

UVIC | Canadian Institute for Substance Use Research

2025/2026 ANNUAL REPORT

Mission

The Canadian Institute for Substance Use Research is a network of individuals and partner organizations dedicated to conducting ethical, collaborative, high-quality studies of risk and protective factors for substance use and addictions, and evaluating interventions relevant to substance use and related health determinants. Our research informs a broad range of projects and initiatives with the goal of preventing and reducing community-wide harms from substance use among diverse populations locally, nationally and internationally.

Guiding Principles

Improve Wellbeing, Reduce Harms

Attention is required to both immediate factors (e.g. behavioural patterns and contexts) and distal factors (e.g. social, economic, policy-related) to effectively prevent and address harms from substance use and addictions across the life course. Recognition that some people will continue to use psychoactive substances and experience addictions is also critical, so strategies are needed to reduce harmful consequences, in addition to efforts that aim to directly reduce or prevent high-risk behaviours. Research that is of high quality and high public health relevance to local, national and international populations are prerequisites in support of this principle.

Address Social Equity, Inclusion & Justice Issues

A commitment to the promotion of equity and fairness and the pursuit of social justice through attention to the impact of the environmental context and social determinants that shape substance use and the development of health inequities is critical. A focus on the role that substance use and related policies play in creating and driving inequalities is required to improve health and address disparities among vulnerable populations. Special attention must be paid to addressing the negative impacts of colonization on Indigenous populations both overall and with respect to substance use.

Engage in Informed Discussion and Debate

Open-mindedness and a commitment to fostering respectful discussion is a crucial part of the research process among researchers, and is matched by a commitment to engage in public discussion and debate through focused knowledge mobilization and knowledge exchange activities in order to facilitate the adoption of evidence-based public policy regarding substance use that will improve health and well-being.

Conduct Commercially Independent, Ethical Scholarship

Commitment to solid ethical principles and transparency governing internal and external relationships and financial management, the conduct of research and the communication of research findings is of utmost importance. Protection from vested interests is crucial to ensure that research is conducted in the broader public interest and to support public health. This will be enabled by excluding representatives of commercial interests (e.g., alcohol, tobacco, cannabis, and gaming entities) from CISUR membership, and not accepting direct research funding from such sources. Work with government or other funders will involve mindful consideration of political influence or other factors affecting any aspect of the research.

Prioritize Collaborative Relationships

Dynamic, collaborative relationships at multiple levels are essential for ensuring relevance of the research across diverse experiences and outcomes of substance use and related interventions. Key relationships include those with policymakers, nongovernmental and community organizations, researchers from many disciplines, health and social practitioners, media, and the public including people with lived and living experience of substance use and those coping with addictions and other substance-related problems.

Train and Mentor Emerging Scholars and Learners

Training and mentoring the next generation of and learners promotes and sustains high quality substance use-relevant research. We strive to provide collaborative educational opportunities for diverse populations, and to be inclusive of those in non-academic settings (e.g., community or government) or with non-academic career goals.

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MESSAGE FROM THE CHAIR

Shelagh Rogers



CISUR Chair Shelagh Rogers (front row, second from right) at the Winnipeg stop of the Governor General's 2024/25 Mental Health Learning and Listening Tour. Also pictured in the front row are Elder Barbara Nepinak, Governor General Mary Simon, Lt. Gov. Anita Neville, and the late Cree Elder and former nursing professor Madeleine Dion Stout.

I'd like to begin the Chair's message by commending our outgoing Governor General (GG) Mary Simon. In 2024/25 she conducted a nation-wide Mental Health Learning and Listening Tour. The mission was to draw lines from lived experience to reform of the mental health and addictions care system, and to prise open why in Canada mental health treatment and care continues to be second to physical health.

Her Excellency stopped in eastern Canada (St. John's), western Canada (Vancouver), central Canada (Winnipeg) and the North (Iqaluit NU). When she visited the Opioid Dependency Treatment Hub in Happy Valley-Goose Bay, NL, she witnessed the integration of harm reduction, a focus on recovery and an approach that puts the individual in need at the centre of care. At The Dude's Club in Vancouver's Downtown Eastside, she saw first-hand a model for men's wellness building on connection and a celebration of identity, with Elders and Knowledge holders offering time, teachings and support.

I had the honour of joining the tour in Winnipeg. The Winnipeg visit included a stop at the Bruce Oake Recovery Centre, a 50-bed treatment facility for men, founded by the legendary sportscaster Scott Oake and his wife Anne. They lost their son Bruce to addiction 15 years ago. The Centre has been open for five years and 600 men have graduated into recovery. Seeing Her Excellency was meaningful for the residents and the staff.

The last stop was Iqaluit where a young Inuk woman named Rachel Michael spoke from the heart saying that if progress is to be made on mental health and addiction issues in the North, "we must also confront one of the root causes: the flow of toxic and illicit drugs into our communities."

Governor General Mary Simon used her platform to shine a light on mental health and substance use issues and to promote recovery and resilience. She deserves great applause for this tireless work, and I hope that her legacy is transformative action



Greg Kyllo of the Bruce Oake Recovery Centre, Elder Madeleine Dion Stout, and Shelagh Rogers, The Governor General's Learning and Listening Tour, Winnipeg

in the healthcare system. What I do know is that her advocacy for this cause and her optimism that change is possible will be missed.

The CISUR 2026 Annual Report you are holding in your hands, or reading on your screen, captures the many successes CISUR has had over the last year. Our director, Dr. Timothy Naimi, presents them in his message. His tone upbeat but he also cautions that the next few years will present financial and political challenges in nature, with some of the budgetary issues arising out of the politicization of support for safe and secure supply, and the continued stigma users face. In spite of that, CISUR is doing work that arises out of need and compassion. This work is important for Canada, for the vulnerable, the marginalized, for new Canadians, for those of us who have endured the loss of a loved one to addiction. On that note, Amanda Farrell-Low's very powerful article in this report called "Naming a Crisis: marking 10 years of grief" is a must read. What headlines and reports often don't capture is, in the face of loss, "where do we put our grief?". As someone who has lost a loved one to drug-related harms, I am grateful for it.

As always, I want to express my thanks and gratitude to the esteemed members of our Advisory Board for their guidance and for so helpfully sharing their individual perspectives and wisdom. I conclude by offering, on behalf of the Advisory Board, our enormous thanks and respect for the scientists, scholars, staff and students who are part of the innovative, forward-looking work of CISUR. You are changing the story about substance use, every single day.

Shelagh Rogers, OC
Chancellor, Queen's University
Chancellor Emerita, University of Victoria
Broadcast-Journalist

MESSAGE FROM THE DIRECTOR

Tim Naimi



Happily, 2025-26 has been another successful year for the Canadian Institute of Substance Use Research (CISUR). We continue to be a leading resource for substance use research and for translation of that work to policy makers, community partners and members of the public locally, nationally and internationally. Our mission remains oriented towards developing high-quality research to promote health and wellbeing with respect to substance use and related determinants among communities and individuals.

Amidst economic uncertainty and budgetary restrictions in Canada and US restrictions on international collaborations, obtaining research funding will be a bit more challenging in the coming years. This is especially the case for research topics that have become highly politicized (e.g., policies related to illicit drugs) or that run counter to corporate interests (i.e., policies pertaining to legal drugs and gambling). Given these developments, it is essential that we maintain our scientific independence in research and related communications activities.

Nonetheless, in the past year CISUR Scientists, staff and trainees were productive in terms of peer-reviewed publications, grants, contracts and awards. This has been more than matched by our corresponding translation and outreach activities, which are essential for getting our work into the hands of those who can act on it. Examples of important research activities, many of which are ongoing, include the evaluation of the Prescribed

Safer Supply program, examination of the impacts of minimum unit prices on vulnerable populations, expansion and evaluation of drug checking in BC, implementation of new harm reduction projects in Mexico and Colombia, involvement in a study to inform the alcohol recommendations for the U.S. Dietary Guidelines, the trans-national Canadian Substance Use Costs and Harms study, a study of the impacts of decriminalization and re-criminalization of small amounts of drugs in BC, and a study to evaluate new cancer warning labels on alcohol containers in the NT.

We are equally proud of CISUR's outreach in the form of media engagement, community engagement, and engagement with public officials. The headline event was Naming a Crisis, a public installation commemorating the 10-year anniversary of the declaration of the ongoing public health emergency related to overdose deaths. We also contributed to and presented at the release of the Provincial Health Officer's landmark Alcohol Report, and hosted two public talks, one by Dr. Scott Hadland ("Addressing North America's Adolescent Overdose Crisis") and another by Bree Dening ("Changing the Alcohol Story: Lessons from the Northwest Territories"), the winner of the 3rd annual Harold Johnson Award.

Another objective of CISUR's strategic plan was to bring on new CISUR Scientists. Last year saw the addition of Dr. Andrea Mellor who is adjunct faculty with the Department of Public Health and Social Policy who brings a strong interest in youth substance use and participatory research, among a range of interests and abilities. More recently we added Dr. Dennis Hore as a Scientist; Dennis is a professor in the Chemistry Department and has been co-leading drug checking activities with fellow CISUR Scientist Bruce Wallace. And last but certainly not least, we added Dr. Jill Robinson to our ranks; Jill is an assistant professor in Psychology, directs UVic's psychology clinic, and has a growing research presence in psychedelics, a timely and interesting topic in terms of recreational use and potential therapeutic uses. We are lucky to have them joining us!

In terms of training and mentoring activities, we continue to grow our undergraduate summer internship program that began in 2024, expanding from one intern to three interns during summer 2025 and five interns for the summer of '26. In terms of other news related to CISUR trainees, we hosted a CISUR postdoctoral fellows' Researchers of Substance seminar with all six of our fellows. CISUR also contributed a massive share of presentations at the recent Faculty of Health research day, where Sybil Goulet-Stock won best oral presentation award among doctoral students. James Clay also won first place for his recent presentation at UVic's 2026 Postdoc Research Day. And Aaron Bailey was recently named a Trudeau Foundation Scholar.

Another exciting development is the production of our new CISUR podcast "Under the Influence: Substance Use and Society", coordinated by Amanda Farrell-Low and UBC undergraduate student Mariam Mahmoud. Our podcast explores how different drugs intersect with our society, culture, and everyday life. So far, we have released episodes covering CISUR's focus and philosophy, KnowAlcohol.ca, and the Naming a Crisis event discussed above.

We are looking forward to the challenges of the upcoming year and are well-positioned for continued success. But I'll try to write less next year!

Tim Naimi, MD, MPH
Director, CISUR
Professor, School of Medical Sciences, UVic
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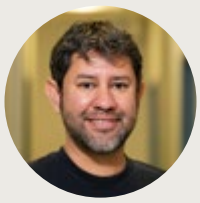
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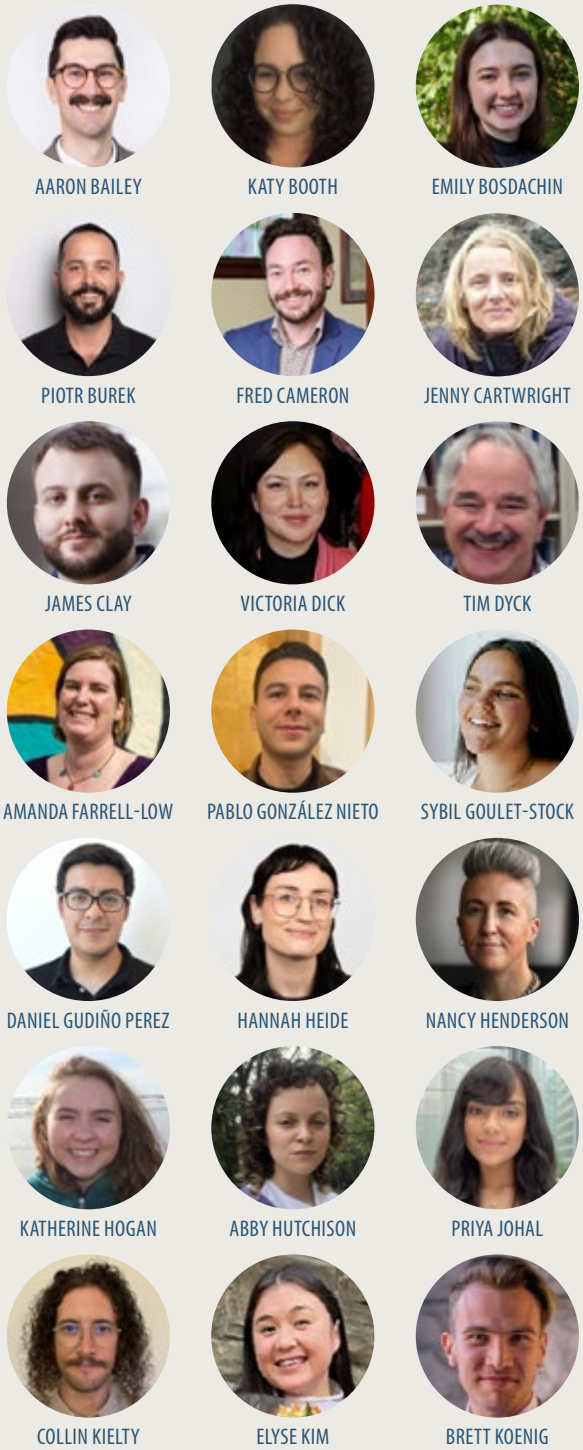
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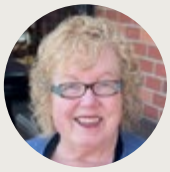
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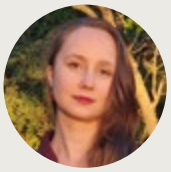

