancouver Coastal Health
Shannon Riley, Vancouver Coastal Health
Maggie Tong, Vancouver Coastal Health
Elizabeth Holliday, Vancouver Coastal Health

Learning Objective

Introduce four online courses that centre around people with lived or living experience of substance use (PWLLE)

Describe the process of engaging with PWLLE to create courses

Share evaluation data



Background

The Vancouver Coastal Health (VCH) Substance Use and Priority Populations (SUPP) team trains healthcare professionals and frontline harm reduction staff.

Working with PWLLE, videographers, educators and communities, SUPP brought these trainings online, creating four innovative self-paced trainings that bring the voices, experiences, and skills of PWLLE to a broader audience.

Objectives

Virtual Harm Reduction Orientation: orient all new hires across VCH to the toxic drug emergency and the philosophy and practice of harm reduction

Online Street Degree: train PWLLE and frontline harm reduction staff in Advanced Overdose Response

Resisting Stigma on Substance Use: help healthcare providers understand stigma through an interactive video tour featuring PWLLE

Virtual Substance Use Simulations: Train clinicians to provide equitable care through video simulations starring PWLLE.

Methods

Each course was evaluated using anonymous online surveys.

Results

Courses are reaching many health workers of different disciplines in rural and urban settings. Evaluations show high learner satisfaction and meeting course objectives. Learners appreciated the videos of real PWLLE and the representation of people with diverse identities and experiences in the course materials.

Sex and Gender Considerations

Each of these online courses centres the voices of PWLLE. Work was co-led with PWLLE and reviewed by a diverse group of PWLLE including urban, rural, male, female and GLBTQ2S people. Several components focus on Indigenous cultural safety, gender-affirming care and/or anti-racism in harm reduction.

ORAL A6.2 Storytelling and Dialogue at Work: Evidence-based Approaches to Disrupting Stigma

Katie Mai, B.C. Mental Health and Substance Use Services
Chris Lamoureux, B.C. Mental Health and Substance Use Services
Kathryn Proudfoot, Provincial Health Services Authority
Victoria Maxwell, B.C. Mental Health and Substance Use Services

Learning Objective

Discuss approaches for creating safe and brave spaces for storytelling. Apply dialogic methods to disrupt stigma within mental health and substance use (MHSU) care Identify effective strategies for knowledge mobilization in the context of MHSU

Background

The stigmatization of people with lived and living experience (PWLE) of MHSU challenges is destructive, pervasive, and all too common in care settings. PWLE of MHSU report stigma and discrimination as major barriers to treatment access, quality of care, and healing and recovery. This only perpetuates health, economic and social inequities, and isolates them from families, friends and the larger community.

A growing body of literature delineates three types of stigma: social, structural, and self. Within this context, B.C. Mental Health & Substance Use Services (BCMHSUS) launched an evidence-based, multi-pronged intervention to reduce stigma in 2020 and continues to lead this work across the province.

The project aims to improve the quality of care in B.C.'s MHSU system of care by challenging social and self-stigma, with the aim of shifting structural stigma over time. The methods include an education- and contact-based intervention involving:

- Digital storytelling through video animation,
- Dialogues bringing together leaders, staff, clients and families, and
- A library of dialogue facilitation resources – all co-designed and led by PWLE.

Evaluation results show that PWLE-led storytelling and dialogue, when combined as an intervention, is effective in shifting the attitudes and beliefs that drive social and self-stigma.

Sex and Gender Considerations

The storytelling (mini-documentary) series and dialogue resources were co-designed, -implemented, -evaluated, and will be co-presented by PWLE who identify as:

- A woman with lived experience of concurrent disorders,
- Indigenous woman who lost her brother to substance use,
- Indigenous man with incarceration experience, and
- Chinese mother and daughter impacted by MHSU.

They are equal members of our planning team and are compensated equitable honoraria and salary rates as consultants and experts.

A6.3 From Rehab to Research: The Value of Lived Experience

Tashia Petker, University of British Columbia

Summary

During a worsening opioid overdose crisis, more of us are being exposed to drug-related tragedies, and Canadians are now talking about drug use more openly. As we search for innovative ways to help those who are struggling with addiction, the lived experiences of those who have recovered are vital sources of information to guide our work. This includes the stories from those who have kept their own lived experience secret because of stigma and pressure to maintain a certain professional image. This is the category of people that we rarely hear from: healthcare professionals and academics. In my presentation I will briefly share my own lived experience with mental illness and addiction, however my main focus will be to illustrate how incredibly useful my journey has been for



guiding what I now do in my research and clinical work. I will also share my reasons for hiding my lived experience while pursuing a career in clinical psychology, and how I came to eventually view this as a tremendous disservice to myself and others. Next I will share how my life has informed my research and lead me to pursue innovative approaches to addictions treatment, and how it has guided my clinical work with youth and marginalized people. Lastly I will talk about the benefits of being more authentic in my professional roles, and how this has eventually shifted my self-identity from “addict” to “human”.

Key Message

My journey with addiction used to be my secret weakness, until I started viewing it as my greatest strength. Like many professionals, I felt like I had to hide my lived experience in order to be seen as competent. But what are we missing when we devalue our own recovery stories? This presentation will explore the benefits of personal experience for guiding research, understanding clients, and becoming a more authentic human.

WORKSHOP A7: Substance Use Simulation (SIM) Workshop

Sebastien Payan, Vancouver Coastal Health

Maggie Tong, Vancouver Coastal Health

Learning Objective

The goal of this simulation curriculum is to discuss the implications of established healthcare practices and ways of knowing, while also collaboratively generating new narratives for people who use substances and require health care. The scenario chosen for this workshop focuses on:

- Demonstrating awareness of specific populations' unique needs while supporting all aspects of safety for self and others.
- Identifying and assessing for alcohol withdrawal, using appropriate tools and interventions.
- Understanding the impact of social determinants of health on child health and considering them in all aspects of care.
- Engaging in self-reflection to recognize the impacts of colonialism on Indigenous patients, bias, and stigma on individual practice and the health care system.

Background

In collaboration with people with lived and living experience (PWLLE), our team of educators supports the delivery of an interactive curriculum that aims to increase the capacity and willingness of healthcare workers to engage respectfully with people who use substances. Through this project, we aim to model and promote the principles of equity-oriented healthcare, including trauma and violence informed care, harm reduction, and cultural safety/humility. As learners engage with the learning activity, they will self-examine both their perspectives on people who use substances, as well as the clinical skills required to care for this special population. This session will feature the journey of a young Indigenous teen transferred from a rural to an urban location under the mental health act after her aunt finds her unconscious in a field.

Sex and Gender Considerations

The scenario chosen for the workshop features a young Indigenous girl who drinks alcohol. It addresses cultural safety, youth care, suicide among teens, and allows for discussion around stigma

associated with substance use and the impact of colonialism on the quality of care for Indigenous people.

ORAL A8: Connections and Bonds: The Human Element to Reducing Harms /

EXPOSÉ ORAL A8 : Connexions et liens : l'élément humain de la réduction des méfaits

ORAL A8.1 Learning From Those Who Know: Innovative Approaches to Inform Improvements to the Mental Health and Substance Use Health Systems

Deborah Ross, B.C. Mental Health & Substance Use Services, PHSA
Krista English, B.C. Mental Health and Substance Use Services
Anita David, B.C. Mental Health and Substance Use Services
Rebecca Mador, Centre for Addiction and Mental Health (CAMH)
Betty Onyura, Centre for Addiction and Mental Health (CAMH)
April Furlong, Centre for Addiction and Mental Health (CAMH)

Learning Objective

Describe innovative models designed to identify, integrate, and act on diverse perspectives to advance mental health and substance use system improvements

Share strategies to engage individuals with lived/living experience and equity-deserving groups

Background

Mental health and substance use (MHSU) systems across Canada are fragmented, complex, and have long failed to provide effective, accessible, and equitable services to diverse populations. Innovative models have recently emerged that leverage, connect, and integrate knowledge from diverse perspectives to better address these system-level challenges.

Objectives

Two innovative programs—Sharing Together (CAMH in Ontario) and the Provincial Mental Health and Substance Use Network (hosted by B.C. Mental Health and Substance Use Services)—were implemented in different provincial contexts to bring together diverse partners, including people with lived and living experience, caregivers, and families, to identify knowledge gaps, strategic priorities, and opportunities for collective action to improve MHSU systems.

Methods

Panellists will describe approaches to effectively partner with diverse groups and communities, including strategies to define the scope of engagement, design opportunities for safe and open dialogue, do outreach to centre health equity, and collaborate to

Results

Panellists will provide a snapshot of knowledge gained from these initiatives, share successes and lessons learned, and outline examples of how diverse knowledge was leveraged to catalyze system-level improvements.

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.

ORAL A8.2 Vancouver's Alcohol Knowledge Exchange: Lessons Learned from Creating a Peer-Involved Alcohol Harm Reduction Strategy in Vancouver's Downtown Eastside

George Sedore, Vancouver Area Network of Drug Users

Aaron Bailey, Vancouver Area Network of Drug Users

Learning Objective

Highlight the contributions of illicit drinkers to the development of the harm reduction-informed recommendations of the Vancouver Alcohol Strategy (VAS)

Share the methodology and policy recommendations of the peer-led, 2021 VAS with a wider audience of people with lived experience, policymakers, frontline staff, and clinicians.

Background

The ability to influence alcohol policies in Vancouver's Downtown Eastside remains out of reach for many illicit drinkers, who navigate a fragmented service landscape and are excluded from the harm reduction movement.

Objectives

Eastside Illicit Drinkers for Education (EIDGE) and the membership of the PHS Drinkers Lounge Community Managed Alcohol Program (CMAP) partnered with Vancouver Coastal Health in 2021 to break down sectoral silos and produce an alcohol strategy that centred the experiences of Downtown Eastside drinkers.

Methods

Alcohol Knowledge Exchange (AKE) meetings became a 92 member community of practice. The subsequent VAS development process was intentionally "bottom-up" in its approach by centring the problems and proposed policy solutions of EIDGE and Drinkers Lounge members. Members of EIDGE and the PHS Drinkers Lounge CMAP met biweekly in Oppenheimer Park to discuss the VAS through 2021.

Results

We produced 47 unique alcohol policy recommendations over 6 thematic areas. Recommendations related to decriminalization, safe indoor spaces, Managed Alcohol Programs, peer-led education, and establishing long-term partnerships.

Conclusions

The AKE and VAS document demonstrate the importance of involving illicit drinkers in creating and implementing alcohol policy.

Sex and Gender Considerations

EIDGE is a peer-run organization operating within the democratic structure of the Vancouver Area Network of Drug Users. The EIDGE Steering Committee and general membership are composed of people with lived and living experience of substance use, namely long-term heavy alcohol use and non-beverage alcohol use. Over 80% of the EIDGE and Drinkers Lounge memberships identify as Indigenous. The recommendations of the Vancouver Alcohol Strategy were designed by a community of equity-seeking participants.

A8.3 Continuing the Bond Through Video, Writing and Song

Lorna Thomas, Moms Stop the Harm

Summary

In 2012, 24 year old Alex Thomas Haug died due to substance related causes. The talented snowboarder and hard-working welder was much loved by his family and is greatly missed. But the family, after recovering from the initial shock of his death, came to understand that they had not lost Alex. Their relationship with him had not ended but was rather transformed. Over the years each member of the family engaged in a creative endeavor that expressed this experience of transformation. Daughter Cayley Thomas, a musician and actor, wrote and recorded the song *In a While*. Husband Phil Haug participated in the production of a video series entitled *See Beyond. See the Lives*. The series shares letters written by parents to their loved ones who have died due to substance use or drug poisoning. Mother Lorna Thomas wrote a chapter for a book published by Demeter Press: *Always With Me: Parents Talk about the Death of a Child*. The title of her chapter is *I Can't Imagine It*. Lorna will read an excerpt from the book at her presentation at the CCSA Issues of Substance conference. She will also share Cayley's song, and Phil's video. By doing so she hopes it will help people to see the value of maintaining connection with those who have died or been harmed due to the failed war on drugs. Lorna will conclude the presentation by encouraging conference attendees to engage in the creative arts in order to promote healing and wellness.

Key Message

This presentation will share the bereavement journey of the Thomas-Haug family as they engage in creative endeavours following the untimely substance-related death of a young family member.

- Cayley's original song *In A While*: <https://youtu.be/uWyFuZoLqgc> demonstrates the impact of a substance-related death and the depth of love and longing felt by a sibling.
- The goal of the video ~ *See Beyond. See The Lives* that Phil appears in <http://www.see-beyond.ca/> phil is dispelling stigma by sharing stories of people who have died from substance use, drug poisoning and suicide.
- Lorna wrote a chapter in the book *Always With Me: Parents Talk About The Death of a Child* <https://demeterpress.org/books/always-with-me-parents-talk-about-the-death-of-a-child%E2%80%A8/> The chapter offers insight into how she worked through her grief and loss and then co-founded an advocacy and bereavement support group www.momsstoptheharm.com. We have a drug policy crisis that is killing the people we love, and change must happen.

Time / Heure	Activity / Activité
13:30–15:00 / 13 h 30-15 h	Concurrent Session B / Séance simultanée B

PANEL B1: National Experience with Drug Monitoring

(Simultaneous interpretation available / interprétation simultanée disponible)

Doris Payer, Canadian Centre on Substance Use and Addiction
Samantha King, Canadian Centre on Substance Use and Addiction
Emily Biggar, Canadian Centre on Substance Use and Addiction
Aisha Giwa, Canadian Centre on Substance Use and Addiction
Sarah Konefal, Canadian Centre on Substance Use and Addiction

Learning Objective

Describe CCSA's substance use trends & early warning projects

Understand how CCSA projects address data gaps in the national substance use landscape

Background

Understanding substance use trends and emerging issues is essential to minimizing risks and harms. The Canadian Centre on Substance Use and Addiction (CCSA) has developed a portfolio of national projects that identify and communicate these trends. In this panel we examine relationships among these projects to demonstrate how CCSA helps create a more comprehensive picture of substance use in Canada.

Objectives

To construct, using various approaches, networks, and methods, a national picture of emerging substance use trends and harms.

Methods

CCSA partners with community representatives across Canada to collect and disseminate information, and supports partners by developing standardized tools for data collection/reporting and providing knowledge exchange platforms. The projects discussed here

Results

Together, the projects highlight the polysubstance nature of the drug poisoning crisis across Canada. This includes increased concurrent use of stimulants and opioids, and unintentional exposure to adulterants in the unregulated drug supply. Although the unregulated supply raises significant concerns, alcohol and cannabis also frequently contribute to emergency department visits among youth.

Sex and Gender Considerations

Timely data and information on the intersection of substance use, gender, race, and ethnicity is generally unavailable in Canada. It is difficult to obtain this level of detail for risks and harms associated with emerging substances in the unregulated drug supply, but CCSA is working to improve data harmonization for drug content and harms indicators which will help improve that national data landscape. Data from CCSA's projects also highlight the need for development and implementation of best practices in relation to collecting and reporting information on sex and gender.

ORAL B2: Cannabis, Youth and Harm Reduction /

EXPOSÉ ORAL B2 : Le cannabis, les jeunes et la réduction des méfaits

ORAL B2.1 Understanding and Addressing Cannabis Use in Youth: Perspectives of Youth, Parents, and Service Providers

George Mammen, Health Canada
Hanan Abramovici, Health Canada

Learning Objective

Increase awareness on how cannabis use is affecting youth and how this can be addressed in services, policies, research, and education.

Background

There are public health concerns about the adverse effects of cannabis use on youth and to address the research gaps, we conducted three studies on cannabis youth.

Objectives

The aim across the three studies was to increase our understanding of cannabis use in Canadian youth and make recommendations to strengthen policies, services, education, and research. The first was a scoping review on Canadian youth cannabis use from 2018 to 2022. The second examined perceptions, practices, and recommendations of service providers. The third study examined how cannabis use is affecting youth and the types of services youth/families receive.

Methods

The first study was a scoping review guided by Arksey and O'Malley's (2005) five-stage framework and the PRISMA-ScR checklist. The second study used a mixed methods convergent design with a survey (Jan. - May 2022) and two focus groups (March 2022).

Results

The scoping review included 38 studies focusing on prevalence rates ($n = 18$), emergency visits ($n = 6$), youth perceptions ($n = 4$), medical cannabis ($n = 3$), education ($n = 2$), school approaches ($n = 2$), unstable housing ($n = 1$), internalizing symptoms ($n = 1$), and criminalization ($n = 1$). The second study ($n = 160$ survey respondents, $n = 12$ focus group participants) showed that there were gaps in knowledge and skills and recommendations for more training and public education. The third study ($n = 31$ youth, $n = 26$ parents, $n = 31$ service providers) had the following themes: adverse effects of cannabis on physical and mental health, inadequate services for youth and families, normalization and stigma, and a need for information and education.

Sex and Gender Considerations

Sex, gender, and other equity considerations were examined in all three studies. The scoping review had charting categories that examined sex, gender, and social determinants of health. Results show gender differences although the data were not disaggregated for many studies. There was also a lack of ethno-racial data, and a limited focus on equity and social determinants of health. For the second and third studies we explicitly recruited diverse subgroups, explored the role of gender and cannabis use, and we disaggregated the data to examine results among subgroups.

ORAL B2.1 Understanding and Addressing Cannabis Use in Youth: Perspectives of Youth, Parents, and Service Providers

Toula Kourgiantakis, Université Laval
Angie Hamilton, Families for Addiction Recovery (FAR)
Christine Tait, University of Toronto

Learning Objective

Increase awareness on how cannabis use is affecting youth and how this can be addressed in services, policies, research, and education

Background

There are public health concerns about the adverse effects of cannabis use on youth and to address the research gaps, we conducted three studies on cannabis youth.

Objectives

The aim across the three studies was to increase our understanding of cannabis use in Canadian youth and make recommendations to strengthen policies, services, education, and research. The first was a scoping review on Canadian youth cannabis use from 2018 to 2022. The second examined perceptions, practices, and recommendations of service providers. The third study examined how cannabis use is affecting youth and the types of services youth/families receive.

Methods

The first study was a scoping review guided by Arksey and O'Malley's (2005) five-stage framework and the PRISMA-ScR checklist. The second study used a mixed methods convergent design with a survey (Jan. - May 2022) and two focus groups (March 2022). The third study used semi-structured interviews (Apr. - Oct. 2022) with youth, caregivers, and service providers.

Results

The scoping review included 38 studies focusing on prevalence rates ($n=18$), emergency visits ($n=6$), youth perceptions ($n=4$), medical cannabis ($n=3$), education ($n=2$), school approaches ($n=2$), unstable housing ($n=1$), internalizing symptoms ($n=1$), and criminalization ($n=1$). The second study ($n=160$ survey respondents, $n=12$ focus group participants) showed that there were gaps in knowledge and skills and recommendations for more training and public education. The third study ($n=31$ youth, $n=26$ parents, $n=31$ service providers) had the following themes: adverse effects of cannabis on physical and mental health, inadequate services for youth and families, normalization and stigma, and a need for information and education.

Conclusions

All three studies show that youth are impacted by cannabis use and there is a need for more education and research.

Sex and Gender Considerations

Sex, gender, and other equity considerations were examined in all three studies. The scoping review had charting categories that examined sex, gender, and social determinants of health. Results show gender differences although the data were not disaggregated for many studies. There was also a lack of ethno-racial data, and a limited focus on equity and social determinants of health. For the second and third studies we explicitly recruited diverse subgroups, explored the role of gender and cannabis use, and we disaggregated the data to examine results among subgroups.

B2.3 A Brief Smartphone Intervention to Reduce Risky Cannabis Use and Impaired Driving Among Youth

Robert Colonna, Western University

Learning Objective

To explore the potential benefits, limitations, and efficacy of a brief smartphone intervention to reduce risky cannabis use and impaired driving among youth.

Background

Canadian youth aged 16-24 have the highest rates of cannabis use and impaired driving and express the least concern for driving under the influence of cannabis (DUIC). Since cannabis increases collision risk, developing effective DUIC prevention efforts is crucial. While brief smartphone interventions have successfully reduced youth alcohol use, their application to cannabis use and DUIC remains limited.

Objectives

This study aims to systematically develop a brief smartphone intervention and examine its preliminary efficacy in reducing risky cannabis use and DUIC among Ontario youth.

Methods

A six-step Intervention Mapping framework combined theory, evidence, and user feedback to develop and implement the intervention. A single-blinded three-arm pilot randomized controlled trial will determine if reductions in past 3-month DUIC behaviour exist among youth in the brief intervention group, compared to those in the DUIC information (active) and inactive control groups.

Results

Application of the Intervention Mapping framework resulted in a smartphone web-based application that could support reductions in cannabis use and DUIC. The intervention's contents focused on promoting safer cannabis use, educating on the dangers and legal risks of DUIC, limiting risky situations, avoiding riding with an impaired driver, and planning a ride home. These contents map the following DUIC determinants: knowledge, attitudes, perceived norms, and self-efficacy. Findings from the pilot randomized controlled will be presented.

Conclusions

Effectively preventing DUIC among youth is critically needed and time-sensitive. This study developed and determined if a brief smartphone intervention can reduce this risky behaviour.

Sex and Gender Considerations

Males are over-represented in crash statistics, including impaired driving. Compared to females, males are also more likely to use cannabis and test positive for DUIC. Unfortunately, previous literature and crash reports often refer only to the variable sex, presumably using sex and gender as interchangeable. As such, this project will: (1) integrate sex at birth and gender identity as distinct variables; (2) use stratified randomization based on gender to ensure equal representation of gender identities in the intervention and control groups; and (3) control for sex at birth and gender during analyses.

**ORAL B3: Policy Options to Addressing Alcohol Use /
EXPOSÉ ORAL B3 : Des options politiques pour faire face à la
consommation d'alcool**

(Simultaneous interpretation available / interprétation simultanée disponible)

**ORAL B3.1 Canadian Alcohol Policy Evaluation (CAPE): Federal, Provincial /
Territorial Results, and the Role of Our Community of Practice**

Kate Vallance, Canadian Institute for Substance Use Research
Timothy Naimi, Canadian Institute for Substance Use Research
Norman Giesbrecht, Centre for Addiction and Mental Health (CAMH)
Tim Stockwell, Canadian Institute for Substance Use Research
Ashley Wettlaufer, Centre for Addiction and Mental Health (CAMH)
Tina Price, Canadian Institute for Substance Use Research
Amanda Farrell-Low, Canadian Institute for Substance Use Research
Nicole Vishnevsky, Canadian Institute for Substance Use Research
Bella Priore, Canadian Institute for Substance Use Research
Elizabeth Farkouh, Canadian Institute for Substance Use Research

Learning Objective

Increase awareness of effective alcohol policies under federal government control and highlight degree of implementation, areas of strength and opportunities for improvement.

Share results on level of implementation of effective alcohol policies by This panel will highlight best practices and areas for improvement identified at the 1) federal and 2) provincial/territorial (P/T) levels in the latest round of a comprehensive evaluation of government implementation of effective policies. The panel will also 3) share learnings from the first year of a national alcohol policy community of practice (CoP).

Background

Evaluating government implementation of evidence-based alcohol policies can improve health. In this project we reviewed the policy performance of the federal and P/T governments alongside the launch of a related CoP.

Government implementation of evidence-based alcohol policies can improve public health. Rigorous evaluation of policy performance combined with increasing knowledge and collaboration among policymakers is key to strengthening Canada's response to alcohol-caused harms.

Objectives

Refine policy domains with evidence of effectiveness for reducing alcohol harms and update methods used to quantify performance

Report federal and P/T achievements across domains, identifying strengths, areas for improvement, and best practices

Develop a national CoP to engage with stakeholders, increase policy knowledge and promote interest in alcohol policy advocacy and implementation

To evaluate federal and P/T performance across 11 defined alcohol policy domains and provide recommendations for policy change.

To establish a national CoP to facilitate collaboration and learning among members.

Methods

Methods for alcohol policy evaluations reported in 2013 and 2019 were refined. Based on the latest evidence, selected policy domains were weighted for degree of effectiveness and scope of reach. Scoring rubrics relied on publicly available data and information provided by government contacts. The CoP comprised of webinar presentations, network and roundtable events, focus groups, and listserv.

Methods for evaluation and quantification of policy domains were refined during this third iteration of the CAPE project, based on the latest evidence of effectiveness and scope of reach for reducing alcohol harms. CAPE analyzed publicly available data and

Results

Overall, both the federal government and P/Ts achieved an average of less than half of their potential to implement effective alcohol policies in key domains; however, several best practice policy leaders were identified across jurisdictions. The CoP grew to over 300 members in a year with 12+ events and warning label subgroup formed.

Alcohol policy has generally eroded in Canada since 2019. Both federal and P/T governments are underperforming on alcohol policies across key domains, however some best practices and promising changes were identified. The CoP grew to over 350 members, held more than 15 events and formed a working group.

Conclusions

Specific and actionable recommendations are offered for federal and P/T governments to improve alcohol policy and reduce harms. Best practice policy leaders can provide insight for other jurisdictions and engaging with a national CoP can create powerful connections that support positive change.

Sex and Gender Considerations

While the focus of this project was the implementation of effective alcohol policies to reduce alcohol-related harms at a population level, a gender lens was applied to development of certain policy indicators where there was evidence to suggest a differential impact on priority populations such as women. For example, we assessed whether jurisdictional alcohol guidelines, alcohol warning labels, or marketing and advertising restrictions included special consideration of women. Further, our CoP focused on greater inclusion of priority populations specific to alcohol policy such as those in northern jurisdictions, French speakers, and people with lived and living experience.

ORAL B3.2 Strengthening Alcohol Policy at the Post-Secondary Level: CAP Project

Kara Thompson, St. Francis Xavier University
Stephanie Cooper, St. Francis Xavier University
Rachael MacDonald-Spracklin, University of Ottawa
Mark Asbridge, Dalhousie University
Bryce Barker, Canadian Centre on Substance Use and Addiction
Darren Kruisselbrink, Acadia University

Janine Olthuis, University of New Brunswick
Catherine Paradis, Canadian Centre on Substance Use and Addiction
Sherry Stewart, Dalhousie University
Tim Stockwell, Canadian Institute for Substance Use Research

Learning Objective

Increase understanding of best-practice alcohol policies for post-secondary settings and provide an assessment of how well Atlantic Canadian campuses are implementing these policies.

Background

Alcohol use and related harms are high among post-secondary students. Alcohol policies are one of the most effective ways to reduce alcohol consumption and harms. However, making evidence-based policy change on campuses is currently hindered by a lack of knowledge among campus partners about their own campus-specific policy strengths and weaknesses and current empirical evidence of best practice.

Objectives

To increase the capacity of post-secondary institutions to create new evidence-based policies (or amend existing) concerning alcohol use on their campuses

Methods

In partnership with 12 Atlantic Canadian post-secondary institutions, we evaluated the implementation of campus alcohol policies across 10 evidence-based policy domains. Our methodology was adapted from the Canadian Alcohol Policy Evaluation Project (CAPE)

Results

In presentation 1, we will introduce the Campus Alcohol Policy Project (CAPP) and the methodological framework used to identify best practice campus alcohol policies and develop the coding framework to assess the quality of campus alcohol policies. In presentation 2, we will share the results from the CAPP project reporting on campus scores and policy strengths and areas for improvement across participating campuses. In presentation 3, we will reflect on lessons learned from this project, our knowledge translation strategy, and hear from a campus partner about the challenges of implementing the recommended policy changes in a post-secondary context.

Sex and Gender Considerations

Some research suggests that certain policy areas may differentially impact women than men. For example, research suggests that women are more sensitive to alcohol pricing and are more likely to consume their alcohol in non-licensed establishments compared to men. While an assessment of sex-specific impacts of alcohol policy was beyond the current study, future research should assess the efficacy of campus policy changes on alcohol use across sex and gender.

ORAL B3.3 Development of an Alcohol Strategy for the Northwest Territories

Bryany Denning, Government of the Northwest Territories

Learning Objective

Our aim is to share the various activities used to engage target populations in the development of an Alcohol Strategy and validate the actions therein, and to discuss how these activities, and what we heard from Northwest Territories residents, altered the outcome of the strategy development to be more appropriate to the cultures and context in the NWT.

Background

The NWT experiences the second highest substance use-attributable per-person costs in Canada (Canadian Substance Use Costs and Harms Scientific Working Group, 2020) and in 2019-2020, experienced a rate of hospitalizations entirely caused by alcohol that was nearly seven times the Canadian average (Canadian Institute for Health Information, n.d.).

Objectives

The objectives of this presentation is to outline the engagement process that was used to develop the Northwest Territories Alcohol Strategy, based on a recommendation by the developers of the Canadian Alcohol Policy Evaluation report, and how this informed the final actions in the strategy.

Methods

A literature review, four targeted engagement activities, and iterative validation by advisory groups and community and Indigenous leadership were used to evaluate, modify or reject the original recommendations and develop the final actions that were included in the NWT Alcohol Strategy.

Results

Of the original CAPE recommendations, two were included in the NWT Alcohol Strategy, four had already been implemented in the NWT when the strategy was developed, two were adapted for use in the strategy, and six were not included. One alcohol policy measure not included in the original CAPE recommendations was also added during strategy development.

