



**University
of Victoria**

**Canadian Institute for
Substance Use Research**

Building Knowledge for Societal Change

CISUR Strategic Plan, 2023-2028

Studying substance use to improve wellbeing:
A framework for research and knowledge exchange

December, 2023

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ACKNOWLEDGEMENTS

The Canadian Institute for Substance Use research (CISUR) is based at the University of Victoria. We acknowledge with respect the Lekwungen-speaking peoples on whose traditional territory the university stands and the Songhees, Esquimalt and WSÁNEĆ peoples whose historical relationships with the land continue to this day. CISUR believes that we can contribute to the healing and decolonizing journey we all share, as substance use and the commercialization of substance use has been a pillar of colonization that has adversely affected Indigenous persons. In sum, we are fully committed to honouring Indigenous self-determination, sovereignty and resurgence.

We thank the many individuals, agencies and partner organizations and researchers who contribute to our work. We also appreciate the efforts of the strategic planning committee (Cecelia Benoit, Jaime Arredondo Sanchez Lira, Tim Naimi, Adam Sherk, Joanne Thompson, Karen Urbanoski, Kate Vallance), and other members of the CISUR faculty, staff and Advisory Board who have contributed to the development and/or review of this document.

STRATEGIC PLANNING PROCESS

This document presents a renewed Strategic Plan for the Canadian Institute for Substance Use Research (CISUR), 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 2003. The renewed strategic plan has similar overall components compared with three previous five-year plans that followed successive independent reviews, and also draws heavily from CISUR's [annual reports](#).

The strategic plan incorporates feedback from CISUR's external review process for its successful renewal process; the review and renewal process is required of all UVic research centres every five years. The external review consisted of a self-evaluation, and external review consisting of two external reviewers and one reviewer from the

University of Victoria, and CISUR's response to the external review. In addition, we created a strategic planning committee which held a series of meetings in late 2022 and in 2023. The committee consisted of five CISUR scientists, a CISUR staff member, and the CISUR Administrative Officer. The revisions to our guiding principles, part of the strategic planning process, were sent out to all CISUR scientists and staff for review prior to being finalized. The strategic plan was reviewed by scientists, staff, and members of our Advisory Board.

The Plan includes background regarding substance use, an overview of CISUR, its newly developed mission statement, revised guiding principles and objectives, recent results, and strategic goals across four Key Result Areas: building capacity, engaging academic expertise, implementation of quality research, and dissemination and knowledge mobilization. We also report on structures and resources to implement the current strategic plan, results from the external review for CISUR's renewal as a research centre at the University of Victoria, and a summary of input from CISUR scientists. As well we discuss CISUR in the broader context of the University Victoria's missions and objectives.

BACKGROUND ON SUBSTANCE USE

Substance use is woven through all aspects of Canadian society. 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. It is also important to appreciate the appeal of substance use and its actual and perceived benefits, particularly at low levels. Many aspects of substance use reside outside of the health sphere, as substance use has an important presence in social, economic, religious and cultural domains. Health and social harms are contingent on a variety of factors, including the type of substance use, its characteristics (e.g., potency, price), the frequency, pattern and total amount consumed, the personal context in which it is consumed, the broader environment in which it is consumed, and the characteristics of the substance user (e.g., systemic factors that have

negatively influenced them such as poverty or race). Many health and social problems include “second hand” effects in that they are borne by persons other than the user.

Different substances have different health harms profiles. In aggregate, health harm from substances include cancer, overdoses, other unintentional injuries, violence, heart disease, learning and emotional problems, birth defects, lung disease, gastrointestinal problems, and a variety of mental health conditions including, but not limited to, addiction. In 2020, according to the [Canadian Substance Use Costs and Harms study](#) approximately 75,000 Canadians died from substance use, and substance use accounted for approximately 260,000 overnight hospitalizations. Approximately 18,000 Canadians die annually from alcohol. Since 2016, over 38,000 Canadians have died from apparent drug toxicity (overdoses), due to the increasingly toxic and volatile unregulated supply.

In addition to health harms, substances contribute to a variety of social problems that include violence, child neglect, vandalism, family stress and noise pollution, among others. Harms of substance use in these and other areas are exacerbated by criminalization and other structural and systemic factors (e.g., racism and colonization) that contribute to inequities and disproportionately affect people who use substances. Substance use therefore reflects social and health disparities, but also contributes to health disparities through income loss, direct costs to users, and loss of social standing. Substance use is also costly economically. In 2020, substance use in Canada cost approximately \$50 billion, or almost \$1200 per person.

For all substances, use occurs across the spectrum, ranging from no use to heavy use. Although it seems counter-intuitive, there is a need to focus on non-users in addition to users, and to focus on the spectrum of users rather than just those with heavy use. Migration between different levels of use is common, and reducing harms among the heaviest users with severe use disorders is challenging. In addition, for certain substances (e.g., alcohol and tobacco), there may be harms from low and medium levels of use. Depending on the distribution of use in the population and

the outcome in question, a large fraction of harms may accrue to non-heavy users. These considerations vary by substance and depend upon the availability and feasibility of effective preventive policies and services (e.g., for illicit substances there are fewer available policy levers). Although addiction is an important adverse outcome of substance use, it routes substance use into a predominantly bio-medical model focused on treatment and tertiary prevention; this focus may distract from possible prevention efforts (e.g., public policies), health promotion efforts, or efforts to mitigate upstream risk factors related to social and commercial determinants of health.

Adequately addressing substance use problems and harms requires social approaches (e.g., addressing disparities in wealth and education, reversing systemic discrimination, anti-stigma interventions), public health approaches, and clinical approaches. For optimal outcomes, these approaches must be complementary, collaborative, and well-resourced; this is not the situation currently. Overall, large and growing substance use problems and harms across Canada, coupled with large preventable and/or treatable fractions, makes substance use a compelling and important research field with direct application to building health and wellbeing across jurisdictions.

