



Addictions &  
Mental Health  
Ontario

Dépendances &  
santé mentale  
d'Ontario

## Compendium of Resources to Support the Implementation of Injectable Opioid Agonist Treatment (iOAT) in Ontario

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## **About Addictions and Mental Health Ontario**

Addictions and Mental Health Ontario (AMHO) represents over 200 addiction and mental health organizations in Ontario. Our members provide services and supports that help Ontarians across the province with their recovery journey, including harm reduction, community-based counselling and case management, peer support and consumer run businesses, residential treatment, withdrawal management, supportive housing and hospital-based programs.

## Acknowledgements

This compendium of resources was developed as part of a project led by Addictions and Mental Health Ontario (AMHO), with funding from Health Canada’s Substance Use and Addictions Program (SUAP). The goals of the project were to assist decision makers in determining whether injectable opioid agonist treatment (iOAT) programs should be expanded in Ontario and, where that need is identified, to support system-level expansion of iOAT in the province.

The project was guided by an Advisory Committee comprised of the following individuals who represent a broad range of dedicated and committed experts, including individuals with lived/living experience; iOAT and other substance use treatment providers; health system planners; and harm reduction and public health experts.

### **Table 1. Members of project Advisory Committee**

- R. F., Person With Lived/Living Experience of Substance Use
- Nick Boyce, Director, Ontario Harm Reduction Network
- Rob Boyd, OASIS Program Director, Sandy Hill Community Health Centre
- Dr. Kim Corace, Vice President of Innovation & Transformation, Royal Ottawa Mental Health Centre
- Brad Davey, former Executive Director, ConnexOntario Health Services Information
- Anne Counter, Director System Navigation and Information Services, ConnexOntario Health Services Information
- Jessica Hales, Nurse Practitioner, Street Health
- Sané Dube, former Policy and Government Relations Lead, Alliance for Healthier Communities
- Catherine MacDonald, Knowledge Translation Specialist, Alliance for Healthier Communities
- Meghan Perrin, Francophone and Policy Resource Lead, Alliance for Healthier Communities
- Dr. Nicole Greenspan, Policy Development Officer, Toronto Public Health
- Matt Johnson, Overdose Prevention Site Coordinator, Harm Reduction Worker, and Person with Lived/Living Experience, Parkdale Queen West Community Health Centre
- Dr. Gillian Kolla, Postdoctoral Research Fellow, Canadian Institute for Substance Use Research
- Dr. Scott MacDonald, Physician Lead, Providence Crosstown Clinic
- Dr. David Marsh, Chief Medical Director for Canadian Addiction Treatment Centres
- Wendy Muckle, Executive Director, Ottawa Inner City Health

- Michael Parkinson, Drug Strategy Specialist, Waterloo Region Crime Prevention Council
- Christian Schütz, Associate Professor, University of British Columbia
- Dr. Andrea Sereda, Physician, London Intercommunity Health Centre
- Daniel Vigo, Professor/Lecturer, Simon Fraser University
- Adrienne Spafford, Chief Executive Officer, Addictions and Mental Health Ontario
- Lisa Druchok, Director, Government Relations and Public Policy, Addictions and Mental Health Ontario
- Karen Cook, Policy and Research Manager, Addictions and Mental Health Ontario

The project also benefited greatly from the work of the [Canadian Research Institute in Substance Misuse \(CRISM\)](#). CRISM is a national network of researchers, service providers, policy makers and people with lived experience. Launched in 2013 by the Canadian Institutes of Health Research (CIHR) Institute of Neurosciences, Mental Health, and Addiction, CRISM's objective is to translate evidence-based interventions for substance misuse into clinical practice, community-based prevention, and health system changes.

Over 100 stakeholders in Ontario and British Columbia generously shared their time and expertise with this project. We give our particular thanks to clients of Ottawa Inner City Health, who served as members of our Advisory Committee, participated in our consultations, reviewed the project's final knowledge translation plan, and contributed expertise to knowledge translation products.

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## Introduction

Opioid-related harms represent a significant and growing challenge in Canada. Rates of mortality and morbidity due to a toxic supply of illicit drugs continue to rise dramatically. Recently, the Canadian federal Minister of Health acknowledged that the opioid overdose crisis has been one of the most significant public health crises in recent Canadian history, citing the nearly 15,400 lives lost between January 2016 and December 2019.<sup>1,2</sup> During the COVID-19 pandemic, harms have risen even more dramatically due to the increasing toxicity of the street supply of illicit drugs, increased barriers to treatment access, and disruptions in care.<sup>3</sup>

Injectable opioid agonist treatment (iOAT) is an evidence-based medical intervention recommended for individuals with opioid dependence who have not responded to first-line treatment options (i.e., oral opioid agonist treatment with buprenorphine/naloxone and or methadone)<sup>4</sup> and who are engaged in ongoing illicit drug use.<sup>5</sup> In the context of the opioid crisis, Health Canada recently identified iOAT as one option within a broader continuum of safer supply models that can be offered within the existing federal legislative framework to support people with opioid dependence (see Figure 1 below).<sup>6</sup>

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<sup>1</sup> <https://www.canada.ca/en/health-canada/services/substance-use/minister-letter-treatment-safer-supply.html>

<sup>2</sup> The number of opioid toxicity deaths rose to 17,601 as of June 2020. <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/>

<sup>3</sup> Ontario Drug Policy Research Network, The Office of the Chief Coroner for Ontario/Ontario Forensic Pathology Service, Public Health Ontario, Centre on Drug Policy Evaluation. (2020). *Preliminary patterns in circumstances surrounding opioid-related deaths in Ontario during the COVID-19 pandemic*. Available from <https://www.publichealthontario.ca/-/media/documents/o/2020/opioid-mortality-covid-surveillance-report.pdf?la=en>

<sup>4</sup> Canadian Research Initiative in Substance Misuse. (2018). *CRISM national guideline for the clinical management of opioid use disorder*. Author. Available from [https://crism.ca/wp-content/uploads/2018/03/CRISM\\_NationalGuideline\\_OUD-ENG.pdf](https://crism.ca/wp-content/uploads/2018/03/CRISM_NationalGuideline_OUD-ENG.pdf)

<sup>5</sup> Canadian Research Initiative in Substance Misuse (CRISM). National injectable opioid agonist treatment for opioid use disorder clinical guideline. Published September 23, 2019. Available at: <https://crism.ca/projects/ioat-guideline/>

<sup>6</sup> Health Canada. (2019). Toolkit for Substance Use and Addictions Program applicants. Ottawa, ON. Available from [https://stimulusconference.ca/wp-content/uploads/2020/09/Safe-Supply-Tool-Kit-2019\\_EN.pdf](https://stimulusconference.ca/wp-content/uploads/2020/09/Safe-Supply-Tool-Kit-2019_EN.pdf)