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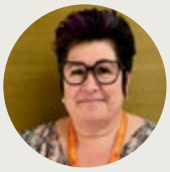

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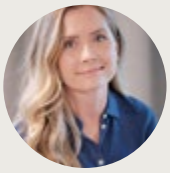
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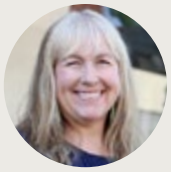

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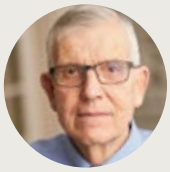

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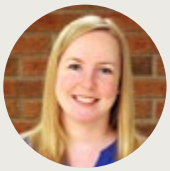

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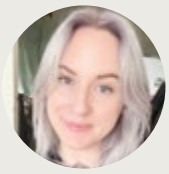
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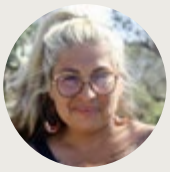
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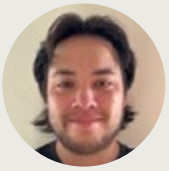
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National Drug Research Institute (NDRI), Curtin University, Perth, WA, Australia
Sheffield Alcohol Research Group, (SARG), School of Health and Related Research, University of Sheffield, UK
Health Economic Research Unit, Centre for Advancing Health Outcomes, Simon Fraser University, Burnaby BC
Child and Family WISE Lab, Toronto Metropolitan University, Toronto ON
RAND Corporation, Santa Monica, CA, USA

COMMUNITY & GOVERNMENT COLLABORATIONS

Victoria

- Aboriginal Coalition to End Homelessness
- AVI Health and Community Services
- Community Social Planning Council
- QomQem Coastal Connections
- SOLID Outreach Society
- Surrounded by Cedar Child and Family Services
- Victoria Cool Aid Society
- Victoria Police Department

Vancouver

- Eastside Illicit Drinkers Group for Education
- St Paul's Hospital
- Providence Health Centre
- Vancouver Area Network of Drug Users (VANDU)
- Vancouver Coastal Health

British Columbia

- BC Centre for Disease Control
- BC Centre on Substance Use
- BC Liquor and Cannabis Regulation Branch
- BC Liquor Distribution Branch
- BC Ministry for Attorney General
- BC Ministry for Mental Health and Addictions
- BC Ministry of Health
- BC Ministry of Health, Office of the Provincial Health Officer
- BC Ministry of Public Safety & Solicitor General
- BC Support Unit- Vancouver Island Centre
- BC Representative for Children and Youth
- BC Women's Hospital and Health Centre
- BC/Yukon Association of Drug War Survivors
- Coalition of Substance Users of the North (CSUN), Quesnel
- East Kootenay Network of People who Use Drugs
- First Nations Health Authority
- Foundry
- Fraser Health
- Interior Health
- Island Health
- KANDU (Knowledge for All Nations and Developing Unity)
- Lookout Housing and Health Society
- Northern Health
- Nuu-chah-nulth Tribal Council Health Services
- Port Alberni Shelter Society
- Provincial Health Services Authority (PHSA)
- Public Health Association of British Columbia (PHABC)
- Vancouver Island Mental Health Society
- Vancouver Island University

Rest of Canada

- Canadian Academy of Health Sciences
- Canadian Alliance for Sex Work Law Reform
- Canadian Centre for Justice Statistics (CCJS), Statistics Canada
- Canadian Institute for Health Information (CIHI)
- Centre of Excellence on Women's Health (CEWH)
- Health Canada
- Mental Health Commission of Canada
- Public Health Agency of Canada
- Royal Society of Canada
- Centre for Addiction and Mental Health, Toronto
- Homewood Research Institute, Guelph
- Jean Tweed Centre, Etobicoke
- Ottawa Inner City Health, Ottawa

International

- Boston University
- Oregon State University
- Remedy Alliance
- University of Stirling and Salvation Army Research Unit
- University of New South Wales
- University of Southern California

KEY RESULT AREA 1

Building Capacity for Research & Knowledge Exchange

To build Canadian infrastructure and capacity to conduct research and knowledge exchange that will increase understanding and support more effective responses to substance use.

OBJECTIVES

- Maintain or increase the number of substance use research projects through grants and contracts.
- Maintain or increase national and international funding for substance use and health research at CISUR.
- Maintain or increase projects and funding for knowledge exchange concerning substance use and health promotion at CISUR.

6	10
New Grants	**New Contracts**

Overall, during the past fiscal year we had a productive year for grants/funding competitions (6) and contracts (10). Although the number of new contracts was typical, we had fewer new awards from funding competitions compared to usual. In addition to new awards, we also have many ongoing projects (see Key Result Area 3, Ongoing Projects section).

Part of building capacity also relates to our budget and funding, which is discussed below the section of funding competitions/grants/contracts.

New Successful Applications to Funding Competitions

1. **Updating, Optimizing and Expanding the Canadian Alcohol Policy Evaluation (CAPE) Project**

   Funder: Health Canada (Substance Use and Addictions Program)
   Amount (additional): $258,000
   Period: 2022-2027

2. **Expanding US-Mexico Border Capacity to Address Emerging Drug Crises**

   Funder: Bureau of International Narcotics and Law Enforcement, U.S State Dept
   Amount: $51,785
   Period: 2025-2029

3. **Evaluation of the B.C. Decriminalization Pilot**

   Funder: BC Ministry of Mental Health and Addictions
   Amount: $100,000
   Period: 2026-2027

4. **Measuring State Cannabis Policies That Protect Public Health and Public**

   Funder: Arnold Ventures, University of Southern California
   Amount: $31,747
   Period: 2025-2026

5. **Strengthening Municipal Alcohol Policy: Mobilizing Knowledge Among Municipal Stakeholders to Promote Community Wellbeing**

   Funder: SSHRC Connection Grant
   Amount: $49,739
   Period: 2025-2026

6. **Developing a Comprehensive Strategy for Safer Youth Cannabis Use in British Columbia**

   Funder: Social Sciences and Humanities Research Council (SSHRC)
   Amount: $51,785
   Period: 2025-2029

New Commissioned Contracts & Other Grants

1. **Anti-Drug Use Vigilantism in BC: Exploring an Emerging Public Health Issue to Inform Policy and Practice**

   Funder: CIHR, Planning and Dissemination Grant

   Amount: $19,100

   Period: 2025-2026

2. **Co-Creation of Culturally-Safe Drug Checking Practices for Indigenous Peoples Who Use Illicit Drugs**

   Funder: Vancouver Foundation's Participatory Action Research Seed Grant

   Amount: $25,000

   Period: 2025-2026

3. **Canadian Alcohol Use Disorders (CAUDS) Treatment Matching**

   Funder: Canadian Alcohol Use Disorder Society

   Amount: $60,030

   Period: 2025-2026

4. **Canadian Substance Use Costs and Harms 2025/2026**

   Funder: Canadian Centre on Substance Use and Addiction

   Amount: $18,000

   Period: 2025-2026

5. **Supporting Minimum Unit Pricing Policy in B.C.**

   Funder: BC Ministry of Health

   Amount: $50,000

   Period: 2025-2026

6. **Drug Checking in Nuu-Chah-Nulth Territory**

   Funder: Nuu-chah-nulth Tribal Council

   Amount: $45,875

   Period: 2025-2026

7. **2025/26 BC Partners for Mental Health and Addictions Information Services**

   Funder: Provincial Health Services Authority

   Amount: $263,509

   Period: 2025-2026

8. **Northwest Territories Alcohol Policy Evaluation**

   Funder: Vital Strategies

   Amount: $57,987

   Period: 2025-2026

9. **Changes to the Decriminalization of Small Amounts of Substances in Victoria, BC**

   Funder: BC Ministry of Health/University of Victoria Seed Grant Program

   Amount: $50,000

   Period: 2025-2026

10. **Improving Positive Impacts and Reducing Negative Consequences of Minimum Pricing Policies in British Columbia**

    Funder: BC Ministry of Health Seed Grant

    Amount: $57,500

    Period: 2025-2026

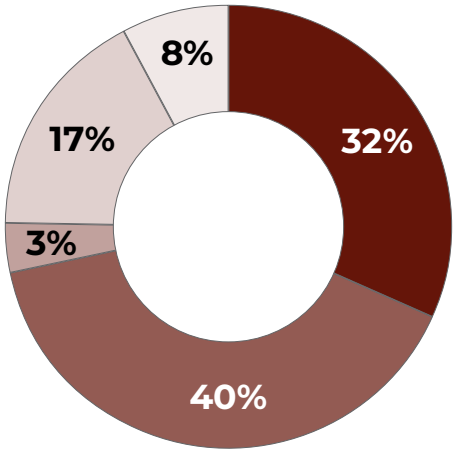
Financial Summary

Total Income for 2025/26 from New and Ongoing Projects and Other Sources

The figure below summarizes the various sources of available funds which come to a total of approximately $7.9 million. The bulk of these funds come from grants ($2.5M) and contracts ($3.17M), with the rest coming from core funding from the endowment and knowledge exchange grants and contracts. The endowment funding, grant funding and overhead funds includes carryover from previous years (endowment funding without the carryover was approximately $735K, overheads without the carryover were $104K).

2025/26 Revenue and Carry-Forward Summary

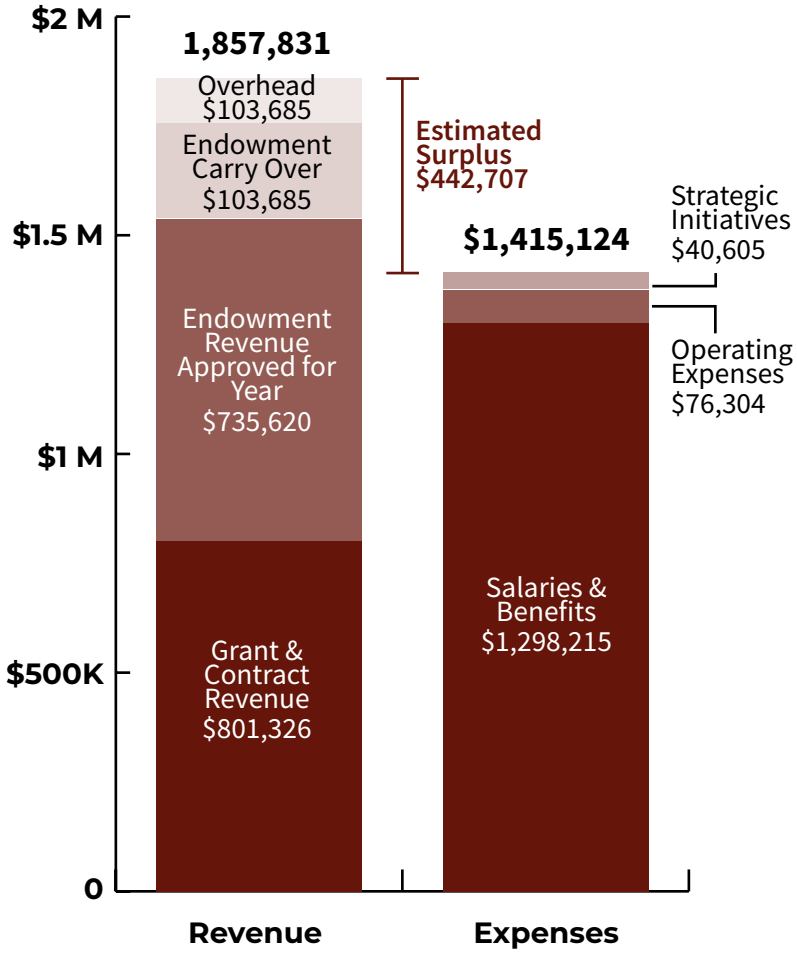
Research Grant Competitions	$2,504,250
Other Research Grants and Contracts	$3,174,430
Knowledge Exchange Contracts	$270,034
Endowment	$1,340,691
Overhead	$612,915
TOTAL AVAILABLE	**$7,902,319**



2025/26 Operating Budget

The operating budget for 2025-26 is summarized in the figure at right. Our operating expenses are mainly staffing, with specific budgets for strategic initiatives (student support, awards etc.) and general operating costs such as conference travel, computers and journal costs. Our revenue is mostly from grants and contracts (new fiscal funding only) and our annual endowment payout, with a smaller proportion coming from overhead collected on grants and carryover on the endowment funding.

