



University
of Victoria

Canadian Institute for
Substance Use Research

2023 ANNUAL REPORT

OUR 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.

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.

Address social equity, inclusion and 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.

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.

CONTENTS

Message from the Chair	1
Message from the Director	2
Our People and Partners	3
KEY RESULTS AREA 1: Building Capacity	13
KEY RESULTS AREA 2: Engaging Academic Expertise	19
KEY RESULTS AREA 3: Implementing Quality Research	23
KEY RESULTS AREA 4: Dissemination	39
Appendix: Research Analytics	45

Cover photo: **John Dorocicz**

This report covers the period April 1, 2022 to March 31, 2023

Message from the Advisory Board Chair

This has been another strong year for CISUR in terms of its leading role in research on substance use. Our presence is felt on campus, in the province, nationally and internationally.

We have done well winning grants and contracts, publishing papers and high impact reports, serving on national and international committees and advisory boards, and working to promote change and knowledge exchange through our engagement with communities and governments in order to improve health.

This past year has seen release of several high-profile projects involving CISUR scientists that are national in scope, including the Canadian Substance Use Costs and Harms (CSUCH) study, the Canadian Alcohol Policy Evaluation (CAPE) project, and the new Canadian Guidance on Alcohol and Health. Other ongoing high-profile research relates to the Prescribed Safer Supply initiative in British Columbia, the Vancouver Island Drug Checking project, and a pilot evaluation of the impact of decriminalization of small amounts drugs in Victoria.

On a personal note, the past year was my last serving as Chair of the Advisory Board, a position I have held since 2006. It has been an honour to work so closely with the Centre, and to watch it develop and contribute to the scientific and societal issues related to substance use. I am happy to report that I will continue to see many of you in the coming year, as I assume the role of interim Director of the School of Public Health and Social Policy.

As in past years, I want to offer my deep thanks to members of our Advisory Board who review CISUR's work and help CISUR look to the future, and all the scientists, staff and students that make CISUR the vibrant community it is today.

Here's to another great year ahead, and I am rooting for continued great work by CISUR, long into the future.



Michael J. Prince, Ph.D.
Lansdowne Professor of Social Policy,
University of Victoria
Chair, CISUR Advisory Board

Message from the Director

CISUR continues to be a leading resource for substance use research, and for translation of that research to policy makers and our community partners. Having completed our renewal as a UVic research centre for another five years, we are engaged in a modest strategic planning exercise to reflect and plan for coming years. Overall, however, our mission remains the same: to provide high quality research in order to promote health and wellbeing with respect to substance use and related determinants among communities and individuals locally, nationally and internationally.

CISUR faculty and staff have concluded another successful year of research. Papers, grants, contracts, awards and innumerable media engagements have been matched by important translation and outreach activities. Several major projects were completed that have been years in the making. One was the release of the updated Canadian Substance Use Cost and Harms (CSUCH) study in collaboration with the Canadian Centre for Substance Use and Addictions; this project is a national surveillance project that documents the health and economic impact of seven substances. Another was the Canadian Alcohol Policy Evaluation (CAPE) project, which rates the federal and provincial/territorial governments on the quality of their alcohol control policies. Three CISUR scientists served on the scientific panel for the Canadian Guidance on Alcohol and Health.

We had a very successful years for grants and contracts. Notable examples includes new funding from Island Health and the BC provincial government to sustain and expand the service component of the Drug Checking Project, large awards to evaluate the Prescribed Safer Supply initiative, large Health Canada supplements to develop a web application in support of the new Canadian Guidance on Alcohol and Health and to extend the Cannabis and Managed Alcohol Program, and seed funding to assess the impact in Victoria of the new policy to decriminalize the possession of small amounts of illicit drugs.

This year we honoured the late Harold Johnson by establishing an annual award in his name. Harold was Cree from Northern Saskatchewan who understood alcohol and its effects in many dimensions: through the communities in which he lived and worked, through the eyes of the criminal justice system in his role as crown prosecutor, through policy advocacy with the Northern Alcohol Strategy, and through his reflections as an acclaimed writer. The first recipient of the award was Jarret Nelson, who is a pioneer in land-based



healing to reduce and prevent substance use by building connection to culture, traditions and the physical environment for Indigenous populations.

This year CISUR served as the host organization for UVic honorary degree recipient Ann Livingston. Ann touched the lives of innumerable people in her roles co-founding the Vancouver Area Network of Drug Users and serving as its executive program director for 10 years, and as a volunteer project coordinator of the Nanaimo Area Network of Drug Users. Ann also helped form associations in Surrey, Abbotsford and across Canada, including the BC Association of People on Opiate Maintenance, Western Aboriginal Harm Reduction Society and the Canadian Association of People who Use Drugs.

We've also spruced up our appearance by adding about ten pieces of art in and around the halls and conference areas at CISUR. The art consists of paintings and an engraved paddle from Vancouver Island artists, some of whom are Indigenous. It all looks great.

On a somber note, this marks the final year of the remarkable run of Michael Prince, who has chaired our Advisory Board since 2006. His counsel, support and generosity have been unmatched, and we will miss him greatly. So much thanks to you Michael for all you have done as our Chair, and friend!!

Timothy S. Naimi, M.D., M.P.H.
Director, Canadian Institute for Substance Use Research (CISUR)
Professor, Department of Public Health and Social Policy, University of Victoria

Directors and Faculty

Dr. Timothy Naimi

Director, Scientist (Public Health & Social Policy)



Timothy Naimi



Jaime Arredondo



Cecilia Benoit

Dr. Jaime Arredondo

Scientist (Public Health & Social Policy)

Dr. Cecilia Benoit

Scientist (Emerita, Sociology)



Russ Callaghan



Marilou Gagnon



Mikael Jansson

Dr. Russ Callaghan

Scientist (Northern Medical Program, UNBC)

Dr. Marilou Gagnon

Scientist (Nursing)

Dr. Mikael Jansson

Scientist (Sociology)



Marjorie MacDonald



Scott Macdonald



Bernie Pauly

Dr. Marjorie MacDonald

Scientist (Emerita, Nursing)

Dr. Scott Macdonald

Scientist (Emeritus, Health Information Science)



Adam Sherk



Tim Stockwell



Karen Urbanoski

Dr. Bernie Pauly

Scientist (Nursing)

Dr. Adam Sherk

Scientist

Dr. Tim Stockwell

Scientist (Emeritus, Psychology)



Bruce Wallace



Jinhui Zhao

Dr. Karen Urbanoski

Scientist (Public Health & Social Policy)

Dr. Bruce Wallace

Scientist (Social Work)

Dr. Jinhui Zhao

Scientist

Staff (Victoria)

Jarred Aasen
Research Assistant

Lauren Airth
Research Assistant

Fariha Alam
Research Associate

Stephanie Arlt
Research Assistant

Aaron Bailey
Research Assistant

Karisma Basi
Research Assistant

Shawn Belcourt
Peer Research
Associate

Meaghan Brown
Research Coordinator

Piotr Burek
Research Assistant

Fred Cameron
Community Research
Associate

Dr. Connie Carter
Research Manager

Jenny Cartwright
Research Manager

Laura Cartwright
Peer Research
Associate

Nicole Chaland
Research Assistant

River Chandler
Research Assistant

Sam Churchill
Data Analyst

Andrea Cowan
Project Coordinator

Mélyna Désy Bédard
Research Assistant

John Dorocicz
IT Support and
Programming

Elizabeth Farkouh
Research Assistant

Amanda Farrell-Low
Communications
Officer / Assistant to
the Director

James Fraser
Research Assistant

Pablo González Nieto
Research Assistant

Sybil Goulet-Stock
Research Coordinator

Brittany Graham
Research and CoP
Coordinator

Daniel Gudiño
Research Assistant

Priscilla Healey
Research Assistant

Kris Hedlund
Research Assistant

Nancy Henderson
Research Assistant



Jarred Aasen



Stephanie Arlt



Meaghan Brown



Piotr Burek



Fred Cameron



Connie Carter



Sam Churchill



Amanda Farrell-Low



James Fraser



Sybil Goulet-Stock



Brittany Graham



Daniel Gudiño



Priscilla Healey

Staff (Victoria), cont'd

Heather Hobbs
Research Assistant

Katherine Hogan
Research Assistant

Abby Hutchison
Research Assistant

Chidimma Ike
Research Assistant

Priya Johal
Project Coordinator

Hermione Jefferis
Research Associate

Jeremy Kalicum
Research Assistant

Jenn Keogh
Research Assistant

Liam King
Research Assistant

Mike Knott
Community Research
Associate

Brett Koenig
Research Assistant

Ashley Larnder
Research Assistant

Morgan Lindsay
Research Assistant

Rebecca Louw
Research Assistant

Celeste Macevicius
Research Assistant

Susan Martin
Research Associate

Kate McAllister
Research Assistant

Jenny McDougall
Peer Research
Associate

Julie McEachern
Research Assistant

**Phoenix Beck
McGreevey**
Peer Research
Associate

Becky McLeod
Peer Research
Associate

Sydele Merrigan
Research Associate

Lacey Mesley
Research Assistant

Megan Mills
Research Assistant

Zakkaery Moebes
Research Assistant

Maksim Muratov
Research Assistant

Emily Nichol
Research Assistant

Alayna Payne
Research Assistant

Joshua Pelletier
Peer Research
Associate



Katherine Hogan



Abby Hutchison



Jenn Keogh



Susan Martin



Phoenix Beck McGreevey



Jenny Cartwright



Nicole Chaland



Pablo González Nieto



Nancy Henderson



Hermione Jefferis



Priya Johal



Celeste Macevicius



Sydele Merrigan



Lacey Mesley



Alayna Payne

Staff (Victoria), cont'd

Tina Price
Project Coordinator

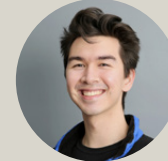
Taylor Teal
Research Assistant



Tina Price



Deidre Rautenberg



Emmett Sihoe

Bella Priore
Research Assistant

Joanne Thompson
Administrative Officer

Deidre Rautenberg
Research Assistant

Alexandra Trifonidis
Transcriptionist



Heather Strosher



Ginger Sullivan



Taylor Teal

Katherine Rudzinski
Research Assistant

Róisín Unsworth
Research Assistant

Emmett Sihoe
Research Assistant

Kate Vallance
Research Associate



Joanne Thompson



Alexandra Trifonidis



Roisin Unsworth

Heather Spence
Peer Research Associate

Dr. Thea van Roode
Research Associate

Heather Strosher
Research Coordinator

Laura Vetrone
Research Assistant

Ginger Sullivan
Research Assistant

Nicole Vishnevsky
Research Assistant



Kate Vallance



Thea van Roode



Laura Vetrone

Staff (Vancouver)

Dr. Tim Dyck
Research Associate



Tim Dyck

Dr. Trudy Norman
Research Associate



Trudy Norman

Post-Doctoral Fellows

Dr. Gillian Kolla
(Public Health)



Gillian Kolla

Dr. Andrea Mellor
(Social Dimensions of Health)



Andrea Mellor

Dr. Jennifer Robinson
(Social Dimensions of Health)



Jennifer Robinson

Dr. Marion Selfridge
(Social Dimensions of Health)



Marion Selfridge

Advisory Board

Dr. Michael Prince, Chair
Lansdowne Professor of Social Policy,
University of Victoria



Michael Prince



Mark Asbridge



Brian Emerson

Dr. Mark Asbridge
Department of Community Health and
Epidemiology, Dalhousie University

Dr. Brian Emerson
Deputy Provincial Health Officer, BC
Ministry of Health



William Kerr



Cynthia Milton



William Ng

Dr. William Kerr
Senior Scientist, Alcohol Research
Group, Public Health Institute, Oakland,
California

Jessica Mensinger
Practice Lead, Substance Use Team,
Interior Health Authority



Catherine Paradis



Sandra Richardson



Colleen Salter

Dr. Cynthia Milton
Associate Vice-President, Office of the
Vice-President Research, University of
Victoria



Darryl Sturtevant



Kate Vallance

William Ng
Assistant Commissioner, BC Royal
Canadian Mounted Police

Dr. Catherine Paradis
Interim Associate Director, Research,
Canadian Centre on Substance Use and
Addiction

Sandra Richardson
Chief Executive Officer,
Victoria Foundation

Colleen Salter
Director, Mental Wellness Clinical
Services, First Nations Health Authority

Darryl Sturtevant
Assistant Deputy Minister, Ministry of
Mental Health and Addictions

Kate Vallance
CISUR Research Associate, staff
representative

Collaborating Scientists

Dr. Brittany Barker

Health System Impact Fellow, First Nations Health Authority

Dr. Jeffrey Brubacher

Emergency Physician and Researcher, Vancouver General Hospital

Dr. Jane Buxton

Professor, School of Population and Public Health, University of British Columbia, Physician Epidemiologist, Harm Reduction Lead, BC Centre for Disease Control

Dr. Erin Hobin

Scientist, Public Health Ontario

Dr. Dennis Hore

Professor, Department of Chemistry, University of Victoria

Dr. Chris Gill

Professor, Department of Chemistry, Vancouver Island University

Dr. Mark Kaplan

Professor, UCLA Luskin School of Public Affairs

Dr. Nathan Lachowsky

Associate Professor, School of Public Health and Social Policy, University of Victoria

Dr. Bonnie Leadbeater

Professor, Department of Psychology, University of Victoria

Dr. Doug Magnuson

Professor, School of Child and Youth Care, University of Victoria

Dr. Lenora Marcellus

Associate Professor, School of Nursing, University of Victoria

Dr. Christine Ou

Assistant Professor, School of Nursing, University of Victoria



Brittany Barker



Jeffrey Brubacher



Jane Buxton



Chris Gill



Erin Hobin



Dennis Hore



Mark Kaplan



Nathan Lachowsky



Bonnie Leadbeater



Doug Magnuson



Lenora Marcellus



Christine Ou



Sana Shahram



Amanda Slaunwhite



Gerald Thomas

Dr. Sana Shahram

Assistant Professor, School of Nursing, UBC Okanagan

Dr. Amanda Slaunwhite

Senior Scientist, BC Centre for Disease Control, Assistant Professor, UBC School of Population & Public Health

Dr. Gerald Thomas

Director, Alcohol & Gambling Policy, Healthy Populations and Development, BC Ministry of Health

Research Affiliates

James Clay

PhD Researcher, Department of Psychology, University of Portsmouth

Alissa Greer

BC Centre for Disease Control Harm Reduction Program Peer Engagement & Evaluation Project

