



**University  
of Victoria**

**Canadian Institute for  
Substance Use Research**

*Building Knowledge for Societal Change*

## Strategic Plan for 2017 to 2021

Studying substance use and improving health:  
A framework for research and knowledge exchange

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# TABLE OF CONTENTS

<b>INTRODUCTION</b> .....	<b>1</b>
<b>A FOCUS ON SUBSTANCE USE IN CANADA</b> .....	<b>3</b>
<b>AN INDEPENDENT INSTITUTE FOR RESEARCH AND KNOWLEDGE EXCHANGE</b> .....	<b>6</b>
<b>THE POLICY CONTEXT</b> .....	<b>7</b>
<b>SOME KEY CONSIDERATIONS</b> .....	<b>8</b>
Concepts and terminology .....	8
A community systems approach.....	8
Population health research .....	9
Collaborative relationships.....	9
Independent research.....	9
Ethics, social equity and justice .....	9
Reducing risk and increasing protection.....	9
Harm reduction .....	10
Informed public debate .....	10
<b>KEY RESULT AREAS, OBJECTIVES AND PERFORMANCE INDICATORS</b> .....	<b>10</b>
Key Result Area 1: To Build Capacity .....	11
Table 1: Performance Indicators for Key Result Area 1 .....	13
Key Result Area 2: To Engage Academic Expertise .....	14
Table 2: Performance Indicators for Key Result Area 2.....	16
Key Result Area 3: Implementation of Quality Research .....	17
Table 3: Performance Indicators for Key Result Area 3 .....	20
Key Result Area 4: Dissemination .....	21
Table 4: Performance Indicators for Key Result Area 4 .....	22
Key Result Area 5: Knowledge Mobilization.....	23
Table 5: Performance Indicators for Key Result Area 5.....	24
<b>STRUCTURES AND RESOURCES TO IMPLEMENT THE STRATEGIC PLAN</b> .....	<b>25</b>
Advisory Board .....	25
Faculty Committee.....	25
CISUR Operational Units.....	25
CISUR Scientists .....	25
CISUR Collaborating Scientists .....	26
CISUR Affiliates .....	26
Financial Resources .....	26
<b>References</b> .....	<b>28</b>
<b>Appendices</b> .....	<b>30</b>
Table A1: Alignment of CISUR and University Objectives for Key Result Area 1.....	30
Table A2: Alignment of CISUR and University Objectives for Key Result Area 2.....	31
Table A3: Alignment of CISUR and University Objectives for Key Result Area 3.....	32
Table A4: Alignment of CISUR and University Objectives for Key Result Area 4.....	33
Table A5: Alignment of CISUR and University Objectives for Key Result Area 5.....	34

## **LIST OF ABBREVIATIONS**

BC	British Columbia
BCAF	BC Addiction Foundation
CISUR	Canadian Institute for Substance Use Research
CCSA	Canadian Centre for Substance use and Addiction
MH&A	Mental Health and Addictions
MSFHR	Michael Smith Foundation for Health Research
PHSA	Provincial Health Services Authority
SFU	Simon Fraser University
UVic	University of Victoria
UBC	University of British Columbia
UNBC	University of Northern British Columbia

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# Studying substance use and improving health: A framework for research and knowledge exchange

## INTRODUCTION

This document presents a renewed five-year Strategic Plan (2017 to 2021) for the Canadian Institute for Substance Use Research, formerly the Centre for Addictions Research of BC (CARBC). CARBC was first established as an approved research centre of the University of Victoria (UVic) in 2005. The renewed Plan in many respects follows closely the structures of the two previous five-year plans that were successfully implemented by successive independent reviews in October 2010 and July 2016. The Plan starts with some context regarding the host institution, discussion of key underlying concepts regarding substance use and related harms and a brief history of the organisation. The rest of the Plan presents a revised mission and set of objectives and performance indicators across five Key Result Areas reflecting the organisation's more national focus: building capacity for research and knowledge exchange, education and training, conducting high-quality research in designated priority areas, disseminating results to multiple audiences, and contributing to improved policy and practice outcomes.

## THE UNIVERSITY CONTEXT

The University of Victoria (UVic) is among Canada's most research-intensive universities, and occupies a unique historical, geographical and cultural niche in Canada. UVic has made significant strides forward in the breadth and depth of its research and social impact in recent decades. In the process, the university has developed unique capabilities for research and knowledge mobilization that are reflective of UVic's values and commitment to research. These guide the university's approach to remaining at the forefront of research excellence among international peers, and to being relevant to challenges facing contemporary society.

UVic's Strategic Research Plan (SRP) provides a consolidated strategic outlook based on institutional commitments and capabilities, and a basis from which the university can make strategic decisions to support its pursuit of research-intensiveness and research excellence. The Plan positions UVic as a responsive and nimble research-intensive university; enables prioritization and planning in response to new opportunities; and makes the most of existing resources in the pursuit of excellence.

The SRP identifies five core priorities:

1. Defining and Achieving Research Excellence;
2. Enhancing the Integration of Research and Education;
3. Expanding Partnerships, Innovation and Entrepreneurship;

4. Improving Research Competitiveness through Differentiation and Specialization; and
5. Enhancing and Optimizing the Provision of Research Services

UVic's SRP has also identified eight dynamic research capabilities; the research conducted by CISUR research scientists falls under the health and life science capability. In recent years there has been a significant shift in conceptions of the factors that determine human health and well-being. Greater attention is being paid to a range of structural, social, economic, environmental and health service factors that interact in complex ways to influence the health of individuals, communities and populations. Working with community groups and leaders, governments, health authorities and other health care agencies, CISUR researchers provide the evidence-based knowledge that decision-makers need to improve the health and well-being of people living in Canada.

The CISUR's Strategic Plan aligns with UVic's SRP and its commitment to the vital impact of research: excellence in research; discovery, creation and invention; community-engaged research; research-inspired educational programs; and international research.

UVic's International Plan builds on the university's tradition of excellence in internationalization and harnesses its commitment to dynamic learning, vital impact and its extraordinary academic environment. UVic's plan for internationalization is organized into five major categories:

- Category 1: Creating a culture of exchange through *student mobility*
- Category 2: Enhancing the *international student experience*
- Category 3: Providing *intercultural curricula* for a global-ready institution
- Category 4: Making a vital impact through *international engagement*
- Category 5: Establishing an *extraordinary environment for internationalization*

CISUR's alignment with each of these plans enables the Institute to build on its research success, while being prepared for future opportunities in an increasingly competitive and globalized research environment.

### **Canadian Institute for Substance Use Research (CISUR)**

Following internal and external consultations, a recommendation was forwarded to the University of Victoria's Senate that CARBC be renamed as the Canadian Institute for Substance Use Research (CISUR) and to use the tagline of *Building knowledge for societal change*. This recommendation was approved first in a poll of all CARBC members (faculty, staff and students) and then by a special meeting of the CARBC Advisory Board. The decision was made to reflect an emerging national focus across multiple active research areas, a broad focus on substance use in society and the growing size of the organisation. It is important to stress that many of our research endeavours will continue to focus on British Columbia.