At the beginning of 2025-26, the operating budget was projected to have a $200K surplus. At the end of the fiscal year, however, our net operating income (i.e., income vs. expenses but not accounting for carryover funds) CISUR had a $200K surplus. If we include the carryover endowment funds from the previous year, we ended with a $442K surplus.





FEATURE STORY

18%

Decline in Per-Capita Alcohol Sales in Canada

From 2020 to 2025

8.3L → 6.8L

of ethanol (approx. 487 to 399 standard drinks)

Why is alcohol use declining in Canada?

By Tim Naimi

This article originally appeared in The Conversation Canada, April 2026.

Lately, there has been a lot of news about declining alcohol sales in North America, and speculation as to why that might be.

As director of the Canadian Institute for Substance Use Research at the University of Victoria, I consider this an important development and a topic worth exploring given its implications for health and society more broadly.

Is the decline real?

Based on alcohol sales data (which is more reliable than self-reported survey data), the decline appears to be real. According to Statistics Canada, per capita alcohol sales (the average amount sold per person aged 15 years and older) declined for the fourth consecutive year, from 8.3 litres of ethanol (roughly 487 standard drinks per year) in 2020-21 to 6.8 litres (399 standard drinks) in 2024-25, a rather dramatic decline of 18 per cent.

Alcohol sales have also declined recently in the United States, so this is not a Canada-only phenomenon.

Possible contributing factors

There are many possible contributors to consider, some of which overlap with one another:

Increasing health concerns? Increased concern about health effects of alcohol, including from socially "moderate" levels of use, may be contributing to reduced use and changing social norms.

Scientifically, the notion of purported benefits from moderate drinking, particularly of wine, has been largely debunked. Canada's Guidance on Alcohol and Health found increased risk of an alcohol-caused death at more than two drinks per week.

The recent U.S. Surgeon General's report on alcohol and cancer highlighted the growing recognition that alcohol is causally related to seven types of human cancer including cancers of the breast, colon, liver and esophagus. Interest in the sober-curious movement and participation in abstinence periods such as Dry January may partly reflect health concerns.

Inflation and affordability? Inflation has been relatively high in Canada over the past five years, and the affordability of staples like food has declined. Alcohol is a price-responsive good; most people purchase more of it when they have more disposable income, and less when they are trying to spend less.

Post-COVID normalization? Canadian alcohol consumption increased during the COVID-19 pandemic. Although the factors behind that increase are not fully understood, it is logical that consumption would decline with the waning of the pandemic. However, consumption has now fallen well below pre-COVID levels.

Immigration? In recent years, Canada has experienced a large influx of immigrants, many of whom come from countries with lower alcohol use than Canada, like India. While this would contribute to the decline in per-capita use (the average consumption among all people, including non-drinkers), total alcohol sales have also declined, indicating lower consumption among those who are not recent immigrants.

The rise of no- and low-alcohol products? There has been an explosion of no- and low-alcohol products, particularly for beer. But it's unclear to what extent this category is replacing traditional alcohol sales versus adding to overall consumption. Stay tuned.

Cannabis substitution for alcohol? Research evidence about whether cannabis use is associated with more or less alcohol use (that is, whether people are using cannabis in addition to alcohol or using cannabis instead of alcohol) is mixed. But cannabis use has been increasing in Canada for some time, and even the 2018 legalization of cannabis for recreational use occurred during a time when alcohol sales were stable or increasing, so this is unlikely to be an important contributor.

> *This is an important development and a topic worth exploring given its implications for health and society more broadly.*
>
> **- Tim Naimi**

Reduced use by youth? Although still common across North America, the prevalence of alcohol use among youth has declined over the past decade. Since drinking trajectories tend to persist with age, average consumption would decline over time as yesterday's youth become a progressively larger share of the adult population.

Boycott of U.S. alcohol products? This is not a major contributor. The boycott of U.S. alcohol products came several years after alcohol sales began to decline. Furthermore, there are many non-U.S. product alternatives across all alcoholic beverage types and price ranges.

Increased use of GLP-1 agonist medications? The use of GLP-1 agonists such as Ozempic to treat obesity and diabetes has mushroomed. These medications are now used by approximately three million Canadians adults.

In addition to reducing interest in eating, these medications also reduce interest in alcohol, and are being studied to treat alcohol use disorders. Although the population effect is not fully understood, their widespread use and impacts on consumption may be contributing to alcohol declines among middle-aged and older adults.

Possible impact of the decline

Over time, reductions in consumption should translate into gains for public health and savings for the health-care system and taxpayers, as alcohol-related costs exceed tax revenues. While reductions in alcohol sales adversely affect alcohol-related industries, reallocating dollars spent on alcohol benefits other sectors of the economy.

Ironically, adopting minimum pricing policies for alcohol could both improve public health and increase industry revenues by implementing what amounts to government-sponsored price collusion at the low end of the alcohol market, where profit margins are otherwise low.

Finally, although there has been a clear trend towards lower alcohol use in recent years, future sales may stabilize or reverse course. It remains to be seen whether the current trend is a long-term development or a fleeting one.

KEY RESULT AREA 2

Engaging Academic Expertise

To capitalize on the resources of Canadian universities through the recruitment of high-calibre graduate and postdoctoral students from multiple relevant disciplines to the study of substance use, addiction and harm reduction.

OBJECTIVES

- Attract and retain high quality researchers from a broad range of disciplines to the BC substance use and addictions field.
- Empower new researchers to become Principal Investigators.
- Encourage collaborative relationships.
- Attract and retain high quality students from a broad range of disciplines to the BC substance use and addictions field.

13 Collaborating Scientists

15 Research Affiliates

42 Trainees

- **6** Postdocs
- **35** Grad Students
- **1** Undergrad Student
- **3** Summer Internship Undergrads

Highlights

NEW SCIENTIST

Andrea Mellor

Dr. Mellor got her PhD in the Social Determinants of Health from UVic in 2021, and she is an adjunct professor in the Department of Public Health and Social Policy.

Her research explores the ways that natural, social, and political environments influence health and wellness, and how improving access to resources and to low barrier and non-judgmental health and social services that can optimize self-determined wellbeing.

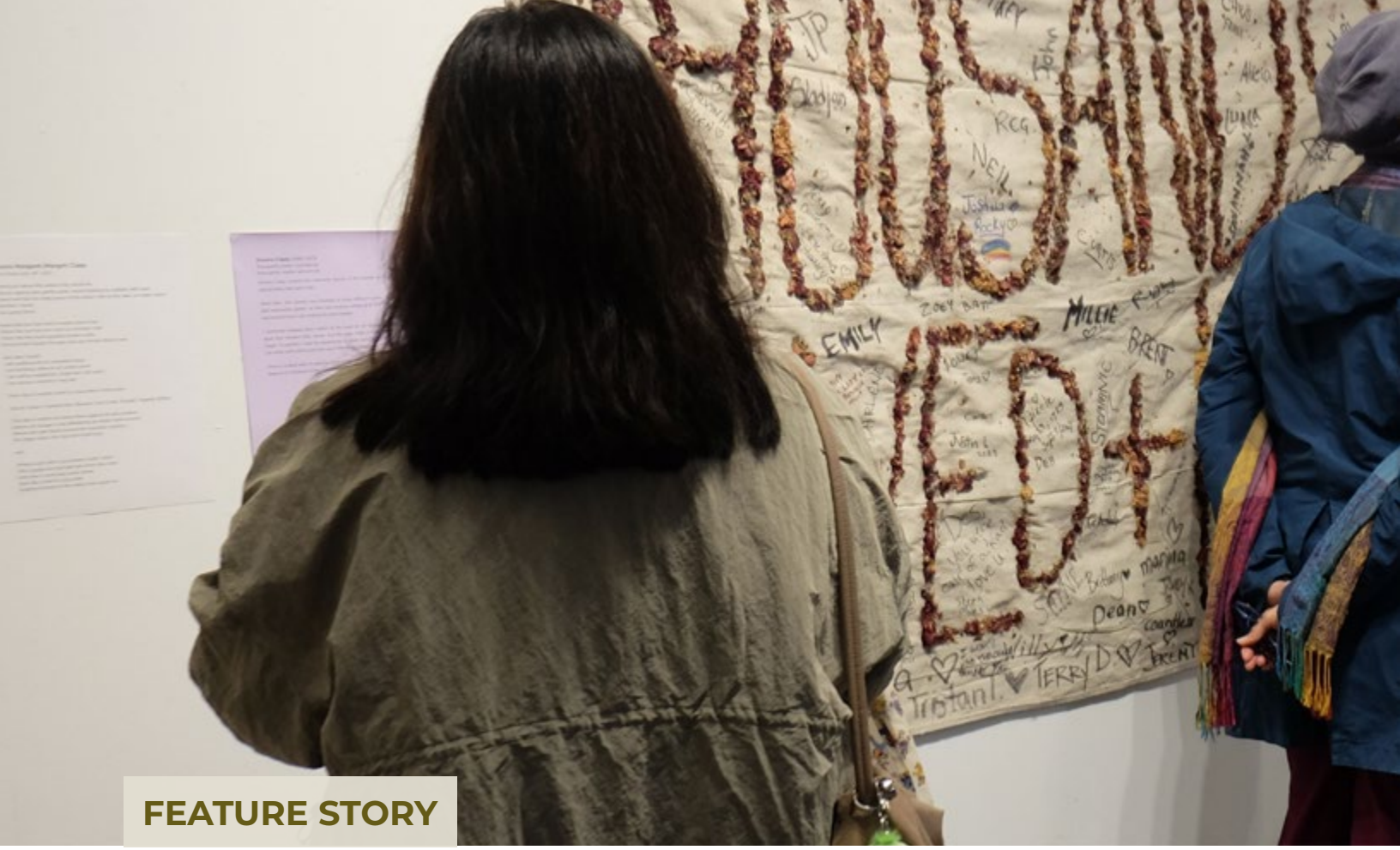
Her current work focuses on historically disadvantaged populations, in particular young people experiencing complexities across the spectrum of mental health, substance use, and sexual and reproductive health, people living with disabilities, and sex workers.



She is interested in the ways that social structures and cultural norms intersect with day-to-day lived experiences, and in particular, ways that cultural teachings can promote and enhance resilience, strength, and health equity. Her research explores these intersections using community-based, participatory, Indigenist, critical, and visual methodologies.

Honours & Awards

Bernie Pauly	• University of Victoria Faculty of Human and Social Development Senior Research Excellence Award
Aaron Bailey	• Samit & Reshma Sharma Scholarship in Mental Health & Addiction (First Recipient)
Ali Barnett and Aaron Bailey	• Patient Oriented Research Awards BC Support Unit with Island Health
Bruce Wallace	• Canadian Association of Social Workers/British Columbia Distinguished Service Award • Confederation of University Faculty Associations of British Columbia (CUFA BC) Academic of the Year Award
Tim Naimi	• US-based STATUS Award 2025 as one of the 50 most influential people in medicine and public health
Tim Stockwell, Adam Sherk and Tim Naimi	• King Charles III Coronation Medals for their contributions that bring honour to Canada
Amanda Farrell-Low, Jeremy Riishede, Susan Martin, Elyse Kim, Jaime Kirstein and Joanne Thompson	• Campus Kudos Award for on-campus excellence



FEATURE STORY

Naming a Crisis

Marking 10 years of tragedy

By Amanda Farrell-Low

April 14, 2016. It was a day where BC made history.

For the first time ever, Dr. Perry Kendall, who was BC's chief medical health officer at the time, used his office's powers to declare overdose deaths a public health emergency.

At the time, deaths due to overdose had escalated quickly. BC was on track to lose 800 people before the end of 2016, which was twice as many as the year before. By the end of 2016, nearly a thousand people died. And now, 10 years later, over 18,000 people in BC have lost their lives to toxic drugs. Every single one of them had a family, friends, and a story. It's just an immeasurable amount of life lost.

So how do we mark this terrible anniversary? What do we do to remember everyone we have lost in the last decade, or the many others who have died in the years before? And how do we convey that every single one of these people was an individual who was loved and is missed, while trying to show the enormity of this loss?

These were questions that we attempted to not really answer, but instead make space for, with the Naming a Crisis community art show. What started as an idea for a multimedia installation featuring the names and images of people lost to toxic drugs grew into a three-week exhibition in downtown Victoria in April 2026.



Visitors to the *Naming a Crisis* community art show opening. Photo: Jay Larson.

Making space for grief

This crisis is personal for me. I lost my younger brother, Liam, to an overdose in 2012. I started working at CISUR in 2014, when fentanyl was becoming more prominent in the drug supply. By the time the public health emergency was declared in 2016, it had virtually replaced heroin in the opioid supply. Whenever I read the monthly reports documenting the number of people who had died, I couldn't help but think of all those families going through what mine had. In 2023, nearly 10 times as many people lost their lives to toxic drugs than the year my brother died.

Last year, Stephanie Harrington, whose brother Ian died in 2020, asked if I would co-facilitate a peer grief group for people who had lost siblings to drug-related harms. It was easy to say yes. And when she asked if I wanted to help create an art installation to mark 10 years since the public health emergency was declared, it was easy to say yes to that too—it felt like many of us mourning loved ones lost to toxic drugs didn't have many spaces to do so, and we wanted to create that space.

