OUR 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 policymakers, 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.
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Cover Photo: John Dorocicz
Welcome to the 2017-2018 Annual Report of the Canadian Institute for Substance Use Research, the first year under our new name and new acronym CISUR.

While the name has changed, better reflecting the national and international reach of the work, the level of activity and impact continues apace! It has been another positive and productive year in so many respects. Allow me to draw attention to just some of the highlights. These include 75 peer-reviewed publications, 1600+ citations of our work in 2017, and 27 graduate students under supervision. In addition, we successfully secured $5.4 million of research funding to support our many programs. This is fundamental to our mission of building a sustainable capacity and investing in academic development and expertise.

We have increasingly engaged in work on a national and international scale. The completion of a major new study of the economic costs of substance use for all Canadian jurisdictions with the Canadian Centre for Substance Use and Addictions is one example. Dan Reist’s leadership of national dialogues to prepare for cannabis legalization is another timely and highly significant example.

Researchers at CISUR were sought out and contracted to conduct work for government agencies in Australia, Europe, the United Kingdom, and the USA. As you peruse this Annual Report, be ready to be impressed, enlightened, and drawn into the incredible array of rigorous and relevant work done at CISUR.

I want to thank all the members of the Advisory Board for their support and the contribution their time and ideas to the workings of the Institute.

On behalf of the Board and on a personal note as well, I would like to express our deep gratitude for the outstanding work by Dr Scott Macdonald, Assistant Director, and Scientist at CARBC and CISUR. Scott is retiring from the University of Victoria this summer, though we hope we will maintain a connection to the Institute for a while longer. I wish him all the best in his new endeavours.

Michael J. Prince, PhD
Lansdowne Professor of Social Policy, University of Victoria
Chair, CISUR Advisory Board
Message from the Director

It has been an eventful and very busy year both for all here at CISUR and for the substance use field in general. There has been intense public debate and engagement with stakeholders regarding cannabis legalisation and the opioid crisis. Many of us have been intensely involved in different aspects of this ranging from informal advice to government and media debate to the conduct of large national studies. We have also been active in equally important debates regarding the regulation of alcohol and tobacco in order to help reduce their very substantial harms and economic costs.

Closer to home, we have also needed to revamp our website, our letterheads and even the names on our office doors as we are now recognised as the Canadian Institute for Substance Use Research. We worried about separation anxiety from our comfortable and familiar previous name of CARBC but fortunately that was brief and our communications and administrative staff have done a fantastic job adjusting all our digital and print materials. A big thank you to the many people who supported this move in recognition of our growing engagement with research and policy on substance use nationally.

We are also in a time of transition. I have one year left to serve as CISUR Director as I will complete my third 5 year term next June. There will be an international search for a new director in the fall. We are also preparing to say goodbye to long-standing Assistant Director for Research, Dr. Scott Macdonald. He will be staying on as a part-time Emeritus Scientist and engaging in one year more of teaching at UVic. The University has so far not found a way to replace him. This particular separation anxiety will be more profound and longer lasting than a mere name change. Scott joined then CARBC in 2005 when we were a tiny band working from two small offices and has supported the growth and hiring of all the excellent staff and faculty since that time. I will greatly miss his always brutally honest but gently expressed advice. Not to mention having a good friend to share all major decisions and plans with over the last 13 years. Thank you Scott and very best wishes for the future.

Tim Stockwell, PhD
Director, CISUR
Professor, Department of Psychology
University of Victoria
Since I am retiring this year, Tim Stockwell has invited me to provide some reflections on my time at CARBC/CISUR since I came on board in August 2005. I have gone through all our annual reports since then to see how we have changed in terms of (1) outside funding, (2) dissemination outputs (papers and presentations), and (3) the number of people associated with us. As can be seen in the Figures below, we have experienced tremendous growth over the years.

I was appointed in 2005, and at that time, the only staff at the University of Victoria were Tim Stockwell and his Administrative Secretary. The knowledge translation office in Vancouver, headed by Dan Reist, was expanding rapidly. Our major first priority at that time was creating a template of key milestones of yearly achievements to focus our efforts. An ongoing issue has been to increase our research capacity. We hoped to accomplish this by hiring new faculty and obtaining research grants.

In the early years, Tim and I were busy writing papers and research grants. One early grant submission of note was a 1.5 million dollar CIHR New Emerging Team grant on cross-substance patterns of use of alcohol and drugs awarded to Tim and team. The news of receiving this grant was huge and we had a great party to celebrate. Since then, we never looked back as external funding increased to over 2 million in 2012 and remained at this level for each of the last 5 years (see Figure 1). For the knowledge exchange office in Vancouver, funding was highly variable throughout the period, ranging from .5 million to 1.7 million, depending on the year. The Knowledge Exchange office relies solely on contracts and the total funding amounts vary considerably from year to year. This unevenness in funding is a challenge for keeping good employees as everyone in this office, including Dan, is a contract employee.

Dissemination through publications and presentations increased dramatically throughout the period (see Figure 2). Our research as a whole has been directed toward social issues related to substance use in society with public health and human rights issues being prominent.

I think many people were attracted to our Centre as we gained a reputation for a collegial culture. CISUR members come from many different disciplines, topics and focus. Our efforts to get new faculty to UVic were largely unsuccessful with only one external hire at CISUR (Urbanoski); however, we were able to find several UVic faculty (Barnes, Benoit, MacDonald, Pauly and Roth) and contract Scientists (Jansson, Cheripitel and Zhao) who were eager to join our Centre. UVic has provided us with great office space so that every staff and student has had a desk and computer. Our growth in staff, collaborating Scientists and students has been tremendous (see Figure 3).
In the future, I see a major challenge of attracting new faculty to our Institute. Although we were able to attract faculty in the past, most are nearing retirement or retired. Renewal is needed.

**Scott Macdonald**, PhD  
Assistant Director for Research, CISUR  
Professor, School of Health Information Science  
University of Victoria

Below: Scott, Tim, and Dan, circa 2005/06.
OUR PEOPLE AND PARTNERS

Directors and Faculty

Dr. Tim Stockwell
Director, Scientist (Psychology)

Dr. Scott Macdonald
Assistant Director for Research, Scientist (Health Information Science)

Dan Reist
Assistant Director for Knowledge Exchange

Dr. Cecilia Benoit
Scientist (Sociology)

Dr. Russ Callaghan
Professor, Northern Medical Program, University of Northern BC

Dr. Mikael Jansson
Scientist (Sociology)

Dr. Marjorie MacDonald
Scientist (Nursing)

Dr. Bernie Pauly
Scientist (Nursing)

Dr. Karen Urbanoski
Scientist (Public Health & Social Policy)

Dr. Jinhui Zhao
Scientist

Scientist Emeritus

Dr. Gordon Barnes
Professor Emeritus (Child and Youth Care)
Our People & Partners

Katrina Barber  
Research Assistant

Cedar Bowers  
Transcriptionist

Meaghan Brown  
Research Assistant

Emma Carter  
Administrator

Charlotte Czerwinski  
Research Assistant

John Dorocicz  
IT Support

Jackson Flagg  
Research Assistant

Amanda Farrell-Low  
Communications Officer

Ari Franklin  
Research Assistant

Catherine Hacksel  
Research Assistant

Priscilla Healey  
Research Assistant

Dakota Inglis  
Research Associate

Andrew Ivsins  
Research Assistant

Chantele Joordens  
Research Associate

Chelsie Kadgien  
Transcriptionist

Alex Kent  
Research Assistant

Bonnie Krysowaty  
Research Assistant

Megan Lowe  
Work study

Celeste Macevicius  
Transcriptionist

Renay Maurice  
Research Assistant

Megan Mills  
Research Assistant

Shane Morrissey  
Research Assistant

Flora Pagan  
Research Assistant

Chris Pauley  
Research Assistant

Jessica Pitman  
Research Assistant

Tina Revai  
Research Assistant

Lindsay Shaw  
Research Assistant

Adam Sherk  
Research Associate
Staff (Victoria), cont’d

**Justin Sorge**  
Research Associate

**Heather Strosher**  
Research Coordinator

**Michaela Smith**  
Research Assistant

**Kara Taylor**  
Research Assistant

**Jen Theil**  
Assistant to the Director

**Joanne Thompson**  
Research Assistant

**Kate Vallance**  
Research Associate

**Thea van Roode**  
Research Coordinator

**Jonathan Woods**  
Communications Coordinator
Staff (Vancouver)

Cindy Andrew
Program Consultant,
Helping Schools

Dr. Mahboubeh Asgari
Research Associate

Nicole Bodner
Research Assistant

Dr. Tim Dyck
Research Associate

Kristina Jenei
Research Assistant

Gaelle Nicolussi Rossi
Research Associate

Dr. Trudy Norman
Research Associate

Bette Reimer
Research Associate

Catriona Remocker
Research Associate

Cathy Spence
Assistant to Dan Reist

Post-Doctoral Fellows

Dr. Marion Selfridge
(Social Work)

Dr. Sana Shahram
(Nursing)
Advisory Board

Cheryl Armstrong
Health Research Project Officer, Office of the Vice-President Research

Dr Lynne Belle-Isle
Project Consultant, Canadian AIDS Society

Dr Laurence Bosley
Director, Addictions Services, Island Health

Dr Russ Callaghan
Professor, Northern Medical Program, University of Northern British Columbia

Dr. Lisa Kalynchuk
Associate Vice President, Research, University of Victoria

Dr. Perry Kendall
Provincial Health Officer, BC Ministry of Health

Andrea Langlois
International Centre for Ethnobotanical Education

Inspector Scott McGregor
Community Services Division, Victoria Police Department

Erika Mundel
Senior Policy Analyst, First Nations Health Authority

Warren O’Briain
Executive Director, Communicable Disease Prevention, Harm Reduction and Mental Health, BC Ministry of Health

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

Sandra Richardson
Chief Executive Officer, Victoria Foundation
Collaborating Scientists

**Dr. Jeffrey Brubacher**  
Emergency Physician and Researcher, Vancouver General Hospital

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

**Dr. Erin Hobin**  
Scientist, Public Health Ontario

**Dr. Bonnie Leadbeater**  
Professor, Department of Psychology, University of Victoria

**Dr. Lenora Marcellus**  
Associate Professor, School of Nursing, University of Victoria

**Dr. Timothy Naimi**  
Professor, Boston University Schools of Medicine and Public Health

**Dr. Eric Roth**  
Professor, Department of Anthropology, University of Victoria

**Dr. Amanda Slaunwhite**  
Post-Doctoral Fellow, Department of Sociology, University of New Brunswick

**Dr. Gerald Thomas**  
Director, Alcohol & Gambling Policy, Healthy Populations and Development, BC Ministry of Health

**Dr. Bruce Wallace**  
Assistant Professor, School of Social Work, University of Victoria
Research Affiliates

Dr. Lynne Belle-Isle  
Project Consultant, Canadian AIDS Society

Clifton Chow  
Research Coordinator, Youth Addictions, Vancouver Coastal Health Authority