CISUR's main office is situated on the UVic campus. The university offers an intellectual environment where independent scholarly inquiry and academic freedom are actively supported. Since issues surrounding substance use in society are often controversial and political, this environment creates a space where innovative and sometimes unpopular research, dissemination and policy recommendations can be freely carried out without undue pressure by vested interests. As well, CISUR offers a unique opportunity within the university where multi-disciplinary research can be conducted on a specific area of content. Current Institute membership is drawn from the disciplines of sociology, psychology, epidemiology, anthropology, bio-statistics, nursing and public health. The Institute provides students access to a dynamic learning environment to discuss research ideas with a range of faculty who approach substance use and related issues from diverse perspectives. Teaching by CISUR faculty members helps to provide linkages between the Institute's research, the academic departments and students in other areas of the university. As such, CISUR contributes on multiple fronts to implementation of UVic's Research Strategic Plan in the areas of academic excellence, knowledge translation, impact, community engagement and integration of teaching and research.

CISUR also links to and draws upon significant faculty expertise located at other universities in British Columbia (BC) including a site director agreement in place with the University of Northern British Columbia (UNBC). It is also made possible through collaboration on funding applications and research and knowledge exchange activities, including co-supervision of graduate students working on projects related to substance use.

## **A FOCUS ON SUBSTANCE USE IN CANADA**

"There is no society on Earth that does not in some way celebrate, depend on, profit from, enjoy and also suffer from the use of psychoactive substances. Most developed and developing societies have well established relationships with and legally sanction the use of older psychoactive substances such as ethanol and nicotine... The last 100 years has also seen an upsurge in the cultivation, manufacture and trade of other psychoactive substances, some quite ancient and others new... For almost all areas of human activity, there are psychoactive substances that are used with the intention of facilitating that activity in some way: religious ceremonies, physical exercise, battle, eating, sex, study, work, dancing, public performances and socializing make up a list indicative of the range... The difference between the enhancement of human performance in some sphere as opposed to its impairment is ... a function of the dose taken, the manner of its administration and the setting in which use occurs."

*(Preventing Harmful Substance Use: The evidence base for policy and practice, 2005, p.4) (1).*

CISUR's mandate involves the study of psychoactive substance use and related issues, with particular attention to the exploration of ways to minimize negative impacts on individuals and society. Substance use, like other human behaviours, is influenced by multiple factors: personal, social and environmental. Effectively addressing the negative impacts requires understanding the various factors that influence substance use and that contribute to the differential impact of that use (positive or negative). These "determinants of health" extend far beyond individual lifestyle choices or health actions to encompass social, economic and political contexts that shape health capacities and health opportunities. This necessarily involves the study of social and health inequities and their root causes as they relate to substance use, and the development of authentic community partnerships to help reduce harm and promote health.

The negative impact of substance use on health and well-being is best established in relation to tobacco and alcohol. The misuse of prescription drugs likely also has a sizeable negative contribution but this is less well established. Measures of substance use such as smoking prevalence and levels of alcohol consumption correlate with measures of substance-related harms such as hospitalization rates. Together, these indicators provide a way to measure and track the relative impact of substance use on the total burden of disease over time.

In 2015, over 1.1 billion people across the globe smoked tobacco. Although smoking is declining worldwide and in Canada, it is increasing in some parts of the world. Comprehensive public policy interventions for tobacco in BC and other Canadian jurisdictions seem to be having a positive effect on smoking prevalence and the reduction of related harms. The advent of vapour devices that can provide lower risk forms of nicotine delivery may have a huge impact on the reduction of future harm from smoking tobacco. This potential for tobacco harm reduction needs to be carefully investigated, though evidence to date suggests that vapour devices are replacing tobacco smoking among youth and pose minimal health risks (2). Latest data from the Canadian Student Tobacco, Alcohol and Drug Survey indicate that tobacco smoking among school children has halved since 2008 - a degree commensurate with the uptake of vaping.

In recent years, Statistics Canada data on alcohol consumption in Canada has shown some decline. Alcohol consumption in BC, which has been higher than the Canadian average for several years, has moved in the opposite direction. Our own analyses for BC, which provides more accurate data than Statistics Canada, shows the largest increase in estimated per capita alcohol consumption in over a decade for 2015/16, rising from 8.96L to 9.27L. Current policy interventions related to alcohol likely contribute to this trend.

The latest WHO estimates regarding the burden of disease in North America suggest that alcohol is now the single leading cause of preventable death, illness and disability in the region (3). The total economic cost of substance use problems in Canada was estimated to be almost \$40 billion in 2006 (just over \$6 billion for BC alone) (4).

However, this estimate is clearly overdue for being updated, an activity planned by CISUR with partners in the next 5 year cycle.

The vast majority of Canadians use alcohol. Many use it in ways that present a low risk of harm to the health and well-being of themselves and those around them. Nonetheless, after adjustment for under-reporting in surveys, our published estimates are that 81% of all the alcohol consumed in Canada is drunk at or above risk levels for acute harm as specified by the Canadian low risk drinking guidelines (5). Further, as many as 40% of Canadian men and 37% of women regularly exceed the daily low risk drinking guidelines (5).

There also remains a substantial problem with illicit drug use across Canada. Health Canada identified this as a national health crisis in late 2016 (<http://news.gc.ca/web/article-en.do?mthd=advSrch&ctr.page=2&ctr.dpt1D=6676&nid=1157099>). Earlier in 2016, BC's Provincial Health Officer declared a public health emergency to deal with the sharply rising rate of opioid overdoses, partly due to the increased presence of fentanyl in the illicit drug market. The BC Alcohol and Other Drug Monitoring Project's ongoing surveys of illicit drug users in Victoria indicate shifting trends within the high risk population while the BC Adolescent Health Survey tracks trends among students from grades 7-12. One of the key observations is that the drugs and the patterns of use vary considerably between different populations and settings.

A particular focus of research at CISUR over the past five years has been on the evaluation of Managed Alcohol Programs (6) and strategies to reduce alcohol related harms in Canada (7). Other research foci include harm reduction and public health initiatives (8), innovations in treatment services and supports (9, 10), and studies of specific population groups in Canada (11) and internationally who often use substances to cope with inequities and other life challenges (12-17).

In short, substance use is related to health and social problems that result in considerable economic cost to the Canadian public. While the bulk of this burden is contributed by legally available psychoactive drugs, a growing amount of preventable health and social problems are contributed by the use of illegal drugs and also the combined use of both legal and illegal drugs.

By investigating the distal, proximate and individual determinants of substance use, evaluating interventions, developing and promoting effective responses and monitoring trends, CISUR contributes to addressing these substantial problems and reducing the burden in terms of health, social and economic consequences. This renewed Plan has been developed to provide a statement of the broad strategic directions CISUR will take over the next five years. It sets out the principles that will govern our work and the partnerships we will build on and further develop to achieve our objectives. It also lays out the performance indicators we will use to measure progress.