THE CANADIAN INSTITUTE FOR SUBSTANCE USE RESEARCH

A Brief History:

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 revenues and profits, albeit within a regulatory framework. Harm reduction interventions and even the location of treatment services can be strongly opposed. Many substance users are marginalized and stigmatized. For these and other reasons, there is a strong case for an independent centre to provide research and expert commentary on the extent and nature of substance use problems, to

identify evidence-based solutions, and to monitor and evaluate harm reduction and preventive strategies in order to better inform the community and all those involved in policy development, prevention, harm reduction and treatment.

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.

An endowment of \$10.55 million to UVic from the BC Addiction Foundation (BCAF) created the basis for CISUR. The proposal from UVic for the formation of a collaborative network of addictions researchers was supported with an agreement from the three other major research universities in BC. UVic also committed a total of seven faculty appointments 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.

Mission Statement:

CISUR 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 and knowledge mobilization activities 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 proximate 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 or experience addictions is also critical. This is because strategies are needed to reduce harmful consequences, in addition to efforts that aim to directly reduce or prevent high-risk behaviours. Studies that are of high quality and significant public health relevance to local, national and international populations are prerequisites to support 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 are of utmost importance. Protection from vested interests is also crucial to ensure that research is conducted in the broader public interest and to support public health. These guiding principles are 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 including the treatment industry 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

Critical is 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. A focus on the role that substance use and related policies play in creating and driving inequalities is essential to improving health and to addressing disparities among disadvantaged populations. Special attention must be paid to 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 are crucial parts of the research process. This extends beyond the research community and includes a commitment to engage in public discussion and debate through focused knowledge mobilization and knowledge exchange activities to facilitate the adoption of evidence-based public policy that will improve health and well-being with respect to substance use.

Train and Mentor Emerging Scholars and Learners

Training and mentoring the next generation of scholars 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) and people with non-academic career goals.

CISUR's Orientation

Unlike most substance use research centres that focus on clinical care of those with substance use disorders, CISUR is devoted to studying systems-based solutions to substance use problems and harms among populations and individuals. Our goal is to improve wellbeing and quality of life with respect to substance use in the population (i.e., among substance users and non-users). We study a range of substances, and study both risk and

protective factors for substance use. This range includes public policies (substance-specific policies, as well as related policies and laws that may affect people who use substances), social determinants of health (e.g., housing, poverty) and commercial determinants of health (e.g., marketing and advertising, economic operators' ongoing efforts to create environments to increase use and revenues).

CISUR offers a unique opportunity within the university where multi- and inter-disciplinary research can be conducted on specific content areas. Collectively, CISUR Scientists represent a variety of disciplines, including sociology, psychology, epidemiology, anthropology, biostatistics, nursing, medicine, and public health. The Institute provides students with 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, academic departments, and students in other areas of the university. As such, CISUR contributes on multiple fronts to the university in terms of academic excellence, knowledge translation, impact, community engagement and integration of teaching and research.

CISUR supports a social and ecological approach to understanding substance use. This approach acknowledges that substance use both impacts, 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, 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.

CISUR recognizes that research, practice and policy have often been constructed to affect the entire population without adequate attention to differential effects on, for example, women and gender diverse people, or Indigenous Peoples due to ongoing colonization and structural violence. To this end, CISUR supports an approach to research that looks at the impacts of substance use across and within multiple populations, to both improve

population health and reduce health disparities.

CISUR works closely with its governmental partners, non-governmental organizations and researchers in other institutions to contribute to policy development in BC, Canada and internationally. Increasingly, CISUR has engaged in policy development and evaluation at the national and international level. We are also engaged in international research and have faculty who are members of international advisory groups and WHO committees. In 2021 CISUR became a WHO collaborating research centre for alcohol policy.

At the same time, particularly in harm reduction research and services, CISUR scientists are deeply engaged in, and committed to, ethical research that involves meaningful partnerships with community-based organizations and persons with lived and living experience of substance use.

KEY RESULT AREAS AND STRATEGIC INITIATIVES

Four Key Result Areas have been identified for this strategic plan, each of which has several objectives. These Key Result Areas are also incorporated in CISUR annual reports.

Key Result Area 1: To Build Capacity for Research and Knowledge Exchange

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

Our objectives:

- Maintain or increase the number of substance use research projects through grants and contracts;
- Maintain or increase national and international funding for substance use and health research at CISUR; and

- Maintain or increase projects and funding for knowledge exchange concerning substance use and health promotion at CISUR.

During the past five years, CISUR scientists have earned approximately 75 grants and contracts (approximately 15 awards annually). These tend to be split evenly between grants and contracts, with a smaller number of knowledge exchange projects. Currently, CISUR has approximately 50 research projects in which a CISUR scientist is the Principal Investigator, and approximately 20 projects in which a CISUR scientist is a Co-Investigator.

CISUR scientists have received more than \$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 direct grants and contracts. During the '22-'23 fiscal year, CISUR received \$3.7M in new funding for research grant competitions, \$3.3M in new funding from direct research grants and contracts (typically from various levels of provincial and federal governments), and \$0.25M in knowledge exchange grants and contracts.

Core funding for faculty course buyouts, administrative salaries (communications officer, administrative officer, director), graduate student stipends, and other miscellaneous Centre expenditures comes from the endowment, which currently pays out approximately \$400,000-\$600,000 per annum (depending on the rate of return from the endowment). In addition, in 2013 the BC government provided a one-time grant of \$1 million to support a broad range of CISUR research programs and knowledge exchange initiatives. This 'quasi endowment' has approximately \$0.3M remaining, and constitutes a 'rainy day' fund for the Centre. We have not needed to draw funds from this source over the past three years.