Dr. Anne George  
Associate Professor, Pediatrics, School of Population and Public Health, Faculty of Medicine, University of British Columbia

Alissa Greer  
Research Coordinator, BC Centre for Disease Control

Dr. Marvin Krank  
Professor, Psychology, University of British Columbia, Okanagan

Dr. Nathan Lachowsky  
Assistant Professor, School of Public Health and Social Policy, University of Victoria

Philippe Lucas  
Vice President, Patient Services, Tilray

Samantha Magnus  
Health Information Analyst, Methodologies and Cross Sector Analysis, BC Ministry of Health

Dr. Megan McLarnon  
Assistant Professor of Clinical Practice and Director of Clinical Training, Department of Psychology, Simon Fraser University
Research Affiliates cont’d

Dr. Ingrid Pacey
Psychiatrist, Vancouver, BC

Kathleen Perkin
Manager, Harm Reduction Policy, BC
Ministry of Health

Dr. Rachel Phillips
Executive Director, PEERS Victoria
Resources Society

Dr. Diane Rothon
Physician

Dr. Deborah Rutman
Adjunct Associate Professor, Faculty of Human and Social Development,
University of Victoria

Dr. Kara Thompson
Assistant Professor, Department of Psychology, St Francis Xavier University

Dr. Mikhail Torban
Researcher

Dr. Zach Walsh
Assistant Professor, Psychology, Co-Director, Centre for the Advancement of Psychological Science and Law,
University of British Columbia

Ashley Wettlauffer
Research Coordinator, Centre for Addiction and Mental Health, Ontario

Dr. Erica Woodin
Associate Professor, Department of Psychology, University of Victoria
Graduate Students

Katrina Barber
Social Dimensions of Health Program (MA), University of Victoria

Meaghan Brown
School of Nursing (PhD), University of Victoria

Kelly Davidson
School of Health Information Science (MSc), University of Victoria

Phuc Dang
Social Dimensions of Health Program (PhD), University of Victoria

M. Forsyth
Department of Sociology (PhD), University of Victoria

James Fraser
Social Dimensions of Health (MA), University of Victoria

Peter Greenwell
Department of Sociology (PhD), University of Victoria

Alissa Greer
Interdisciplinary Studies (PhD), University of British Columbia

Priscilla Healey
School of Child and Youth Care, University of Victoria

Andrew Ivsins
Department of Sociology (PhD), University of Victoria

Chantele Joordens
Social Dimensions of Health Program (PhD), University of Victoria

Vandana Joshi
Social Dimensions of Health Program (PhD), University of Victoria

Alex Kent
School of Public Health and Social Policy (MA), University of Victoria

Megan Kirk
School of Nursing, University of Victoria

Philippe Lucas
Social Dimensions of Health Program (PhD), University of Victoria

Renay Maurice
Department of Sociology (MA), University of Victoria

Heather McArel
School of Public Health and Social Policy (MPH), University of Victoria

Lacey Mesley
School of Public Health and Social Policy (MPH), University of Victoria

Valerie Nicol
Social Dimensions of Health (MA), University of Victoria

Renee O’Leary
Social Dimensions of Health Program (PhD), University of Victoria
Graduate Students Cont’d

Audra Roemer  
Department of Psychology  
(PhD), University of Victoria

Marion Selfridge  
Social Dimensions of Health Program (PhD), University of Victoria

Lindsay Shaw  
Department of Anthropology  
(MA), University of Victoria

Adam Sherk  
Social Dimensions of Health Program (PhD), University of Victoria

R. Willier  
Department of Sociology  
(MA), University of Victoria

Undergraduate Students

Andrea Appolos  
School of Nursing (BA, Honours)

Sasha Goatley  
Department of Psychology  
(BA, Honours)

Sarah Luettgen  
Department of Biology (Honours independent research project)

Volunteers

Kiran Bhangu  
Harpreet Bhela  
Andrew Boyce  
Megan Deyman  
Amanda Farrell-Low  
James Fraser  
Sasha Goatley  
Eric Huang  
Dakota Inglis  
Rae Ismail  
Jacob Koudys  
Hana Mildenburger  
Sam Perreault  
Lindsay Shaw  
Hannah van Mook  
Nicole Vishnevsky  
Nicole Warren  
Janithri Withanage  
Kara Whitlock  
Cathy Zwicker
COLLABORATING CENTRES

Canada

Canadian Centre on Substance use and Addiction, Ottawa, ON
Centre for Addiction and Mental Health, Institute for Mental Health Policy Research, Toronto, ON
Propel Centre for Population Health Impact at the University of Waterloo, ON.

International

Alcohol Research Group, National Alcohol Research Center, Berkeley, CA, USA
National Drug Research Institute, Curtin University, Perth, WA, Australia
Sheffield Alcohol Research Group, School of Health and Related Research, University of Sheffield, UK
COMMUNITY COLLABORATIONS

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

**Victoria:**
- AIDS Vancouver Island
- Burnside Gorge Community Association
- CRD Child and Youth Network
- CRD Healthy Schools
- Greater Victoria Coalition to End Homelessness
- Office of the Superintendent of Motor Vehicles, BC
- Our Place Society
- Peers Victoria Resource Society
- Society of Living Intravenous Drug Users (SOLID)
- South Island Community Overdose Response Network
- Together Against Poverty Society
- Tri-District (Sooke, Greater Victoria, Saanich School Districts) Interagency Committee
- Umbrella Society
- Victoria Cool Aid Society

**Vancouver:**
- Canadian Students for Sensible Drug Policy
- Dr. Peter Centre
- Drug Users Resource Centre (DURC)
- Eastside Illicit Drinkers for Education
- Health Initiatives for Men (HIM)
- Portland Hotel Society
- Positive Living Society of BC
- Providence Health Care
- Qmunity
- School District #39 (Vancouver)
- Vancouver Area Network of Drug Users (VANDU)
- Vancouver Coastal Health
- YouthCo AIDS Society
British Columbia:

Abbotsford Fentanyl Working Group
Addiction Matters Kamloops
Agassiz-Harrison Healthy Communities Committee
Boundary LAT (Grand Forks)
Bridge for Health (through PHABC)
BC Centre for Disease Control
BC Centre for Excellence in HIV/AIDS
BC Centre on Substance Use
BC Healthy Living Alliance (through PHABC)
BC Mental Health and Substance Use Collaborative
BC Ministry of Health
BC Ministry of Justice
BC National Collaborating Centre for Aboriginal Health
BC Poverty Reduction Coalition (through PHABC)
BC School Centred Mental Health Coalition
Canadian Mental Health Association (Vernon)
District of Mission
East Kootenay Harm Reduction Collaborative (Cranbrook)
First Nations Health Authority (Interior)
Fraser Health
Fraser Northwest LAT (Tri-Cities)
Haida Gwaii LAT (Queen Charlotte)
Healthy Schools BC
Hope Community Coalition
Interior Health
Lakes District LAT (Burns Lake)
Langley Opioid Response Collaborative
Lower Fraser Valley Aboriginal Society (Langley)
Lower Mainland Purpose Society (New Westminster)
Maple Ridge Opioid Overdose Response Team
Matsqui Abbotsford Impact Society
Nelson Fentanyl Task Force
Northern Health Authority
Oceanside Public Health Services (Parksville)
Office of the Provincial Health Officer, BC Ministry of Health
Our Cowichan Communities Health Network (Duncan)
Pacific Community Resources Society (Chilliwack)
People for a Healthy Community on Gabriola Island Society
Port Alberni Shelter Society
Positive Living North (Dawson Creek)
Provincial Health Services Authority (PHSA)
Public Health Association of British Columbia (PHABC)
Richmond Addition Services Society
Sacred Wolf Friendship Centre (Port Hardy)
Saik’uz First Nation
Salt Spring and Southern Gulf Islands Community Services Society (Ganges)
Sea to Sky Community Services (Squamish)
School District #42 (Maple Ridge)
School District #68 (Nanaimo-Ladysmith)
Society To End Homelessness in Burnaby
Sources Community Resources (White Rock)
Sunshine Coast LAT (Sechelt)
Surrey North Delta LAT
Surrey Vulnerable Women and Girls Working Group
Urban Matters (Fort St. John)
Vancouver Island Health Authority (VIHA)
VIU Child and Youth Care Program Centre for Community Outreach and Care (Nanaimo)
Rest of Canada:

CAN, Canadian Association of People who use Drugs
ON, Canadian Centre for Justice Statistics (CCJS), Statistics Canada
CAN, Canadian Centre on Substance Abuse, Ottawa
CAN, Canadian Drug Policy Coalition
CAN, Canadian Institute for Health Information (CIHI)
CAN, MADD Canada
CAN, National Collaborating Centre for Determinants of Health
CAN, Public Health Agency of Canada, Ottawa
ON, Art Manuel House, Toronto
ON, Canadian Mental Health Association, Sudbury Branch
ON, Centre for Addiction and Mental Health, Toronto
ON, City of Toronto/Seaton House Annex Harm Reduction Program, Toronto
ON, Haven Toronto, Toronto
ON, Good Shepherd Ministries, Toronto
ON, Haldimand-Norfolk Public Health
ON, Ministry of Transportation, Government of Ontario
ON, National Collaborating Centre for Methods and Tools
ON, Ottawa Inner City Health, Ottawa
ON, Propel Centre for Population Health Impact, University of Waterloo
ON, Public Health, Ontario
ON, Shelter House (Kwae Kii Win Centre), Thunder Bay
ON, Toronto Public Health
ON, Wesley Urban Ministries, Hamilton
NS, Dalhousie University
NS, National Collaborating Centre for Determinants of Health
NS, St. Francis Xavier University
QC, Institut National de Santé Publique du Québec (INSPQ)
QC, National Collaborating Centre for Healthy Public Policy
YK, Yukon Liquor Corporation

CISUR Research Associate Kate Vallance (second from right), with (L-R) Leslie Munson (Alberta Health Services), CISUR Research Affiliate Ashley Wettlaufer (Centre for Addictions and Mental Health, Ontario), and CISUR Collaborating Scientist Erin Hobin (Public Health Ontario) at the Canadian Partnership Against Cancer’s “Evidence-Informed Alcohol Policy for Cancer Prevention” workshop in Winnipeg, Manitoba in March 2018.
“To build Canadian infrastructure and capacity to conduct research and knowledge exchange that will increase understanding and support more effective responses to substance use.”

Highlights

It was a successful year for obtaining funding for both research and knowledge exchange activities at CISUR with a total of $5.4 million available for the 2017/2018 financial year from broad variety of sources. There was a good balance between peer-reviewed funding sources ($1.52 million), knowledge exchange grants ($2.3 million), research contracts ($0.7 million) and internal resources such as endowments and administrative fees ($1 million). We have also continued to build research capacity through the creation of new resources such as InterMAHP, a web-based tool described below designed to support researchers the world over in estimating harms from alcohol in their local population. The resource has been extensively downloaded and has been used to support our collaborative work with agencies Canada-wide and also in Sweden, Finland, the US and Australia.