Kathleen Perkin

Manager, Harm Reduction Policy, BC Ministry of Health

Dr. Rachel Phillips

Executive Director, Peers Victoria Resources Society

Dr. Diane Rothern

Physician, Drug Treatment Court

Prof. Robert Solomon

Senior Legal Affiliate, Distinguished University Professor, Faculty of Law, Western University

Dr. Vidhi Thakkar

Institute of Health Policy, University of Toronto

Dr. Kara Thompson

Assistant Professor, Department of Psychology, St Francis Xavier University

Dr. Zach Walsh

Co-Director, Centre for the Advancement of Psychological Science & Law

Ashley Wettlaufer

Policy Officer, Centre for Addiction and Mental Health & Canadian Centre on Substance Abuse

Dr. Erica Woodin

Associate Professor, Department of Psychology, University of Victoria



Alissa Greer



Kathleen Perkin



Rachel Phillips



Diane Rothern



Robert Solomon



Vidhi Thakkar



Kara Thompson



Zach Walsh



Ashley Wettlaufer



Erica Woodin

Graduate Students

Stephanie Arlt

Social Dimensions of Health Program (MA)

Alison Barnett

Social Dimensions of Health Program (PhD)

Meaghan Brown

School of Nursing (PhD)

Hannah Dalton

School of Social Work (MSW)

Samantha Davis

School of Social Work (MSW)

Melissa Forsyth

Department of Sociology (PhD)

James Fraser

Social Dimensions of Health Program (MA)

Sybil Goulet-Stock

Department of Psychology (PhD)

Lea Gozdziński

Department of Chemistry (PhD)

Daniel Gudiño

Social Dimensions of Health Program (PhD)

Peter Greenwell

Department of Sociology (PhD)

Nancy Henderson

School of Nursing (PhD)

Abby Hutchison

School of Public Health and Social Policy (MPH)

Jeremy Kalicum

School of Public Health and Social Policy (MPH)

Jenn Keogh

Social Dimensions of Health Program (PhD)

Marshall Kilduff

Social Dimensions of Health Program (MA)

Liam King

Island Medical Program (MD)

Megan Kirk

School of Nursing

Brett Koenig

Department of Sociology

Celeste Macevicius

School of Public Health and Social Policy (MPH)

Kirstin McLaughlin

School of Nursing (PhD)

Lacey Mesley

School of Public Health and Social Policy (MPH)

Jennifer Miller

Social Dimensions of Health Program (PhD)

Zakkaery Moebes

Department of Sociology

Emily Nichol

Social Dimensions of Health Program (MA)

Pablo González Nieto

Public Health and Social Policy (MA)

Deidre Rautenberg

Social Dimensions of Health Program (PhD)

Emily Shaw

School of Social Work (MSW)

Ginger Sullivan

School of Nursing (PhD)

Gioi Tran Minh

Social Dimensions of Health (MA)

Róisín Unsworth

Department of Sociology (PhD)

Laura Vetrone

School of Child and Youth Care (PhD)

Logan White

Social Dimensions of Health (MA)

Undergraduate Students

Aaron Grinberg

Reed College, Portland OR

Sierra Grant

Statistics/Psychology, UVic



Fred Cameron, Mike Knott and Mark Willson of SOLID and CISUR scientists Karen Urbanoski and Bernie Pauly at Ann Livingston's public talk in June 2023.

CISUR-LED CENTRE

- World Health Organization/Pan American Health Organization (WHO/PAHO) Collaborating Centre on Alcohol and Public Health Policy, Washington, DC/Geneva, Switzerland

COLLABORATING CENTRES

- Canadian Centre on Substance Use and Addiction (CCSA), Ottawa
- Centre for Addiction and Mental Health, Institute for Mental Health Policy Research (CAMH), Toronto
- Alcohol Research Group (ARG), National Alcohol Research Center, Berkeley, CA, USA
- 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

COMMUNITY COLLABORATIONS

We would like to gratefully acknowledge the support and collaboration of many colleagues and community agencies, including the following:

Victoria:

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

Vancouver:

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

British Columbia:

- BC Centre for Disease Control
- BC Centre on Substance Use
- BC Ministry for Attorney General
- BC Ministry for Mental Health and Addictions
- BC Ministry of Health
- 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
- First Nations Health Authority
- Fraser Health
- Interior Health
- Island Health Authority (VIHA)
- KANDU (Knowledge for All Nations and Developing Unity), Kelowna
- Lookout Housing and Health Society
- Northern Health Authority
- Office of the Provincial Health Officer, BC Ministry of Health
- 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:

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

International:

- University of Stirling and Salvation Army Research Unit, UK
- University of New South Wales, Australia

KEY RESULTS AREA 1: To Build Capacity

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

Our objectives:

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

Highlights

CISUR faculty earned 15 new or renewed competitive grants (6) and contracts (9) during the 2022/23 fiscal year; these are listed on the following two pages. The total funds from these new grants and contracts was approximately \$4.8 M. Amounts from all new and ongoing projects are displayed in the pie chart at the end of this section, and descriptions of these projects can be found in Key Results Area 3.

New successful applications to funding competitions

- APPRISING THE EVIDENCE: A NATIONAL SYMPOSIUM ON UNDERSTANDING THE DIVERSITY OF PEOPLE IN SEX WORK
CIHR Panning and Dissemination Grant, \$19,825, 2023-2024
- A MIXED METHODS EVALUATION OF SAFER SUPPLY INITIATIVES TO REDUCE ILLICIT DRUG OVERDOSE IN BC
CIHR Project Grant, \$2,050,200, 2022-2026
- REALIZING THE RIGHT TO HOUSING: THE HOUSING JUSTICE PROJECT, VANCOUVER FOUNDATION
Participatory Action Research Grant, \$130,000, 2022-2025
- STRENGTHENING SAFETY NETS TO IMPROVE ACCESS TO SUBSTANCE USE AND MENTAL HEALTH SERVICES TO OPTIMIZE YOUTH-DETERMINED HEALTH AND WELLNESS
Banting Postdoctoral Fellowship. Canadian Institutes of Health Research, \$140,000, 2023-2025
- UNDERSTANDING PATHWAYS TO ENHANCE ACCESS TO YOUTH SUBSTANCE USE SERVICES, INTERVENTIONS, AND OVERDOSE PREVENTION RESOURCES IN VICTORIA, BC
Michael Smith Foundation of BC Convene and Collaborate Grant, \$14,877, 2022-2024
- UNDERSTANDING PATHWAYS TO ENHANCE ACCESS TO YOUTH SUBSTANCE USE SERVICES, INTERVENTIONS, AND OVERDOSE PREVENTION RESOURCES IN VICTORIA, BC
SSHRC Partnership Engagement Grant, \$24,888, 2022-2024.



CISUR presented the first annual Harold Johnson *Changing the Alcohol Story* Award in June 2023. Pictured here is Harold's widow Joan Johnson, award recipient Jarret Nelson and CISUR Director Tim Naimi.

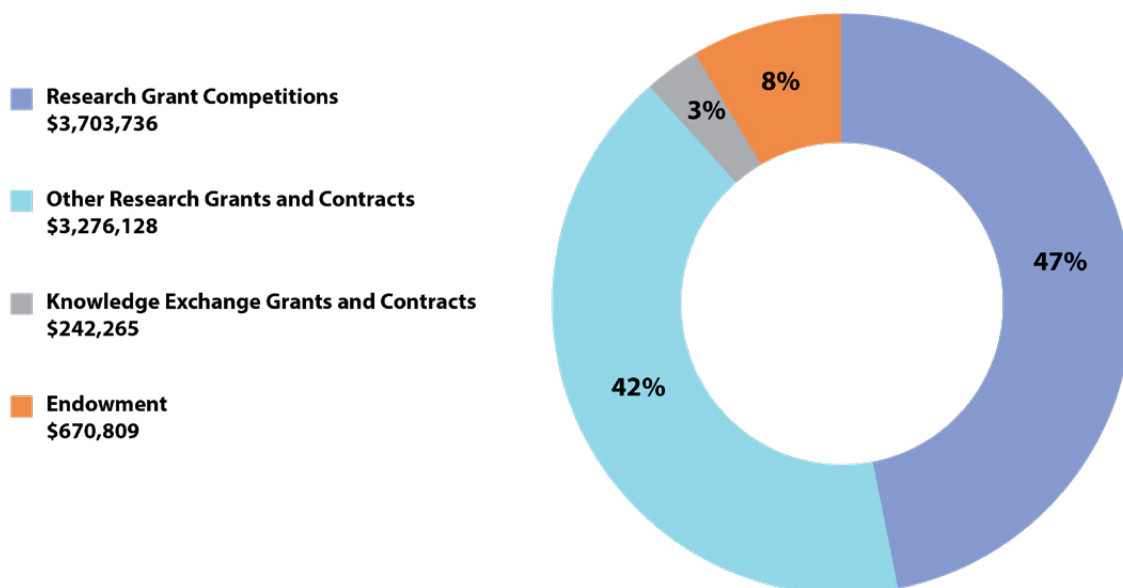
New commissioned contracts won and other grants

- TO ASSESS THE OVERALL COHERENCY OF GOVERNMENT POLICIES RELATED TO LEGAL SUBSTANCES AND PROBLEM GAMBLING USING PUBLIC HEALTH CRITERIA (E.G., BURDEN OF ILLNESS) TO IDENTIFY LEADING PRACTICES AND/OR OPPORTUNITIES TO INFORM MINISTRY STRATEGIC POLICY DEVELOPMENT
BC Ministry of Health, \$30,000, 2022-2023
- BC PUBLIC HEALTH OFFICER ALCOHOL REPORT
BC Ministry of Health, \$81,250, 2023-2024
- DEVELOPMENT OF A WEB APP FOR THE COMMUNICATION OF ALCOHOL HEALTH RISKS
Health Canada's Substance Use and Addiction Program, \$1.1million, 2022-2027
- EVALUATING CANNABIS SUBSTITUTION ON THE HEALTH AND WELL-BEING OF PARTICIPANTS IN MANAGED ALCOHOL PROGRAMS
Health Canada's Substance Use and Addiction Program, \$1.3million, 2022-2024
- AN INVESTIGATION INTO THE ALCOHOL-CAUSED HARM EXPERIENCED BY DIFFERENT DRINKING GROUPS IN CANADA
Health Canada, \$15,000, 2022-2023
- MODELLING THE RELATIONSHIP BETWEEN TAX AND PRICE POLICIES AND IMPACTS ON ALCOHOL CONSUMPTION AND HARMS IN DIFFERENT SOCIO-ECONOMIC GROUPS IN CANADA
Public Health Agency of Canada, \$40,000, 2023
- PROVINCIAL EVALUATION OF PRESCRIBED SAFER SUPPLY
BC Ministry of Mental Health and Addictions, \$2,126,700, 2022-2024
- A SCOPING REVIEW AND DEVELOPING A CONTINUUM OF SAFER SUPPLY MODELS
BC Ministry of Health, \$37,000, 2022-2023
- UPDATING AND REVISING CANADIAN ALCOHOL POLICY EVALUATION (CAPE) 3.0 SCORING RUBRIC AND ASSESSING THE FEASIBILITY OF APPLYING IN CANADA THE ALCOHOL ENVIRONMENT PROTOCOL (AEP) FOR THE INTERNATIONAL ALCOHOL CONTROL (IAC) STUDY
Public Health Agency of Canada, \$68,115, 2022-2023

Total income for 2022/23 from new and ongoing projects and other sources

The figure below summarises the various sources of our income, which comes to a total of approximately \$7.9 M. The bulk of these funds come from grants (~\$3.7 M) and contracts (~\$3.3 M), with the rest coming from core funding from the endowment and knowledge exchange grants and contracts. The endowment funding includes carryover from the previous year (endowment funding without the carryover was approximately \$0.6M). We also receive approximately \$50,000 annually in overhead costs (this varies from year to year and are often paid after fiscal year end so exact 2022/2023 totals are not yet confirmed).

CISUR 2022/23 Revenue and carry-forward summary



UVIC-LED PROJECT OFFERS STEPS TO REPAIR CANADA'S FAILING ALCOHOL POLICY

By Amanda Farrell-Low

A University of Victoria-led project has revealed worsening alcohol policy grades across the country and proposed detailed steps to get Canada back on track.



THIS IS ABOUT MORE THAN ASKING INDIVIDUALS TO CONSIDER CUTTING DOWN ON THEIR DRINKING. YES, THAT CAN BE IMPORTANT, BUT GOVERNMENTS NEED TO MAKE CHANGES TO THE BROADER DRINKING ENVIRONMENT. CAPE OFFERS A SCIENTIFIC EVALUATION OF WHERE OUR GOVERNMENTS ARE AT IN TERMS OF HEALTH-ORIENTED ALCOHOL POLICY, WHILE ALSO GIVING THE TOOLS THEY NEED TO IMPROVE.

- Dr. Tim Naimi, CISUR director and lead of the CAPE Project

News of alcohol's harms and costs has dominated headlines post-COVID. The Canadian Alcohol Policy Evaluation (CAPE) Project, led by UVic's Canadian Institute for Substance Use Research (CISUR), brought together researchers from institutions across Canada to evaluate alcohol control policies federally and in all 13 provinces and territories. Today, they release their results alongside evidence-based solutions to improve health and well-being.

While the project offers a less than rosy picture of where government alcohol policy sits today, it comes with solutions. CAPE has prepared a detailed report card for each of

the provinces and territories and the federal government, which shows them how they are faring in 11 different policy domains including pricing and taxation, physical availability, control system, marketing and advertising, health and safety messaging and more. It offers tailored recommendations for how they can improve their scores and strengthen their policies in support of public health.

"Some of these recommendations include creating minimum prices tied to alcohol content and indexed to inflation, moving the oversight of alcohol regulation and sales to a government ministry focused on health or safety rather than finance, reducing hours of sale, mandating warning labels for alcohol containers

or officially endorsing the new Canadian Guidance on Alcohol and Health," explains Naimi. "Governments could also develop an alcohol strategy on a provincial or territorial level or create a federal Alcohol Act."

Many of these strong policies are in place in some parts of Canada today. If governments were to implement the best existing policies

consistently across Canada's provinces and territories, they could score 80 per cent or an A-.

This is the CAPE Project's third evaluation of alcohol policy across Canada's provincial, territorial and federal governments—and the results aren't great. Every single jurisdiction got an overall failing grade, with the lowest scoring jurisdiction, Northwest Territories, only getting 32%. The highest-scoring jurisdictions—Manitoba and Quebec—only scored 44% and 42%, respectively. The federal government's score was just 37%.