**Figure 1. Summary of continuum of safer supply models to support people with opioid dependence<sup>7</sup>**

	Models that can be implemented within existing legislative framework			Other models (out of scope)
	Traditional	Enhanced	Flexible	Without prescriber oversight
<b>Target population</b>	People with substance use disorder who are seeking treatment.	People with substance use disorder, for whom traditional treatment has been unsuccessful	People who use illegal substances, whose needs are not met by highly-structured models.	People who use opioids or stimulants.
<b>Models</b>	OAT; iOAT Multiple models.	Adapted iOAT/Tablet iOAT (TiOAT) for safer supply. Multiple options: 1. Comprehensive/ dedicated (Crosstown) 2. Integrated/embedded (PHS, MOP); 3. Pharmacy Model; Observed consumption. Lower threshold entry to iOAT model of safer supply. These may also include the prescription of regulated stimulants.	Daily dispense; low threshold; self-titrated; observed and unobserved consumption; hub and spoke (rural areas). Already being done informally in private and primary care practices.  Any proof of concept project that meets the requirements of appropriate prescriber involvement (e.g., a medical model) and permissible within the current regulatory and legislative frameworks.	Non-medicalized buyers clubs/compassion clubs.
<b>Evidence</b>	Adheres to current clinical guidelines	iOAT as treatment has a strong evidence base; TiOAT as lower barrier treatment is being piloted. iOAT and TiOAT as safer supply models require further evaluation.	Requires pilot testing and evaluation to develop and evidence base.	
<b>Characteristics</b>	Medicalized; embedded in addiction treatment and primary care systems; uses contingency management.	Medicalized; embedded in addiction treatment and primary care systems; can require multiple visits a day for observed dosing; contingency management; wrap-around care.	Low threshold, harm reduction and public health informed approach. Embedded in primary care, SCS/OPS/CTS, or housing with pathways to health, social, and addiction treatment services.	Non-medicalized; public health approach.
<b>Goals</b>	Patient led goals; e.g. reduce/stabilize drug use, work towards abstinence.	Patient led goals around reducing illegal drug use or stabilizing use, if desired.	Reduce illegal drug use and related risks.	Provide safer supply of regulated drugs.
	Reduce risks of overdose and harms; Increase engagement with health, social services; provide primary care; reduce petty crime, sex work; reduce reliance on illegal market. Engage with highly marginalized/at risk people who typically do not access health and social services.			

PHS = Portland Hotel Society (Vancouver, BC); MOP = managed opioid program; SCS = supervised consumption site; OPS = Overdose Prevention Site; CTS=Consumption and Treatment Services Site

<sup>7</sup> This summary was reproduced from Health Canada. (2019). Toolkit for Substance Use and Addictions Program applicants. Ottawa, ON. Available from [https://stimulusconference.ca/wp-content/uploads/2020/09/Safe-Supply-Tool-Kit-2019\\_EN.pdf](https://stimulusconference.ca/wp-content/uploads/2020/09/Safe-Supply-Tool-Kit-2019_EN.pdf)

## Background to the development of resource compendium

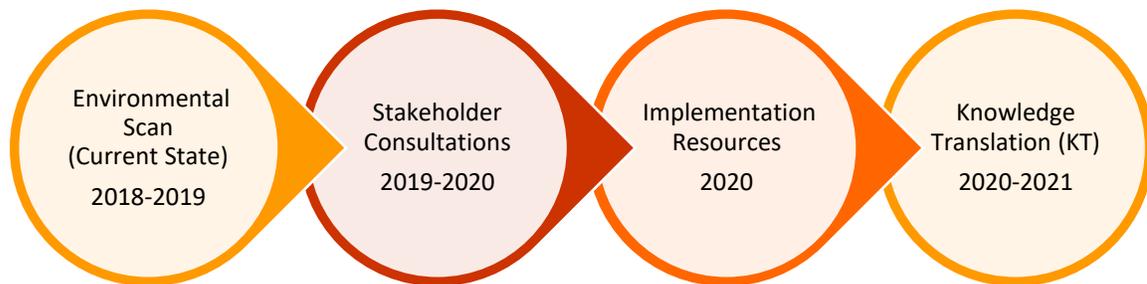
Despite strong research regarding its effectiveness, and the growing opioid epidemic, few iOAT programs are available in Canada, including Ontario. In response to this gap, Addictions and Mental Health Ontario (AMHO) received funding from Health Canada's Substance Use and Addictions Program (SUAP) to assist decision makers in determining whether injectable opioid agonist treatment (iOAT) programs should be expanded in Ontario and to develop resources to support system-level expansion as needed (see Figure 2 below).

### Figure 2. Goals of the Addictions and Mental Health Ontario (AMHO) iOAT project

- Provide information to assist provincial government and health authorities in determining whether iOAT programs are the appropriate intervention for their jurisdiction.
- Support implementation of iOAT programs, where appropriate, by documenting promising practices in program design and integration with existing health services.
- Support professionals involved in the development and implementation of iOAT programs, where appropriate, by documenting the information, training, and regulatory requirements that are necessary for successful implementation of programs that reflect clinical standards.

The project involved four phases of work, as illustrated in the figure below. The first phase, which was focused on describing the current state of iOAT in Canada, including lessons learned relevant to implementation, was based primarily on the work of the Canadian Research Institute in Substance Misuse (CRISM), and particularly its 2018 annual national environmental scan of iOAT programs and its recently released national clinical and operational guidelines, all of which focus on facilitating and supporting the successful delivery of iOAT in Canada. It was also informed by early input from members of the project's Advisory Committee. In the second phase, key issues were identified that required further contextualization in Ontario. These issues were explored with over 100 stakeholders representing a broad range of perspectives including lived/living experience of substance use, addiction medicine, pharmacy services, public health, harm reduction services, community-based substance use treatment, and community health centres.

**Figure 3. Phases of project work**



To inform the final phases of the project, a knowledge translation (KT) plan was developed to ensure the strategic development of implementation resources that support the overall project objectives and that align with the input collected from the stakeholder consultations. This plan identified the seven priorities for KT outlined in Figure 4 below:

**Figure 4. Priorities for knowledge translation in Ontario**

1. Advocate for a central role for people with lived/ living experience in the planning/ development, implementation and evaluation of iOAT programs in Ontario.
2. Broaden support for iOAT in Ontario
3. Advocate appropriate listing of iOAT meds on the Ontario Drug Benefit (ODB) plan
4. Support efforts for a Canadian producer of diacetylmorphine
5. Engage doctors and nurse practitioners to provide iOAT
6. Support safe administration of iOAT
7. Influence research priorities related to iOAT

This resource compendium is one of several KT products, available on the [AMHO website](#), developed to support these KT goals.