Adam Sherk, CISUR Research Associate and PhD candidate in the Social Dimensions of Health program, developed InterMAHP, a tool for public health specialists to estimate the harms from alcohol in their jurisdictions.
How much does alcohol cost? Think beyond the price of a bottle of wine; how many deaths per year are due to alcohol-related colon cancer? How about hospitalizations due to impaired driving accidents?

Estimating these larger costs related to alcohol use involves a lot of complex calculations, which means a lot of time and effort. This is why Adam Sherk, a PhD student and research associate with UVic’s Canadian Institute for Substance Use Research (CISUR), developed the International Model of Alcohol Harms and Policies, or InterMAHP.

Sherk got the idea for InterMAHP when he noticed that CISUR was handling several projects that involved estimating the harms caused by alcohol—in particular, around hospital visits and fatalities that could be attributed to drinking.

InterMAHP, which is free to download and comes with an extensive user manual, allows researchers, policymakers and others to calculate something called an alcohol-attributable fraction, or AAF. Sherk points to the example of liver cirrhosis, a condition often associated with alcohol use.

“Some but not all of the cases of liver cirrhosis in a population occur because people are drinking alcohol,” he explains. “But what percentage is caused by alcohol drinking? Is it 25 per cent, 50 per cent or 75 per cent?”

Here’s how the tool can help determine that. InterMAHP makes use of region-specific data around alcohol consumption and drinking patterns, as well as for 40 alcohol-related health conditions (everything from certain types of cancer to car accidents), sorted by gender and age.

InterMAHP can then calculate what percentage of harms in a region are due to alcohol (the AAF)—calculations that used to take weeks. InterMAHP also offers some consistency in how these values are calculated. The AAF can then be used to figure out how much a government is spending on alcohol-related hospital visits per year.

To develop the tool, Sherk worked with CISUR director Tim Stockwell and programmer John Dorocicz, as well as Jürgen Rehm and Kevin Shield from the Centre for Addiction and Mental Health, who are responsible for producing the World Health Organization’s Global Status Reports on Alcohol and Health and Global Burden of Disease (of alcohol) studies.

Sherk and others are already applying InterMAHP on a global scale. Sherk will be attending three international alcohol research conferences this year. The tool is currently being used on alcohol policy projects in Finland and Sweden, as well as for two provincial projects (in BC and Quebec) and for a national study estimating the harms of substance use in Canada. Other jurisdictions are starting to use it, too; InterMAHP is being used to drive the relative risk estimation in the US Center for Disease Control and Prevention’s Alcohol-Related Disease Impact online tool.

“We’re very fortunate to have a doctoral candidate of Adam’s calibre dedicating his studies to the development of this valuable resource. InterMAHP is a wonderful example of the kind of interdisciplinary and applied research that UVic’s Social Dimensions of Health program was set up to accomplish. Adam is combining his background and skills in economics, mathematics and public health to create a world-class resource that will contribute to improved global health and safety.” - CISUR Director Tim Stockwell
Successful applications to funding competitions

Toward an Equity Oriented Framework to inform responses to opioid overdoses (EOF): A scoping review. Canadian Institutes for Health Research, Opioid Knowledge Synthesis 2018, $60,000 from March to Aug 2018.


Evaluation of an inpatient addictions medicine consult service in Island Health. Vancouver Island Health Authority, Seed Grant Competition, $4,870 from April to September 2017.


Structural vulnerability, aging, and care at the end of life. Canadian Institutes of Health Research, Institute Community Support, $20,000 from 2017 to 2018.

Closing the health equity gap: Implementing health equity in harm reduction responses to the opioid overdose crisis. Canadian Institutes of Health Research, Institute of Population & Public Health’s Planning & Dissemination Grant, $20,000.


Sexual behaviours, substance use, and perceptions of risk in group sex environments. University of Victoria, Internal Research and Creative Project Grant, $7,000 from 2017 to 2018.

Feasibility of crystal methamphetamine interventions among gay, bisexual and other men who have sex with men in British Columbia. Canadian Institutes of Health Research Canadian HIV Trials Network, Pilot Study Funding Program, $100,000 from 2017 to 2019.
Commissioned contracts won and other grants

**Opioid overdose response: Supporting community dialogues.** BC Ministry of Public Safety and Solicitor General, $290,000 for 2017.

**Evaluation of the public health and safety impacts of the Finnish government alcohol monopoly.** Alko, €159,946 (approx. $240,297), from March to November 2018.


**An evaluation of the public health and safety impacts of the 2014 BC Liquor Review.** Office of the Provincial Health Officer, $25,000 from October 2017 to September 2018.

**Alcohol warning labels as a tool to increase public awareness of alcohol-related health risks and reduce population alcohol intake.** Public Health Ontario, $80,000 from April 2017 to March 2018.

**Assessment of federal alcohol policy implementation.** Public Health Agency of Canada, $25,000 from April 2017 to March 2018.
Total Income for 2017/2018

The chart below identifies our major sources of income (including funds carried forward) during the 2017/18 fiscal year. Combined surpluses (or deficits) carried forward and new revenue for the fiscal year came to a total of $5,352,479. A good proportion of funding (28%) came from peer-reviewed grants (mostly CIHR), while funds from knowledge exchange and other contracts made the largest contribution (44%).

CARBC/CISUR 2017/18 Revenue and Carry Forward Summary

- Research Grant Competitions $1,520,851
- Other Research Grants and Contracts $637,220
- Knowledge Exchange Grants and Contracts $2,330,576
- Endowment $545,318
- Overhead $318,514
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<tr>
<th>OBJECTIVES</th>
<th>PERFORMANCE INDICATORS</th>
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<tbody>
<tr>
<td>To maintain or increase national and international funding for substance</td>
<td>Maintain or increase funding for substance use research won by CISUR scientists</td>
</tr>
<tr>
<td>use and health research at CISUR</td>
<td>from (a) Canadian and international peer reviewed sources (b) Canadian and international</td>
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<td></td>
<td>contracts</td>
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<td></td>
<td>Benchmark: (a) $750,000 (b) $150,000 per annum</td>
</tr>
<tr>
<td></td>
<td>2017/2018: (a) $1,520,851 (b) $637,220</td>
</tr>
<tr>
<td>To maintain or increase funding for knowledge exchange concerning substance</td>
<td>Maintain or increase funding for substance use knowledge exchange held by CISUR from (a)</td>
</tr>
<tr>
<td>use and health promotion at CISUR</td>
<td>Canadian and international peer reviewed sources (b) Canadian and international contracts</td>
</tr>
<tr>
<td></td>
<td>Benchmark: (a) $1,250,000 (b) $1,250,000 per annum</td>
</tr>
<tr>
<td></td>
<td>2017/2018: (a) $1,762,161 (b) $568,415</td>
</tr>
<tr>
<td>To maintain or increase the number of national and international funding</td>
<td>Maintain or increase number of funding applications for new research programs identified</td>
</tr>
<tr>
<td>applications for long term research programs addressing research areas of</td>
<td>in one or more identified priority areas (see Key Result Area 2)</td>
</tr>
<tr>
<td>high priority in Canada</td>
<td>Benchmark: 15 applications</td>
</tr>
<tr>
<td></td>
<td>2017/2018: 20</td>
</tr>
<tr>
<td>To achieve successful national and international collaborations with</td>
<td>Number of projects initiated that involve (a) community partners (b) researchers with</td>
</tr>
<tr>
<td>researchers and community partners on projects that will lead to increased</td>
<td>relevant expertise who are new to substance use and addictions research</td>
</tr>
<tr>
<td>capacity and increased expertise in addictions research</td>
<td>Benchmark: (a) 12 (b) 6</td>
</tr>
<tr>
<td></td>
<td>2017/2018: (a) 18 (b) 17</td>
</tr>
</tbody>
</table>
“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.”

Highlights

In 2017/2018 we had a total of 10 CISUR PhD-qualified Scientists supervising or co-supervising 27 graduate students from a variety of disciplines including psychology, sociology, nursing, public health, health information sciences, epidemiology, biology and interdisciplinary studies. Out of these 27 graduate students, 11 were registered with the Social Dimensions of Health Program. We also supervised three honours dissertations and supported two postdoctoral fellows.

Honours and Awards

Cecilia Benoit

- 2018 Paz Buttedahl Career Achievement Award, Confederation of University Faculty Associations of BC.

Bernie Pauly

- 2017 University of Stirling Honorary Professorship in the Salvation Army Centre for Addiction Services and Research.
- 2017 Red Deer College Honorary Bachelor’s Degree.

Nathan Lachowsky

- 2017 Randy Alex Coates New Investigator Award in Epidemiology and Public Health Sciences: to recognize a promising new researcher in the field and the best oral presentation, Canadian Association for HIV Research.

Following page: CISUR Scientist Bernie Pauly was featured as a face of UVic’s “Edge” marketing campaign for her “vital impact in supporting healthy communities.”
### Table 2: Performance Indicators for Key Result Area 2 (Engaging Academic Expertise)

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>PERFORMANCE INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.1</strong> To attract and retain high quality researchers from a</td>
<td>Maintain or increase number of (a) PhD qualified researchers and</td>
</tr>
<tr>
<td>broad range of disciplines to the BC substance use and</td>
<td>affiliates within CISUR, and (b) postdoctoral fellows with CISUR each year</td>
</tr>
<tr>
<td>addictions field</td>
<td>Benchmarks: 12 / 3</td>
</tr>
<tr>
<td></td>
<td><strong>2017/2018</strong>: (a) 33 (b)</td>
</tr>
<tr>
<td></td>
<td><strong>2.2</strong> To attract and retain high quality students from a</td>
</tr>
<tr>
<td>broad range of disciplines to the BC substance use and</td>
<td>supervision per year</td>
</tr>
<tr>
<td>addictions field</td>
<td>Benchmark: 25</td>
</tr>
<tr>
<td></td>
<td><strong>2017/2018</strong>: 26</td>
</tr>
<tr>
<td></td>
<td><strong>2.3</strong> To provide training opportunities and programs for</td>
</tr>
<tr>
<td>the development of additional research skills among</td>
<td>conferences or training events</td>
</tr>
<tr>
<td>CISUR staff, students and affiliates, taking advantage</td>
<td>Benchmark: 15</td>
</tr>
<tr>
<td>of existing opportunities through CIHR and research partners,</td>
<td><strong>2017/2018</strong>: 35</td>
</tr>
<tr>
<td>nationally and internationally</td>
<td>Contributions to graduate research training programs using substance use</td>
</tr>
<tr>
<td></td>
<td>examples or content by CISUR faculty at UVic and other Canadian</td>
</tr>
<tr>
<td></td>
<td>universities</td>
</tr>
<tr>
<td></td>
<td>Benchmarks: a) 5 courses taught b) 5 guest lectures presented per annum</td>
</tr>
<tr>
<td></td>
<td><strong>2016/2017</strong>: (a) 6 (b) 26</td>
</tr>
</tbody>
</table>
“To conduct high quality research that increases understanding of substance use, addiction and related harms in order to inform effective responses and promote health.”