Conclusions

Alcohol strategies are dependent on a variety of contextual factors. Developers need to take into consideration the unique geography, political climate and cultural context of the region for which they are being developed, in order to produce a strategy that is applicable, acceptable and feasible.

Sex and Gender Considerations

Sex and gender were considered by ensuring that we had representation in focus groups and advisory bodies from both men and women and providing consideration opportunities for all genders in our survey. Our key target demographics included youth and Indigenous people, and we ensured that we made specific efforts to engage with groups, as well as asking Indigenous leadership across the north to review and validate the final actions, which were edited based on their feedback at multiple points in the development process.

ATELIER B4 : De nouveaux outils pour aider les personnes autochtones qui souhaitent modifier leur consommation et aider les membres de leur entourage affectés par celle-ci

Chantal Plourde, Université du Québec à Trois-Rivières

Pascale Alarie-Vézina, Université du Québec à Trois-Rivières (UQTR)

Anita Rock, Centre de santé de Pessamit

Hugues Dubé, Centre de santé de Mashtishanitsuan

France GrosLouis, Centre de santé de Sherbrooke

Myriam Laventure, Université de Sherbrooke

Joël Trembley, Université du Québec à Trois-Rivières

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
Claude-Marie Côté-Dion, UQTR

Objectif d'apprentissage

English title : New tools specifically developed to help Indigenous people who wants to modify their substance use and to help their affected family members and friends.

Cet atelier bilingue (français et anglais) permettra aux personnes participantes d'expérimenter 3 outils cliniques pour intervenir auprès des personnes souhaitant modifier leur usage de substances ainsi qu'auprès de leur entourage. Il a comme objectif d'outiller les participants ainsi que de susciter la réflexion, la discussion et le partage de connaissances entre différents acteurs de l'intervention en dépendance auprès des Premières Nations et des Inuit (PNI).

Contexte

Grâce à des liens de confiance établis depuis plus de cinq ans avec des organisations des PNI, des projets de recherche interventionnelle dans le champ des dépendances ont pu se développer. Cette présentation expérientielle permettra d'aller à la rencontre des personnes qui sont au cœur des projets et du travail réalisé. Deux activités du programme Sage Usage/Wise Choices (un programme qui vise le développement de stratégies pour réduire les méfaits associés à l'usage de substances) seront animées par des intervenants des communautés engagées dans le projet. Seront également présentés les outils développés dans le cadre du projet Au tour de l'entourage / Surrounding Family and Friends. Il s'agit de six bandes dessinées, développées en partenariat avec des membres des communautés des PNI, qui visent à soutenir les membres de l'entourage des personnes qui présentent une dépendance aux SPA de même que les intervenants qui oeuvrent auprès d'eux.

Considérations liées au sexe et au genre

Les programmes Sage Usage /Wise Choices et Au tour de l'entourage / Surrounding F&F sont inclusifs et contiennent des symboles associés à plusieurs cultures autochtones. Pour illustrer des situations bien réelles des personnages (femme, homme, non genrée, etc.) sont utilisés. Les outils s'adressent à tous les intervenants qui travaillent dans le domaine des dépendances dans les communautés des PNI, sans égard au sexe, à l'éducation ou à l'origine ethnique. Les projets sont animés du désir de reconnaître et promouvoir les savoirs traditionnels et la fierté de l'identité culturelle des PNI.

ORAL B5: Substance Use Care in Pregnancy, Infancy and Beyond / EXPOSÉ ORAL B5 : Soins en usage de substances pendant la grossesse, la petite enfance et au-delà

ORAL B5.1 Supporting Perinatal People Who Use Substances: Walking Alongside the Healthy Care Pregnancy Program

Heather Cameron, B.C. Association of Pregnancy Outreach Programs (BCAPOP)
Andrea Grady, B.C. Association of Pregnancy Outreach Programs (BCAPOP)
Lindsay Wolfson, Centre of Excellence for Women's Health
Nancy Poole, Centre of Excellence for Women's Health
Pamela Joshi, Provincial Health Services Authority

Learning Objective

The Healthy Care Pregnancy Program (HCPP) is a pilot program funded by the Provincial Perinatal Substance Use Project with the aim to better support pregnant, postpartum, and newly parenting people with complex needs who use or have used substances in British Columbia.

This presentation will describe the HCPP and share strategies related to HCPP that can support perinatal people who use substances to promote the best possible health outcomes.

Background

Led by the B.C. Association of Pregnancy Outreach Programs, in partnership with B.C. Women's Hospital, PHSA, the HCPP aims to support pregnant, postpartum and newly parenting people affected by substance use across nine sites in B.C. Inreach workers work with pregnant, postpartum and newly parenting people to provide systems navigation throughout their perinatal journey. This presentation will describe HCPP and findings from the pilot's two-year evaluation, including key learnings and strengths-based approaches with tangible examples of how to support HCPP participants. Evaluators conducted focus groups with supervisors and inreach workers, interviews with acute care and community organization partners, and journey mapping with participants. The speakers will highlight key findings from the HCPP evaluation including: 1) the importance of funding and service partnerships as the core infrastructure of the program and 2) how journey mapping can be used to capture participant voices.

Sex and Gender Considerations

HCPP is a gender-responsive approach to addressing the complexities of perinatal substance use and needs for intensive services and supports for program participants. Pregnant people who are affected by perinatal substance use experience barriers to receiving care including stigma, discrimination and racism. Service providers are additionally daunted by the complexity raised by the unregulated drug supply, obstetric/medical intricacies, unstable housing, and lack of prenatal care that characterizes many of the participants engaged in the program. HCPP provides significant system navigation support as well as addressing the needs of an extremely vulnerable segment of the population.

ORAL B5.2 Developmental Considerations for Substance Use (SU) Treatment in Fetal Alcohol Spectrum Disorder (FASD) Populations

Elizabeth Carlson, University of Alberta, Canada FASD Research Network
Devyn Rorem, University of Alberta
Erika Makowecki, University of Alberta
Viktoria Wuest, University of Alberta
Meghan Regier, University of Alberta
Jacqueline Pei, University of Alberta

Learning Objective

Participants will understand the unique considerations, learn best practice guidelines, and consider developmental factors to guide responsive SU treatment for youth and adults with FASD

Background

FASD is a neurodevelopmental diagnosis that indicates the presence of prenatal exposure to alcohol and associated brain and body impacts. Understanding, recognizing, and responding to the complex,

interrelated nature of brain-based challenges and environmental factors for individuals with FASD can facilitate access to services and lead to increased opportunities for success.

Objectives

To increase competencies among healthcare professionals to further incorporate a developmental lens to FASD-informed services to support healthy outcomes for individuals with FASD.

Methods

Data were collected from multiple sources: environmental scans, scoping literature reviews, surveys, and interviews with treatment service providers, and caregivers, youth, and adults with lived experience. Advisory committees guided this project.

Results

FASD-specific recommendations for each step in a treatment cycle: accessing treatment, adjusting practices, transitioning to the next steps, and maintaining/re-engaging with treatment. Identified areas for growth included staff training and education, creative and recreational approaches, evaluation, enhancing cultural identity, integrating FASD prevention and treatment, and harm reduction. Important guiding philosophies included being FASD, sex, gender, and trauma-informed, culturally inclusive and safe, strengths-based, and promoting interdependence. Unique considerations for youth explored.

Conclusions

There is no one size fits all approach to treatment. It's not a matter of if individuals with FASD can be successful in treatment, but how they can be supported to be successful. We look forward to sharing this knowledge with you.

Sex and Gender Considerations

Efforts have been made to embed sex, gender, and diversity into all levels of the research project. An advisory committee was established at the onset of this research study, and committee members represent a diverse group of individuals, including a consulting member with sex and gender expertise in sex and gender, a member of the LGBTQ2S+ community, and members with Indigenous heritage and expertise. These advisory members provide feedback on all aspects of the study. Sex, gender, and ethnicity are specifically considered in the survey and interviews, and interviewees are encouraged to discuss sex, gender, and diversity in their responses.

ORAL B5.3 Regional Perspectives on the Implementation of Eat Sleep Console: Non-Pharmacological Care for Infants Exposed to Substances

Jola Berkman, Perinatal Services B.C.

Sarah Kaufman, Provincial Health Services Authority

Jennifer Rasmussen, Provincial Health Services Authority

Tiova DeKok, Interior Health

Nicole Carter, B.C. Women's Mental Health & Substance Use Programs

Learning Objective

To highlight the evidence supporting Eat, Sleep, Console (ESC)/ non-pharmacological care as first-line treatment for infants experiencing withdrawal from substance use

To discuss challenges, successes and lessons learned related to implementation of ESC at initial sites,

Background

Not all infants exposed to substances during pregnancy will experience withdrawal. However, for those infants that do experience withdrawal, it is likely to take place in the first 72-96 hours after birth. This experience can be distressing for birthers, however ESC is a strategy that recognizes that the birther can be empowered to be the first line of treatment for their infant in a way that supports mother-baby togetherness.

Objectives

ESC is an evidence-informed model focusing on the comfort and care of infants exposed to substances by maximizing non-pharmacological interventions through 10 reinforcing strategies for the care of the infant.

Methods

In August 2021, a provincial formative evaluation of ESC was initiated under the advisory guidance of the B.C. Regional Health Authorities. The evaluation used both quantitative (survey) and qualitative (interview) data to describe and document implementation.

Results

The evaluation indicated that the pace and progress of ESC implementation was variable both within and across Regional Health Authorities. The presence of strong regional leadership and a full-time ESC lead were found to be important enablers facilitating uptake of ESC.

Sex and Gender Considerations

Perinatal women experiencing substance use face multiple barriers in receiving care, including intense stigma and judgment regarding their substance use and impacts to their infants from health care providers. Eat, Sleep, Console is a model of care that includes foundational provider education on perinatal substance use and related training, such as trauma-informed care, harm reduction and Indigenous Cultural Safety. The aims of ESC are to educate perinatal health care providers about substance use, to keep mothers and babies together and to empower birthers to lead the care of their infants as first-line treatment.

ORAL B6: Evolving Practices in Opioid Agonist Treatment /

EXPOSÉ ORAL B6 : Des pratiques changeantes dans le traitement par agonistes opioïdes

ORAL B6.1 EMED Study: A Randomized Controlled Trial Investigating Buprenorphine/Naloxone Microdosing in Emergency Departments

Viseth Long, University of British Columbia
Carolyn Crawford, University of British Columbia
Elle Wang, University of British Columbia
Jessica Moe, University of British Columbia

Learning Objective

Scientific rationale for buprenorphine/naloxone microdosing.

Opportunities for emergency department screening to identify individuals at risk of overdose.

Background

Buprenorphine/naloxone reduces toxic drug use when provided to patients with opioid use disorder (OUD) in emergency departments (EDs). However, standard dosing inductions often deter patients due to fears of the required withdrawal period. Microdosing eliminates the need for withdrawal.

Objectives

To evaluate effectiveness of take-home microdosing versus standard dosing buprenorphine/naloxone kits offered to patients in EDs.

Methods

Our broad screening process identifies patients based on ED presenting complaints and provider referrals. We assess eligibility using a list of exclusion criteria (e.g., age < 18, actively receiving opioid agonist therapy, admitted to hospital, etc.) and standardized questions on opioid use and OUD. Eligible participants are randomized 1:1 to receive either a standard dosing or microdosing take-home package. We will analyze patient retention on buprenorphine/naloxone and other opioid agonist therapies, mortality, and healthcare utilization.

Results

By February 2023, we broadly screened 7,339 patients for initial eligibility (e.g., ED presenting complaints and provider referrals). We approached 2,548 patients to ask about non-medical opioid use, followed by a screen for OUD. Of patients who reported using opioids non-medically, 19% ($n = 491$) screened positive for OUD and met eligibility criteria. Of this subset of eligible patients, 32% ($n = 158$) proceeded with enrolment.

Conclusions

Results show that a significant number of patients visiting the ED have OUD, suggesting that EDs present a prime opportunity to screen for and offer interventions to patients at risk of overdose. Our results will inform the best approach to ED buprenorphine/naloxone inductions that should be made widely available across Canada.

Sex and Gender Considerations

We designed our study protocols with significant considerations given to the impacts of sex/gender, racial, and intersectional inequities on opioid use and accessibility to harm reduction resources. We recruited diverse study teams to help mitigate enrolment barriers for women and minorities and train study personnel on cultural sensitivity and trauma-informed care. We are collecting data on participants' sex, gender, ethnicity, and socio-economic status to understand our intervention's effectiveness in different populations. Individuals with lived experience from varied backgrounds are involved throughout all study stages to ensure diverse perspectives are integrated into our procedures and interpretations of findings.

ORAL B6.2 Methadone Carries: A Person-Centred Evidence-Informed Approach to Take-Home Dosing

Jennifer Wyman, META:PHI

Vincent Lam, Coderix Medical Clinic

Andrew McLeod, META:PHI

Charlotte Munro, Ontario Drug Policy Research Network, Centre for Addiction and Mental Health (CAMH), META:PHI, AI4PH

Suzanne Latreille, META:PHI

Maria Zhang, Centre for Addiction and Mental Health (CAMH)

Learning Objective

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

- Review evidence regarding the benefits and risks of methadone carries
- Describe a framework for decision making regarding take-home dose initiation and adjustment
- Discuss opportunities

Background

The benefits of opioid agonist therapy (OAT) warrant examination of ways to improve treatment retention. Greater flexibility around carry dosing is valued by people taking methadone and is associated with improved quality of life and treatment retention.

Objectives

The purpose of this project was to establish a framework for decision making regarding take-home doses that would balance structure and flexibility and provide clarity to both prescribers and people on carry expectations.

Methods

The consensus recommendations included in this draft were developed through focused literature searches as well as the collective experience of the group, representing prescribers, pharmacists and people with lived experience of OAT.

Results

An approach to decision making regarding carries was developed that supports access to smaller numbers of non-consecutive carries for people who are less stable and up to 27 carries for longer-term stability.

Sex and Gender Considerations

This guideline considers the ways in which people who use drugs are disadvantaged in assessments of stability that are criteria for access to take-home dosing (employment, stable housing, involvement with the criminal justice system) and the ways that traditional methadone carry practices perpetuate these difficulties.

The participation of people with lived experience as collaborators in the development of this guideline is an acknowledgement of their expertise and the need for guidelines that reflect the realities and priorities of the people impacted by them.

ORAL B6.3 Comparative Effectiveness of Urine Drug Testing Schedules Alongside Opioid Agonist Treatment

Megan Kurz, Centre for Health Evaluations and Outcome Sciences

Brenda Carolina Guerra-Alejos, Simon Fraser University

Jeong Eun Min, Centre for Health Evaluation and Outcome Sciences

Bohdan Nosyk, Centre for Health Evaluation and Outcome Sciences

Learning Objective

Identify the impacts of urine drug testing schedules on OAT retention.

Background

Though it is recommended practice in most settings internationally, the evidence on the effectiveness of urine drug testing (UDT) strategies alongside opioid agonist treatment (OAT) on treatment retention is unclear and randomized control trials on UDTs may not extend to real-world practice.

Objectives

Determine the comparative effectiveness of alternative UDT monitoring strategies as observed in clinical practice among OAT clients in British Columbia, Canada from 2010 to 2020.

Methods

We conducted a retrospective cohort study for UDT monitoring strategies and their impact on retention for individuals initiating methadone (MET) or buprenorphine/naloxone (BNX) in British Columbia from 01/01/2010-03/17/2020. Our exposure was defined as five static UDT monitoring strategies: no UDTs, weekly UDTs, monthly UDTs, quarterly UDTs and biannual UDTs. We applied a clone-censor-weight approach with a marginal structural cox model to compare the impact of these strategies on OAT retention.

Results

There were 19,036 and 11,423 first time OAT initiators with MET and BNX, respectively during the study period. When compared to no UDT monitoring, weekly UDTs resulted in a 12% decrease (HR: 0.88, 95% CI: (0.87, 0.89)) in the risk of discontinuation for clients receiving BNX, with similar results for MET. Monthly UDTs marginally reduced the risk of discontinuation, but quarterly and biannual UDTs demonstrated no difference in the risk of treatment discontinuation. However, for individuals retained for at least 4 weeks, receiving weekly UDTs after the first 4 weeks of treatment increased the risk of discontinuation by 26% (1.26, (1.16, 1.37)) compared to no UDTs for BNX clients, and by 40% (1.40, (1.28, 1.53)) for MET clients.

Conclusions

Our findings suggest that weekly UDT monitoring is beneficial during induction, however frequent UDT monitoring thereafter may increase the risk of treatment discontinuation.

Sex and Gender Considerations

We controlled for individuals' sex in our models to identify differences in outcomes related to sex. We also controlled for individuals that had experienced unstable housing and have accessed social assistance, both of which are highly correlated with socio-economic status. Gender, religion, and race/ethnicity are not available in our data.

***ORAL B7: Impacts of COVID-19 and Lessons Learned /
EXPOSÉ ORAL B7 : Conséquences de la pandémie de COVID-19 et
leçons tirées***

**ORAL B7.1 Northern Public Health Working Group on Indigenous Mental Wellness:
Impacts of the COVID-19 Pandemic Best Practices and Lessons in Community
Resilience**

Carol Hopkins, Thunderbird Partnership Foundation
Brenda Restoule, First Peoples Wellness Circle

Learning Objective

The goal of this workshop to provide participants with an understanding of the complex impacts that the pandemic has had on Indigenous mental wellness, and wise practices to move forward.

Background

The Task Group on Mental Wellness focused on the impacts of COVID-19 on First Nations, Inuit, and Métis across Canada, with a focus on remote and isolated communities. The project began when the Task Group was assembled to provide insight and recommendations specific to COVID-19 impacts related to Indigenous mental wellness.

Objectives

The Task Group's reports provide recommendations and highlight wise practices whose purpose is to support a shift toward a wholistic and equitable way for promoting mental wellness among First Nations, Inuit, and Métis across Canada.

Methods

This work has been ongoing since November 2020 and the subsequent reports focus on four key areas (the full print reports are also available for distribution):

Substance use treatment and land-based healing

Life promotion and suicide prevention

Sex and Gender Considerations

The Task Group on Mental Wellness was co-chaired by Thunderbird Partnership Foundation and First Peoples Wellness Circle and it was determined that those who were being directly impacted by the COVID-19 pandemic and the writing of these reports should have a voice in their creation. First Nations, Inuit, and Metis organizations, communities & peoples were directly engaged in the writing process so as to share wise practices and stories of strengths and innovations. With the goal of creating a report that was grounded in culture and refined through a wholistic trauma-informed lens.

ORAL B7.2 The Impact of COVID-19 Restrictions on Supervised Consumption Sites (SCS) in Canada

Colin Steensma, Health Canada

Isac Lima, Health Canada

Lidia Gamil, Health Canada

Michelle Ross, Health Canada

Learning Objective

This presentation aims to provide the results of three surveys conducted across supervised consumption sites (SCSs) in Canada. The objective of the surveys were to assess the impacts of the COVID-19 public health restrictions on service delivery and substance use.

Background

Addressing the complex issue of harms caused by substance use, in particular the ongoing opioid crisis, requires various approaches. SCSs are an important part of Health Canada's comprehensive response to the ongoing overdose crisis. SCSs aim to reduce harms and offer treatment services to support Canadians who consume drugs under the supervision of trained staff.

Objectives

The aim of the study was to investigate the impacts of the COVID-19 public health restrictions on service delivery, substance use behaviours among clients, and mood of clients and SCS staff.

Methods

Health Canada conducted online cross-sectional surveys addressed to representatives of federally-funded SCSs across Canada between 2020 and 2022. The surveys were conducted in three cycles (July-August 2020, April-June 2021, and July-September 2022).

Results

All 39 sites across British Columbia, Alberta, Saskatchewan, Ontario and Quebec were invited to take part in the survey. The response rate was, on average, 70%. Most sites remained open during the survey period, though with significant staffing challenges due to staff burnout (57%), high turnover rates (9%), and anxiety or depression among staff (19%). Clients were also found to be more anxious (25%), and hopeless (29%). While sites reported a reduction in number of clients using the services, they also observed more dangerous drugs being used (37%), and more harm-related events such as overdoses (54%).

Conclusions

The COVID-19 pandemic has negatively impacted substance use behaviours and related harms, with both SCS staff and clients feeling the effects to a substantial degree.

Sex and Gender Considerations

These considerations were not included in the current work. The surveys were sent to the supervisors of the SCSs and the survey questions do not include a field for supervisor's sex/ gender, nor other identifiable variables were collected. The data collected does not include individual level data, but rather the perception of the COVID-19 impacts on the services provided at SCSs.

ORAL B7.3 Virtual Opioid Agonist Therapy: Lessons Learned During the COVID-19 Pandemic

Kelly Suschinsky, Royal Ottawa Mental Health Centre
Kim Corace, Royal Ottawa Mental Health Centre
Jennifer Wyman, META:PHI
Pamela Leece, Public Health Ontario
Amy Porath, Canadian Centre on Substance Use and Addiction
Sue Cragg, Canadian Centre on Substance Use and Addiction
Sarah Konefal, Canadian Centre on Substance Use and Addiction
Priscille Pana, Canadian Centre on Substance Use and Addiction
Susan Barrass, Health Canada

Learning Objective

Describe clients' experiences with virtual OAT during the COVID-19 pandemic

Consider implications of the COVID-19 experience for future OAT care guidance beyond the pandemic

Background

Many opioid agonist therapy (OAT) prescribers in Ontario adopted virtual care during the COVID-19 pandemic. Research using administrative health data demonstrates positive outcomes (e.g., improved treatment retention), but clients' subjective experiences have not been assessed.

Objectives

Understand clients' experiences with virtual OAT during the early months (August–October, 2020) of the COVID-19 pandemic.

Methods

Clients ($n = 402$) prescribed OAT in Ontario were recruited from social media and clinics and pharmacies dispensing OAT to complete online questionnaires about their experiences with virtual OAT care during the pandemic.

Results

Most clients (58-68%) had positive experiences with virtual OAT. While most clients reported that virtual OAT was easy to access, saved them time and/or money, and improved their access to care, this varied by OAT type. Clients agreed that their prescriber was able to assess their needs and listen to them, and that they could be more open during virtual visits compared to in-person visits. Half (51%) of the clients reported concerns about privacy and confidentiality and feeling overwhelmed by the time and effort that virtual care required. Fewer (40%) reported technological difficulties while accessing virtual care. About half (52%) wished to keep the frequency of their virtual care sessions after pandemic restrictions ended.

Conclusions

Most clients reported positive experiences with virtual OAT during the pandemic, though improvements can be made. Many clients expressed an interest in maintaining virtual OAT beyond the pandemic. Flexibility in OAT care delivery will be key to providing patient-centred care for persons with opioid use disorder.

Sex and Gender Considerations

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

ORAL B8: Perspectives on Safer Supply: By and For the Community / EXPOSÉ ORAL B8 : Points de vue sur un approvisionnement sûr : par et pour la communauté

(Simultaneous interpretation available / interprétation simultanée disponible)

B8.1 Peer-led Safer Supply and Opioid Agonist Treatment Distribution: A Case Study from Rural British Columbia

Jenny McDougall, Coalition of Substance Users of the North
Heather Palis, University of British Columbia
Marnie Scow, University of British Columbia

Summary

Jenny McDougall will describe a peer-led program focused on opioid agonist treatment and safe supply medication delivery at a clinic in rural BC that began in March 2020. Jenny takes an Indigenous harm reduction approach and is focused on meeting the needs of the whole person. She has regular contact with approximately 50 clients and navigates medication delivery and appointments for approximately 10–15 people each day. Clients have been retained on the medication, and experienced improvement in other outcomes, including securing housing, employment and managing other health issues.

Key Messages

The peer has established contact with clients since March 2020 to support engagement with health care and continuity of medication access. This program highlights the importance and value of peer-led work and need for further investments in peer-led programs to respond to the overdose crisis.

This peer-led intervention is a promising approach to engaging people who remain disconnected from health services in care in a rural community. This model could be adapted to other settings to support patient contact with the health system and medication access and continuity, with the ultimate goal of reducing overdose risk.

ORAL B8.2 Participatory Barriers to Prescribed Safe Supply: A Community-Engaged Qualitative Study

Sean O'Callaghan, Canadian Drug Policy Coalition

Learning Objective

Examine characteristics of prescribed safe supply (PSS) programs that impede accessibility

Highlight how relevant social and structural contexts impact access to PSS

Background

People who use drugs (PWUD) in Canada continue to experience severe morbidity and mortality stemming from the drug poisoning crisis. PSS programs have been implemented in several provinces to mitigate these harms, but the accessibility of this novel intervention has not been fully characterized.

Objectives

To investigate barriers to access, uptake, and retention in PSS programs for PWUD.

Methods

A community-engaged analysis of 33 qualitative interviews with PWUD and frontline workers in British Columbia, Alberta, Ontario, and Quebec. Imagine safe supply included the leadership of a committee of individuals with lived and living expertise of drug use and frontline work who co-created and co-led the research process. Interviews were conducted remotely between January and June 2021 and analyzed thematically in NVivo.

Results

Analysis identified five thematic categories of barriers currently impeding access to PSS programs for PWUD including: i) the limitations of medical regulation (e.g., exclusion of drug use preferences), ii) the impact of socio-structural inequities (e.g., disruptive impact of poverty), iii) operational issues (e.g., prohibitive program locations and characteristics), iv) restrictive regulatory contexts (e.g., perceived uncertainty of program permanence), and v) identity-specific concerns (e.g., perception among parents who use drugs that participation endangers child custody).

Conclusions

These findings identify key gaps in the accessibility of PSS programs as well as actionable considerations to mitigate barriers and enhance the impact of this intervention for PWUD.

Sex and Gender Considerations

Imagine safe supply research recruitment sought to involve demographics that are under-represented, and which face barriers in health care and harm reduction, including 2S/LGBTIQ+, Black and Afro-Caribbean Black, Indigenous, gender diverse, and youth. The research includes findings for these population groups, as well as women, parents, and sex workers. Importantly, a central finding of the research centres on cultural inclusion within safe supply implementation, with attention to the need to address racism and colonialism within drug policy change. A segment of the project's knowledge sharing tools will be focused on findings for Black and Indigenous communities.

ORAL B8.3 How Safer Supply Saved My Life

Kimberly Mitchell, St. Michael's Hospital, The Neighbourhood Group

Summary

Almost four years ago I was in the hospital with a bacterial infection that had gone to my bloodstream (most likely from needle use). Because of stigma the hospitals kept sending me away saying that it was because I was an addict or because of my drug use that is why I was sick, and they kept ignoring my request for medical attention. Finally I had to tell them that I had endocarditis, which I did not, but that way I was able get admitted into the hospital and then they were able to give me the medical attention that I needed, which saved my life. I currently have heart failure and it

possibly could have prevented had I got medical attention sooner. While I was there my husband enrolled in the Safer Supply program with the intention of saving our lives. When I got out of it the hospital I immediately went on to the program and we both have been on the program since. Now we both have stable housing, employment, and we have been on the Advisory Committee for the Safer Supply program for going on 4 years. I just retired because of the length of time that I was on the committee to allow room for others to benefit from it. The community center Parkdale Queen West is like family to us and the Safer Supply program I believe truly saved our lives.

Key Message

Safer Supply is a great program. It gives an addict the option of continuing their opiate use which allows for the addict to stabilize their life in other ways like with housing, employment, medical attention, etc. There is a need for more funding for Safer Supply to allow more addicts the opportunity to get this type of help. So the bottom line is we need more funding for Safer Supply.

Drop-In B9: Paws and Paintbrushes!

Colleen Dell, University of Saskatchewan

Linzi Williamson, University of Saskatchewan

Come paint with Therapy Dogs Molly and E-Jay to experience the transformative bond between humans and canines. These dogs are part of the PAWSitive Support program at Drumheller prison, where participants engage in activities like dog training, playful interactions, and relaxing moments to assist with their substance use recovery. Join us anytime between 13:30 and 15:00 in Room 14 to discover the unique contributions animals make to wellness humans may overlook or intentionally disregard. Walk away with a fresh perspective and a newfound appreciation for the therapeutic power of the human-canine connection.

Time / Heure	Activity / Activité
15:45–17:15 / 15 h 45-17 h 15	Concurrent Session C / Séance simultanée C

PANEL C1 : Surdoses : quand le communautaire prend les choses en main

(Simultaneous interpretation available / interprétation simultanée disponible)

Audréanne Smith, TOMS
 Sarah Chouinard-Poirier, Dopamine
 Yun Ohi, CACTUS Montréal

Objectif d'apprentissage

Informar sur la diversité des situations vécues dans le milieu communautaire montréalais face à l'enjeu commun des surdoses, sensibiliser à l'importance des partenariats pour des réponses adaptées.

Contexte

À Montréal, l'inaction des instances gouvernementales face à la crise de contamination des substances et surdoses incite les groupes communautaires à l'organisation d'initiatives concertées de soutien à une consommation plus sécuritaire. Bien que distinctes entre autres par l'emplacement géographique, les réalités vécues par les personnes qui utilisent des drogues comportent l'enjeu commun du risque de surdose ou d'expérience non désirée. Les organismes Dopamine, Cactus et la TOMS composent ce panel où trois sujets seront abordés : 1- analyse des substances consommées par contexte d'opération 2- le Comité d'action montréalais sur les surdoses 3- le PODS.