“This reflects ‘red tape reduction’, ‘modernizing’ initiatives and other erosions of public-health-focused alcohol policies we have seen in recent years,” says Naimi. “We were starting to see it ramp up when we released our last evaluation in 2019, and during the COVID-19 pandemic we have only seen it get worse.”

The CAPE Project is a collaborative project involving researchers from the Centre for Addiction and Mental Health (CAMH), Western University, St Francis Xavier University, Dalhousie University, and the Canadian Institute for Health Information. The institutions worked together to create the evidence-based scoring rubric, collect relevant policy data from across the country, and score the individual provincial, territorial and federal governments on how they fared across the 11 different policy domains. The project also relied on stakeholders within the government to validate the data and ensure its accuracy.

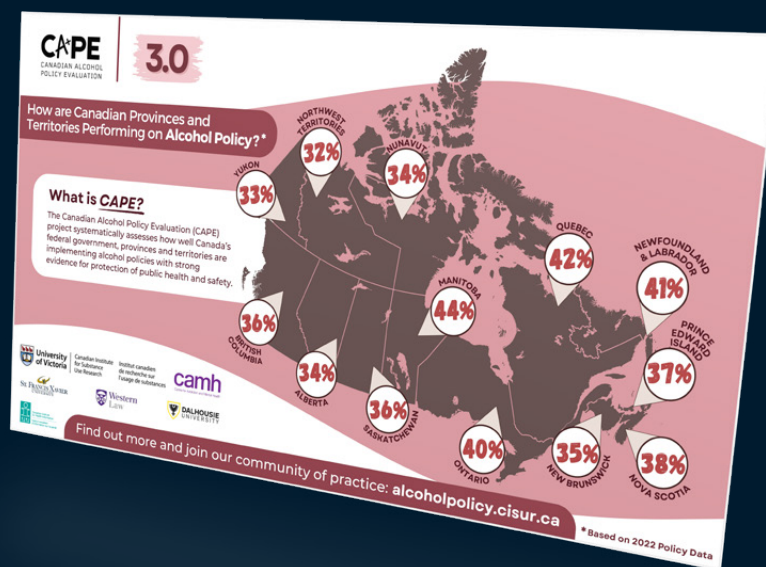
“This was a massive, scientifically rigorous project that could only be achieved via these strong partnerships with institutions and governments across Canada,” says Norman Giesbrecht, scientist emeritus at CAMH’s Institute for Mental Health Policy Research who has been a key part of CAPE since its first iteration. “We are grateful to be able to do this evaluation for a third time and build on the excellent work that began with the first CAPE in 2011.”

The CAPE Project was funded by Health Canada and the Public Health Agency of Canada.

For more details on the project, visit alcoholpolicy.cisur.ca.

This article originally appeared in *UVic News*.

The Canadian Alcohol Policy Evaluation (CAPE) looked at how well Canada’s provinces and territories are implementing alcohol policies with strong evidence for protection of public health and safety.



KEY RESULTS AREA 2: To Engage 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.

Our objectives:

- to attract and retain high quality researchers from a broad range of disciplines to the BC substance use and addictions field;
- to attract and retain high quality students from a broad range of disciplines to the BC substance use and addictions field;
- empower new researchers to become PIs; and
- encourage collaborative relationships.

Highlights

CISUR faculty were active in teaching substance use-relevant courses in online and in-person formats across several disciplines and faculties at UVic. We continue to house and mentor a handful of postdoctoral students, and mentor approximately 20 graduate students. The high quality of our team was acknowledged through a number of awards during the past year, listed below in alphabetical order of the recipient.

Honours and awards

- | | |
|---------------------------|--|
| Cecilia Benoit | <ul style="list-style-type: none">• 2023 R.D. Defries Award. Canadian Public Health Association (Honorary Life Membership)• 2022 Richard Green Founding Editor Essay Award: “The Prostitution Problem: Claims, Evidence, and Policy Outcomes” |
| Marilou Gagnon | <ul style="list-style-type: none">• 2023 CAHR-CANFAR Excellence in Research Award (community-based research)• 2022 Provost’s Advocacy and Activism Awards in Equity, Diversity and Inclusion, University of Victoria |
| Sybil Goulet-Stock | <ul style="list-style-type: none">• 2022 Vanier Canada Graduate Scholarship |
| Gillian Kolla | <ul style="list-style-type: none">• 2022 New Investigator Award – Canadian Association of HIV Research (CAHR) Conference Presentation |
| Marjorie Macdonald | <ul style="list-style-type: none">• 2021 GQNR Best Paper Award, “Putting on and Taking off the Capulana: A Grounded Theory of How Mozambican Women Manage Gender Oppression” |
| Andrea Mellor | <ul style="list-style-type: none">• Canadian Institute of Health Research – Banting Post-Doctoral Fellowship (<i>Strengthening safety nets to improve access to substance use and mental health services to optimize youth-determined health and wellness</i>) |
| Karen Urbanoski | <ul style="list-style-type: none">• HSD Mid-career Research Award |



Scientist Marilou Gagnon, recipient of a UVic Provost’s Advocacy and Activism Awards in Equity, Diversity and Inclusion: “Her scholarship seeks to address gaps in knowledge that have the potential to inform public debate and policies, while also advancing the rights and the health of marginalized communities.”

DRUG OVERDOSES IN PUBLIC BATHROOMS ARE COMMON: NEW TOOLS COULD PREVENT HARM AND IMPROVE RESPONSE

By Marilou Gagnon and Trevor Goodyear

The drug poisoning crisis in Canada is at its worst in British Columbia, with over 10,000 lives lost since 2016. A key setting for overdoses in B.C. is bathrooms, though this information has not always been readily available.

Every month in B.C., more than 50 overdoses happen in bathrooms. This statistic is based on 911 calls where overdose was specifically documented to have occurred in bathrooms. As such, it is likely an undercount of all drug poisonings that take place in bathrooms across the province.

More must be done to prevent and improve how we respond to overdoses in these settings.

There are many reasons for substance use and overdose in bathrooms.

Bathrooms can be private, seemingly safe spaces for people to use substances, especially when they are unable to access supervised consumption or overdose prevention sites. Even when these services are available, some people will continue to use substances in bathrooms. This is often due to stigma as well safety and privacy concerns, including the fear of others knowing about one's substance use.

There can be serious risks to using substances in bathrooms. Chief among these is the risk of overdosing alone and not receiving lifesaving help in time. Fortunately, there are many ways to make bathrooms safer for people who use substances.

The Safer Bathroom Toolkit

Our team of substance use and harm reduction researchers has spent the last year identifying best practices and developing a range of tools that people and organizations can use to make bathrooms safer.

Together, we launched a provincewide consultation to ask community members, service providers, city staff and other stakeholders about overdose in bathrooms.

Almost half (44 per cent) of the 237 people surveyed felt their organizations' bathrooms were not safe for people who use substances, and many others (27 per cent) weren't sure. They shared common barriers to bathroom safety and highlighted resources they needed to better prevent and respond to overdose in these settings.

We developed the Safer Bathroom toolkit based on this consultation. The toolkit provides practical resources related to overdose and bathroom safety, all of which can be adapted to suit individual and organizational needs.

These tools include a checklist for evaluating and improving bathroom safety, a guide to inform policy and protocol development, mock overdose scenarios to help with training and support, and examples of signs that convey non-judgmental information to bathroom users. We also created a bathroom design and remodelling fact sheet, working in close collaboration with architects who specialize in harm reduction.

Some of the best practices we share in the toolkit are for organizations to have policies and protocols in place about when and how often to do bathroom safety checks, for staff to complete a monthly mock overdose response exercise, and for bathrooms to be designed in such a way that people can easily and safely respond to overdoses, if they occur.

Incorporating these practices while raising awareness about overdose is one way that communities can come together to save lives.

Is bathroom safety really the answer?

Existing public health measures are not doing enough to respond to the drug poisoning crisis. What we urgently need is a safer, regulated and accessible drug supply, an improved system of voluntary substance use treatment and care and scaled up harm reduction services. As we continue the work of filling gaps in access to these essential supports, making bathrooms safer should be a priority.

This is important because designated, supervised spaces for safer substance use are scarcely available in many regions in B.C. and across Canada. When these aren't accessible, public and private bathrooms in our communities can function as "de facto" drug consumption sites.

What we must not do is try to prevent or deter access to bathrooms for people who use substances. Some may try measures like installing neon-blue lights that make it more difficult to see veins. However, doing so is ineffective at preventing substance use in bathrooms and actually increases risks.

From our perspective, making bathrooms safer is part of the solution and one that benefits all bathrooms users. Our hope is that the Safer Bathroom toolkit will offer concrete tools to achieve this.

Access to (safer) bathrooms is a human rights issue

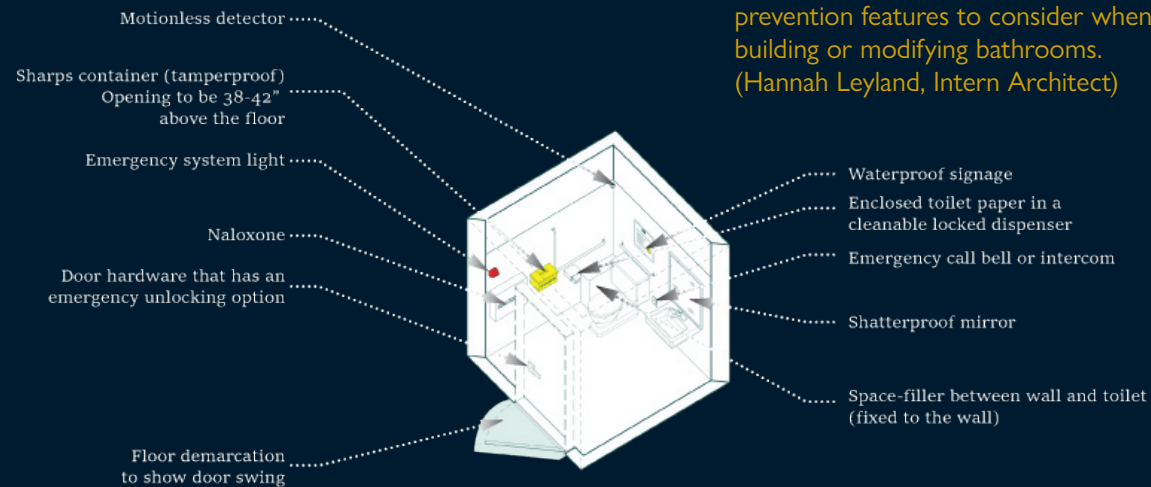
The COVID-19 pandemic and safety measures have renewed calls for more public bathrooms, especially as people are spending more time outdoors. This is even more so in B.C. and other areas that are hard hit by housing and climate crises. For many people, especially our communities' most vulnerable, finding a bathroom to use can be a very difficult task.

In our view, the safer bathroom conversation ties into the broader conversation about access to bathrooms being a human right. As our communities strive to improve bathroom access, we must invest in making these spaces safe and accessible for all, including people who use substances.

originally published in The Conversation Canada

Single-Stall Bathroom

Pull Door (Preferable)



The Safer Bathroom toolkit includes an architectural design fact sheet, which identifies safety and overdose prevention features to consider when building or modifying bathrooms. (Hannah Leyland, Intern Architect)

KEY RESULTS AREA 3: Implementation of 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.

Our objectives:

- to conduct research on the patterns, distribution, determinants and consequences of substance use in Canada and internationally;
- to 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;
- to publish research findings in international peer reviewed journal articles, book chapters, books and research monographs;
- to disseminate research findings through reports, systematic reviews and other resources, nationally and internationally;
- to achieve a high academic impact for CISUR addictions-related research so that it is well known, frequently requested and often cited internationally; and
- to 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
 - development and evaluation of more effective community prevention programs
 - substance use patterns and epidemiological analyses of risk and protective factors for substance use and related problems
 - development and evaluation of more effective treatment systems and programs
 - the influence of structural determinants of social contexts of drug use on the implementation of harm reduction strategies
 - research and evaluation of effectiveness of knowledge translation and exchange activities and strategies, and delivery of knowledge exchange services.



AAA relevance of keyphrase | declining AAA growing (2018-2022)

A word cloud containing common keywords from CISUR's academic publications.

Highlights

CISUR had an outstanding year for high quality, impactful research projects. Major active research projects cover the areas of substance use epidemiology, the effect of policies and regulatory interventions, social determinants of health, harm reduction among those with lived or living experience and/or active substance use disorders, treatment systems, and community engagement and knowledge translation products and evaluations. Overall, there were 48 total ongoing research projects in which CISUR scientists served as principal investigator, plus another 20 projects involving CISUR scientists with non-CISUR PIs; these research projects are listed below in alphabetical order. The word cloud gives a high-level overview of the featured topics of research based on published studies.

Publications are an important measure of research productivity and impact, particularly within the scientific community. From 2018 through the first part of 2023, CISUR scientists co-authored 344 peer-reviewed manuscripts, with an average of 11 citations per manuscript. The average field weighted citation index for these manuscripts was 1.65 (the average for all published manuscripts is 1.0). In addition, the cumulative h-index of these publications was 89, meaning that there were 89 CISUR-authored publications with at least 89 citations.

Approximately 20% of all published manuscripts were in the top 10% of the most cited publications worldwide, and 36% of all publications appeared in the top 10% of journals in terms of impact. For most CISUR research focus areas, the worldwide impact of our research publications was in the 90th percentile or greater. Furthermore, reflecting our focus on substance use policy, almost 20% of publications were cited in government policy documents. Approximately 33% of manuscripts involved international collaborators, and 47% of manuscripts involved national collaborations (i.e., with other researchers in Canada outside of UVic). For additional detail including scientist-specific information, please see the Appendix at the end of the report.

