

**Appearance before the House of Commons Standing Committee on Health
(HESA) Emergency COVID-19 Meeting**

January 14, 2022

1:00 pm to 3:00 pm

(by videoconference)

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**SOUTIEN DES INSTITUTS DE RECHERCHE EN SANTÉ DU CANADA DESTINÉ
À LA RECHERCHE SUR LA COVID-19 /
CANADIAN INSTITUTES OF HEALTH RESEARCH SUPPORT FOR COVID-19
RESEARCH**

OBJET

- Au Canada comme ailleurs dans le monde, les gens s'attendent à ce que les experts trouvent un vaccin et des traitements pour freiner la pandémie de COVID-19 et retrouver une vie plus normale.

ISSUE

- Canadians and people around the world are expecting the international research community to quickly develop and rollout safe vaccines and therapies to deal with the COVID-19 pandemic and return to a more normal life.

FAITS SAILLANTS

- En date d'octobre, les IRSC et leurs partenaires ont investi près de 300 millions de dollars dans 657 projets de recherche dans le cadre de 26 concours.
- Les fonds proviennent de concours tels que la réponse initiale de recherche rapide (p. ex., tests et vaccins), l'initiative COVID et santé mentale, les synthèses de connaissances et les nouvelles lacunes et priorités de recherche, et plus récemment l'expansion vers les impacts à long terme sur la santé.

KEY FACTS

- As of October, CIHR and partners have invested nearly \$300 million on 657 research projects through 26 competitions.
- Funds include competitions such as the initial Rapid Research response (e.g. testing and vaccines), the COVID & Mental Health Initiative, knowledge syntheses, and emerging research gaps and priorities, and more recently expanding towards long-term health impacts.

MESSAGES CLÉS

- La recherche est essentielle aux efforts nationaux et internationaux de lutte contre la COVID-19 et le milieu canadien de la recherche a relevé le défi à un rythme sans précédent.
- Par l'intermédiaire des Instituts de recherche en santé du Canada (IRSC), notre gouvernement a travaillé main dans la main avec des partenaires du Canada et de l'étranger pour trouver des solutions à cette pandémie.
- Je suis convaincu que ces initiatives menées par les IRSC apporteront les preuves dont nous avons besoin pour aider le Canada à faire face à cette crise de santé publique.

KEY MESSAGES

- Research is central to our domestic and international efforts to address COVID-19 and the Canadian research community has risen to the challenge at an unprecedented pace.
- Through the Canadian Institutes of Health Research (CIHR), our government has been working hand in hand with domestic and international partners to find solutions to this pandemic.
- I have confidence that these initiatives led by CIHR will bring the evidence we need to help Canada address this public health crisis.

SI L'ON INSISTE SUR LES DÉTAILS DES INVESTISSEMENTS...

- Depuis mars 2020, les IRSC ont agi rapidement, de concert avec leurs partenaires, pour investir plus de 250 millions de dollars dans plus de 560 projets de recherche, qui portent non seulement sur les vaccins, mais aussi sur les traitements, le dépistage, les facteurs de transmission, ainsi que d'autres priorités liées à la COVID-19 au fur et à mesure qu'elles surviennent.
- Ces investissements ont notamment permis de soutenir la création de nouvelles données de recherche pour répondre aux besoins des Canadiens et des Canadiennes en matière de santé mentale et de consommation de substances psychoactives en ces temps difficiles.
- En outre, les IRSC et des partenaires dans tout le Canada ont mis à profit ces investissements en collaborant à la mise en œuvre d'interventions et de politiques prometteuses conçues pour améliorer la préparation aux pandémies dans les établissements de soins de longue durée.
- Je suis également heureux de dire que, dans le cadre de leurs investissements dans la recherche sur la COVID-19, les IRSC se sont engagés à soutenir les travaux au sujet des répercussions de la pandémie sur le bien-être des peuples autochtones, stimulant ainsi les activités de recherche et de mobilisation des connaissances dirigées par des communautés autochtones.