## **AN INDEPENDENT INSTITUTE FOR RESEARCH AND KNOWLEDGE EXCHANGE**

Solutions and strategies for dealing with the problems of substance use are often controversial and can be the topic of heated public debate. In relation to pharmaceutical drugs, gambling, alcohol, cannabis and tobacco, there are powerful commercial vested interests whose primary allegiance is to their shareholders, albeit within a regulatory framework. In relation to illicit drugs, harm reduction interventions and even the location of treatment services can be strongly opposed. In both instances, there is a strong case for an independent Institute to provide expert commentary on the extent and nature of problems, identify evidence-based solutions, and monitor and evaluate harm reduction strategies so as to better inform the community and all those involved in policy, prevention and treatment systems.

An endowment of \$10.55 million to UVic from the BC Addiction Foundation (BCAF) in mid-2005 created the basis for such an independent Institute. The proposal from UVic was supported with an agreement from the three other major research universities in BC for the formation of a collaborative network of addictions researchers across the four campuses. UVic also committed a total of seven faculty appointments to contribute to the Institute by 2008. In early 2004, funding from the BC Ministry of Health, the Provincial Health Services Authority (PHSA), the Canadian Centre on Substance use and Addiction (CCSA), and Health Canada also enabled the creation of a Knowledge Exchange Unit under the auspices of CISUR. UVic had a strong tradition of psychosocial and community-based research in areas such as health promotion, youth, ageing and Indigenous health, and thus provided an ideal administrative base for such a new Institute to develop.

The creation of CISUR was first recommended by a task group consisting of health practitioners, scientists, community partners and government officials in the addictions field who were appointed by the BC government to study and make recommendations on the future of addiction services. The task group was led by the Kaiser Foundation, an independent, privately funded agency with a long and distinguished track record of policy development and knowledge exchange in the BC addictions field. The task group's March 2001 report, *Weaving Threads Together*, made recommendations to prevent and reduce harms from substance use and problem gambling. They also recommended investment in the infrastructure necessary to evaluate outcomes and enhance knowledge and practice. The BCAF was established to oversee the process of establishing CISUR, and formally approved the permanent transfer of funds for this purpose to UVic in April 2005. An extract from the memorandum of understanding between UVic and the BCAF is reproduced in Appendix A.

Since the inception of CISUR, a number of other agencies have adopted a research networking and dissemination role with a special focus on addictions. These include the Centre for Applied Research on Mental Health and Addiction (Simon Fraser University), the UBC Leading Edge Chair in Addiction Medicine and the new BC Centre on

Substance Use. CISUR will continue to develop its role, where possible, in partnership with these and other agencies with potentially overlapping functions.

## THE POLICY CONTEXT

There are markedly different policy contexts relating to the different psychoactive substances widely used in BC, with increasingly strict controls over the sale and promotion of tobacco use, loosening controls over the distribution and promotion of alcohol, pending legalization of cannabis, and the legal prohibition of sale and use of a range of illicit substances. Against this backdrop, Canada - and BC in particular - has been progressive in the development of services and resources for individuals who continue to use illicit drugs so that they minimize risks to themselves and others, e.g., of the transmission of blood-borne viruses through the sharing of drug-using equipment and of drug overdose. CISUR has contributed to a number of provincial policy statements in relation to methadone prescribing (18), housing and harm reduction (19), enhancing the effectiveness of treatment services and supports (20) and reforms of BC liquor laws (21). CISUR has also contributed policy-relevant research studies and reviews regarding issues such as safe drug consumption sites (22), privatization of the government alcohol monopoly (23) and evaluations of BC's impaired driving laws (24).

Increasingly, CISUR has also engaged in policy development and evaluation at the national and international level. We have contributed to the Canadian discussion on the legalization of cannabis (8). We have recognised expertise in diverse areas such as drug testing in the workplace, treatment systems, alcohol epidemiology and policy, impaired driving, stigmatization resulting from criminal code laws and punitive policies that negatively impact the health and safety of adult sex workers and shape substance use behaviours, and housing and harm reduction. We have a number of national studies underway involving data collection across multiple Canadian jurisdictions. We are also engaged in international research and have faculty who are members of international advisory groups and WHO committees. In 2016, we engaged in contract research variously with agencies from Australia, Sweden, the UK and USA.

CISUR will continue to work with its governmental and non-governmental partners in various sectors to contribute to policy development. Current and recent examples include working with the BC Ministry of Health in the development of a provincial framework that will set the direction for the substance use system, working with the CCSA and other partners on developing national treatment indicators, renewing the National Treatment Strategy and following through on recommendations in *Towards a culture of moderation: Recommendations for a national alcohol strategy* (25), presenting to the Task Force on Marijuana Legalization and Regulation (8) and submitting briefs to the Standing Committee on Justice and Human Rights Government of Canada (26)

## **SOME KEY CONSIDERATIONS**

### **Concepts and terminology**

There are many terms used to describe the problematic use of psychoactive substances and problem behaviours such as gambling. The term "addiction" has wide currency. The common understanding of the term is of excessive and problematic use of a drug that is hard for the individual to control. The term is now frequently used for addictions or excessive attachment to a wide range of things and activities such as food, exercise and the internet. In this document, the term "addiction" will be used to refer primarily to problematic use of psychoactive substances and also to problem gambling. We avoid, however, terms referring to individuals as "addicts" or "alcoholics" or "crack whores" or "bad mothers" as well as to the terms "drug abuse" or "alcohol abuse" as each of these can be seen to be derogatory. The problems caused by and associated with both substance use and gambling are far broader than might be suggested by the term "addiction." They include problems partly or wholly caused by intoxication, such as injuries and some acute illnesses, long term effects on health of a pattern of substance use that does not otherwise disrupt social functioning, acute and chronic health problems caused by unsafe ways of using drugs (e.g., using dirty needles) that are otherwise unrelated to pharmacological effects and impacts on other people, and impacts of the criminal justice system on people engaging in illegal behaviours. The mandate of CISUR extends beyond an exclusive focus on what might traditionally be referred to as "addiction."

"Policy" and "practice" are also key terms. "Policy" is used here to refer to aspects of community, private sector and government structures that can be influenced by decision makers – and which, in this context, have implications for substance use problems and addictions. Some diverse examples are the nature of sanctions for personal cannabis use, the way drink-driving laws are intended to be enforced, the recommended levels of methadone prescribed for opioid dependence, and the rate of taxation on tobacco products. "Practice" refers more specifically to the practices of individual professionals in the conduct of their work, whether this be health promotion, treatment, harm reduction, law enforcement or policy development.

### **A community systems approach**

The Institute supports an ecological approach to understanding problems related to substance use. This approach acknowledges that substance use impacts on, and is affected by, multiple factors at all levels of society, ranging from the individual to the family and social relationships, to school, workplace and local community, and through to provincial, national and even international levels. This model also requires that research is planned to support and guide policies and interventions in multiple sectors across government, non-government and private sectors.