Overall research performance		
Entity: CISUR · Year range: 2018 to 2023 · Data source: Scopus, up to 21 Jun 2023		
344	15	1.65
Scholarly Output 62.2% Open Access	Researchers	Field-Weighted Citation Impact
3,818	11.1	
Citation Count	Citations per Publication	

A. CISUR PROJECTS

- **ALCOHOL AND OTHER DRUG SCREENING AND EDUCATION**
Investigators: Dyck, T. & Reist, D.
Funding body: BC Mental Health and Substance Use Services, a program of the Provincial Health Services Authority
Duration of support: ongoing
- **APPRIISING THE EVIDENCE: A NATIONAL SYMPOSIUM ON UNDERSTANDING THE DIVERSITY OF PEOPLE IN SEX WORK**
Investigators: Benoit, C. (NPA), Mellor, A., & Koenig, B. (co-Is)
Funding body: CIHR Planning and Dissemination Grant.
Duration of support: 2023-2024
- **ASSESSING THE IMPACTS OF THE CANNABIS ACT ON HEALTH- AND CRIME-RELATED OUTCOMES AMONG YOUTH**
Investigators: Callaghan, R. (PI), Asbridge, M., Hathaway, A., & MacDonald, M. (co-Is)
Funding body: CIHR Project Grant
Duration of support: 2022-2024
- **TO ASSESS THE OVERALL COHERENCY OF GOVERNMENT POLICIES RELATED TO LEGAL SUBSTANCES AND PROBLEM GAMBLING USING PUBLIC HEALTH CRITERIA (E.G., BURDEN OF ILLNESS) TO IDENTIFY LEADING PRACTICES AND/OR OPPORTUNITIES TO INFORM MINISTRY STRATEGIC POLICY DEVELOPMENT**
Investigators: Naimi, T. (PI), Vallance, K., Priore, B., & Vishnevsky, N.
Funding body: Ministry of Health
Duration of support: 2022-2023
- **BC PARTNERS EVALUATION**
Investigators: Reist, D. & Norman, T.
Funding body: BC Mental Health and Substance Use Services, a program of the Provincial Health Services Authority
Duration of support: Ongoing
- **BC PUBLIC HEALTH OFFICER ALCOHOL REPORT**
Investigators: Naimi, T. (PI), Zhao, J., Farkouh, E., & Price, T.
Funding body: BC Ministry of Health
Duration of support: 2023-2024
- **BEYOND THE 'MISSING WOMEN INQUIRY': EMPOWERING SEX WORKERS AS SOCIAL JUSTICE ADVOCATES**
Investigator: Benoit, C.
Funding body: Pierre Elliott Trudeau Foundation
Duration of support: 2018-2022
- **CANADIAN SUBSTANCE USE COSTS AND HARMS PROGRAM (CSUCH)**
Investigators: Stockwell, T., Kent, P. (co-PIs), Sherk, A., Biggar, E., Dorocicz, J., Zhao, J., Churchill, S., Giwa, A., Malam, R., McGreer, N., Payer, D., & Ziv, A.
Funding body: Health Canada and Canadian Centre on Substance Use and Addiction (CCSA)
Duration of support: 2016-2023
- **CANNABIS LEGALIZATION AND THERAPEUTIC USE: DOCUMENTING THE EXPERIENCES OF PEOPLE WHO ARE NOT SERVED BY THE RECREATIONAL MARKET**
Investigators: Gagnon, M., Guta, A (co-PIs) Strike, C., Elliott, R., Ware, M., Chow, N., Straton, T., & Nickerson, J.
Funding body: CIHR
Duration of support: 2018-2022

- DEVELOPMENT OF A WEB APP FOR THE COMMUNICATION OF ALCOHOL HEALTH RISKS**

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

Funding body: Health Canada's Substance Use and Addiction Program

Duration of support: 2022-2027
- ESTIMATES OF ALCOHOL-ATTRIBUTABLE DEATHS AND YEARS OF POTENTIAL LIFE LOST IN THE UNITED STATES AND ANALYTIC METHODS**

Investigators: Naimi, T. (PI) & Sherk, A.

Funding body: Centers for Disease Control and Prevention (USA)

Duration of support: 2021-2024
- 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.

Funding body: Vancouver Foundation

Duration of support: 2021-2024
- EVALUATING CANNABIS SUBSTITUTION ON THE HEALTH AND WELL-BEING OF PARTICIPANTS IN MANAGED ALCOHOL PROGRAMS**

Investigators: Pauly, B. (PI), Goulet-Stock, S., & Stockwell, T. (co-Is)

Funding body: Health Canada (Substance Use and Addictions Program)

Duration of support: 2022-2024
- DRUG USER KNOWLEDGE & DRUG CHECKING EVIDENCE: KNOWLEDGE SYNTHESIS ACTIONS TO REDUCE OVERDOSE IN ISLAND HEALTH**

Investigators: Wallace, B., Russell, G. (co-PIs) Gill, C., Hore, D., Tupper, K. (co-Is) Burek, P., Hutchison, A., & Strosher, H.

Funding body: Island Health Authority's Catalyst grants.

Duration of support: 2022-2023
- AN EVALUATION OF ALTERNATIVE METHODS OF PRESENTING HEALTH RISKS OF ALCOHOL TO YOUNG ADULTS**

Investigators: Stockwell, T., Priore, B., Goulet-Stock, S., & Naimi, T.

Funding body: CISUR

Duration of support: 2021-23
- ESTABLISHING A NATIONAL COMMUNITY OF PRACTICE: MOBILIZING KNOWLEDGE AMONG POLICY STAKEHOLDERS TO ADDRESS ALCOHOL-RELATED HARMS IN CANADA**

Investigator: Naimi, T. (PI)

Funding body: Social Sciences and Humanities Research Council (Connections Grant)

Duration of support: 2021-2022
- FENTANYL DETECTION IN STIMULANTS: A PILOT IN THREE MEXICAN CITIES**

Investigators: Arredondo, J. (PI), Garcia, A., Garcia, L., Gonzalez, P., Chaves, A., & Zwitter, G.

Funding body: Centro de Investigación y Docencia Económicas (CIDE) Programa de Política de Drogas (PPD)

- **GIRLS EXPERIENCING MULTIPLE CHALLENGES**

Investigators: Benoit, C. (PI), Mellor, A., & Premji, Z. (co-Is)

Funding body: Representative Council for Children and Youth (RCY)

Duration of support: 2021-2022

- **HEALTHY MINDS | HEALTHY CAMPUSES**

Investigator: Reist, D.

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

Duration of support: ongoing

- **HERE TO HELP (INFORMATION PRODUCTS)**

Investigator: Norman, T.

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

Duration of support: ongoing

- **HOMELESS RESEARCH KNOWLEDGE EXCHANGE**

Investigators: Pauly, B. (PI) Wallace, B., Curran, D., Sweetman, S., & Daly, K. (co-Is)

Funding body: University of Victoria Strategic Framework Impact Fund

Duration of support: 2021-2023

- **IMPACT OF ALCOHOL LABELLING ON HEALTH OUTCOMES IN CANADA**

Investigators: Sherk, A., (PA) & Stockwell, T. (PI),

Funding body: Health Canada

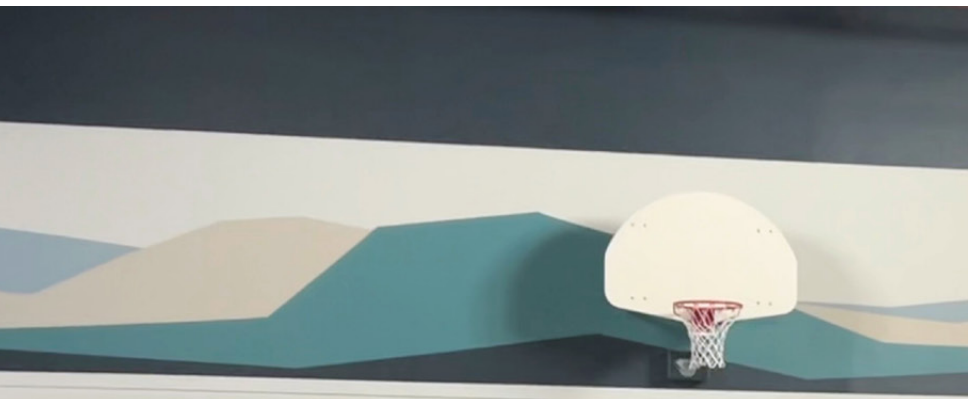
Duration of support: 2022-2023

- **IMPACT OF MARIJUANA POLICIES ON ALCOHOL USE AND ALCOHOL-RELATED MORTALITY**

Investigator: Naimi, T. (PI)

Funding body: National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health (USA)

Duration of support: 2018-2024



A packed house for harm reduction pioneer and community activist Ann Livingston's guest lecture in June 2023. CISUR hosted Ann when she received an honorary doctorate laws from UVic.



- IMPLEMENTING INNOVATIONS IN DRUG CHECKING: A HARM REDUCTION PILOT IN RESPONSE TO ILLICIT DRUG OVERDOSE

Investigators: Hore, D. & Wallace, B.

Funding body: Health Canada's Substance Use and Addictions Program

Duration of support: 2018-2023

- INTEGRATING A LOW-BARRIER DRUG CHECKING PLATFORM INTO PUBLIC HEALTH RESPONSES TO OVERDOSE

Investigators: Hore, D. (PI), Wallace, B., Storey, M.A. (co-PIs), Barnes, R., Cameron, F., Jensen K., Jones, R., Russell, G., Thompson, T. (Collaborators), Stanwick, R. (Principal Knowledge User), & Davison, C. (Knowledge User).

Funding body: CIHR/NSERC's Collaborative Health Research Projects

Duration of support: 2020-2023

- MINIMUM PRICING SCENARIOS FOR BC

Investigators: Naimi, T. (PI), Stockwell, T., Churchill, S., & Sherk, A.

Funding body: BC Liquor and Cannabis Regulation Branch (LCRB)

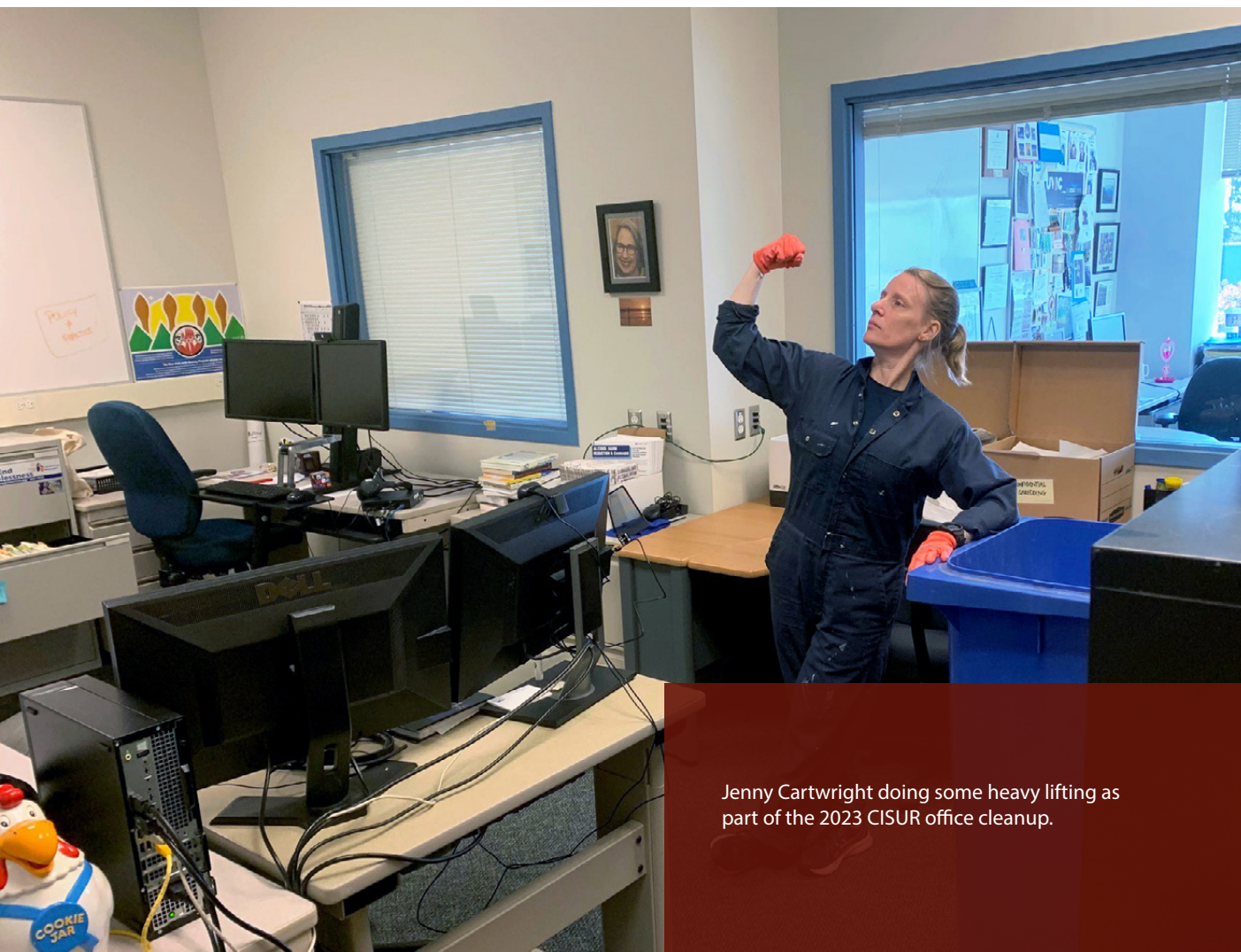
Duration of support: 2022

- 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)

Funding body: CIHR Project Grant

Duration of support: 2022-2026



Jenny Cartwright doing some heavy lifting as part of the 2023 CISUR office cleanup.

- **MODELLING THE RELATIONSHIP BETWEEN TAX AND PRICE POLICIES AND IMPACTS ON ALCOHOL CONSUMPTION AND HARMS IN DIFFERENT SOCIO-ECONOMIC GROUPS IN CANADA**

Investigators: Stockwell, T., Sherk, A., Naimi, T., & Churchill, S.

Funding body: Public Health Agency of Canada

Duration of support: 2022-2023
- **MONITORING AND INFORMING PUBLIC HEALTH RESPONSES TO SUBSTANCE USE (BC COMMUNITY NETWORK OF SUBSTANCE USE OBSERVATORIES) AKA BC CO/LAB**

Investigators: Pauly, B. (PI), Urbanoski, K., Stockwell, T., Reist, D., Wallace, B., Shahram, S., Lachowsky, N., Sherk, A., & Buxton, J.

Funding bodies: Health Canada

Duration of support: 2019-2024
- **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)

Funding body: Canadian Institutes of Health Research (CIHR)

Duration of support: 2021-2026
- **P2P: PEER 2 PEER SUPPORT**

Investigators: Buxton, J. & Pauly, B. (co-PIs)

Funding body: Health Canada Substance Use and Addictions Program

Duration of support: 2018- 2023
- **THE POTENTIAL IMPACT OF ALCOHOL MINIMUM UNIT PRICING AND ALCOHOLIC BEVERAGE LABELLING AS A CANCER PREVENTION INTERVENTION IN CANADA, BY SOCIOECONOMIC STATUS, AT THE NATIONAL, PROVINCIAL AND TERRITORIAL LEVELS**

Investigators: Stockwell, T. (PI), Cukier, S., de Groh, M., Haligan, M., Hobin, E., McEachran, J., Naimi, T., Sherk, A., Shield, K., & Thomas, G.