En outre, ces investissements soutiennent la recherche qui améliorera notre compréhension des lacunes persistantes et émergentes - y compris les variants préoccupants et le Long-COVID.

IF PRESSED ON DETAILS OF THESE INVESTMENTS...

- Since March 2020, CIHR has moved quickly, working with partners, to invest more than \$250 million in more than 560 research projects, which focus not only on vaccines, but also on other therapeutics, testing, and transmission dynamics, and other COVID-19 related priority areas as they emerged.
- This includes support for the creation of new research evidence to address the substance use and mental health needs of Canadians during these difficult times.
- Enabled by this investment, CIHR and partners across Canada collaborated to inform the implementation of promising interventions and policies designed to improve pandemic preparedness within long-term care facilities.
- I am also pleased to say that CIHR's investments towards COVID-19 research have committed to supporting research that addresses the impact of the pandemic on the well-being of Indigenous Peoples, enhancing Indigenous community-led research and knowledge mobilization
- Further, these investments support research that will increase our understanding of persistent and emerging gaps and priority areas – including variants of concern and Long-COVID – that continue to provide decision makers with rapid evidence from which guidance can be developed and evaluated.

CONTEXTE**L'intervention de recherche rapide contre la COVID-19 en bref**

Le milieu de la recherche canadien contribue à la lutte nationale et mondiale contre la COVID-19 et est en bonne position pour faire des découvertes importantes.

Les Instituts de recherche en santé du Canada (IRSC), à titre d'organisme subventionnaire de la recherche en santé du Canada, ont pu mobiliser le milieu de la recherche canadien à un rythme sans précédent et offrir des programmes de financement en maintenant toute la rigueur requise dans la sélection de projets de recherche les plus prometteurs.

Les IRSC et leurs partenaires fédéraux et provinciaux ont adopté un calendrier accéléré pour investir 55,3 millions de dollars, sous la forme de 100 subventions de recherche, dans le cadre du premier concours d'intervention de recherche rapide contre la COVID-19, en mars 2020. Ceci comprend la recherche sur les vaccins, les diagnostics, les facteurs de transmission, les traitements et la prise en charge clinique, et la recherche sur la coordination, la gouvernance et la logistique, les interventions de santé publique et leurs effets, les dynamiques sociales, les communications et la confiance, ainsi que les facteurs de transmission, représente quant à lui 47 des 100 projets, pour un total de 17,7 millions de dollars.

En avril 2020, un montant supplémentaire de 114,9 millions de dollars a été consenti aux IRSC pour un soutien additionnel à la lutte contre la COVID-19 pour :

- permettre aux chercheurs d'accélérer la mise au point, la mise à l'essai et la mise en œuvre de mesures médicales et sociales visant à freiner la propagation de la COVID-19 et ses effets négatifs sur la population, les communautés et les systèmes de santé. .
- supporté l'initiative sur la santé mentale et la COVID-19 des IRSC.
- assuré la participation du Canada aux essais cliniques nationaux et internationaux, c'est-à-dire d'améliorer les connaissances sur l'efficacité théorique et réelle des vaccins, des traitements, du soutien psychologique et des méthodes de prise en charge clinique dans le contexte de la COVID-19.

Les possibilités de financement de l'intervention de recherche rapide contre la COVID-19 des IRSC ont également permis d'établir des partenariats entre des leaders de l'industrie (Medicago, Inovio, etc.) et des chercheurs canadiens.

De plus, les IRSC, en partenariat avec l'ASPC, financent le Réseau canadien de recherche sur l'immunisation (CIRN), qui entreprend des recherches coordonnées, collaboratives et pluridisciplinaires sur les vaccins et l'immunisation. Cela inclut l'examen de diverses questions de recherche biomédicale et des aspects du cycle de vie des vaccins, notamment la sécurité, l'efficacité et la protection à court et à long terme, ainsi que des questions sociales, comme l'hésitation et l'adhésion.