Strategic Initiatives:

Looking forward, it will be important to maintain success in peer-reviewed grant competitions and attract new government contracts. There are several well-developed research and knowledge exchange

initiatives that will need continued active leadership. Examples include:

- applied research concerned with finding solutions and building evidence to inform effective policy and practice, particularly for the evaluation of policy interventions related to opioids, alcohol and cannabis;
- evaluations of harm reduction policies and services including safer supply, drug checking, managed alcohol programs, and decriminalization of small amounts of illicit substances;
- 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;
- ongoing work in community-engaged research with vulnerable and at-risk populations, with a particular focus on harm reduction activities around opioids, alcohol and cannabis; and
- high-quality epidemiology and surveillance activities around substance use and substance use policies, and the relationships between substance use and a range of health, social and economic outcomes.

In addition to maintaining and building work in established areas of research, it should be noted that future areas of focus will be heavily influenced by emerging public health needs, emerging areas of research, and subject area interest/expertise of CISUR scientists at a particular point in time. Possible emerging areas might include:

- new, interactive tools (e.g., web applications) and means to explore and communicate benefits of reduced use of alcohol and other substances;
- research on the epidemiology and determinants of illicit substance use in terms of initiation of use, progression of use over time, motivations and sources of substances at different stages of use, etc.;
- international collaborative efforts, particularly around drug checking and other harm reduction services in North America (Mexico, US, Canada); and
- better characterizing the ethanol supply in terms of amount, price per

standard drink, relationship between drinker characteristics and brand-level consumption; and carcinogenic ingredients in addition to ethanol (e.g., polyaromatic hydrocarbons, ethyl carbamate).

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.”

Our objectives:

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

Currently CISUR has 14 Scientists representing the departments of psychology, sociology, social work, nursing and public health and social policy; five of these are emeritus Scientists. With respect to substance use, most of their research focus pertains to health, social determinants of health, and other areas of interest in which substance use is a prominent feature. Over the past five years, our scientists and affiliates have won numerous awards for research and teaching, including seven major awards during the 22- 23 fiscal year.

During the past two years, CISUR welcomed two new scientists (Drs. Arredondo and Sherk) and one scientist retired from the university but remains active as a part-time CISUR Scientist (Dr. Stockwell). Sadly, we lost another Scientist and dear colleague, Dan Reist, who passed away in 2023. Support for dedicated faculty lines (“hiring four new faculty into vacant positions in the addictions-related areas”) pledged by UVic in the founding memorandum of understanding between the University and the BC Addictions Foundation in 2003 has been a challenge. Fortunately, the University’s commitments to 10-15 new graduate students and 2-3 postdoctoral fellows engaged in substance use related research have

been met and exceeded.

Over the past five years, CISUR Scientists have been active in teaching substance use-relevant courses online and in-person across several disciplines and faculties at UVic. We continue to house and mentor a handful of postdoctoral students (including two supported by prestigious Banting fellowships), and mentor approximately 20 graduate students annually from a range of academic disciplines.

We are also engaging academic expertise at other universities and research centres outside of CISUR and UVic. Presently, we have active research collaborations with Vancouver Island University, University of Toronto, University of British Columbia, Simon Fraser University, Dalhousie University, the Centre for Addiction and Mental Health, University of Calgary, Boston University (US), RAND corporation (US), University of Southern California (US), University of San Diego (US), Oregon State University (US), University of Sterling (UK), and the Centre for Research and Teaching in Economics (Mexico).

Strategic Initiatives:

- Appointing new CISUR-affiliated faculty at the University Victoria with new faculty lines.
- Appointing existing UVic faculty as CISUR scientists (facilitated by course buyouts, office space, and an excellent research environment).
- Maintaining and improving the diversification of substance use-related scientists from different disciplines, departments and areas of research interest.
- We would also like to prioritize hiring of faculty from under-represented or minority groups. Although this is challenging given the makeup of the field and difficulty in recruiting new faculty generally in the current environment, in the interim we will continue efforts to make CISUR a welcoming place for minority faculty, staff, students, affiliates and research collaborators.
- Negotiating arrangements to allow retiring faculty to continue their research activities at the Institute as fully as possible, as they remain vital contributors.
- Creating a CISUR postdoctoral fellow position to be funded from

- grant and contract money and advertised internationally.
- Continuing the CISUR student stipend scheme to encourage high quality graduate students to study topics relevant to substance use and/or addiction, and to provide support for conference participation and other knowledge exchange activities.
- Maintaining and expanding active collaborations with universities and research centres across Canada and internationally.

Key Result Area 3: Conducting 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:

- Conduct research on the patterns, distribution, determinants and consequences of substance use in Canada and internationally;
- conduct research that is valued by stakeholders as being of high quality, responsive to emerging issues and relevant to public policy and practice in Canada and internationally;
- publish research findings in international peer reviewed journal articles, book chapters, books and research monographs;
- disseminate research findings through reports, systematic reviews and other resources, nationally and internationally;
- achieve a high academic impact for CISUR’s research so that it is well known, frequently requested and often cited internationally; and
- conduct research in the following 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;
 - policy research on the social determinants of substance use among marginalized and stigmatized groups;

- understanding pathways to enhance access to youth substance use services, interventions, and overdose prevention resources;
- substance use patterns and epidemiological analyses of risk and protective factors for substance use and related harms;
- the influence of structural determinants and social contexts of drug use on substance use, harms, and the implementation of harm reduction strategies; and
- research and evaluation of effectiveness of knowledge exchange activities and strategies, and delivery of knowledge exchange services.

Key ongoing areas of research excellence include but are not limited to:

- Studies of substance use, stigma and gender in marginalised communities at local, national and international levels;
- community engaged research on harm reduction, safer supply, substance use and homelessness, particularly among those with lived or living experience;
- alcohol and other drug surveillance;
- substance use epidemiology;
- knowledge translation products and evaluations; and
- public policy effectiveness.

As noted under Key Result area 1, during the '22-'23 fiscal year there were approximately 50 total ongoing research projects in which CISUR scientists served as Principal Investigator, and approximately 20 projects involving CISUR scientists as Co-Is with non-CISUR PIs. 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 (see '22-'23 annual report). 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 Appendix I: Research Analytics at the end of the report.