Highlights

A major reason for the award of our new name with “Canadian” in the title was the increasing number of studies with a national scope. In 2017/2018 these included a leadership role in the Canadian Student Tobacco Alcohol and Drug Survey; the Northern Alcohol Study in collaboration with Public Health Ontario exploring the impact of health warning labels on alcohol containers in the Yukon compared with Northwest Territories as a control; a Canada wide study of the sex industry including a focus on substance use; an evaluation of services in Ontario for pregnant women experience substance use problems; a national evaluation of Managed Alcohol Programs; an assessment of the implementation of evidence-based alcohol policies in all Canadian provinces and territories; and a comprehensive study of the economic costs of substance use in collaboration with the Canadian Centre on Substance use and Addictions. The latter study is discussed below as a special feature.

**Figure 1.** Overall costs (in billions) and percentage of total overall costs attributable to substance use by substance and cost type, 2014
It’s taken two years, 12 researchers and a whole lot of data, but the Canadian Substance Use Costs and Harms (CSUCH) study has calculated just how much substance use is costing Canadians every year—and the conclusion is a substantial amount.

The ground-breaking project, a partnership between CISUR and the Canadian Centre on Substance Use and Addiction, found that Canada spent $38.4 billion on substance use in 2014, equal to $1,140 for every Canadian. Over 70 percent of these costs were related to alcohol and tobacco. Opioids placed a distant third, with cannabis in fourth place.

“This is important because I think we take some of the drugs and their costs for granted,” says Tim Stockwell, one of CSUCH’s principal investigators. “It’s good to look at them all on the same page, and add up their total costs to us as a society.”

The study, released in June 2018, looked at eight different substances—alcohol, tobacco, opioids, cannabis, cocaine, stimulants, depressants and other substances, such as psychedelics—and calculated what they cost society in terms of healthcare, lost productivity, criminal justice and other direct costs. The teams gathered data from a wide variety of sources, including Statistics Canada, Canadian Institute for Health Information, police databases and various territorial and provincial health surveys, in order to calculate costs for all 13 provinces and territories in Canada from 2007 to 2014.

“Alcohol is the leading contributor to these costs; it’s now ahead of tobacco, and that’s a trend that’s happened over the last 20, 30 years,” explains Stockwell. “With tobacco, we’ve reaped the benefits of public-health campaigns, and we’re also reaping the adverse consequences of loosening restrictions on the sale and promotion of alcohol.”

While 2014 was the latest year that complete, accurate data was available for all substances, the CSUCH team hopes to update the numbers on a regular basis from here on out. A data visualization tool, which would allow users to create their own tables and graphs by region, substance, cost type or demographic, is also in the works.

“This is a baseline we’ve been able to establish,” says Stockwell. “We are going to repeat this year after year as cannabis legalization kicks in and as we respond to the opioid crisis, we’ll be able to monitor how these costs fluctuate overall and the relative positions of the different drugs and how effective we’re being with our policies of restricting the harms.”

While the overall number in this study is very similar to the amounts presented in Rehm et al’s “The Cost of Substance Abuse in Canada in 2002”—the last project that aimed to calculate how much substance use cost Canadians—Stockwell cautions that the two reports can’t be directly compared due to different methods being used.

“We believe we used more careful, more precise methods. More data were available to us, new methods have developed;” he says. Stockwell hopes this project helps kickstart conversations around substance use in Canada and how it touches many aspects of our lives.

“People are concerned about violence, they’re concerned about cancer, they’re concerned about road crashes, and they’re concerned about healthcare costs,” he says. “They don’t often connect those with fundamental causes like how we use drugs in society.”
RESEARCH PRIORITY 1

SUBSTANCE USE PATTERNS AND RELATED HARDS

CISUR PROJECTS

Developing an internet based resource for reporting alcohol attributable harm in Australia

**Investigators:** Stockwell, T., Sherk, A., Chikritzhs, T., & Dorocicz, J.

**Funding body:** National Drug Research Institute

**Duration of support:** 2016-2018

**Value:** $20,000

BC Alcohol and Other Drug (AOD) Monitoring Project

**Investigators:** Pauly, B. (co-PI), Urbanoski, K. (co-PI), Stockwell, T. (co-I), Wallace, B. (co-I), Vailance, K., Chow, C., Zhao, J., & Dorocicz, J.

**Funding bodies in 2017/18:** BC Provincial Health Services Authority and the BC Ministry of Health

**Duration of support:** 2012-2018

The economic costs of substance use in Canada

**Investigators:** Stockwell, T., Young, M. & Macdonald, S. (Ps), Sherk, A., Wallingford, S., Sorge, J., Kent, P., Dorocicz, J., Fairbank, J., & Zhao, J. (co-Is)

**Funding bodies:** Health Canada and Canadian Centre on Substance Use and Addiction (CCSA)

**Duration of support:** 2016-2018

Canadian Student Tobacco, Alcohol and Drug Survey


**Funding Body:** Health Canada

**Duration of support:** 2016-2019

Investigating systematic bias in studies of health benefits from moderate drinking

**Investigators:** Stockwell, T., Britton, A., Naimi, T., Sherk, A., & Chikritzhs, T.
CISUR AFFILIATED PROJECTS

Systematic review of cannabis as a complement to or substitute for alcohol and opioids

Investigators: Lucas P., Walsh, Z., & Reiman, A.

Demographic and regional variation of drug-impaired driving in Canada (Alberta)

Investigator: Jeff Brubacher
Funding Body: Alberta Ministry of Transportation

Demographic and regional variation of drug-impaired driving in Canada (Saskatchewan)

Investigator: Jeff Brubacher
Funding Body: Saskatchewan Government Insurance

Evaluation of the effect of cannabis legalization on road safety

Investigators: Brubacher, J. (PI), Asbridge, M., Brant, R., Chan, H., Erdelyi, S., & Macdonald, S. (co-Is)
Funding body: Canadian Institutes of Health Research
Duration of support: Apr 2017 – May 2022
RESEARCH PRIORITY 2

EDUCATIONAL, LEGISLATIVE AND REGULATORY STRATEGIES

CISUR PROJECTS

Police discretion with high risk substance using youth


Funding body: Social Sciences and Humanities Research Council (SSHRC)

Duration of support: 2016-2020

Evaluation of the public health impacts of Systembolaget, the Swedish government alcohol monopoly


Funding body: Systembolaget, Swedish Government.

Duration of support: 2016-2017

Estimating the impact of alcohol use on health harms and the effects of having different price policies in Quebec

Investigators: Stockwell, T., April, N., Sherk, A., & Sorge, J.

Funding body: INSPQ, Quebec

Duration of support: 2016-2018

Value: $20,000

Alcohol, energy drinks and other stimulants: An emergency room study assessing the effects of gender, context and substance use on injury risk

Investigators: Stockwell, T. (PI), Cherpitel, C. (co-PI), Macdonald, S., Brubacher, J., Brache, K., Zhao, J., & Maclure, M.

Funding bodies: Canadian Institutes of Health Research (CIHR) operating grant and CISUR endowment fund

Duration of support: 2012-2018

Evaluating the Impact of minimum pricing in Saskatchewan on crime and health outcomes

Investigators: Sherk, A., Stockwell, T., Callaghan, R., & Macdonald, S.

Funding body: Internal CISUR funding

Duration of support: 2017-2018

Value: $10,000
In November 2017, after being tied up in court challenges for five years, the UK Supreme Court ruled that Scotland could set a minimum price for alcohol. CISUR research, led by Director Tim Stockwell and Scientist Jinhui Zhao (pictured above), which has demonstrated the effectiveness of minimum unit pricing in reducing alcohol-related harms, played a key role in bolstering the case for the policy in a country where an average of 22 people a week die from alcohol-related causes (source: BBC).

Commenting on the decision in Scottish national newspaper The Herald, Tim predicted that “people will be surprised by the reductions in crime, hospital admissions and deaths, all other things being equal, because there could be crosswinds caused by the economy booming and goodness knows what else. If it is compared with [other countries] you should observe profound effects.”

The following is an excerpt detailing Tim's original, expert testimony presented before the Scottish courts in January 2012:

In the evening session, Timothy Stockwell, professor at the University of Victoria BC, made a presentation on the effectiveness of minimum pricing in Canada. Asking himself the question of “why introduce minimum pricing”, when across the board tax increases would reduce average consumption, Prof Stockwell said that it was known that the heaviest drinkers gravitated towards the cheapest alcohol. Young people and high risk drinkers were especially responsive to minimum pricing. Prof Stockwell was effusive in his praise of the proposed legislation, stating that the Bill would “without a shred of doubt” save lives, reduce healthcare costs, prevent death and injury on the roads, prevent birth defects, and reduce public violence and a range of other things. He agreed with the likely impact as modelled by Sheffield University.

Featured Policy Impact: Minimum Unit Pricing for Alcohol in Scotland
An estimation of the health and economic costs of alcohol use in Finland and the impact on these of the privatization of the Finnish government alcohol monopoly

**Investigators:** Stockwell, T. (PI), Angus, C., Chaloupla, F., Chikritzhs, T., Holmes, J., Meier, P., Naimi, T., Norstrom, T., Ramstedt, M., Sherk, A., Simpura, J., & Sorge, J.

**Funding body:** Alko, Finland

**Duration of support:** 2018

An evaluation of an alcohol labelling intervention to raise awareness of health harms, low-risk drinking guidelines and standard drink contents of alcohol containers: a comparison of two northern Canadian cities


**Funding body:** Substance Use and Addictions Program, Health Canada

**Duration of support:** 2016 - 2019

An evaluation of the public health and safety impacts of the 2014 BC Liquor Law reforms

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

**Funding body:** The Office of the BC Provincial Health Officer

**Duration of support:** 2016 - 2018

The promotion of alcohol consumption in bars through social media: an assessment of compliance of digital promotions with traditional alcohol advertising regulations in Canada

**Investigators:** Goatley, S. (Honours student, Psychology), Stockwell, T. (Supervisor), & Paradis, C. (co-I)

**Funding body:** Canadian Centre on Substance use and Addiction

**Duration of support:** 2017 - 2018
COMMUNITY-BASED PREVENTION PROGRAMS

CISUR PROJECTS

Working together: Evaluating an integrated model of care for people experiencing homelessness and substance use problems

Investigators: Pauly, B., Lynn, D. (co-PIs), Anderson, M., Barber, K., Goble, C., Hall, S., Hobbs, H., Jensen, K., Thomas, S., Thompson, T., & Wallace, B.
Funding body: Island Health Collaborative Grant
Duration of support: 2015-2017

The Protection of Communities and Exploited Persons Act: A structural intervention impacting health equity for sex workers

Funding body: Canadian Institutes of Health Research (CIHR), Operating Grant
Duration of Support: 2016 – 2019

Investing in police and non-profit organizational partnerships to enhance responses to sexual assault of sex workers

Investigators: Phillips, R. (PI) & Benoit, C. (co-I)
Funding body: Justice Canada Victims
Duration of Support: 2017 - 2019