## Research and policy literature

Resource Name Organization/ Source (Year)	Organization/ Source (Year)	Brief Description/ Abstract
<b>Evidence summaries</b>		
<a href="#"><u>Injectable opioid agonist treatment for patients with opioid dependence: A review of clinical and cost-effectiveness</u></a>	Canadian Agency for Drugs and Technologies in Health (CADTH; 2020)	<p>The purpose of this review is to summarize the evidence on the clinical effectiveness and cost-effectiveness of injectable opioid agonist treatment (with diacetylmorphine or hydromorphone, alone or in combination with methadone or buprenorphine/naloxone), compared with alternative pharmacological treatments or no treatment, for individuals with opioid dependency.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>
<a href="#"><u>Pharmaceutical alternatives and opioid agonist therapy: Community considerations</u></a>	First Nations Health Authority (2020)	<p>This document provides a summary of key considerations when supporting individuals with opioid dependence who are living in rural and remote communities.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>
<a href="#"><u>Possible benefits of providing safe supply of substances to people who use drugs during public health emergencies such as the COVID-19 pandemic</u></a>	Ontario HIV Treatment Network (2020)	<p>This document summarizes a review conducted to identify the possible benefits of providing a safe supply of substances to people who use drugs during public health emergencies such as the COVID-19 pandemic.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>
<a href="#"><u>Rapid Review. Strategies to mitigate risk of substance use-related harms during periods of disruption.</u></a>	National Collaborating Centre for Methods and Tools' (NCCMT; 2020)	<p>This rapid review includes evidence available up to September 10, 2020 to answer the question: What is the effect of the COVID-19 pandemic on opioid and substance use and related harms?</p>

		To the best of our knowledge, this specific resource is not currently available in French.
<a href="#"><u>Supervised injectable opioid treatment for the management of opioid dependence</u></a>	Bell et al., <i>Drugs</i> . (2018)	<p>This paper critically reviews randomised trials, long-term follow-up studies and qualitative reports of supervised injectable opioid treatment, and briefly reviews evidence regarding other medications used in injectable treatment as an alternative to diacetylmorphine. It seeks to identify critical, unresolved issues regarding this treatment.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>
<a href="#"><u>Effectiveness of supervised injectable opioid agonist treatment (iOAT) for opioid use disorder</u></a>	Public Health Ontario (2017)	<p>This evidence brief summarizes the evidence regarding the effectiveness of supervised injectable opioid agonist treatment with diacetylmorphine (DAM) or hydromorphone (HDM) on treatment retention (i.e., individual remaining on treatment), drug use, social, health or other outcomes, among people with opioid use disorder compared to patients using another treatment or no treatment.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>
<a href="#"><u>Heroin on trial: systematic review and meta-analysis of randomised trials of diamorphine-prescribing as treatment for refractory heroin addiction</u></a>	Strang et al., <i>British Journal of Psychiatry</i> (2017)	<p>The aims of this paper are: (i) to undertake a systematic review and meta-analysis of a defined narrow group of randomised trials of SIH prescribing and (ii) to examine the political and scientific response to the published findings.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>
<a href="#"><u>New heroin-assisted treatment. Recent evidence and current practices of</u></a>	Strang et al., (2012)	This report summarizes an investigation aimed at answering two questions: Does the evidence available now support the use of supervised injectable heroin treatment for those who have failed



<p><a href="#"><u>supervised injectable heroin treatment in Europe and beyond</u></a></p>		<p>to respond adequately to other approaches? And if so, what are the clinical management issues necessary to ensure that this therapeutic option can be delivered in a manner that avoids the obvious risks associated with such an intervention? The review of evidence was conducted in collaboration with the Cochrane group and also summarizes the wider police and practice community.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>
<p><a href="#"><u>Toolkit for Substance Use and Addictions Program Applicants</u></a></p>	<p>Health Canada (2019)</p>	<p>To assist Canadian programs in applying for pilot project funding, Health Canada asked a group of experts to bring together research, best practices, as well as regulatory and public health considerations related to increasing access to pharmaceutical-grade medications to treat opioid use disorder. This toolkit also includes a set of reference resources that represent current expert opinion in this developing field. The first section of this toolkit is focused specifically on safer supply.</p>
<p><a href="#"><u>Heroin maintenance for chronic heroin-dependent individuals (Review)</u></a></p>	<p>Ferri et al., Cochrane Database of Systematic Reviews (2011)</p>	<p>This review sought to compare heroin maintenance to methadone or other substitution treatments for opioid dependence regarding: efficacy and acceptability, retaining patients in treatment, reducing the use of illicit substances, and improving health and social functioning.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>
<p><b>Recent research<sup>8</sup></b></p>		

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<sup>8</sup> Additional research specific to the COVID-19 pandemic are presented further below in the 'COVID-19' section.



<p><a href="#"><u>Longitudinal patterns of cocaine use among patients receiving injectable hydromorphone or diacetylmorphine for the treatment of opioid use disorder: A growth curve modeling approach</u></a></p>	<p>Palis et al., <i>Drug and Alcohol Dependence</i> (2021)</p>	<p>Among a group of iOAT patients, the present study aimed to: 1) quantify intra- and inter-individual variation in cocaine use over 24-months and; 2) determine how demographic, social, health, drug use, and treatment variables explained intra- and inter-individual variation in cocaine use over 24-months. Significant reductions in cocaine use were observed and significant heterogeneity in patterns of cocaine use was identified. These heterogeneous cocaine use profiles suggest that an individualized approach to care will be critical in responding to patients' cocaine use in injectable opioid agonist treatment.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>
<p><a href="#"><u>Hospital initiated injectable opioid agonist therapy for the treatment of severe opioid use disorder: A case series</u></a></p>	<p>Brar et al., <i>Journal of Addiction Medicine</i> (2020)</p>	<p>This case series describes iOAT initiation and titration in a hospital setting for treatment refractory individuals. It found that prescribing iOAT in acute care settings was feasible and may reduce rates of leaving hospital AMA.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>
<p><a href="#"><u>Use of injectable opioid agonist therapy in a in-patient setting for a pregnant patient with opioid use disorder.</u></a></p>	<p>Griffiths et al. <i>Journal of Addiction Medicine</i> (2020)</p>	<p>This case report highlights iOAT as an option during pregnancy and describes the in-patient setting as appropriate to retain high-risk patients in care. This approach may benefit those who are refractory to standard opioid agonist treatment, the numbers of whom may be rising as tolerance to the illicit supply increases.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>
<p><a href="#"><u>Building healthcare provider relationships for patient-centered care: A qualitative</u></a></p>	<p>Marchand et al., <i>Substance Abuse</i></p>	<p>The aim of this study was to explore participants' experiences in iOAT as they broadly relate to the domains of patient-centered</p>



<a href="#"><u>study of the experiences of people receiving injectable opioid agonist treatment</u></a>	<i>Treatment, Prevention, and Policy</i> (2020)	<p>care. A secondary goal was to explore how these experiences affected participants' self-reported treatment outcomes.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>
<a href="#"><u>Perceptions of injectable opioid agonist treatment (iOAT) among people who regularly use opioids in Australia: findings from a cross-sectional study in three Australian cities</u></a>	Nielson et al., <i>Addiction</i> (2020)	<p>This report summarizes a study examining perceptions of (supervised) injectable opioid agonist treatment (iOAT)(described as 'an opioid similar to heroin self-injected at a clinic several times a day') among people who regularly use opioids and determine how common iOAT eligibility criteria accord with interest in iOAT.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>
<a href="#"><u>Comparison of treatment options for refractory opioid use disorder in the United States and Canada: a narrative review.</u></a>	Kimmel et al., <i>Journal of General Internal Medicine.</i> (2020)	<p>This report presents a case to review evidence-based treatments for refractory opioid use disorder, which are not approved in the US, but are available in Canada.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>
<a href="#"><u>Physician communication in injectable opioid agonist treatment: Collecting patient ratings with the communication assessment tool</u></a>	Palis et al., <i>Journal of Addiction Medicine</i> (2020)	<p>This report presents patient ratings of physician communication in the setting of daily injectable opioid agonist treatment. Associations between communication items and demographic, health, drug use, and treatment characteristics are explored.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>
<a href="#"><u>Self-managing illicit stimulant use: A qualitative study with patients receiving injectable opioid agonist treatment</u></a>	Palis et al., <i>Drug and Alcohol Review</i> (2020)	<p>This study aimed to explore the processes by which patients receiving iOAT engage in the use of illicit stimulants.</p>