After a fortuitous connection with the Victoria Arts Council gave us access to their 2,000 square foot gallery space in the Bay Centre, we realised that we had that space—and we needed to fill it. So we met with many folks in the community, including Moms Stop the Harm, SOLID Outreach, AVI Health, PEERS Victoria, QomQem Coastal Connections, Substance Drug Checking, CISUR, and many other groups on the front lines of this crisis, to see what they wanted to fill this space with. The response was overwhelming. People brought artwork, posters, banners, drums, photographs, and documents of resistance. They had ideas for talks, workshops, readings, crafting sessions and collaborative art activities. We said yes to pretty much everything (our curators Kegan McFadden from the Victoria Arts Council and Chrystal Phan made sure everything fit and worked together). The end result was something much greater than the sum of its parts.



Amanda Farrell-Low and Stephanie Harrington speaking at the *Naming a Crisis* opening. Photo by Jay Larson.

Art creating community and conversations

It's hard to really describe Naming a Crisis. Yes, it was an art show—but it was also a place for those of us who have lost people to come together to mark those losses without shame and stigma. Being in a busy mall downtown meant it was also a place for people to come in with questions about the toxic drug crisis, whether they had been touched by it directly or not.

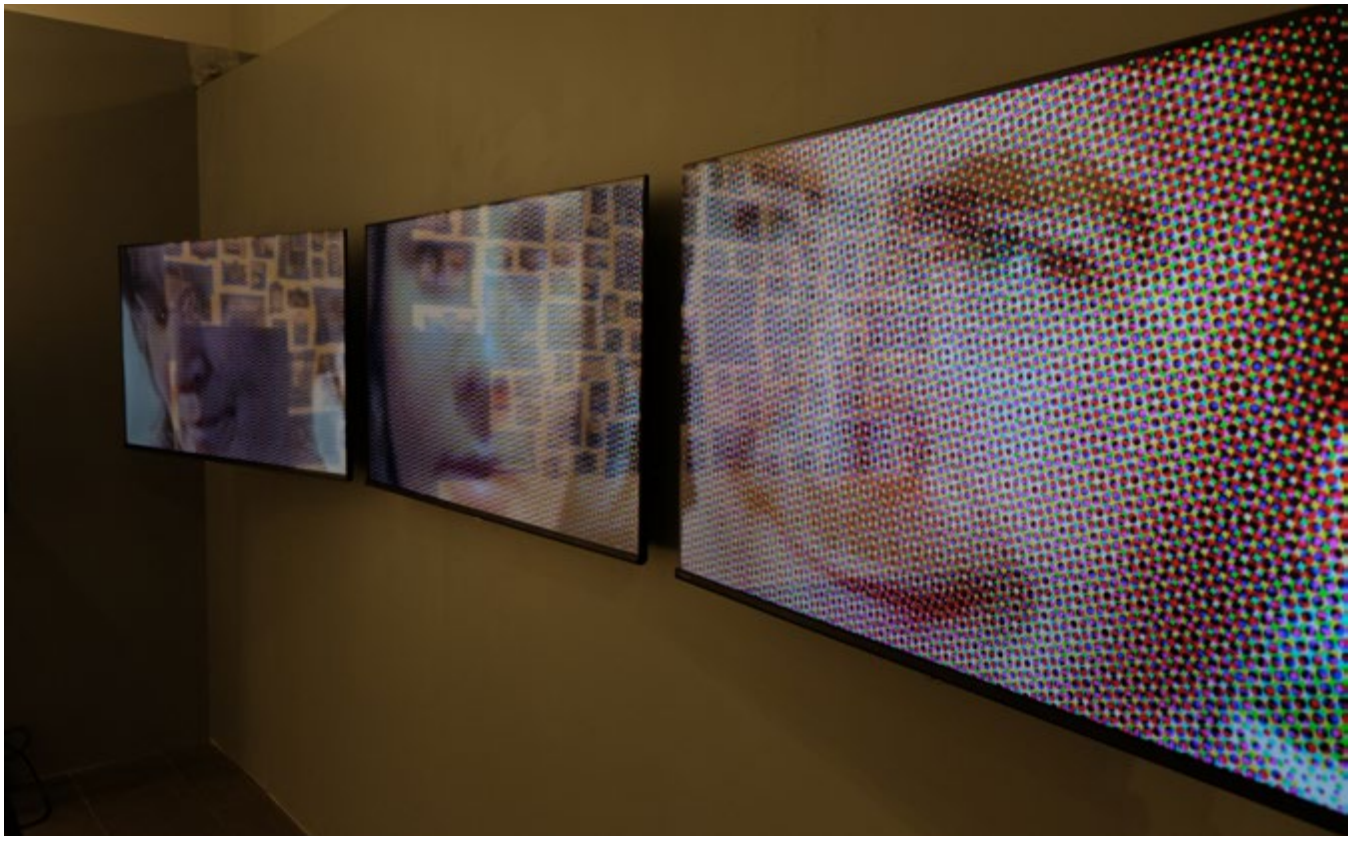
The collective coming together I felt during those three weeks was something I desperately needed—and I've heard the same thing from many others who spent time there during the show. Parents would come and sit for hours until they saw their child's picture come up on Laura Dutton's Constellations video installation, which included several hundred photos of people who had died. Friends would come to the gallery to hear the name of their loved one read aloud by spoken-word artist Marie Metaphor Specht, who recorded over 300 names. Some people sat with textile artist Connie Carter to stitch their loved one's name in thread. Others whispered words into a wind phone (created by Joanne Thompson), or added a name to a memorial banner filled with rose petals created by Anora Clapp.

I'm eternally grateful for the support we received from community during this show, including from CISUR. So many of my colleagues, many of whom carry grief of their own, showed up for Naming a Crisis in different ways.

The show is over, but our grief is still here. We are hoping to bring the audio-visual installation featuring names and photos to other communities. Connie's project has many names left to be stitched. Myself, Stephanie and the rest of the Naming a Crisis team hope to continue these conversations, and create space for this disenfranchised grief, in other communities in the months to come.

> **"The show is over, but our grief is still here**

You can find out more about the project at namingacrisis.ca



Constellations, a video installation by Laura Dutton featuring photos of people lost to toxic drugs. Photo: Jay Larson.



A display of drums created by QomQem Coastal and Substance Drug Checking. Photo: Jay Larson.

KEY RESULT AREA 3

Implementing Quality Research

To conduct high quality research that increases understanding of substance use, addiction and related harms in order to inform effective responses and promote health.

OBJECTIVES

- Conduct research on the patterns, distribution, determinants and consequences of substance use in Canada and internationally.
- Publish research findings in international peer reviewed journal articles, book chapters, books and research monographs.
- Disseminate research findings through reports, systematic reviews and other resources, nationally and internationally.
- Achieve a high academic impact for CISUR addictions-related research so that it is well known, frequently requested and often cited internationally.
- Conduct research that is valued by stakeholders as being of high quality, responsive to emerging issues and relevant to public policy and practice in Canada and internationally.

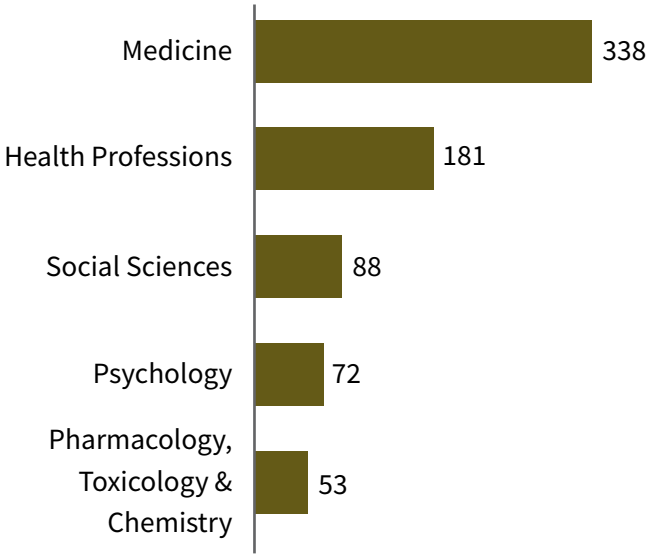
Conduct research in the following other key priority areas:

- The impact of educational, legislative and regulatory strategies to minimize alcohol and other drug-related harms.
- The influence of structural determinants of social contexts of drug use on the implementation of harm reduction strategies.
- Development and evaluation of more effective community prevention programs.
- Understanding pathways to enhance access to youth substance use services, interventions, and overdose prevention resources.
- Substance use patterns and epidemiological analyses of risk and protective factors for substance use and related harms.
- Development and evaluation of more effective treatment systems and programs.
- Policy research on the social determinants of substance use among marginalized and stigmatized groups.
- Research and evaluation of effectiveness of knowledge translation and exchange activities and strategies, and delivery of knowledge exchange services.

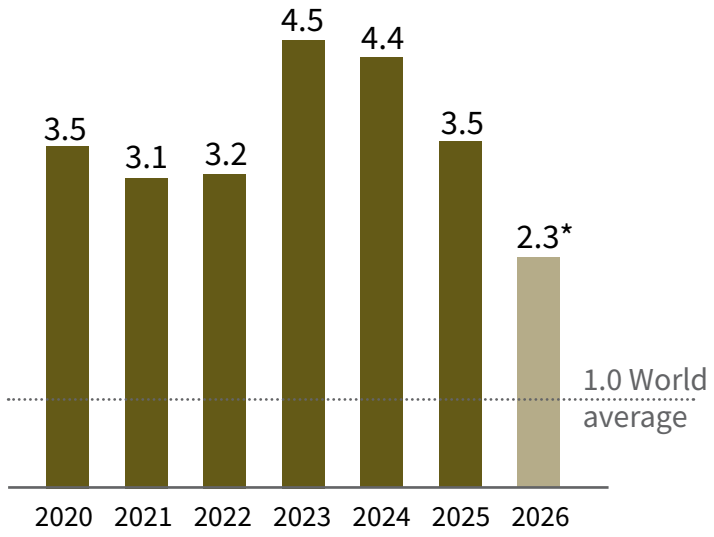
Publication & Research Impact, 2020-March 2026

447	8,257	3.98	~30%	9 of top 10
Scholarly Works	**Citations**	**Field-Weighted Citation Impact Score**	**Of Publications Cited in Government Documents**	**Research Areas Were Above the 90th Percentile in Worldwide Influence**

Top Subject Fields by Number of Publications



Field-Weighted Citation Impact by Year



*Incomplete year

Research Activity

45 Ongoing Projects

Of these

- **29** Held Primarily at CISUR
- **16** Involve CISUR Collaboration with Our Research Affiliates

Ongoing CISUR Projects

1 **Addressing the Toxic Drug Overdose Crisis in Indigenous Rural and Remote Communities**

Investigators: Pauly, B. (PI), **Urbanoski, K.,** Taylor, D., King, B.

Funder: Jim Ounsworth

Period: 2024-2027

2 **Alcohol and Other Drug Screening and Education**

Investigator: Dyck, T.

Funder: BC Mental Health and Substance Use Services

Period: ongoing

3 **ARIMA Model Study of Canada's Guidance on Alcohol and Health Impact on Alcohol Consumption**

Investigators: Zhao, J. (PI), **Stockwell, T., Sherk, A.**

Funder: Canadian Centre on Substance Use and Addiction

Period: 2024-2026

4 **(BCAOD) Trend Analyser Tool**

Investigators: Sherk, A. (PI), Slaunwhite, A**., Stockwell, T., Naimi, T.**

Funder: BC Ministry of Health

Period: 2025-2027

5 **BC Partners Evaluation**

Investigator: Norman, T.

Funder: BC Mental Health and Substance Use Services, a program of the Provincial Health Services Authority

Period: Ongoing

6 **The BC-Yukon Alcohol Supply Measurement Pilot Project**

Investigators: Naimi, T., Sherk, A.

Funder: Public Health Agency of Canada

Period: 2024-2026

7 **Visions: BC's Mental Health and Substance Use Journal**

Investigators: Norman, T.

Funder: BC Mental Health and Substance Use Services, a program of the Provincial Health Services Authority

Period: ongoing

8 **Canadian Substance Use Costs and Harms Study**

Investigators: Stockwell, T., Sherk, A., Naimi, T.

Funder: Canadian Centre on Substance Use and Addiction

Period: ongoing

9 **Cannabis Substitution as a Component of Managed Alcohol Programs: Co-Developing and Disseminating Research Evidence from a Pilot**

Investigators: Pauly, B., Van, M.

Funder: Michael Smith Health Research BC Reach Award

Period: 2024-2026

10 **CRC Canada Research Chair in Substance Use and Health Policy Research Support Funding**

Investigator: Arredondo, J. (PI)

Funder: BC Ministry of Health

Period: 2023-2027

11 **Development of a Web App for the Communication of Alcohol Health Risks (KnowAlcohol.ca)**

Investigators: Naimi, T. (PI), **Sherk, A**., **Stockwell, T., Johal, P., Cowan, A.**, Vallance, K.