This research activity has resulted in CISUR Scientists being invited to serve on a number of advisory bodies working on substance use and related issues, including provincial review bodies, the World Health Organization, the US Department of Health and Human Services, the National Academies of Science, Engineering and Medicine, and Canada's Guidance on Alcohol and Health.

Strategic Initiatives:

- Continue to prioritize our identified areas of research excellence, while recognizing that future research foci will be shaped by new areas of investigation among established scientists, areas of research focus by new scientists, emerging areas of research need in the province, Canada and elsewhere, and funding opportunities offered for competitive grants and research contracts (see also possible strategic initiatives in Key Results Area 1).
- Based on research excellence, continue to be included in local, national and international advisory bodies for substance use prevention, treatment and harm reduction; this participation should ideally include early- and middle-stage investigators.
- Build and maintain partnerships with Indigenous organizations, support Indigenous scholars and scholarship, and build more expertise in Indigenous methodology.

Key Result Area 4: Dissemination and Knowledge Mobilization

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

Objectives:

- Conduct seminars, workshops, lectures and occasional conferences on related policy, practice and research; these can be geared to community-based organizations, governmental agencies and officials, members of the general public, or the scientific community;
- ensure access to relevant knowledge while working in partnership with policymakers and practitioners in planning and implementing projects to address substance use in Canada and internationally;
- develop and promote resources (e.g., print and web-based reports, webinars, briefing notes, social media posts, participation in key advisory panels, communities of practice) with the potential to make direct contributions to policies, programs or service delivery systems in Canada and internationally; and
- provide broad access to balanced factual information on substance use and related harms and health promotion approaches through a variety of knowledge exchange strategies.

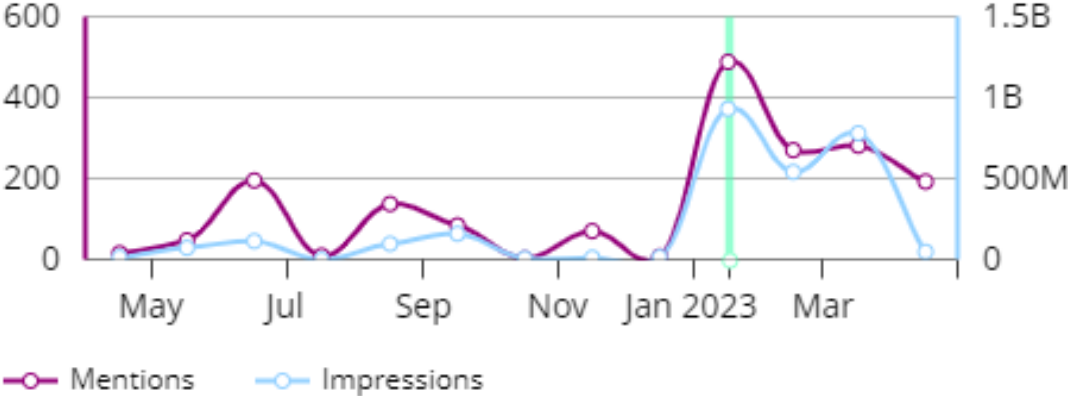
CISUR is actively involved in knowledge exchange. This falls into two broad categories: community engagement with media and partner organizations, and reports and other resources geared for knowledge exchange with the public. To give a sense of those activities, knowledge mobilization activities from the 2022/23 fiscal year are summarized below.

Media Coverage

CISUR had 1,837 media mentions in 2022/23, with 2.9 billion impressions (i.e., views, reads) 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 (green bar on the graph below) and garnered international media attention.

CISUR overall media coverage, 2022/23



CISUR top 10 media topics, 2022/23

Topic	# of stories
Alcohol consumption	399
Drinking guidelines	395
Safer supply	285
Overdose crisis	279
Decriminalization	203
Treatment	177
Drug policy	149
Canadian Substance Use Costs and Harms Study (CSUCH)	123
Alcohol policy	104
Drug checking	90

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.

Top 10 visited CISUR webpages

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

Top 10 most downloaded files

File name	Downloads
Bathroom Safety Assessment Walkthrough Checklist*	990
Bathroom Sign 1: General Information*	752
Policy/protocol Guide*	638
Bathroom Design Fact Sheet*	629
Overview of MAPS in Canada	588
CISUR Bulletin 20: Scale up of MAPs	470
Operational Guidance for Implementation of Managed Alcohol for Vulnerable Populations	437
Helping Schools Drug Literacy Curriculum	413
Bathroom Sign 2: Nearest overdose prevention site*	386
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

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 Collaborative Community Laboratory on Substance Use and Harm Reduction (Co/Lab) CoP. This reflects the fact that most public CISUR talks have occurred online.

Print/web Collateral

In addition to the peer-reviewed academic outputs outlined in Section 3 above, CISUR researchers also produced reports, brochures and other documents related to their work. For example, the Knowledge

Mobilization team updated several 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](#).

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.

While 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 media releases, and documenting more detailed methodological aspects of studies in technical reports. CISUR has produced a series of 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 websites for CISUR and its research projects ([cisur.ca](#); [aodmonitoring.ca](#); [understandingsexwork.ca](#); [helpingschools.ca](#); [colabbc.ca](#); [substance.uvic.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. We see this as one way to reduce the stigma experienced by many individuals who use substances.

Strategic Initiatives:

- Plans include increasing the number of peer reviewed publications in high impact journals communicated through the media, CISUR website and CISUR social media platforms, continuing the series of focused 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 (e.g., a risk calculator and change scenario modeler for alcohol consumption).
- We will continue to convene active communities of practice (CISUR has three currently) to promote knowledge exchange with partner organizations and government officials around substance use and interventions to reduce harms from substance use.
- We plan to engage guest researchers and scientists from other institutions to present in public-facing knowledge exchange activities.
- Update CISUR websites with the new UVic template (pending support from UVic central communications) to increase accessibility and usability.
- Evaluate and update current communications and dissemination tools; consider adding new features (e.g., a newsletter).