Objectifs

Rassembler le milieu communautaire montréalais en réduction des méfaits pour le partage et développement de meilleures pratiques quant à l'adaptation et la diversification de réponses en prévention des surdoses selon les tendances observées. Collecte commune et partage d'informations propres aux situations de surdoses en temps réel pour adapter les réponses aux besoins changeants.

Méthodes

Le besoin de rassemblement entre organismes a mené au CAMS, qui a développé un outil de surveillance des drogues et prévention des surdoses via une plateforme de signalements volontaires, le PODS.

Conclusions

Les partenariats entre organisations permettent la mise en place d'actions complémentaires face aux surdoses, notamment par le transfert de savoir pratique et l'intervention conjointe. Le PODS permet la recension et diffusion d'informations pouvant être adaptée en messages de prévention par les organisations et la communauté.

Considérations liées au sexe et au genre

L'approche de réduction des méfaits est entre autres basée sur une compréhension des enjeux spécifiques à la personne. Nous reconnaissons donc l'aspect d'intersectionnalité qui influence

l'accessibilité à du soutien adapté ainsi que la stigmatisation systémique et les risques de vivre diverses formes de violence dépendamment des communautés auxquelles chaque personne s'identifie. Les services offerts sont conceptualisés avec une sensibilité intrinsèque au développement d'espaces sécuritaires pour chaque personne fréquentant les organismes en réduction des méfaits.

ORAL C2: Optimizing Care for People Who Use Substances / EXPOSÉ ORAL C2 : Optimiser les soins offerts aux personnes qui consomment des substances

ORAL C2.1 Understanding the Emotional Responses of Providing Acute Care to People Experiencing Methamphetamine Toxicity

Betaliem Lemma, University of Calgary

Learning Objective

To increase understanding of care providers' experiences with patients experiencing methamphetamine-induced behavioural disturbances (MIBD).

Background

MIBD is an increasingly prevalent presentation in emergency departments (EDs), but little research has been conducted around approaching patients in active substance-induced psychosis. Less studies have assessed ED care providers' experiences and their interactions with these clients.

Objectives

The goal is to identify areas for improvement in care and support policies that will improve staff and patient safety.

Methods

Care providers in emergency settings were recruited across Calgary to complete a survey with questions that included quantitative data and free-text questions. Thematic analysis was conducted by examining the free-text questions to determine key ideas and concepts.

Results

A total of 218 surveys were collected. Of respondents, 84% had felt unsafe, and 83% had been harmed at some point during an encounter. Consensus showed there was a lack of resources when providing care to these patients. The most cited were staffing (66%), burnout (64%), and lack of addiction resources (58%). Despite this, empathy, and a belief that this marginalized population deserved optimal health care were the predominant opinions across all providers. Preliminary qualitative analysis has shown themes like safety concerns, a need for more support, patient advocacy, and moral distress.

Conclusions

This study provides important context from a subset of stakeholders who have previously gone under-recognized. These providers have valuable input from experience and have retained empathy for their patients; their feedback should be used to inform practice, public policy and encourage further research into this underserved area of emergency medicine.

Sex and Gender Considerations

This project considers equity and diversity by highlighting the need for equitable delivery of healthcare resources and access to evidence-based medical care for people who use substances, who have been under-represented in research related to their needs and perspectives. Also, this project aims to be inclusive by involving as many stakeholders as possible in the development, interpretation, and implementation of research practices in relation to understanding health behaviours that are a result of substance use, especially people with lived experience. In addition, participants in the survey were given the opportunity to self-identify, allowing the survey to take a gender-inclusive lens.

ORAL C2.2 Self-injecting Non-prescribed Substances Into Vascular Access Devices: A Case Study of One Health System's Ongoing Journey from Clinical Concern to Practice and Policy Response

Elizabeth Dogherty, Providence Health Care
Jocelyn Chase, Providence Health Care
Melissa Nicholson, Vancouver Coastal Health
Emma Garrod, First Nations Health Authority
Jocelyn Hill, Providence Health Care
Rupinder Brar, Vancouver Coastal Health
Victoria Weaver, Providence Health Care
William J. Connors, Providence Health Care

Learning Objective

To enhance appreciation of substances into vascular access devices (SIVAD) as a complex clinical issue requiring an organizational approach.

Background

Overdose deaths and morbidity related to substance use (SU) is a public health emergency with devastating social and economic costs. Complications of SU are pronounced among people who inject drugs (PWID), particularly infections, resulting in increased risk of hospitalization. PWID often require intravenous access for antibiotics; however, access may be limited due to impact of long-term self-venipuncture. While vascular access devices, such as peripherally inserted central catheters (PICCs), allow reliable and sustained routes of administration for indicated therapies, the use of PICCs among PWID presents unique challenges. The risks associated with self-injecting non-prescribed SIVAD is a concern for which there is limited evidence and absence of formal practice guidance.

Objectives

We report the experience of a multidisciplinary team at a hospital in Vancouver working to characterize incidence, patient and healthcare provider perspectives, and overall impact of SIVAD.

Methods

Case study.

Results

The case study of SIVAD begins with a patient's perspective, including rationale for SIVAD, understanding of risk, and varying responses given by care providers following disclosure. Using the

limited literature available on the subject, we summarize the intersection of SIVAD and SU, and outline known and anticipated health risks. The case study is further contextualized by experience from our in-hospital Overdose Prevention Site, where 37% of visits involve SIVAD. We outline the process by which clinical guidance for SIVAD harm reduction was developed with stakeholder engagement, ethics consultation, expert consensus guideline development and implementation with staff education and research evaluation.

Conclusions

Using a harm reduction lens for SIVAD policy and research can benefit clinicians and patients by offering a clear, consistent healthcare response to this issue.

Sex and Gender Considerations

The submission is focused on service providers, and one health system's journey from a specific clinical concern to practice and policy response. Further research will examine patients' experiences accessing their intravenous lines and we are mindful to collect data from diverse groups of individuals.

C2.3 Stigma vs Empowerment — My Journey Through Recovery to My Life's Greatest Reward

Charlotte Munro, Ontario Drug Policy Research Network, Centre for Addiction and Mental Health (CAMH), META:PHI, AI4PH

Key Message

Words and attitudes matter, trauma-informed care is a better approach in medical treatment. Stigma causes harm at any stage or setting. Practising self care and having good supports, recognizing the need for help and asking for help is healthy and not something to feel shame about. When your treated like a person you won't feel like less than a person. I am proud of myself and of the mom I've become.

WORKSHOP C3: Understanding Canadian Substance Use Costs and Harms Using Data Visualization

Emily Biggar, Canadian Centre on Substance Use and Addiction
Adam Sherk, Canadian Institute for Substance Use Research
 Pam Kent, Canadian Centre on Substance Use and Addiction
 Tim Stockwell, Canadian Institute for Substance Use Research
 Sam Churchill, Canadian Institute for Substance Use Research
 John Dorocicz, Canadian Institute of Substance Use Research
 Aisha Giwa, Centre on Substance Use and Addiction
 Raadiya Malam, Canadian Centre on Substance Use and Addiction
 Jinhui Zhao, University of Victoria, CISUR
 Anat Ziv, Canadian Centre on Substance Use and Addiction

Learning Objective

Workshop participants will investigate available data on substance use costs and harms from the latest release, Canadian Substance Use Cost and Harms (2007 to 2020). Participants will identify unique questions about substance use costs and harms, analyze appropriate datasets using the interactive online data visualization tool, and interpret results.

Background

This workshop will provide an overview of key methods and findings from the Canadian Substance Use Cost and Harms (CSUCH) project. Facilitators will illustrate data available in the data tool and present examples of data visualization by cost category, substance, province/territory, and other variables (e.g., health condition, sex). Participants will identify questions for exploration and conduct their own analyses using the data tool.

Sex and Gender Considerations

Social determinants of health shape all costs and harms of substance use presented in this work and are important considerations when studying trends in substance use and related harms. The online data visualization tool will allow participants to explore CSUCH estimates available by sex, age group and province/territory. However, data on sex, gender and other determinants of health are largely absent from the data sources used in this project. We will continue to seek ways to enhance our methods by incorporating these variables and making the resulting estimates available in the data tool.

ORAL C4: Putting Tools to Work: Insights for Providers / EXPOSÉ ORAL C4 : Mettre les outils en pratique : idées pour les intervenants

ORAL C4.1 Screening, Brief Intervention, and Referral: A Brief Assessment Tool for Primary Care Providers

Daniel Dacombe, Shared Health Manitoba
Erin Knight, Shared Health, University of Manitoba

Learning Objective

Appreciate the impact of early intervention for moderate to high risk alcohol use in a primary care setting

Understand how to implement a digital LRDG-based screening, brief intervention and referral (SBIR) tool within primary care

Background

Unhealthy alcohol use does not always mean a substance use disorder. Significant epidemiologic evidence suggests a causal relationship between alcohol consumption and many types of cancer as well as higher mortality for a broad number of health issues. Even alcohol consumption that does not meet the criteria of addiction is associated with increased risk, indicating reduced consumption is an effective prevention measure. Research shows primary care providers are key to increasing screening, prevention, and early intervention. The Manitoba Shared Health SBIR Tool is a digital tool that screens for alcohol issues at a point before they are typically recognized. The SBIR Tool is a proactive and evidence-based approach, and the first of its kind to be based on Canada's updated low-risk alcohol drinking guidelines (LRDG). In this workshop, attendees will be presented with the case for using SBIR in primary care and view a demonstration of the digital tool. Attendees will also receive a practical plan for rolling out similar digital SBIR/LRDG tools in their systems as well as recommendations for brief intervention and care pathways.

Sex and Gender Considerations

Difference in alcohol consumption/risk between the biological sexes is discussed

Appropriate use of the tool considering cultural, colonial implications are discussed

ORAL C4.2 Psychometric Evaluation of an Adapted Spirituality Scale in an Inpatient Substance Use Disorder Treatment Program

Emily Britton, Homewood Research Institute

Learning Objective

Be able to recognize important theoretical and clinical considerations for measuring spirituality

Be able to identify and evaluate key psychometric indices when selecting appropriate measures

Consider various applications for the adapted spirituality measure to assess substance use disorders (SUD) treatment outcomes

Background

Spirituality is increasingly recognized as an important aspect of recovery from SUD. Despite growing interest in the role of spirituality in treatment, ambiguities in assessment can make it difficult to incorporate and evaluate within clinical settings.

Objectives

In the present research, we adapted a measure of spirituality and evaluated its psychometric properties in a sample of adults receiving inpatient treatment for SUD.

Methods

As part of routine clinical assessments at baseline and discharge, patients ($N = 942$) completed the adapted spirituality scale, as well as measures of spiritual activity, depression, hopefulness, life satisfaction, 12-step participation and craving.

Results

Confirmatory factor analysis supported a two-dimensional structure, with factors representing self-discovery and transcendent connection. Tests of measurement invariance showed that the scale performed similarly across age, gender, and ethno-racial identity subgroups. Associations with variables at baseline and discharge supported the scale's convergent, concurrent, and predictive validity. Spirituality scores were also significantly higher at discharge compared to baseline.

Conclusions

Overall, our findings provide evidence for a concise, psychometrically sound measure of spirituality appropriate for use in SUD treatment settings. The measure may have useful applications for evaluating outcomes related to various established and emerging spirituality-based approaches to treatment and recovery (e.g., mutual-aid programs, mindfulness-based relapse prevention, psychedelics, and Indigenous approaches to healing).

Sex and Gender Considerations

As part of the psychometric evaluation of our adapted spirituality measure, we tested for measurement invariance across demographic subgroups, including gender (male vs. female) and racial identity (racial majority vs. racial minority). Establishing that a scale performs similarly across different subgroups is critical so that valid and meaningful comparisons can be made. Our results demonstrated that the

measurement properties of the scale were equivalent across both gender and racial identity subgroups, making it appropriate for use within diverse populations. To our knowledge, this is one of only a few spirituality scale validation studies to investigate and demonstrate measurement invariance.

ORAL C4.3 Development of a Motivational Interviewing Training Module for Service Providers to Address Vaccine Hesitancy Among People Who Use Drugs

Ali Farihah, Centre for Addiction and Mental Health (CAMH)
Tara Elton-Marshall, University of Ottawa

Background

People who use drugs (PWUD) have lower vaccination uptake than the general population, yet disproportionately experience the burden of harms from vaccine-preventable diseases. Motivational interviewing has been demonstrated to be an effective way to address vaccine hesitancy by engaging in conversations that are participant-centred, collaborative and respectful.

Methods

We developed a motivational interview training module to address vaccine hesitancy among PWUDs. The primary audience for training is service providers working with PWUD. Materials were developed in collaboration with people with lived and living experience (PWLLE) and based on 78 semi-structured interviews with vaccinated, unvaccinated and partially vaccinated PWUDs from across Canada. Interviews were conducted from May to October 2022 and were used to identify barriers and facilitators to COVID-19 vaccination and subsequent boosters. Thematic analyses were conducted using the World Health Organization's COM-B theoretical framework.

Results

Analyses demonstrated that non-and-partially vaccinated participants were seeking more knowledge about the COVID-19 vaccine particularly in terms of its usefulness, risks, and benefits ($n = 14/28$, 50%). Structural distrust toward government and healthcare agencies, concerns about the speed of vaccine development and short-term side effects were noted as barriers to vaccination. Facilitators for vaccination included a desire to protect the self or others, and government mandates. To improve vaccination uptake, participants identified PWLLE and people working within harm reduction sites as trusted sources for information sharing.

Conclusions

The motivational interviewing training module that will be presented incorporates the results of the study and provides recommendations for how best to engage in respectful dialogues around COVID-19 vaccination with PWUD.

WORKSHOP C5: Impact and Lessons Learned In Implementing Needs-Based Planning Model for Substance Use and Mental Health Services and Systems

Brian Rush, Centre for Addiction and Mental Health (CAMH)
Daniel Vigo, University of British Columbia
Stephanie Paquette, Independent Consultant
Annie Pellerin, New Brunswick Department of Health
Samantha Hodder, Cape Breton University

Learning Objective

Participants will have the opportunity to:

- Learn about the development, implementation, impact of the Needs-Based Planning (NBP) model for substance use, and mental health services and systems; and
- Discuss with project team and a pilot site representative the process of implementing the Needs-Based Planning Model, including key considerations and lessons learned.

Background

Needs-based Planning uses a systematic quantitative approach to planning substance use and mental health treatment and support systems by estimating the required capacity of services and supports, based on needs of the whole population, and all levels of severity and complexity of those needs and contrasting these services with current resource capacity. Building upon previous work, the team developed a national integrated NBP model retaining earlier features of a substance use model. The development process included pilot testing in six diverse Canadian jurisdictions which presented unique opportunities to assess strengths and challenges in design and implementation of an integrated model. The workshop provides an opportunity to learn about this important work and share lessons learned.

Methods

Using worksheets and materials provided, participants (individually or in small groups) will reflect on current planning practices within their jurisdictions and participate in discussion regarding the pros and cons of previous planning approaches. Together, the group will seek to identify “best practices” for sustainability and uptake.

ORAL C6: Risk to Resilience: Reducing Harms of Using Drugs Alone / EXPOSÉ ORAL C6 : Du risque à la résilience : réduire les méfaits chez les personnes qui consomment seule

(Simultaneous interpretation available / interprétation simultanée disponible)

ORAL C6.1 Missing Voices: People Who Use Drugs (PWUD) Alone, Safety and Drug Poisoning

Abigale Sprakes, Lakehead University
Alicialynn Gordon, Lakehead University

Learning Objective

To increase knowledge about the practices/strategies utilized by people who use drugs (PWUD) alone, specific to drug poisoning (overdose) risk mitigation.

To re-consider the "don't use alone" strategy and broaden harm reduction strategies to include the realities of PWUD alone.

Background

In 2021, this researcher conducted the community urinalysis and self-report (CUSP) project in Thunder Bay, Ontario. The study found that 66% of all participants reported using drugs alone; of those individuals, 65% had unknown (detected but not reported) drugs in their urine, and 38% had

experienced an overdose in the past six months. These findings led to this qualitative study which explored the wisdom of PWUD alone, the circumstances in which they use alone and the strategies they implement to reduce the likelihood of an overdose in the face of an unsafe drug supply.

Objectives

The aim of this study was to learn about and increase strategies available to PWUD alone to reduce the possibility of an overdose/drug poisoning event. As well as to amplify the voices and leadership of people with lived experience (PWLE) in harm reduction strategies, services and products.

Methods

A qualitative community-based research design was utilized to conduct semi-structured interviews with people ($n = 30$), over the age of 18, who use illicit drugs alone. The design included a research team with leadership from people with lived experience to guide the study.

Results

This is emerging research; at the time of the abstract submission, interviews were being coded, with findings forthcoming. As this is a biannual conference and this is timely research, I request consideration of this abstract, knowing that by November, the findings will be established.

Conclusions

The research findings will inform PWUD about safety measures/strategies when using alone and offer recommendations to harm reduction services/programs to reduce overdose/drug poisoning events. The research also highlights the importance of leadership by people with lived experience within community-based research.

Sex and Gender Considerations

This research honours the experience and wisdom of PWUD. As a community-based research project co-leadership on the research team was fundamental to the success of the study; the team consisted of PWLE, gender diversity, and Indigenous and francophone worldviews. An intersectional approach was utilized in creating the research team, designing the methodology and participant recruitment. The research team actively addressed and reduced structural barriers not only for team members but also for participants, so all could engage in a meaningful way in the study.

ORAL C6.2 Dying Alone and Opportunities to Prevent Accidental Acute Toxicity

Deaths in Canada

Keltie Hamilton, Public Health Agency of Canada
Amanda VanSteelandt, Public Health Agency of Canada
Maria Hartley, Public Health Agency of Canada
Fiona Kouyoumdjian, Ontario Ministry of Health and Long-Term Care
Songul Bozat-Emre, Manitoba Health and Seniors Care
Brandi Abele, Expert Consultant
Heather Burgess, Public Health Agency of Canada
Aaron Orkin, University of Toronto
Richelle Baddeliyanage, Public Health Agency of Canada

Learning Objective

To describe and better understand the demographics, substance use patterns, and circumstances surrounding death for those who die alone.

Background

Canada has experienced crisis levels of acute toxicity deaths (ATDs) for the last several years. Previous research and people with lived experience have noted that many people are alone without a bystander to intervene when they die of acute toxicity.

Objectives

We aim to understand the demographics, circumstances, and substances contributing to ATDs for those who were alone and those who were not to identify opportunities to prevent further deaths.

Methods

The data are from a national chart review study of all ATDs from 2016 and 2017 in Canada. Those who died alone or used substances alone and those who did not were identified during abstraction. We described the characteristics of these groups with proportions and conducted chi-square tests of independence.

Results

Of the 7,902 accidental ATDs in Canada from 2016-2017, 16% had bystanders nearby and 41% died alone. Of those who died alone, 71% experienced the acute toxicity event at a private residence and only 7.4% occurred in the home of another person. In comparison, 23% of those with bystanders present had their acute toxicity events occur in the home of another person, with 54% occurring within a private residence. Those who died with a bystander present were more often female than those without, (32% vs. 25%, $p < 0.001$).

Conclusions

The results of this study can help inform policies, interventions, and harm reduction efforts that address the risks associated with using substances alone.

Sex and Gender Considerations

Due to environmental and social constraints, substance consumption while alone or in the presence of others 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 other demographic factors are explored.

Our study co-investigators and team members include people with lived experience and expertise in death investigations. They helped design the study protocol, analyses, and knowledge translation products.

ORAL C6.3 Accompanying Our Peers in Our Journey with Substance Use

Samuel López, Community Response Network
Nick Rondinelli, Heart to Heart First Aid/CPR Services
Christian Hui, Toronto Metropolitan University

Summary

I would like to share my experience on stigma and discrimination. I opened my home to racialized individuals who use meth, alcohol and cannabis. This creates a safe space for good conversation in my living room. People felt comfortable talking about their journeys. Some participants were from the Indigenous reservations, urban First Nations, Black and youth of colour, and also newcomers. They

don't know how to navigate in Toronto to have access to clean substances or harm reduction. Most of them were people who experienced discrimination due to their sexual orientation, substance use, HIV or immigration status and homelessness. I was proud of myself providing my personal space although I found it overwhelming sometimes. This experience led me to become a Drug Culture Consultant for the Ontario Harm Reduction Network. I provided feedback to Aids Service Organizations interested in starting harm reduction programs. The need for safe spaces increased during the dual COVID pandemic and the rise of opioid deaths. I didn't have all the tools to help the people I was hosting in my space anymore. One of them who I saw as my indigenous son ended up dead on my living room floor due to an overdose of fentanyl when what he wanted to use was heroin. This experience changed the course of my life. I helped in the creation of training opportunities. A life-saving course for community members to learn overdose response, OD-CPR. A course with Heart to Heart CPR, instructed by Nick Rondinelli in downtown Toronto.

Key Message

After experiencing an overdose death in my living room in January 2021, I took a new type of CPR course for overdoses. It helped me overcome the loss of a young Indigenous man, my "son." I was supported by my friends Nick Rondinelli from Heart to Heart CPR and Christian Hui PhD candidate at Toronto Metropolitan University (TMU). Together, we helped in the creation of free training for those most likely to witness an overdose such as shelter workers and peers. In this capacity, I feel I'm combating the opioid crisis one life at a time. I empowered myself with training. Now we have empowered 250 others. This led to a new not-for-profit organization in 2022 called Community Responder Network. I know now from first-hand experience what an overdose can look like. The more we work against stigma, the fewer number of deaths we will have to witness due to overdose.

ORAL C7: Issues of Substance: Focus on Youth /

EXPOSÉ ORAL C7 : Questions de substance : pleins feux sur les jeunes

C7.1 Glass Gateway: A Youth-Led Podcast Project About Lived Experience with Crystal Meth Use and Other Substances in Saskatchewan

Kara Fletcher, University of Regina
Hillary Wand, University of Regina
Alex Stevens, University of Regina
Sadie Keillor, University of Regina

Learning Objective

The learning objective for this presentation is for participants to consider the potential of audio storytelling and podcasts produced by individuals with lived experience of substance use for social change.

Background

Our presentation will review our project where we developed a podcast about youth and their lived experiences of crystal meth use in Saskatchewan and interviewed listeners about their experiences. Our research team will describe the learning curve, and experiences to date of building a youth-led podcast from scratch. Our community researchers will describe what it has been like to work on this project and some of the challenges of producing a podcast as a collaborative research project.

Objectives

We will discuss whether the podcast format can offer a method for social change, and what it means to tell stories about lived experiences while also experiencing our own mental health and substance use challenges. We will share short clips from our four completed episodes that cover COVID-19, mental health, stigma and intergenerational substance use.

Methods

This is a participatory community-based project collaboratively developed with youth with lived experience of crystal meth use. Our research group has learned how to record and produce a podcast, and our community researchers have learned to research topics for episodes and to conduct interviews.

Results

We will highlight some of the unique challenges that those navigating substance use contend with in the Prairies. In addition, we are currently surveying listeners about their experience hearing this podcast and will present preliminary results.

Conclusions

Responding to the call of "nothing about us, without us" this project has worked to provide a supportive space for youth with lived experience of crystal meth use to tell their own stories, while also seeking out the stories of others working and living at the intersection of substance use, mental health, and harm reduction. This project has been generously funded by a Social Sciences and Humanities Research Council (SSHRC) Insight Development Grant.

Sex and Gender Considerations

While our podcast project has not specifically addressed sex and gender as a topic to date, issues of identity and the impact of racial and sexual identities on mental health, substance use, and access to support will be explored by our community researchers.

ORAL C7.2 Substance Use Trends Among Street-Involved Youth in Canada: Results from the "People with Lived and Living Experience Survey"

Nancy He, Health Canada
Jonathan Edwin, Health Canada
Rajan Dhaliwal, Health Canada
Bruna Brands, Centre for Addiction and Mental Health (CAMH)
Michelle Ross, Health Canada

Learning Objective

To increase understanding of recent substance use trends among street-involved youth in Canada.

Background

Street-involved youth are among the most at risk for substance use and related harms, but are under-represented in national surveillance.

Objectives

The objective of the People with Lived and Living Experience Survey (PWLLES) is to address data gaps concerning substance use among street-involved youth.

Methods

Centres that provide services for street-involved youth were selected, and staff recruited youth clients between September 2021 - February 2023 to participate in an in-person survey containing quantitative and qualitative questions. Qualitative questions were included to better understand the experiences of street-involved youth regarding stigma and barriers to access to treatment.

Results

442 youth (mean age: 20.7 years) completed the survey; 40.7% identified as female, 47.3% as male, and 11.1% as transgender/non-binary/gender-fluid/other. Of respondents, 33.9% identified as a Visible Minority, 26.0% as Indigenous, and 32.4% as White. For past-30-day drug use, 57.0% reported using illegal drugs, 79.0% used alcohol, 81.0% smoked cigarettes, and 84.1% used cannabis. Moreover, 13.6% of respondents reported using a drug or substance that was not what they thought it was and 45.5% shared someone else's drug use/preparation equipment. Among participants, 29.9% reported experiencing an overdose in their lifetime, and 42.8% have obtained a naloxone kit. Thirty-percent of respondents reported having received professional help for alcohol, cannabis, or drug use.

Conclusions

These results may inform stakeholder understanding of the lived and living experiences of street-involved youth. They may also provide input to programs, policies, and service delivery, including treatment interventions, tailored to this population.

Sex and Gender Considerations

The PWLLES collects information on sex at birth, gender, and other diversity considerations including race, employment status, and experiences with stigma. The survey questionnaire was developed in consultation with various partners, including a peer researcher who provided input from a lived and living experience lens. The survey was administered by interviewers who were required to be well-equipped with information on social and health services and resources (e.g., culturally safe supports to Indigenous youth). We will provide results on sex at birth, gender, and race.

ORAL C7.3 Drug Education Centred on Youth Decision Empowerment: A Strategy for School-Aged Youth

Lisa Bishop, Memorial University of Newfoundland
Jennifer Donnan, Memorial University of Newfoundland
Bethany Torraville, Memorial University of Newfoundland
Greg Harris, Memorial University of Newfoundland
Nick Harris, Memorial University of Newfoundland
Kayla Prosper, Eastern Health of Newfoundland
Emily Rowe, Memorial University of Newfoundland
Megan Heath, Memorial University of Newfoundland
Maisam Najafizada, Memorial University of Newfoundland

Learning Objective

To increase awareness of harm reduction, evidence-informed substance use education for youth
To discuss the creation of youth-focused materials that meets curriculum outcomes

Background

Given the long-term health and social consequences of youth substance use, we have created an education strategy for youth called Drug Education Centred on Youth Decision Empowerment (DECYDE). The strategy is evidence-informed, uses harm reduction principles, and adheres to the social-ecological conceptual model for adolescent health literacy.

Objectives

To create an evidence-informed, harm reduction, multi-modal substance use education strategy for youth in grades 4-12.

Methods

The DECYDE strategy was developed in consultation with the Department of Education and aligns with the newly created health curriculum outcomes. It was informed by youth research, a scoping review, and engagement with youth, citizens, and stakeholders. DECYDE will be evaluated using a mixed methods approach. The focus of the presentation will be to describe what informed our strategy, review the process for developing materials, and showcase the created materials and lesson plans.

Results

This harm reduction strategy with in-school lesson plans can be used province-wide to support teachers in the delivery of substance use education.

Conclusions

DECYDE is a substance use, harm reduction strategy that provides lesson plans for teachers. This evidence-informed strategy is available province-wide and focuses on students' social-emotional learning and health literacy to help empower youth to make safe and informed decisions.

Sex and Gender Considerations

Sex- and gender-related factors can affect substance use and people's physical, mental, and social well-being. For example, sex as a biological variable has been considered in the curriculum content with respect to how substances may be processed differently neurobiologically by males and females. Likewise, gender as a sociocultural construct will also be considered, as literature points to gender-related differences in consumption patterns. Our gender and culturally diverse interdisciplinary team have gathered diverse perspectives from youth and stakeholders to inform our strategy, resulting in a more meaningful curriculum plan that uses inclusive language, images, and approaches sensitive to diverse populations.

ORAL C8: Culturally Based Care: First Nations, Métis and Inuit

Approaches /

EXPOSÉ ORAL C8 : Des soins adaptés à la culture : des approches centrées sur les Premières Nations, les Métis et les Inuits

(Simultaneous interpretation available / interprétation simultanée disponible)

ORAL C8.1 Creating a Culturally Informed Model of Care to Reduce the Harms of Opioids and Methamphetamines in First Nations Communities

Kanatahe'le Brown, Thunderbird Partnership Foundation

Learning Objective

Thunderbird Partnership Foundation will be leading a workshop on models of care for reducing the harms of opioids and methamphetamine use in First Nations communities.

Background

Substance use in First Nations communities is a complex problem that requires culturally safe services and supports that respect customs, values, and beliefs. Cultural safety in health care is about empowering individuals, families, and communities to take charge of their health and wellness journeys. For this to be successful however models of care must be implemented that promote wholistic wellness and acknowledge the complex traumas and colonial harms that First Nations peoples and communities associate with healthcare systems. Consequently, there is a need to shift First Nations models of care away from western standards of health and toward models of wellness that are grounded in cultural ways of knowing and healing.