Funding body: CIHR Catalyst Grant

Duration of support: 2022-2024
- **REDUCING ALCOHOL-RELATED HARM FOR PEOPLE EXPERIENCING HOMELESSNESS AND HOUSING INSTABILITY DURING COVID19: A VANCOUVER ISLAND CASE STUDY**

Investigators: Pauly, B. (PI) & Robinson, J. (co-I)

Funding body: Victoria Hospitals Foundation

Duration of support: 2021-2023
- **REALIZING THE RIGHT TO HOUSING: THE HOUSING JUSTICE PROJECT**

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

Funding body: Vancouver Foundation Participatory Action Research Grant

Duration of support: 2022-2025
- **THE ROLE OF CHILD PROTECTION IN SUBSTANCE USE SERVICES FOR WOMEN**

Investigators: Urbanoski, K. (PA), Milligan, K. (co-A), Cummings, K., Goodman, D., Gordon, S., Patricelli, S., & Cheung, C.

Funding body: SSHRC, Insight Grant

Duration of support: 2019-2023



- THE SAFER WASHROOM CAMPAIGN: DISSEMINATING BEST PRACTICES IN THE PUBLIC AND PRIVATE SECTORS**

Investigators: **Gagnon, M.** (PI), Riley, S. (co-lead), Sedgemore, K., Goodyear, T.

Funding body: Michael Smith Foundation for Health Research, Reach Award

Duration of support: 2021-2022
- SCALE-UP FOR DISTRIBUTED DRUG CHECKING SITES**

Investigators: **Wallace, B. & Hore, D.** (co-PIs)

Funding body: Social Planning Council of BC's (SPARC-BC) Homelessness Community Action Grants

Duration of support: 2022
- A SCOPING REVIEW AND DEVELOPING A CONTINUUM OF SAFER SUPPLY MODELS**

Investigators: **Pauly, B.** (PI) in collaboration with BC Public Health Officer

Funding body: BC Ministry of Health

Duration of support: 2022-2023
- SPECTROSCOPY FOR THE MASSES: TRAINING THE COMMUNITY TO OPERATE DRUG-CHECKING TECHNOLOGIES AS A RESPONSE TO THE OVERDOSE CRISIS**

Investigators: **Hore, D., Wallace, B.,** (co-PI), Aasen, J., **Cartwright, J.**, Davison, C., Jensen, K., Phillips, P., Price, M., & Stanwick, R. (Collaborators)

Funding body: Tri-Agency Institutional Programs Secretariat's New Frontiers in Research Fund – Exploration

Duration of support: 2020-2022
- STRENGTHENING THE FOUNDATION OF THE HOME: DEVELOPING STAFF WELLNESS STRATEGIES IN INDIGENOUS ALCOHOL HARM REDUCTION SERVICES**

Investigators: **Pauly, B.** (PI), **Stockwell, T.**, Hunt-Jinnouchi, F., & Dueck, M.

Funding body: University of Victoria Collaborative Health Research Grant

Duration of support: 2021-2023
- STRENGTHENING SAFETY NETS TO IMPROVE ACCESS TO SUBSTANCE USE AND MENTAL HEALTH SERVICES TO OPTIMIZE YOUTH-DETERMINED HEALTH AND WELLNESS**

Investigators: **Benoit, C.** (NPA), Cloutier, D., Surrounded by Cedar Child and Family Services (SCCFS), Victoria Youth Clinic Society (VYCS) (co-Is), **Mellor, A.** (Trainee/Post-doctoral fellow), BC Representative for Children and Youth (RCY), (co-Knowledge Users), Premji, Z., **Naimi, T.** (Collabs.), & Koenig, B (Research Assistant)

Funding body: Michael Smith Health Research BC - Convene and Collaborate, SSHRC Partnership Engagement Grant Banting Postdoctoral Fellowship, CIHR

Duration of support: 2023-2025

- **UPDATING AND REVISING CANADIAN ALCOHOL POLICY EVALUATION (CAPE) 3.0 SCORING RUBRIC AND ASSESSING THE FEASIBILITY OF APPLYING IN CANADA THE ALCOHOL ENVIRONMENT PROTOCOL (AEP) FOR THE INTERNATIONAL ALCOHOL CONTROL (IAC) STUDY**

Investigators: Naimi, T. (PI), Vallance, K., Priore, B., Vishnevsky, N., & Wettlaufer, A.

Funding body: Public Health Agency of Canada

Duration of support: 2022-2023
- **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)

Funding body: Health Canada (Substance Use and Addictions Program)

Duration of support: 2022-2023
- **AN UPDATED RAPID REVIEW ON THE POTENTIAL EFFECTIVENESS OF ALCOHOL WARNING LABELS**

Investigators: Stockwell, T. (PI), Goulet-Stock, S., (co-I), O'Brien, P. (co-I), Hobin, E. (co-I), Hammond, D., Paradis, C., Greenfield, T., Zuckermann, A., & Vallance, K.

Funding body: Canadian Institute for Substance Use Research

Duration of support: 2021-2023
- **AN UPDATED SYSTEMATIC REVIEW AND META-ANALYSIS OF ALCOHOL USE AND ALL-CAUSE MORTALITY**

Investigators: Stockwell, T. (PI), Zhao, J. (co-I) and Naimi, T. (co-I)

Funding body: Canadian Centre on Substance Use and Addiction

Duration of support: 2021-2022
- **VISIONS: BC'S MENTAL HEALTH AND SUBSTANCE USE JOURNAL**

Investigator: Norman, T.

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

Duration of support: ongoing

B. CISUR AFFILIATED PROJECTS

- **WHAT HAPPENS AFTER CANNABIS LEGALIZATION? DOCUMENTING THE EXPERIENCES OF PEOPLE WHO USE CANNABIS FOR THERAPEUTIC PURPOSES**
Investigators: Gagnon, M., Guta, A. (co-PIs), Nickerson, J.W., Strike, C.J., Walsh, Z., McNeil, R., Chow, N., Richard, E., & Stratton, T.
Funding body: CIHR
- **ASSESSING THE IMPACT OF MINIMUM UNIT PRICING ON HOMELESS AND STREET DRINKERS: A QUALITATIVE STUDY**
Investigators: Elliott, L., Emslie, C. (co-PIs), Whiteford, M. (lead researcher), Stockwell, T., Dimova, E., Johnsen, S., Whittaker, A., Smith, I., Rush, R., & Homeless Network Scotland.
Funding body: Scottish Government's Chief Scientist Office (CSO)
Duration of support: 2019-2023
- **YOUTH-LED DEVELOPMENT OF LOWER-RISK CANNABIS USE GUIDELINES FOR INDIVIDUALS AGED 13 TO 18: A PATHWAY TO BETTER MENTAL HEALTH AND WELLNESS**
Investigators: Benoit, C. (NPA), Card, K., Jansson, M., Korol, K., Koenig, B., Lee, J., & Thompson, B. (co-PIs)
Funding body: CIHR Catalyst Grant: Cannabis and Mental Health
Duration of support: 2021-2022
- **CAREGIVING FOR VULNERABLE AND MARGINALIZED OLDER ADULTS AT THE END OF LIFE**
Investigators: Stajduhar, K. (PI), Black, F.M., Chou, F., Colgan, S., Dosani, N., Gagnon, M., Gerke, J.B., Jakubec, S.L., McNeil, R., Sawatzky, R., & Thorne, S.E.
Funding body: CIHR Operating Grant
Duration of support: 2020-2024
- **A PROPOSAL TO EVALUATE SAFER SUPPLY PROGRAMS IN CANADA**
Investigators: Werb, D. (NPA), Boyd, J., Brunelle, C., Hyshka, E., Kennedy, M.C., Bertrand, K., Kolla, G., Bowles, J., Strike, C., Guta, A., Pauly, B., Urbanoski, K. (Collaborators), Herder, M., Gomes, T., Touesnard, N., & Bonn, M.
Funding body: CIHR
Duration of support: 2021-2025
- **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)
Funding body: CIHR Project Grant
Duration of support: 2022-2027
- **ADDRESSING THE HARMS OF COVID-19 ON THE HEALTH OF THE CANADIAN HEALTH WORKFORCE: EVALUATION OF AN EVIDENCE-INFORMED, MULTI-LEVEL INTERVENTION STRATEGY**
Investigators: Bourgeault, I. (NPA), Benoit, C., Atanackovic, J., Corrente, M., & McMillan, M. (co-PIs)
Funding body: CIHR Operating Grant: Addressing the Wider Health Impacts of COVID-19.
Duration of support: 2022-2024
- **EMERGENCY SAFER SUPPLY PROGRAMS (ESSPS): BRIDGING THE HIV PREVENTION, TREATMENT, AND CARE CASCADE FOR PEOPLE WHO INJECT DRUGS**
Investigators: Strike, C., Guta, A. (PIs), Antoniou, T., Bayoumi, A., Gagnon, M., Kenny, K., Kolla, G., & Leece, P. (co-Is)
Funding body: Ontario HIV Treatment Network
Duration of support: 2020-2022

- 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., Krebs, E. Nosyk, B., **Slaunwhite, A.K.** (co-PIs), Coombs, D., Lock, K., Otterstatter, M.C., Palis, H., **Pauly, B.**, & **Urbanoski, K.**

Funding body: CIHR Project Grant

Duration of support: 2021-2023
- EVALUATING PRESCRIBED SAFER SUPPLY AMONG FORMERLY INCARCERATED PERSONS DURING AN OVERDOSE PUBLIC HEALTH EMERGENCY

Investigators: **Slaunwhite, A.**, Palis, H. (Leads), Korchinski, M., Brown, H., Young, S., **Pauly, B.**, **Urbanoski, K.**, Greer, A., Lock, K., & Nicholls, T.

Funding body: Health Canada Substance Use and Addictions Program

Duration of support: 2022-2023
- EXAMINING LEGAL, REGULATORY AND POLICY CONSIDERATIONS IN CANADA'S SAFER SUPPLY MOVEMENT: DEVELOPING AN INTERDISCIPLINARY RESEARCH AGENDA TO INFORM ADAPTATION AND SUSTAINABILITY

Investigators: Gruben, V. (PA), Gupta, A., Strike, C., **Gagnon, M.** (co-As), & HIV Legal Network

Funding body: SSHRC Partnership Engage Grant

Duration of support: 2022-2023
- EXAMINING SAFER OPIOID SUPPLY INITIATIVES: BRINGING TOGETHER RESEARCHERS, PROVIDERS, AND COMMUNITY TO DISCUSS SCALABILITY, ADAPTATION, AND SUSTAINABILITY

Investigators: Guta, A., Strike, C. (PIs), Bardwell, G., Schmidt, R., **Urbanoski, K.**, Chu, G., Kaminski, N., King, K., Kolla, G., O'Shea, T., Werb, D., & **Pauly, B.** (co-Is)

Funding body: CIHR Meeting and Planning Dissemination Grant

Duration of support: 2022-2023
- GIVING VOICE TO WOMEN AND GENDER DIVERSE PEOPLE IN RESEARCH

Investigators: **Urbanoski, K.** & Milligan, K.

Funding body: CIHR, Strategy for Patient Oriented Research Catalyst Grant

Duration of support: 2020 –2022
- THE IMPACT OF ALCOHOL LABELLING ON BEHAVIOUR, KNOWLEDGE, AND SUPPORT: A SYSTEMATIC REVIEW

Investigators: Zuckermann, A., Morissette, K., Boland, L., Garcia, A., Domingo, F., **Stockwell, T.**, & **Hobin, E.**

Funding body: Public Health Agency of Canada

Duration of support: 2021-2023

- IMPLEMENTATION AND EVALUATION OF AN INDIGENOUS-SPECIFIC MANAGED ALCOHOL PROGRAM FOR THE HOMELESS INDIGENOUS POPULATION IN CALGARY, ALBERTA AND VICTORIA**

Investigators: Milaney, K. (Nominated PI), Nixon, L., **Pauly, B.** (co-Is), in collaboration with Calgary Aboriginal Standing Committee on Homelessness and Aboriginal Coalition to End Homelessness (Victoria, BC).

Funding body: CIHR Operating Grant

Duration of support: 2020-2023
- INJECTABLE OPIOID AGONIST THERAPY ADMINISTRATION IN A PREGNANT OR PERINATAL POPULATION**

Investigators: Patricelli, C. (PI), **Urbanoski, K.**, Albert, A., & Carter, N.

Funding body: Women's Health Research Institute, Catalyst Grant

Duration of support: 2021-2022
- A MANAGED ALCOHOL PROGRAM FOR AUSTRALIA**

Investigators: Ezard, N., **Stockwell, T.**, Haber, P., Baldry, E., Day, C., Dobbins, T., Peacock, A., **Pauly, B.**, Lintzeris, N., & Dolan, K.

Funding body: Australian Government National Health and Research Council Partnership Project

Duration of support: 2019-2024
- MARGINALIZATION & COVID-19 (MARCO): PROMOTING OPPORTUNITIES FOR LEARNING & OUTREACH**

Investigators: Bayoumi, A. (NPA), Boucher, L., Dodd, Z., Durbin, A., Firestone, M., Hayman, K., Issacs, B., Kolla, G., Matheson, F., Steer, L., Yakubovich, A., Young, S. (PAs), Beder, M., Brothers, T., Dobrow, M., Du Mont, J., Holness, L., Huijbregts, M., Hwang, S., Hynie, M., Kendall, C., Kenny, K., Long, C., Maguire, J., Nisenbaum, R., Shankardass, K., Strike, C., & Walker, D. (co-As)

Funding body: CIHR Operating Grant: Emerging COVID-19 Research Gaps & Priorities

Duration of support: 2022-2023
- ONTARIO'S OPIOID DRUG OBSERVATORY: GENERATING EVIDENCE ON THE EVOLVING OPIOID CRISIS TO INFORM AND EVALUATE DRUG POLICY AND CLINICAL PRACTICE**

Investigators: Gomes, T. (PI), Antoniou, T., Bayoumi, A., Caudarella, A., Clarke, H., Juurlink, D., Kolla, G., Leece, P., Mamdani, M., Paterson, M., Sproule, B., & Tadrous, M. (co-Is)

Funding body: CIHR Project Grant

Duration of support: 2021-2024
- A PROPOSAL TO EVALUATE SAFER SUPPLY PILOT PROGRAMS IN CANADA**

Investigators : Werb, D. (NPA), Boyd, J., Brunelle, C., Hyshka, E. (PAs), Bertrand, K., Bonn, M., Bowles, J., Kennedy, M.C., Kolla, G., Touesnard, N., Strike, C., Guta, A., **Pauly, B.**, **Urbanoski, K.**, Herder, M., Gomes, T.