## **Population health research**

CISUR recognizes that research, practice and policy have often been constructed to affect the entire population without specific attention to differential effects on women or, for example, on Indigenous populations. As such, evidence is usually lacking on the impact of population level policies on many subpopulations, as well as for targeted approaches that address vulnerabilities specific to diverse groups of women and men. To this end, CISUR supports an approach to research that looks at the impacts of substance use across and within multiple populations. Population health intervention research takes such an approach. Population health intervention research aims to produce knowledge that has the potential to impact population health through the study of policies and programs in health and other sectors (27).

## **MISSION**

To be an internationally recognized Institute dedicated to the study of psychoactive substance use and addiction in order to support community-wide efforts to promote health and reduce harm.

## **GUIDING PRINCIPLES**

The work of CISUR will continue to be guided by the following principles:

### **Collaborative relationships**

Dynamic, collaborative relationships are essential for maintaining relevance to the multi-faceted concerns related to substance use and addictions. Key relationships include those with policy makers, researchers from many disciplines, practitioners and people with personal experience of substance use, addictions and related problems.

### **Independent research**

Protection from vested interests is essential to ensure that rigorous research is conducted and communicated clearly, with a view only to furthering the public interest. This will be ensured through excluding representatives of alcohol, tobacco, cannabis and gaming industries from membership of the Advisory Board and not accepting direct research funding from such sources.

### **Ethics, social equity and justice**

Commitment to solid ethical principles governing internal and external relationships, financial management, the conduct of research and the communication of research findings is essential. Also required is a commitment to the promotion of equity and fairness and the pursuit of social justice through attention to the impact of the social determinants that shape substance use and the development of health inequities.

### **Reducing risk and increasing protection**

Attention is required to both immediate factors (e.g., behavioural patterns and contexts) and distal factors (e.g., social, economic and developmental influences) to effectively address the harms from substance use and addictions across the life course.

**Harm reduction**

Recognition that some people will continue to use psychoactive substances and experience addictions is critical, so strategies are needed to reduce harmful consequences in addition to those that aim to directly reduce or prevent high-risk behaviours.

**Informed public debate**

Commitment to informing public debate to achieve effective public policy on substance use and addictions through the communication of research findings is required.

**KEY RESULT AREAS, OBJECTIVES AND PERFORMANCE INDICATORS**

Five Key Result Areas have been identified for the period of this Plan, each of which has a number of main objectives linked to at least one performance indicator. These are summarized below in Tables 1 to 5. Benchmarks for these indicators have been calculated based on the period 2011-2016. Many of them are numeric indicators that focus on the amount and completion of activities in priority areas.

## **Key Result 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.”***

CISUR has received a total of over \$20 million in funding from internal and external sources over the past five years, the latter comprising both peer-reviewed grants and other types of grants and contracts. Core funding for faculty and administrative salaries comes from the endowment which currently pays out approximately \$480,000 per annum. Annual income from all sources has grown slightly over this period though it is noticeable that large new competitive grants were mostly obtained in the first three years. This reflects both the more competitive funding environment created by the reforms of CIHR plus mostly adequate levels of funding from successes in earlier years. There has been a slight increase in funds from non-competitive grants and contracts. Notably the BC government provided a one-off grant of \$1 million to support a broad range of CISUR research programmes and knowledge exchange initiatives in 2013. This has been invested over a period of five years resulting in annual payouts of \$184,000 after which any accumulated interest will be paid out in the sixth year.

### **Strategic initiatives planned for 2017-2021**

Looking forward to the next five years from 2017 through 2021, it will be important to maintain success in peer-reviewed grant competitions and through attracting new government contracts. There are several well developed and emerging streams of research and knowledge exchange that have proven to be attractive to funders and that will need continued active leadership. These include:

- (i) an innovative set of evaluations of alcohol harm reduction strategies currently spanning 10 Canadian cities across three provinces (Ontario, Alberta and BC);
- (ii) a cutting edge alcohol and other drug epidemiological monitoring system which is currently being expanded to be national in scope and includes web-based interactive tools for researchers and policymakers to access comprehensive and usable data;
- (iii) a substantial range of knowledge mobilization initiatives and resources including foci on substance use literacy programs in schools, university campuses and communities;
- (iv) an emerging strength in the evaluation of treatment systems for addictions related problems;
- (v) deep expertise in community-engaged research with vulnerable and at risk populations;
- (vi) a reputation for applied research concerned with finding solutions and building evidence to inform effective policy and practice.
- (vii) We will pursue (initiate/continue?) collaborations with colleagues and Institutes in other countries in pursuit of the above objectives. We will also pursue an invitation to apply for WHO Collaborating Centre status.

Key Area 1, *Building Capacity*, aligns with the following priorities in UVic's SRP:

- Priority #1: Defining and Achieving Research Excellence
- Priority #3: Expanding Partnerships, Innovation and Entrepreneurship
- Priority #4: Improving Research Competitiveness through Differentiation and Specialization

In addition, Key Result Area 1 also aligns with several categories in UVic's International Plan.

**Table 1: Performance Indicators for Key Result Area 1**

	<b>CISUR Objectives</b>	<b>Performance Indicators</b>
1.1	To maintain or increase national and international funding for substance use and health research at CISUR	<ul style="list-style-type: none"> <li>Maintain or increase funding for substance research won by CISUR scientists from (a) Canadian and international peer reviewed sources (b) Canadian and international contracts <i>Benchmarks:</i> (a) \$750,000 (b) \$150,000 per annum</li> </ul>
1.2	To maintain or increase funding for knowledge exchange concerning substance use and health promotion at CISUR	<ul style="list-style-type: none"> <li>Maintain or increase funding for substance knowledge exchange held by CISUR from (a) Canadian and international peer reviewed sources (b) Canadian and international contracts <i>Benchmarks:</i> (a) \$1,250,000 (b) \$1,250,000 per annum</li> </ul>
1.3	To maintain or increase the number of national and international funding applications for long term research programs addressing research areas of high priority in Canada	<ul style="list-style-type: none"> <li>Maintain or increase number of funding applications for new research programs identified in one or more identified priority areas (see Key Result Area 2) <i>Benchmark:</i> 15 applications</li> </ul>
1.4	To achieve successful national and international collaborations with researchers and community partners on projects that will lead to increased capacity and increased expertise in addictions research	<ul style="list-style-type: none"> <li>Number of projects initiated that involve (a) community partners (b) researchers with relevant expertise who are new to substance use and addictions research <i>Benchmarks:</i> (a) 12 (b) 6</li> </ul>



## **Key Result 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.”***

On May 13, 2003 UVic entered into a formal agreement recognised through a memorandum of understanding with the BC Addictions Foundation (see Appendix A) that included a number of commitments in relation to engaging academic expertise to support and establish CISUR. Progress towards these commitments has mostly been positive but there are still some shortcomings. The commitment towards creating “*Three new faculty positions at UVic [that] will be dedicated to addiction research (the Leading Edge Chair position; the Director of the Institute; and a new externally funded faculty position)*” has arguably been met through the appointments of Drs Urbanoski (Public Health and Social Policy), Stockwell (Psychology) and Macdonald (Health Information Science). Otherwise, we have had at best limited success with fulfilling the University's commitment to “*hiring four new faculty into vacant positions in the addictions-related areas*”.