Objectives

Thunderbird will be hosting a conversation that will lay out current data, address shifts in usage, and seek to identify next steps. Ultimately, it is the goal of this workshop to provide participants with an understanding of the complex impacts that opioid and methamphetamine usage has and continues to have on the individual and community wellness of First Nations.

Methods

Data collected through the Addictions Management Information System and community reports will be used

Sex and Gender Considerations

Thunderbird Partnership Foundation has been advocating for the First Nations substance use and addictions workforce through several critical areas including review of the existing system and compensation levels, increased accountability to First Nations communities, and creating baseline measures. The goal of this work is to ensure that First Nations people and communities have accessible and culturally relevant substance use services close to home.

ORAL C8.2 Journey of a Seed, a Métis Specific Cultural Framework Which Integrates Métis Culture in Addictions Treatment Programming

Indiana Best, College of Medicine

Barbara Fornssler, University of Saskatchewan, School of Public Health

Learning Objective

Understanding Métis specific cultural elements to be used in addictions treatment programming for Métis clients.

Background

Colonization in Canada continues to plague Indigenous Peoples (First Nations, Métis and Inuit) with intergenerational trauma, social inequities and poor health outcomes. Particularly, Indigenous people experience a disproportionate burden of harm regarding problematic substance use (i.e., addictions). Although a large body of evidence exists supporting the positive impact of cultural programming in addictions treatment, much of the focus has been on First Nations culture, with a noticeable paucity of Métis specific culture. The absence of Métis specific cultural programming in

addictions treatment means off-reserve treatment centres are often unable to provide appropriate services and supports to Métis clients.

Objectives

With a community-based research approach, the project developed a framework outlining Métis specific cultural elements to guide the development of Métis culture in addictions programming.

Methods

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

Results

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

Conclusions

This framework can be used to develop Métis cultural curriculum in addictions treatment, ultimately enabling Métis clients to incorporate culture into their healing journey.

Sex and Gender Considerations

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

ORAL C8.3 Hope and Connections: Keys in Substance Use Intervention in Nunavik with Inuit Populations

Dolly Mesher, Isuarsivik Regional Recovery Center

Stéphanie Boisclair, Inuulitsivik Health Centre

Jasmine Hewer, Inuulitsivik Health Centre

Learning Objective

Seeing alternatives and community base ways of doing intervention highlight how it empowers communities.

Background

The community base Isuarsivik Addiction Counsellor, Dolly Mesher, and I, Stéphanie Boisclair, Prevention/Promotion in Addiction for Inuulitsivik Health Centre, worked in collaboration on many projects throughout 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

92 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 required 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 project 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 wants for their community. All our project 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.

Tuesday, November 21 / Mardi 21 novembre

Time / Heure	Activity / Activité
10:30–12:00 / 10 h 30-12 h	<p>Concurrent Session D / Séance simultanée D</p> <p>The Mental Health Commission of Canada has partnered with CCSA to present Concurrent Session D</p> <p>La Commission de la santé mentale du Canada s'est associée au CCDUS pour présenter la séance simultanée D</p> <div data-bbox="698 730 1179 926">  <p>Mental Health Commission of Canada Commission de la santé mentale du Canada</p> </div>

PANEL D1: The Helping Roles of Working Dogs in Substance Use Recovery

(Simultaneous interpretation available / interprétation simultanée disponible)

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

Learning Objective

This panel presents the findings of three patient-oriented studies examining the role of service dogs and therapy dogs, in individuals' substance use recovery journeys.

Background

Awareness is increasing about the importance of the role of connection in substance use recovery. Connection is understood in relation to other humans, one's self, a higher power, and even nature. Rarely is connection with an animal acknowledged.

Objectives

Based on three recent studies undertaken in the Office of One Health and Wellness at the University of Saskatchewan, this panel presents how the concept of connection is understood and experienced through human-animal interactions with working dogs.

Methods

The design of each study is patient oriented, with the first being a 20-minute comparative vignette questionnaire (N = 485). Studies 2 and 3 employed qualitative interviews.

Results

Study 1: Canadian veterans in need of a psychiatric service dog and diagnosed with a substance use disorder were more negatively stereotyped and stigmatized than those without a substance use disorder. Study 2: participants in a prison therapy dog program and who recently overdosed

developed trusting relationships with the program dogs, serving as a harm reduction strategy addressing prisonization and its associated mental health concerns, including substance use. Study 3: Veterans perceived their service dog as an important support, impacting all four of Substance Abuse and Mental Health Service's (SAMHSA's) dimensions of recovery through a sense of connection.

Conclusions

Understanding the benefits of connection with an animal, specifically a working dog, for individuals in or seeking recovery makes an important contribution to this field of practice and study.

Sex and Gender Considerations

Study 1: Participant responses did not differ based on gender and other demographics across vignettes. Study 2: All participants were male, reflective of the prison population. The role of hyper-masculinity is accounted for in discussion of prisonization. Study 3: The majority of the interviews were with males (63%) and Caucasians (88%); non-male-identified Veterans may have different experiences and perceptions in each of the studied areas. Indigeneity needs to be acknowledged given the harmful role of substance use in the colonial history of Indigenous people in Canada and current day disproportional health impacts of substance use and related stigma in future research.

ORAL D2: Practical Approaches to Mental Health and Substance Use Care /

EXPOSÉ ORAL D2 : Des approches pratiques pour les soins en usage de substances et en santé mentale

ORAL D2.1 Exploring an Innovative Tool to Assess Concurrent Disorders

Competencies and Initiate Self-Directed Learning — For Yourself and Your Teams!

Rick Johal, B.C. Mental Health and Substance Use Services
Justine Dodds, Public Health Service Agency
Miranda Barnas, B.C. Mental Health and Substance Use Services
Karthik SathiaMoorthi, B.C. Mental Health and Substance Use Services
Samantha Robinson, Samantha Robinson Consulting
Heather Fulton, Registered Psychologist, Vancouver

Learning Objective

Describe the online, interactive concurrent disorders competency framework and toolkit, including where to access it and how it can be used to support ongoing professional development in concurrent disorders

Apply self-assessment findings to develop a personalized learning and professional development plan

Identify opportunities to utilize the toolkit in your organization and consider supports for its implementation

Collaborate with other conference attendees in developing structures to support the implementation of the toolkit and associated resources into professional development planning across a variety of settings and sectors

Background

Practitioners lack training resources for individuals with concurrent disorders, and there are no standardized competencies for working with them. BCMHSUS developed an online Concurrent Disorders Competency Framework & Toolkit to address these gaps. The toolkit guides learners through self-assessment and supports them in setting learning goals for professional development. It features 16 competencies across four domains and four levels, serving a wide audience. This workshop lets participants try the toolkit and discuss implementation opportunities for ongoing professional development within their organizations.

Sex and Gender Considerations

The Concurrent Disorders Competency Framework itself, on which the Toolkit is based, includes references to several systemic inequities and service barriers faced by people with concurrent disorders. Specifically, competencies and examples of the competencies in action highlight the importance of understanding and considering the social determinants of health, gender, stigma, systemic racism, and the impacts of ongoing colonialism in health systems. In addition, the competency framework and toolkit underwent a language, tonal, and content evaluation with representatives of lived and living experience, and Indigenous knowledge holders.

ORAL D2.2 Innovative Approaches for Substance Use Health and Mental Health Care: An Evaluation of a Virtual Concurrent Disorders Program

Louise Overington, Royal Ottawa Mental Health Centre
Kelly Suschinsky, Royal Ottawa Mental Health Centre
Suzanne Bell, Royal Ottawa Mental Health Centre
Isabelle Ares, Royal Ottawa Mental Health Care Centre
Melanie Willows, Royal Ottawa Mental Health Centre
Kim Corace, Royal Ottawa Mental Health Centre

Learning Objective

Describe the Virtual-Concurrent Disorders Unit (V-CDU) Program

Discuss Substance Use Health and Mental Health outcomes for clients in the V-CDU

Highlight co-creation of V-CDU with clients and review results of client experience data

Background

The V-CDU launched in August 2020 to increase access to intensive day treatment for people with severe and complex mental health and substance use disorders in Eastern Ontario. People with living expertise, clinicians, and community stakeholders co-designed the V-CDU. The multidisciplinary V-CDU team offers comprehensive integrated care including stabilization, diagnostic assessment, individual/group treatment, and collaborative care planning with regional and community partners. There are limited data on the effectiveness of virtual care for concurrent disorders; this program is the first of its kind in Ontario.

Objectives

Evaluate the treatment outcomes for individuals who received services in the V-CDU.

Methods

Clients ($N = 58$; 37 female, 21 male at the time of submission) completed self-report measures assessing substance use health, mental health symptoms, and psychosocial functioning upon

admission and discharge from V-CDU. Chart reviews were conducted to collect other demographic and clinical information. Upon discharge, clients completed the Client Satisfaction Questionnaire to assess experiences in the program.

Results

Nearly half of the clients (42%) participated from rural communities. At discharge, clients reported significant improvements in substance use health, mental health, and psychosocial functioning ($p < .05$). All clients (100%) with completed questionnaires were satisfied with the services received and would recommend the V-CDU to family and friends in need.

Conclusions

These findings provide evidence for the effectiveness of virtual integrated treatment for individuals with concurrent disorders. Virtual care is essential for increasing access to care, particularly in rural communities. More research is needed to establish long-term outcomes.

Sex and Gender Considerations

Women typically face more barriers when accessing treatment for mental health and substance use disorders. V-CDU was designed with a gender-responsive and trauma-informed care lens. Nearly two thirds (64%) of our clients were women, suggesting that virtual care may be an accessible treatment modality for women. We examined gender differences at intake. Results show that there were no significant gender differences in age, substance use symptoms, anxiety, or depressive symptoms at the onset of treatment in V-CDU. Data collection is ongoing and we will examine gender differences in treatment outcomes.

ORAL D2.3 Alternative Response to Citizens in Crisis (ARCC): A Winnipeg Police Service and Shared Health Pilot Project

Helen Peters, Winnipeg Police Service
Chris Puhach, Winnipeg Police Service
Daniel Dacombe, Shared Health Manitoba

Learning Objective

This presentation will detail the results of the Alternative Response to Citizens in Crisis (ARCC) pilot project and how its successes benefited the citizens of Winnipeg.

Background

Experiencing a mental health crisis is a reality faced by most people at one time or another, and those with the least access to social supports often rely on emergency services such as police and hospital emergency departments. Non-criminal dispatched calls for police service continue to rise in Winnipeg as does the demand to respond to community needs with alternative mental health and addiction crisis support. In 2021, threats of suicide peaked at their highest in five years, and calls to check an individual's well-being were the highest citizen generated call for service two years in a row.

Objectives

In response to these increasing demands, the Winnipeg Police Service and Manitoba Shared Health formed a partnership to launch a one-year pilot project entitled ARCC.

Methods

This pilot project paired a police officer with a mental health clinician to bring mental health services into community to provide safe, on-scene access to mental health interventions.

Results

Through its two-stage response model delivering reactive and proactive support, ARCC decreased the total number of ED presentations brought by police and the associated wait time in hospital with a person in need of psychiatric assessment.

Conclusions

ARCC was successful in bringing crisis services to individuals in community reducing their reliance on police and hospital EDs.

Sex and Gender Considerations

ARCC brought services to the most vulnerable citizens of Winnipeg including individuals who were street involved and have many co-occurring physical, health, mental health, and intellectual disability conditions. At every point in project design and service delivery were the safety and equity needs of potential clients at the forefront of development. Each case involved with ARCC was approached with the highest degree of respect for sex, gender, and through a trauma-informed, culturally safe lens.

ORAL D3: Providing Quality Care for Concurrent Disorders /

EXPOSÉ ORAL D3 : Fournir des soins de qualité en cas de troubles concomitants

(Simultaneous interpretation available / interprétation simultanée disponible)

D3.1 Integrated Mental Health and Substance Use Services: Knowledge from the Literature and People with Lived and Living Experiences

Miguel Andres Hernandez-Basurto, Canadian Centre on Substance Use and Addiction
Véronique Joncas, Mental Health Commission of Canada

Learning Objective

Describe the state of knowledge in the integration of substance use health (SUH) and mental health (MH) services;

Learn concrete recommendations for integrated service delivery from 100+ people with lived and living experience (PWLLE) across Canada.

Background

The close relationship between SUH and MH concerns has amplified the need for more integrated approaches to SUHMH services and supports. However, best practices and the experiences of people who use these services are not clear.

Objectives

To synthesize the evidence on integrated substance use health and mental health approaches and services in Canada and internationally.

To explore how PWLLE experience and prefer service integration.

Methods

A scoping review of relevant academic literature and a review of grey literature were conducted and enriched through interviews and focus groups with 102 PWLLE.

Results

The grey literature search found a total of 124 documents providing guidance on service integration for screening and treatment of people with SUHMH needs, but little guidance on implementation and evaluation and on working with specific populations. The scoping review found that progress is being made on integrated approaches particularly in primary care settings, but that implementation barriers such as stigma persist. The study with PWLLE echoed the call for more integrated SUHMH services, and also stressed the need for more compassionate and equitable care across all care systems.

Conclusions and Impacts

These findings contribute to a body of knowledge to enhance the seamless delivery of SUHMH services in Canada, including through the development of national standards on SUHMH services.

Sex and Gender Considerations

One of the main findings of the three studies included in this panel presentation is that the resources and evidence on SUHMH service integration are lacking knowledge and specialized programs for equity-deserving communities. We will highlight gaps and limitations of current evidence and services within communities and populations who are disproportionately affected by health inequities relating to SUH and MH care, such as Indigenous people, women, and 2SLGBTQ+. The presentation will highlight the ongoing social, structural, and systemic barriers and stigma that limit or prohibit access to care for these populations.

ORAL D3.2 Reimagining Regulation and Quality Assurance in the Mental Health and Substance Use Health Workforce

Mary Bartram, Stepped Care Solutions
Kathleen Leslie, Athabasca University
Jelena Atanackovic, University of Ottawa
Micheala Slipp, Athabasca University
Sophia Myles, Athabasca University
Jesse Klaus, University of Ottawa
Ivy Bourgeault, University of Ottawa

Learning Objective

Learn about the current state of evidence on regulatory and quality assurance mechanisms for the substance use health (SUH) and mental health (MH) workforce.

Discuss the issues and tensions in re-imagining regulatory frameworks in Canada to improve health equity.

Background

The SUHMH workforce is in critical demand across Canada. However, the impact of regulatory and quality assurance frameworks on equitable access to MHSUH services and workforce mobilization has received little attention.

Objectives

To re-imagine regulatory and quality assurance mechanisms for a range of SUHMH providers, examine factors contributing to reform, and identify leading policies supporting equitable access to SUHMH services and providers.

Methods

Guided by an expert advisory committee (including those with lived/living expertise), we completed an international evidence synthesis and thematic analysis of key informant interviews.

Results

We identified key findings and leading practices around the importance of standardizing competency frameworks, the impact of restrictive and inconsistent regulatory structures on SUHMH workforce capacity, the value of flexible regulatory accommodations enacted during the pandemic (including for virtual service access), the need for quality assurance mechanisms that value lived experience and cultural knowledge, and the potential of unregulated and under-regulated MHSUH providers to address gaps in access to care. We identified a dynamic tension between authoritative top-down regulation with the statutory mandate to protect the public and flexible bottom-up quality assurance mechanisms that protect providers from stigma and legacies of criminalization.

Conclusions

As part of the Canadian Institutes of Health Research (CIHR) National Standards for Mental Health Services initiative, this project will contribute to national MHSUH standards complementing provincial/territorial approaches. A re-imagined regulatory framework has the potential to contribute to health equity by improving access to SUHMH providers and services across Canada.

Sex and Gender Considerations

We applied an intersectional lens throughout the project to ensure we thoroughly considered equity issues such as how gender roles shape participation in the SUHMH workforce and help-seeking behaviours, the challenges in providing virtual SUHMH services to lower-income and racialized populations, and longstanding financial and cultural barriers in access to care. It is clear from our foundational research that the SUHMH sector is disproportionately staffed by those who identify as women. Our advisory committee guiding the project and our qualitative interviews engaged voices across various identities, backgrounds, and experiences as both MHSUH service users and service providers.

D3.3 Worthless to Wellness: How Supportive Professional and Educational Environments Helped Me See and Value My Personal, Professional, and Academic Worth During a Mental Health Relapse and Substance Use Health Recurrence

Tina White, Carleton University

Summary

In this presentation I will discuss my mental health, substance use health, and wellness/recovery journey since the beginning of the COVID-19 pandemic and how supportive educational and professional environments helped to save me from myself, see and value my worth and my life, and what that commitment, action, and change looked like in practice. I will explain how encouraging professional environments and my progressive post-secondary institution supported me through a mental health relapse and substance use health recurrence after years of remission; accommodations, recognition, and empathy aided my wellness/recovery journey, even during 'active' addiction. How my educational structural social work and harm reduction backgrounds may have saved my life and how stigma and shame looked and felt different this time. I will honestly and vulnerably showcase what a recurrence looks like for a social work student and an (almost) professional in the harm reduction, substance use health, and addiction field. My goal for this

presentation is to inspire professors, managers, leaders, and educational institutions to self-reflect on how they view active addiction and commit to better accommodating students and employees, no matter where they are in their wellness/recovery journey. I want to remind audience members that it's not us versus them, but it's we, together, that have the power to create a better world for those who use substances and those with addiction issues. That we are all striving for the same goals. That anyone can be an agent of impactful and meaningful change. That anyone can be an inspiration.

Key Message

I am (almost) a professional in the field of harm reduction and substance use health. I am (almost) a social worker. And I (almost) gave up on everything because it felt like my life was worthless.

During the COVID-19 pandemic, I suffered one of the worst mental health relapses I've ever experienced. Months later, I went through a cocaine/alcohol-induced substance use health recurrence that I thought would never happen and didn't see coming.

Accommodations, recognition, and empathy supported my wellness/recovery journey and helped me value my worth. Even during active addiction.

Why are we only considered worthy while healthy? Why are our efforts not recognized until we get better? How can professors, managers, and educational institutions contribute to ensuring a safer, encouraging, and supportive recovery environment for their students and employees?

In this presentation, I will do my best to answer these questions in a vulnerable, semi-lighthearted, and meaningful way.

ORAL D4: At the Intersection Between Mental Health and Substance Use: Spotlight on Cannabis /

EXPOSÉ ORAL D4 : Au carrefour de la santé mentale et de l'usage de substances : pleins feux sur le cannabis

ORAL D4.1 Cannabis Associated Presentations to the ED Since Legalization: Results and Methodological Concerns

Candice Crocker, Dalhousie University
Jason Emsley, Dalhousie University
Alexandra Carter, Dalhousie University
Kirk Magee, Nova Scotia Health Authority
Sherry Stewart, Dalhousie University
Igor Yakovenko, Dalhousie University
Philip Tibbo, Dalhousie University

Learning Objective

After this presentation, the participants should be able to:

have an understanding of the frequency and type of adverse events associated with cannabis use that present to the emergency department.

discuss the strengths and weaknesses of different approaches (administrative database versus medical chart) for characterizing adverse events in a population.

Background

Recreational cannabis use has slowly increased in Canada since legalization in 2018. Similar trends have been seen in U.S. states that have legalized recreational cannabis use. However, studies examining impacts on the healthcare system have yielded mixed results. The emergency department (ED) is one of the areas studied regarding healthcare demand when adverse events are seen.

Objectives

Determine the frequency of physical and mental health related adverse events related to cannabis use in three adult EDs since cannabis legalization in Canada and whether these effects are selectively experienced.

Determine how many cannabis-related contacts individuals have with emergency services prior to needing/warranting a medical admission or mental health referral/admission

Methods

We employed a rigorous approach of combining Emergency Department Information System (EDIS) based on ICD-10 codes and hand searching medical charts to examine cannabis use associated presentations to the ED.

Results

Our results show a slow increase in cannabis-related ED presentations similar to increases in use in the general population. We also found a difference in rates if we considered only administrative data as compared to admin with additional searching of ED presentation notes in the medical record. Individuals who had an adverse event related to cannabis use were likely to have a heavy impact on health care resources such as greater use of medical transport and repeat visits.

Conclusions

Detailed examination of medical records in conjunction with ED professionals may be required to obtain a clear picture of the full impact of adverse events related to cannabis use.

Sex and Gender Considerations

Sex and gender are an important mediating variable explored in our analyses of the adverse effects of cannabis use. Research is sparse on this topic but what we do know suggests that while women use less cannabis, they may be more adversely affected. Women who use seem to be at greater risk of developing a cannabis use disorder and becoming addicted more rapidly than men. We do not know if this effect is related to biological sex effects of hormones, liver function and brain structure or if gender is the more important factor here and social constructs are driving these behaviours.

D4.2 An Updated Review of Canadian Armed Forces (CAF) Members' Perceptions of the CAF Policy on Cannabis Use

Megan Therrien, Department of National Defence

Learning Objective

This presentation will provide an updated overview of Canadian Armed Forces (CAF) members' cannabis use and their perceptions of the CAF's policy on recreational cannabis use, four years after legalization and two years after findings from a previous survey were presented at the 2021 Issues of Substance conference.

Background

At the 2021 Issues of Substance conference, results were presented from a 2020 survey on CAF members' perceptions and knowledge of the CAF's policy on recreational cannabis use which outlines expectations for all CAF members, and details prohibition periods for those carrying out specific duties. Among the findings it was revealed that 2/5ths of members consumed cannabis post-legalization, with males and younger members more likely to report prohibition periods as appropriate.

Objectives

The aim of the current study is to provide an updated evaluation of CAF members' cannabis use and their perceptions of the CAF's policy on cannabis use, four years after recreational cannabis use was made legal.

Methods

A follow-up online survey was completed between September and November 2022 by a stratified random sample of 1,928 Regular Force CAF members (37.8% response rate). Survey data will be weighted to be representative of the overall Regular Force population.

Results

Results will focus on trends in cannabis usage among members, as well as perceptions on the appropriateness of the CAF policy on cannabis use, specifically exploring findings by psychosocial variables of interest to the CAF, including sex, age, and rank. Additionally, findings will be compared to those from the 2020 survey, to explore whether changes in perceptions and attitudes around recreational cannabis use have changed in the years following legalization.

Conclusions

Results from the current study will be used to inform ongoing updates to the CAF policy on cannabis use. Findings will also inform health promotion strategies, including targeting those sub-populations that demonstrate higher cannabis usage.

Sex and Gender Considerations

In an effort to be inclusive, our survey asked both about sex, defined as "sex assigned at birth," as well as gender, defined as "current gender which may be different from sex assigned at birth and may be different from what is indicated on legal documents." Given what we know about cannabis use and differences among sexes, including reasons for use, quantities consumed, and cannabis effects, differences between males and females will be considered in the analyses and the presentation.

ORAL D4.3 Use of Cannabis for Medical Purposes in the Canadian Territories:

Relationship with Socio-Demographic Characteristics

Erin Hobin, Public Health Ontario
Naomi Schwartz, Public Health Ontario
Theresa Poon, Public Health Ontario
David Hammond, University of Waterloo
Danielle Corsetti, University of Waterloo

Learning Objective

Understand the prevalence of cannabis use for mental health in the three territories.

Identify socio-demographic characteristics associated with cannabis use for mental health.

Background

The epidemiology of cannabis use to manage mental health is important to study in Canada's territories where there are higher rates of cannabis use, and frequently, limited access to mental health services.

Objectives

Determine the prevalence of cannabis use to manage mental health symptoms

Explore differences in use across socio-demographic groups.

Methods

The 2022 Cannabis Policy Study in the Territories surveyed 2,462 residents (age 16+) of Canada's territories, recruited through mail-push-to-web invitations, sent via Canada Post household/neighbourhood mailing lists. The weighted prevalence of reported cannabis use to manage mental health problems was assessed overall and among participants with self-reported mental health problems (past-12-months). Weighted logistic regression was used to examine associations between socio-demographic characteristics (sex, age, education, income adequacy, territory, inside/outside capital cities) and cannabis use for mental health.

Results

Among all participants, 80% had ever used cannabis and 29% had ever used cannabis to manage mental health problems, most frequently for symptoms of anxiety (22%), and depression (19%). Among those reporting past-12-month mental health problems ($n = 1,087$), 51% had used cannabis to manage symptoms. Socio-demographic characteristics associated with use for mental health included younger age, low-education, low-income, and outside capital cities (all $p < .05$). Use was similar by sex.

Conclusions

Cannabis was frequently used in the territories to manage mental health symptoms, with highest use in low-income/education groups, younger ages, and geographically remote populations. Given its prevalence, more research is needed to understand cannabis use for mental health.

Sex and Gender Considerations

We examined cannabis use for mental health in the territories, an often under-examined geography, exploring whether this behaviour was more prevalent in females, lower education/income, and remote populations. Examining inequities is important as use for mental health is associated with cannabis use disorder, and may indicate limited access to mental healthcare. We reported differences by sex, though acknowledge that sex-differences are often related to gender/social factors (e.g., marketing, roles, expectations) that influence use. The Cannabis Policy Study in the Territories established an Indigenous Advisory Council, and consulted with territorial health leadership on survey recruitment, measures, interpretation, and dissemination of findings.



***ORAL D5: First Nations Practices for Transformative Impact /
EXPOSÉ ORAL D5 : Les pratiques des Premières Nations, pour des
effets transformateurs***

**ORAL D5.1 A National Association Guided Through the Lens of the First Nations
Mental Wellness Continuum Framework**

Brenda Restoule, First Peoples Wellness Circle
Carol Hopkins, Thunderbird Partnership Foundation

Learning Objective

Recognizing that a national association must be created in conjunction with those it would serve, this panel will present the guiding principles, core competencies and structure of the association to the audience to benefit from their insights. This feed

Background

Due to longstanding inequities, the First Nations' mental wellness and addictions workforce face challenges not experienced by their non-First Nations counterparts.

Objectives

Thunderbird Partnership Foundation in conjunction with First Peoples Wellness Circle will be leading a workshop with the goal of addressing the development of a First Nations-led national association that will support the mental wellness workforce. This workforce continues to face increased demand for their services due to the complexities of intergenerational trauma and harms that have been perpetuated by colonial institutions and policies.

Methods

The development of a national association will be guided by the principles of the First Nations Mental Wellness Continuum (FNMWC) Framework. The association would advance the mandate of promoting culture as intervention to support and enhance culturally based and trauma-informed programs. Additionally, the national association would support the workforce in developing, maintaining and monitoring effectiveness core competencies informed by the key concepts of the FNMWC. Core competencies would enhance capacity for certification of a mental wellness workforce.

Sex and Gender Considerations

Thunderbird Partnership Foundation and First Peoples Wellness Circle has been advocating for the First Nations substance use and addictions workforce and the First Nations mental wellness workforce through several critical areas including review of the existing system and compensation levels, increased accountability to First Nations communities, and creating baseline measures. The goal of this work is to ensure that First Nations people and communities have accessible and culturally relevant substance use services close to home.

**ORAL D5.2 Wise Practices for Life Promotion (Website and Train the Trainer
Program)**

Mary Deleary, Thunderbird Partnership Foundation



Learning Objective

Many suicide prevention interventions are individual-focused leading to increased surveillance and marginalization of youth who are identified as at-risk. This course is built on the assumption that youth wellness and life promotion is a collective responsibility, and communities have important roles to play through the cultivation of Hope, Belonging, Meaning, and Purpose through strength-based community connections.

Background

The Wise Practices website and Train the Trainer program is committed to reducing suicide and suicidal behaviour among First Nations youth by 'leading with the language of life' rather than relying on deficit-centred language or risk factor-based approaches. This new resource is a compilation of wise practices for promoting life among young people based on what is already working and/or showing promise in First Nations communities across the country. The final products have been designed to be culturally relevant and responsive to the lived realities of young people and all who are invested in wellness for First Nations youth.

Objectives

The purpose of the Training course is to practically support community workers to implement life promotion ideas from the wisepractices.ca website in their own communities.

Methods

Commitment to centring Indigenous knowledges, and recognize the place of culture, community, spiritual life, and the land in relation to this work.

Results

The final products, training curriculum and website have been designed to be culturally relevant and responsive to the lived realities of young people and all who are invested in wellness for First Nations youth.

Conclusions

The intention of showcasing these wise practices is to honour and give credit to what is already happening to promote life and vitality in First Nations communities across Canada.

Every community has its own needs and strengths, its own teachings and cultural practices, and its own readiness for taking on different aspects of this work.

Sex and Gender Considerations

Sex, gender and diversity is considered in several ways. As this training and the web site focuses on the Indigenous First Nations population the training development is informed by Indigenous Worldview, methodologies, perspectives, and research relevant to Indigenous people. 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.