In March 2018, CISUR Scientist Cecilia Benoit presented on the matter of sex workers and human trafficking as part of the Standing Committee on Justice and Human Right’s investigation of human trafficking in Canada.
RESEARCH PRIORITY 4

TREATMENT SYSTEMS AND PROGRAMS

CISUR PROJECTS

Compulsory addiction treatment: Toward evidence-based policy and practice

Investigators: Urbanoski, K., Hering, R. (co-PIs), MacDonald, S., & Wild, T.
Funding body: Vancouver Island Health Authority
Duration of support: 2016-2017

Managed Alcohol Programs: implementation and effectiveness

Investigators: Pauly, B., Stockwell, T. (co-PIs), Chow, C., Vallance, K., & Wettlaufer, A.
Funding bodies: Canadian Institutes of Health Research (CIHR); Michael Smith Foundation for Health Research; Vancouver Coastal Health Authority, Canadian Mental Health Association, Sudbury Branch
Duration of support: 2016 - 2019

From research to practice: Addressing the gaps in entry-to-practice HIV nursing competencies in Canada

Funding body: Canadian Institutes of Health Research (CIHR), Meeting, Planning and Dissemination Grant
Duration of support: 2016 - 2017

Preventing and reducing harms of substance use in homeless shelter programs

Investigators: Wallace, B. (PI), McTavish, D., & Pauly, B. (co-I)
Funding body: Vancouver Foundation, Develop Research Grant
Duration of support: 2015 - 2016

Healthy mothers, healthy families: Evaluating integrated treatment for pregnant and parenting women with addictions

Funding body: Canadian Institutes of Health Research

Navigating the ethics of inpatient syringe exchange in a large acute care hospital

Investigators: Pauly, B.
Funding body: Canadian Institutes of Health Research (CIHR)
Duration of support: 2014-2017

Following page: A resident sits on the front porch of his home at Art Manuel House managed alcohol program (MAP) in Toronto. Supportive housing is provided as part of this MAP (photo: Ashley Wettlaufer).
Equity Lens in Public Health (ELPH): Reducing health inequities, the contribution of Core Public Health Services in BC


**Funding body:** Canadian Institutes of Health Research (CIHR)

**Duration of support:** 2011-2018

Reducing the stigma of substance use and building capacity in patient-oriented primary care research

**Investigators:** Urbanoski, K. (NPI), Pauly, B. (PI), Bullock, B. (PKU), Cater, J. (PKU), Hancock, C. (PKU), Hartney, E., & Wallace, B. (co-Is)

**Funding bodies:** Canadian Institutes of Health Research (CIHR)/UVic/ Island Health Authority (IHA), Strategy for Patient-Oriented Research (SPOR) – Patient-Oriented Research Collaboration Grants

**Duration of Support:** 2017-2018

Evaluation of an inpatient Addictions Medicine Consult Service in Island Health

**Investigators:** Urbanoski, K., Hering, R. (PIs), Jankowski, T., & Inglis, D.

**Funding body:** Vancouver Island Health Authority

**Duration of support:** 2017

Socio-Cultural and environmental health risks and resilience among street-based women and transgender sex workers

**Investigators:** Orchard, T., Benoit, C. (PIs), Burch, M., Mohoney, R., & Oliver, V.

**Funding body:** Canadian Institutes of Health Research (CIHR)

**Duration of support:** 2015-2017
CISUR AFFILIATED PROJECTS

Equity oriented primary healthcare interventions for marginalized populations: Addressing structural inequities and structural violence


Funding body: Canadian Institutes of Health Research (CIHR)

Duration: 2011-2016

An Indigenous equity lens for public health

Investigators: Loppie, C. (PI), Carriere, J. (co-PI), Kent, A., MacDonald, M., & Pauly, B. (co-Is)

Funding body: Canadian Institutes of Health Research (CIHR), Planning and Dissemination Grant


Investigators: Callaghan, R. (PI)

Funding body: University of Northern British Columbia (UNBC)

Duration of Support: 2017

Assessing the potential impacts of Canada’s Minimum Age for Tobacco Sales (MATS) laws on youth smoking behaviour

Investigators: Callaghan, R. (PI), Bondy, S., Chaiton, M., & Schwartzm, R.

Funding body: Canadian Institutes of Health Research (CIHR)

Duration of Support: 2016-2017

Photo following pages: the “reducing stigma in primary care research team” brought together people who use or have used substances, academic researchers (including CISUR Scientists Karen Urbanoski and Bernie Pauly and Research Associate Dakota Inglis), physicians, and health planners to develop a model of safe primary care for people who use substances (October 2017).
RESEARCH PRIORITY 6

EVALUATION OF EFFECTIVENESS OF KNOWLEDGE TRANSLATION AND EXCHANGE ACTIVITIES AND STRATEGIES

CISUR PROJECTS

The implementation of evidence-based alcohol policies in Canada: a national knowledge translation project


Funding body: Health Canada, Substance Use and Addictions Program

Duration of support: 2017-2019
### Table 3: Performance Indicators for Key Result Area 3 (Implementation of Quality Research)

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>PERFORMANCE INDICATORS</th>
</tr>
</thead>
</table>
| **3.1** To conduct research on the patterns, distribution, determinants and consequences of substance use in Canada and internationally | Number of epidemiological projects initiated, ongoing and/or successfully completed each year in this area.  
Benchmark: 15  
2017/2018: 10  |
| **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 | Number of CISUR special reports and commissioned reports focused on policy and practice.  
Benchmark: 5  
2017/2018: 26  |
| **3.3** To conduct research in the following other key priority areas:       | Number of research projects ongoing and completed  
Benchmark: 6  
2017/2018: 9  |
| • The impact of educational, legislative and regulatory strategies to minimize alcohol and other drug-related harms | Number of research projects ongoing and completed  
Benchmark: 5  
2017/2018: 5  |
| • Development and evaluation of more effective community prevention programs | Number of research projects ongoing and completed  
Benchmark: 8  
2017/2018: 6  |
| • Development and evaluation of more effective treatment systems and programs | Number of research projects ongoing and completed  
Benchmark: 10  
2017/2018: 9  |
| • The influence of structural determinants of social contexts of drug use on the implementation of harm reduction strategies | Number of research projects ongoing and completed  
Benchmark: 5  
2017/2018: 3  |
| • Research and evaluation of effectiveness of knowledge translation and exchange activities and strategies |                                         |
| **3.4** Develop and maintain significant collaborative projects with other researchers and research centres in North America and in other countries | Number of collaborative projects with other North American researchers and research agencies each year  
Benchmark: 10  
2017/2018: 22  |
| **3.5** Develop collaborative projects with international organizations such as WHO and the International Harm Reduction Association | Number of collaborations with WHO and other international organizations each year  
Benchmark: 5  
2017/2018: 8  |
“To disseminate knowledge that increases understanding of substance use and addiction, raises awareness of related harms, and identifies effective responses.”

Highlights

Media coverage

It was another busy year for CARBC/CISUR media coverage. We had around 170 primary media stories for 2017/2018, many of which were syndicated or wire stories that were repeated in multiple outlets, resulting in hundreds of other articles. This includes 100 print/web articles in publications such as The New York Times, The Globe and Mail, the National Post, Reuters Health, BBC Scotland, Sydney Morning Herald, Today’s Parent, Mother Jones and several Canadian Press wire stories.

Radio coverage included several CBC outlets across Canada (including Vancouver Island, Vancouver, Edmonton, Montreal and North), and CISUR scientists appeared on national CBC shows such as Ideas, Cross Country Checkup, The Current, Quirks and Quarks and As It Happens. Other radio coverage included numerous interviews on CFX 1070, Roundhouse Radio and News 1130.

Television news coverage included Global News (local and national), CHEK News, CBS News Boston, CBC News Vancouver and others. Stories about CISUR research were featured in outlets from across North America, as well as Australia, New Zealand, the UK, Belgium, Venezuela, France, Malaysia, Sweden and Poland.
The University of Victoria distributed five media releases featuring CISUR research, including one on CISUR’s alcohol and heart disease study, which was our most popular news topic of 2017/2018.

We have also seen an uptick in media outlets reaching out to CISUR scientists independent of media releases or studies being published, indicating that we are becoming known as go-to experts on a variety of topics related to substance use, including alcohol policy, alcohol and cancer, cannabis legalization, and e-cigarettes.

**CISUR media coverage during the 2017/18 fiscal year, by topic**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Primary Media Stories*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol and heart disease</td>
<td>30</td>
</tr>
<tr>
<td>Yukon labelling study</td>
<td>19</td>
</tr>
<tr>
<td>Cannabis legalization</td>
<td>14</td>
</tr>
<tr>
<td>Overdose crisis/supervised consumption</td>
<td>14</td>
</tr>
<tr>
<td>CIHI alcohol-related hospitalizations report</td>
<td>13</td>
</tr>
<tr>
<td>Managed Alcohol Programs</td>
<td>10</td>
</tr>
<tr>
<td>Alcohol policy (minimum pricing, etc.)</td>
<td>10</td>
</tr>
<tr>
<td>Alcohol and other health issues (diabetes, cancer, etc.)</td>
<td>8</td>
</tr>
<tr>
<td>Drug education/iMinds</td>
<td>8</td>
</tr>
<tr>
<td>Sweden’s Alcohol Monopoly study</td>
<td>6</td>
</tr>
<tr>
<td>Other topics (Alcohol and energy drinks, Opioids Dialogue Project, e-cigarettes, etc.)</td>
<td>31</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>163</strong></td>
</tr>
</tbody>
</table>

* Note: this number only includes primary stories and does not take into account syndicated or wire stories, and only includes stories that explicitly reference CISUR.
Featured Media Story: The Northern Territories Alcohol Study Saga

If we had to choose one media story of the year, it would be the controversy and coverage around the Northern Territories Alcohol Study. In November 2017, UVic and CISUR put out a media release titled “Alcohol warning labels about cancer risk a Canadian first.” Its release coincided with experimental warning labels appearing on alcoholic drinks across Yukon, which were placed there as part of a study CISUR is co-leading with Public Health Ontario designed to measure the public’s response to labels on alcoholic beverages warning of cancer risks and advertising low-risk drinking guidelines. The story also got some pickup on CBC’s As It Happens, the Times Colonist and local Yukon media outlets.

In December 2017, about a month after the labels had been placed, the Yukon government quietly put the labels on hold. An article in the Whitehorse Star stated that the reason for the suspension was that government had been approached by national representatives from the alcohol industry designed to measure the public’s response to labels on alcoholic beverages warning of cancer risks and advertising low-risk drinking guidelines. The story also got some pickup on CBC’s As It Happens, the Times Colonist and local Yukon media outlets.

The minister responsible for the liquor corporation, John Streicker, said the decision to eliminate the cancer label was made because of a possible lawsuit. The government believes its actions were lawful but there was a risk of a long and expensive court battle, he said.