		To the best of our knowledge, this specific resource is not currently available in French.
<a href="#"><u>Brain volume changes after long-term injectable opioid treatment: A longitudinal voxel-based morphometry study</u></a>	Schmidt et al., <i>Addiction Biology</i> (2020)	This study investigated the effect of long-term injectable opioid treatment in different neurological networks.  To the best of our knowledge, this specific resource is not currently available in French.
<a href="#"><u>Use of a primary care and pharmacy-based model for the delivery of injectable opioid agonist treatment for severe opioid use disorder: a case report</u></a>	Wilson et al., <i>CMAJ</i> (2020)	This case study describes a number of positive short-term outcomes for a patient with opioid use disorder receiving iOAT within a primary care and pharmacy-based model, including cessation of illicit opioid use, a reduction in criminal activity, transition into stable housing and employment. The results suggest that adoption of this type of model may be a feasible way to iOAT as a treatment option for individuals with severe opioid use disorder.  To the best of our knowledge, this specific resource is not currently available in French.
<a href="#"><u>Supervised injectable opioid agonist therapy in a supported housing setting for the treatment of severe opioid use disorder.</u></a>	Brar et al., <i>BMJ Case Reports</i> (2019)	This case highlights the effectiveness of the provision of iOAT in a low-barrier setting. More specifically, we discuss a patient with severe OUD and untreated HIV infection, who was disengaged from medical care and, consequently, was prescribed iOAT in a supportive housing setting.  To the best of our knowledge, this specific resource is not currently available in French.
<a href="#"><u>Treatment with injectable hydromorphone: Comparing retention in double blind and open label treatment periods</u></a>	Oviedo-Joekes et al., <i>Journal of Substance Abuse Treatment</i> (2019)	This report presents the results of a study showing that the high retention rates found in a double-blinded iOAT clinical trial were maintained when participants were moved to open-label injectable hydromorphone at Crosstown Clinic.



		To the best of our knowledge, this specific resource is not currently available in French.
<a href="#"><u>Cost-effectiveness of hydromorphone for severe opioid use disorder: findings from the SALOME randomized clinical trial</u></a>	Bansback et al., <i>Addiction</i> . (2018)	The report presents results from a study aimed to compare the cost-effectiveness of injectable hydromorphone directly with injectable diacetylmorphine and indirectly with methadone maintenance treatment.  To the best of our knowledge, this specific resource is not currently available in French.
<a href="#"><u>Integrating injectable opioid agonist treatment into a drug treatment court program: A case study.</u></a>	Jun et al., <i>Substance Abuse</i> (2018)	This case study highlights the potential benefits of a stepped and integrated approach to addiction treatment in drug treatment court programs.  To the best of our knowledge, this specific resource is not currently available in French.
<b>Policy<sup>9</sup></b>		
<a href="#"><u>Take home injectable opioids for opioid use disorder during and after the COVID-19 pandemic is in urgent need: A case study.</u></a>	Oviedo-Joekes et al., <i>Substance Abuse Treatment, Prevention, and Policy</i> . (2021)	This presents the first case of a patient in Canada with long-term opioid use disorder that received take home injectable diacetylmorphine to self-isolate in an approved site after being diagnosed with COVID-19 during a visit to the emergency room where he was diagnosed with cellulitis and admitted to receive antibiotics. The case demonstrates that it is feasible to provide iOAT outside the community clinic with no apparent negative consequences. Improving upon and making permanent these recently introduced risk mitigating guidance during COVID-19 have the potential not just to protect during the pandemic, but also to address long-overdue barriers to access evidence-based care in addiction treatment.

<sup>9</sup> Additional policy resources related to COVID-19 are presented further below.



		To the best of our knowledge, this specific resource is not currently available in French.
<a href="#"><u>Exploring expanded response options to opioid harms. Case studies from four Canadian clinics.</u></a>	Canadian Centre on Substance Use and Addiction (CCSA; 2020)	<p>This resource provides case studies of the expanded response options to opioid harms used by four Canadian clinics in 2019. These case studies are intended to share information and generate discussion about alternative complementary measures for improving the quality of life of people who use opioids, especially those with severe OUD, and the value of implementing expanded responses to reducing opioid harms. The resource is intended for a broad audience including mental health and addiction service providers, harm reduction service providers, primary care and clinic physicians and nurses, first responders, pharmacists, policy makers, researchers and people who use drugs. The case studies were conducted before the onset of the COVID-19 pandemic. Since then, in response to the need for social isolation, a greater flexibility in response options is being explored in Canada and many other countries around the world.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>
<a href="#"><u>'Safer opioid distribution' as an essential public health intervention for the opioid mortality crisis – Considerations, options and examples towards broad-based implementation</u></a>	Fischer et al., <i>Public Health in Practice</i> (2020)	<p>Given the persistent opioid mortality crisis especially in North America, this report discusses the need to move towards providing risk population-wide safer opioid distribution (including iOAT) as an essential public health intervention.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>
<a href="#"><u>Expanding access to diacetylmorphine and</u></a>	Maghsoudi et al., <i>Canadian Journal of Public Health</i> (2020)	The increasing incidence of fatal opioid overdose is a public health crisis in Canada. While buprenorphine/naloxone and methadone are the standard first-line of opioid substitution options,



<p><a href="#"><u>hydromorphone for people who use opioids in Canada</u></a></p>		<p>limitations, including difficulty achieving long-term retention for some people who use opioids, are well known. For this group, injectable diacetylmorphine or hydromorphone can achieve positive outcomes, including high retention rates, reduced use of unregulated opioids, and reduced criminal activity. In May 2019, Health Canada announced changes to increase the accessibility of diacetylmorphine and hydromorphone, and in September 2019, the CIHR-funded Canadian Research Initiative in Substance Misuse released a national clinical guideline for diacetylmorphine and hydromorphone as additional frontline substitution options. While these developments present opportunities for scale-up, significant financial, structural, and practice barriers continue to impede access. This commentary explores the current state of policy and practice for diacetylmorphine and hydromorphone as opioid substitution options in Canada, outlines the rationale for rapid expansion of access, and highlights clinical and policy changes that must be undertaken or the death toll will continue to rise.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>
<p><a href="#"><u>Programs for the treatment of opioid addiction: An environmental scan</u></a></p>	<p>Canadian Agency for Drugs and Technologies in Health (CADTH; 2019)</p>	<p>This environmental scan was conducted to gain direct stakeholder perspectives on the current context surrounding opioid addiction programs (including iOAT and non-pharmacological programming) and care setting transitions.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>