D5.3 Transformation: Innocence to Wisdom

Gregory Murdock, Residential School Trauma and Cultural Advisor

Summary

My story is one of failure and success. It is a story that describes in a microcosm the story of My People. It is the story about the traumatising of my people and of myself by the Indian residential school system. The most exciting part of my story is the unraveling of that trauma and the beginning of the healing that is taking place in various places in Canada. Much of my story is known by any number of Canadians who are aware of social issues that exist in our country. For the most part Canadian societies including health and justice systems do not know how to treat native people with addictions. And in a very real sense is a failure. For my presentation, I will describe the conditions necessary for me to begin the psychological and spiritual process of reconnecting to my inner self and to my culture. It was the disconnection from these that contributed to my alcohol and drug addiction. Through a long process with Traditional Healers and Traditional ceremonies I was able to reconnect to my culture in a living experience. I also met a person who described to me my condition through the eyes of trauma. That was the last piece I needed to be restored to a healthy authentic state of being. I now spend my time working with my community and I have had some success. How I achieve that success it is what I wish to share with this audience.

Key Message

Wisdom is the ability to create conditions where change can take place.

I will describe the various skills that it took to begin my journey back to health. I refer to this as the Journey from Innocence to Wisdom. Another way of describing my life is one of transformation. Transformation from The Innocence of Life, to change brought about by violence, and then the return to health by way of intervention of knowledgeable skilled caring people.

ORAL D6: At the Intersection Between Mental Health & Substance Use / EXPOSÉ ORAL D6 : Au carrefour de la santé mentale et de l'usage de substances

EXPOSÉ ORAL D6.1 Comment améliorer l'intervention auprès des personnes présentant une concomitance « victimisation/dépendance » : Des personnes présentant la double problématique s'expriment

Francine Ferland, Service de recherche en dépendance du CIUSSS de la Capitale-Nationale / CISSS de Chaudière-Appalaches
Nadine Blanchette-Martin, Service de recherche en dépendance du CIUSSS de la Capitale-Nationale / CISSS de Chaudière-Appalaches
Chantal Plourde, Université du Québec à Trois-Rivières
Catherine Rossi, Université Laval
Annie-Claude Savard, Université Laval
Maggie-Audrey Bernier, CIUSSS de la Capitale-Nationale
Gabrielle Ehouarne, CIUSSS de la Capitale-Nationale

Objectif d'apprentissage

L'objectif de cette présentation est de sensibiliser les participants aux besoins spécifiques d'intervention des personnes ayant été victimes d'actes criminels qui présentent un problème de consommation de substances.

Contexte

Les impacts d'un acte criminel dans la vie d'une personne peuvent influencer sa consommation et le cours de l'intervention (MSSS, 2018), il apparaît donc important que cette dernière réponde aux besoins de la personne tant sur le plan de la consommation que sur le plan de la victimisation.

Objectifs

Identifier les embûches cliniques rencontrées en cours d'intervention et documenter les adaptations cliniques à apporter pour permettre que l'intervention réponde davantage aux besoins des victimes d'actes criminels qui ont un problème de consommation.

Méthodes

Étude qualitative utilisant des entrevues semi-structurées auprès de 40 personnes présentant la double problématique « victimisation/dépendance »

Résultats

Les entrevues menées auprès de 28 femmes et 12 hommes indiquent que leur double problématique est rarement traitée de manière simultanée. De plus, la collaboration entre les intervenant.e.s en dépendance et en victimisation est plutôt rare ce qui amène les gens à devoir répéter à plusieurs reprises leur histoire.

Conclusions

Une meilleure collaboration entre les intervenantes des deux spécialités devrait être facilitée afin de mieux aider les victimes d'actes criminels qui ont un problème de consommation et favoriser leur rétablissement. D'autres pistes d'amélioration sont également présentées.

Considérations liées au sexe et au genre

Les entrevues ont été menées auprès d'hommes et de femmes ayant été victimes d'actes criminels et présentant un problème de consommation de substances (alcool et drogues). Les résultats présentent leurs expériences d'intervention. Lorsque des différences sont présentes entre les propos des hommes et des femmes, ces différences sont mises en lumière. De plus, les pistes de solution présentées sont distinguées selon le sexe lorsque ces pistes sont spécifiques à un sexe ou l'autre.

EXPOSÉ ORAL D6.2 Étude comparative des décès accidentels par surdose et par suicide au Québec

Victoria Massamba, Institut national de santé publique du Québec

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

Pablo Martínez, Université de Sherbrooke

Elhadji Anassour Laouan Sidi, Institut national de santé publique du Québec

Paul-André Perron, Bureau du coroner en chef du Québec

Helen-Maria Vasiliadis, Université de Sherbrooke

Marie-Josée Fleury, Université McGill

Didier Jutras-Aswad, CRCHUM

Anaïs Lacasse, Université du Québec en Abitibi-Témiscamingue

Alain Lesage, Département de psychiatrie et d'addictologie, Université de Montréal

Objectif d'apprentissage

Mieux connaître les personnes qui décèdent accidentellement par surdose.

Contexte

Les décès accidentels par surdose (DAS) et par suicide représentent une crise de santé publique au Canada. Leurs causes sont multifactorielles (individuelles, socioculturelles, systémiques/institutionnelles). Les DAS et les décès par suicide pourraient avoir des facteurs de risque individuels similaires.

Objectifs

Comparer les caractéristiques individuelles entre les DAS et les décès par suicide.

Méthodes

Les données proviennent du Système intégré de surveillance des maladies chroniques du Québec. La population comprend les individus (12+ ans) assurés au régime public d'assurance maladie, décédés accidentellement par surdose ($n = 2\,002$) ou par suicide ($n = 16\,555$) du 01/04/2003 au 31/03/2018.

Résultats

En comparant les groupes DAS et suicide : l'âge moyen était de 45,2 et 47,2 ans; les femmes 30,9% et 24,1%. Les taux de troubles mentaux (~75%), l'anxiété (~50%) et la dépression (~45%) étaient similaires; mais les troubles liés aux substances étaient présents dans 60% (DAS) et 32% (suicide). Les personnes décédées par DAS et celles par suicide avaient un recours semblable aux services médicaux durant l'année précédente: environ 20 % ont visité un psychiatre, 70 % un médecin de famille et 65% l'urgence. La consommation à vie des médicaments psychiatriques (78,8% et 69,6 %) et non psychiatriques (84,6 % et 74,2 %) était élevée dans les deux groupes.

Conclusions

Les similitudes suggèrent que certaines stratégies de prévention du suicide dans la population soient intégrées dans celle des DAS.

Considérations liées au sexe et au genre

Compte tenu des informations disponibles dans la banque de données (SISMACQ), l'étude comparative des décès par surdose et par suicide au Québec a considéré le sexe et l'équité en vue de supporter une prévention ciblée des décès par surdose. Notre étude reconnaît que le portrait des décès par surdose peut varier selon le sexe en mesurant la proportion des femmes décédées par surdose comparativement aux hommes. Étant donné que les personnes avec un niveau élevé de défavorisation sont susceptibles d'être surreprésentées parmi les décès par surdose, nous avons mesuré les décès selon les quintiles de défavorisation sociale et matérielle.

EXPOSÉ ORAL D6.3 Comment les étudiants consomment? Exploration des profils de polyconsommation d'une grande cohorte d'étudiants et investigation des liens avec le milieu socio-économique et la santé mentale

Julie Arsandaux, Université de Nantes

Objectif d'apprentissage

Décrire les profils de consommations par une approche originale et discuter de l'intérêt pour la recherche et la prévention.

Contexte

Bien que la consommation de substances chez les étudiants représente un problème de santé publique important, la polyconsommation et l'expérimentation de drogues restent flous, ce qui entrave les efforts de prévention.

Objectifs

Identifier les profils de polyconsommations chez les étudiants à l'université et investiguer leurs liens avec le milieu socio-économique et la santé mentale.

Méthodes

Nous avons utilisé une analyse par classes latentes sur une cohorte d'étudiants pour identifier les profils de polyconsommations. Nous avons estimé les associations entre la probabilité d'appartenance aux classes latentes et le sexe, le milieu socio-économique et la santé mentale par une régression logistique.

Résultats

Parmi 14 772 étudiants (âge moyen de 21 ans, 76 % de femmes), nous avons identifié 4 profils : Non consommateurs (52%); Consommateurs peu fréquents (binge, cannabis ou tabac) (31%); Polyconsommateurs peu fréquents (binge, cannabis, tabac, nitrites d'alkyle et protoxyde d'azote) (11%); Polyconsommateurs fréquents (alcool, cannabis, tabac et ecstasy, cocaïne ou amphétamines) (7%). Les non-consommateurs étaient plus susceptibles d'être des femmes et d'être moins intégrés socialement. Les poly-consommateurs peu fréquents présentaient une meilleure estime de soi et un stress perçu plus élevé. Les polyconsommateurs fréquents appartenaient à des groupes socio-économiques défavorisés et à des familles ayant des problèmes de santé mentale ou d'alcool. Ces derniers étaient caractérisés par davantage de symptômes anxio-dépressifs, d'impulsivité/agressivité et de troubles du sommeil.

Conclusions

Cette étude met en lumière le niveau alarmant de polyconsommation chez les étudiants. Les facteurs de risque et de protection qui augmentent les profils de consommations à risque ont été identifiés et peuvent servir à de futures études et à la prévention en santé publique.

Considérations liées au sexe et au genre

Dans cette étude, nous examinons comment le sexe et le contexte socio-économique sont associés aux profils de consommations. En France, tous les niveaux socio-économiques ont accès à l'université, ce qui rend cette question particulièrement pertinente. Fait intéressant de notre étude, les étudiants qui déclaraient des difficultés économiques avaient des profils variés, certains étant moins susceptibles de consommer tandis que d'autres étaient plus susceptibles d'être des polyconsommateurs fréquents. Les minorités de genre et d'orientations sexuelles constituent une population cible pour nos futures recherches. Ces étudiants expérimentant des discriminations et une faible estime de soi, ils pourraient donc présenter des profils spécifiques de consommation encore peu décrits.

WORKSHOP D7: Building Towards a Standardized Approach for Progress and Outcome Monitoring Across Services Treating Substance Use and Concurrent Disorders: Key Considerations and Lessons Learned

Jean Costello, Homewood Research Institute
Shannon Remers, Homewood Health
Kim Corace, Royal Ottawa Mental Health Centre
Kim Baker, St. Leonard's Community Services
Ahmad Mauluddin, Homewood Research Institute
Derek Chechak, St. Leonard's Community Services
James MacKillop, McMaster University
Brian Rush, Centre for Addiction and Mental Health (CAMH)

Learning Objective

Participants will have the opportunity to:

- Learn about the importance of progress and outcome monitoring (POM), key components of POM systems, and examples from three treatment settings: Homewood Health Centre, The Royal, and St. Leonard's Community Services;
- Discuss with researchers, implementation leads, and service providers the process of co-developing, implementing and evaluating POM systems, including key considerations and lessons learned; and,
- Apply implementation science frameworks to guide plans for implementing a POM system within one's own program/agency.

Background

Stakeholders at all levels (i.e., client-, clinician-, program-, system) lack access to reliable, client-level outcome data to make informed decisions about services designed to treat substance use and concurrent disorders. A standardized approach to POM is needed to better characterize clients, evaluate treatment effectiveness, and inform quality improvement efforts. The presenters and facilitators of this workshop are researchers, implementation specialists and services providers engaged in a project that aims to facilitate and study the implementation of POM systems across six live-in programs. The workshop provides an opportunity to learn about this important work, share lessons learned, and build capacity toward implementing standardized POM practices.

Sex and Gender Considerations

The workshop is based off the collective experiences of researchers, implementation specialists and service providers involved in the POM Project. As part of the project, we intentionally engaged programs/agencies who provide services to a range of sub-populations seeking treatment for substance use or concurrent disorders, including those providing gender-specific services. We will discuss the need to consider sex, gender and other equity considerations in the development, implementation and evaluation of POM systems and highlight further opportunities to do so.

ORAL D8: Considerations and Implications on Substance Use and Traumatic Experiences /

EXPOSÉ ORAL D8 : Considérations et implications sur l'usage de substances et les expériences traumatiques

ORAL D8.1 Self-harm, Suicidal Ideation and Suicide Attempts Among Canadian University Students with Stimulant Use Disorder

Quinten Clarke, University of British Columbia Department of Psychiatry

Angel Wang, University of British Columbia

Priscilla Paz, University of British Columbia

Danial Vigo, University of British Columbia

Learning Objective

Understand the role of stimulant use disorder on the odds of self-harm, suicidal ideation and suicide attempts.

Background

Minimal research has been completed relating to the effect of stimulant use disorder on self-harm, suicidal ideation, and suicide attempts. As stimulant use is prevalent on university campuses, it is salient to investigate these behaviours among this subpopulation.

Objectives

To characterize the impact of stimulant use disorder on self-harm, suicidal ideation and suicide attempts.

Methods

Data was obtained from weekly cross-sectional surveys of probabilistic samples of University of British Columbia students. DSM-5 criteria were used to determine whether respondents met stimulant use disorder, major depressive disorder, and bipolar disorder criteria during their life. Students self-reported lifetime self-harm, suicidal ideation, and suicide attempt in a binary manner. Respondents who did not answer all survey questions used in the analysis were excluded.

Demographic data were analyzed descriptively. Adjusted odds ratios were computed while controlling for gender, age, lifetime major depressive disorder, and lifetime bipolar disorder.

Results

10,539 respondents met inclusion criteria. Respondents were 62.9% woman. Median age of 22 (IQR: 7). 218 (2.1%) respondents met criteria for lifetime stimulant use disorder.

Adjusted odds ratios showed that a lifetime stimulant use disorder increased the odds of self-harm, suicidal ideation, and suicide attempt by 3.22 (95% CI: 2.40-4.31), 3.04 (95% CI: 2.18-4.25), and 3.14 (95% CI: 2.20-4.48) respectively.

Conclusions

Lifetime stimulant use disorder meaningfully increased the odds of lifetime self-harm, suicidal ideation and suicide attempt.

Sex and Gender Considerations

Sex and gender-diverse groups, notably LGBTQ+ groups, were involved in the development of the survey questions and the interpretation of the results. Analysis was conducted by an author who has previously completed the Government of Canada's Sex and Gender-based Analysis Plus course.

ORAL D8.2 Posttraumatic Stress Symptoms and Chronic Pain Interact in Predicting Cannabis Use Levels and Problems in Traumatized Cannabis Users

Sherry Stewart, Dalhousie University
Sarah DeGrace, Dalhousie University
Pablo Romero-Sanchiz, University of Roehampton
Igor Yakovenko, Dalhousie University
Sean Barrett, Dalhousie University
Pamela Arenella, Dalhousie University
Philip Tibbo, Dalhousie University
Thomas Julian, Dalhousie University
Tessa Cosman, Dalhousie University
Pars Atasoy, Dalhousie University

Learning Objective

From attending this session, attendees will:

- Learn about the high rates of multimorbidity between posttraumatic stress symptoms (PTSS), chronic pain, and problematic cannabis use.
- Appreciate how risk factors may not simply be additive but may interact in increasing risk for heavy and problem cannabis use.
- Understand the importance of examining both cannabis use levels and cannabis-related problems as distinct outcomes in PTSD-cannabis research.

Background

Increasingly, cannabis is being prescribed by clinicians, or used by individuals, to help manage PTSS or chronic pain, as cannabis has been argued to be beneficial in both situations. However, the evidence on efficacy is conflicting with evidence of risks mounting, leading some to caution against the use of cannabis for the management of PTSS and/or chronic pain.

Objectives

We examined the potential interactive effects of PTSS and chronic pain in explaining cannabis use levels and cannabis-related problems. We hypothesized that chronic pain interference and PTSS would each significantly predict both past month cannabis use and cannabis-related problems (main effects), and that the chronic pain effects would be strongest among those with greater PTSS (interaction).

Methods

Forty-seven current cannabis users with trauma histories and chronic pain (34% male; mean age = 32.45 years) were assessed for current PTSS, daily chronic pain interference, past month cannabis use levels (grams), and cannabis-related problems.



Results

Moderator regression analyses demonstrated chronic pain interference significantly predicted both concurrent cannabis use levels and cannabis-related problems, but only at high PTSS.

Conclusions

Results suggest that cannabis users with trauma histories may be at greatest risk for heavier and more problematic cannabis use if they are experiencing both chronic pain interference and PTSS.

Sex and Gender Considerations

Much research in this field is restricted to men (e.g., veterans research) or to women (e.g., sexual assault) only samples. We included participants of any gender. We also were inclusive of individuals from a variety of racial and ethnic backgrounds and sexual orientations. This increases the generalizability of our findings across various minority populations.

D8.3 72 Hours in Benzo Withdrawal — And I Didn't Even Know It!

Anita David, B.C. Mental Health and Substance Use Services

Summary

I am the first to admit that I have an addictive personality. I do it for everything! So when my anxiety had me in a constant state of fear and panic coupled with endless nights of little sleep, my go to is to up my dose of my benzodiazepines. When it came to benzos, if one was good, two were even better. And three, four, five, I just wanted relief from my pain, my trauma and my life! But I didn't get that relief. One day after a medical emergency, I left the hospital high on painkillers and made what I thought was a logical decision to not take my regular meds. The result was both a harrowing and humorous odyssey into withdrawal that nearly ended my life.

Key Message

My presentation will focus on my lived experience of benzo misuse and withdrawal along with sharing facts from research around this topic as well as recommendations for PWLLE and health care providers to help to determine if there is medication misuse by seeing an PWLLE through the many layers of their unique experience including trauma, coping mechanisms etc.

Time / Heure	Activity / Activité
13:30–15:00 / 13 h 30-15 h	Concurrent Session E / Séance simultanée E

WORKSHOP E1: Getting Engaged with Canada's New Guidance on Alcohol and Health: Considerations for the Development of an Interactive Web Application

Amanda Farrell-Low, Canadian Institute for Substance Use Research

Andrea Cowan, Canadian Institute for Substance Use Research

Kate Vallance, Canadian Institute for Substance Use Research

Priya Johal, Canadian Institute for Substance Use Research

Tim Naimi, Canadian Institute for Substance Use Research

Adam Sherk, Canadian Institute for Substance Use Research

Tim Stockwell, Canadian Institute for Substance Use Research

Kevin Shield, Centre for Addiction and Mental Health (CAMH)

Catherine Paradis, Canadian Centre on Substance Use and Addiction

Peter Butt, University of Saskatchewan

Learning Objective

Learn more about the evidence and methodology that informed the new Guidance on Alcohol and Health from members of the scientific committee.

Consider which segments of the population might be prioritized for engagement by a web application, and why.

Participate in a discussion about potential engagement strategies methodologies and content features (e.g., customized risk estimates, features to engage heavy drinkers, sex and gender considerations, language and cultural adaptations) for the web application, and identify ways in which these features could enhance or expand upon the guidance text.

Background

This workshop will be facilitated by researchers who were involved in the development of the CCSA-led Canadian Guidance on Alcohol and Health. They and others are now engaged in a Health Canada-funded project to bring that work to an interactive web application that will raise awareness of the guidance, allow Canadians to engage more fully with the guidance, as well as other aspects related to alcohol consumption. The application aspires to provide a range of high-quality content including individualized feedback on alcohol use and harm outcomes, as well as links to other relevant resources for a range of groups including the general public, clinicians, and heavy drinkers.

Sex and Gender Considerations

Sex and gender were fundamental components of the scientific evidence that was reviewed to inform the Guidance. This research will also be used to inform interactive content by sex and gender. It will also provide key information and resources for both clinicians and those who report heavier drinking and may be experiencing acute and chronic problems from their alcohol use. As the web

app is developed, it will be beta tested with a number of different priority populations to ensure that it is relevant and accessible to a range of different alcohol consumers.

ORAL E2: Virtual Care and Virtual Reality /

EXPOSÉ ORAL E2 : soins virtuels et réalité virtuelle

ORAL E2.1 How to Increase Equity in Virtual Substance Use Care? A Qualitative Participatory Study with Members of Equity-Deserving Populations in Newfoundland

Lise Dassieu, Canadian Centre on Substance Use and Addiction

Jill Harnum, Canadian Centre on Substance Use and Addiction

Chealsea De Moor, Canadian Centre on Substance Use and Addiction

Learning Objective

Attendees will (1) learn how virtual substance use (SU) care can better meet the needs of equity-deserving populations; (2) understand the utility of participatory and qualitative methods for research with equity-deserving populations.

Background

Virtual care has become increasingly available over the past 3 years, but barriers exist for equity-deserving populations (people experiencing socio-economic challenges, members of racial/ethnic, or gender minorities, women, people from rural/remote areas).

Objectives

This study aimed to understand how virtual care impacted the experience of SU services for equity-deserving populations, and to gather their recommendations for service improvement.

Methods

We used a qualitative and participatory methodology. People with lived and living experience of SU were involved in all stages of the project. A researcher with lived experience conducted focus groups and interviews with 40 members of equity-deserving populations in Newfoundland.

Results

Virtual care positively impacted access to services and reduced treatment burden. However, equity-deserving populations experienced systemic barriers, including inequities accessing information about virtual care. Participants generally preferred video encounters to telephone encounters. They were satisfied with virtual relationships only when providers showed interest and compassion. Using virtual care could reduce the stigma associated with in-person services. Participants' recommendations included involving people with lived and living experience in developing and delivering virtual services, ensuring equitable access to technology and information about virtual care, and developing quality standards.

Conclusions

This innovative study has provided recommendations for virtual care that come directly from the voices of members of equity-deserving populations. It is essential to ensure sustainable access to virtual SU care through equity-oriented policies and practices.

Sex and Gender Considerations

Equity, diversity and inclusion were core components of this study. This study identified ways to improve access to, and experiences with, virtual substance use care for equity-deserving populations. All participants were members of equity-deserving populations who are likely to experience systemic barriers to using virtual care due to gender, race/ethnicity, socio-economic status, and/or living area. We used the conceptual framework of intersectionality to analyze participants' experiences with virtual care. This is one of the first studies in the field to provide policy and practice recommendations for virtual care coming from the voices of equity-deserving populations.

E2.2 Healing by Talking: A Remote Counselling/Therapy Program for Inuit in Their Nunavut Communities

Camilla Sehti, Government of Nunavut

Learning Objective

To learn about the impetus, goals, successes, and challenges of providing quality remote therapy to Nunavut Inuit.

Background

There was an identified need for more intensive therapy to help address the long-term impact of trauma on Inuit, including wide-spread problems with addiction, mental health issues, and suicidality.

Objectives

Healing by Talking (HBT) launched in 2021 to support people in their own communities; provide consistent and long-term support with the same therapist; provide training and supervision to better address the cultural and clinical needs of Inuit clients.

Methods

Clients can self-refer or be referred by a third party. Following the in-person intake, clients are contacted by a counsellor matched by the HBT team. The type of therapy (individual, couples, family) is determined by client need, and the frequency and number of sessions is jointly decided between the counsellor and the client. Introduction to the program to the Nunavut population at large is done in several ways, including community rollouts, organizational contacts, and word of mouth.

Results

Thus far, there has been a very positive response to the program. The program has had contact with over 650 clients, representing 2.07% of Nunavut Inuit. Evaluations based on the feedback from clients indicate that there has been improvement in stress-related symptoms and well-being. They express trust in their experience with the therapists, and the community engagements have helped to decrease the stigma associated with accessing help for addictions and mental health concerns. In the longer-term, we would like to find a reduction in trauma-related outcomes, including addictions, impaired relationships, and lateral violence.

Conclusions

The relational component with continuity of therapist involved has been an essential to the program. Resulting in consistent mental health services in NU.

Required flexibility in virtual services – unexpected needs include strong interest from elders and requests for family therapy.

Sex and Gender Considerations

Clinical Supervision is mandatory for therapists providing services to Nunavummiut as the HBT program recognizes the importance of cultural safety when delivering clinical services.

We are in the planning stages of developing a traditional counselling program that will provide supports within the community, enhancing the work that is being done in the therapy program. We see this support as particularly helpful for people returning home after treatment in the South, for people who are socially isolated, and for people who require some assistance with their basic needs.

ORAL E2.3 Virtual Reality – Extending Substance Misuse Program Reach

Angela Carter, KaNaChiHih Treatment Centre
Sean Moore, Ka-Na-Chi-Hih Treatment Centre

Learning Objective

Learning Objectives: Participants in this session will learn the history, activities, and promising results of innovative adjunct treatment therapy.

If accepted we may also set up an interactive booth for participants to experience.

Background

Background: YSAC and its partner treatment centres pilot tested designing culturally and therapeutically congruent mixed reality interventions (VR) that include areas such as embodiment, changing perspective technology, and self-led interventions (Geraets et al., 2021). belonging and connection.

Objectives

This was a pandemic-inspired project. Initial objectives focused on reducing service disruption, increasing available addiction treatment opportunities, increasing staff competency, adding variety to treatment therapies, and infection prevention and control.

Methods

This project was rolled out in stages, including a planned scaffolding that started with a period of exploration and building belief about the potential of mixed reality interventions in the YSAC workforce.

In the final stage, adolescents in treatment were introduced to a variety of ways to use VR technology for self-directed and counsellor-led mental health interventions, including mental health foundations literacy (sleep, nutrition, exercise), emotional regulation, digital emotional intelligence, seeking support, cultural health connections and psychoeducational session participation. Consequent benefits include an increase in digital competency and empowerment through hopeful, purposeful, meaning-filled episodes of belonging and connection.

Results

Outcomes/Results: This session will report qualitative and quantitative outcomes of the pilot project, including the draft of a 12-session virtual reality treatment curriculum.

Conclusions

This pilot project showed promising practice in terms of

- Engaging youth
- Reducing costs
- Alternatives to medicine-based therapies
- Increased Therapeutic Rapport/presence

Sex and Gender Considerations

This is an Indigenous-developed, designed, and delivered project. All practices were gender-neutral and inclusive.

ORAL E3: “Nothing About Us, Without Us”: Meaningful Engagement as a Catalyst for Change /

EXPOSÉ ORAL E3 : « Rien à notre sujet sans nous » : un engagement concret comme catalyseurs de changement

ORAL E3.1 Meaningful Collaboration with People with Lived and Living Experience (PWLLE) to Improve Health Services and Outcomes in Federal Correctional Facilities

Nader Sharifi, Correctional Service of Canada

Gord Garner, Community Addictions Peer Support Association (CAPSA)

Learning Objective

Explore engagement processes with PWLLE to dismantle structural stigma and advance health systems changes in correctional facilities

Discuss strategies to support those with opioid use disorder (OUD) in complex settings during and after sentences

Background

Substance use disorder (SUD) has a significant impact on a patient's quality of life. SUD is a chronic disease typically involving periods of exacerbations and remission, a pattern similar to other chronic relapsing conditions. Stigma is a barrier to accessing treatment and support services for patients with SUD such as patients with OUD (3-5). It often manifests through implicit biases and includes labelling, stereotyping, separation, status loss, and discrimination.

Objectives

To better understand the key issues facing inmates with substance use challenges when transitioning and reintegrating to the community; seek advice to better inform the federal government's work and decisions in responding to the opioid crisis for people in federal prison. These processes resulted in a concrete co-designed action plan to improve the health services and outcomes in federal correctional facilities.

Methods

Existing policies and procedures were reviewed through the dual lens of reducing stigma and increasing health outcomes with the direct involvement of PWLE and decision-makers. A joint action plan emerged, which culminated in concrete systemic changes to

Results

Correctional Services Canada (CSC) has established the first Overdose Prevention Site in a corrections facility in the world. Waitlists for OATs have reduced significantly. Implementation of peer support programs have been implemented in CSC institutions across the country.

Sex and Gender Considerations

The administrative health databases collect information on biological sex, not gender. Rapid Access Addiction Medicine Clinics (RAAM) clients in the community 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 ($p < 0.05$) than men. Severe mental health symptoms are often a barrier to receiving Substance Use Health 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.

ORAL E3.2 Collaborating in Crisis: Lessons from the Toronto Opioid Overdose Action Network

Cathy Long, Unity Health Toronto
Nik Carverhill, Unity Health Toronto
Jennifer Ko, Manager, Unity Health Toronto
Henna Tuohimaa, Unity Health Toronto
Ahmed Bayoumi, Unity Health Toronto

Learning Objective

To share our experience of building a regional network to guide systems-level improvements to the care of people who use opioids and address the ongoing drug poisoning crisis.

Background

Toronto hospitals, community agencies, Toronto Public Health, and people with lived experience of drug use are collaborating through the Toronto Opioid Overdose Action Network (TO2AN) to increase the quality, accessibility, and integration of health services for people who use opioids. Services include drug checking, injectable opioid agonist therapy, safer opioid supply, inpatient addiction consultation services, rapid access addiction medicine clinics, and community harm reduction.

Objectives

Our objective was to understand how TO2AN can address gaps, leverage resources, and strengthen collaboration.

Methods

TO2AN partners built a logic model that reflects a shared understanding of what integrated healthcare looks like and how TO2AN can promote integration and improve care.

Results

We identified mechanisms to meet TO2AN objectives: establishing continuous care pathways, building capacity for harm reduction, establishing secure funding, generating timely and relevant evidence, establishing shared objectives and standards, and prioritizing the lived experiences of people who use drugs.

Conclusions

If successful, TO2AN will improve quality of care and promote seamless movement between different parts of the healthcare system to reduce morbidity and mortality associated with the drug poisoning crisis. Overall, we received engagement from a broad range of partners, which presented challenges when considering varying philosophies of care but allowed us to explore how different parts of the healthcare system can collaborate and work toward integration.