STRUCTURES AND RESOURCES TO IMPLEMENT THE STRATEGIC PLAN

Advisory Board

The [CISUR Advisory Board](#) meets annually and was chaired through June, 2023 by Dr. Michael Prince of the University of Victoria, a distinguished Canadian scholar in the field of disability and public policy. We are happy to report that Shelagh Rogers recently accepted our offer to be our new advisory board chair. She is a wonderful person with a broad understanding of substance use. She is Chancellor Emerita at UVic so she

knows the University well. She was on the awards committee for our newly inaugurated Harold Johnson award. She is a retired long-time CBC broadcast journalist, and a member of the Métis Nation of Greater Victoria. She is an Officer of the Order of Canada, and in 2022 was named the Symons Medallist, recognizing an individual who has made an exceptional contribution to Canadian life.

Membership of the Board includes people with a wide range of relevant expertise from the fields of healthcare, academia, substance use 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. Board members must have no financial interests in the alcohol, tobacco, cannabis or pharmaceutical industries.

Our board members have 2-3 year terms that can be renewed. Our current board members include:

- Dr. Mark Asbridge, Department of Community Health and Epidemiology, University of Dalhousie;
- Dr Brian Emerson, A/Deputy Provincial Health Officer, Ministry of Health;
- Dr. William Kerr, Senior Scientist, Alcohol Research Group, Public Health Institute, Oakland, CA;
- William Ng, Assistant Commissioner, Commanding Officer, BC RCMP;
- Jessica Mensinger, Practice Lead, Substance Use Team, Interior Health Authority;
- Dr. Cynthia Milton, Associate Vice President of Research, UVic,
- Dr. Catherine Paradis, Canadian Centre on Substance Use and Addiction, World Health Organization;
- Sandra Richardson, CEO Victoria Foundation;
- Colleen Salter, Director, Mental Wellness Clinical Services, First Nations Health Authority;
- Darryl Sturtevant, and Assistant Deputy Minister, Ministry of Mental Health and Addictions; and
- CISUR staff representative (currently vacant).

Faculty Committee

Membership on the CISUR Faculty Committee includes Director, Scientists, a staff representative and the CISUR administrator. Meetings occur every 12 weeks or so.

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 support implementation;
- promoting research initiatives, projects and applications for funding;
- reviewing applications for membership;
- reviewing policies and procedures;
- planning public seminar series;
- sharing information and updates on CISUR and on scientific activities; and
- promoting personal communications and relationships among Committee members.

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 includes a statement regarding conflicts of interest (commercial and other potential conflicts), and exclude people who work for or are in receipt of research funds from tobacco, alcohol or gambling commercial enterprises.

Grant-funded Staff and Students

Grant-funded staff and students encompass full- and part-time CISUR employees who are paid through research grants and contracts, or who

are paid through the endowment (which functions as an ongoing research enterprise across multiple projects). Grant-funded staff and students include administrative personnel, our communications officer, research assistants and research associates. These personnel are the 'life blood' of CISUR, contribute to the spirit of CISUR, and constitute the engine that makes research and related knowledge mobilization activities possible.

CISUR Collaborating Scientists

[Collaborating Scientist](#) membership 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 currently has 16 active Collaborating Scientists.

CISUR Affiliates

[CISUR Affiliate](#) status 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. CISUR currently has 12 active Research Affiliates.

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 Administrative officer, Communications officer, support for faculty course buyouts, support for graduate students, travel funds and publication fees, funds for social activities, and a variety of other miscellaneous expenses. The endowment finances have been balanced over the past five years, with some surpluses in the past two years.

- **Funding Competitions (Grants)**

CISUR and its partners make submissions to provincial, national and international research funding agencies to conduct projects that are consistent with CISUR's and/or a Scientist's research interests.

- **Research Commissions (Contracts)**

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 University of Victoria's Development Office 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

EXTERNAL REVIEW (FOR UVIC'S RENEWAL OF CISUR)

In 2021-2022, CISUR went through an external review process to comply with University policies that require research centres to be reviewed every five years. This review covered 2016-2021. The review was

conducted by an external review panel (ERP) that included Dr. Cameron Wild (Review Panel Chair and Member; University of Alberta), Dr. Samantha Wells (Review Panel Member; Centre for Addiction and Mental Health), and Dr. Denise Cloutier (Internal Review Panel Member; University of Victoria). Following receipt of background materials, the Panel conducted a site visit on October 19-20, 2021. During the site visit, we met with the Associate Vice President, Research, the current and former CISUR Directors and its Board Chair, as well as CISUR Scientists, staff, and CISUR-affiliated graduate students. Those meetings solicited in-depth discussions about CISUR's successes and challenges.

After reviewing the materials forwarded prior to the visit reflecting on the site visit, the ERP concluded "without reservation that CISUR has unambiguously achieved an impressive track record of accomplishments, successes and impacts. Therefore, our unanimous and enthusiastic overall recommendation is that the University should continue to support CISUR as a University-approved research centre."

The ERP also offered some specific recommendations to CISUR and the University which were "intended to support, build upon, and improve the quality, performance, and impact of a genuine asset for the University." These recommendations were considered, and addressed, with the text reviewed by CISUR scientists prior to finalization. This reply to the external review was submitted to the Vice President of Research and Innovation's office, eventually leading to our renewal by the Faculty Senate. Other than strongly recommending CISUR's renewal, the ERP had 19 specific recommendations, grouped in two sub-sections. The first pertained to CISUR's own Key Result Areas (Key Areas 4 and 5 discussed below were subsequently combined into Key Result 4). The second evaluated CISUR in relation to other criteria not considered in CISUR's Key Results Areas, but that are within the scope of UVic centre reviews. A summary of the ERP's suggestions, and CISUR's responses to those suggestions are as follows:

1. Recommendations for CISUR's Self-Identified Key Areas:

Building capacity (key area 1) refers to success in obtaining funding to support

research, and efficient and effective allocation of that funding. Along those lines, the ERP recommended that the University could assist with a targeted campaign to attract philanthropic donations to CISUR (recommendation 1), assist with pre- and post-award support (rec. 2), and more consistently apply human resource policies for all research staff (rec. 3). We agree with these recommendations, and recognize the University is considering some centralized support for research centres in relation to all these matters. We understand the University is concerned about the additional expense of providing compulsory benefits and pension contributions to all research staff on campus. To provide the benefit of better job security, we also suggest that a separate category (or categories) of research staff is created involving employment longer than 12 months.