What was meant to be a small study to test the effectiveness of alcohol warning labels in a small, remote territory with less than 35,000 residents turned into an international news story that has put alcohol warning labels and industry interference on the radar of many jurisdictions. While the study has had to be truncated and altered as a result of alcohol industry interference and the extensive media coverage, people across the world have now seen the experimental labels—including the ones about cancer risk.

The New York Times and The Wall Street Journal. It was revealed that the alcohol industry had been putting pressure on the government to stop the study. In February, it was announced that the project would continue, albeit without the cancer warning labels. As reported in the Yukon News:

The minister responsible for the liquor corporation, John Streicker, said the decision to eliminate the cancer label was made because of a possible lawsuit. The government believes its actions were lawful but there was a risk of a long and expensive court battle, he said.

What was meant to be a small study to test the effectiveness of alcohol warning labels in a small, remote territory with less than 35,000 residents turned into an international news story that has put alcohol warning labels and industry interference on the radar of many jurisdictions. While the study has had to be truncated and altered as a result of alcohol industry interference and the extensive media coverage, people across the world have now seen the experimental labels—including the ones about cancer risk.
Media coverage of the study launch (above) and subsequent suspension (below).

Almost nothing has flowed through human history quite as consistently, consolingly, convivially and catastrophically as alcohol.

Removing warning labels from Yukon liquor is shameful

Lawmakers, Alcohol Industry Tussle Over Cancer Labels on Booze

Yukon Government Gives In to Liquor Industry on Warning Label Experiment
Social Media

CISUR continues to have a strong cross-platform social-media presence, with 2,226 Twitter followers and 1,572 Facebook likes as of March 31, 2018, representing an increase over last year. Our reach goes well beyond the people who directly follow our accounts. Our Facebook posts reached an average of 3,000 people per week, and we had an average of 524 impressions per tweet for 2017/18.

By far our most popular Facebook post was a recruitment call for participants in a study on magic mushroom use. Not only was it shared 160 times and seen by nearly 27,000 people, it garnered media attention, resulting in a CBC News story.

On Twitter, the majority of our followers are interested in science news, politics, and government, making it a great platform for us to engage with fellow researchers and policy makers around the globe. Our account is also listed on over 100 public lists, which are a popular way for Twitter users to sort their feeds by interest. Our most popular Twitter post was about the Yukon government’s decision to suspend the Northern Territories Alcohol Study due to industry pushback, which reached over 7,600 people.

We also uploaded seven videos of our public lectures and other speaking engagements to our YouTube channel.

CISUR Research Assistant and UVic Anthropology master’s student Lindsay Shaw received media attention for the overwhelming response to her call for participants to discuss their experiences with magic mushrooms as well as her menstrual product drive to help women in need.
Website

Our website had over 27,000 unique visitors and over 101,000 pageviews last year. While our main page was, unsurprisingly, the most viewed page on our website, Helping Schools and iMinds pages accounted for about 10 percent of our total web traffic.

Most of our visitors were from Victoria and Vancouver, but people from all over the world accessed the site.

Our name change from CARBC to CISUR in November 2017 also coincided with a minor site redesign, which gave us access to enhanced analytics that included the ability to track file downloads.

CISUR’s top most visited webpages during the 2017/18 fiscal year

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Pageviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>CISUR main page</td>
<td>24,037</td>
</tr>
<tr>
<td>iMinds</td>
<td>5,830</td>
</tr>
<tr>
<td>Helping Schools</td>
<td>4,804</td>
</tr>
<tr>
<td>Publications</td>
<td>4,396</td>
</tr>
<tr>
<td>Canadian Managed Alcohol Program Study (CMAPS)</td>
<td>3,717</td>
</tr>
<tr>
<td>About</td>
<td>3,423</td>
</tr>
<tr>
<td>Projects</td>
<td>2,841</td>
</tr>
<tr>
<td>Staff/Scientists</td>
<td>2,604</td>
</tr>
<tr>
<td>Facts and Stats</td>
<td>2,382</td>
</tr>
<tr>
<td>BC Crime Statistics</td>
<td>1,847</td>
</tr>
</tbody>
</table>

CISUR’s top most downloaded files (November 2017 to March 31, 2018*)

<table>
<thead>
<tr>
<th>File Name</th>
<th>Downloads</th>
</tr>
</thead>
<tbody>
<tr>
<td>Let’s Talk Dialogue: Community Conversations about Drugs</td>
<td>362</td>
</tr>
<tr>
<td>Helping Schools Drug Education Curriculum</td>
<td>318</td>
</tr>
<tr>
<td>the International Model of Alcohol Harms and Policies (InterMAHP) tool</td>
<td>217</td>
</tr>
<tr>
<td>Overview of MAP sites in Canada</td>
<td>215</td>
</tr>
<tr>
<td>Opioid Dialogues: Phase 2 Call</td>
<td>137</td>
</tr>
<tr>
<td>Cannabis Dialogues: An invitation to BC school districts</td>
<td>137</td>
</tr>
<tr>
<td>iMinds: A Health Literacy Resource</td>
<td>131</td>
</tr>
<tr>
<td>Patients Helping Patients Understand Opioid Substitution Treatment</td>
<td>108</td>
</tr>
<tr>
<td>iMinds: A Quick Guide to Drug Use</td>
<td>105</td>
</tr>
<tr>
<td>Cycles: Facilitator’s Guide</td>
<td>103</td>
</tr>
</tbody>
</table>

* Note: due an analytics upgrade in November 2017, we were only able to track downloads for the latter half of the year.
A Public Health Guide to Developing a COMMUNITY OVERDOSE RESPONSE PLAN

Bernie Pauly, RN, Ph.D, Paul Hasselback, MD, MSc, FRCPC, Dan Reist, MTh

Featured Project: A Guide for Tackling the Overdose Crisis

As BC’s public health emergency around the overdose crisis enters its third year, the statistics around deaths related to drug overdoses—specifically fentanyl—still show very few signs of slowing. But work undertaken by CISUR scientists hopes to shine some light on effective interventions that help save lives, and create resources to help communities of all sizes conquer a crisis that affects everyone.

CISUR Scientist Bernie Pauly and Collaborating Scientist Bruce Wallace conducted a study, “Implementation and Impact of Overdose Prevention Sites in Victoria B.C.,” that looked at Victoria’s overdose prevention sites (OPS). These sites were able to be established quickly after the Ministry of Health issued a ministerial order allowing them to be set up in the absence of federally sanctioned supervised consumption sites (SCS), which typically take years to get up and running.

“We know that supervised consumption services are effective and have years of research that speak to this effectiveness. However, we don’t know as much about the implementation of harm-reduction interventions such as OPS and what supports or hinders their implementation,” says Pauly. “In fact, even though there is a strong evidence base for harm-reduction interventions, there is often uneven implementation due to community pressures, politics, economics and ongoing stigmatization and criminalization.”
Surprisingly, their research found implementing OPS was more straightforward than they might have expected. “We discovered that the sites were implemented quickly with very little community opposition. As well, the sites facilitated access to both safer supplies and safer space for use. Peers were critical to the implementation and helped to build an environment of trust that facilitated access to the sites,” says Pauly. “A key gap was the lack of connections to nursing and health care services, particularly primary care and access to detox and treatment.”

Pauly says this type of work is adding to a growing evidence base about the importance of creating grassroots, low-barrier harm-reduction services that can be implemented everywhere from supportive housing complexes to shelters to drop-in facilities, making them more accessible to a wide range of folks who might not visit a SCS facility.

“It has really moved us to understand the different kinds of sites that need to be implemented. As well, I think it pushes us to think about how to integrate overdose prevention into a broader range of agencies and neighbourhoods than previously. What would this look in a suburban neighbourhood, for example?”

Pauly also worked with CISUR Assistant Director Dan Reist and Island Health Medical Health Officer Paul Hasselback on creating A Public Health Guide to Developing a Community Overdose Plan, a document designed to help smaller communities and rural areas address and respond to the overdose crisis on a community level. It contains four key elements for producing an effective community overdose response, as well as steps to help develop a community overdose plan. The project was produced as part of Pauly’s role as Island Heath Scholar in Residence, and was a collaborative effort between CISUR and Island Health.

There has been a lot of local, national and international interest in the guide, with several health regions using it to frame a comprehensive responses and specific communities using it to engage in discussions about developing local responses. Even groups in Scotland have expressed an interest in developing a version specific to their needs.

“The guide has been both a dialogue starting point and a touch point for communities to affirm the work that they are doing,” says Island Health’s Dr. Hasselback. “As such, it has become the spring board into action that it was intended for. CISUR’s involvement ensured a solid document built on referenced known better practices, a quality publication, and a credible home for the work.”

Community-based researchers like Pauly face a lot of challenges in being able to adapt to a rapidly changing harm-reduction landscape in a region hard hit by an unprecedented overdose crisis; crafting research questions, getting ethics approval, and collecting data can take time. But Pauly says the key is to be adaptable—have a strong knowledge of current issues and relevant methodology and an ability to build strong relationships.

“It is often difficult to capture current practices and make research findings relevant when the field is constantly changing. So, it requires being very nimble and creative as a researcher as well as having a good grasp of a broad range of methodological approaches along with well-developed relationships and trust with community partners,” she says. “This helps to ensure that information is relevant and ready for application by those delivering programs and services and developing policy.”

The overdose crisis in BC showed little sign of abating through 2017 and into 2018 (source: BC Coroners Service).
Other Dissemination Channels and Materials

Public talks
In 2017/18, CISUR hosted five free public talks on topics such as MDMA-assisted psychotherapy for PTSD, harm reduction in the UK, and evidence around alcohol’s health benefits. These talks featured visiting scholars as well as CISUR research affiliates and collaborating scientists. Most of the talks were then uploaded to CISUR’s YouTube channel as well as Island Health Research’s Vimeo channel (when lectures were co-presented with Island Health and took place at their Royal Jubilee Hospital lecture theatre).

Print/Web Collateral
CISUR released one bulletin, Community Empowerment & Transformative Learning among Sex Workers, in November 2017. We also released an infographic, What are the public health and safety benefits of the Swedish government alcohol monopoly?, which summarized CISUR’s review of Systembolaget, the government-controlled alcohol agency in Sweden. CISUR’s Bernie Pauly and Dan Reist also collaborated with Island Health Medical Officer Dr. Paul Hasselback to produce A Public Health Guide to Developing a Community Overdose Response Plan.

CISUR Research Affiliate and Vancouver-based psychiatrist Dr. Ingrid Pacey presented her pioneering research on the use of MDMA to help treat people experiencing post traumatic stress disorder (PTSD) at a CISUR-hosted talk at the Royal Jubilee Hospital in May 2017 (watch at https://youtu.be/x7uvm-W91hY)
PUBLICATIONS

Journal Articles


Benoit, C., Jansson, M., Smith, M., & Flagg, J. (2017). “Well, it should be changed for one, because it’s our bodies”: Workers’ views on Canada’s punitive approach towards sex work. Social Sciences, 6(2), 52.


Stockwell, T., Zhao, J., & Chikritzhs, T. (2017). Whether low volume alcohol use is cardio-protective is important for public health policy so the available evidence deserves critical analysis: The authors respond. *Journal of Studies on Alcohol and Drugs*, 78(3), 392–393.