Sex and Gender Considerations

As many of our partners in TO2AN work directly with communities experiencing marginalization, including racialized, Indigenous, and 2SLGBTQ+ communities, we work closely with those partners to ensure we consider gender and intersectional equity issues on an ongoing basis. In particular, we strive to contribute new knowledge that addresses issues facing communities experiencing marginalization; our research and output will include people from the communities that are the focus of the work; we respect multiple ways of knowing and multiple forms of expertise; and we strive for accessibility in our research outputs, including attention to language, structure, and format.

ORAL E3.3 From Grief to Advocacy, Supporting Families, Reducing Stigma and Changing Drug Policy

Petra Schulz, Moms Stop The Harm
Marie Agioritis, Moms Stop the Harm

Learning Objective

Highlight the transformative power of personal stories of mothers who have lost children to the drug toxicity crisis in:

- Reducing stigma that negatively affects people with lived and living experiences including their families
- In supporting families who have lost loved ones or have a loved one who uses substances or is on their recovery journey
- Working to change drug policy to evidence-informed approaches that see substance use as a health and human rights issue rather than a criminal matter.

Background

Petra Schulz never planned to be a harm reduction advocate, but her life changed forever on April 30, 2014 when her youngest son Danny died from accidental drug poisoning with fentanyl. Petra shares Danny's story and the idea that people who use drugs are just like everyone else: people who deserve a chance to be safe and healthy and to live without judgment or shame.

Marie lost her son Kelly to fentanyl poisoning in January of 2015. Witnesses say he took one half of a pill, thought to be oxycontin. It took his life. Since Kelly's passing his mother was driven to make a

difference. She didn't want our children lost to this epidemic to be defined by their addiction, or their death.

In their presentation, Petra and Marie explain how they have used their stories to reduce stigma, and support others families affected by substance use or substance use-related deaths.

Moms Stop the Harm (MSTH) was co-founded in 2016 by three mothers who lost sons. Today the organization has over 3,500 member families across Canada.

Objectives

Drug policy reform, family support and reducing stigma.

Methods

Personal narrative inquiry by two mothers who use their own experience to inform their work in drug policy reform and family support.

Results

MSTH has seen a steady growth of membership and operates family support groups across the country.

Conclusions

The voice of families is represented by MSTH on commissions and working groups. Our support groups give families hope and build resiliency.

Sex and Gender Considerations

MSTH is an organization of mostly women, but not just mothers who advocate for drug policy reform and seek support. Victims of the drug poisoning crisis are predominantly men (80% in Alberta where Petra resides) and women are left behind to be the voices of those gone too soon. In their presentation, Marie and Petra explore the role of the way masculinity is perceived and how it may interfere with men reaching out for help or engaging in advocacy.

ORAL E4: Transformative Educational Approaches on Cannabis / EXPOSÉ ORAL E4 : Adopter des approches transformatrices de la sensibilisation à l'usage de cannabis

ORAL E4.1 Cannabis Education for First Nations

Jessica Ford, Thunderbird Partnership Foundation

Learning Objective

To share information on the train the trainer (TTT) program entitled : Cannabis Education for First Nations, which is a 4-day Train the Trainer course that provides participants with culturally safe tools and supports in addressing cannabis use within their First Nations communities. The training provides opportunity to explore the risks and benefits of Cannabis legalization, harm reduction strategies, and the potential impacts on First Nation communities. The Train the Trainer program fosters Regional Trainers across Canada to deliver training reflective of Regional and Community needs.

Background

This training respects the unique characteristics and priorities of each community and recognizes that communities may have their own plans and strategies around cannabis education.

Objectives

The TTT program fosters Regional Trainers across Canada to deliver training reflective of Regional and Community needs. It will help interested community-level facilitators feel equipped in cannabis education.

Methods

At its foundation, this curriculum supports a culturally grounded approach that captures the solutions, needs, and strengths to achieve wellness that are shared by First Nations communities across Canada, around cannabis legalization.

Results

Application of the TTT via the community of practice to support regional trainers in their delivery of cannabis education on a community level (within First Nations communities) has provided opportunity for important cannabis dialogues on a community level.

Conclusions

Every community has its own needs and strengths, its own teachings and cultural practices, and its own readiness for communicating with it's members in regards to cannabis legalization.

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 people. 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.

ORAL E4.2 Young People as Cannabis Peer Educators for Friends and Family

Daniel Bear, Humber College
Ashley Hosker-Field, Humber College
Marilyn Creswell, Humber College
Grace Glynn, Humber College

Learning Objective

Compare topics and approaches cannabis consumers to feel comfortable sharing with people in their lives

Contrast experiences between cannabis consumers with different intersectional identities

Describe the potential benefits of utilizing well-informed cannabis consumers as peer educators for new consumers

Background

Young people may have access to legal cannabis, but they do not always have access to people who know scientifically accurate information about cannabis.

Objectives

The Engaging and Educating Young-Adult Cannabis Consumers project (EEYCC) sought to engage with young people to better understand with whom, and how they talk about cannabis, to help create new public education materials to support cannabis harm reduction.

Methods

Ten focus groups with 87 participants, aged 18-30 in Canada in late 2020.

Results

Young people are talking to parents and friends more openly about cannabis since legalization, but there are boundaries and limitations they must observe to avoid being stigmatized. Their hesitancy to discuss cannabis limits the knowledge they can share with others, and the information they can receive from others. Cannabis consumers can be utilized to support new consumers, but must be provided evidence-informed materials that dispel cannabis myths.

Conclusions

Public education materials need to be developed to bridge the gap that prohibition created by blocking intergenerational knowledge transmission of safe cannabis consumption practices. At the same time, public education materials need to take on the stigmatizing myths about cannabis and cannabis consumers to facilitate increased discussions amongst consumers and between consumers and non-consumers.

Sex and Gender Considerations

EEYCC sought out diverse participants from a variety of social locations and with various intersectional identities. This included outreach efforts with partners such as Canadian Students for Sensible Drug Policy, and engaging with groups like the Manitoba Harm Reduction Network. This current qualitative analysis is not intended to generalize findings about specific groups but rather shed light on how individuals may have unique opportunities based on their social position and intersectional identity to both talk to parents and family members about cannabis in an attempt to undue harmful stereotypes, but also be peer educators for their friends.

ORAL E4.3 Validation of a Cannabis Health Literacy Tool

Queen Jacques, Memorial University of Newfoundland
Jennifer Donnan, Memorial University of Newfoundland
Lisa Bishop, Memorial University of Newfoundland
Rachel Howells, Memorial University of Newfoundland
Zhiwei Gao, Memorial University of Newfoundland
Maisam Najafizada, Memorial University of Newfoundland

Learning Objective

To introduce the importance of cannabis health literacy and how to measure it.

Background

Since the legalization of cannabis, considerable effort has been placed into improving public knowledge and awareness about minimizing its potential harm and risks. However, there is no validated or established method to measure cannabis health literacy, and this no mechanism to evaluate the impacts of public awareness initiatives.

Objectives

The study aims to create and validate a questionnaire that measures cannabis health literacy.

Methods

The cannabis health literacy questionnaire (CHLQ), adapted from the functional and interactive health literacy domains, comprises four subscales covering: knowledge of cannabis; knowledge of psychological and physiological effects of cannabis use; understanding harms and risks of cannabis use; and ability to seek and access health information on cannabis. Using the Rasch model to validate a questionnaire, we examined the reliability and construct validity by assessing separation reliability, item difficulty, item fit statistics, and unidimensionality. The CHLQ was drafted in consultation with stakeholders and pilot tested. The validation exercise consisted of administering the CHLQ in three adult Canadian population samples, modifying after each iteration.

Results

Three of the four subscales of the CHLQ comply with the criteria for reliability and construct validity, with one subscale needing modifications due to misfitting items, poor unidimensionality, and some local independence. The current results reflect the findings of the second iteration of the tool, with final results available in the spring of 2023.

Conclusions

Cannabis health literacy is important to evaluate public health initiatives and minimize the risks and harms associated with cannabis.

Sex and Gender Considerations

The current project has considered sex, gender, race, and socio-economic status by collecting demographic information to describe our populations and inform the sex-, gender- and diversity-based analysis (SGBA+) of our cannabis health literacy tool. The validation analysis of the CHLQ will assess if the items function differently for different groups, such as sex, gender, age, and education level.

ORAL E5: Recent Trends: Alcohol, Gambling, and the Impact of Cannabis on Opioid Prescribing /

EXPOSÉ ORAL E5 : Tendances récentes : alcool, jeux de hasard et d'argent, et répercussions du cannabis sur la prescription d'opioïdes

ORAL E5.1 Alcohol-related Emergency Department Visits and Hospitalizations During the COVID-19 Pandemic

Derek Lefebvre, Canadian Institute for Health Information

Learning Objective

To understand the impact of the COVID-19 pandemic on alcohol-related ED visits and hospitalizations

Background

The COVID-19 pandemic caused unprecedented disruption in Canadians' lives. Within the pandemic context, various factors can impact alcohol use, including the use of alcohol as a means of coping,

changes in social supports and networks and availability and accessibility of mental health and substance use services

Objectives

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

Methods

Administrative data from the Canadian Institute of Health Information (CIHI) was used for this study. Alcohol-related conditions were identified using ICD-10-CA diagnosis codes. Data from fiscal years 2020 and 2021 was compared to the previous five years of data. The study population was Canadian residents age 10 and older

Results

The rate of hospitalizations for alcohol-related harms has been increasing since CIHI began reporting in 2016. During the pandemic, hospitalizations for chronic alcohol-related health conditions, such as cirrhosis of the liver, increased and ED visits for intoxication decreased. Findings reflect the disproportionate burden of the pandemic on certain populations. Among Canadians who use alcohol, this impact was felt disproportionately by men and by people from lower-income neighbourhoods

Conclusions

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

Sex and Gender Considerations

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

ORAL E5.2 Recent Changes in Gambling Availability and Advertising and the Expected Increase in Gambling-Related Harm: Lessons Learned from Substance Use

Matthew Young, Greo Evidence Insights

Learning Objective

Increased awareness and understanding of recent changes that have resulted in increased availability and advertising of gambling in Canada, why this is a concern, and how lessons learned from public health responses to substance use can be applied

Background

Recent changes in Canada have resulted in increased gambling availability and advertising. These changes are expected to increase gambling involvement which, in turn is expected to impact the health and well-being of Canadians.

Objectives

We will: (1) describe why and how recent legislative and regulatory changes have led to the current environment; (2) compare how gambling is regulated differently from alcohol and cannabis in Canada and the implications for public health; (3) present evidence that the total consumption model applies to both gambling and alcohol; and (4) describe how public health approaches/interventions employed to reduce alcohol and cannabis harm can and should be used

for gambling – including a discussion of Canada's guidelines on alcohol and health and the Lower Risk Gambling Guidelines.

Methods

Literature review; jurisdictional scan of Canadian advertising regulations

Results

A public health approach to reducing alcohol and cannabis-related harm is also applicable to gambling. Harm can be prevented by regulatory or other interventions that limit public consumption/exposure.

Sex and Gender Considerations

Involvement with gambling varies according to sex and gender. It also varies according to ethnicity, race, socio-economic status, and culture. These considerations will be considered in the presentation.

ORAL E5.3 Association of Recreational and Medical Cannabis Legalization with Opioid Prescribing and Mortality: A Generalized Difference-in-Differences Analysis

Hai Nguyen, Memorial University of Newfoundland

Emma McGinty, Weill Cornell Medicine

Shweta Mital, University of Manitoba

Caleb Alexander, Johns Hopkins University

Learning Objective

To understand the effects of recreational and medical cannabis legalization on opioid prescribing and opioid overdose mortality.

Background

While some have argued that cannabis legalization has helped to reduce opioid-related morbidity and mortality, evidence is mixed. Moreover, existing studies do not account for biases that could arise when policy effects vary over time or across states or when multiple policies are assessed at the same time, as in the case of recreational and medical cannabis legalization.

Objectives

To quantify changes in opioid prescribing and opioid overdose deaths attributable to recreational and medical cannabis legalization.

Methods

We used data on opioid prescribing rates and opioid overdose deaths from the U.S. Centers for Disease Control and Prevention and a recently developed generalized difference-in-differences method, that allowed us to examine the effects of cannabis laws while accounting for other policies that could affect opioid outcomes. We further analyzed these effects by phases of opioid epidemic and by types of opioids involved.

Results

There was no statistically significant association of recreational or medical cannabis laws with opioid prescribing or overall opioid overdose mortality across the 15-year study period, although the results suggested a potential reduction in synthetic opioid deaths attributable to recreational cannabis laws (4.9 fewer deaths per 100,000 population; 95% CI, -9.49 to -0.30; $p = 0.04$). Sensitivity analyses

excluding state economic indicators, opioid laws and using alternative ways to code intervention dates yielded substantively similar results.

Conclusions

After accounting for biases due to possible heterogeneous effects and simultaneous assessment of both recreational and medical cannabis legalization, implementation of recreational or medical cannabis laws was not associated with changes in opioid prescribing or opioid mortality, with the exception of a possible reduction in synthetic opioid deaths associated with recreational cannabis laws.

Sex and Gender Considerations

Our analysis used aggregate U.S. state-level data which precluded analyses by sex, gender and other equity considerations. However, we are currently conducting a similar analysis for Canada wherein, in addition to studying the overall effects of the legalization on opioid outcomes, we are also studying how these effects vary by sex and age. We are hoping to complete these analyses for Canada by July and have the results from these analyses available to present (along with the results using the U.S. data) in the CCSA conference in November.

PANEL E6: Reducing Stigma Through Public Education and Personal Narratives

(Simultaneous interpretation available / interprétation simultanée disponible)

Katie Faloon-Drew, Health Canada

Anthony Esposti, Community Peer Support Association

George Passmore, Sources Community Resources Society

Ashley Smoke, Dr. Peter AIDS Foundation

Abhimanyu Sud, University of Toronto

Nicole Prentice, Health Canada

Learning Objective

Summarize the evidence base and share examples of public education initiatives aimed at reducing substance use stigma among diverse populations.

Background

Growing evidence shows that stigma can be reduced through public education and story telling. Public education and the sharing of personal stories can help to humanize substance use, dispel misinformation, help people overcome negative attitudes and reduce stigma.

Objectives

To use public education and personal stories to reduce substance use stigma. The three initiatives to be discussed include:

CAPSA's Post-Secondary Institution Engagement: From a guest lecture to co-development in research and service delivery

Health Canada's Ease the Burden campaign and the Tides of Change Community Action Team's Building Hope: Substance Use in the Trades video series which both target men in trades

Subject Matter Health Research Lab's Beyond Stigma animated video series

Methods

Each initiative used different development methods to determine key messages, target audiences and communication strategies. These included leadership by, or the engagement of, people with lived and living experience (PWLE), public opinion research, and

Results

Each initiative will share results or findings related to their unique projects including lessons learned related to the process (e.g., engagement of PWLE) and outcomes (e.g., campaign results).

Sex and Gender Considerations

Each initiative targeted populations disproportionately impacted by substance use harms. Elements of the sex- and gender-based analyses will be shared.

The CAPSA project engaged transitional youth in stigma dismantling activities and delivery of peer support services that are founded on principles of All People, All Pathways™.

Health Canada and Building Hope campaigns target men who work in trades and disproportionately experience substance use harms.

Beyond Stigma - Nurturing Circles of Care was developed with Indigenous women with expertise in issues related to substance use, pregnancy, child apprehension and family separation, barriers to health care access, and culturally responsive care.

ORAL E7: Nunavik's Mobilization to Substance Use and Trauma / EXPOSÉ ORAL E7 : Mobilisation du Nunavik quant à l'usage de substances et au traumatisme

(Simultaneous interpretation available / interprétation simultanée disponible)

ORAL E7.1 Isuarsivik – Healing Through Culture

Etua Snowball, Isuarsivik Regional Recovery Centre
Myna Ishulutak, Isuarsivik Regional Recovery Centre
Krista Holts, Isuarsivik Regional Recovery Centre
Sara Jackson, Isuarsivik Regional Recovery Centre
Jaaji Kauki, Isuarsivik Regional Recovery Centre
Catherine Leblanc, Isuarsivik Regional Recovery Centre

Learning Objective

Present Isuarsivik - a Kuujuaq-based non-profit offers a variety of programs and services to support recovery from issues related to addiction and trauma to enhance Nunavimmiut's well-being and inner strength.

Introduce the new Isuarsivik's individual and family collective healing program founded on culturally safety, harm reduction and trauma-informed care.

Demonstrate the positive and important impact of an inclusive continuum of care to include pre-care and aftercare services.

especially for tailored programs that address the needs of diverse populations. These needs have been heightened by increased rates of cannabis consumption amongst Canadian youth and associated mental health impacts in recent years.

Objectives

VoxCann is focused on sharing accessible information about cannabis with Quebec youth. Many questions remain as to how drug education in Quebec would move forward through this new legal landscape and how the reality of youth in Quebec would be shaped by provincial policies.

The Get Sensible campaign is a national, educational youth-focused project which aims to challenge the way people engage in conversations and education about substances. Our team consists entirely of young people, most of whom bring lived experience with substance use and mental health

The Cannabis and Mental Health Project aims to reach youth across the country through using innovative media approaches. The project employs evidence-based knowledge translation products, including a research dissemination social media campaign and a barrier-free online certificate course.

Methods

All our projects have innovative ways of centring and trusting youth expertise in the development of their resources.

Results

Voxcann: We've reached over 400 youth, 50 educators in adult education centres (CEGEPs and universities.)

Get Sensible: Reached over 57 600 individuals through online events and engagements on social media. Our Instagram has over 1,300 followers, 55 000 unique impressions

C+MHP: 58.5k website users, 5,000 social media engagements. The course has engaged over 1,500 learners.

Sex and Gender Considerations

Centring lived experience and empowering youth voices is essential in the work of these three projects. Each has been created to support harder-to-reach youth, especially those who feel their realities aren't reflected by mainstream public health approaches to cannabis and mental health. Each youth brings their perspective and unique relationship with mental health, stigma, drug education and cannabis and helps diversify the voices represented by our resources. Engaging directly with community-based organizations and professionals who serve diverse youth populations. By considering and applying the SGBA+ framework, we are able to assess and improve the efficacy of these projects.

Time / Heure	Activity / Activité
15:45–17:15 / 15 h 45-17 h15	Concurrent Session F / Séance simultanée F

PANEL F1: Newfoundland and Labrador's First Alcohol Action Plan

(Simultaneous interpretation available / interprétation simultanée disponible)

Debbie Curtis, Government of Newfoundland and Labrador

Norman Giesbrecht, Centre for Addiction and Mental Health (CAMH)

Janice Fitzgerald, Government of Newfoundland and Labrador

Niki Legge, Government of Newfoundland and Labrador

Jeff Bourne, U-Turn Drop-In Centre

Janelle Hippe, Government of Newfoundland and Labrador

Learning Objective

Share process for developing Newfoundland and Labrador's first Alcohol Action Plan

Discuss the Action plan and evaluation framework

Discuss lessons learned

Background

Toward Recovery: The Mental Health and Addictions Action Plan (2017-2022) called for the development of a provincial action plan for alcohol. Through consultation with Indigenous Health Team, Provincial Mental Health and Addictions Advisory Council, Recovery Council and others and evidence from organizations such as Canadian Alcohol Policy Evaluation team and World Health Organization's "Best Buys", a provincial working group developed the first provincial Alcohol Action Plan. The five-year action plan includes three focus areas: Alcohol Availability, Prevention/Promotion, and Treatment. There is also a focus on evaluation and monitoring.

Objectives

The Provincial Alcohol Action Plan sets a path to prevent and reduce alcohol-related harms through a strong collective, public health-based approach and commitment by all partners; one that includes supports and services tailored for individuals identified as higher risk to encounter alcohol-related harm. We hope the lessons learned in the development and implementation of Newfoundland and Labrador's first alcohol action plan will benefit other provinces and territories, and other jurisdictions.

Methods

Policy and program development

Results

The plan was launched by Government in July 2022.

Conclusions

We are developing the work plans to complete the recommended actions. We will share our lessons learned to date, including the benefits of available evidence and having champions who support this work.

Sex and Gender Considerations

The Alcohol Action Plan recognizes that sex, gender, diversity and inclusion are relevant to prevalence and patterns of substance use, types of substances used, impact of substances used, and service delivery needs in relation to substance use health promotion, prevention, harm reduction and treatment programs and services. Monitoring and programming will include sex, gender and other equity considerations.

WORKSHOP F2: Substance Use and Mental Health Workforce

Competencies

Miguel Andres Hernandez-Basurto, Canadian Centre on Substance Use and Addiction

Learning Objective

Understand what a competency-based framework is and how it supports care delivery in substance use (SU) and mental health (MH) care settings.

Understand the value of adopting a substance use health and mental health (SUHMH) competency-based framework to improve access, equity and care for service users.

Identify how to begin adopting the SUHMH Workforce Competencies within an organization, team or at an individual level.

Background

The SUHMH Workforce Competencies offer a framework to enhance the quality and consistency of services across roles, functions, and sectors. The expertise in the SUHMH fields vary widely as do the settings in which services take place. Consequently, consistency across roles and practices, especially in interdisciplinary contexts, can be complex and challenging. Further, recognizing that mental health and substance use concerns often co-occur, there is growing awareness of the need for preparing and equipping both SUHMH workforces to respond. The SUHMH Workforce Competencies provide the foundational rubric for individuals and organizations to support, promote and measure value aligned service delivery and supports professional development by offering standardized guideposts at all points of a career.

Sex and Gender Considerations

Competency-based work aims to improve health services for populations disproportionately experiencing harms related to inequity. CCSA's Workforce Competencies have previously undertaken a sex and gender-based analysis (SGBA+) and currently provides implementers with guidance tools to conduct SGBA+ analysis of their own competency framework implementation. The SUHMH Workforce Competencies framework was designed in consultation with equity-deserving groups (e.g., people with lived and living experience) as well as SUHMH subject matter experts servicing equity-deserving communities. Future work for this project will involve further consultation to explore the sensitivities and needs associated with implementation among specific groups.

PANEL F3: Developing a Virtual Hub for Substance Use Treatment Programming Within First Nation Communities

(Simultaneous interpretation available / interprétation simultanée disponible)

Elaine Toombs, Thunderbird Partnership Foundation

Kate Turner, Thunderbird Partnership Foundation

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

Robert Casey, Native Alcohol and Drug Abuse Counselling Association of Nova Scotia

Learning Objective

Provide an overview of the National Virtual Treatment Program that provides virtual treatment resources with First Nation individuals seeking treatment for substance use

Discuss the demonstrated need for this resource, within an analysis of current

Background

Substance use has been reported as a health concern for many Indigenous communities (FNIGC, 2018). Virtual health care services are a popular response to treatment of substance use concerns. Despite increasing implementation of eHealth interventions, few studies exist that have assessed feasibility of virtual psychological treatments for First Nations populations.

Objectives

The virtual care hub, created by Thunderbird Partnership Foundation, in partnership with 10 Indigenous-led substance use treatment centres, aims to reduce mental health concerns associated with substance use. The virtual hub is an online space to share mental health resources with project partners.

Methods

We completed an environmental scan and qualitative synthesis of strengths, barriers, cultural considerations, and needs of treatment centres implementing virtual care substance use treatment programming from interviews with eight treatment centres. We are currently developing hub content to meet these needs.

Results

Participants identified strengths to virtual services (accessibility, flexibility, new resources), barriers (logistics, technology concerns, participant safety), in addition to future needs (more staff, updated resources, changing service demands, updated cultural content). The hub is a viable way to meet these needs, however further development and assessment of the web-based content is required.

Sex and Gender Considerations

Substance use is inherently gendered, particularly with respect to motives for use, and specific needs related to reducing or eliminating use, including broader barriers to mental health treatment and various other social determinants of health. Community partners have identified a need for specific content that addresses gendered mental health concerns, with a particular focus on mental health and physical health resources for biological males (sex-based resources) and for individuals who identify as men (gender-based resources). We aim to extend project content to address such concerns, however to date, have targeted these resources based on the Hub advisory needs.

***ORAL F4: Working Together to Build Stronger Communities /
EXPOSÉ ORAL F4 : Travailler ensemble à bâtir des communautés plus
fortes***

ORAL F4.1 Building a New Withdrawal Management and Safe Beds Facility for Sault Ste. Marie: A Patient/Family Engagement Success Story

David Nanchin, Sault Area Hospital

Lisa Case, Sault Area Hospital

Louis Ferron, Sault Area Hospital

Diane Marshall, Sault Area Hospital

Abby Obenchain, Sault Area Hospital

Mary Brooks, Sault Area Hospital

Learning Objective

Learn strategies used to integrate the patient/family voice & perspective into all aspects of planning & construction of a new withdrawal management facility for Sault Ste. Marie/Algoma district

Background

For over 40 years, a 16-bed withdrawal management/mental health and justice safe beds unit operated in a downtown location. It was urgently relocated within Sault Area Hospital, spring 2020, due to rising risks related to facility deficiencies.

From the projects initialization, a core team was formed around an engaged & dedicated team of patient family advisers to represent the voice of those with lived experience from a personal and/or caregiver perspective to transform care.

Objectives

To collaborate with patient/family advisers to design a care environment & services that meets the current needs of the community and anticipates the future care needs that is evidence-informed, promotes safety and embraces diversity, equity and inclusion.

Methods

Creating a core team with patient family advisers was a foundational element of the project leading to broader engagement within the community.

Extensive research & analysis was conducted to inform every stage of developing a new community-based location.

Results

The involvement of patient family advisers promoted a strong momentum in the application path through advocating for safety features, community engagement and recognizing the efficiencies when doing shared decision making).

Sex and Gender Considerations

A health equity impact assessment was completed during the design of the project and inclusion was a key component identified in stakeholder requirement work early in the process. This consideration was a key contributing factor leading to propose private bedrooms and washrooms in the new site.

ORAL F4.2 Developing a Community-based Tool for Families Affected by Substance Use Disorder

Marcella Ogenchuk, University of Saskatchewan
Geoffrey Maina, University of Saskatchewan
Jordan Sherstobitoff, University of Saskatchewan

Learning Objective

To understand community-based processes used in developing resources for families affected by substance use disorder.

To review the psychoeducational resources developed for and with families.

Background

Substance use disorder and addiction is a well-known prevalent healthcare challenge in Saskatchewan and across Canada. The effects of substance use disorder are particularly distinct on families and family members. Research has shown the health, economic, social, and psychological impact of substance use on families both in Canada and elsewhere (Smith et al., 2017; Udoh, 2020). Despite documentation that substance use is at epidemic rates and negatively impacting the community's education, health, and other social service systems (Sawatsky et al., 2017) very little was had been done to support families.

Objectives

What were the experiences of living with a family member with problematic substance use?

What did families who were affected by substance use disorder and addiction need to foster self care?

Methods

A community-based approach, specifically patient-oriented research was utilized. Caregivers, family advisers, lay people, and health care providers were research partners. The methods of data collection incorporated the perspectives and lived experience

Results

Twenty-one participants were interviewed for this research. Findings of the interviews were presented to 48 community members. Following the knowledge sharing event, two working groups were formed to develop community driven approaches to support families affected by substance use disorders. Due to restrictions of COVID-19, the outcomes were restricted.

Sex and Gender Considerations

Efforts were made to ensure that participants represented a diversity of ethnicities, ages, genders, and relationships with people with problematic substance use. It was noted that few male caregivers were involved in the interviews.

ORAL F4.3 The Little Agency That Could: Quality Improvement Innovation in a Community-based Addiction and Mental Health Organization

Kim Baker, St. Leonard's Community Services
Derek Chechak, St. Leonard's Community Services

Learning Objective

Demonstrate concrete ways quality improvement can come to life in smaller, community service organizations

Enhance knowledge of applying evidence-based processes and interventions

Empower others to engage in continuous quality improvement (CQI) to enhance client service through replicable examples

Background

The current mental health and addiction system context necessitates innovation to ensure resources are effectively supporting individuals with complex needs. St. Leonard's Community Services invested in building a culture of continuous quality improvement to enhance service efficiency and effectiveness in a measurable way.

Objectives

Solidify the agency's commitment to evaluating clinical and program outcomes, using data to drive service improvement, and moving measurement beyond counts and toward outcomes

Reframe CQI from a side of the desk activity, embedding it in routine practice to help teams get better at getting better

Methods

Evidence-based models applied to both implementation processes (CQI and implementation science) and interventions (stepped care, outcome monitoring) to accelerate improvement

Results

Outcome measurement embedded across services

Resources effectively matched to the needs of people presenting to care

CQI framework contextualized and applied ongoingly to service challenges

Conclusions

Community mental health and addictions organizations can apply evidence-based approaches and interventions to enhance quality service, and create a culture of CQI that pays dividends in improving quality care.

Sex and Gender Considerations

We routinely collect and analyze client experience data using the Ontario Perception of Care Tool for Mental Health and Addictions (OPOC), which asks socio-demographic and service questions that support health equity analyses. Outcome measurement data will be analyzed through a health equity lens (i.e., gender, sexual orientation, age, housing status) which facilitates QI. At the program and agency level, we ascertain how care is experienced by members of equity-deserving groups and implement quality improvement initiatives to reduce health equity disparities as they are identified.

