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A latent class analysis of substances detected among accidental acute toxicity deaths in Canada from 2016 to 2017 — Aganeta Enns

Introduction/background:

Canada continues to experience elevated numbers of substance-related acute toxicity deaths. This public health crisis is shaped by a wide range of contributing factors, including multiple drug toxicity. However, there is limited national-level evidence to explore the patterns of the substances involved in acute toxicity deaths and how multiple drug toxicity patterns may differ between socio-demographic groups. This analysis aimed to identify and characterize latent classes of substances detected among accidental acute toxicity deaths in Canada and examine associations with socio-demographics and relevant contextual factors.

Methods:

Data included in this analysis were abstracted from coroner and medical examiner death investigation files for substance-related acute toxicity deaths that occurred in Canada between 2016 and 2017. A three-step latent class analysis was conducted to examine underlying patterns of substances detected and investigate associations between latent classes and socio-demographics, location, and indicators of health and substance use.

Results and analysis:

Six latent classes were identified, including substance patterns that predominately involved: (1) multiple substances, (2) cocaine and alcohol, (3) pharmaceutical opioids, (4) methamphetamine/amphetamine and fentanyl or its analogues, (5) benzodiazepines and other pharmaceutical substances, and (6) fentanyl or its analogues. There were significant associations between latent classes and sociodemographic and contextual factors including sex, age, marital status, living arrangements, location, substance use history, history of non-fatal acute toxicity, injection use, depression, anxiety, evidence of past suicide ideation or attempt, past injury or surgery, and chronic pain.

Conclusions and implications for policy, practice or additional research:

The patterns of detected substances characterized in this study emphasize the complex nature of the acute toxicity crisis. These findings can inform future research and public health action tailored to reach groups of people who are at higher risk of experiencing acute toxicity.

Walking the Path to Equity, Anti-Oppression and Anti-Racism: Developing and implementing an organizational health equity strategy in mental health and substance use care at the system level - — Hinna Hafeez

Introduction/program needs and objectives:

The [Provincial System Support Program](#) (PSSP) at the [Centre for Addiction and Mental Health](#) works with communities, service providers, government, and system partners, including Ontario Health's Mental Health and Addictions Centre of Excellence (CoE), to move evidence to action and create sustainable change in Ontario's health system. Although PSSP has endeavored to advance equity since its inception in 2011, the Program recently set out to develop its first organizational health equity strategy, named PSSP's Equity, Anti-Oppression and Anti-Racism (ARAO) Trail Guide. Drawing on the experiential knowledge of our staff, as well as existing literature, the Trail Guide lays out our Programmatic commitments, objectives, activities and indicators, pointing to the collective work we must undertake to intentionally increase our equity impact over the next three years.

Program methods, activities, and evaluation:

- Initial environmental scan of equity strategies
- Development of values to guide the development of the strategy
- Internal document review, internal consultations, and literature review (peer reviewed journals and grey literature) of health equity frameworks, to identify:
 - o Good practices that support the advancement of equity-ARAO
 - o Barriers and facilitators to implementation of health equity frameworks or strategies
 - o Methods and strategies for monitoring and evaluation
- Ongoing engagement with staff across the Program
- Convening an advisory group of equity champions to support the advancement of the strategy
- Development of the strategy, to be launched in January 2024, with integrated evaluation and monitoring plan

Program results or outcomes:

Initial output: Programmatic Equity ARAO Strategy, including four broad areas of action, each with objectives, activities and indicators to map out our progress over the next three years

Initial results from first quarter will be available at the conference

Recommendations and implications for practice or additional research:

- Overcoming challenges in the development, implementation, and evaluation of an organizational health equity strategy
- Sharing practice based knowledge of barriers and facilitators, tensions, and unique contexts to consider in the development and implementation of an organizational Equity ARAO strategy

"2.5 g, I could do that before noon": a qualitative study on people who use drugs' perspectives on the impacts of British Columbia's decriminalization of illegal drugs threshold limit — Cayley Russell

Introduction/background:

In May 2022, Health Canada approved a three-year exemption from the Controlled Drugs and Substances Act decriminalizing possession of certain illegal substances for personal use among adults in the province of British Columbia. The exemption explicitly includes a cumulative threshold of 2.5 g of opioids, cocaine, methamphetamine, and MDMA. Threshold quantities are commonly included in decriminalization policies and justified within law enforcement systems to delineate personal use among people who use drugs versus drug dealers who are carrying for trafficking purposes. Understanding the

impact of the 2.5g threshold can help define the extent to which people who use drugs will be decriminalized.

Methods:

From June-October 2022, 45 people who use drugs from British Columbia were interviewed to gain an understanding of their perceptions on decriminalization, particularly on the proposed threshold of 2.5 g. We conducted descriptive thematic analyses to synthesize common interview responses.