Valaitis, R., Meagher-Stewart, D., Martin-Misener, R., Wong, S., MacDonald, M., & O’Mara, L. (In press). Organizational level influencing factors and relationships among them on successful public health and primary care collaboration. BMC Health Services Research.


Waegemakers Schiff, J., Pauly, B., & Schiff, R. (2017). Pandemic preparedness in the homeless sector: Reports from homeless people. Prehospital and Disaster Medicine, 32(1), s182.


Books


Book Chapters


Commissioned and Special Reports


CISUR Bulletin


CISUR Blog post


Infographic


Editorials and Opinion Pieces


CISUR Student Dissertations and Theses

Goatley, S. (2017). Do bars comply with national standards for alcohol advertising? Investigating social media and a culture of moderation among the student population. (Honours thesis), Department of Psychology, University of Victoria, Canada.


Invited Presentations


**Benoit, C.** (2018). Understanding sex work in Canada: Diversity, stigma & health equity. Guest lecture to Sociology 545 class, University of Victoria, Victoria, BC.


**Benoit, C.** (2017, April). Prostitution stigma as a major determinant of sex workers' health. Closing Address at the Social Dimensions of Health Student Conference: Connecting Health Across All Topics, University of Victoria, Victoria, BC.


**Pauly, B.** (2017, November). A public health guide to developing a community overdose response plan. Invited presentation to the Island Health Overdose Working Group, Victoria, BC.


**Pauly, B.** (2017, October). Illicit drug poisonings: Taking a health equity approach in nursing practice. Invited presentation to Island Health Nurse Practitioner Group, Victoria, BC.

**Pauly, B.** (2017, September). Illicit drug poisonings: Taking a health equity approach in public health nursing. Invited presentation to Island Health Public Health Program Managers and Leaders, Victoria, BC.


**Pauly, B.** (2017, June). Shifting values, shifting culture and everyday practices of harm reduction. Keynote address at the Inner City Health and Wellness Conference, Royal Alexandra Hospital, Edmonton, AB.

**Pauly, B.** (2018, February). Developing a community overdose response. Invited presentation at the Oceanside Harm Reduction Coalition Community Conversation, Parksville, BC.

Pauly, B. (2017, December). Out of harms’ way: Mobilizing harm reduction responses during an overdose epidemic. Invited presentation at Oceanside Harm Reduction Coalition Community Conversation, Qualicum Beach, BC.


Pauly, B. (2017, November). The need for a comprehensive response to drug overdose deaths. Invited presentation at AIDS Vancouver Island Annual General Meeting, Victoria, BC.

Pauly, B. (2017, October). Poverty reduction plans: Operationalizing public health commitments to health equity. Presentation to the British Columbia Health Officers Council, Smoke, BC.


Pauly, B., Wallace, B., Barber, K., & Patterson, J. (2017, June). Turning a blind eye: Harm reduction practices in housing and shelters. Invited Canadian Harm Reduction Network public lecture, University of Toronto, Toronto ON.

Pauly, B. (2017, June). From knowledge to action: Making health equity tools work for you. Invited presentation at the Equity Tools & Resources Workshop, Capital Regional District, Victoria BC.


Reist, D., Remocker, C., & Dyck, T. (2018, March). *Taking a cultural/health promotion approach to address tobacco use within post-secondary communities*. A half-day workshop at the provincial meeting of the Tobacco Reduction Coordinators, Vancouver, BC.


Reist, D. (2017, November). *Mental Health and Addictions Fall Symposium, Sault Area Hospital, Sault Ste Marie, ON.*


Other Conference and Presentations


Milligan, K., Urbanoski, K., Joordens, C., Meixner, T., & Kolla, G. (2017, November). Healthy mothers, healthy families: evaluating integrated treatment for pregnant and parenting women with addictions. Panel presentation at Issues of Substance Conference, Calgary, AB.


Paradis, C., Goatley, S., Stockwell, T., & Zhao, J. (2017, November). Digital social media platforms: The wild west for drinking venues to advertise alcohol to university students? Presented at the Issues of Substance Conference, Calgary, AB.


Weiss, D., & Pauly, B. (2017, November). Knowledge translation and working with community groups (or how to reach 6 million people with your research). Presentation at the 2017 Housing Central: BC’s Affordable Housing Conference, Richmond, BC.


Wallace, B., Pauly, B., Barber, K., Vallance, K., Patterson, J., & Hobbs, H. (2017, Maya). Non-fatal overdose and willingness to use a supervised consumption service among people who inject drugs during an overdose public health emergency in Victoria, Canada. Poster presentation at the 25th Harm Reduction International Conference, Montreal, QC.
Rob Barker-Williams, service manager for Barod Cymru, the largest substance use treatment agency in Wales, presented a CISUR/Island Health hosted talk, “The UK Drug Situation: A case for enhanced harm reduction” June 2107 at the Royal Jubilee Hospital (watch at https://youtu.be/iAO-lmk2vYQ).

CISUR Sponsored Talks

**Andrew, C.** (2017-2018). Let’s Talk about Drugs. Delivered in Duncan, Saanich, Sooke, and Victoria, BC.


**Pacey, I.** (2017, May). MDMA-assisted psychotherapy for PTSD: Research and possibilities. Royal Jubilee Hospital, Victoria, BC.


Britton, A. (2017, October). The health benefits of drinking alcohol: Can we trust the evidence? University of Victoria, Victoria, BC.


Table 6: Performance Indicators for Key Result Area 4 (Dissemination)

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>PERFORMANCE INDICATORS</th>
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</thead>
<tbody>
<tr>
<td>To publish research findings in international peer reviewed journal articles</td>
<td>Number of articles published each year by CISUR researchers and students in peer reviewed journals</td>
</tr>
<tr>
<td></td>
<td>Benchmark: 70</td>
</tr>
<tr>
<td></td>
<td>2017/2018: 75</td>
</tr>
<tr>
<td>To publish research findings in book chapters, books and research monographs</td>
<td>Number of book chapters, books or research monographs published by CISUR researchers and students each year</td>
</tr>
<tr>
<td></td>
<td>Benchmark: 25</td>
</tr>
<tr>
<td></td>
<td>2017/2018: 33</td>
</tr>
<tr>
<td>To disseminate research findings through reports, systematic reviews and other resources, nationally and internationally</td>
<td>Number of reports, systematic reviews or other resources published each year</td>
</tr>
<tr>
<td></td>
<td>Benchmark: 35</td>
</tr>
<tr>
<td></td>
<td>2017/2018: 40</td>
</tr>
<tr>
<td>To achieve a high academic impact for CISUR addictions-related research so that it is well known, frequently requested and often cited internationally</td>
<td>Number of citations in peer reviewed journals of research by CISUR scientists and graduate students per year</td>
</tr>
<tr>
<td></td>
<td>Benchmark: 1,000</td>
</tr>
<tr>
<td></td>
<td>2017/2018: 1,658</td>
</tr>
<tr>
<td>To conduct seminars, workshops, lectures and occasional conferences on related policy, practice and research</td>
<td>- Number of public research seminars, symposia, workshops or conferences convened or co-convened by CISUR</td>
</tr>
<tr>
<td></td>
<td>- Number of invitations to CISUR researchers to present at conferences or symposia each year</td>
</tr>
<tr>
<td></td>
<td>- Number of papers accepted for presentation by CARBC researchers and students at conferences or symposia each year</td>
</tr>
<tr>
<td></td>
<td>Benchmarks: 5 / 25 / 35</td>
</tr>
<tr>
<td></td>
<td>2017/2018: 29/35/42</td>
</tr>
</tbody>
</table>
“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.”

Highlights

Our mandate includes supporting the application and use of knowledge in a wide range of settings. This year we continued our focus on schools, campuses and communities. Promoting dialogue has been a major component of work in all three settings. The central impetus for this dialogic focus has been our national Let’s Talk Cannabis project funded by Health Canada (see Featured Project below).
What does cannabis legalization mean for university students in Newfoundland? How about rural and remote indigenous communities, or faith-based groups in Alberta? These are just a few of the settings that the Let’s Talk Cannabis project aims to kick-start conversations in.

The national project, funded by Health Canada and led by CISUR’s Dan Reist and members of the Knowledge Exchange team, is a collaboration and partnership with the Canadian Centre on Substance Use and Addiction, Thunderbird Partnership Foundation, BC Ministry of Health, Alberta Health Services, Saskatchewan Ministry of Health, and Eastern Health-Newfoundland & Labrador. The CISUR team is supporting these partners in identifying needs and opportunities and developing ways to nurture dialogue about cannabis in various communities across Canada.

“The goal of the project is to ensure, in the context of shifting policies related to cannabis, that individuals and communities are able to take better control of their personal health and shared well-being,” says Kristina Jenei, the project’s coordinator. “This involves recognizing that social and behavioural factors lie at the heart of much of our current dissatisfaction with our health, that health is more than the absence of disease, and that well-being is not achievable through individual choices alone but through living together well.”

The past year has involved developing resources to aid understanding and facilitating dialogue (including “Let’s Talk Dialogue: Community Conversations Around Drugs,” the most downloaded file on CISUR’s website) as well as helping the five jurisdictions identify settings they felt could benefit from additional dialogue. While there was some overlap in the types of places each jurisdiction identified—all flagged K-12 as an important setting, and many others also selected post-secondary campuses—every jurisdiction had a slightly different focus, and they are all going about implementing the dialogues in their own unique ways.

“Saskatchewan is working with a professor at the University of Regina who actually built it into the curriculum. The students in that Critical Issues and Thought class had an opportunity to learn not only how to engage in dialogue but also how to facilitate it,” says Jenei. “With Alberta, they operated a grant process. With over 50 initial applications, they narrowed it down to 25 community organizations across the province who all have different ideas on how to start the conversations. Communities are doing everything from conversation cafés to photo voice to walking tours to spark the dialogue about cannabis. Due to the uniqueness of dialogue (in contrast with other forms of communication such as debate or discussion) Alberta chose to host multiple training sessions to not only ensure organizers in communities understood the concept but could also get comfortable facilitating it.”

Which brings us to the question: what does a dialogue around cannabis look like? Jenei says that it’s about going beyond the idea of a talking heads panel with a Q&A session afterwards. “In typical large-scale forums, what happens is we bring in an ‘expert,’ and the expert ‘educates’ the public on what they assume they need to know to be able to get onside,” she says. “A certain amount of information is important, but in this project, we really want to be able to level the playing field and have communities exchange, interact and acknowledge the various values, assumptions and beliefs that reside within them. We believe this might start to address some of the polarizations we see today and also create a foundation for communities to start working together instead of apart.”

Keep an eye out for Let’s Talk Cannabis events and dialogues taking place across Canada in the coming year.
CURRENT PROJECTS

HELPING SCHOOLS

There has been growing interest in our inquiry-based approach to drug and gambling education throughout the year. The following projects are part of our commitment to supporting quality education in schools throughout BC and beyond.

iMinds drug education

Investigators: Reist, D., Asgari, M., Andrew, C., Bodner, N., Nicolussi, G., Norman, T., & Reimer, B.