***ORAL F5: Substance Use Treatment: Policy Considerations and
Quality Approaches /***

***EXPOSÉ ORAL F5 : Traitement de l'usage de substances :
considérations générales et approches de la qualité***

**ORAL F5.1 Standards Aren't Enough: Improving Bed-Based Addiction Treatment
Safety and Quality**

Michelle Craig, Canadian Centre on Substance Use and Addiction

Learning Objective

Participants will learn about current and best practices for accountability and how to develop a robust accountability approach to improve safe quality care in bed-based addiction treatment.

Background

People seeking addiction treatment are vulnerable to harms from unsafe, poor-quality practices and operators often have little or no accountability if a client experiences harms. Policy makers have also expressed these concerns and frequently consider standards or clinical guidelines to address care safety and quality issues. However, the effectiveness of standards, clinical guidelines, and other tools is limited if there is little, or no, accountability to implement them. Furthermore, policy makers often lack appropriate accountability strategies to effect the desired change.

The workshop facilitator will engage participants in understanding and applying an accountability conceptual framework and implementation tools that can support developing a robust accountability approach tailored to a jurisdiction's needs to effectively improve safety and quality of bed-based addiction treatment.

Sex and Gender Considerations

Existing accountability approaches for bed-based addiction treatment use few accountability strategies, limiting the ability of those being held accountable to use a strategy that best meets their community's needs. In contrast, the recommended approach is to implement a robust accountability approach comprised of a suite of complementary regulatory and voluntary accountability strategies. A robust accountability approach supports equity and diversity by allowing service providers, clinicians, and service users to increase their accountability in a way that best meets their and their community's needs.

**ORAL F5.2 Journey to Self: A Satir Approach to Family Therapy and Personal
Transformation**

Victoria Creighton, Pine River Institute
Amanda Lamb, Pine River Institute
Laura Mills, Pine River Institute

Learning Objective

Recognize the necessity of utilizing the family therapy to help adolescents break free from the systemic dynamics that often underlie substance use disorder.

Offer practical tools used in Satir family therapy to assist adolescents in developing awareness, self responsibility, and self-value to facilitate transformative and sustainable change.

To participate in and experience the powerful impact experiential Family Therapy can have on an individual in moving toward greater wholeness within themselves and in relation to others.

Background

There is a plethora of knowledge that suggests family involvement in treatment optimizes outcomes for youths in outpatient care. Less is known about the impact of the inclusion of family in more intensive interventions. Problematically, the exclusion of family from youth treatment renders the adolescent behaviour as the focus, and overlooks the vital importance of the youths family system.

Intensive therapy approaches can engage families, however, and the Satir family therapy model has been found to be effective in looking at issues that underlie youth behaviour. The model addresses family processes that sustain non-optimal behaviour, and assists families to move toward healing and congruence.

We will demonstrate aspects of the Satir model used at an out-of-home care facility. This workshop will be interactive, grounded in the Satir model, aimed to help clinicians develop practical tools to work with families toward sustainable and transformative change. Clinicians will experience first hand how the tools foster families' awareness, self responsibility, and value.

Sex and Gender Considerations

Our work focuses on families whose youth who experience addictive behaviours and co-occurring emotional and relationship challenges. Youth gender identity and individuality are integral to their sense of self and thus often a part of the focus of the family work. Where appropriate, we will dialogue about how we consider and respect youth individuality.

ORAL F5.3 Implementing Contingency Management: Research and Clinical Perspectives

Ashley Ethier, University of Calgary
Megan Cowie, University of Calgary
MacRae Lynch, University of Calgary
Angela Wallace, University of Calgary
David Hodgins, University of Calgary

Learning Objective

Participants will have the opportunity to:

- Learn what contingency management (CM) is, including its theoretical roots, history, and research supporting its efficacy.
- Discuss the seven principles underlying effective CM development and implementation – target behaviour, target population, incentive choice, incentive magnitude, incentive frequency, incentive timing, and intervention duration.
- Challenge implementation barriers and commonly held beliefs impeding CM's use in clinical practice.

- Engage in a hands-on demonstration of proven reinforcement programs and group-based exercises exploring how CM techniques and principles could be adapted for implementation into existing programming.

Background

Client engagement and retention represent prominent barriers in the treatment of substance misuse and suggest the need for new approaches to target motivational processes. Despite a vast body of literature demonstrating its efficacy, CM is widely underutilized. Broadly, a host of pervasive beliefs are thought to hinder the adoption of CM in clinical practice, including cost, philosophical and training-related barriers. Through their involvement in two research studies, Project Engage and The PRISE Project (funded by the Canadian Research Initiative in Substance Misuse [CRISM] Prairie Node), the facilitator and creators of this workshop offer a pragmatic understanding of the nuances and challenges of CM implementation into clinical practice to ensure the best possible care and outcomes for those struggling with substance misuse.

Sex and Gender Considerations

The studies referenced in this workshop provide the basis for the recommendations for CM implementation outlined in this workshop. Both studies accounted for sex, gender, and equity considerations in their research design, methodology and analysis. Specifically, attempts were made to address diversity in special populations (e.g., women and youth) and treatment focus (e.g., inpatient treatment programs, continuing care groups, harm reduction groups, and outpatient counselling) in selecting the participating sites. Furthermore, participant demographic information concerning diversity (e.g., age, education, ethnicity, gender, socio-economic status) was collected, analyzed, and reported.

ORAL F6: Personal Experience Expressed Through Creativity / EXPOSÉ ORAL F6 : Exprimer ses expériences personnelles avec créativité

F6.1 The Sky Is the Limit (This Presentation Is Supported by Dr. Peter Centre)

Matthew Bonn, The Canadian Association of People Who Use Drugs

Key Message

"The Sky Is The Limit" is a 2D animated graphic video which was collectively made by Matthew Bonn with by the Canadian Drug Policy Coalition (DPC), the Canadian Research Initiative in Substance Misuse (CRISM), GILEAD, the Canadian Association of People who Use Drugs (CAPUD) and Believe Co.

It tells a story about one's journey with drug use, safe supply, hepatitis c, drug policy, and journalism. It shows how one person can fall down but then get back up.

F6.2 Taken

Colleen Dell, University of Saskatchewan

Summary

When life took a series of unexpected turns, I knew I had to draw on my mental health reserves. These reserves, however, had not been filled up in the last couple of years; they were depleted through grief, a lingering illness, and a pandemic. I had to dig deep into my connections with my companion dogs and community work with therapy dogs to face the next day and stumbled upon memoir writing to bring it all together. The creative, non-fiction piece I will read is titled **TAKEN**. It chronicles my experience as a first-time foster parent to nine-year-old Indigenous girl with my life partner. It is about the long reaching impacts of addiction, the depths of grief, the entrenched atrocities of our colonial child foster care system, and hope, or lack therefore. It is also about the steadfast and often unacknowledged supportive bond we as humans can share with companion animals, and in particular dogs. This piece is the outcome of a 2022 memoir writing course I took with Ann Dowsett Johnston (well-known Canadian author of *Drink*). I wrote it as my life unfolded over several months. I was initially unsure why I actually signed up for the course, given that I had never written in a personal journal or anything like that before. I came to understand that I must have known deep down that I needed to do something to alleviate what I was going through internally; essentially, to get it out.

Key Message

The child welfare system in Canada, rooted in a colonial history, is harmful to the children in its care. This harm is amplified when addiction-related family issues and their implications are responded to without a current evidence-informed base and in uncaring ways.

The child welfare system can also be harmful to the well-being of care providers working within it, and specifically foster child caregivers.

Releasing what we are feeling inside, in sometimes surprisingly new ways, can be life-affirming.

F6.3 Addiction as Experience

Karen James, Community Member

Summary

A look at the experience of addiction through the eyes of the children of addicted, the addicted and from the outside, through three poems accompanied by artwork.

Key Message

The use of poetic reflection to explore the experience of addiction from the perspective of the child of an addicted parent, a person becoming addicted and observing addiction in others. The attempt to explain some of the factors that accompany addiction and that cause it to become transgenerational. The poems point to some of the holes in society that leave addiction as a solution for many. They challenge some of the problems that have yet to be resolved.

***ORAL F7: Influencing Policy: Dialogue on Key Issues /
EXPOSÉ ORAL F7 : Influencer sur les politiques : dialogue sur des
questions clés***

**F7.1 Bridging the Gap: Contributing to Research, Education and Substance Use
Policy through Lived Experience**

Isabelle Boisvert, University of Montreal Hospital Research Centre, Canadian Research Initiative in Substance Misuse (CRISM) Québec Pole

Summary

I used drugs for 20 years (crack, heroin, etc.) and I am now 3.5 years fully sober. Over a 10-year period, I attended more than ten detox/therapy centers and harm reduction services. Completed OAT treatments (methadone, suboxone) and two Hep C treatments. Repeatedly hospitalized for drug-induced psychosis and non-fatal overdoses. Experienced homelessness. Needless to say, I have expert knowledge of addiction and all that it entails. At six months of sobriety (2020), I was offered a position as a Research and Community Liaison Agent (CRISM/CHUM Research Center in Montreal, QC) without any prior research experience and solely based on my lived experience. I now contribute my lived experience to better adapt research projects to PWID. Implemented important and adapted strategies and initiatives, with yielded results I can present. Improved outreach and helped diversify our participant pool (e.g., recruitment, mobile clinics, training colleagues on approach with participants). Also work as a Patient Partner (CHUM Hospital) to improve care/treatment of patients who inject drugs (Focus groups, quantitative data analysis, protocol reviews, committees, etc.). I build tools/give workshops on stigma and harm reduction. I also share my life story as a guest-speaker (college courses, etc.) to break the stigma and make suggestions for improved services for PWUD. I sit on multiple Harm reduction committees. Presented at various conferences (CAHR and INHSU 2021, etc.). Twice in past year, I was personally invited by government officials to discuss policy changes and the implication of PWLE at the government level.

Key Message

Implicating PWLE is a definite plus value in research and policy making. Improves recruitment and retention strategies dramatically.

Helps adapt protocols and data collection tools to PWUD/PWID.

Saves money and time in the long run.

Bridges the gap between researchers and people who use drugs.

Implicating PWLE should be planned and budgeted for. PWLE should be paid for expertise + trained and given the tools necessary to be fully qualified to contribute to all levels of projects and initiatives, Nation-wide.

Researchers, politicians, PWLE and community resources that service them must work together. It is only by working together that lives will be saved, and people will be helped.

Sobriety is not the solution for everyone. Harm reduction is absolutely necessary to save lives! Stop polarizing the debate. Everyone has their own, unique recovery process and services and policies should offer all types of approaches.

ORAL F7.2 Doctors for Decriminalization — Advocating for a Safe Future

Tiffany O'Donnell, Doctors for Decriminalization

Neha Khanna, Doctors for Decriminalization

Learning Objective

Foster awareness of Doctors for Decriminalization and their mandate to promote an evidence-based approach to drug and substance policy.

Promote a national call for harm reduction services as an integral part of the spectrum of care for people who use substances.

Inspire individuals and provide tools to advocate for systemic change.

Background

A criminalized approach to drug policy in Canada disproportionately affects populations already vulnerable to social inequities. As such, resources allocated to the criminalization of people who use substances should be redistributed to policies and programming that promote health equity, social stability, and safety. Furthermore, advocacy groups should work to support the spectrum of care for substance use including the national call for harm reduction services.

Objectives

Create a national platform where physicians can use their united voice to advocate for evidence-informed drug policy supporting the decriminalization of people who use drugs.

Methods

Doctors for Decriminalization was established in 2019 and consists of a coalition of clinicians across Canada who recognize the harms associated criminalization of substance use and advocates for responsible and evidence-informed drug policy.

Results

Doctors for Decriminalization provides support and advocacy through letter and policy drafting, policy endorsement and promotion, and educational events aimed at promoting an evidence-informed approach to drug policy.

Conclusions

We strive to increase awareness of Doctors for Decriminalization as an advocacy organization positioned to partner with other stakeholders with the common goal of promoting evidence-informed substance policy to improve the health and well-being of people who use drugs.

Sex and Gender Considerations

Current drug policy in Canada has harmful effects that are exacerbated for populations already disproportionately impacted by racial and socio-economic inequities. Harms associated with a criminal conviction include challenges with housing, employment, child custody, inability to travel or volunteer, and compromised safety. Doctors for Decriminalization has included considerations of diversity throughout its inception and programming. As such, Doctors for Decriminalization is prioritizing representation of diverse individuals within the organization and in community partnerships.

F7.3 Preventing Alcohol-related Cancer: Interventions and Policies

Norman Giesbrecht, Centre for Addiction and Mental Health (CAMH)

Elizabeth Farouh, Canadian Institute for Substance Use Research

Ian M. Michel, Mayo Clinic Alix School of Medicine

Learning Objective

Identify policies/interventions that can reduce the risk of alcohol-related cancer.

Discuss opportunities for future research, health promotion and advocacy on this topic.

Background

Alcohol is a contributing cause of seven types of cancer. Reducing alcohol consumption at the population and individual levels is expected to lower the incidence of alcohol-related cancers. This review explored alcohol policies and interventions that demonstrate potential to prevent alcohol-related cancer.

Objectives

Identify policies and interventions that have been identified to reduce the risk of alcohol-related cancer.

Discuss opportunities for future research, health promotion and advocacy on this topic.

Methods

PubMed was searched for articles published in the last five years that reported on strategies and policies to prevent alcohol-related cancers. We identified 332 unduplicated results. After screening, 72 articles underwent further review; 16 were identified as relevant.

Results

Studies included: information campaigns focusing on awareness of alcohol-related cancer; assessments of policy impacts on cancer rates; and simulation research that projected impacts from specific alcohol policies on cancer rates. Information campaigns, such as warning labels highlighting cancer, reduced alcohol consumption and increased support for effective alcohol policies. A U.S. based study found that a 10% increase in restrictive alcohol policies was associated with an 8.5% decrease in alcohol-attributable cancers. A number of stimulation studies found that increasing alcohol prices or taxation was associated with a projected decline in cancer morbidity and mortality.

Conclusions

Future studies should assess effects of alcohol policies and changes in per capita consumption on cancer outcomes, considering the multi-year lag between policy/intervention initiation and disease. Implementation of effective multi-dimensional policies will be enhanced via greater awareness of the alcohol-cancer link among policy makers, media, NGOs, public.

Sex and Gender Considerations

While the focus of this paper is on effective alcohol policies to reduce alcohol-related cancer, a gender lens was applied to determine if there was evidence to suggest a differential impact on priority populations such as women. For example, we assessed whether alcohol taxes, controls on access to alcohol, alcohol marketing restrictions, or access to screening and brief intervention programs included special consideration of women.

ORAL F8: Raising Voices, Changing Perspectives and Improving Approaches /

EXPOSÉ ORAL F8 : Des voix fortes, des points de vue changeants et des approches améliorées

(Simultaneous interpretation available / interprétation simultanée disponible)

ORAL F8.1 Queering Harm Reduction and Recovery Spaces – With UNtoxicated Queers

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 and recovery spaces to bridge the gap and create safer and community-led systems for the 2SLGBTQ+ communities and beyond.

Background

Statistics show people in the 2SLGBTQ+ communities are twice as likely to have experience with substance use and addiction. Discrimination, lack of support and internalized homo/transphobia compound the intersections of shame and stigma of queerness and substance use. There are harmful gaps within cis/heteronormative harm reduction and recovery spaces where our queer communities fall through the cracks.

Objectives

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.

Methods

In an attempt at queering the mental health and addiction systems, we approach substance use and addiction with a non-binary 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.

Results

The health & social models of care for PWUS must create safer spaces and queer systems of support and services. Queer PWUS must be able to feel safe, accepted and valued to be authentic in harm reduction, treatment and recovery spaces. Further qualitative and quantitative research must be led by and for us to ensure cultural and identity safety.

Conclusions

Our communities interact with substances differently, influencing how we access substance-use-related services. We need sex-positive, queer-&gender-affirming approaches to substance use services for 2SLGBTQ+ people because of our intersecting identities. Access to harm reduction & recovery services must expand to meet the needs of all community members, particularly those already marginalized due to gender, racial and substance use identities.

Sex and Gender Considerations

At UNtoxicated Queers, 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. You belong. You are not alone!

F8.2 La réduction des méfaits, comment construire un espace sécuritaire pour les personnes en situation d'itinérance lors d'un événement en pensée systémique

Caroline LeBlanc, Université de Sherbrooke

Contexte

Un événement de pensée systémique sur la réalité des campements au Québec a été mis en place par l'équipe de recherche F.A.C.E, une recherche par et pour les personnes qui habitent la rue et qui porte sur le non-recours aux refuges en période hivernale et en collaboration avec plusieurs organisations (bureau du défenseur fédéral au logement, le RAPSIM, Spectre de rue, l'AIDQ, l'AQPSUD, etc.) et plusieurs étudiant.es (UDS, UQAM, UDM, McGill). La pensée systémique est une approche qui vise à illustrer la complexité des facteurs d'influences sur l'itinérance en mettant en dialogue une pluralité d'acteurs et des issues du milieu communautaire, public, politique, académique et ce, incluant les personnes qui habitent la rue. Le but de cet événement était de s'approprier des résultats de la recherche F.A.C.E, d'approfondir collectivement nos réflexions sur les enjeux sociaux telles que la réalité des campements et de trouver des leviers de transformations durables pour améliorer les conditions de vie et de santé avec les personnes qui habitent la rue. Durant cette présentation, nous souhaitons donc présenter la démarche collaborative et participative mise en place avec des personnes vivant ou ayant vécu en situation d'itinérance dans le cadre de cet événement de pensée systémique, les pratiques favorisant leur participation et les retombées d'un tel engagement. Par exemple, l'aménagement d'une salle accessible pour les personnes en situation d'itinérance ou la création d'une trajectoire sécuritaire de consommation afin de réduire les barrières pouvant nuire à leur engagement et ainsi réduire les risques de surdoses, etc.

Message clé

Cette présentation permettra à l'audience de mieux comprendre les pratiques inclusives qui peuvent réduire les méfaits liés à la consommation en milieu événementiel et ainsi saisir la démarche collaborative qui a permis de mettre en place un événement de pensée systémique avec et pour les personnes en situation d'itinérance.

ORAL F8.3 Feeling Safer: Effectiveness, feasibility, and Acceptability of Continuous Pulse Oximetry for People Who Smoke Opioids at Overdose Prevention Services in British Columbia, Canada

Jessica Moe, University of British Columbia

Tamara Chavez, CIEDAR (CoVaRR-Net's Indigenous Engagement, Development and Research Pillar 7)

Jane Buxton, B.C. Centre for Disease Control

Learning Objective

Consider challenges and opportunities of applying continuous pulse oximetry to overdose prevention services.

Appreciate the importance of engaging peers in research impacting harm reduction services.

Background

Smoking is the most common mode of illicit drug consumption overall and among fatal overdoses in British Columbia (B.C.). Misperceived risk and inadequate smoking-specific harm reduction services contribute. Overdose prevention services (OPS) allow observed drug use; attendance declined during COVID-19, especially for smoking. Continuous pulse oximetry, common in acute care, allows real-time remote oxygen monitoring.

Objectives

To evaluate effectiveness, feasibility, and acceptability of a novel continuous pulse oximetry protocol at OPS for people who smoke opioids.

Methods

We collaboratively developed a monitoring protocol with clinical experts and people with lived experience of substance use. We implemented it from March-August 2021 at four B.C. OPS with smoking facilities.

We included adults presenting to OPS to smoke opioids. Peer researchers collected demographic, health, and substance use information, conducted structured observations during monitoring, and administered post-monitoring surveys to participants, themselves, and OPS staff.

We qualitatively analyzed text responses and validated themes with peer researchers.

Results

We included 599 smoking events. Mean participant age was 38.5 years; 73% were male. Most (98%) reported using heroin, “down,” or fentanyl; 48% concurrently used other substances (32% stimulants); 76% had smoked alone in the last three days; and 36% had ever overdosed while smoking.

Respondents reported the protocol allowed physical distancing, equipment was easily used, would use again, and high satisfaction. It improved staff confidence (“provides... certainty”) and participants’ safety (“feel seen”).

Conclusions

Our study demonstrates that continuous pulse oximetry allowed safe physical distancing, was feasible, and acceptable in monitoring people who smoke opioids at OPS.

Sex and Gender Considerations

We employed peer researchers of varied backgrounds and worked closely with overdose prevention services (OPS) staff to implement our study. Two of seven of our hired peer researchers were women. Having peers at the forefront of our study allowed us to equitably engage diverse groups, to lessen barriers to recruitment, and to enrol a representative sample of OPS clients. We collected information about participants’ sex, gender, and ethnicities to enable us to better understand our monitoring protocol’s impact on diverse individuals. Our study sample included 24% who identified as women, 1% as other genders, and 33% as non-white ethnicities.

Wednesday, November 22 / Mercredi 22 novembre

Time / Heure	Activity / Activité
08:30–10:00 / 8 h 30-10 h	Concurrent Session G / Séance simultanée G

PANEL G1: A Standard THC Unit in Canada: Key Considerations and a Path Forward

(Simultaneous interpretation available / interprétation simultanée disponible)

Shea Wood, Canadian Centre on Substance Use and Addiction
Robert Gabrys, Canadian Centre on Substance Use and Addiction
Adam Sherk, University of Victoria

Learning Objective

Increase understanding of the concept of a standard THC unit and promote its value in research, policy and public education in Canada

Background

Since cannabis legalization in Canada, there has been growing interest in the concept of a standard THC unit. In October 2022, CCSA facilitated a discussion on the value of a standard THC unit in research, policy and public education in Canada. To build on these earlier discussions, this panel presentation will explore key public health and safety considerations within the Canadian context and offer concrete recommendations for next steps.

Objectives

To understand key considerations for establishing a standard THC Unit in Canada

To engage presentation attendees/stakeholders in a discussion on additional perspectives and considerations that are central to this process

To provide actionable recommendations for next steps

Methods

This panel presentation will bring together subject matter experts with unique perspectives that are central to moving this initiative forward.

Results

Lessons learned from the standard drink and its significance in informing health guidelines (Dr. Catherine Paradis)

Applications of a standard THC unit in research, and in labelling and packaging of cannabis products (Dr. David Hammond)

Strategies for engaging key stakeholders in consultations and in public education (Dr. Shea Wood)

Sex and Gender Considerations

Gender and sex related factors interact to influence many aspects of cannabis use, including product preference, use patterns, and subjective effects. As with all substances, sex related factors—including biology, physiology, anatomy and genetics—can affect the rate of THC absorption and impacts on the body and brain. The panel will consider how sex, gender and other equity issues may influence the development of a standard THC unit and its application, including how data is gathered and analyzed around THC and associated risks, and how to develop targeted knowledge mobilization and public education materials.

PANEL G2: Addressing Systemic Barriers to Accessing Mental Health and Substance Use Health Care: An Innovative Model of Regional Coordinated Access in Eastern Ontario

(Simultaneous interpretation available / interprétation simultanée disponible)

Kim Corace, Royal Ottawa Mental Health Centre

Tony DeBono, AccessMHA

Gord Garner, Community Addictions Peer Support Association (CAPSA)

Learning Objective

Topic 1: Understand the need for a new model for coordinating access to care

Topic 2: Understand the systemic change and impact of co-leadership with People with Lived and Living Expertise (PWLLE)

Topic 3: Demonstrate how data-driven decision-making informs continuous quality improvement

Background

The biggest systemic barrier for people seeking mental health, substance use health, and/or addictions services is not knowing where to access help.

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Objectives

To remove systemic barriers to care through the creation of AccessMHA – a new single point of access to mental health, substance use health and addictions care in Eastern Ontario.

To remove systemic barriers to care through the creation of AccessMHA – a new single point of access to mental health, substance use health and addictions care in Eastern Ontario.

Methods

PWLLE, healthcare organizations, and community and primary care providers co-designed and implemented the AccessMHA model (Topic 1). This process involved: (1) extensive engagement with stakeholders, focused on equity-deserving communities, (2) development of a co-leadership model with PWLLE (Topic 2), and (3) implementation of digitally integrated, real-time data capture to identify health needs and service gaps (Topic 3).

PWLLE, healthcare organizations, and community and primary care providers co-designed and implemented the AccessMHA model (Topic 1). This process involved: (1) extensive engagement with stakeholders, focused on equity-deserving communities, (2) developme

Results

Our PWLLE co-leadership model was crucial to the successful launch of AccessMHA. Since launching in March 2021, over 15,000 clients were served. Most clients reported problems with depression (50%), substance use health/addictions (48%), and anxiety (47%). Nearly 50% of clients reported they would not have accessed the care they needed without the help of AccessMHA. Our real-time data capture enabled program optimizations to serve more clients efficiently and effectively.

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Conclusions

AccessMHA removed barriers to care and fostered system integration driven by PWLLE. Lessons learned can inform the development of coordinated access systems in other regions across Canada.

Sex and Gender Considerations

Health equity is a core value of AccessMHA; personhood variables such as gender, pronouns, ethnicity, language, and disability status are gathered to inform personalized care and to understand population health trends. 17% of individuals served were from equity-deserving communities. Specialized work streams with partners seek to improve access for equity-seeking groups including, staff training delivered through a 2SLGBTQ+ agency, research on Anti-Racism staff training with respect to African, Caribbean, and Black communities, and anti-stigma training regarding Substance Use Health. AccessMHA is also working to ensure that clients involved in the criminal justice system do not face discrimination in accessing services.

ORAL G3: Intersection of Social Determinants, Substance Use and Service Provision /

EXPOSÉ ORAL G3 : Le recoupement entre les déterminants sociaux, l'usage de substances et la prestation de services

ORAL G3.1 Il faut se débrouiller: BC Francophones in the Opioids Crisis – Profile and Framework to Better Provide Resources to Linguistic Minorities in Times of Public Health Emergencies

Ash Amlani, BUNYAAD Public Affairs
Sherri Moore-Arbour, Bunyaad Public Affairs
Kiran Malli, Provincial Health Services Authority

Learning Objective

Attendees will learn about the:

Dearth of research about minority language and substance use supports and services (# 1)

Experiences of Francophones living in a minority-language setting accessing substance use supports in BC (#2)

Background

Linguistically appropriate information for minority-language communities related to the illicit drug toxicity crisis is significantly lacking. Data have not been collected. There is limited knowledge about strategies to relay timely public health information to people who use substances AND who have limited English proficiency.

Objectives

Understand the needs of the BC francophones impacted by the opioid crisis to improve public health communication.

Methods

Review of literature from the past decade showing experiences of minority Franco-Canadians affected by the opioid crisis specifically, and mental health and substance use services broadly.

Interviews: staff and clients at Francophone organizations that

Results

Our review did not reveal peer-reviewed literature that described experiences of francophones experiencing the illicit drug toxicity crisis in a minority-language setting in Canada. We did not find publications about the experiences of people with limited English fluency who use drugs in Canada.

Our thematic analysis highlighted the dire need to improve BC Francophone access healthcare services and health information related to substance use. Enormous barriers to access to care exist. It creates undue hardship and stress for BC Francophone patients and service providers.

Sex and Gender Considerations

Francophones in BC are not a monolith. Our project advisory committee included Francophone organizations that specifically serve women, immigrants, refugees and people experiencing homelessness. Focus group participants included service agencies that work with women, immigrants, refugees and those living with mental illness.

ORAL G3.2 How Employment Status Impacts Access to Treatment Services in Saskatoon, Saskatchewan

James Dixon, University of Saskatchewan
Lindsey Vold, University of Saskatchewan
Maggie Coupland, University of Saskatchewan
Kayla DeMong, Prairie Harm Reduction
Barbara Fornssler, University of Saskatchewan

Learning Objective

Describe employment as a primary determinant of health and why it matters;

Summarize the literature on how employment influences substance use; and

Share composite stories illuminating how employment influences peoples' pathways accessing treatment services in Saskatoon, Saskatchewan

Background

Socio-economic inequities are apparent in the data and stories on the substance-related harms across Canada. Available evidence indicates an overrepresentation of people who are unemployed or who are employed in blue-collar occupations that have died in Canada's overdose crisis.

Objectives

Our objective in this community-based research project is to amplify voices of lived/living experience to enhance pathways of care for people who use drugs.

Methods

We conducted semi-structured interviews with 41 people between September and November 2020. Interviews lasted between 30-60 minutes and were transcribed and de-identified prior to analysis. We performed initial content coding to reveal barriers and facilitators to accessing treatment services which informed the creation of composite narratives of employment-based pathways toward treatment access.

Results

Access to treatment is impacted by employment status and we share three composite narratives illuminating different employment-based pathways to accessing services. Our composites focus on three fictitious characters: Lillian, unemployed and receiving social assistance; Cedric, an equipment operator on a mine site; and George, a corporate lawyer.

Conclusions

The composite narratives illuminate inequities in access to treatment services by employment status, and within different working arrangements. Our work reveals structural challenges implicit in navigating pathways toward treatment, and we suggest upstream approaches may facilitate increased access to treatment by balancing the continuum of care in Saskatchewan.

Sex and Gender Considerations

We have addressed sex, gender and other equity considerations in this work. We partnered with stakeholders including people with lived and living experience, and decision-makers and service providers in the field of substance use to ensure our interview guide used inclusive and appropriate language. Interviews were conducted remotely and we worked with partner organization Prairie Harm Reduction to ensure safety of participants recruited through the agency. We consulted our partners for review and accuracy of our interview data analysis and composition of three composite narratives that reflecting diversity of experiences in our sample.