Par ailleurs, les IRSC financent des recherches dans le but de mieux comprendre et d'atténuer les conséquences de la pandémie en ce qui touche la crise des opioïdes au pays. En effet, grâce à un investissement de 1 million de dollars des IRSC, l'ICRAS (un réseau financé par les IRSC) a produit des guides nationaux permettant l'élaboration et la diffusion de directives nationales relatives à la prescription, à la délivrance et à l'acheminement d'opioïdes et d'autres narcotiques pendant la pandémie COVID-19 afin d'aider les personnes qui consomment des drogues.

Les IRSC ont également investi 2,1 millions de dollars dans le concours [Subvention de fonctionnement : Évaluation des approches de réduction des méfaits face à la crise des opioïdes dans le contexte de la COVID-19](#). Cet investissement a permis de financer cinq projets visant l'évaluation d'approches de réduction des méfaits en réponse à la crise des opioïdes et l'amélioration de la compréhension de l'effet aggravant de la pandémie de COVID-19 sur cette crise.

Pour orienter les prochaines étapes de l'intervention de la lutte contre la COVID-19, les IRSC et leurs partenaires ont investi 3,4 millions de dollars pour soutenir la mise en œuvre éclairée et durable d'interventions prometteuses et de politiques visant à améliorer la préparation aux pandémies dans le cadre des soins de longue durée, et ce, en collaboration avec Excellence en santé Canada.

Les IRSC ont lancé deux possibilités de financement Intervention de recherche rapide – COVID-19 et Autochtones, dotée d'un budget de 8 millions de dollars pour:

- appuyer des projets audacieux, innovant et dirigée par la communauté autochtone. Ces projets traitent d'un large éventail de sujets suivant diverses méthodes, constituant ainsi une base solide pour l'étude et la compréhension des expériences vécues par les Premières Nations, les Inuits, les Métis et les Autochtones en milieu urbain en ces temps de pandémie.
- . permettre la réalisation en temps opportun de projets de recherche rapide et de mobilisation des connaissances fondés sur les distinctions sous la conduite de communautés autochtones, qui sont adaptés à la situation particulière des Premières Nations, des Inuits et des Métis du Canada, ainsi que des Autochtones en milieu urbain, et à la phase actuelle de la pandémie.

En s'appuyant sur leurs investissements antérieurs liés à la COVID-19, les IRSC ont d'ailleurs lancé plusieurs concours d'intervention rapide pour répondre aux nouvelles priorités Cela comprend des investissements:

- pour soutenir la collaboration et la réponse rapide aux besoins en matière de connaissances et de données synthétisées au Canada relativement à toutes les facettes de l'intervention de lutte contre la pandémie au Canada (mesures de santé publique, prise en charge clinique, procédures du système de santé, répercussions sociales et économiques).
- pour élargir les réseaux d'essais cliniques existants aux échelles nationale et internationale afin de coordonner la recherche sur les interventions visant à prévenir, à déceler, à gérer ou à traiter la COVID-19.
- pour accélérer la recherche et diriger la formation d'un réseau de variantes pour coordonner et aligner les efforts dans ce domaine
- pour financer un réseau canadien pour la recherche sur les nouveaux variants qui permettra d'appuyer rapidement les activités de recherche requises pour promptement caractériser et évaluer les menaces que les nouveaux variants préoccupants font peser sur la santé des individus et des populations.
- pour adresser précisément sur des sujets pour lesquels les connaissances sont toujours lacunaires, comme les variants du virus, la mise au point de vaccins, l'adhésion à la vaccination, le dépistage, la santé mentale et les répercussions particulières de la pandémie pour les femmes, les personnes racisées, les Métis, les Inuits et les membres des Premières Nations.