Funding body: BC Ministry of Health and Provincial Health Services Authority

Activities for 2017/18 included:

- Development of 15 new cannabis-related iMinds learning resources in light of the up-coming policy changes.
- Further development of the online Drug History Timeline, particularly related to cannabis and opioids.
- Continued focus on ways to support teachers and schools including collaborating with the BC Teachers’ Federation to ensure iMinds lessons are listed on their Teach BC website.
iMinds gambling education

**Investigators:** Reist, D., Asgari, M., Andrew, C., Bodner, N., Nicolussi, G., Norman, T., & Reimer, B.

**Funding body:** BC Ministry of Justice and Provincial Health Services Authority

**Background:** This project develops classroom learning resources to promote effective gambling education.

**Activities for 2017/18 included:**

- Promoting implementation of the new gambling-related iMinds learning resources.
- Reaching agreement with the BC Ministry of Finance to develop another set of gambling-related lessons to span the K-12 spectrum in the coming year.

HELPING CAMPUSES

For more than a decade we have been working with the Canadian Mental Health Association (BC Division) and a growing number of BC post-secondary institutions to create and strengthen the Healthy Minds | Healthy Campuses community of practice. This has now grown to include all publicly funded post-secondary institutions in BC plus some others. The following project is a part of this broader initiative.

**Changing the Culture of Substance Use on Campus (CCSU)**

**Investigators:** Remocker, C., Dyck, T., & Reist, D.

**Funding body:** BC Ministry of Health and Provincial Health Services Authority

**Activities for 2017/18 included:**

- Developing and publishing two more papers in the campus policy series.
- Continuing to consult and collaborate with campus groups to help in developing resources that are meaningful and helpful for implementing effective approaches – in particular working with campuses to start developing strategies related to cannabis and tobacco.
HELPING COMMUNITIES

Two issues dominated in our work with communities this past year: the ongoing opioid overdose crisis and the pending legalization of cannabis. In addition to considerable investment in informal support and consultation and the Let’s Talk Cannabis project featured above, the following projects are part of our work in community settings. While not part of any of our formal projects, one highlight was the development of A Public Health Guide to Developing a Community Overdose Response Plan.

Alcohol and Other Drug Screening and Education

**Investigators:** Dyck, T. & Reist, D.

**Funding bodies:** BC Ministry of Health and Provincial Health Services Authority

**Activities for 2017/18 included:**

- Continuing to train and support clinicians serving at the annual Beyond the Blues community outreach in motivational engagement methods.
- Maintaining our screening and brief intervention tools including our Alcohol Reality Check online screening app.
- Beginning to plan for the development of a cannabis screening tool to support self-management and motivational engagement by professionals.

Gambling online resource

**Investigators:** Reist, D., Asgari, M., Reimer, B., & Nicolussi, G.

**Funding bodies:** BC Ministry of Justice

**Activities for 2017/18 included:**

- Working with Walden Media Group to develop the graphic design for a new public education resource called Choices and Chances.
- Developing about 100 individual content entries across a range of gambling-related issues and using various learning formats including text, video, quizzes, forms, etc.
Here to Help Information Products

**Investigators: Reimer, B., Reist, D. & Norman, T.**

**Funding body: Provincial Health Services Authority**

**Activities for 2017/18 included:**

- Completion of a family resource entitled Substance Use and Young People: A Guide for Families and Their Caring Communities.
- Development of a resource called Self-Management: Freedom and Belonging.

Opioid dialogues

**Investigators: Reist, D., Bodner, N., Dyck, T., & Jenei, K.**

**Funding body: BC Ministry of Public Safety and Solicitor General**

**Activities for 2017/18 included:**

- Administering a fund of $940,000 to support this work and being able to award communities up to $15,000 each in support of local efforts.
- Supporting 43 community coalitions to date from across the province to plan and implement community dialogue activities that build greater understanding within the community and provide a better foundation from which to address the current opioid crisis.

“Dialogue is not about somebody winning, and somebody losing. We can be passionately connected to our opinion, but still curious to the “why” of another opinion.” – Dan Reist at the Community Action Initiative’s “Groundswell” conference in Vancouver, a two-day knowledge exchange event in response to the overdose crisis (photo: Public Health Association of BC Twitter account; January 2018).
Prevention of Substance Use and Harms Upstream Paper

Investigators: Reist, D., Reimer, B., Norman, T., Jenei, K., Asgari, M., Nicolussi, G., & Bodner, N.

Funding body: Health Canada

Activities for 2017/18 included:

- Researching and writing a policy advice paper for the FPT Committee for the Prevention of Substance Use and Harms.
- Paper is entitled “From avoiding risk to nurturing resilience: Shifing our upstream approach to youth substance use.”

Visions: BC’s mental health and addictions journal

Investigators: Reimer, B., Norman, T., Reist, D., Jenei, K., Nicolussi, G., & Bodner, N.

Funding body: Provincial Health Services Authority

Activities for 2017/18 included:

- Participating on the editorial advisory board and helping secure various authors that could speak to substance use-related issues.
- Acting as guest editor and contributing three staff-written articles to the special opioids issue of Visions.
what do trauma and gender have to do with opioid use

creating community in the middle of a crisis
Memberships

Andrew, C. BC School-Connected Mental Health Coalition (BCSCMHC)
Andrew, C. BCSCMHC Summer Institute on Promoting the Mental Health of Young People
Andrew, C. BC School Connectedness Project
Belle-Isle, L. Chair, National Steering Committee for the Canadian Drug Policy Coalition
Belle-Isle, L. Canadian Institutes of Health Research (CIHR) Review Committee Member, HIV/AIDS Community-Based Research Program
Benoit, C. Canadian Society for the Sociology of Health
Benoit, C. Sociologists for Women in Society
Benoit, C. International Sociological Association, Occupational Groups Section, Social Welfare Section, Sociology of Health Section
Benoit, C. International Institute of Sociology
Benoit, C. American Sociological Association
Benoit, C. Canadian Sociology Association
Benoit, C. Canadian Public Health Association
Benoit, C. HerWay Home Community Advisory Committee, Victoria, BC
Benoit, C. HerWay Home Communications Committee, Victoria, BC
Benoit, C. Genomics, Society and Ethics Advisory Committee, Genome BC
Benoit, C. Advisory Board Member, Canadian Society for the Sociology of Health
Benoit, C. Panelist, Grand Challenge in Global Mental Health Initiative, Office for Research on Disparities and Global Mental Health, National Institute of Mental Health
Benoit, C. Program Advisory Committee, IMPART: Intersections of Mental Health Perspectives in Addictions Research Training
Benoit, C. International Scientific Advisory Board, NIHR King’s Patient Safety and Service Quality Research Centre, King’s College, London, UK
Benoit, C. Member, Canadian Academy of Health Sciences Victoria Chapter, University of Victoria, Victoria, BC
Benoit, C. Member of Expert Review Panel, Strategic Clusters program, Québec Research Fund - Society and Culture (FRQSC), Montreal, Quebec
Brubacher, J. Chair, British Columbia Road Safety Strategy, Research and Data Committee
Brubacher, J. Doctors of British Columbia, Emergency Medical Services Committee
Callaghan, R. University of Northern BC Associate Research Ethics Board member,
Callaghan, R. University of Northern BC Animal Care and Use Committee (ACUC)
Callaghan, R. University of Northern BC Branch Regional Data Centre Steering Committee Member
<table>
<thead>
<tr>
<th>Name</th>
<th>Organization/Role</th>
</tr>
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<tbody>
<tr>
<td>Dyck, T.</td>
<td>Healthy Minds</td>
</tr>
<tr>
<td>Jansson, M.</td>
<td>Capital Region Action Team on Sexually Exploited Youth (CRAT)</td>
</tr>
<tr>
<td>Leadbeater, B</td>
<td>Canadian Psychological Association</td>
</tr>
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<td>Leadbeater, B</td>
<td>Society for Research in Child Development.</td>
</tr>
<tr>
<td>Leadbeater, B</td>
<td>Society for Research on Adolescence. Chair, Social Policy Awards Committee</td>
</tr>
<tr>
<td>Macdonald, S.</td>
<td>Kettil Bruun Society for Social and Epidemiologic Research on Alcohol</td>
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<tr>
<td>Pauly, B.</td>
<td>Steering Committee Member, Canadian Observatory on Homelessness</td>
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<td>Pauly, B.</td>
<td>Greater Victoria Coalition to End Homelessness Governance Review</td>
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<td>Island Health Mental Health and Substance Use Committee</td>
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<td>Member, Housing First Regional Design and Integration Team, Greater Victoria Coalition to End Homelessness, Greater</td>
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<td>Member, Abstract Review Committee, Symposium on Housing Research in BC, Pacific Housing Research Network</td>
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<td>Reist, D.</td>
<td>BC Health Literacy Network</td>
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<td>Mandatory Display Provincial Advisory Committee, Ministry of Finance</td>
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<td>Slaunwhite, A.</td>
<td>Academic Advisory Board, Child and Youth Advocate of New Brunswick</td>
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<td>Stockwell, T.</td>
<td>Research Leaders Forum, Michael Smith Foundation for Health Research, BC</td>
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<td>Stockwell, T.</td>
<td>National Alcohol Strategy Advisory Committee</td>
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<td>Stockwell, T.</td>
<td>Scientific Advisory Board, Alcohol Research Group, Emeryville, CA</td>
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<td>Stockwell, T.</td>
<td>World Health Organization Technical Advisory Group on Alcohol and Drug Epidemiology</td>
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<td>Canadian Institute for Health Information, Alcohol Indicator Advisory Group</td>
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<td>Vallance, K.</td>
<td>Alberta Municipal Alcohol Policy Project Advisory Board</td>
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<td>Drug Overdose and Alert Partnership</td>
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<td>OBJECTIVES</td>
<td>PERFORMANCE INDICATORS</td>
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</tbody>
</table>
| **5.1** To ensure access to relevant knowledge while working in partnership with policymakers and practitioners in planning and implementing projects to address substance use in Canada and internationally | • Number of projects in which CISUR members collaborate with policy makers or practitioners  
• Number of policy proposals contributed to by CISUR members each year  
• Number of provincial or national committees, advisory boards, communities of practice or other such bodies on which CISUR members are active  
*Benchmark: 20 / 5 / 25  
*2017/2018: 20 / 14 / 29* |
| **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 | • Number of resources completed in any one year  
*Benchmark: 30  
*2017/2018: 39* |
| **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 | • Number of visits to CISUR websites each year  
• Number of presentations/workshops/displays each year  
• Number of media interviews or citations resulting from CISUR activities each year  
• Number of articles (blogs, magazine, newsletter, op-eds, policy briefs, etc.) published each year  
• Number of consultations provided each year  
*Benchmark: 30,000 / 15 / 150 / 15 / 15  
*2017/2018: 101,000+ / 99 / 161 / 21 / 98* |
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