ORAL G3.3 Recovery from Addiction and Desistance from Crime in Justice-Involved Women

Natacha Brunelle, University of Quebec at Trois-Rivières

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

Catherine Arseneault, University of Montreal

Julie-Soleil Meeson, AIDQ (Association des intervenants en dépendance du Québec)

Learning Objective

Document these research questions: How can addiction services contribute to recovery from addiction and desistance from crime among justice-involved women? How do addiction workers do assisted desistance work with them? Are there particularities among justice-involved women?

Background

Drug use and delinquency are often interrelated in the trajectories of justice-involved people (Brochu et al., 2018). Many of these people also use addiction services at one or more times during their trajectory.

Objectives

Understand and foster desistance from crime and social and community (re)integration of justice-involved people aged 16 to 35

Methods

A semi-structured qualitative interview was conducted in 2019-2020 with 140 participants from three Quebec regions. They had all been in contact with the justice or correctional system in the previous two years, as a result of an offence they had committed. Results of the thematic analysis carried out on the female sub-sample ($n = 30$) will be presented. In particular, their experiences with addiction services will be discussed.

Results

Results show that in addition to supporting addiction recovery, addiction workers often act as desistance from crime agents in different ways. Among the results more specific to women in terms of the benefits of addiction services in their trajectory, we find the satisfaction of their need to be valued and to help others.

Conclusions

These results can provide avenues for intervention and professional mobilization both for addiction workers and those in the justice and correctional sectors.

Sex and Gender Considerations

The presentation highlights outcomes specific to justice-involved women in terms of how addictions workers and services contribute to their recovery and their process of desistance from crime. It is important to better understand what helps these women best and most of the scientific knowledge to date on the subject is not gender specific. In addition, people dealing with the justice system generally present concurrent difficulties and often have particular challenges in terms of access to and continuity of addiction services. To offer them the same quality of service as others, we must understand their opinion on what helps

ORAL G4: Alcohol Use: Considerations and Implications /

EXPOSÉ ORAL G4 : Consommation d'alcool : considérations et implications

ORAL G4.1 Implications of Canada's Guidance on Alcohol and Health: An Empirical Examination in a Longitudinal Observational Cohort of Community Adults

Amanda Doggett, McMaster University
Kyla Belisario, McMaster University
James Mackillop, McMaster University

Learning Objective

Illustrate how Canada's new low-risk alcohol drinking guidelines (LRDGs) have changed

Examine the impacts of the LRDG on the prevalence and perceptions of risky drinking in the population

Background

Canada has updated their guidance on alcohol consumption, changing LRDGs to a maximum of two drinks per week. This is stricter than the previous decade old LRDGs, which specified no more than 10 drinks for women, and 15 for men.

Objectives

This research aimed to briefly examine how the prevalence of adults exceeding the LRDGs changes based on which definition of LRDGs are leveraged.

Methods

Prevalence of those exceeding the new Canadian LRDGs was compared with other benchmarks, including the previous Canadian LRDGs, using a community sample of adults (18 to 65) from Hamilton, Ontario. Number of standard drinks consumed per week was averaged for 1,502 participants across 11 time points between 2018 and 2022 (90.5% mean retention).

Results

Over half (54%) of individuals in this sample were classified as exceeding Canada's new LRDGs, compared to only 12% using the prior Canadian LRDGs. Other international benchmarks classify 17% (NIAAA), 21% (NHS), and 35% (WHO) of this sample as exceeding LRDGs. Compared to previous Canadian LRDGs, those exceeding the new LRDGs had average AUDIT (Alcohol Use Disorders Identification Test) scores below the cut-offs for hazardous use.

Conclusions

Upwards of 4.6 times more individuals were classified as exceeding the new LRDGs, despite having on average sub-clinical AUDIT scores. This may make application of these guidelines difficult to integrate for the purposes of population surveillance and clinical screening, as well as limit both historical and international comparisons with other substance use research.

Sex and Gender Considerations

Many of the LRDGs have sex-specific drinking recommendations (outside of guidelines specific for those who are pregnant or breastfeeding), due to differences in Absorption, Distribution, Metabolism, and Excretion (ADME). The prevalence of those exceeding various LRDGs in this sample considered the guidelines based on sex assigned at birth. Additionally, secondary aims sought to determine the prevalence of those exceeding LRDGs by sex, as the new LRDGs do not include different guidelines by sex, despite established ADME differences. In LRDGs, sex is distinct from gender, and is defined as either male or female despite the existence of other sexes.

ORAL G4.2 Sex, Gender and Alcohol: Implications for Communicating Risk

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

Learning Objective

To share evidence on sex and gender-related factors affecting women, men and gender-diverse people

To encourage nuanced approaches to communicating risk for various audiences

Background

Sex and gender affect the impact of drinking alcohol, the responses to people who use alcohol, and the long-term health impacts. Guidance on alcohol and health has recently been updated, and its main messaging can be augmented by using sex and gender-related evidence.

Objectives

The Centre of Excellence for Women's Health brings sex and gender evidence to practice and policy and assisted the CCSA with background papers on women and men and alcohol use. This presentation will describe the evidence and identify implications for communicating risk to a variety of audiences.

Methods

Systematic steps including multiple searches on alcohol and sex and gender-related factors, women/females and men/males followed by screening, categorization and synthesis of the evidence were taken to produce a narrative literature review.

Results

We found various sex related factors that create a more pronounced negative health impact of alcohol use on female bodies and women, including faster intoxication and breast cancer risk. Various gender-related factors create a more pronounced impact on males and men, such as prevalence of Alcohol Use Disorder and violence. Intersections between sex and gender remain under researched for gender-diverse people. We found sex and gender-related impacts on reproduction and parenting practices, that affect all genders, as well as linkages between trauma and alcohol use.

Conclusions

In addition to the general messaging about the continuum of risk in the Guidance on Alcohol and Health, these findings support nuanced and tailored risk messaging for various audiences. Examples are provided.

Sex and Gender Considerations

The two background papers on women and men and alcohol use are centred around sex and gender-related factors that affect alcohol use and its impact on women and men's health. The background papers reinforce the need to consider the differential impacts of alcohol on male and female bodies, including genetic, anatomical, and physiological structures, as well as gender-related factors such as gender roles, relations, identities, and institutional practices. These factors, in addition to intersecting determinants of health, such as race/ethnicity, age, and socio-economic status impact alcohol use and are related to uptake of alcohol guidance.

ORAL G4.3 How Would Higher Alcohol Taxes and/or Minimum Prices Affect Less Well-off Canadians?

Tim Stockwell, Canadian Institute for Substance Use Research
Sam Churchill, Canadian Institute for Substance Use Research
Adam Sherk, Canadian Institute for Substance Use Research
Sierra Grant, Canadian Institute for Substance Use Research

Learning Objective

To understand the evidence base for how alcohol pricing policies may affect low-income Canadians, a concern often raised by critics of alcohol pricing and taxation policies

Background

Partly based on Canadian evidence that increased minimum prices are associated with reduced harms, several jurisdictions worldwide have introduced Minimum Unit Pricing (MUP) for alcohol, a policy which removes ultracheap pure alcohol (ethanol) from the marketplace. WHO recommends increased alcohol taxes as a best policy buy. Critics of these policies, however, have raised concerns they may adversely affect people on low incomes.

Objectives

To provide evidence for policy makers and advisers on whether concerns about negative unintended consequences of higher alcohol prices for people on low incomes are significant.

Methods

Canadian health and fiscal data were used to model impacts of a universal MUP in Canada for people in different income groups. We also modelled impacts of a unified alcohol excise tax system based on alcohol content, set at a level compensating for the absence of indexation prior to 2017. The International Model for Alcohol Harms and Policies was used to estimate impacts on alcohol-attributable mortality and morbidity in Canada for the year 2017.

Results

The Harm Paradox was confirmed for Canadian drinkers i.e. people on lower incomes experience more harm per unit of alcohol consumed compared with people on higher incomes. However, the majority of harms caused by alcohol were experienced by people with medium or high income. People in lower-income groups experienced the greatest reductions in mortality and morbidity following the introduction of a \$1.50 or \$1.75 MUP per Canadian standard drink, especially if that was accompanied by higher alcohol excise taxes.

Conclusions

The health benefits of MUP and/or raised alcohol taxes are experienced disproportionately by low-income drinkers. MUP policies can reduce health disparities.

Sex and Gender Considerations

The issue of equity is the central topic of the paper. We explore concerns that low-income individuals will be adversely affected by alcohol pricing and tax policies that have been shown to reduce harms in the population as a whole. We present estimates of impacts on drinking levels and harms by gender.

Oral G5: Delivering Harm Reduction Services: Trends and Consumption Sites /

EXPOSÉ ORAL G5 : La prestation de services de réduction des méfaits : tendances et sites de consommation

Oral G5.1 Association of Adverse Events and User Characteristics of a Peer-Run Virtual Safer Consumption Site: Canada's National Overdose Response Service

William William, University of Alberta
Dylan Viste, University of Calgary
Monty Ghosh, University of Alberta
Taylor Orr, University of Calgary
Nora Cristall, Cumming School of Medicine

Learning Objective

Understand current trends and patterns of use of virtual overdose monitoring services

Analyze current national trends in adverse events (including drug poisoning and acute mental health crises) while using these services.

Compare trends of National Overdose Response Service (NORS) use and adverse events to national trends.

Background

Several novel virtual overdose monitoring systems have emerged as an adjunct public health measure to reduce the harms associated with the drug poisoning epidemic.

Objectives

This retrospective cohort study aims to identify the demographics of individuals utilizing one such service, the NORS.

Methods

Data was drawn from the NORS call log which was collected with the primary purpose of informing the NORS stakeholders from December 2020 to December 2022. Odds ratios were calculated to test the association between key indicators and drug poisonings.

Results

Of the 5,576 completed calls on the line, 3,362 (60.2%) were for SCS, 1,463 (26.2%) were for mental health support and included 133 adverse events (2%). Of those that self-reported gender, 2,350 (42.1%) of callers identified as female, and 912 (16.3%) identified as gender diverse. Calls mostly originated from urban locations ($n = 4,998$, 89.6%) and the most represented province was Ontario ($n = 3,694$, 66.2%). Odds ratios indicate that self reporting as gender diverse (OR 8.08, CI 95% 3.78-18.79), using methamphetamine (OR 2.24, CI 95% 1.06-4.28), calls occurring overnight (OR 2.09, CI 95% 1.24-3.43) and in British Columbia (OR 3.86, CI 95% 1.57-8.08) had a significantly higher likelihood of a drug poisoning.

Conclusions

NORS presents an opportunity to access harm reduction services particularly for gender non-binary individuals with high risk use patterns.

Sex and Gender Considerations

Specific gender and equity data is collected through voluntary self-disclosure and specific outcomes were reported for each population.

Oral G5.2 Describing Patterns of Drug Use and Service Delivery at Supervised Consumption Sites in Canada

Colin Steensma, Health Canada

Isac Lima, Health Canada

Lidia Gamil, Health Canada

Michelle Ross, Health Canada

Learning Objective

Improve understanding of recent patterns in drug use and service delivery at supervised consumption sites reporting to Health Canada

Background

Supervised consumption sites (SCS) offer harm reduction services that are integral to the public health response to the opioid overdose crisis, including prevention of overdose deaths, referrals to health and social services, and reduction of the burden on hospitals including emergency department visits.

Objectives

To assess changes in key indicators of drug use and service delivery at SCS reporting to Health Canada.

Methods

A standardized data collection method was developed by Health Canada and implemented by all SCS in March 2020. SCS submit monthly reports to Health Canada with data on visits, client demographics, type of drugs consumed, number of overdoses (fatal and non-fatal) at the site and number of overdoses that required the use of naloxone. The data is entered into a database which is then used to generate aggregate data statistics.

Results

As of November 2022, there were 39 SCS across Canada operating under the exemption. From January to November 2022, SCS received more than 1.7 million visits, reversed 25,941 overdoses without a single death and made 128,124 referrals. Compared to the same period in 2021, visits decreased by 10%, overdoses decreased by 37%, and referrals to substance use treatment and other health and social services increased by 116%. The drug class most frequently used on-site by clients in both 2021 and 2022 was fentanyl.

Conclusions

SCS data can play a role in filling knowledge gaps around drug use and service provision trends, which can inform policy makers and health care professionals in addressing the drug toxicity crisis.

Sex and Gender Considerations

Detailed results presented will include description of gender identity of clientele. Efforts to include non-binary gender and racialized identity in reporting will be discussed.

Oral G5.3 Regional Snapshots of Changes in Harm Reduction Services Over the Pandemic

Emma Nagy, KFL&A Public Health
Daphne Mayer, 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., number of needles distributed) and opioid-related morbidity and mortality (e.g., number 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.

***PANEL G6: Indigenous Youth Perspective on Wharerātā Declaration:
What Makes an Indigenous Leader?***

Kanatahe'le Brown, Thunderbird Partnership Foundation
Carol Hopkins, Thunderbird Partnership Foundation
Noah Ricciardi, Thunderbird Partnership Foundation

Learning Objective

This panel is the continuation of the International Initiative for Mental Health Leadership (IIMHL) presentation and offers the chance for those engaged to present their new declaration on Indigenous mental health leadership which is guided through core competencies that are centred on the necessary priorities

Background

In 2009 the Wharerātā Declaration was established in New Zealand through Indigenous people's participation in the IIMHL and created an international network of Indigenous leaders working in mental wellness and addictions health. It has the goal of creating positive health outcomes for Indigenous people around the globe by promoting the critical importance of culture as the foundation of care and the need for wholistic, safe, and trauma-informed services.

Objectives

Indigenous youth had not been engaged in reviewing the Wharerātā Declaration to determine if the five themes articulated as a mandate reflect the perspective and priorities for youth leaders today. Consequently, six Indigenous youth leaders from coast to coast to coast were sponsored by Thunderbird Partnership Foundation and First Peoples Wellness Circle, to identify and present on Indigenous leadership characteristics and priorities at the 2022 IIMHL Conference in Washington D.C. Leading up to the presentation, the youth leaders spent time engaging other youth to ensure that they were capturing diverse perspective.

Methods

Indigenous youth from across Canada facilitated workshops to determine the criteria for youth leadership in mental wellness. The youth then took this feedback and developed a new declaration that will guide mental wellness.

Sex and Gender Considerations

Indigenous youth from across Canada were asked to participate in this project. Considerations were guided through the First Nations Mental Wellness Continuum Framework ensuring that the work that was done was grounded in culture and ensuring equity for those engaged.

ORAL G7: It's a Matter of Perspective /

EXPOSÉ ORAL G7 : C'est une question de point de vue

(Simultaneous interpretation available / interprétation simultanée disponible)

EXPOSÉ ORAL G7.1 De la perspective de « membre de l'entourage » à celle de « personne proche aidante » : un passage nécessaire pour le domaine de la toxicomanie et des jeux de hasard et d'argent

Mélissa Côté, Université Laval

Joël Tremblay, Université du Québec à Trois-Rivières

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

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

Objectif d'apprentissage

Sensibiliser l'auditoire que les membres de l'entourage de personne aux prises avec un trouble de l'utilisation des substances (TUS) ou un trouble lié aux jeux de hasard et d'argent (TJHA) se retrouvent dans un rôle de personnes proches aidantes (PPA).

Contexte

À ce jour, l'application du concept de PPA est principalement associée au domaine de la santé physique. Récemment quelques percées ont eu lieu dans le domaine de la santé mentale, mais son application au niveau de la dépendance demeure embryonnaire.

Objectifs

Documenter les écrits scientifiques et ceux issus de la littérature grise concernant la proche aidante en contexte de TUS ou de TJHA.

Méthodes

L'utilisation d'une « scoping review » (Arskey et O'Malley, 2005) s'avère être une méthode de choix considérant la nature exploratoire de cette recension des écrits. De fait, l'étude de la portée est une méthode de recension systématique des écrits à privilégier lorsqu'on explore un domaine de recherche encore peu étudié à ce jour. Cette méthode offre une vue d'ensemble d'un vaste et diversifié bassin de littérature, en incluant à la fois les études empiriques et la littérature grise.

Résultats

Les résultats mettent de l'avant la pertinence de reconnaître l'entourage de personnes qui présentent un TUS ou un TJHA comme des PPA. Or, à ce jour, encore plusieurs obstacles à la reconnaissance de ce statut (p.ex., reconnaître l'entourage comme des personnes co-dépendantes; sous-estimer le rôle de l'entourage dans le rétablissement du proche) existent et complexifie son application.

Conclusions

L'utilisation de l'acronyme « proche aidant » pourrait d'une part réduire la stigmatisation des membres de l'entourage et d'autre part, leur amener une meilleure reconnaissance d'un point de vue fiscal, légal ainsi que dans les services leur étant destinés. En contrepartie, cette reconnaissance apportera par le fait même des impacts non négligeables dans la vie des personnes utilisatrices de drogues ou s'adonnant aux jeux de hasard et d'argent ou à Internet.

Considérations liées au sexe et au genre

L'analyse différenciée selon le sexe sera mise de l'avant lors de l'analyse des articles. Plus précisément, les données recueillies seront analysées afin de dégager les similitudes et les

divergences en fonction du sexe. À ce jour, des différences marquées entre les femmes et les hommes proches aidants ont déjà été documentées, par exemple davantage de femmes occupent le rôle de personne proche aidante et ces femmes assurent en moyenne plus d'heures de soutien que les hommes. Il est donc attendu que des réalités soient distinctes en fonction du sexe.

EXPOSÉ ORAL G7.2 Quel impact a eu mon usage de substances psychoactives sur ma victimisation? Perspective de personnes consultant dans des services spécialisés en dépendance

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

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

Mélissa Richard, CIUSSSCN/CISSSCA

Chantal Plourde, Université du Québec à Trois-Rivières

Catherine Rossi, Université Laval

Annie-Claude Savard, Université Laval

Maggie-Audrey Bernier, CIUSSS de la Capitale-Nationale

Gabrielle Ehouarne, CIUSSS de la Capitale-Nationale

Objectif d'apprentissage

Mieux connaître l'impact des actes criminels sur l'usage de substances psychoactives (SPA) de personnes recevant des services spécialisés en dépendance permettra aux intervenant.e.s d'en tenir compte et d'adapter leur intervention au vécu de chaque personne.

Contexte

La présence d'actes criminels dans la vie d'une personne entraîne souvent des conséquences importantes. L'usage de SPA qui apaise la souffrance, aide à oublier l'acte vécu, engourdit les émotions, etc., est l'une d'elles fréquemment observées.

Objectifs

Dresser un portrait des différentes trajectoires d'usage de SPA empruntées par les personnes à la suite d'actes criminels subis et des liens qu'elles font entre les deux.

Méthodes

Des entrevues semi-structurées ont été menées auprès de 28 femmes et 12 hommes ($N = 40$) en traitement pour une dépendance aux SPA ayant vécu des actes criminels. Les entrevues ciblaient l'impact des actes criminels dans leur vie et comment ces actes avaient influencé leur usage de SPA.

Résultats

Les personnes rencontrées ont vécu plusieurs actes de victimisation au cours de leur vie jouant différents rôles sur leur consommation et les motifs d'usage. Ces victimisations les ont amenés à s'initier, à augmenter, à diminuer ou à contrôler leur usage.

Conclusions

La victimisation engendre des répercussions dans plusieurs sphères de vie, dont l'usage de SPA. Le profil de victimisation, d'usage et d'impacts diffère d'une personne à l'autre, il importe donc d'adapter l'intervention en dépendance pour mieux répondre à leurs besoins spécifiques.

Considérations liées au sexe et au genre

Les entrevues ont été menées auprès d'hommes et de femmes ayant été victimes d'actes criminels et étant en traitement pour un problème de consommation de SPA. Les résultats présentent comment leurs vécus ont influencé leur usage. La présence de différences dans les propos des hommes et des femmes seront clairement présentées en fonction des vécus et des besoins spécifiques.

EXPOSÉ ORAL G7.3 Le parcours de consommation problématique de substances psychoactives des personnes âgées judiciairisées : comprendre les représentations sociales pour contrer la stigmatisation et la discrimination vécues

Valérie Aubut, Université du Québec à Trois-Rivières

Mathieu Goyette, Université du Québec à Montréal

Chantal Plourde, Université du Québec à Trois-Rivières

Objectif d'apprentissage

Comprendre la stigmatisation perçue par des personnes âgées judiciairisées (PAJ) associée à leur parcours de consommation problématique de substances psychoactives (SPA) afin d'identifier des pistes d'amélioration pour mieux les accompagner dans leur processus de réintégration sociocommunautaire.

Contexte

La discrimination véhiculée par les acteurs sociaux en lien avec le statut de criminel est bien documentée chez les personnes judiciairisées. Jusqu'à maintenant, très peu d'études ont tenté de comprendre comment la discrimination se transpose dans la vie des PAJ, encore moins chez celles qui consomment des SPA.

Objectifs

Cette étude vise plus largement à comprendre le processus de réintégration sociocommunautaire en contexte de pandémie des PAJ qui ont un parcours de consommation problématique de SPA selon les représentations sociales d'hommes et de femmes.

Méthodes

Vingt-deux PAJ ont participé à une entrevue individuelle dont le contenu a fait l'objet d'une analyse thématique.

Résultats

Le retour en communauté signifie pour les participants de se conformer aux normes et d'effacer les erreurs du passé, particulièrement celles associées à la consommation de SPA. Bien qu'ils ne s'identifient plus par le prisme de la consommation, ils considèrent ne pas avoir droit à l'erreur. L'étiquette apposée de consommateur dans leur dossier entache leur réintégration, alors qu'ils sont abstinents depuis en moyenne 10 ans.

Conclusions

Le cumul de représentations négatives qui les accompagnent agissent comme un frein à la réintégration sociocommunautaire des PAJ. Or, elles ont développé une résilience au fil des années et possèdent des forces qui doivent être considérées dans l'accompagnement pour les soutenir dans leur processus de réintégration sociocommunautaire.

Considérations liées au sexe et au genre

Cette étude considère les spécificités associées au sexe, au genre et aux autres formes de diversité. La dimension « sexe » est intégrée comme critère de diversification et les autres dimensions permettent également de décrire l'échantillon. Quant à la collecte de données, bien qu'aucune question liée au genre ne soit incluse initialement dans le guide d'entrevue, lorsque des participants évoquaient des éléments spécifiques, ils étaient alors approfondis. Il en va de même pour l'analyse. Bien qu'aucune analyse différentielle ne soit réalisée, certaines différences entre les hommes et les femmes sont ressorties et sont discutées.

ORAL G8: Perspectives on Decriminalization from People Who Use Substances /

EXPOSÉ ORAL G8 : Points de vue sur la décriminalisation de personnes qui consomment des substances

ORAL G8.1 “The Cops Are Using Decriminalization to Continue to Criminalize Us”: The Perceived Role of BC’s Decriminalization Model in Shaping the Ongoing Risk of Criminalization and Harms for People Who Use Drugs (PWUD)

Jessica Xavier, BC Centre for Disease Control
Jenn McDermid, Simon Fraser University
Alissa Greer, Simon Fraser University

Learning Objective

To increase understanding of the potential impacts of decriminalization among PWUD.

Background

This year, BC decriminalized personal possession of up to 2.5 grams of certain drugs. While decriminalization is intended to mitigate criminal and prohibition-related harms, there are mixed perspectives on whether BC’s model offers adequate protections to meet this objective.

Objectives

Our study aimed to explore the perceived role of decriminalization in shaping the ongoing risk of criminalization and associated impacts among PWUD in BC.

Methods

This analysis draws on 38 qualitative interviews with participants who a) lived in BC and b) used illegal drugs in the last month. Participants were asked broadly about their perceptions of decriminalization.

Results

Participants expressed skepticism that decriminalization would substantially reduce experiences of criminalization or overdose, with police continuing to play a prominent role in BC’s model. Participants raised several concerns: 1) The 2.5 gram threshold is too low and doesn’t reflect real patterns of drug use/purchase leaving PWUD vulnerable to police surveillance. 2) Public consumption remains criminalized in most jurisdictions, disproportionately impacting unhoused PWUD. 3) Decriminalization doesn’t address the structural harms embedded within policing, with marginalized participants anticipating continued police harassment. 4) The explicit targeting of

dealers puts PWUD at increased risk of overdose. 5) The model reflects a lack of urgency in addressing the drug toxicity crisis.

Conclusions

Our findings highlight how BC's decriminalization model reinforces the ongoing criminalization of PWUD, negatively shaping health, safety and overdose risk. Removal of all criminal sanctions around drug use, alongside the implementation of a regulated drug supply, is recommended.

Sex and Gender Considerations

In recognizing that the experiences of PWUD are shaped not only by criminalization, but also by other intersecting factors such as gender, race and class, we aimed to ensure a broad range of voices were included in this work. Particularly, our sample includes 20 women and gender minority participants, with interviews placing a considerable focus on how gender may contribute to unique health and safety vulnerabilities. In addition to gender, interviews examined how other structural inequities (e.g., racialization and impacts of racism, im/migration experiences, classism and poverty) intersect to shape individual experiences among participants.

ORAL G8.2 People Who Use Drugs (PWUD) Report on Decriminalization of Possession of Illegal Drugs in British Columbia

Kurt Lock, BC Centre for Disease Control

Learning Objective

Review the analysis from the PWLLE perspective of the expectations for decriminalization of substances in BC, and provide considerations for the evaluation of the new policy. Specifically discussing the significance and weight of various indicators.

Background

A recently granted 3-year exemption people in BC to possess up to 2.5 grams of any combination of opioids, cocaine, methamphetamine and MDMA. There are concerns from PWUD of the new policy, and how the policy is measured and sold to the public.

Objectives

Analysis from the lens of the primary stakeholders (PWUD) the benefits, shortcomings and expectations of the BC decriminalization policy, how the policy fits with other relevant policies, and how it is being measured and put forward to the public. Particular attention is given to determining indicators to evaluate, and why each indicator matters (and why some don't).

Methods

The analysis is based on observations and insights collected in four focus groups with people members lived and living experience of drug use.

Results

The new policy does take a step in the right direction to meeting the needs of PWUD and validating their existence as PWUD, however the guidance of PWLLE has not been adequately applied to decriminalization in BC, especially in regards to the low threshold and the exclusion of youth - limiting the potential of this policy. In addition, decriminalization is being framed as a bold tool to address the overdose crisis, which is an overstatement and distracts from more potentially more effective measures to address the crisis, such safe supply alternatives. The indicators discussed in the

evaluation section of the report takes in account the actual potential of decriminalization, and discusses what counts for success based on that potential.

Conclusions

Decriminalization is an important policy step, but does not go far enough and its expectations have been overstated. We need to quickly go beyond decriminalization toward emancipating PWUD and welcoming us as we are into society.

Sex and Gender Considerations

Our report repeatedly discusses equity, the lack there-of, in drug policy and how this should be addressed. The report is based on the perspectives of the 11 authors and their experiences which are informed by such considerations. s four of the authors are Indigenous, eight are women, one is non-gendered, one is bipoc and all have suffered from the effects of the war on drugs.

ORAL G8.3 “2.5 Grams, I Could Do That Before Noon”: A Qualitative Study on People Who Use Drugs’ Perspectives on the Impacts of British Columbia’s Decriminalization of Illegal Drugs Threshold Limit

Farihah Ali, Centre for Addiction and Mental Health (CAMH)
Cayley Russell, Centre for Addiction and Mental Health (CAMH)

Learning Objective

Inform the audience about the decriminalization policy in BC, and the perspectives of PWUD in relation to the decriminalization policy threshold limit.

Background

In May 2022, Health Canada approved a three-year exemption from the Controlled Drugs and Substances Act decriminalizing possession of certain illegal substances for personal use among adults in the province of British Columbia. The exemption explicitly includes a cumulative threshold of 2.5 grams of opioids, cocaine, methamphetamine, and MDMA. Threshold quantities are commonly included in decriminalization policies and justified within law enforcement systems to delineate personal use among PWUD versus drug dealers who are carrying for trafficking purposes.

Objectives

Highlight PWUD perspectives

Methods

From June-October 2022, 45 people who use drugs from British Columbia were interviewed to gain an understanding of their perceptions on decriminalization, particularly on the proposed threshold of 2.5 grams. A qualitative thematic analysis was conducted to synthesize key themes.

Results

Four overarching themes emerged: 1) Benefits and drawbacks of the policy; 2) Impact of the 2.5-gram threshold on substance use patterns; 3) Economic implications of adhering to the 2.5-gram threshold; and 4) Impacts of police discretion in enforcement of the 2.5-gram threshold. Results illustrate the need for the decriminalization policy to consider diversity in consumption patterns and frequency of use among people who use drugs, the inclination to purchase larger quantities of substances for reduced costs and to guarantee a safe and available supply, and the role police will play in delineating between possession for personal use or trafficking purposes.

Conclusions

The findings underscore the importance of monitoring the impact of the threshold on people who use drugs and whether it is countering the goals of the policy. Consultations with people who use drugs can help policymakers understand the challenges they may face when trying to abide by this threshold.

Sex and Gender Considerations

Demographic indicators were captured, including sex, age, ethnicity, and housing status to understand how the 2.5-gram threshold impacted certain groups over others.