Funder: Health Canada's Substance Use and Addiction Program

Period: 2022-2027

12 **Drug Checking: Enhancing Scalability to Effect Systems Change**

Investigators: Wallace, B., Hore, D. (Co-PAs) **Cartwright, J.,** Davison, C., Jensen, K., **Pauly, B.,** Stanwick, R., Tupper, K., Willson, R.

Funder: Vancouver Foundation

Period: 2021-2025

13 **Evaluating Culturally-Informed Alcohol Harm Reduction Models for Indigenous Adults Experiencing Unstable Housing: What Does Success Look Like from an Indigenous Worldview?**

Investigators: Pauly, B., Taylor, D., King, B**., Urbanoski, K.**

Funder: Health Canada Substance Use and Addictions Program

Period: 2024–2028

14 **Implementing Automated Technologies for Drug Checking in Response to the Overdose Crisis**

Investigators: Hore, D. (NPI), **Wallace, B.** (Co-PA), Storey, M.A. (Co-A), Allison, S., Hewitt, W., Payer, D., Strosher, H., Tupper, K., Willson, M. (Collaborators)

Funder: New Frontiers in Research Fund: Exploration

Period: 2023-2025

15 **Healthy Minds | Healthy Campuses**

Investigator: Dyck, T.

Funder: BC Mental Health and Substance Use Services, a program of the Provincial Health Services Authority

Period: ongoing

16 **Here to Help (Information Products)**

Investigators: **Norman, T.**

Funder: BC Mental Health and Substance Use Services, a program of the Provincial Health Services Authority

Period: ongoing

17 **A Mixed Methods Evaluation of Safer Supply Initiatives to Reduce Illicit Drug Overdose in BC**

Investigators: Urbanoski, K., Pauly, B., Nosyk, B., **Slaunwhite, A.K., Barker B. (**NPAs), **Arredondo, J.**, Burmeister, C., Giesinger, W., **Kolla, G.**, Nicholls, T., Reddon, H., Tupper, K., Beck McGreevy, P., Buxton, J., Greer, A., Lock, K., Norton, A., Sutherland, C., **Wallace, B.**, Brar, R., Davison, C., **Hobbs, H.,** Meilleur, L., Palis, H., Thomson, E., Wieman, C. (Co-PAs)

Funder: Canadian Institutes of Health Research

Period: 2022-2026

18 **Mothering Co/Lab, with Grandmothers of the Seven Linguistic Nations of the Interior of BC**

Investigators: Shahram, S., **Urbanoski, K.** (Co-Directors), Horsethief, C. (Ktunaxa), Ndumbe-Eyoh, S., **Pauly, B.** (Co-Is)

Funder: Social Sciences and Humanities Research Council

Period: 2022-2025

19 **North-South Lessons in Substance Use: Expanding Best Practices in Harm Reduction Beyond Canada (Canada Research Chair in Substance Use and Health Policy)**

Investigator: Arredondo, J. (PI)

Funder: Canadian Institutes of Health Research (CIHR)

Period: 2021-2026

20 **Perinatal Collaborative Community Laboratory on Substance Use and Harm Reduction: The Mothering Co/Lab**

Investigators: Shahram, S. (NPA)**, Urbanoski, K.** (PA), Phillips, G., Pierre, S., **Pauly, B.,** Horsethief, C., Ndumbe-Eyoh, S.

Funder: Social Sciences and Humanities Research Council, Race, Gender and Diversity Initiative

Period: 2022-2025

21 **Pilot Integration of Midwives into a Comprehensive Primary Care Setting**

Investigators: Benoit, C. (NPA), **Mellor, A.,** Victoria Youth Clinic Society in Victoria (Community Partner)

Funder: The Foundation for Advancing Family Medicine - Sectoral Workforce Solutions Program, Employment and Social Development Canada.

Period: 2022-2025

22 **Provincial Dissemination of Lower Risk Cannabis Use Guidelines for Youth, by Youth**

Investigators: Benoit, C. (NPA), Langton, J. (Co-PI), Barbic, S., Card, K., **Naimi, T**., Koenig, B., Nixon, D. (Co-I), **Mellor, A.** (Trainee)

Funder: Michael Smith Health Research BC

Period: 2023-2025

23 **Realizing the Right to Housing: The Housing Justice Project**

Investigators: Pauly, B. (NPI)**,** Gibson, D., **Chaland, N.,** Swain, S., Marko Cujeko, Sweetnam, S.

Funder: Vancouver Foundation Participatory Action Research Grant

Period: 2022-2025

24 **Remote Testing for Drug Checking Sites in BC**

Investigator: Wallace, B. (PI)

Funder: BC Ministry of Health

Period: 2023-2026

25 **Strengthening Municipal Alcohol Policy: Mobilizing Knowledge Among Municipal Stakeholders to Promote Community Wellbeing**

Investigator: Naimi, T.

Funder: Social Sciences and Humanities Research Council (SSHRC) connection grant

Period: 2025-2026

26 **Updating, Optimizing and Expanding the Canadian Alcohol Policy Evaluation (CAPE) Project**

Investigators: Naimi, T., Giesbrecht, N., **Stockwell, T**. (Co-PIs), Asbridge, M., **Callaghan, R., Gagnon, M.,** Mann, R., Shelley, J., **Sherk, A**., Shield, K., Solomon, R., Thompson, K. (Co-Is)

Funder: Health Canada (Substance Use and Addictions Program)

Period: 2022-2027

27 **UVIC Right to Housing Research Cluster**

Investigators: **Pauly, B.** (NPI)**,** Masuda, J. (NPI)**,** Cloutier, D., Curran, C., **Wallace, B.**, Swain, S. Daly, K., Sweetnam, S.

Funder: UVIC Research Cluster

Period: 2023-2025

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29 **Vancouver Island Drug Checking Project Support**

Investigators: Hore, D. (PA)**, Wallace, B.** (PA)

Funder: Island Health Authority

Period: 2023-2026

28 **Vancouver Island Drug Checking Project**

Investigators: **Hore, D., Wallace, B.** (Co-PAs)

Funder: Canadian Centre on Substance Use and Addiction

Period: 2023-2026

Affiliated CISUR Projects

1 Advancing HIV, STBBI Health Equity Through Substance Use Health: A Pan-Canadian Research, Knowledge Translation and Capacity Building Network

Investigators: Strike, C. (PA), Guta, A. (PA), Penn, R. (PA), Johnson, C. (PA), Berthelot, A., Boyce, N., Chu, S., Miller, K., Bardwell, G., Bourne, A., Buchman, D., Celinski, A., Challacombe, L., DeMong, K., Fornssler, B., German, D., Gomes, T., Goyer, M., Hyshka, E., Karamouzian, M., Kolla, G., Olding, M., **Pauly, B.**, Rudzinski, K., Sanders, C., Smith, C., Smith, S., Upham, K.**, Urbanoski, K.**, Van Der Meulen, E.

Funder: Canadian Institutes for Health Research

Period: 2026-2030

2 Centering Young People's Voice: A Collaborative Community-Based Mixed Methods Study of Substance Use, Harm Reduction and Safer Supply Among Young People

Investigators: Barker, B. (PA), Fast, D., **Pauly, B.**, Nosyk, B., Slaunwhite, A., **Urbanoski, K.**, Beck-McGreevy, P., Hogan, K., Krebs, E., Macevicius, C., Palis, H., Piske, M., Norton, A., Thomson, E.

Funder: BC Office of the Representative for Youth and Children

Period: 2022-2026

3 Canadian Research Initiative in Substance Misuse: BC Node

Investigators: Wood, E. (NPA), Tupper, K. (PA), Fairbairn, N. (PA), Johnson, C.H. (PA), Nolan, S. (PA), Socias, M.E. (PA), Felicella, G., McBain, L., Paxton, B., Boyd, J., DeBeck, K.A., Hayashi, K., Kerr, T.H., Milloy, M-J., Ti, L., **Urbanoski, K.A.**.

Funder: Canadian Institutes for Health Research

Period: 2022-2028

4 Canadian News Media and Expert Knowledge User Perspectives on Involuntary Substance Use Treatment: A Discourse Analysis

Investigators: Goodyear, T. (PA), **Gagnon, M.**, Greer, A., Jenkins E., Slemon, A. (Co-As), Johnston, L., McBain, L., Morris J.

Funder: SSHRC, Insight Development Grant

Period: 2025-2027

5 **Drug Decriminalization in British Columbia: An Equity-Oriented Qualitative Research Project**

Investigators: Greer, A. (PA), Buxton, J., Crabtree, A., Farrell, J., Lock, K., **Pauly, B.**, Shahram, S., **Urbanoski, K.**, Van Veen, C., Wood, B., Zakimi, N.

Funder: Canadian Institutes for Health Research

Period: 2023-2026

6 **Developing Social Connection Guidelines to Help Canadians Build Happier, Healthier, and More Inclusive Communities in the Late Pandemic Period**

Investigators: Benoit, C., Card, K., Chen, F., Nicholson, V. (PAs).

Funder: Canadian Institutes for Health Research

Period: 2022-2027

7 **Effectiveness and Cost-Effectiveness of a Peer-Delivered, Relational, Harm Reduction Intervention to Improve Mental Health, Quality of Life, and Related Outcomes, for People Experiencing Homelessness and Substance Use Problems: The 'SHARPS' Cluster Randomised Controlled Trial**

Investigators: Parkes, T. (NPI), **Pauly, B.**

Funder: National Institute for Health Research and The Salvation Army

Period: 2024-2027

8 **Estimating the Value and Long-Term Impact of Implementing Risk Mitigation Guidance to Reduce the Harms of Substance Use Disorders During the COVID-19 Pandemic: A Simulation Modeling Analysis**

Investigators: Irvine, M.A. (NPI), Krebs, E., Nosyk, B., Slaunwhite, A., Coombs, D., Lock, K., Otterstatter, M.C., Palis, H., **Pauly, B., Urbanoski, K.**

Funder: Canadian Institutes for Health Research

Period: 2021-2026

9 **An Evaluation of the Health, Criminal Justice, and Service Use Outcomes of the Ministry of Health Assuming Responsibility for Prison Health Care Services in BC (PRISM-BC)**

Investigators: **Slaunwhite, A.K.** (NPA), Nicholls, T.L. (PA), Schutz, C.G. (PA), Bartlett, S.R., Gan, W., Greiner, L., Kinner, S., Martin, R.E., McLeod, K.E., Palis, H., Samji, H., **Urbanoski, K.A**.

Funder: Canadian Institutes for Health Research

Period: 2022-2026

10 **Healing Grief: Taking Action on Grief Experienced Among Health Providers at the Victoria Youth Clinic Society**

Investigators: Justice, R., **Mellor, A. (PIs), Benoit, C. (Co-I)**

Funder: Vancouver Foundation

Period: 2023-2025

11 **Mapping Surveillance in Harm Reduction: A New Materialist Analysis of Emerging Practices, Technologies, and Partnerships**

Investigators: Guta, A. (PI), **Gagnon, M.**, Strike, C., van der Meulen, E.

Funder: Social Sciences and Humanities Research Council

Period: 2024-2027

12 **Promoting Health Equity Through Anti-Colonial Health Systems Transformation: "The 'xaɬqana‡ ʔitkini‡' Project, or 'Many Ways of Working on the Same Thing'**

Investigators: Shahram, S (NPI); Ktunaxa Nation: Christopher Horsethief, Hereditary Chief Sophie Pierre & Co-PI: **Pauly, B;** Knowledge Keepers and Elders Advisory and Interior Health: Jen Driscoll and Kris Murray

Funder: Canadian Institutes for Health Research

Period: 2021-2025

13 **Scotland's First Managed Alcohol Programme: Evaluating the Impact to Inform Future Service Delivery and Research**

Investigators: Carver, H. (NPI), Parkes, T., Hunt, K., **Pauly, B.**, Shorter, G., Emslie, C.