Les IRSC ont également travailler de concert avec des partenaires pour financer la recherche sur la confiance à l'égard des vaccins. et aider la population à mieux comprendre l'utilité des vaccins et à prendre des décisions fondées sur des données probantes, en particulier au sein des groupes qui ont des réticences à l'égard des vaccins et, améliorerez ainsi les taux de vaccination dans les populations touchées par des iniquités systémiques, les populations faisant face à des conditions de marginalisation, les communautés autochtones (Premières Nations, Inuits, Métis et Autochtones en milieu urbain) ou les populations affichant historiquement de faibles taux de vaccination.

Les IRSC ont également financé 70 projets pour approfondir la compréhension des situations à la fois stressantes et traumatisantes engendrées par la pandémie de COVID-19 et/ou des restrictions associées aux mesures de santé publique contre la pandémie de COVID-19 au Canada, et pour améliorer la réponse et le rétablissement à cet égard, en ce qui a trait aux enfants, aux adolescents et aux familles.

Enfin, les IRSC investissent dans une série de concours conçus de façon itérative en consultation avec des partenaires. Ces investissements ciblent les nouveaux besoins prioritaires en recherche pour contribuer à la réponse continue du Canada à la pandémie, de manière flexible et rapide. Le premier a été lancé le 3 mars 2021 et le deuxième, le 27 juillet 2021. Le montant total disponible pour ces concours s'élève à environ 119 millions de dollars.

De plus, le gouvernement du Canada, sous la direction des IRSC, établit un Centre de recherche en cas de pandémie et les urgences sanitaires. Ce centre de recherche permettra aux IRSC d'appuyer l'application des connaissances en temps réel et la mobilisation des connaissances à l'intention du milieu de la recherche et des décideurs, ainsi que d'investir 15 millions de dollars par année pour renforcer les capacités et financer la recherche sur les priorités émergentes en matière de préparation aux pandémies.

BACKGROUND

COVID-19 Rapid Research Response at a glance:

Canada's research community is contributing to both the global and domestic response to COVID-19 and is well-poised for significant discoveries.

The Canadian Institutes of Health Research (CIHR), as Canada's health research funding agency, has moved at an unprecedented pace to mobilize the research community and deliver programs while maintaining rigour in funding the most outstanding research.

CIHR and its federal and provincial partners accelerated their timelines to invest \$55.3M that translated into 100 research grants from the initial COVID-19 Rapid Research Response competition in March 2020. This included support for research into vaccines, diagnostics, transmission dynamics, therapeutics and clinical management, and research into coordination, governance, and logistics; public health response and its impact; social dynamics, communications, and trust; and, transmission dynamics.

In April 2020, CIHR received an additional \$114.9M in funding for additional countermeasures against COVID-19, which:

- enabled researchers to accelerate the development, testing and implementation of medical and social countermeasures to mitigate the rapid spread of COVID-19 and its negative consequences on people, communities, and health systems;
- supported CIHR's COVID-19 and Mental Health Initiative;
- secured Canadian participation in domestic and international clinical trials to increase the understanding of the efficacy and effectiveness of vaccines, therapeutics, mental health supports and clinical management approaches to COVID-19.

CIHR's COVID-19 Rapid Response funding opportunities also enabled partnerships between industry leaders (e.g. Medicago, Inovio), and Canadian researchers.

Additionally, CIHR – in partnership with PHAC - funds the Canadian Immunization Research Network (CIRN), a national network that undertakes coordinated, collaborative, and multi-disciplinary vaccine and immunization-related research. This includes examining various biomedical research questions and aspects of the vaccine life cycle including safety, short- and long-term effectiveness and protection, as well as social issues like hesitancy and uptake.

CIHR has also invested in research to better understand and address the impacts of the pandemic on the opioid crisis in Canada. With a \$1M investment from CIHR, CRISM (a CIHR funded network) produced national guidance documents to enable the development and dissemination of national guidelines related to prescribing, dispensing, and delivery of opioids and

other narcotics during the COVID-19 pandemic to support people who use drugs.