Funding body: CIHR Operating Grant: Evaluation of Harm Reduction Approaches to Address the Opioid Crisis in the Context of COVID-19

Duration of support: 2021-2025
- SMALL URBAN, RURAL AND REMOTE (SURR) HARM REDUCTION: RESEARCH DEVELOPMENT FOR INNOVATORS ON THE FRONTLINES**

Investigators: Duddy, J., Dowden, C. (PI's, Pacific AIDS Network), Bardwell, G., Burmeister, C., Driscoll, J., Hayden, S., Hughes, R., Jensen, K., Jones, J., **MacDonald, M.**, McDougall, J., Mix, N., Paterson, J., Sanford, R., & **Pauly, B.** (co-Is)

Funding body: CIHR Meeting Planning and Dissemination Grant

Duration of support: 2022-2023
- SUBSTANCE EXCHANGE: DRUG-CHECKING SERVICES PILOT EXCHANGE PROGRAM**

Investigators: Bichler, L. (NPA), Airth, L. (co-A), **Burek, P.**, **Hore, D.**, & **Wallace, B.**

Funding body: UBC Health After 2020

Duration of support: 2023

CISUR faculty, staff, and students enjoy a walk to the beach as part of Joyful January celebrations.



Key Result Area 3: Implementation of Quality Research

SHOULD WE RETHINK HOW WE DRINK? CANADA'S NEW DRINKING GUIDANCE VS. THE UK'S

By Adam Sherk

In January, Canada released new drinking advice called Canada's Guidance on Alcohol and Health. As a member of the scientific committee tasked with authoring this new guidance, a few things struck me as the panel worked through the process of collecting and analyzing the most recent research concerning alcohol use and our health.

Why alcohol guidelines trend downwards over time: Improvements in evidence

For one, our work found that alcohol use is more harmful for our health than was previously thought. Alcohol advice hadn't been updated in Canada for more than ten years and the biggest changes during that time were about the quality of the evidence available. Over time, scientific studies have gotten better and better at measuring the true impact of alcohol use on our health, while controlling for other related behaviours and factors: in a nutshell, getting at causation as opposed to correlation. More recent summaries of this health evidence, like the UK's guidelines that were published in 2016, have all shown the same thing: alcohol is more harmful than was previously thought. Due to this, suggested drinking limits in every country have tended to be revised downwards over time.

Another takeaway was that the most-straightforward advice regarding alcohol use is that no matter how much we drink the main message is the same: "Drinking less is better for health." Health risk from alcohol use starts with one

drink and goes up from there. Of course, the risk associated with a single drink is very small, but still this advice is universal. The rest of the guidance is then about providing information about how quickly the risk increases in a way that helps us all make choices about whether, or how much, to drink.

Similarities and differences between alcohol advice in Canada and the UK

For these first two points, it doesn't matter what country we're in. But this is Canada's guidance after all, so to understand more of the advice we have to learn about some differences between the UK and Canada in terms of the language we use to describe our alcohol use. First, the way our two countries communicate measures of pure alcohol is different. In the UK, alcohol units are used and are equal to 8 grams of pure alcohol. In Canada, we use standard drinks, which are 13.5 grams of pure alcohol. So a Canadian drink is 70% larger than a UK unit and this is important when discussing the new guidance for those in the UK.

Now some easy homework for you as readers! Please open the public summary of the new Canadian advice. Focus on the main graphic about alcohol consumption per week. Notice the four risk zones presented – the new guidance describes a continuum of risk, instead of binary guidelines that we are either above or below. This has the advantage of allowing us to place ourselves along this continuum of risk and encourages us to think about whether reducing our use is necessary and what might be a reasonable and achievable reduction given our personal situation.

Starting with this graphic, let's translate Canada's advice to UK alcohol units. Canada's no risk zone is clear – to avoid any risk from alcohol use, we would avoid using alcohol. Surprisingly, UK guidelines don't mention this way to avoid risk and improve health. Canada's low risk zone is up to 2 Canadian standard drinks per week (about 3.5 UK units), the moderate risk zone is up to 6 drinks

per week (about 11 UK units) and the higher risk zone is above 7 drinks per week (above 12 UK units).

The conversions between Canadian drinks and UK units are shown in the table above. When we present it this way, we see there isn't such a big difference between Canada's guidance and the UK's guidelines, but two points stand out (see the red circles in the table). First, Canada describes a no risk zone that relates to not using alcohol; this could be important as about 20% of adults and about 40% of people in Canada and the UK don't drink at all in a given year. We might ask why health guidelines would be created for only about half the people in a country?

Next, the zone which Canada's guidance labels "moderate risk" is included in the UK "low risk" zone. The labels used for these risk zones are subjective, but in Canada's guidance everyone can look at the figure in the public summary to choose a level of risk they feel is appropriate. Indeed, the reason Canada presented more than one zone was that the committee didn't want to choose what a level of "acceptable risk" was and so presented more information about alcohol and health rather than less.

Health advice is often given that describes a level of exposure that would result in an increased risk of dying prematurely of about 1 in 1,000. From the table, we see that this corresponds to the zone going up to 3½ UK alcohol units per week. But alcohol has sometimes been given special standing and permitted to convey a risk ten times higher – an increased risk of 1 in 100 – and this would correspond to up to 11 UK units per week.

This was the biggest difference used to communicate the guidance in Canada, as compared to other countries such as the UK and Australia. In Canada, the health risk of alcohol was placed on a level playing field with other behaviours and exposures, the committee didn't feel that a study intended to promote public health should describe a drinking zone that conveyed a risk of premature death of up to 1 in 100 as "low risk." By providing a continuum of risk, we hope that people are better able to place

themselves along this continuum and consider reducing their risk if they feel it's appropriate.

Beyond advice to individuals, the Canadian guidance also provides suggestions to governments and regulators designed to support Canadians in adopting this new advice, if they choose. The final report suggested that government should consider mandating labelling requirements on alcoholic beverages that would include the number of standard drinks in a container. Clearly, it's difficult for all of us to follow advice given in standard drinks if we don't know how many standard drinks are in our beverages.

Regardless of which country's guidelines you're reading, there are consistent takeaways. Drinking alcohol is more harmful for health than was previously thought and so it may be time to rethink the way we drink. All types of alcohol – beer, wine, hard spirits/liquor – convey the same amount of risk based on how much pure alcohol they contain, so learn what a standard drink (or alcohol unit) is and, if you drink, count your drinks. Canada's new advice provides risk information based on how much alcohol we use in a week. Have a look at the new Canada's Guidance on Alcohol and Health if you're interested in learning more.

originally appeared in the Institute for Alcohol Studies blog

Canada's Guidance on Alcohol and Health, in Canadian standard drinks and converted to UK units per week, with level of risk and labels

Amount of alcohol per week in...		Risk of alcohol causing your death**	What the guidance labels this level of risk in...	
Canadian standard drinks	UK units*		Canada	UK
0	0	0	No risk	Low risk
1 to 2	1 to 3½	Up to 1 in 1,000	Low risk	Low risk
3 to 6	4 to 11	Up to 1 in 100	Moderate risk	Low risk
7 or more	12 or more	Greater than 1 in 100	Higher risk	Not low risk^

*these do not line up exactly to Canadian drinks, but are quite close. A Canadian standard drink is 13.5 grams of pure alcohol, while a UK alcohol unit is 8 grams of pure alcohol.
 ** potential years of life lost equivalent.
 ^term not described in the UK guidelines. Starts at 14 units/week, which is a bit different than 12.

KEY RESULTS AREA 4: Dissemination

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.

Our objectives:

- to 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 general public, or the scientific community;
- to 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;
- to develop and promote resources with the potential to make direct contributions to policies, programs or service delivery systems in Canada and internationally; and
- to provide broad access to balanced factual information on substance use and related harms and health promotion approaches through a variety of knowledge exchange strategies.

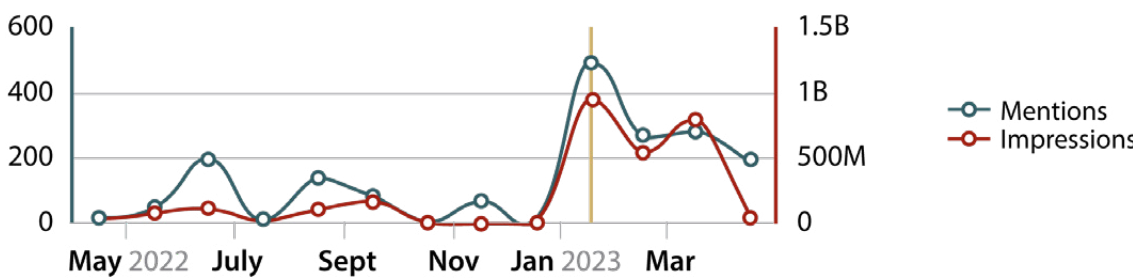


CISUR research on alcohol featured in the *New York Times*.

Media coverage

CISUR had 1,837 media mentions in 2022/23, with 2.9 billion impressions on those stories. This was a significant increase over last year. Much of this was due to CISUR researchers' involvement in the new Canadian Guidance on Alcohol and Health, which was released by the Canadian Centre on Substance Use and Addiction (CCSA) in January 2023 (yellow bar on the graph) and garnered international media attention.

CISUR overall media coverage, 2022/23



CISUR top ten media topics, 2022/23

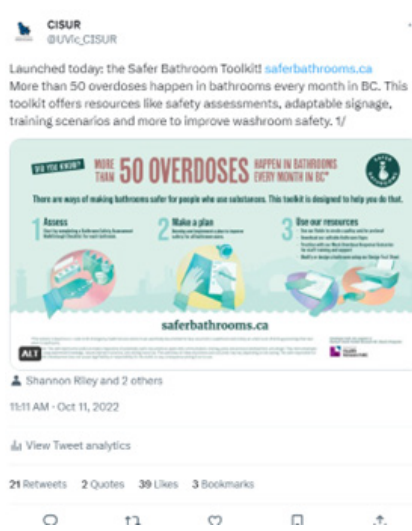
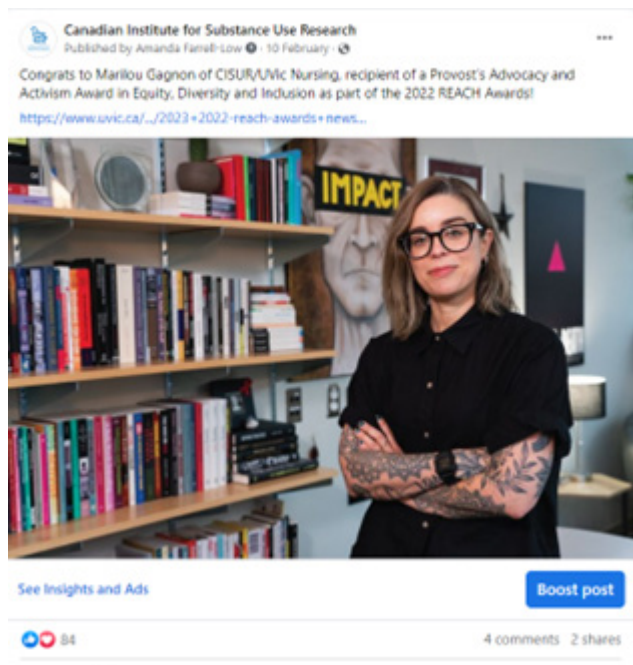
Rank	Topic	# of Stories
1	Alcohol consumption	399
2	Drinking guidelines	395
3	Safer supply	285
4	Overdose crisis	279
5	Decriminalization	203
6	Treatment	177
7	Drug policy	149
8	Canadian Substance Use Costs and Harms Study (CSUCH)	123
9	Alcohol policy	104
10	Drug checking	90



CISUR's Tim Naimi appearing on CBC's *The National* to discuss the new Canadian Guidance on Alcohol and Health.

Social media

CISUR's social media presence has held steady, with 2,632 followers on Facebook and 3,144 followers on Twitter. Popular posts included Dr. Marilou Gagnon's REACH Award announcement and the launch of the Safer Bathroom Toolkit.



Website

Website traffic increased again this year, with 46,489 visitors and 101,234 pageviews. CISUR's homepage and the Safer Bathrooms Toolkit were the most visited pages on the website, with the Safer Bathrooms page garnering an impressive amount of traffic considering it was only launched in October 2022. Also, half of the most downloaded files on the CISUR website were part of the Safer Bathrooms Toolkit.