Funder: Chief Scientist's Office, Scottish Government

Period: 2023-2026

14 **The SUPPORT Project: Evaluating Substance Use Perinatal Programs to Optimize Resources and Treatment**

Investigators: Barker, B. (PA), Nosyk, B. (PA), Weiman, C. (PA), Skiber, D. (PA), Brar, R., Brohman, I., Cassie, R., Dennis, B., Dreyer, M., Garrod, E., Joyce, S., Katsuno, N., Kurz, M, Marchand, C., McDougall, J., Meilleur, L., Nolan, S., Salter, C., Spence, H., **Urbanoski, K.**

Funder: Canadian Institutes for Health Research

Period: 2024-2028

15 **Supporting Vulnerable and Marginalized Older Adults to Be Cared for and to Die at Home**

Investigators: Stajduhar, K.I. (PI), Bezanson, K., Dosani, N., Giesbrecht, M., Kyle, R., Premji, Z., Cloutier, D., **Gagnon, M., Kolla, G.**, Masuda, J., Prince, H., Colgan, S., Gerke, J., Kortes-Miller, K., McNeil, R. (Co-PIs)

Funder: Canadian Institutes for Health Research

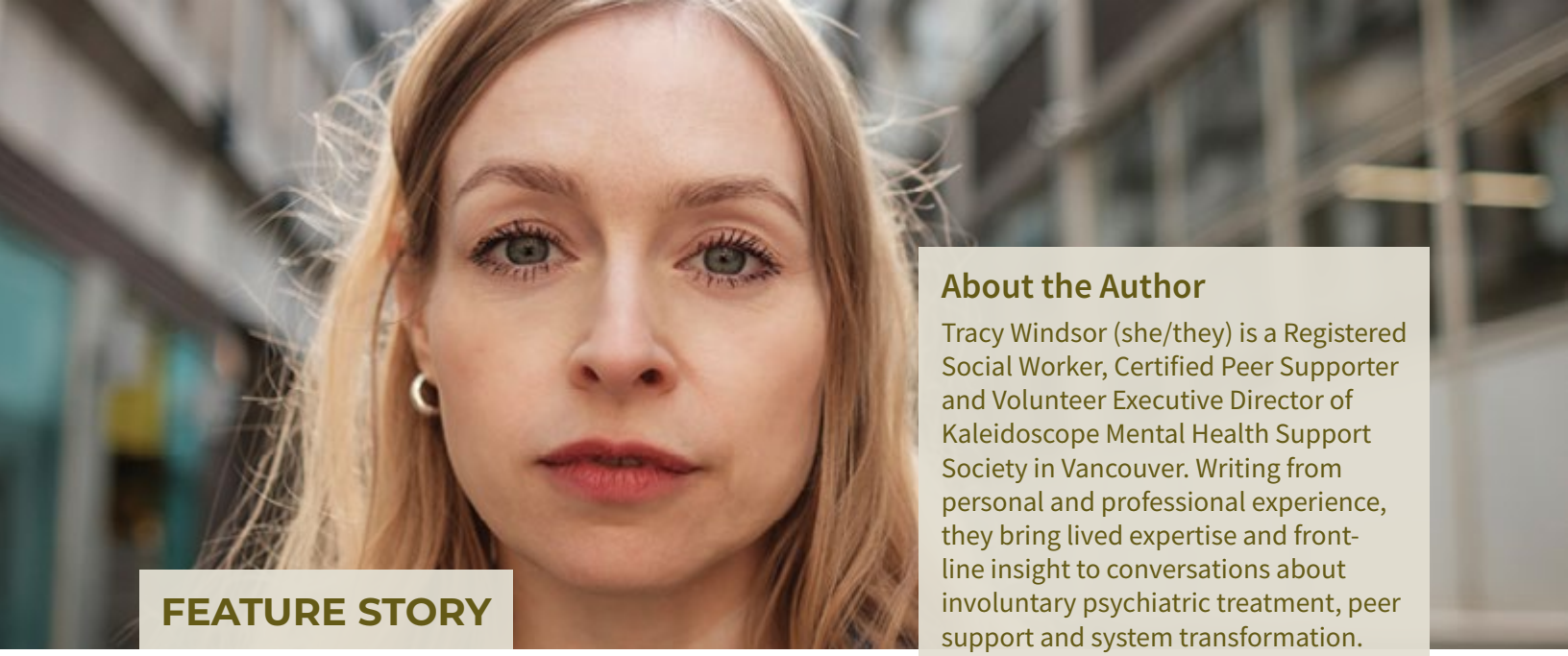
Period: 2023-2027

16 **Drug-Checking Services Pilot Exchange Program**

Investigators: Bichler, L. (PA) Airth, L. (Co-A) **Burek, P., Hore, D., Wallace, B.**

Funder: Canadian Institutes for Health Research

Period: 2022-2027



FEATURE STORY

About the Author

Tracy Windsor (she/they) is a Registered Social Worker, Certified Peer Supporter and Volunteer Executive Director of Kaleidoscope Mental Health Support Society in Vancouver. Writing from personal and professional experience, they bring lived expertise and front-line insight to conversations about involuntary psychiatric treatment, peer support and system transformation.

Involuntary Treatment
A system in need of transformation

I want to preface this article with an acknowledgement of my social location, which influences every interaction I have.

I am a white settler on the shared, unceded, ancestral territories of the xʷməθkʷəy̓əm (Musqueam), Sḵwx̱wú7mesh (Squamish) and səlilwətaɬ (Tsleil-Waututh) Nations. I'm in my late 30s. I have a bachelor of social work, a master of social work, and I'm developing a PhD proposal. I'm the volunteer executive director of a small—but growing—non-profit organization.

I have a diagnosis of bipolar disorder (type I) with psychotic features. I identify with this diagnosis. For me, it explains the phenomena I experience, including mood fluctuations and changes in my perceptions of the shared reality. I use this term with my friends to describe the way the world is interpreted by most people, especially those not impacted by the experience of psychosis.

A full life

Despite limitations related to my bipolar disorder, I am normally gainfully employed. My recent experience of mania and psychosis and a subsequent crash into depression have severely limited my ability to be in a workplace setting outside my home or the hospital. Thankfully, I'm able to do paid and unpaid work—which I love and gives my life so much meaning—while I'm in hospital. I have a place to call home, which I visit on passes away from hospital and will return to when I'm discharged.

I am cognizant of the privilege I have and the respect I receive during my interactions with mental health professionals and police, which happen rarely, when I experience symptoms of bipolar disorder that are distressing to myself and those around me. Other people facing marginalization might not get that respect. My symptoms landed me in the situation I'm in now—as an involuntary patient detained under the Mental Health Act of British Columbia. I'm writing from here today.

Of note: this is my second time detained under the Mental Health Act in as many months. I first went in May 2025 for a manic and psychotic episode and stayed four weeks. I then had about a month outside of hospital, during which I spent time connecting with family. But I didn't have adequate care to keep me feeling well.

This article originally appeared in Visions Journal, Vol. 21 No. 2.

I was detained again in June 2025, when my mood crashed into depression—likely, fallout from the manic and psychotic episode I had in the spring. Before these recent admissions, I was in hospital at the end of 2022, when I went in voluntarily for a brief depressive episode. The time before that was an involuntary stay in 2011 for depression, so it's fair to say I had a pretty good run of stability going on 14 years.

My first big psychotic episode was in 2008, which is when I was connected with the Early Psychosis Intervention program. I trusted the team there with my life. They told me the research says people with my diagnosis do best when they stay on medication for life. I believed them, taking my medications as prescribed every day, rarely questioning whether I needed them.

I hadn't had another episode of psychosis (that wasn't cannabis-induced) until this spring. I think it followed my choice to reduce my dose of medication. I was influenced by the idea circulating online, now proven wrong for me, that people might not face repeat psychosis.

The problems with involuntary treatment

Going into the hospital this time hit a little different. I knew that once I was admitted, I would be entering a setting where I'd be contained, sedated and subjected to a process of trial-and-error with medications meant to return me to my "usual" self.

When I arrived, there were few—if any—genuine efforts from care providers to build a meaningful relationship with me. Most interactions were limited to a quick checklist: questions like whether I was having thoughts of suicide or hearing voices. (Even though I've never heard voices, I'm still asked that question twice a day.) I also didn't want to go to the hospital because I know so much more about how psychosis and depression can be treated, and I knew I wouldn't necessarily get cutting-edge treatments.

That's part of what made this hospitalization so difficult: the awareness that care can look different—more relational, more attuned to the complexity of what I go through. I've experienced the difference it makes when someone actually sees you, not just your symptoms. This is where peer support matters so deeply.

Peer support: The unsung hero

Peer support is a huge part of my life. Peer supporters can connect with people with lived experience in ways that feel more human, more grounded and less like the interaction is just going through a checklist. Because they've been there themselves, peer supporters offer understanding rooted in empathy, shared struggle and mutual respect—something that's hard to teach and impossible to fake. In moments where I've felt disconnected from the system, it's often been peers who've helped me feel seen, supported and hopeful again. Their presence reminds me that recovery is possible and I'm not alone. Peer workers don't just support individuals; they help transform systems, making them more compassionate, human and trauma-informed.

> *"In moments where I've felt disconnected from the system, it's often been peers who've helped me feel seen, supported and hopeful again.*

In the end, the issue isn't involuntary treatment itself, but the quality, culture and context in which it's delivered. When hospitalization becomes little more than sedation, containment and perfunctory questionnaires, it fails to offer the kind of care people need and deserve, especially in moments of deep vulnerability.

If we're going to use involuntary treatment—and without meaningful alternatives, it seems we have little choice—we must also commit to transforming it to invest in relationships, centre peer support and ensure the care is real, not just routine.

Learn more about the Early Psychosis Intervention program for BC residents at earlypsychosis.ca

KEY RESULT AREA 4

Disseminating & Mobilizing Knowledge

To disseminate knowledge that increases understanding of substance use and addiction, raises awareness of related harms and identifies effective responses and contribute to constructive communication and cooperation between producers, intermediaries and users of various types of knowledge for the implementation of evidence-based policy and practice.

OBJECTIVES



Conduct seminars, workshops, lectures and occasional conferences on related policy, practice and research; these can be geared to community-based organizations, governmental agencies and officials, members of the public, or the scientific community.



Ensure access to relevant knowledge while working in partnership with policymakers and practitioners in planning and implementing projects to address substance use in Canada and internationally.



Develop and promote resources (e.g., print and web-based reports, webinars, briefing notes, social media posts, participation in key advisory panels, communities of practice) with the potential to make direct contributions to policies, programs or service delivery systems in Canada and internationally.



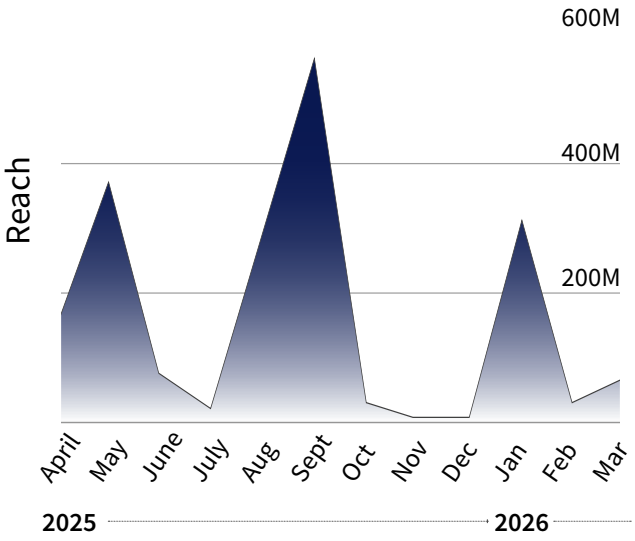
Provide broad access to balanced information on substance use and related harms and health promotion approaches through a variety of knowledge exchange strategies.

Media Coverage, 2025/26

636 Media Mentions | **1.86B** Editorial Reach

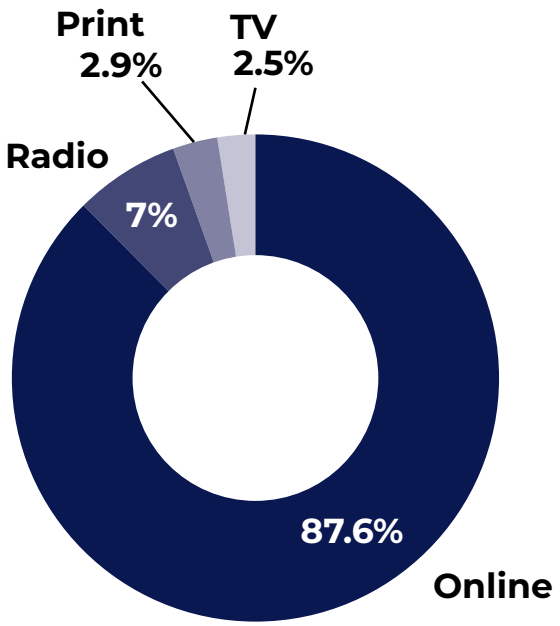
CISUR's work reached a global audience across digital, broadcast, print, and television outlets during 2025/26.

Monthly Media Coverage Trend



Coverage peaked in May, September and January, with stories related to the US dietary guidance and other alcohol-related issues, particularly south of the border, getting attention.

Media Coverage by Type





The New York Times

For Men, How Much Alcohol Is Too Much?

Federal officials working on the new dietary guidelines had considered limiting men to one drink daily. The final advice was only that everyone should drink less.

By Roni Caryn Rabin

A New York Times article on the impact of the new US dietary guidelines for men was the most syndicated.



Vox

HEALTH

Exclusive: RFK Jr. and the White House buried a major study on alcohol and cancer. Here's what it shows.

Kennedy wants to "Make America Healthy Again" — but doesn't want you to see a report that could do just that.

by Dylan Scott

A piece on Vox.com about how a commissioned study related to the guidelines was buried being one of the most shared. CISUR director Tim Naimi was a co-author of the study in question.