## Clinical resources

### National clinical guidelines

Resource Name	Organization/ Source (Year)	Brief Description/ Abstract
<a href="#"><u>National injectable opioid agonist treatment for opioid use disorder clinical guideline</u></a>	Canadian Research Initiative in Substance Misuse (CRISM; 2019)	<p>These clinical guidelines, the first in the world, were developed to provide three key clinical recommendations as well as clinical guidance on the provision of iOAT. Recommendations and clinical guidance are based on a structured literature review and clinical expertise.</p> <p>A <a href="#"><u>synopsis of these guidelines</u></a> was published in the Canadian Medical Association Journal (CMAJ). CMAJ also produced a <a href="#"><u>podcast</u></a> discussing the newly released guidelines.</p>
<a href="#"><u>Guidance for injectable opioid agonist treatment for opioid use disorder</u></a>	British Columbia Centre on Substance Use (BCCSU; 2017)	<p>This guidance document was created to provide an overview of the evidence on iOAT, potential models of care, recommendations for clinical practice, and operational requirements. It describes three potential models of care, two established and one emerging. These models include a comprehensive and dedicated supervised iOAT program in which clients can access a full complement of care in one setting; an integrated or embedded supervised iOAT program for clients in a less intensive setting within pre-established services; and an emerging model, which is a pharmacy-based supervised iOAT program, allowing for improved access to care in communities where other, more intensive models may not be appropriate or feasible.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>



## Clinical training

Resource Name	Organization/ Source	Targeted audience	Brief Overview
<a href="#">Provincial Opioid Addiction Treatment Support Program</a>	British Columbia Centre on Substance Use (BCCSU)	The online training is geared towards opioid agonist treatment prescribers, including physicians, nurse practitioners, and nurses (RN/RPN). However, all health care providers (e.g., pharmacists, social worker, counsellors, etc.) can benefit from the online education modules.	<p>In order to improve access and provincial capacity for opioid agonist treatment education for health professionals, the BCCSU (in partnership with the University of British Columbia) developed an education pathway that includes an online learning platform, clinical workbooks for prescribing practice, and in-person preceptorships. The online course is free and available for anyone to register – not just those seeking to prescribe opioid agonist treatments.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>

## General provider resources<sup>10</sup>

Resource Name	Organization/ Source (Year)	Brief Description/ Abstract
<a href="#">National iOAT Community of Practice</a>	Canadian Research Initiative in Substance Misuse	The goals of this community of practice is to engage a national group of healthcare providers and service delivery leaders to share success stories, challenges, and resources and to participate in educational activities.

<sup>10</sup> Refer to the 'COVID-19' section below for resources specific to offering iOAT during the COVID-19 pandemic.



<a href="#"><u>Sample Treatment Plan</u></a>	Canadian Research Initiative in Substance Misuse (CRISM; 2019)	This sample treatment plan provides examples of patient centered priorities, goals and plans.
<a href="#"><u>Sample Program Expectations</u></a>	Canadian Research Initiative in Substance Misuse (CRISM)	This is an example of a client safety care plan that may be used in the provision of iOAT. It was adapted from Crosstown Clinic in Vancouver, BC.
<a href="#"><u>Sample Client Safety Care Plan</u></a>	Canadian Research Initiative in Substance Misuse (CRISM)	This is an example of a client safety care plan that may be used in the provision of iOAT. It was adapted from Crosstown Clinic in Vancouver, BC.
<a href="#"><u>Case Studies</u></a>	Canadian Research Initiative in Substance Misuse (CRISM)	These case studies focus on assessing eligibility for iOAT
<a href="#"><u>Sample Diacetylmorphine Titration Pre-Printed Order</u></a> <a href="#"><u>Sample Diacetylmorphine Titration Pre-Printed Order</u></a> <a href="#"><u>Sample Hydromorphone Titration Pre-Printed Order</u></a> <a href="#"><u>Sample Hydromorphone Titration Hospital Pre-Printed Order Package</u></a> <a href="#"><u>Sample Hydromorphone Maintenance Pre-Printed Order</u></a>	Canadian Research Initiative in Substance Misuse (CRISM)	These are examples of pre-printed orders that may be used in the provision of iOAT. They were adapted from Crosstown Clinic in Vancouver
<a href="#"><u>Hope to Health CME Session: iOAT case presentation</u></a>	British Columbia Centre for Excellence in HIV/AIDS;	This presentation was provided as a learning activity accredited by the College of Family Physicians of Canada. It provides a a detailed



	Providence Health Care (2020)	iOAT case presentation and a broad overview of iOAT, including a review of the research evidence, and clinical considerations.  To the best of our knowledge, this specific resource is not currently available in French.
<a href="#">Hydromorphone prescribing information</a>	Sandoz Canada Inc. (2018)	This document provides prescriber and patient medication information for injectable hydromorphone (10, 20, 50 and 100 mg/mL).  To the best of our knowledge, this specific resource is not currently available in French.
<a href="#">iOAT Privileging dictionary</a>	BC Medical Quality Review (2019)	This dictionary was developed to outline consistent, province-wide practice expectations for medical staff seeking iOAT privileges within BC's health authorities.  To the best of our knowledge, this specific resource is not currently available in French.

## Profession-specific resources

### Nurses<sup>11</sup>

Resource Name	Organization/ Source (Year)	Brief Description/ Abstract
<a href="#">Improving Access to Diacetylmorphine: Position Statement</a>	Nurses and Nurse Practitioners of British Columbia (NNPBC; 2020)	This document outlines the case for NNPBC's position in support of increased access to diacetylmorphine.  To the best of our knowledge, this specific resource is not currently available in French.

<sup>11</sup> See also 'COVID-19 section for additional clinical resources for nurses.



<p><a href="#"><u>Calgary Injectable Opioid Agonist Treatment Program: Connecting with clients in wrap-around care</u></a></p>	<p>Alberta Health Services (2019)</p>	<p>This presentation reviews the unique needs of iOAT clients, discusses strategies used to engage, build trust, and bridge to the broader health care system, and identifies areas for development of deeper connections to further reduce harm and improve health.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>
<p><a href="#"><u>The role of nursing regulator in safe controlled drugs and substances prescribing harm reduction</u></a></p>	<p>Canadian Council of Registered Nurse Regulators (CCRNRR; 2017)</p>	<p>This document builds on knowledge developed through previous national work, presenting evidence informed guidance for regulators of registered nurses and nurse practitioners. Its intention is to support the implementation of a consistent and standardized approach to addressing the regulatory policy elements associated with opioid use and harm reduction, including:</p> <ul style="list-style-type: none"> <li>Controlled drugs and substance prescribing for nurse practitioners</li> <li>2. Entry-level and remedial education on prescribing competencies for nurse practitioners</li> <li>Education and practice with respect to harm reduction</li> <li>Utilization of electronic pharmacy management e-systems supporting medication reconciliation</li> <li>Monitoring of prescribing and quality assurance</li> <li>Entry-level competencies for registered nurses including ways to support effective pain management and limit abuse potential.</li> </ul> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>
<p><a href="#"><u>Practice Standard: Nurse Practitioner</u></a></p>	<p>College of Nurses of Ontario (2019)</p>	<p>This Nurse Practitioner practice standard describes the accountabilities specific to Nurse Practitioners (NPs) in Ontario (also known as Registered Nurses in the Extended Class). NPs are also accountable for complying with relevant laws and other</p>