Engaging academic expertise (key area 2) relates to the “extent and quality of involvement of its members (faculty, students, staff, others) and “advancement of student research training and support”. Noting the need to maintain academic expertise in light of pending retirements and the loss of the faculty line associated with retirement of the former Associate Director, the ERP recommended refreshing CISUR’s original MOU (rec. 4) outlining university support for new faculty positions (rec. 5) and other types of assistance in light of CISUR’s revenue generation for the University. We agree with this suggestion and will revisit the University’s support for an Assistant Director position at CISUR. Although we do well attracting graduate students, the ERP also suggested increasing research involving undergraduate students (rec. 6). We agree that this is important, and recruitment of undergraduates will be part of our upcoming strategic planning activities. In addition, because our faculty teach primarily graduate-listed courses, cross-listing courses across faculties would assist in this effort by increasing undergraduates’ exposure to our stellar faculty.

In terms of *conducting high quality research* (key area 3), the ERP recommended broadening CISUR’s base of external grant support for research (rec. 7). Specifically, the ERP noted that CISUR doesn’t have a research program in addiction treatment systems, does not engage in clinical addiction treatment research, and does not integrate implementation science into its knowledge mobilization efforts. These are all good suggestions, but also reflect the limitations of being a small to medium-sized research centre. We cannot do too many new things without adversely impacting areas of strength from which we derive most of our projects and support. In addition, the University is not actively engaged in clinical treatment programs, as is, for example, UBC. The ERP notes that Director Naimi should consider pursuing NIH funding; however, he is already involved with two NIH-funded projects, has two applications pending NIH review, and holds a CDC grant. The ERP suggested that CISUR should undertake efforts to be more involved in within-University partnerships, particularly around the Health Sciences Initiative and Aspiration 2030, and with external partners at UBC and SFU (rec. 8). Such collaborative partnerships are highly desirable and align with UVic’s research initiatives and CISUR’s core principles. We are engaged in building a number of collaborations across campus and are in discussions with UBC around two possible collaborative grant applications. The ERP further

recommends that CISUR attract and retain new Scientists and trainees to sustain and build on strengths in epidemiologic and population health research on alcohol policy and alcohol harms (rec. 9); we wholeheartedly agree, and this will be a focus in strategic planning. We also agree with the recommendation that the University continue to support CISUR-affiliated Canada Research Chairs (rec. 10), including teaching releases. We also agree that we should re-assess the composition of the advisory board (rec. 11); part of that process will consider having a smaller steering committee involved in strategic planning, while other board members serve in topic-specific consultation roles. We are also trying to increase CISUR's engagement with Indigenous organizations and Indigenous researchers (rec. 12). In this effort, we are working on multiple fronts, and we have a subcommittee developing an action plan to enhance Indigenous scholarship and Indigenous-relevant substance use research. Ideally, we would also like to bring on Indigenous Scientists, staff and students as noted earlier in the report.

For *dissemination* (key area 4) of knowledge to the research community, we agree with the ERP's suggestion to use more 'contemporary bibliometric analyses' of research impact and reach (rec. 13), and are ready to tap into our existing partnerships with the library. When possible, we work closely with the University to assist CISUR's own communications outreach, but we strongly agree with the need for added communications and dissemination resources (rec. 14) shared among research centres and supported by the University.

Knowledge Mobilization (key area 4) involves knowledge transfer to society, rather than to the research community. As noted by the ERP and in our self-assessment materials, much of CISUR's formal knowledge mobilization activities have involved work with schools and other educational institutions. The future and makeup of knowledge mobilization activities at CISUR will be a focus over the coming year (recs 15, 16); we agree that such efforts should incorporate several methods of evaluation. It should also be noted that much of CISUR's dissemination activities around the research might better be construed as knowledge mobilization, as many of our knowledge products are geared towards members of the general public, government policymakers, and nongovernmental organizational stakeholders (i.e., not simply researchers).

2. Recommendations in Additional Areas:

Although the ERP noted that CISUR has contributed greatly to the academic mission of the University and its faculty's academic units, CISUR could be better integrated with the main campus, home teaching faculties and with other research centres. This is an important goal which will be addressed in upcoming strategic planning activities, and can be accomplished without sacrificing autonomy. In an effort to better integrate with home faculties, we have already engaged with the Deans of Human and Social Development and Social Sciences. Both Deans are supportive of improved collaboration and integration with research centres, and with CISUR specifically.

However, there are structural factors that the University could address to ease the tensions between teaching and research missions. These include support for teaching

buyouts; more support for hiring teaching faculty (resulting in less reliance on sessional instructors for departments); greater clarity around indirect cost allocations and sharing; facilitating the cross-listing of courses (rec. 18), and recognizing and crediting research centre faculty for their roles in mentorship and supervision of research projects and applied research pedagogy.

The ERP also recommended that the University and CISUR establish adjunct professor roles (non-faculty line status positions) through partnerships with relevant departments (rec. 17). This is an important idea to build research at the University, and CISUR currently has one Scientist position that is functionally similar to an adjunct professor role. We also currently have an adjunct faculty member who is supported by a faculty line from another Canadian university. However, it is unclear how incentives could align such that university departments could contribute to short-term visiting scholar positions; CISUR will explore this in our upcoming planning. The ERP also encouraged short-term (e.g., one semester) visiting scholar appointment from either inside or outside the University (rec. 19). The current CISUR Director first came to the University of Victoria under such an arrangement, funded by CISUR, and is pursuing external experts who may have an interest in doing the same. Bringing on scholars within the University is also an exciting possibility, particularly because of the inherently cross-disciplinary nature of substance use research. It would also be good for the University, and helpful for CISUR, to make these mutually supported to make it more feasible and sustainable to have these types of arrangements on a regular basis.