Results and analysis:

Two main themes were identified: 1) Implications for substance use profiles and purchasing patterns, including implications on the cumulative nature of the threshold and impacts on bulk purchasing, and 2) Implications of police enforcement, including distrust of police use of discretion, potential for net widening and jurisdictional discrepancies in enforcing the threshold. Results illustrate the need for the decriminalization policy to consider diversity in consumption patterns and frequency of use among people who use drugs, the inclination to purchase larger quantities of substances for reduced costs and to guarantee a safe and available supply, and the role police will play in delineating between possession for personal use or trafficking purposes.

Conclusions and implications for policy, practice or additional research:

The findings underscore the importance of monitoring the impact of the threshold on people who use drugs and whether it is countering the goals of the policy. Consultations with people who use drugs can help policymakers understand the challenges they may face when trying to abide by this threshold.

Substance use and access to harm reduction services among people who injected opioids in Canada (2003-2019) — Herak Apelian**Introduction/background:**

Injection substance use in Canada represents a key public health issue. The Tracks program of the Public Health Agency of Canada conducts periodic biobehavioural surveys among people who inject drugs (PWID). An overview of substance use and access to harm reduction services of PWID using opioids is presented.

Methods:

Four cross-sectional bio-behavioural surveys with interviewer-administered questionnaire were conducted from 2003 to 2019 at sites across Canada, in collaboration with public health partners. Venue-based sampling was used to recruit people who injected substances in the prior six months. Opioids of interest included hydromorphone/dilaudid, morphine, heroin, fentanyl, oxycodone, methadone and talwin.

Results and analysis:

Across phases (P1-P4), 3,022 (2003-2005), 2,995 (2005-2008), 2,690 (2010-2012) and 2,383 (2017-2019) participants completed the surveys in 7, 10, 11 and 14 sites across Canada, respectively. One-third of participants were female (30.0%-33.4%), with mean age ranging from 36 to 40. At P4, 74.3% of participants injected opioids; among these, 67.1%, 55.6%, 43.4% and 32.6% injected dilaudid, morphine, heroin and fentanyl, respectively. Injection of fentanyl was P1:2.5%, P2:8.1% and P3:16.0% across previous phases. Of non-opioid substances used by people who injected opioids, methamphetamine use increased the most (P1:8.1%, P2:15.6%, P3:17.4%, P4:45.9%). At P4, a majority (92.8%) used needle/syringe distribution programs in the previous 12 months, 51.0% used opioid substitution therapy and 16.0% accessed supervised injection sites. One quarter (25.3%) reported having overdosed in the

past 6 months. Although 83.6% reported that overdose kits are available in their community, only 37.2% reported carrying one and 32.5% ever using one.

Conclusions and implications for policy, practice or additional research:

The prevalence of opioid injection was high while access to harm reduction services was sub-optimal. Given differences between participating sites per phase and temporal changes, these results should be interpreted with caution. Ongoing research, including the upcoming 5th phase of Tracks among PWID (2023-2024), is needed to inform adaptive strategies and evaluate interventions.

Network approach to addressing the system level gaps in care for people with complex mental health and substance use needs — Krista English**Introduction / Program need and objective**

In 2016, the British Columbia Auditor General identified a range of long-standing system level gaps in the mental health and substance use (MHSU) system of care, as well as the key populations with complex needs that are not currently well-served. In response, the BC Provincial MHSU Network (the Network) was formed and operates as a multidisciplinary collaborative aimed at identifying innovative ways to address system level gaps.

Program methods, activities and evaluation

Network initiatives are informed by the voices of people with lived/ living expertise (PWLE) as well as service providers, decision makers, policy makers and others along the continuum of care.

The Network is leading a province-wide multi-partner needs assessment to better understand the unmet needs of populations experiencing MHSU and other complex needs. This includes conducting focus groups with PWLE to share their experiences with the MHSU system and regional Dialogue + Action sessions that bring together individuals across the continuum of care for an exchange of knowledge.

Themes emerging from the needs assessment are then used to inform the development of the BC Provincial MHSU Extension for Community Healthcare Outcomes (ECHO) program which is focused on building new workforce capacity in the MHSU system.

Program result or outcomes

All Network activities integrate the priorities and needs of the target audience (service providers) and target population (people with complex MHSU and other related needs), who have been identified as not well served by the existing MHSU system.

Since November, 2021 the Network has:

- Conducted 14 focus groups PWLE
- 30 consultations with a team of lived experience advisors and partners
- Delivered multi-partner 2 Dialogue + Action sessions with 77 participants
- Hosted 15 ECHO sessions (average 45/session)

Recommendations or implications for practice or additional research

A Network approach can be effective in bridging the needs and priorities of diverse partners in support of a collective goal – to improve the system for people with complex MHSU needs.