CISUR's top ten most visited webpages, 2022/23

Rank	Page Name	Pageviews
1	CISUR main page	10,993
2	Safer Bathrooms Toolkit	9,588
3	Sex Industry in Canada	8,053
4	Canadian Managed Alcohol Program Study	6,317
5	Alcohol Consumption in BC	5,166
6	Canadian Alcohol Policy Evaluation	4,861
7	iMinds	3,226
8	Publications	2,301
9	Tim Naimi profile	2,274
10	Projects	2,264

CISUR's top ten most downloaded files, 2022/23

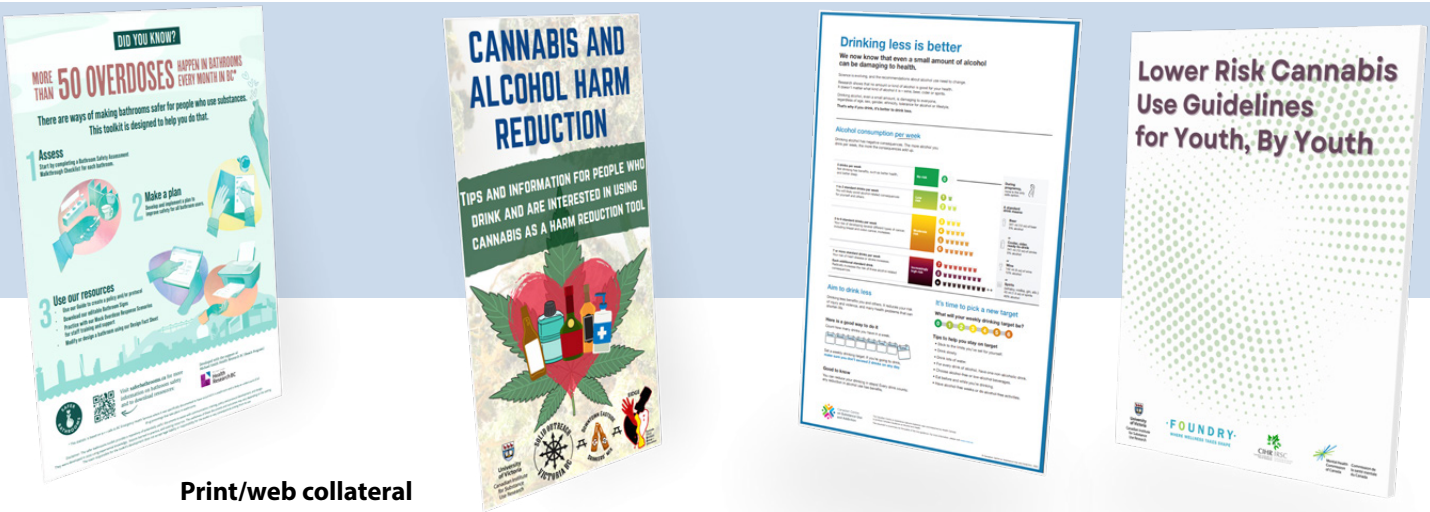
Rank	File Name	Downloads
1	Bathroom Safety Assessment Walkthrough Checklist*	990
2	Bathroom Sign 1: General Information*	752
3	Policy/protocol Guide*	638
4	Bathroom Design Fact Sheet*	629
5	Overview of MAPS in Canada	588
6	CISUR Bulletin 20: Scale up of MAPs	470
7	Operational Guidance for Implementation of Managed Alcohol for Vulnerable Populations	437
8	Helping Schools Drug Literacy Curriculum	413
9	Bathroom Sign 2: Nearest overdose prevention site*	386
10	Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Review of Provincial and Territorial Policies	352

* Part of the Safer Bathrooms Toolkit

Other dissemination channels and materials

Public Talks, Webinars and Communities of Practice

Over the past year, 12 videos have been uploaded to the CISUR YouTube page, primarily presentations from CISUR's three active Communities of Practice (CoPs): The Canadian Managed Alcohol Program Study (CMAPS) CoP, the Canadian Alcohol Policy Evaluation (CAPE) CoP, and the Co/Lab CoP. This has reflected the fact that most public CISUR talks have occurred online as opposed to in person.



Print/web collateral

In addition to the peer-reviewed academic outputs outlined in Section 3 above, CISUR researchers also produced several reports, brochures and other documents related to their work. For example, the Knowledge Mobilization team updated several Here to Help factsheets and brochures, including major updates to *Mental health and a health promotion perspective: A brief introduction*. CISUR researchers were also involved with the latest update of the *Canadian Substance Use Costs and Harms (CSUCH) study* and the new *Canadian Guidance on Alcohol and Health*.

As noted above, the *Safer Bathrooms Toolkit* saw the publication of a suite of materials designed to help improve bathroom safety, including signage, checklists, scenario walk-throughs and posters. Lower Risk Cannabis Use Guidelines for Youth, by Youth were published in both a shorter CISUR bulletin format and a longer report.

A selected list of some of these other outputs is outlined below.

Selected commissioned reports

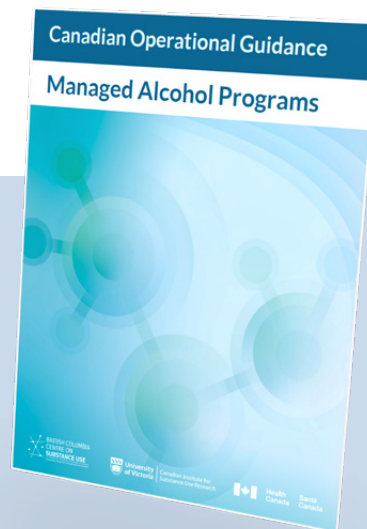
- Churchill, S., Naimi, T., Sherk, A., & Stockwell, T. (2022). *Alcohol minimum pricing in British Columbia: An analysis of alternative scenarios*. Prepared for the Liquor and Cannabis Regulation Branch (BC).
- Goulet-Stock, S., Brown, M., Pauly, B., & Stockwell, T. (2022). *An evaluation of the Island Health managed alcohol program during the COVID-19 pandemic*. Report prepared for Island Health Managed Alcohol Program.
- Churchill, S., Sherk, A., Grant, S., & Stockwell, T. (2023). *Modeling the impact of potential federal alcohol policy changes on health by age, sex and SES*. Prepared for the Public Health Agency of Canada.
- Vallance K., Priore, B., Vishnevsky, N., & Naimi T. (2023). *Assessing the coherence of BC's alcohol, cannabis and gambling policies: A public health perspective to inform ministry strategy*. Report prepared for the BC Ministry of Health.

Selected special reports and bulletins

- Canadian Substance Use Costs and Harms Scientific Working Group. *Estimating canadian substance use costs and harms (2006-2020)*. Prepared by the Canadian Institute for Substance Use Research and the Canadian Centre on Substance Use and Addiction. Ottawa, Ont.: Canadian Centre on Substance Use and Addiction.
- Card, K.G., Koenig, B., Moebes, Z., Muratov, M., Jansson, M., Selfridge, M., Korol, K., Benoit, C., & the Victoria Youth Foundry Clinic’s Youth and Cannabis Working Group, 2023. *Lower risk cannabis use guidelines for youth, by youth. Bulletin #21*. Canadian Institute for Substance Use Research, University of Victoria, Victoria, BC, CA.
- Paradis, C., Butt, P., Shield, K., Poole, N., Wells, S., Naimi, T., Sherk, A., & the Low-Risk Alcohol Drinking Guidelines Scientific Expert Panels. (2023). *Canada’s guidance on alcohol and health: Final report*. Ottawa, Ont.: Canadian Centre on Substance Use and Addiction.

Selected informational resources and guides

- Canadian Managed Alcohol Program (CMAPS) (2022) with Eastside Illicit Drinkers for Education, SOLID Outreach and Drinker’s Lounge. *Cannabis and alcohol harm reduction: Tips for people who drink and are interested as using cannabis as a harm reduction tool*.
- Canadian Managed Alcohol Program (CMAPS) (2022). *Cannabis and alcohol harm reduction: Basic information for harm reduction workers and other service providers*.
- Canadian Managed Alcohol Program Study and Aboriginal Coalition to End Homelessness (2022). *Pathways to healing in the culturally supportive housing and Indigenous alcohol harm reduction program in Lekwungen territory*.
- Canadian Managed Alcohol Program Study and Aboriginal Coalition to End Homelessness (2022). *Staff wellness in the culturally supportive house*.
- Gagnon, M., Gauthier, T., Cleveland, E., Ditmars, M., Gregg, K., Hlady, K., & McLaughlin, K. (2022). *Nurse-assisted injection: A path to equity in supervised consumption services*. Canadian Institute for Substance Use Research, Victoria, BC.
- Gagnon, M., Riley, S., Goodyear, T., & Sedgemore, K. (2022). *The safer bathroom toolkit*.
- HeretoHelp Resources
 - » *Mental Health and a health promotion perspective: A brief introduction*
 - » *You and substance use: Things to think about and ways to make changes*
 - » *Learn about caffeine*
 - » *Learn about inhalants*
 - » *Learn about medications*
 - » *Learn about steroids*
- Peer2Peer Project Research Brief (September, 2022): *Core competencies of peer workers who use pulse oximeters to supplement their overdose response in British Columbia*.



APPENDIX: RESEARCH ANALYTICS

Overall research performance

Entity: CISR · Year range: 2018 to 2023 · Data source: Scopus, up to 21 Jun 2023

344

Scholarly Output 

62.2% Open Access

15

Researchers

1.65

Field-Weighted Citation Impact 

3,818

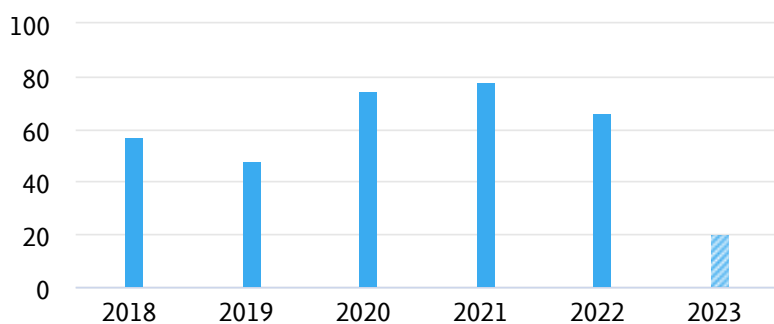
Citation Count 

11.1

Citations per Publication 


Scholarly Output

Entity: CISR · Year range: 2018 to 2023 · Data source: Scopus, up to 21 Jun 2023



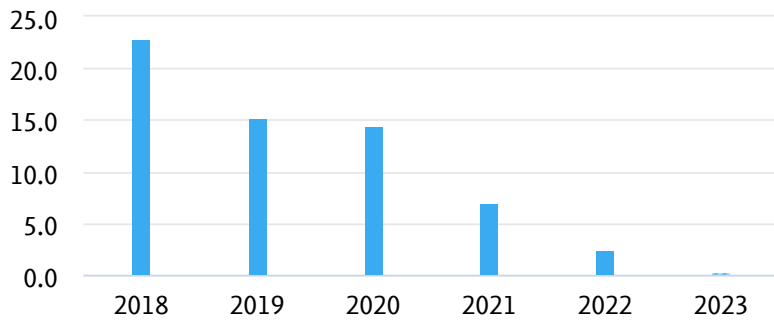
344

number of publications by authors in CISR

 Incomplete year

Citations per Publication

Entity: CISR · Year range: 2018 to 2023 · Data source: Scopus, up to 21 Jun 2023



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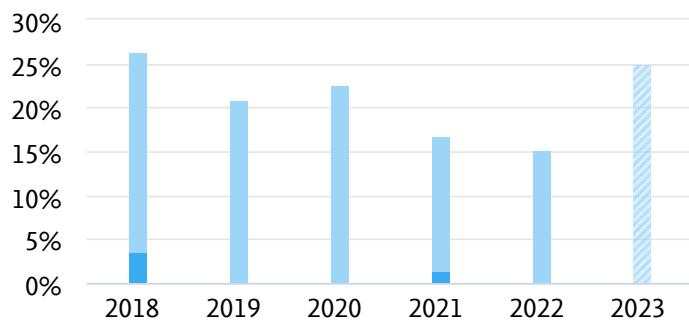
average number of citations per publication in CISR

▨ Incomplete year

Outputs in Top 10% Citation Percentiles (field-weighted)

Entity: CISR · Year range: 2018 to 2023 · Data source: Scopus, up to 21 Jun 2023

Share of publications in CISR that are among the most cited publications worldwide
field-weighted



70 (20.3%)

number of publications in the top 10% most cited publications worldwide

■ % publications in top 10% most cited

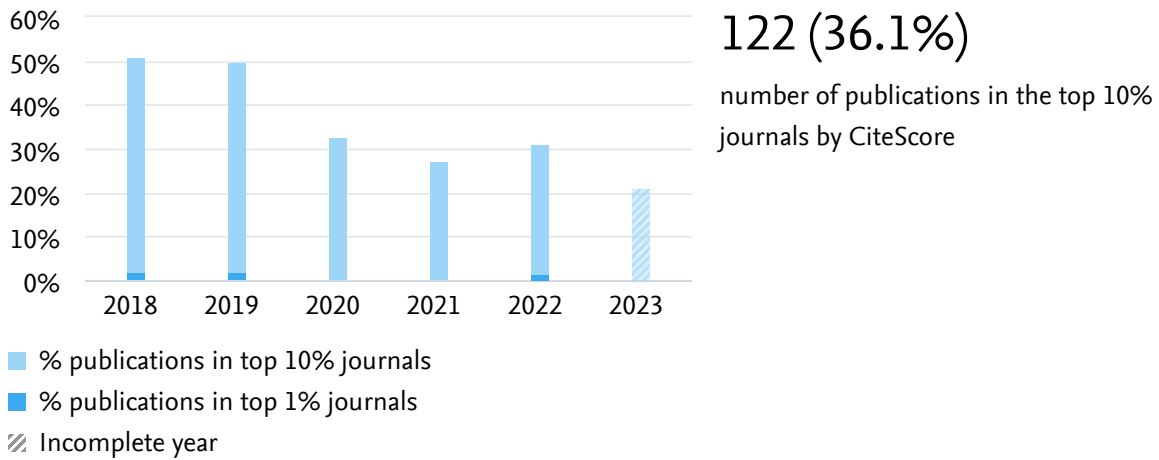
■ % publications in top 1% most cited

▨ Incomplete year

Publications in Top Journal Percentiles by CiteScore Percentile

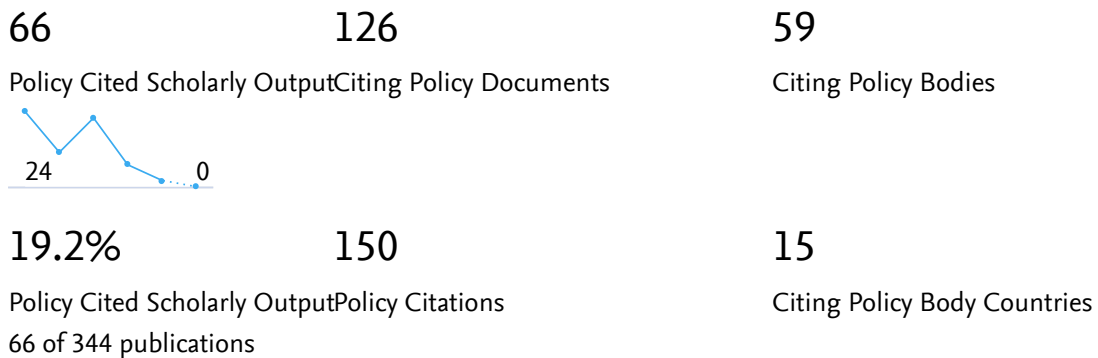
Entity: CISR · Year range: 2018 to 2023 · Data source: Scopus, up to 21 Jun 2023

Share of publications in CISR that are in the top journals by CiteScore Percentile