INPUT FROM CISUR SCIENTISTS

In written and/or verbal feedback collected from September-November 2023, CISUR scientists were asked six questions with opportunity for further comment. Seven scientists provided feedback. The six questions were:

1. What are the good things about CISUR? What do we do well, scientifically or otherwise? Are you generally happy with our mission and areas of focus?

Responses: There was strong support of the importance and scientific quality of the work being done at CISUR, and that the work has high impact. There is good engagement with policy makers, media, and students. Though it varies by Scientist and project focus, overall CISUR Scientists have prioritized engaging and partnering with those with lived and living experience with of substance use. CISUR is a supportive environment for scientists and students, and research is often interdisciplinary. Folks appreciate the comradery (non-competitive relations), course buyouts, social activities, media relations and

administrative assistance.

2. What are some areas of weakness, or where we can improve?

Responses: There was some concern that we could be better connected to the larger UVic community; some scientists feel that there should be a greater diversity of research topics/focus among scientists and students. There was a comment that there could or should be more personal diversity among scientists and staff, and a suggestion to expand Indigenous-led research activities. There was a comment that we could use more data analysts than we have presently or have a data analysis unit. There is a strong sense that although we have great staff around in communications and administration, that we need more of it, and more grant support from UVic as well (both pre- and post-award). One person commented that there could be even more collective thinking, noting that we tend to work in research teams. There is a sense that we have difficulty navigating UVic from time to time, and that we need to proactively advocate for our importance to UVic strategic priorities. There is a recognition that we have a challenge to recruit and retain new scientists and 'rising stars' and need succession planning, while acknowledging that this is difficult in the present UVic financial/hiring circumstances.

3. In terms of the future, what are our opportunities for growth and development in terms of research foci, funding, or other aspects?

Responses: More administrative support could help productivity and reduce frustration and retain our excellent staff in this area but get more help. CISUR could expand in terms of academic disciplines (e.g., public health law). One person commented that it would be great to have a graduate interdisciplinary program with a focus on substance use, and develop a rolling national survey on substance use patterns, support for policies, etc. Although we do well with graduate students, we should try to work more closely with undergraduate students. We should continue our good work in alcohol policy and harm reduction, but grow our work with respect with to communities impacted by drug policies. We could do more work on the effects of the use of multiple substances concurrently, and develop work in gambling and gambling problems, especially associations with substance use and harms.

4. For the future, what do you see as the major obstacles to our mission?

Responses: A key concern shared by multiple respondents is our ability to hire new scientists, and to have Scientists with academic appointments have adequate time to conduct research. Another concern is 'not being at the table' when important decisions are made at UVic that affect research centres like CISUR (e.g., course buyout policy, new Faculty of Health). Again reference was made to the need for more administrative support. There is concern that shifting political environments could also adversely affect research, particularly in the area of harm reduction.

5. Why are you a CISUR scientist, and how does your research or career benefit by being a CISUR scientist?

Responses: Scientists, including retired scientists, feel welcome and respected at CISUR. There were several comments that CISUR is a good place to grow as a researcher and to broaden research through interdisciplinary relationships; the faculty buyout, and administrative support, and colleagues were also cited as keys to why CISUR membership facilitates productivity. There is also a strong perception that we have a welcoming physical environment and good office space, and that there is good access to mentorship and professional development support.

6. Are there ways you could be better supported or ways CISUR could make your professional life a bit easier?

Responses: multiple scientists mentioned a desire for more in-house resources and supports for grant proposals and budgeting. Another idea mentioned was that there be more top- up funding for postdoctoral fellows to assist with recruitment. Several scientists mentioned that they couldn't think of additional things CISUR could do to help, and the great majority of scientists expressed gratitude for their association with CISUR.

CISUR IN THE CONTEXT OF THE UNIVERSITY OF VICTORIA

The University of Victoria (UVic) occupies an important 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 better 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.

CISUR fits well within the priorities and key research objectives of the University of Victoria as outlined in its overall [strategic plan](#) and its strategic plan for research and innovation ([Aspiration 2030](#)). CISUR's work overlaps with three of the five impact area priorities: health and wellness, social justice and equity, and Indigenous-led scholarship. CISUR's work is also relevant to all five aspirations: research environment, research community, commitment to Indigenous scholarship, global engagement and societal impact.

CISUR is the third largest of the 15 research centres at the University, and the second largest centre based entirely within the University. [Research centres](#) promote collaboration on research, ranging from fundamental sciences to societal innovation, and are described as central to the University's research enterprise "through dynamic knowledge transfer, training and community engagement." CISUR is an interdisciplinary research centre, with Scientists whose academic departments include Public Health and Social Policy, Nursing, Social Work and Psychology. The University also has a new [Health Initiative](#), and may create a new health faculty. Since this will be comprised of professors from existing departments, this may result in a re-shuffling of departmental affiliations for CISUR Scientists, many of whom are in strong positions to contribute the University's Health Initiative.

The University also launched the UVic [Indigenous Plan](#) in 2023. The guiding statement of that plan is: "Sk'w'e?s | TFE SKÁLS I, TFE Š X ENÁNS | The Laws and Philosophies, ensuring that all Ancestors, relatives and future generations are recognized and celebrated, and that their teachings, languages, lands and ways of knowing and being are respected. We work to create a community of belonging, well-being and accountability that honours and supports diverse Indigenous identities, experiences and teachings." CISUR is strongly committed to this guiding statement. We would like to prioritize hiring of faculty from under-

represented groups, including Indigenous scholars. Although this is challenging given the makeup of the field and difficulty in recruiting new faculty generally in the current environment, we will continue efforts to make CISUR a welcoming place for Indigenous faculty, staff, students, affiliates and research collaborators. Several CISUR scientists have strong ties with Indigenous organizations, we have a representative from the First Nations Health Authority on our Advisory Board, and the chair of the Advisory Board is Metis. Over the past couple of years CISUR provided and promoted multiple trainings on Indigeneity and Indigenous research principles, developed a new award in the name and spirit of an Indigenous individual (the Harold Johnson Award for Changing the Alcohol Story), and have added several powerful pieces of Indigenous artwork to our office space.