It has proved extremely difficult to negotiate new faculty appointments that provide meaningful capacity for CISUR. Typically, departmental hiring priorities dominate and at best appointments have had limited commitment to the addictions area. We had one appointee from Economics who made limited contributions to the Institute for two years but then moved on. Fortunately, we have had outstanding success recruiting existing, more senior faculty as well as adjunct professors at UVic for whom we have made financial contributions either as direct salary or by way of teaching buyout. We have three such internal UVic faculty as CISUR Scientists at present (in sociology, nursing and anthropology) as well as two adjunct faculty members (in sociology and nursing). Again, there are uncertainties looking forward as to our ability to make replacement appointments in the event any of these retire over the next five years.

Fortunately, the University's commitments to 10-15 new graduate students and 2-3 postdoctoral fellows engaged in substance use related research have been comfortably exceeded. Typically we have between 35 and 40 such students under CISUR faculty supervision as well as a number of honours undergraduate students and other undergraduates often working in volunteer positions.

In relation to specific financial commitments made, we estimate that while about 60% of the commitment to faculty salaries has been met, we have succeeded in consistently raising the committed amounts of external research grant funding secured. Also, our graduate students have been extremely successful in applications to CIHR, Island Health and other sources for scholarships and so the commitment of \$0.4 million per annum has been met or exceeded most years.

### **Specific initiatives planned for 2017-2021 include:**

- The appointment of new faculty at the University Victoria as existing faculty retire.
- Negotiation of arrangements to allow retiring faculty to continue their research activities at the Institute as fully as possible.

- The creation of a new CISUR Scientist position at Assistant Professor level to be advertised within UVic with a one course buy-out and start up research funds offered.
- The creation of a CISUR postdoctoral fellow position to be funded from grant and contract money and advertised internationally.
- Continuation of the CISUR student stipend scheme to encourage high quality graduate students to study topics relevant to substance use and/or addiction.

These initiatives would span multiple departments and faculty.

Key area 2, *Engage Academic Expertise*, aligns with the following priorities in UVic's SRP:

- Priority #1: Defining and Achieving Research Excellence
- Priority #2: Enhancing the Integration of Research and Education
- Priority #4: Improving Research Competitiveness through Differentiation and Specialization

In addition, Key Result Area 2 also aligns with several categories in UVic's International Plan.

**Table 2: Performance Indicators for Key Result Area 2**

	<b>CISUR Objectives</b>	<b>Performance Indicators</b>
2.1	To attract and retain high quality researchers from a broad range of disciplines to the BC substance use and addictions field	<ul style="list-style-type: none"> <li>• Maintain or increase number of PhD qualified researchers and affiliates within CISUR each year</li> <li>• Maintain or increase number of postdoctoral fellows with CISUR</li> </ul> <i>Benchmarks: 12 / 3</i>
2.2	To attract and retain high quality students from a broad range of disciplines to the BC substance use and addictions field	<ul style="list-style-type: none"> <li>• Maintain or increase number of CISUR graduate students under supervision per year</li> </ul> <i>Benchmark: 25</i>
2.3	To provide training opportunities and programs for the development of additional research skills among CISUR staff, students and affiliates, taking advantage of existing opportunities through CIHR and research partners, nationally and internationally	<ul style="list-style-type: none"> <li>• Maintain or increase number of research staff and/or students attending conferences or training events <i>Benchmark: 15</i></li> <li>• Contributions to graduate research training programs using substance use examples or content by CISUR faculty at UVic and other Canadian universities</li> </ul> <i>Benchmarks: a) 5 courses taught b) 5 guest lectures presented per annum</i>

## **Key Result 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.”***

Plans for research over the next five years by faculty working in different areas are briefly summarised below. We plan to engage more early- and mid-career researchers to contribute to these research areas. It is also anticipated that some senior researchers will increase their involvement at CISUR while reducing their involvement in home departments as they approach retirement. We will continue to monitor indicators of the quality of our research such as publications in high impact journals, success in Tri-Council funding applications and impacts on policy and practice.

### ***1. Studies of substance use, stigma and gender in marginalised communities at local, national and international levels (Benoit, Jansson and Reist)***

*1.1 Challenging the drug-addicted whore stigma.* Ongoing analysis of the prevalence, determinants and consequences of substance use by sex workers and their intimate partners based on data gathered for two CIHR grants and understanding impact on dignified health care and fair social protection (28, 29).

*1.2 Shedding light on the impact of increased criminalization of health inequities faced by sex workers, as well as their health behaviours, including substances use/misuse.* Underway with funds from a new CIHR grant, “The Protection of Communities and Exploited Persons Act: A structural intervention impacting health equity for sex workers”.

*1.3 Substance use in the lives of street-involved youth and impacts across the life course.* This is one of the sub-themes in a book project that is underway(30).

*1.4 Further estimation of causal models that link substance use and its consequences.* This will utilize data from the Healthy Youth Survey, an ongoing longitudinal study of a random sample of youth who lived in the Victoria Census Metropolitan Area.

*1.5. Substance use and motherhood (with Urbanoski).* This line of research focuses on stigma associated with substance use among women who are pregnant and/or parenting, and its impacts on service use and health. Studies investigate models for harm reduction and substance use treatment services, and their partnerships with myriad other health and social services.

### ***2. Community engaged research on harm reduction, substance use and homelessness (Pauly)***

*2.1 Alcohol and other drug use high risk monitoring:* Re-visioning CISUR’s adult and youth street involved surveys to focus on substance use patterns, harms, and determinants of these in a population that is generally missed in national substance use surveys.

*2.2 Leading the generation and communication of evidence for implementing harm reduction initiatives:* Includes managed alcohol programs, models of supervised injection facilities (e.g., stand alone, integrated), and the effectiveness and acceptability

of different models. Both provincially and nationally the policy environment has shifted from criminalization of substances to public health approaches.

*2.3 Informing the development of strong public health systems:* Addressing and preventing the harms of substance use and incorporating a health equity lens in the development of programs and policies.

### **3. Responses to substance use in different community settings (Macdonald, Urbanoski)**

*3.1 Alcohol, drugs and safety on the roads and in the workplace.* Macdonald has devoted 35 years of research into the issue of substance use and injury and plans to write a book to synthesize existing research on successful interventions and best practices.

*3.2 Police discretion with substance-using youth.* With Social Sciences and Humanities Research Council (SSHRC) funding and collaboration with professors at other Canadian universities, this study examines the experiences of substance-using youth with the police in three communities of BC.