Website Engagement, 2025/26

25,789
Website Visitors

67,512
Pageviews

Website traffic was down slightly from the previous year. There is some evidence that AI overviews in search results may be reducing direct website visits.

Share of Total Pageviews

39%	61%
Top 10 Pages	**All Other Pages**
26,053 views	41,459 views

Top 10 Visited CISUR Webpages

#	Webpage	Views
1	CISUR homepage	7,393
2	Canadian Alcohol Policy Evaluation (CAPE)	3,689
3	Canadian Managed Alcohol Program Study	2,580
4	The Safer Bathroom Toolkit	2,559
5	iMinds	2,472
6	Publications and resources	1,521
7	About CISUR	1,520
8	Dr. Tim Naimi	1,469
9	Alcohol sales in BC	1,444
10	Projects	1,406

Top 10 Downloaded Files

#	File	Downloads
1	Bathroom Safety Assessment Walkthrough Checklist	320
2	Safer Bathrooms Toolkit: Example Sign 1	137
3	Safer Bathrooms Toolkit: Design Fact Sheet	129
4	Safer Bathrooms Toolkit: Policy and Protocol Guide	125
5	Helping Schools Drug Literacy Curriculum	122
6	Overview of MAPs in Canada	115
7	CAPE 3.0: Federal results	109
8	CAPE 3.0: Provincial/Territorial results	87
9	CAPE 3.0: Results for Ontario	79
10	Safer Bathrooms Toolkit: Poster	76

Continued Interest in Key Resources

The Canadian Alcohol Policy Evaluation (CAPE) project continued to by heavily visited, likely due to an active Community of Practice since the 2023 evaluation. The Safer Bathroom Toolkit continued to attract substantial traffic and downloads despite launching almost four years ago.

Public Talks, Webinars & Communities of Practice

48 **Videos Uploaded to the CISUR YouTube Page**

Most videos were new overview videos for KnowAlcohol.ca as part of an informational marketing campaign. Other videos included presentations from CISUR's Canadian Alcohol Policy Evaluation (CAPE) Community of Practice, including the Municipal Alcohol Policy webinar series.



Still from a new explainer video promoting KnowAlcohol.ca



CISUR Director Tim Naimi and visiting lecturer Scott Hadland.

CISUR also hosted public talks, including the annual Harold Johnson "Changing the Alcohol Story" award talk by Bree Denning, and Dr. Scott Hadland speaking about North America's Adolescent Overdose Crisis.

Reports & Knowledge-Mobilization Resources

In addition to peer-reviewed publications, CISUR researchers produced other knowledge-mobilization resources, including equity-oriented substance use and health reports for seven B.C. communities and a Co/Lab "What We Heard" summary.

Selected Commissioned Reports

Planting the seeds for a culturally-centred intervention for Indigenous youth with substance use challenges
Benoit & Mellor

The British Columbia and Yukon Alcohol Supply Measurement Pilot Project
Sherk, Clay, Johal et al.

Expert Report on the Impacts of Encampment Displacement
Pauly

Health and Social Benefits from Reduced Alcohol Consumption
Dangardt, Holder, Naimi, Stockwell et al.

Provincial prescribed alternatives evaluation: 3-year interim report
Urbanoski, Pauly, Nosyk & Barker

Special Reports & Resources

Visioning towards a decolonized, Indigenous-centered service model for drug checking
Littlechild, Wallace & Hore

Even in the face of limitations, participants say safer supply program saves lives
Kolla, Urbanoski, Farrell-Low

Service providers navigate tensions to create an innovative safer supply program
Urbanoski, Farrell-Low et al.

Substance UVic weekly & monthly drug checking reports
substance.uvic.ca/blog



FEATURE STORY

Dr. Adam Sherk, CISUR Scientist, holding a bottle with an example of an alcohol health warning label.

Strong alcohol policy could reduce cancer in Canada

By Amanda Farrell-Low

If Canadian jurisdictions mandated warning labels on alcohol and minimum pricing tied to the number of standard drinks in a container, it could prevent hundreds of cancer diagnoses and deaths, according to a new study led by CISUR scientist Adam Sherk.

The research, published in *Lancet Public Health*, set out to see how different alcohol policy scenarios could potentially reduce the number of alcohol-related cancers in Canada. The researchers looked at five scenarios: two involving setting price minimums tied to standard drinks in a container — also known as minimum unit pricing—with prices set at $1.75 and $2.00 per standard drink; a warning label with rotating messages and one that just warned against alcohol and cancer risk; and one that combined the $2.00 minimum unit price with a cancer warning label.

"These are evidence-based policies that jurisdictions are considering — there's a cancer-warning bill in the Canadian Senate right now, and some provinces have implemented or are thinking about implementing minimum unit pricing — but they're under-used," says Adam Sherk, CISUR scientist and the study's lead author. "We wanted to see just how big of a difference bringing in these policies could make in reducing alcohol-related cancers."

674 Fewer Cancer Cases | **216** Fewer Deaths

Projected under a $2.00 minimum unit price combined with a cancer warning label.

Researchers used modelling to see the impact these policy changes could have on cancer incidences and deaths. The combination of a $2.00 minimum price and a cancer warning showed the strongest reduction, leading to 674 fewer cancer cases (down to 8,824 from 9,498) and 216 fewer deaths (going from 3,866 to 3,617) once the effects were fully realized. The reduction was largest in lower-income populations and younger age groups.

“We believe this is the first study to model the impacts of warning labels on cancer cases and deaths, but cancers are just one of many potential health harms related to drinking,” says Sherk. “If you included the many other alcohol-caused harms, like accidents or liver disease, the reduction in deaths would be even higher.”

This research was supported by the Canadian Institutes of Health Research’s Catalyst Grant: Alcohol research to inform health policies and interventions, and was done in collaboration with researchers at the Canadian Centre on Substance Use and Addiction (CCSA) and Public Health Ontario.



Above: Study co-author Erin Hobin (left) of Public Health Ontario and Sherk in Ottawa receiving the King Charles III Coronation Medal for their work on alcohol policy in Canada.



Below: Warning labels being applied to alcohol containers as part of an earlier real-world Yukon alcohol-labelling study involving CISUR researchers and local partners.



FEATURE STORY

Cecilia Benoit (left), Sam Flowers and Andrea Mellor pose with the "Get Smart Before You Start" zine, which was based on CISUR's Lower Risk Cannabis Use Guidelines for Youth, by Youth project.

Youth lead the way on lower-risk cannabis guidelines

By Amanda Farrell-Low

This article originally appeared on the UVic Office of the Vice President Research and Innovation website.

Young people navigating a changing world is nothing new. But here in Canada, there's a unique challenge: cannabis legalization.

When Canada legalized cannabis for adult recreational use in 2018, it also created laws designed to keep cannabis out of the hands of young people, including setting a minimum legal age of 18 (which provinces could decide to set higher) and harsh penalties for selling to minors. But the reality is that youth still use cannabis, just as they did before legalization. Indeed, Canada has some of the highest rates of youth cannabis use in the world.

So, what kind of tools do young people have to navigate this new reality? And how can we be sure these tools resonate with them?

"There were these other cannabis guidelines out there for adults, and we knew that guidelines are important," says Cecilia Benoit, a scientist with UVic's Canadian Institute for Substance Use Research (CISUR) and co-lead of the Lower Risk Cannabis Use Guidelines (LRCUG) for Youth, by Youth project. "There was research taking adult guidelines and asking youth about them, rather than what we aimed to do, which was to ask youth, ground up, what kind of guidelines should there be for cannabis use?"

Alongside Dr. Kiffer Card, now at Simon Fraser University, Benoit and her team set out to do just that: create a set of cannabis use guidelines whose development was led by youth, grounded in research, and relevant and accessible to the people who wanted them.

Generating guidelines

With funding from Canadian Institute for Health Research (CIHR) and the Mental Health Commission of Canada, Benoit and her co-researchers launched the first phase of the LRCUG project in 2021. They did a scan of the literature around the impacts of youth cannabis use, assessed what lower risk substance use guidelines were available then, and did a national survey of youth aged 16 to 24 who had used cannabis.

"We asked them a lot about their background, their own use, about what guidelines should be developed for young people, and so on," says Benoit. "We had quite a rich body of data from different sources."

But developing the LRCUG didn't just involve survey data and literature reviews. Input from a youth working group was critical to the project's success right from the start. Members of the initial group, who worked on the draft guidelines and report that were released in 2023, were connected with the project through the Victoria Youth Clinic Society—now Foundry Victoria. As the project evolved, so too did the youth network, who have always had a central role at the leadership table.

"The youth we work with are our partners and our colleagues," says Andrea Mellor, a CISUR scientist and co-director for the project. "They're not research subjects, nor do I think they feel that way either."

It's a sentiment echoed by the youth who have been working on the project. "Even though I had joined the project midway, it seems like at every stage of the project, they're continually trying to engage young people," says Anurada Amarasekera, a project associate who joined the provincial youth working group during the second project phase in 2024. "It seems like it's not just one and done."

> "The youth we work with are our partners and our colleagues. They're not research subjects, nor do I think they feel that way either.



LRCUG project co-director Andrea Mellor (left) and project associate Jewel Lavan pose in front of a whiteboard, where the team worked on screening criteria for their mapping review on identifying harms associated with criminalizing cannabis for youth.

Guided by youth voices

When the team got funding from a Health Research BC Reach grant to pull the cannabis guidelines from the lengthier report and make them even more youth-friendly, they convened a second youth working group—this time drawing from the larger Foundry BC network.

For Sam Flowers, a project associate who joined the youth working group as part of this "knowledge sharing" phase, the project came at an interesting time in their journey with cannabis.

"I came into it wanting to improve my relationship with cannabis use... slowly going through the guidelines and giving myself a bit of time to work with them on my own cannabis use has been helpful," they said. "That was cool, to actually be able to use these guidelines in my life and test them out. So, the zine has already been a really helpful and affirmative resource for me."

Over the past year, the working group met regularly to tweak the guidelines with more affirmative wording and to create new ways to present them. While the original six guidelines from the first phase were kept, the youth made some changes to the language.

"Not using the word 'you,' and instead talking about 'we' or 'those of us,'" helps reduce stigma and highlights that the content is put together by peers, says Amarasekera. "We are people who have used these strategies and put this information together because we use cannabis and this is what reduced the risk for us."

In addition to adjusting the language, the youth worked with a user experience designer to create a zine and two posters, which they wanted to be simple, warm and welcoming, and include quotes to help people connect to the content.

"I feel like it would make a world of a difference when I was younger if I had a little book of graphic designs filled with voices of youth who have been in my shoes. I would have made healthier decisions, and I feel like that would be the same for so many other people," says project associate and youth working group member Dorothy Stirling. "It comes in that little zine booklet; they can just shove it in their bag."

For the youth working group members, the project was a chance to not only share their knowledge with other young people, but also to connect with each other and learn about what they had in common across their own cannabis experiences.

"My favourite part was how open everybody got, and we would just share certain scary incidences that happened, and also the positive things, and it helped everybody feel less alone," says youth working group member and project associate Jewel Lavan.

Pilots and partnerships

With the zine and posters ready to go out into the world, and an audio recording of the zine in the works, the LRCUG project has entered a third phase. Funded by a new three-year Social Sciences and Humanities Research Council Partnership Development Grant, the latest phase will pilot the zines and posters in community spaces visited by youth—first in Greater Victoria, then across the province—to obtain feedback to further refine them to help shape a Provincial Strategy for Safer Youth Cannabis Use. The first year involves a mapping review on the impact of criminalization of cannabis to the wellbeing of youth globally, a youth workshop and a two-day knowledge symposium with the project partners in early 2026.

Mellor says the symposium will have two parts: co-creating a shared vision for the provincial youth cannabis strategy and working together to plan an environmental assessment. The assessment will pilot the guidelines in different youth-centred spaces in communities across BC to workshop them further and see how they land in different regions, including rural and remote areas.

"The youth working group is going to prepare their own message to the leadership circle about how we need to think about this issue, to say, 'If there's going to be a provincial strategy about preventing risk and reducing harms, this is how we think we should move forward,'" she says.



Pages from the lower-risk cannabis youth guidelines zine. The youth working group wanted to ensure the zine was warm and colourful, and used quotes to help make it feel more welcoming and relatable.

Also at the table for this third phase of the research are several community and academic partners, including the BC Centre for Disease Control, the Canadian Centre on Substance Use and Addiction, Surrounded by Cedar Child and Family Services, the Victoria Youth Empowerment Society, Foundry BC, HEARTH – a high school student-led community group, UBC and SFU.

“I think it’s very cool that Foundry BC is coming so strongly on board. We’re talking 16 clinics with 19 more to come. And now they’re networked across the country,” says Benoit. “We have an opportunity to distribute the guidelines through these Foundries, and tweak tools developed by CISUR provincially and maybe even wider.”

Corinne Tallon, lead of research operations at Foundry BC, says Foundry is happy to follow the youth-led vision for the project.