SUMMARY:

Overall, CISUR is a research centre that is fortunate to have excellent scientists, staff and students who produce a large volume of high-quality research highly relevant to public health practice and systems improvement for improving wellbeing with respect to substance use and harms. We are also fortunate to have an endowment, and the support of multiple grants and contracts over time and presently. The topic of substance use is of great importance generally and currently, and substance use intersects with many key areas (e.g., mental health), priority populations, and social and commercial determinants of health. The focus on systems approaches, rather than patients or individuals, is an important distinguishing feature of CISUR, and makes it more likely that our work can have population-level impacts. We are proud of our governing principles, and our independence from commercial interests is increasingly rare in an era where the ability to make revenues and profits from substance use and addiction is greater than ever.

In broad terms, our strengths lie in harm reduction, epidemiology, and policy research for both legal and illicit substances. CISUR scientists are dedicated to the dissemination and translation of our work, and place high priority not only on conference presentations and manuscript

publications, but also on creating real change through engagement with policy makers and community members. Much of the work of CISUR scientists has a strong focus in health equity, and engagement with community groups, stakeholder organizations, and governmental agencies.

Finally, CISUR and its researchers have an abiding principle of independence from industry interests; this is noteworthy given the increased influence of commercial entities on substance use research and in policymaking. We also work to maintain a culture that permits independence or scientific disagreement within the organization – for example, our policy is that individuals may sign petitions etc., but we do not take positions as an organization.

We have strong content expertise in opioids, alcohol and increasingly cannabis. Because we are small, we do not have content area expertise across all substances, including tobacco/nicotine. Going forward, we must maintain a balanced portfolio of established research activities and ideally expand into some new areas (e.g., psychedelic research). Our goals are to be quick to adapt and respond to new substance use research areas, while maintaining a focus on what is of greatest public health value. Specific areas of strength include:

- A. Multiple projects with a harm reduction focus across multiple substance types (e.g., drug testing, safer supply, managed alcohol programs);
- B. large national substance use epidemiology and policy evaluation studies (e.g., Canadian Alcohol Policy Evaluation project, Canadian Substance Use Costs and Harms study, U.S. studies of the effects of alcohol and cannabis policy environments);
- C. local, national and international involvement for policy evaluation projects, and involvement on local, national and international policy advisory committees/task forces (e.g. labelling, minimum unit pricing, low risk drinking guidance in Canada and U.S.);
- D. a reputation for peer led and community-based research with diverse populations, including youth and young adults, indigenous peoples, etc; and

- E. knowledge mobilization efforts (e.g., development of web-based resources such as interMAHP, and an alcohol risk-reward web tool for the Canada's Guidance on Alcohol and Health, hosting and facilitating three web-based three communities of practice to engage policymakers and practitioners).

Financially CISUR is in a solid position due to success in obtaining grants and contracts, and the endowment. Its revenue has been leveraged to sustain research activity that has allowed growth in the setting of balanced budgets and occasional budget surpluses. Our core areas of research activity – related to population health and epidemiology, harm reduction, and policy analysis -- are relevant and will hopefully attract funding over the next five years. It would be ideal to obtain funding through donations, either on an ongoing basis or through large donors. But doing this successfully would be a potentially large undertaking, and it is not clear that this is practical at present.

Currently, the atmosphere within the Centre is collaborative, conducive to interdisciplinary research, and fostering awareness of, and respect for, different areas of research and perspectives on substance use. There are also many social ties between individuals across research groups. These interpersonal relationships are supported by our physical proximity in appealing office space, ongoing coffee talks open to all, and social engagements and activities organized by CISUR administrative staff. Maintaining a welcoming, collaborative environment is central to success, should not be taken for granted, and will requires ongoing maintenance efforts.

We face challenges ahead. Maintaining and enhancing quality research should be distinguished from the size or expansion of CISUR, which is not a foregone conclusion. Hiring new scientists is perhaps our most difficult challenge. This is related to difficulty in obtaining faculty lines from the University. Although there are other mechanisms to bring on new scientists/faculty, this is a difficult time for hiring and the financial condition of UVic and/or the federal or provincial governments. This will be an ongoing effort at multiple levels. Key areas for possible research

development include youth substance use, mental health in areas other than or in addition to addiction, more prevention-oriented research for both legal and illicit substances, and legal scholarship around laws and regulations pertaining to substance use. These areas of possible growth are idealized and will be heavily influenced by the availability of scientists and types and magnitudes of future resources.

We would like to build our capacity for administrative support and communications, either through central funding or by ensuring that support for such activities is reflected in funding applications. CISUR aims to be inclusive of, and responsive to, Indigenous scholars and the research needs of Indigenous communities, who suffer disproportionately from substance use-related harms but who are often marginalized in research and policy development. This is an area of ongoing attention.

The University, in collaboration with the Vice President, Research and Innovation Office, is also considering a number of initiatives to improve the research climate generally and for research centres specifically. These have not yet been finalized but include supporting paying benefits for graduate students from tri-council grants, clarifying issues around the distribution, transparency and timeliness of receiving overhead funds, hiring a development officer to raise money specifically for research centres, facilitating cross-listed courses to help generate teaching credits, and facilitating teaching buyouts for centre-affiliated faculty. It is unclear how the establishment of a new Health Sciences faculty will affect CISUR, but many of our Scientists will likely end up as part of this faculty. In general, the financial state of UVic is not ideal with projected budget shortfalls, and it is unclear how much funding or resources the University will provide for research, researchers or research centres over the next five years.

We look forward to using this strategic plan to help develop a path towards continued contributions to public health, wellbeing and reconciliation in the coming years.