		College standards and guidelines as applicable. All standards and guidelines are available at <a href="http://www.cno.org/standards">www.cno.org/standards</a>
<a href="#">Practice Standard: Decisions about procedures and authority</a>	College of Nurses of Ontario (2020)	<p>This document allows for flexibility in nursing roles while protecting the public interest. It facilitates timely, efficient access to health care and fosters effective interprofessional collaboration, while ensuring that appropriate measures are in place to promote safe, effective and ethical client care.</p> <p>Nurses must adhere to this practice standard when performing any procedure related to nursing practice. This includes procedures authorized to nurses in the Nursing Act, 1991, those delegated, those carried out in emergencies and those that do not fall within a controlled act.</p>

#### Pharmacists

Resource Name	Organization/ Source (Year)	Brief Description/ Abstract
<a href="#">Prescription Regulation Summary Chart</a>	Ontario College of Pharmacists (2020)	<p>This is a summary of official legislation. This document also includes important updates related to COVID-19.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>
<a href="#">Controlled drugs and substances in hospitals and healthcare facilities: Guidelines on secure management and diversion prevention.</a>	Canadian Society of Hospital Pharmacists (2019)	<p>This document aims to provide Canadian healthcare facilities with advice and guidance on how to develop a system to prevent, detect, and respond to diversion of controlled substances, and how to continuously improve such a system once it has been established.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>



<p><a href="#"><u>Recommended guidance in the areas of security, inventory reconciliation and recordkeeping for community pharmacists</u></a></p>	<p>Health Canada (2019)</p>	<p>This document intends to highlight specific measures that a pharmacist should take to minimize the potential diversion of controlled substances from their establishments. The measures relate to security, inventory reconciliation and record-keeping, to ensure that federal Regulations under the Controlled Drugs and Substances Act (CDSA) are followed, including the Narcotic Control Regulations (NCR), the Benzodiazepines and Other Targeted Substances Regulations and the Food and Drug Regulations.</p>
<p><a href="#"><u>Policy guide: Injectable hydromorphone maintenance treatment</u></a></p>	<p>College of Pharmacists of British Columbia (2018)</p>	<p>This document outlines the principles and guidelines that all pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provides pharmacist supervision of injectable hydromorphone maintenance treatment must know and apply.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>
<p><a href="#"><u>Professional Practice Policy – 67. Injectable opioid agonist treatment.</u></a></p>	<p>College of Pharmacists of British Columbia (2018)</p>	<p>This policy provides guidance to registrants employed in a community pharmacy that offers iOAT.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>
<p><a href="#"><u>Memorandum of Understanding: Pier Pharmacy and PHS Health Care</u></a></p>	<p>PHS Health Care (2017)</p>	<p>This document provides an example of memorandum of understanding template between pharmacy services and an iOAT provider.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>
<p><a href="#"><u>Model standards for pharmacy compounding of</u></a></p>	<p>National Association of Pharmacy Regulatory Authorities (NAPRA; 2015)</p>	<p>The aim of these Model Standards is to provide pharmacists and pharmacy technicians who compound non-hazardous sterile preparations with the standards necessary to evaluate their</p>



<a href="#"><u>non-hazardous sterile preparations</u></a>		<p>practice, develop service-related procedures and implement appropriate quality controls for both patients and compounding personnel, with a view to guaranteeing the overall quality and safety of sterile preparations. These Model Standards support NAPRA’s Model Standards of Practice for Canadian Pharmacists and Pharmacy Technicians, as well as other policies and guidelines that may be in place in provincial/territorial jurisdictions.</p>
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Physicians

<b>Resource Name</b>	<b>Organization/ Source (Year)</b>	<b>Brief Description/ Abstract</b>
<a href="#"><u>Opioid Agonist Treatment Program</u></a>	College of Physicians and Surgeons of Alberta (CPSA)	<p>A range of resources, including those specific to iOAT, are provided to support physicians in providing safe, accessible, effective and consistent clinical care to Albertans who may benefit from opioid agonist treatment (OAT).</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>



## COVID-19

Resource Name	Organization/ Source (Year)	Brief Description/ Abstract
<a href="#"><u>Preliminary patterns in circumstances surrounding opioid-related deaths in Ontario during the COVID-19 pandemic</u></a>	<ul style="list-style-type: none"> <li>• The Ontario Drug Policy Research Network</li> <li>• The Office of the Chief Coroner for Ontario/Ontario Forensic Pathology Service</li> <li>• Public Health Ontario</li> <li>• Centre on Drug Policy Evaluation (2020)</li> </ul>	<p>This report presents data regarding the circumstances that contributed to opioid-related deaths during the COVID-19 pandemic. The data contained in this report were obtained by the Office of the Chief Coroner/Ontario Forensic Pathology Service (OCC/OFPS) during investigations of confirmed and suspected opioid-related deaths in Ontario. The findings of this report broadly suggest a need for policies and programs designed to urgently address the increase in opioid mortality, such as to provide access to harm reduction services, a range of low-barrier opioid agonist treatment options, a safer supply of drugs, other health and social supports, and integration of these services into hotels used to house people during the pandemic.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>
<a href="#"><u>Medications and other clinical approaches to support physical distancing for people who use substances during the COVID-19 pandemic: National Rapid Guidance Document.</u></a>	Canadian Research Initiative in Substance Misuse (CRISM; 2020)	<p>This guidance document is intended to support individuals with a substance use disorder diagnosis who have a presumed (e.g., symptomatic and self-isolating) or confirmed case of COVID-19.</p>
<a href="#"><u>Substance Replacement Therapy in the Context of the COVID-19 Pandemic in Québec: Clinical Guidance for Prescribers</u></a>	Institut universitaire sur les dépendances (IUD) du CIUSSS du Centre-Sud-de-l'Île-de-Montréal (2020)	<p>This guidance was developed rapidly to provide clinical guidance to prescribers, i.e., physicians and specialized nurse practitioners (SNP) in the context of the COVID-19 pandemic. As such, it does not provide a review of the relevant literature. It draws directly on the British Columbia Centre on Substance Use guidance: Risk Mitigation in the Context of Dual Public Health</p>



		<p>Emergencies (see below). Following the French translation of this guidance, a brief search for additional documents was carried out. The guidance has also been adapted and expanded to take into account Québec’s specific context. A draft was then presented to a working group of experts for review. The final version was commented on and then approved by several physicians from the CPMD (Communauté de pratique médicale en dépendance) as well as by the AQPSUD (Association québécoise pour la promotion de la santé des personnes utilisatrices de drogues).</p>
<p><a href="#"><u>Risk mitigation in the context of dual public health emergencies. Interim clinical guidance.</u></a></p>	<p>British Columbia Centre on Substance Use (BCCSU; 2020)</p>	<p>This protocol is intended to provide clinical guidance to health care providers to support patients to mitigate these competing priorities and compounded risks and enable social distancing and self-isolation measures, where possible, to reduce and prevent the spread of COVID-19. ese guidelines are not intended for treatment of substance use disorders but rather to support individuals with substance use disorders to self-isolate or social distance and avoid risk to themselves or others</p>
<p><a href="#"><u>COVID-19: Information for opioid agonist treatment prescribers and pharmacists</u></a></p>	<p>British Columbia Centre on Substance Use (BCCSU; 2020)</p>	<p>This bulletin presents guidance and considerations for OAT prescribers and pharmacists in BC to ensure patients can access needed medications while reducing COVID-19 related risks, during this extraordinary period of dual public health emergencies. COVID-19 response planning should include plans for how to return to normal practices following the resolution of the COVID-19 emergency.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>
<p><a href="#"><u>Frequently asked questions: Subsection 56(1) class exemption for patients, practitioners and pharmacists</u></a></p>	<p>Health Canada (2020)</p>	<p>In response to this evolving health risk, Health Canada has issued a short-term subsection 56(1) exemption from the Controlled Drugs and Substances Act in the public interest. This exemption authorizes pharmacists to prescribe, sell, or provide controlled</p>