CIHR also invested \$2.1 million to fund the Operating Grant for the Evaluation of Harm Reductions Approaches to Address the Opioid Crisis in the Context of COVID-19. This investment is funding five research grants that would address harm reduction approaches to the opioid crisis and to better understand its compounding intersection with the COVID-19 pandemic.

To inform the next steps of the COVID-19 response in long-term care, CIHR and partners have invested \$3.4M to support evidence-informed implementation and sustainability of promising practice interventions and policies designed to improve pandemic preparedness within long-term care, in collaboration with Healthcare Excellence Canada.

CIHR launched two Indigenous COVID-19 Rapid Research Funding Opportunities, with a total investment of approximately \$8 million, to support:

- bold, innovative, Indigenous community-led, strengths-based, solutions-focused research projects that focus on a wide range of topics and use diverse methods, forming a strong base to study and understand the experiences of First Nations, Inuit, Métis, and Urban Indigenous communities throughout the COVID-19 pandemic.
- enable rapid and timely distinctions-based, and Indigenous community-led research and knowledge mobilization that is responsive to the unique circumstances and the current phase of the COVID-19 pandemic in First Nations, Inuit, Métis and Urban Indigenous communities in Canada.

Building on the priorities from CIHR's COVID-19 investments, CIHR launched several additional rapid response competitions to support emerging priorities. This includes investments:

- to support collaboration and rapid response to the need for synthesized Canadian knowledge and evidence across the full breadth of Canada's COVID-19 pandemic response (including public-health measures, clinical management, health-system arrangements, and economic and social impacts).
- to expand existing national and international clinical trial networks to coordinate research on interventions to prevent, detect, manage, and/or treat COVID-19.
- to accelerate research and lead the formation of a variant network to coordinate and align efforts in this field.
- in a Canadian Network for Emerging Variants Research to enable the rapid support of research activities required to swiftly characterize and assess the individual and population health threats of emerging variants of concern.
- to address persistent evidence gaps such as variants of the virus, vaccine development and uptake, testing, mental health, and the ways in which the COVID-19 pandemic is having specific impacts on women, racialized populations, and Métis, Inuit and First Nations Peoples.

CIHR also worked with partners to fund research on vaccine confidence to improve public understanding of vaccines and help Canadians to make evidence-based decisions, especially among populations that are hesitant about vaccines, and to help improve vaccine uptake among populations experiencing systemic inequities, conditions of marginalization, Indigenous (First Nations, Inuit, Métis and/or Urban Indigenous) communities and/or among populations who are historically under-vaccinated.

CIHR also invested in 70 projects to improve our understanding of, response to, and recovery from the co-occurring stressful and traumatic events that stem from the current COVID-19 pandemic, and/or restricted conditions associated with public health measures in Canada in response to the COVID-19 pandemic, with respect to children, youth and families in Canada.

CIHR is also investing in a series of rolling competitions designed in an iterative way in consultation with partners. These investments are targeting key emerging research priorities and gaps to contribute to Canada's ongoing response to the pandemic in a flexible and rapid way. The first competition was launched on March 3, 2021 and the second was launched on July 27, 2021. The total funding amount available for these competitions is approximately \$119M.

Further, the Government of Canada, under the leadership of CIHR, is establishing a Centre for Research on Pandemic Preparedness and Health Emergencies. The Research Centre will allow CIHR to support real-time knowledge translation and knowledge mobilization for use by the research community and decision-makers alike, as well as to invest \$15 million per year to build capacity and fund research into emergent priorities in pandemic preparedness.

Approved by / Approuvé par : David Marchand, A/Director General, Corporate and Government Affairs / directeur général par intérim, Affaires générales et gouvernementales (613-608-2175)

**SOUTIEN DES IRSC À LA RECHERCHE SUR LA SANTÉ MENTALE ET LA TOXICOMANIE ET /
CIHR SUPPORT FOR RESEARCH ON MENTAL HEALTH AND ADDICTIONS**

OBJET

- Le gouvernement du Canada s'est engagé à travailler avec les provinces et les territoires afin d'accroître l'accessibilité des services de grande qualité en santé mentale et en toxicomanie pour la population, surtout dans le contexte de la pandémie de COVID-19.