“This project has such a strong foundation and a strong legacy that we’re stepping into as partners. We really just want to honour that and foster that,” she says. “My hope and the excitement for Foundry being a partner is the fact that we are a network of networks - our centres are a collection of partner agencies delivering services, and … they’re also so connected in their own communities to partners and other services that they refer out to.”

Ultimately, the LRCUG project’s goal is to create resources and strategies around lower-risk cannabis use that are led by youth and grounded in both empirical research and the day-to-day experiences of young people.

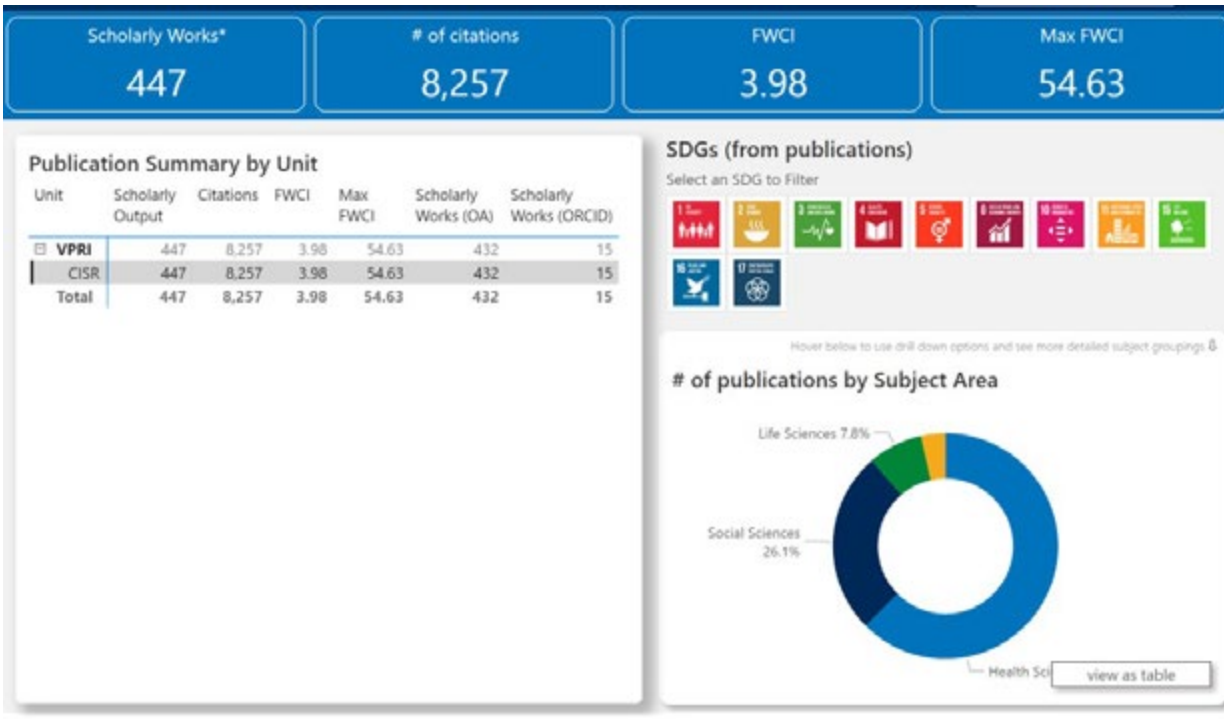
“The youth were the experts, and we honoured that,” says Benoit. “Sometimes in research groups, there are too many experts, and people who don’t have certain credentials don’t get to speak much. I think in this case, the credentials were young people with experience. And I think that has worked all the way through.”

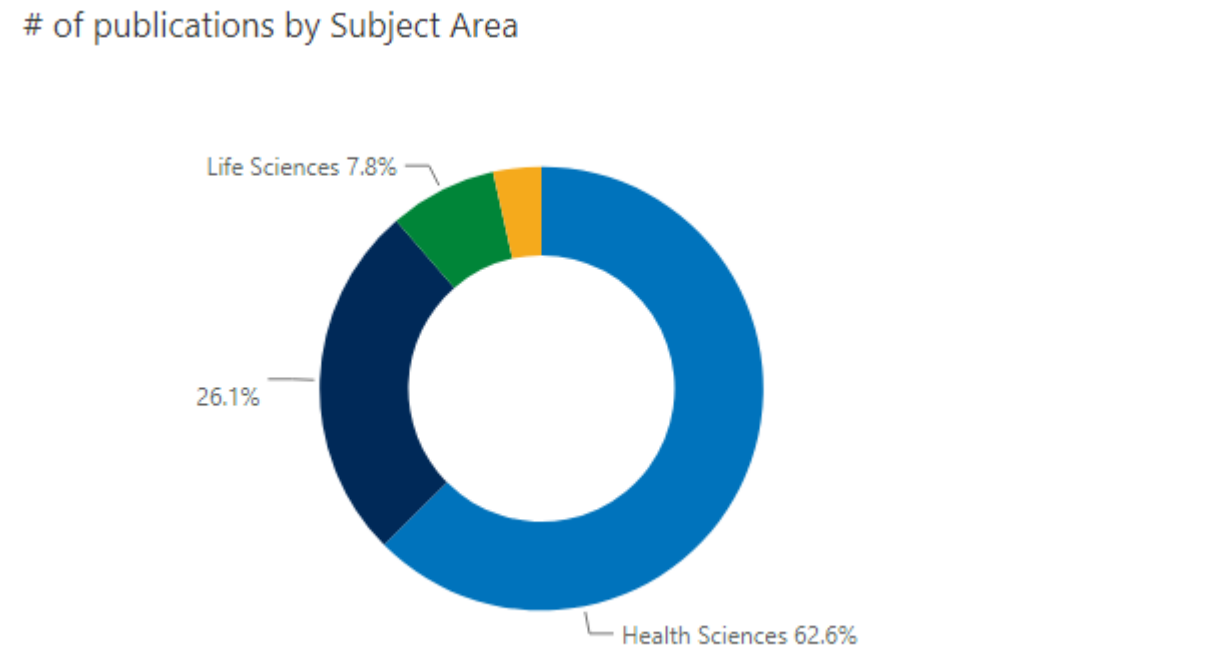
And, critically, the guidelines and strategy need to reach young people where they are at.

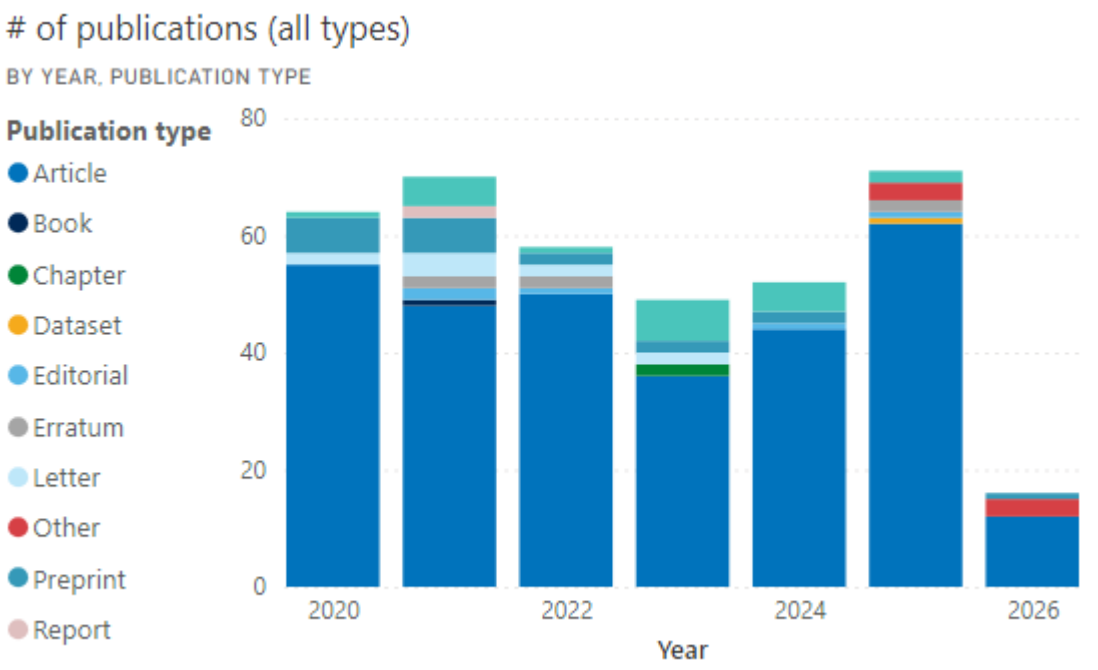
“At the centre of this conversation is we want people to be able to read the zine and see some of themselves in it,” says Flowers. “And it not to be so scary. We want people to be less afraid with their drug use. I think it’s important that young people have kind information that helps them make more informed decisions, and space to reflect about the miraculous choices that they’re making in their lives.”

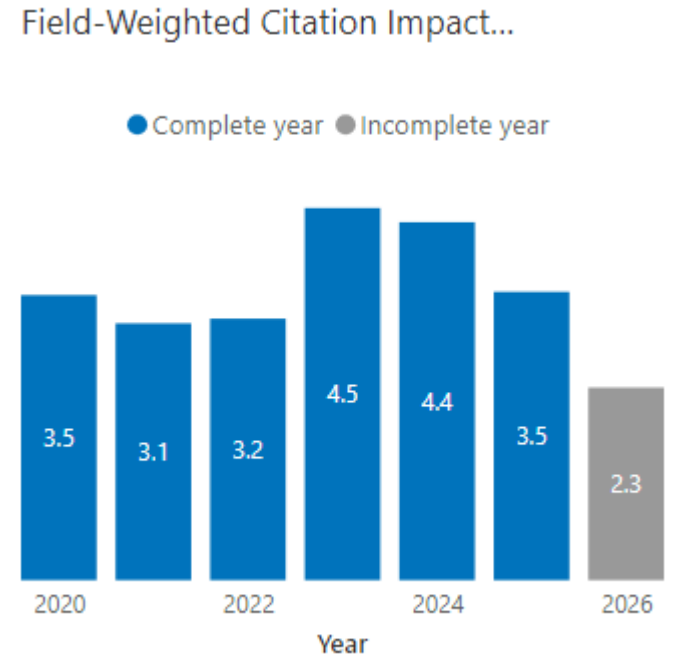
Learn more about the lower risk cannabis youth guidelines project at chirp.uvic.ca/lrcug

APPENDIX: CISUR RESEARCH ANALYTICS 2020-MARCH 2026

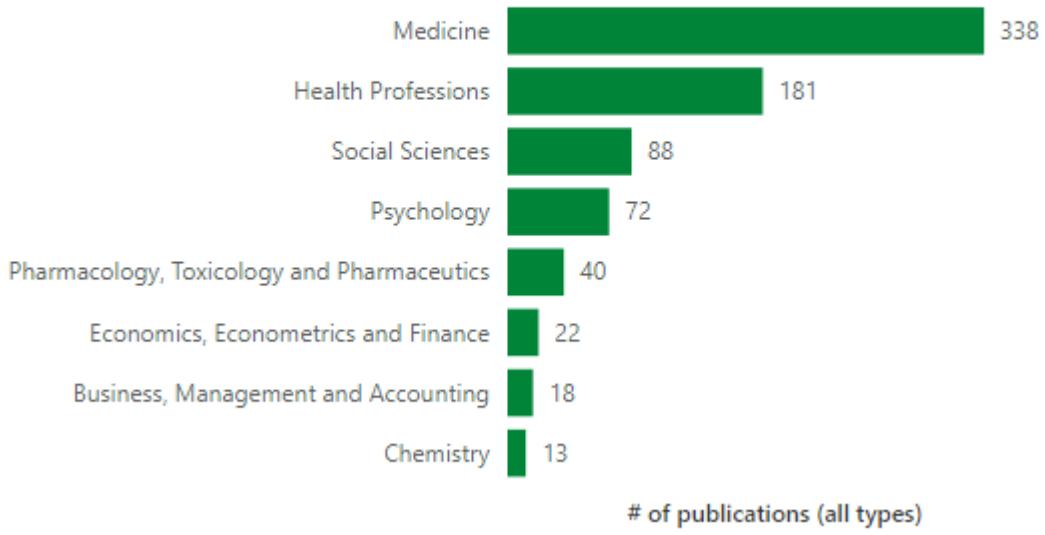





# of publications (all types)
BY YEAR, PUBLICATION TYPE
Publication type
Article
Book
Chapter
Dataset
Editorial
Erratum
Letter
Other
Preprint
Report
80
60
40
20
0
2020
2022
2024
2026
Year


Field-Weighted Citation Impact...
Complete year
Incomplete year
3.5
3.1
3.2
4.5
4.4
3.5
2.3
2020
2022
2024
2026
Year

Top 8 Subject Fields by # of publications



Sources by # of publications

Source title	# of publications (all types)
International Journal of Drug Policy	42
Harm Reduction Journal	31
Drug and Alcohol Review	21
Journal of Studies on Alcohol and Drugs	21
Canadian Journal of Public Health	18
Addiction	16
BMC Public Health	13
Research Square	11
Archives of Sexual Behavior	9

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