<p><a href="#"><u>prescribing and providing controlled substances in Canada during the coronavirus pandemic</u></a></p>		<p>substances in limited circumstances, or transfer prescriptions for controlled substances. This document provides answers to frequently asked questions regarding this change.</p>
<p><a href="#"><u>Drug use during a pandemic: Convergent risk of novel coronavirus and invasive bacterial and viral infections among people who use drugs</u></a></p>	<p>Jacka et al., <i>International Journal of Drug Policy</i> (2020)</p>	<p>While substantial time, effort, and money is focused on responding to the COVID-19 pandemic, there is concern that PWUD will be forgotten in the response and lose access to essential harm reduction services, and opportunities that the pandemic response presents to engage with this population will be overlooked. This report focuses on policy and practices changes that are needed to mitigate these risks.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>
<p><a href="#"><u>Nursing practice standard for dispensing iOAT during COVID-19</u></a></p>	<p>Providence Health Care (2020)</p>	<p>This nursing standard relates to dispensing injectable opioid agonist therapy doses to clients with, or at risk of, COVID-19.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>



## Operational resources<sup>12</sup>

Resource Name	Organization/ Source (Year)	Brief Description/ Abstract
<a href="#"><u>National injectable opioid agonist treatment for opioid use disorder operational guidance.</u></a>	Canadian Research Initiative in Substance Misuse (CRISM; 2019)	This guidance document provides an overview of the rationale for and evidence supporting iOAT, as well as guidance on implementation, operation, and evaluation of iOAT programs.
<a href="#"><u>Harm reduction worker safety during the COVID-19 global pandemic: National Rapid Guidance.</u></a>	Canadian Research Initiative in Substance Misuse (CRISM; 2020)	The purpose of this document is to provide recommendations for protecting workers and clients in harm reduction settings from COVID-19 based on the best available existing evidence. Workers in harm reduction settings can be at a heightened risk of contracting infectious diseases such as COVID-19 particularly because they often work in close contact with program participants and may come into contact with body fluids (such as blood, vomit, mucus and exhaled droplets). These individuals may need to respond to urgent situations such as overdoses, which can place them at an even greater risk of infection.
<a href="#"><u>Sample Patient Bill of Rights</u></a>	Canadian Research Initiative in Substance Misuse (CRISM)	This is an example of a patient bill of rights that may be adapted for use. It is not meant for clinical use.
<a href="#"><u>Lessons learned in the planning process</u></a>	Canadian Research Initiative in Substance Misuse (CRISM)	This document summarizes several lessons identified by program planners, administrators, and staff of existing iOAT programs that were learned in the planning process. It is intended to aid those undertaking the planning and implementation process.

<sup>12</sup> Refer to the 'COVID-19' section above for resources specific to offering iOAT during the COVID-19 pandemic.



<a href="#"><u>Sample Floor Plan</u></a>	Canadian Research Initiative in Substance Misuse (CRISM)	This floor plan for the Calgary iOAT was designed and generously shared by <a href="#"><u>Sahuri + Partners Architecture Inc.</u></a> , and represents one of many ways an iOAT clinic may be designed.
<a href="#"><u>FAQ for Patients and Families</u></a>	Canadian Research Initiative in Substance Misuse (CRISM)	This document was prepared for iOAT patients and their families who are thinking about asking their doctor or nurse practitioner about iOAT, or who are already receiving iOAT and have questions about their treatment.
<a href="#"><u>Supervised Consumption Sites vs iOAT</u></a> (CRISM, 2020)	Canadian Research Initiative in Substance Misuse (CRISM)	This document summarizes the similarities and differences between supervised consumption sites (SCS) and iOAT, which are complementary but different approaches to engaging people who use drugs into the health care system.
<a href="#"><u>Lessons learned from implementing injectable opioid agonist treatment in an innovative community-based model</u></a>	Dr. Peter AIDS Foundation (2020)	<p>This poster presentation summarizes lessons learned about delivering iOAT in a community-based HIV health care clinic, with the aim of sharing knowledge with other organizations interested in offering this treatment.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>



## Partnering with people with lived/living experience to plan IOAT programs

### Evidence reviews

Resource Name	Organization/ Source (Year)	Brief Description/ Abstract
<a href="#"><u>Youth engagement in rural and remote contexts</u></a>	Ontario Centre of Excellence for Child & Youth Mental Health (2016)	<p>Engaging youth from rural and remote communities can be challenging given barriers such as geographic distance, small populations and limited opportunities. This report describes these barriers and their impact on engaging youth but also key considerations and recommendations for overcoming them.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>
<a href="#"><u>Evidence Boost: A Review of Research Highlighting How Patient Engagement Contributes to Improved Care</u></a>	The Canadian Foundation for Healthcare Improvement (2014)	<p>Improving patient experience and incorporating patient input into the design of healthcare services have emerged as critical priorities for many healthcare systems but progress has been limited. Greater engagement of patients and families in organizational roles and care teams has helped a number of healthcare organizations to improve quality, safety and patient experience. Insights from exemplar organizations suggest broader opportunities to improve health system performance. This brief provides a context and summary of research findings on case studies of patient engagement for health system improvement across organizations in four countries.</p>
<a href="#"><u>Engaging people with lived experience for better outcomes: Collaboration with mental health and addiction service users in research, policy, and treatment.</u></a>	Prepared or the Ontario Minister’s Advisory Group (2009)	<p>This paper investigates published literature from a variety of sources to critically explore the question of peer/consumer involvement in all areas of mental health and addiction policy and practice, including research and policy development, service delivery, social support, and evaluation and review. To date, there has been little research that addresses peer/consumer involvement in both the mental health and addiction sectors.</p>



		<p>Through a wide-ranging literature review, this paper presents a comprehensive portrait that spans the core issues underlying the question of engaging people with lived experience in the development and implementation of the policies and programs that affect their everyday lives.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>
<p><a href="#"><u>“Nothing About Us Without Us”. Greater, Meaningful Involvement of People Who Use Illegal Drugs: A Public Health, Ethical, and Human Rights Imperative</u></a></p>	<p>Canadian HIV/ AIDS Legal Network (2005)</p>	<p>This booklet summarizes the main issues addressed in the Canadian HIV/AIDS Legal Network’s paper on greater involvement of people who use illegal drugs. In particular, it explains why people who use illegal drugs must be meaningfully involved in Canada’s response to HIV/AIDS, hepatitis C (HCV), and injection drug use, and the benefits of greater involvement. The booklet also contains a manifesto written by people who use drugs, and describes the achievements of two organizations of people who use drugs, the Vancouver Area Network of Drug Users and the Thai Drug Users’ Network.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>