ISSUE

- The Government of Canada has committed to work with the provinces and territories to increase the availability of high-quality mental health and addiction services for Canadians, particularly in the context of the current COVID-19 pandemic.

FAITS SAILLANTS

- Entre 2016-2017 et 2020-2021, les IRSC ont investi plus de 413 millions de dollars dans la recherche sur la santé mentale et les troubles du comportement et plus de 146 millions de dollars dans la recherche sur les toxicomanies, et plus de 23 millions de dollars dans la recherche sur la prévention du suicide.
- De plus, le budget de 2021 prévoyait des engagements de 45 millions de dollars sur deux ans pour élaborer des normes nationales en matière de services de santé mentale fondées sur des données probantes.

KEY FACTS

- Between 2016-17 and 2020-21, CIHR invested over \$413 million in mental health and behavioural disorders research, over \$146 million in research on addictions, and over \$23 million dollars in research related to suicide prevention.
- Additionally, in Budget 2021, we committed \$45 million over two years to develop evidence-informed national mental health service standards.

MESSAGES CLÉS

- Notre gouvernement continue de reconnaître l'importance de financer des recherches novatrices et opportunes qui amélioreront la santé des personnes ayant des défis liés à la santé mentale ou à la toxicomanie.
- C'est pourquoi, par l'entremise des Instituts de recherche en santé du Canada (IRSC), nous avons investi plus de 413 millions de dollars au cours des cinq dernières années dans la recherche sur la santé mentale et les troubles du comportement et plus de 146 millions de dollars dans la recherche sur les toxicomanies.
- Cela inclut des investissements de 13,5 millions de dollars dans l'initiative COVID-19 et la santé mentale, soutenant la recherche afin de fournir des preuves opportunes aux décideurs sur les réponses en matière de santé mentale et de consommation de substances dans le contexte de la COVID-19.
- De plus, le budget de 2021 prévoyait des engagements de 45 millions de dollars sur deux ans pour élaborer des normes nationales en matière de services de santé mentale fondées sur des données probantes.

KEY MESSAGES

NOTE POUR LA PÉRIODE DE QUESTIONS // QUESTION PERIOD NOTE

- Our government continues to recognize the importance of funding innovative and timely research that will improve health outcomes for people experiencing challenges related to mental health and substance use.
- That is why, over the last five years, through the Canadian Institutes of Health Research, we have invested over \$413 million in mental health and behavioural disorders research and over \$146 million in research on addictions.
- This includes investments of \$13.5 million in the COVID-19 and Mental Health Initiative, supporting research to provide timely evidence to decision makers on mental health and substance use responses in the context of COVID-19.
- Additionally, in Budget 2021, we committed \$45 million over two years to develop evidence-informed national mental health service standards.

CONTEXTE / BACKGROUND

Santé mentale

Entre 2016-2017 et 2020-2021, les IRSC ont investi plus de 413 millions de dollars dans la recherche sur la santé mentale et les troubles du comportement. Cet investissement a permis à des spécialistes des quatre coins du pays de réaliser plus de 1 700 projets.

Par exemple, les IRSC, en partenariat avec la Fondation Graham-Boeckh, appuient ACCESS Esprits ouverts, un projet national visant à transformer la façon dont les jeunes de 11 à 25 ans peuvent accéder aux soins de santé mentale par l'élaboration et la mise à l'essai d'approches fondées sur des données probantes. Pour le moment, on compte 17 sites participants, situés dans sept provinces et un territoire. Ceux-ci ont transformé les services de santé mentale destinés aux jeunes de différentes manières, selon les circonstances locales. Un exemple : à Ulukhaktok, une localité éloignée des Territoires du Nord-Ouest où les professionnels ne sont pas toujours disponibles, on évalue un modèle dans lequel les travailleurs de la santé non professionnels sont formés pour venir en aide aux jeunes en détresse.