*3.3 Strengthening the substance use treatment system in BC.* A program of research, conducted in collaboration with the provincial government, local health authority, and community stakeholders, to describe available services and supports for substance use in BC, outline the key principles for effective system organization and operation, and develop a provincial framework for a renewed service system.

*3.4 Evaluating the effectiveness of treatment that is mandated by legal, child welfare, and employers* through systematic reviews and prospective studies of people who enter treatment programs under differing levels of pressure and coercion. One area of focused research is with pregnant and parenting women who are involved with the child welfare system when they enter substance use treatment.

### **4. Alcohol and other drug surveillance and public policy effectiveness (Stockwell and Zhao)**

*4.1 Studies of the impact of population level alcohol policies on alcohol consumption and related harms.* The studies specifically focus on the development of capacity to model impacts of policy changes on levels of alcohol attributable hospital admissions and deaths.

*4.2 Methodological studies of the impact of study designs,* confounding and systematic errors on assessments of both risks and benefits of alcohol in different doses.

*4.3 Development of comprehensive tools for alcohol and other drug epidemiological surveillance.* With latest WHO approved methods and use of Internet-based platforms for policymakers, researchers and interested members of the public to explore comparative trends in rates of harm for legal and currently illegal drugs for all Canadian jurisdictions. This work will provide a baseline against which to assess the impacts of cannabis legalisation.

## **5. Nicotine and tobacco studies (MacDonald and Stockwell)**

5.1 Studies of tobacco, e-cigarette, alcohol and drug use prevalence and correlates among secondary school students, drawing on data collected through the Canadian Student Tobacco, Alcohol and Drug Survey. These data will allow us to track substance use prevalence in youth, particularly e-cigarette use and its relationship to tobacco and other drug use, including cannabis.

5.2 Studies to uncover mechanisms explaining the relationship between e-cigarette use and conventional tobacco smoking. Such studies will allow us to draw more definitive conclusions about whether e-cigarette use contributes to or replaces conventional cigarette smoking and other forms of tobacco use.

Key area 3, *Implementation of Quality Research*, aligns with the following priorities in UVic's SRP:

- Priority #1: Defining and Achieving Research Excellence
- Priority #3: Expanding Partnerships, Innovation and Entrepreneurship
- Priority #4: Improving Research Competitiveness through Differentiation and Specialization

**Table 3: Performance Indicators for Key Result Area 3**

	<b>CISUR Objectives</b>	<b>Performance Indicators</b>
3.1	To conduct research on the patterns, distribution, determinants and consequences of substance use in Canada and internationally	<ul style="list-style-type: none"> <li>• Number of epidemiological projects initiated, ongoing and/or successfully completed each year in this area. <i>Benchmark: 15</i></li> </ul>
3.2	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	<ul style="list-style-type: none"> <li>• Number of CISUR special reports and commissioned reports focused on policy and practice.as <i>Benchmark: 5</i></li> </ul>
3.4	To conduct research in the following other key priority areas: <ul style="list-style-type: none"> <li>• The impact of educational, legislative and regulatory strategies to minimize alcohol and other drug-related harms</li> <li>• Development and evaluation of more effective community prevention programs</li> <li>• Development and evaluation of more effective treatment systems and programs</li> <li>• The influence of structural determinants of social contexts of drug use on the implementation of harm reduction strategies</li> <li>• Research and evaluation of effectiveness of knowledge translation and exchange activities and strategies</li> </ul>	<ul style="list-style-type: none"> <li>• Number of research projects ongoing and completed <i>Benchmark: 6</i></li> <li>• Number of research projects ongoing and completed <i>Benchmark: 5</i></li> <li>• Number of research projects ongoing and completed <i>Benchmark: 8</i></li> <li>• Number of research projects ongoing and completed <i>Benchmark: 10</i></li> <li>• Number of research projects ongoing and completed <i>Benchmark: 5</i></li> </ul>
3.5	Develop and maintain significant collaborative projects with other researchers and research centres in North America and in other countries	<ul style="list-style-type: none"> <li>• Number of collaborative projects with other North American researchers and research agencies each year <i>Benchmark: 10</i></li> </ul>
3.6	Develop collaborative projects with international organizations such as WHO and the International Harm Reduction Association	<ul style="list-style-type: none"> <li>• Number of collaborations with WHO and other international organizations each year <i>Benchmark: 5</i></li> </ul>

## Key Result Area 4: Dissemination

***“To disseminate knowledge that increases understanding of substance use and addiction, raises awareness of related harms and identifies effective responses.”***

CISUR will continue to use a diverse range of media and outlets for disseminating results of research programs. For research to be useful to decision makers, practitioners and the broader community, it is essential that relevant information is communicated effectively and in ways targeted appropriately for specific audiences. On the one hand, it is vital for the credibility of a university-based research Institute that its work is published in peer reviewed journals. There is also value in promoting new publications through the use of media releases as well as for documenting more detailed methodological aspects of studies in technical reports. CISUR has produced a series of more locally relevant statistical bulletins designed to be widely accessible to many audiences. Similarly, a series of policy reports have been prepared by CISUR, often initially commissioned by provincial or federal government departments. The CISUR websites ([www.CISUR.ca](http://www.CISUR.ca) [forthcoming]; [www.aodmonitoring.ca](http://www.aodmonitoring.ca); [www.understandingsexwork.com](http://www.understandingsexwork.com); [www.helpingschools.ca](http://www.helpingschools.ca)) have been carefully developed to maximize electronic access to information about CISUR publications, to provide up-to-date information about trends in the patterns of substance use and related harm in BC, and to provide access to data sets for other researchers. Many CISUR researchers also strive to reach, with our dissemination strategies, user groups and individuals personally affected in different ways by substance use and related problems. We see this as one way to reduce the stigma experienced by many individuals who have problematic substance use.

Plans for the next five years include increasing the number of peer reviewed publications in high impact journals, continuing the series of focused CISUR research bulletins and reports on policy and practice issues, enhancing existing and developing more interactive web-based components to help users engage with available data and develop related skills.