Research Impact on Policy

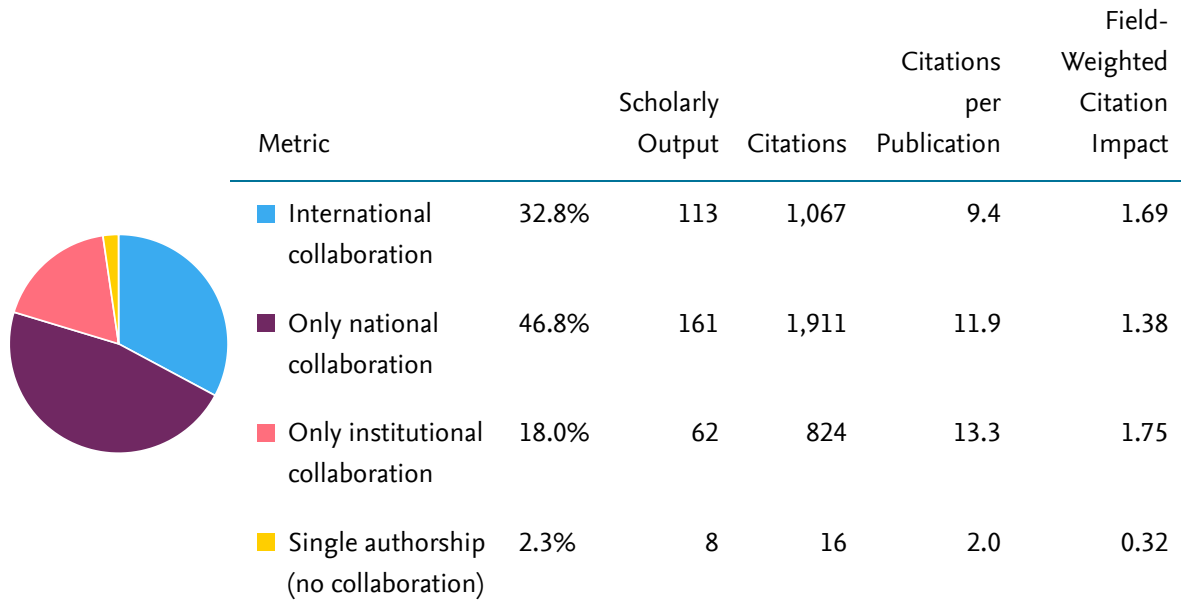
Entity: CISR · Year range: 2018 to 2024 · Data source: Scopus, up to 21 Jun 2023



Geographic Collaboration - Overall

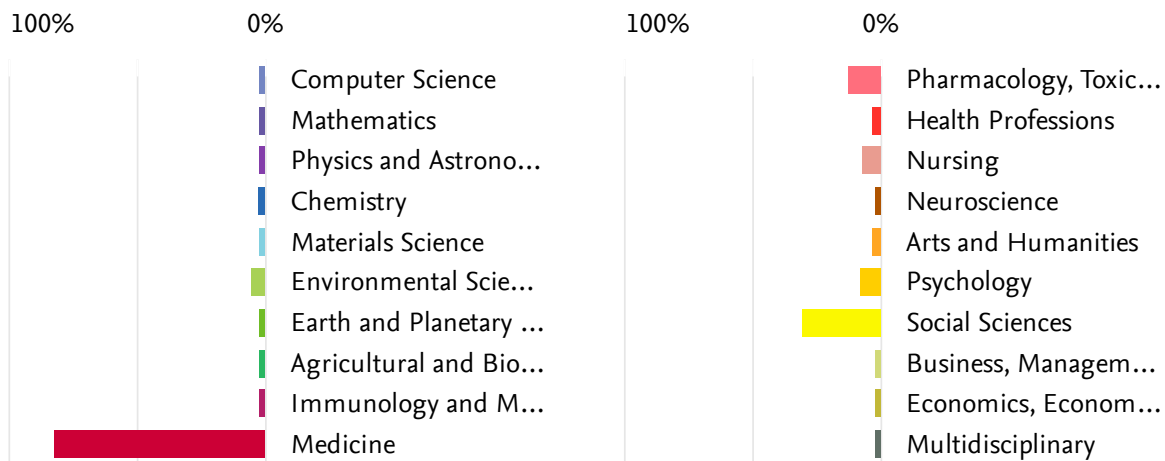
Entity: CISR · Year range: 2018 to 2023 · Data source: Scopus, up to 21 Jun 2023

International, national and institutional collaboration by in CISR in the selected year range.



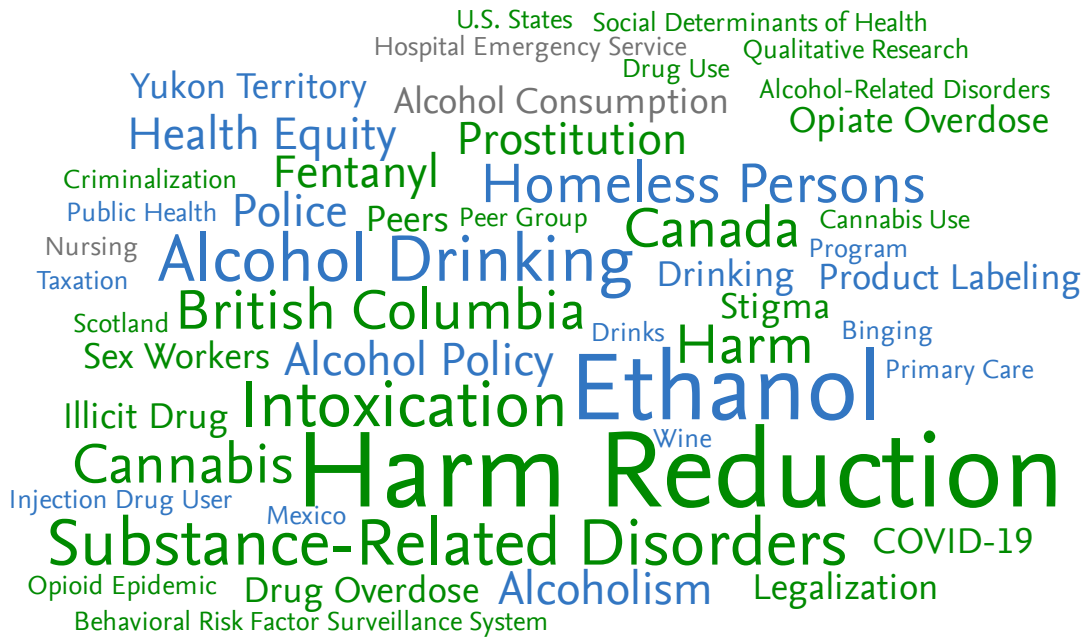
Publications by Subject Area (based on journal of publication)

Entity: CISR · Year range: 2018 to 2023 · Data source: Scopus, up to 21 Jun 2023



Keyphrase analysis

Entity: Publications in CISR | 2018 to 2023 · Year range: 2018 to 2023 · Data source: Scopus, up to 21 Jun 2023



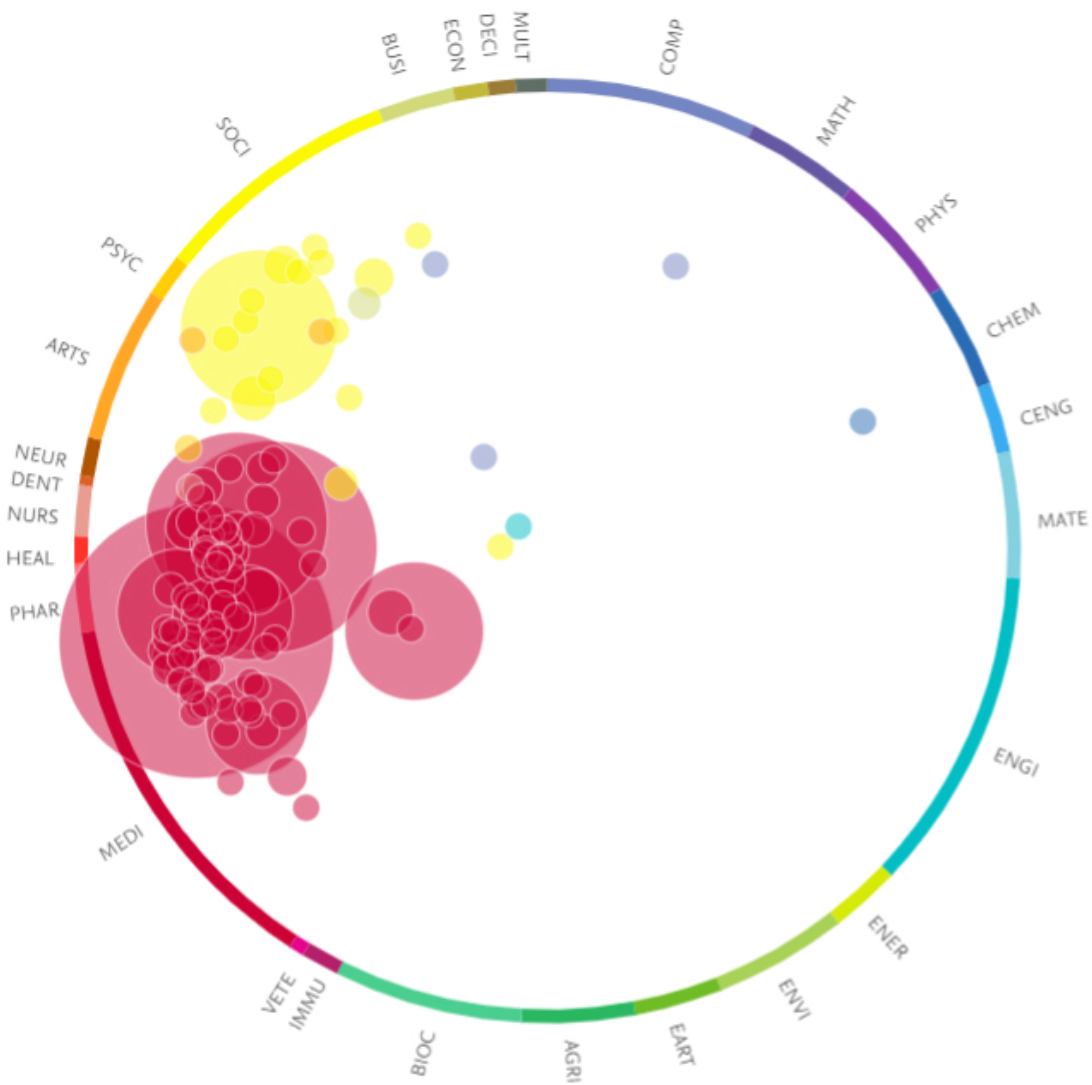
AAA relevance of keyphrase | declining AAA growing (2018-2022)

Topics (based on publication and related publications)

Entity: CISR · Year range: 2018 to 2023 · Data source: Scopus, up to 21 Jun 2023

○ ○ ○ Bubble size: Scholarly Output of this Researcher Group

○ Bubble position is based on dominant ASJC categories.



Topics (based on publication and related publications)

COMP	Computer Science	PHAR	Pharmacology, Toxicology and Pharmaceutics
MATH	Mathematics	HEAL	Health Professions
PHYS	Physics and Astronomy	NURS	Nursing
CHEM	Chemistry	DENT	Dentistry
CENG	Chemical Engineering	NEUR	Neuroscience
MATE	Materials Science	ARTS	Arts and Humanities
ENGI	Engineering	PSYC	Psychology
ENER	Energy	SOCI	Social Sciences
ENVI	Environmental Science	BUSI	Business, Management and Accounting
EART	Earth and Planetary Sciences	ECON	Economics, Econometrics and Finance
AGRI	Agricultural and Biological Sciences	DECI	Decision Sciences
BIOC	Biochemistry, Genetics and Molecular Biology	MULT	Multidisciplinary
IMMU	Immunology and Microbiology		
VETE	Veterinary		
MEDI	Medicine		

Topics

Entity: CISR · Year range: 2018 to 2023 · Data source: Scopus, up to 21 Jun 2023

Topic	By this Group of Researchers		Worldwide
	Scholarly Output	Field-Weighted Citation Impact	Prominence percentile
Injection Drug Use; Needle-Exchange Programs; Intravenous Substance Abuse T.261	41	1.53	97.835
Alcohol Policy; Unit Pricing; Alcohol Drinking T.8136	31	1.99	93.719
Homelessness; Assisted Living Facilities; Mental Disease T.736	26	1.78	98.545
Prostitution; Sex Workers; Sexual T.4650	22	2.33	94.154
U-47700; N-(1-Phenethylpiperidin-4-Yl)-N-Phenylacetamide; Intoxication T.25953	19	1.73	96.588
Medical Cannabis; Young Adult; Legalization T.2466	17	1.16	99.267
Alcohol Consumption; Red Wines; Alcohol Drinking T.1387	13	1.36	94.559
Tobacco Industry; Alcohol Drinking; Alcohol Policy T.31269	12	2.25	88.972
Alcohol Consumption; Vodka; Ethanol T.12700	10	1.39	90.262
Morphinomimetic Agent; Overdose; Narcotic Analgesic Agent T.5573	5	1.16	97.834

Overall h-index

Year range: 2018 to 2023 · Data source: Scopus, up to 21 Jun 2023

Entity



2018 to 2023

 CISR

89

Metric 1: **h-indices**  (h-index)

h-index is based on a Researcher's total publication output since 1996.

Types of publications included: all. Self-citations included: yes.

Metric 2: **Publication Year**

Researchers

Entity: CISR · Year range: 2018 to 2023 · Data source: Scopus, up to 21 Jun 2023

Name	Scholarly Output	Most recent publication	Citations	<i>h</i> -index
1. Pauly, Bernie (bernie)	86	2023	1,018	30
2. Stockwell, Tim	68	2023	967	48
3. Naimi, Timothy S.	56	2023	818	49
4. Wallace, Bruce B.	42	2023	661	16
5. Gagnon, Marilou	35	2023	226	16
6. Benoit, Cecilia Myra	35	2023	378	29
7. Sherk, Adam	33	2023	450	11
8. Urbanoski, Karen A.	31	2023	241	24
9. Arredondo, Jaime	23	2023	231	16
10. Callaghan, Russell Clarence	20	2023	148	23
11. Zhao, Jinhui	19	2023	266	25
12. Jansson, Mikael	16	2022	183	16
13. Macdonald, Scott A.	14	2022	141	31
14. Macdonald, Marjorie A.	12	2022	106	17



The CISUR offices purchased new artwork by Indigenous artists from Ucluelet's Cedar House Gallery.



**University
of Victoria**

Canadian Institute for
Substance Use Research

Health and Wellness Building
University of Victoria, Victoria, BC
250.472.5445 | cisur@uvic.ca

www.cisur.ca



[uvic_cisur](#)



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