En outre, entre 2016-2017 et 2020-2021, les IRSC ont investi plus de 23 millions de dollars dans la recherche sur la prévention du suicide. Ces travaux mèneront à la découverte de solutions efficaces pour améliorer les mesures de prévention.

Les effets de la COVID-19 sur la santé mentale, la consommation de substances psychoactives et la toxicomanie sont également mesurés, afin d'offrir à l'ensemble de la population canadienne de nouveaux traitements et services fondés sur des données probantes. Selon les conclusions de récentes études, la consommation de substances psychoactives est à la hausse pendant la pandémie de COVID-19, et les interruptions de traitement peuvent entraîner une rechute, un sevrage et la reprise des habitudes d'injection à risque, le tout, alors que les personnes âgées et les soignants mêmes ont besoin d'aide supplémentaire.

Initiative sur la santé mentale et la COVID-19

La santé mentale des Canadiens et des Canadiennes a décliné depuis le début de la pandémie. En avril 2020, les IRSC ont lancé l'Initiative sur la santé mentale et la COVID-19 afin de fournir aux décideurs des données pertinentes sur la santé mentale et la consommation de substances psychoactives en contexte de pandémie. À ce jour, cette initiative a donné lieu à quatre possibilités de financement, représentant au total 101 projets financés et un investissement de 13,7 millions de dollars des IRSC et de partenaires :

- Possibilité de financement de synthèse et application rapides des données probantes actuelles sur les besoins en services de santé mentale, les lignes directrices pour la prestation de ces services, ainsi que la pratique et les enjeux associés dans le contexte de la pandémie.
- Subvention réservée de 1 million de dollars à l'Initiative canadienne de recherche sur l'abus de substances (ICRAS), pour qu'elle mène d'urgence des activités à l'appui des consommateurs de drogues, des décideurs et des fournisseurs de soins compte tenu de la pandémie de COVID-19.
- Possibilité de financement sur les besoins et services en matière de santé mentale et de toxicomanie dans le contexte de la COVID-19, pour faire progresser les recherches visant à comprendre les transformations systémiques rapides, à concevoir des innovations dans la nature ou la prestation des services et à établir une correspondance entre l'accessibilité des services et les besoins.
- 191 000 dollars à quatre titulaires d'une subvention s'inscrivant dans l'Initiative sur la santé mentale et la COVID-19, afin d'accélérer la recherche liée aux nouveaux variants du SRAS-CoV-2 et de produire rapidement des données probantes utiles pour orienter les stratégies sur les plans biomédical et clinique, ainsi que sur les plans du système de santé et de la santé publique.

Budget de 2021

Parmi les points saillants du budget de 2021 au chapitre de la recherche et des services en santé mentale, mentionnons :

- 45 millions de dollars sur deux ans, à compter de 2021-2022, à Santé Canada, à l'Agence de la santé publique du Canada (ASPC) et aux IRSC, afin de contribuer à l'élaboration de normes nationales en matière de services de santé mentale, en collaboration avec les provinces et les territoires, des organismes de santé et des intervenants clés.

Consommation de substances psychoactives

Les IRSC appuient des chercheurs partout au Canada qui s'emploient à étudier différentes questions liées à la consommation de substances psychoactives, et ont investi plus de **146 millions de dollars** dans ce domaine entre 2016-2017 et 2020-2021.