Key area 4, *Dissemination*, aligns with the following priorities in UVic's SRP:

- Priority #1: Defining and Achieving Research Excellence
- Priority #3: Expanding Partnerships, Innovation and Entrepreneurship
- Priority #4: Improving Research Competitiveness through Differentiation and Specialization

**Table 4: Performance Indicators for Key Result Area 4**

	CISUR Objectives	Performance Indicators
4.1	To publish research findings in international peer reviewed journal articles	<ul style="list-style-type: none"> <li>• Number of articles published each year by CISUR researchers and students in peer reviewed journals <i>Benchmark: 70</i></li> </ul>
4.2	To publish research findings in book chapters, books and research monographs	<ul style="list-style-type: none"> <li>• Number of book chapters, books or research monographs published by CISUR researchers and students each year <i>Benchmark: 25</i></li> </ul>
4.3	To disseminate research findings through reports, systematic reviews and other resources, nationally and internationally	<ul style="list-style-type: none"> <li>• Number of reports, systematic reviews or other resources published each year <i>Benchmark: 35</i></li> </ul>
4.4	To achieve a high academic impact for CISUR addictions-related research so that it is well known, frequently requested and often cited internationally	<ul style="list-style-type: none"> <li>• Number of citations in peer reviewed journals of research by CISUR scientists and graduate students per year <i>Benchmark: 1000</i></li> </ul>
4.5	To conduct seminars, workshops, lectures and occasional conferences on related policy, practice and research	<ul style="list-style-type: none"> <li>• Number of public research seminars, symposia, workshops or conferences convened or co-convened by CISUR</li> <li>• Number of invitations to CISUR researchers to present at conferences or symposia each year</li> <li>• Number of papers accepted for presentation by CISUR researchers and students at conferences or symposia each year <i>Benchmarks: 5 / 25 / 35</i></li> </ul>

## **Key Result Area 5: Knowledge Mobilization**

***“To 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.”***

The CISUR knowledge mobilization team works to promote available knowledge in ways that maximize the positive impact on policy, practice and public discourse. The team operates from a health promotion perspective seeking to empower individuals and equip communities to increase control of their own well-being.

Plans for the next five years involve continuing to organize our efforts within the three priority areas that have emerged through the past 12 years.

### **1. Helping Communities**

- 1.1 Promoting collaboration between the health and education sectors and systems
- 1.2 Providing communities with tools to engage in dialogue that promotes a broader understanding of the legitimate diversity of views around complex issues
- 1.3 Supporting system transformations that encourage citizen engagement and empowerment and help individuals make decisions about substance use in the context of their own lives

### **2. Helping Schools**

- 2.1 Developing more drug and gambling education tools aligned with the re-developed BC curriculum
- 2.2 Building capacity within the education system for implementing effective drug and gambling education
- 2.3 Developing appropriate ways to evaluate drug and gambling education

### **3. Helping Campuses**

- 3.1 Supporting a cultural approach to addressing alcohol and other drugs on post-secondary campuses
- 3.2 Working with campus communities to assess issues, test ideas, develop tools, and disseminate them to others
- 3.3 Supporting post-secondary institutions in other jurisdictions to explore and adapt ideas developed within BC institutions

The broader faculty of CISUR Scientists will also be working with partners in substance use policy and practice to ensure that their research is useful and, where appropriate, makes an impact. In addition to the specific quantitative performance indicators outlined below, we will also document examples of the impact of our research and knowledge mobilisation activities in concise narratives, some of which will be included in our annual reports and on our website.

Key area 5, *Knowledge Mobilization*, aligns with the following priorities in UVic's SRP:

- Priority #1: Defining and Achieving Research Excellence
- Priority #3: Expanding Partnerships, Innovation and Entrepreneurship

**Table 5: Performance Indicators for Key Result Area 5**

	<b>CISUR Objectives</b>	<b>Performance Indicators</b>
5.1	To ensure access to relevant knowledge while working in partnership with policy makers and practitioners in planning and implementing projects to address substance use in Canada and internationally	<ul style="list-style-type: none"> <li>• Number of projects in which CISUR members collaborate with policy makers or practitioners</li> <li>• Number of policy proposals contributed to by CISUR members each year</li> <li>• Number of provincial or national committees, advisory boards, communities of practice or other such bodies on which CISUR members are active <i>Benchmark: 20 / 5 / 25</i></li> </ul>
5.2	To develop and promote resources with the potential to make direct contributions to policies, programs or service delivery systems in Canada and internationally	<ul style="list-style-type: none"> <li>• Number of resources completed in any one year <i>Benchmark: 30</i></li> </ul>
5.3	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	<ul style="list-style-type: none"> <li>• Number of visits to CISUR websites each year</li> <li>• Number of presentations/workshops/displays each year</li> <li>• Number of media interviews or citations resulting from CISUR activities each year</li> <li>• Number of articles (blogs, magazine, newsletter, OpEd, policy briefs, etc.) published each year</li> <li>• Number of consultations provided each year <i>Benchmarks: 30,000 / 15 / 150 / 15 / 15</i></li> </ul>

## **STRUCTURES AND RESOURCES TO IMPLEMENT THE STRATEGIC PLAN**

### **Advisory Board**

The CISUR Advisory Board meets annually and is chaired by Dr Michael Prince of the University of Victoria, a distinguished Canadian scholar in the field of disability and public policy. Membership of the Board includes people with a wide range of relevant expertise from the fields of healthcare, academia, addiction research, community organizations, advocacy for drug users, and administration. The Board contributes to the development of overall strategic direction, receives financial reports and performance data, and will advise on the implementation of this Plan. See Appendix B for full terms of reference and membership. Board members must have no financial interests in the alcohol, tobacco, cannabis or pharmaceutical industries.

### **Faculty Committee**

Membership on the CISUR Faculty Committee includes directors, scientists and the CISUR administrator. Meetings occur every six to eight weeks.

The responsibilities of the CISUR Faculty Committee include:

- Planning the implementation of strategic research directions
- Developing priorities for Institute activities and establishing working groups to implement these
- Promoting research initiatives, projects and applications for funding
- Reviewing applications for membership
- Reviewing policies and procedures
- Planning public seminar series

### **CISUR Operational Units**

#### **CISUR Scientists**

CISUR Scientist status is granted to researchers who are actively engaged in relevant research that will contribute to CISUR's core activities. Scientist status will be considered upon receipt of a completed application in writing to the Institute, and would be granted for a limited term with approval from the Director and a majority vote of the CISUR Faculty. The application form will carry a statement regarding conflicts of interest, commercial and other, and exclude people who work for or are in receipt of research funds from tobacco, alcohol or gambling commercial enterprises. Opportunities for residency in the Institute may accompany status as a Scientist. Research and networking activities of Scientists would be regarded as part of CISUR's outputs and they would be requested to note this affiliation in their published work.

## **CISUR Collaborating Scientists**

This category of membership of the Institute is designed to recognize strong collaborative relationships with researchers who may be located at UVic or on other Canadian campuses who are not in residence at the CISUR office. The process of acquiring CISUR Collaborating Scientist status involves nomination by CISUR Scientists, completion of an application form, and a statement indicating support for the mission and values of the Institute. Applications are discussed and voted on at meetings of the CISUR faculty.

## **CISUR Affiliates**

This category of membership is open to individuals who are supportive of the Institute's mission and values and who are actively engaged in applying knowledge in the field of addictions and substance use. This category is open to researchers, students, policy makers, treatment and prevention workers, as well as members of the general public. Membership will involve completion of an application form with a declaration that excludes people with financial interests in tobacco, alcohol, gambling or other addictive behaviours.

## **Financial Resources**

- **Endowment from BC Addiction Foundation**

An endowment of \$10.55 million was provided to UVic for the purpose of initiating CISUR. Some core CISUR expenses are covered by annual interest payments, set at least at 4% in future years. The interest payments currently cover the salaries of the Director, Administrator, a part-time secretary, some office equipment, travel and research network expenses.