### Frameworks, Models, and Standards

Resource Name	Organization/ Source (Year)	Brief Description/ Abstract
<p><a href="#"><u>Quality standard for youth engagement</u></a></p>	<p>Ontario Centre of Excellence for Child &amp; Youth Mental Health (2020)</p>	<p>The quality standard for youth engagement describes the nine quality statements (principles) that make up the quality standard. This includes detailing background, rationale and best practices for each statement, as well as and defining what each one means for youth, agencies and decision makers. See supplementary resources below.</p>



<p><a href="#"><u>Engaging Individuals with Lived Experience. A Framework</u></a></p>	<p>A collaboration between Alberta Health Services, Alberta Health, Alberta College of Family Physicians, Alberta Medical Association and Patients Experience Evidence Research (PEER) (2018)</p>	<p>This framework is designed to support leaders, physicians, health care providers and teams to create the necessary conditions, readiness, and supports to respectfully and meaningfully engage patients, families and other individuals with lived experience to inform initiatives and/or projects at the provincial, zone and primary care network (PCM) level. Though translatable to other contexts, the focus is specific to the Primary Health Care Opioid Response Initiative (PHC ORI). Development of this framework reflects phase one of the engagement process.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>
<p><a href="#"><u>Ontario Mental Health and Addictions Strategy consumer partnerships theme paper.</u></a></p>	<p>Consumer Partnerships Theme Group (Government of Ontario; 2010)</p>	<p>This paper is one in a series of five theme group papers prepared to support planning for Ontario’s 10-year mental health and addictions strategy. It focuses on Consumer Partnerships and identifies several strategic priorities and ways to partner with people with lived experience of mental illness, problematic substance use and gambling to transform the mental health and addictions system.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>

## Resources/ Toolkits

Resource Name	Organization/ Source (Year)	Brief Description/ Abstract
<p><a href="#"><u>Youth engagement traffic light</u></a></p>	<p>Ontario Centre of Excellence for Child &amp; Youth Mental Health</p>	<p>This resource will help guide conversations between adults and young people who are planning for organizational, community and system-level youth engagement.</p>



<a href="#"><u>Project based action plan template (for youth engagement)</u></a>	Ontario Centre of Excellence for Child & Youth Mental Health	Use the project-based action plan template to help identify how organizational milestones can be mapped onto corresponding quality statements to show how a project aligns with the quality standard for youth or family engagement — and how alignment can be enhanced.
<a href="#"><u>Peerology: A guide by and for people who use drugs on how to get involved</u></a>	Canadian Aids Society (2015)	This document, written by and for people who use drugs, serves to guide those who wish to get involved locally and mobilize to improve the life conditions of people who use drugs in their area. It provides advice on how to include people who use drugs in decisions that affect their lives and tips to assist in building capacity to respond to the needs of people who use drugs.
<a href="#"><u>Engage People with Lived Experience of Mental Health Conditions and Addictive Behaviours Workbook</u></a>	Canadian Mental Health Association- British Columbia (2014)	<p>This workbook is a “how to” guide and has two sections. Section One contains tools that you can use to enhance the engagement of people with lived experience of mental health conditions and addictive behaviours within your organization. These tools include Engagement Defined, the Three Domains, Appreciative Inquiry, Framework for Support, Spectrum of Participation, and Patient Journey Mapping. Section Two includes resources that you can use to work within each of the domains including Self-Help Strategies, Recovery Education, Peer Support, Leadership Skills Training and Patients as Partners   Patient Voices Network.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>
<a href="#"><u>A Roadmap for Engaging People with Lived Experience</u></a>	Alberta Health Services (2018)	This one-page roadmap provides a summary of phases of engagement, from readiness and leadership support through to reporting back and respectful endings. It highlights key considerations with respect to site/leadership readiness, lived experience engagement, and changing practice culture within each of these phases.



		To the best of our knowledge, this specific resource is not currently available in French.
<a href="#"><u>Peer positive toolbox. Preparing organizations to better engage people with lived experience through equitable processes.</u></a>	Centre for Addiction and Mental Health (CAMH)	<p>Peer Positive was implemented by the Northwest Toronto Service Collaborative with help from the Provincial System Support Program at the Centre for Addiction and Mental Health. The Peer Positive approach is committed to developing strong personal and organizational understandings of how power, privilege, oppression, and equity strongly influence all peer and professional relationships. Creating meaningful opportunities for peers to contribute to a range of decision-making processes helps organizations better respond to service user needs. Engaging peers in the design, delivery, and review of services is guided by deliberate efforts to re-balance power relationships between peers and professionals.</p> <p>Peer Positive offers practical ways of preparing organizations for culture change by encouraging opportunities for people with lived experience to contribute to a range of decision-making processes in more responsive and empowering ways.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>

### Examples and experiences

Resource Name	Organization/ Source	Brief Description/ Abstract
<a href="#"><u>Partnering with persons in long-term recovery from substance use disorder: experiences from a collaborative research project</u></a>	Pettersen et al.; <i>Harm Reduction Journal</i> (2019)	Traditional research about substance use disorder (SUD) treatment is considered, among an increasing number of service users, to be disempowering and poorly reflective of their priorities. Thus, this methodological article sought to examine the experiences of a peer research group (PRG), whose four members were in long-term SUD recovery, and a principal investigator (PI),



		<p>when collaborating on a study of SUD recovery. This article has also aspired to discern the influence of peer researcher participation on the research process. The purpose of the qualitative research project that formed the basis of this methodological study was to examine the reasons provided and strategies employed for abstaining from problematic substance use among persons with SUDs.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>
<p><a href="#"><u>More Than Paint Colours: Dialogue about Power and Process in Patient Engagement</u></a></p>	<p>The Empowerment Council, Centre for Addiction and Mental Health (2017)</p>	<p>The <b><u>Empowerment Council</u></b> – in partnership with Ryerson’s School of Disability Studies – designed and delivering a six-session, competency-based curriculum for Postgraduate Year One students enrolled in the University of Toronto’s Department of Psychiatry. The pilot project aimed to introduce eight medical students to the voices and experiences of service users; to teach them that the people they will be working with come from an array of backgrounds that require an understanding. As a correlate to this project and to further discussions about power sharing and collaborative engagement within education and the psychiatric profession, the Empowerment Council produced <b><u>this report</u></b> to provide a short overview of some of its work, as well as to offer a guide to assist service users and providers who are open and interested in making a commitment to eradicating systemic exclusion.</p> <p>To the best of our knowledge, this specific resource is not currently available in French.</p>
<p><a href="#"><u>Telling our stories: heroin-assisted treatment and SNAP</u></a></p>	<p>Boyd et al., <i>Harm Reduction Journal</i> (2017)</p>	<p>This article highlights the experiences of a peer-run group, SALOME/NAOMI Association of Patients (SNAP), that meets weekly in the Downtown Eastside of Vancouver, British Columbia,</p>



[activism in the Downtown Eastside of Vancouver](#)

Canada. SNAP is a unique independent peer- run drug user group that formed in 2011 following Canada's first heroin-assisted treatment trial (HAT), North America Opiate Medication Initiative (NAOMI). SNAP's members are now made up of former research participants who participated in two heroin-assisted trials in Vancouver. This article highlights SNAP members' experiences as research subjects in Canada's second clinical trial conducted in Vancouver, Study to Assess Longer-term Opioid Medication Effectiveness (SALOME), that began recruitment of research participants in 2011.

To the best of our knowledge, this specific resource is not currently available in French.