Additional funds from commissioned research and private donations are used to supplement Institute operations to ensure that the draw on endowment earning remains as low as possible.

- **Policy research partnerships**

These are partnerships that provide policy research capacity to inform and provide advice to national, provincial, municipal and local governments. They will require CISUR to deliver key research and information products and services.

- **Funding competitions**

CISUR and its partners make submissions to provincial, national and international research funding agencies to conduct projects that are consistent with this Plan.

- **Research commissions**

CISUR will compete for commissioned research that is consistent with the present Strategic Plan and which has the potential to directly contribute towards improved prevention and treatment responses.

- **Private donations**

The Institute will work in partnership with the Advisory Board and the Development Office of the University to develop a fundraising plan that will address some of the following:

- Additional resources for the endowment from private donations
- Additional donations to support graduate student fellowships
- CISUR Research Fellowships

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## Appendices

**Table A1: Alignment of CISUR and University Objectives for Key Result Area 1**

	UVic Int'l Plan Category	UVic SRP Objective	CISUR Objectives
1.1	Category 5: Establishing an extraordinary environment for internationalization	Provide and sustain a high-quality research environment (priority 1)	To maintain or increase national and international funding for substance use and health research at CISUR
1.2	Category 4: Making a vital impact through international engagement	Focus knowledge mobilization initiatives to derive greater impact and social benefit from research (priority 1)	To maintain or increase funding for knowledge exchange concerning substance use and health promotion at CISUR
1.3	Category 4: Making a vital impact through international engagement	Provide and sustain a high-quality research environment (priority 1)  Provide and sustain a high-quality research environment that enables and nurtures the expertise and aspirations of researchers ( priority 4)	To maintain or increase the number of national and international funding applications for long term research programs addressing research areas of high priority in Canada
1.4	Category 4: Making a vital impact through international engagement	Promote research that engages with partners and communities to maximize opportunities for impact (priority 1)  Enhance community-engaged research (priority #3)  Enable and support research centres to respond to emerging research opportunities, promote collaborative and interdisciplinary research (priority #4)	To achieve successful national and international collaborations with researchers and community partners on projects that will lead to increased capacity and increased expertise in addictions research

**Table A2: Alignment of CISUR and University Objectives for Key Result Area 2**

	<b>UVic Int'l Plan Category</b>	<b>UVic SRP Objectives</b>	<b>CISUR Objectives</b>
2.1		Recruit and retain the best researchers (priority #2)  Provide and sustain a high-quality research Environment (priority 1)	To attract and retain high quality researchers from a broad range of disciplines to the Canadian substance use and addictions field
2.2	Category 1: Creating a culture of exchange through student mobility  Category 2: Enhancing the international student experience	Provide every student with the opportunity to become engaged in the culture and activities of a research-intensive university (priority #2)  Enable and support research centres to respond to emerging research opportunities, promote collaborative and interdisciplinary research (priority 4)	To attract and retain high quality students from a broad range of disciplines to the Canadian substance use and addictions field
2.3	Category 2: Enhancing the international student experience	Provide every student with the opportunity to become engaged in the culture and activities of a research-intensive university (priority #2)	To provide training opportunities and programs for the development of additional research skills among CISUR staff, students and affiliates, taking advantage of existing opportunities through CIHR and research partners, nationally and internationally

**Table A3: Alignment of CISUR and University Objectives for Key Result Area 3**

	<b>UVic Int'l Plan Category</b>	<b>UVic SRP Objectives</b>	<b>CISUR Objectives</b>
3.1	Category 4: Making a vital impact through international engagement	Enable existing and emerging research capabilities (priority #4)	To conduct research on the patterns, distribution, determinants and consequences of substance use in Canada and internationally
3.2	Category 4: Making a vital impact through international engagement	Promote research that engages with partners and communities to maximize impact (priority #1)  Enhance community-engaged research (priority #3)  Enable existing and emerging research capabilities (priority #4)	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
3.4	Category 5: Establish an extraordinary environment for internationalization	Enable and support research centres to respond to emerging research opportunities, promote collaborative and interdisciplinary research (priority #4)	Conduct research in key priority areas: <ul style="list-style-type: none"> <li>• The impact of educational, legislative and regulatory strategies to minimize alcohol and other drug-related harms</li> <li>• Development and evaluation of more effective community prevention programs</li> <li>• Development and evaluation of more effective treatment systems and programs</li> <li>• The influence of structural determinants of social contexts of drug use on the implementation of harm reduction strategies</li> <li>• Research and evaluation of effectiveness of knowledge translation and exchange activities and strategies</li> </ul>
3.5	Category 5: Establish an extraordinary environment for internationalization	Improve institutional responsiveness to new opportunities for research partnerships and community engagement with regional, national and international partners (priority #3)	Develop and maintain significant collaborative projects with other researchers and research centres in North America and in other countries

**Table A4: Alignment of CISUR and University Objectives for Key Result Area 4**

	<b>UVic Int'l Plan Category</b>	<b>UVic SRP Objectives</b>	<b>CISUR Objectives</b>
4.1		Focus knowledge mobilization initiatives to derive greater impact and social benefit from research (priority #1)	To publish research findings in international peer reviewed journal articles
4.2		Focus knowledge mobilization initiatives to derive greater impact and social benefit from research (priority #1)	To publish research findings in book chapters, books and research monographs
4.3		Focus knowledge mobilization initiatives to derive greater impact and social benefit from research (priority #1)	To disseminate research findings through reports, systematic reviews and other resources, nationally and internationally
4.4	Category 5: Establish an extraordinary environment for internationalization	Support research communications to increase access to publicly funded research (priority #1)  Increase UVic's research profile regionally, nationally and internationally (priority #3)	To achieve a high academic impact for CISUR additions-related research so that it is well known, frequently requested and often cited internationally
4.5	Category 4: Making a vital impact through international engagement	Focus knowledge mobilization initiatives to derive greater impact and social benefit from research (priority #1)  Support research communications to increase access to publicly funded research (priority #1)	To conduct seminars, workshops, lectures and occasional conferences on related policy, practice and research

**Table A5: Alignment of CISUR and University Objectives for Key Result Area 5**

	<b>UVic Int'l Plan Category</b>	<b>UVic SRP Objectives</b>	<b>CISUR Objectives</b>
5.1	Category 4: Making a vital impact through international engagement	Enhance community-engaged research (priority #3)	To ensure access to relevant knowledge while working in partnership with policy makers and practitioners in planning and implementing projects to address substance use – nationally and internationally
5.2	Category 4: Making a vital impact through international engagement	Promote research that engages with partners and communities to maximize opportunities for impact (priority #1)  Provide and sustain a high-quality research environment that enables and nurtures the expertise and aspirations of researchers (priority #4)	To develop and promote resources with the potential to make direct contributions to policies, programs or service delivery systems in Canada and internationally
5.3		Focus knowledge mobilization initiatives to derive greater impact and social benefit from research (priority #1)	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