En 2014, les IRSC ont mis en place un réseau national de recherche sur la consommation problématique de substances psychoactives appelé **Initiative canadienne de recherche sur l'abus de substances (ICRAS)**. Ce réseau se compose de quatre grands pôles régionaux (Colombie-Britannique, Prairies, Ontario et Québec-Atlantique) qui relie chercheurs, fournisseurs de services, décideurs et personnes ayant une expérience concrète de partout au Canada. L'ICRAS est reconnu comme un réseau essentiel qui répond aux besoins des décideurs en matière de politiques et de données. Voici quelques-unes de ses activités :

- **Étude OPTIMA** (de 2016 jusqu'à présent) – Essai clinique multicentrique national comprenant plus de 270 participants recrutés à partir des quatre pôles de l'ICRAS. L'étude vise à comparer et à évaluer deux modèles de soins pour le traitement du trouble lié à la consommation d'opioïdes. (environ 4,4 millions de dollars sur quatre ans).
- **Lignes directrices nationales en matière de traitement** – L'ICRAS a rédigé des lignes directrices nationales pour la prise en charge clinique du trouble lié à la consommation d'opioïdes. Ces lignes directrices ont été publiées dans le *Journal de l'Association médicale canadienne* le 5 mars 2018.
- **Programme de recherche sur la mise en œuvre** – Le 14 septembre 2017, les IRSC ont annoncé un nouvel investissement de 7,5 millions de dollars sur six ans devant permettre à l'ICRAS de mener un programme national de recherche visant une mise en œuvre efficace d'interventions fondées sur des données probantes dans les milieux cliniques et communautaires.

Le 16 avril 2021, les IRSC ont lancé la possibilité de financement *Phase II de l'ICRAS : pôles régionaux*, laquelle représente un investissement total de 17 millions de dollars sur six ans, débutant en 2022-2023. La phase II vise à prendre appui sur les réussites de la première phase en augmentant le nombre de pôles régionaux afin d'étendre la couverture géographique de l'Initiative tout en conservant le « réseau de réseaux » et en développant ses capacités.

En plus des fonds de recherche priorisée alloués à l'ICRAS, les IRSC ont investi 1,5 million de dollars dans l'évaluation des interventions déployées au Canada pour contrer la crise des opioïdes, par le truchement de la possibilité de financement *Évaluation d'interventions en réponse à la crise des opioïdes*.

Le mars 2020, les IRSC appuyaient 7 projets sur la consommation de méthamphétamine et d'autres psychostimulants, pour un total de 700 000 \$. Ce financement permet d'appuyer la recherche sur différents thèmes, notamment l'efficacité des traitements actuels, les stratégies de réduction des méfaits, les impacts socioculturels de la consommation de méthamphétamine, ainsi que l'épidémiologie du trouble de consommation de méthamphétamine et de troubles connexes.

Séance d'échanges Meilleurs Cerveaux

En novembre 2020, les IRSC ont organisé une séance d'échanges Meilleurs Cerveaux intitulée *Innovation dans les soins virtuels en matière de santé mentale et de consommation de substances*, en collaboration avec le ministère de la Santé de la Colombie-Britannique, le ministère de la Santé mentale et des Dépendances de la Colombie-Britannique et la Fondation Michael-Smith pour la recherche en santé. Cette séance a réuni des responsables des politiques et des décideurs provinciaux, des chercheurs et des spécialistes de la mise en œuvre, des organisations non gouvernementales et d'autres intervenants clés. Les échanges visaient à comprendre la manière dont les soins virtuels peuvent satisfaire les besoins uniques et fluctuants en matière de santé mentale et de consommation de substances au sein de la population diversifiée de la Colombie-Britannique, et ce, pendant et après la pandémie de COVID-19.

CONSIDÉRATIONS

Le premier ministre a publié les nouvelles lettres de mandat le 16 décembre 2021. La lettre de mandat du ministre de la Santé comprenait l'engagement de travailler avec la ministre de la Santé mentale et des Dépendances et ministre associée de la Santé et avec l'appui de la vice-première ministre et ministre des Finances afin d'établir en permanence le Transfert canadien en matière de santé mentale dans le but de favoriser la prestation de services de santé mentale accessibles, gratuits et de grande qualité, notamment des services de prévention et de

traitement.

La lettre de mandat de la ministre de la Santé mentale et des Dépendances et ministre associée de la Santé a nommé de nombreuses priorités qui soutiendront la santé mentale des Canadiens et nécessiteront les recherches opportunes et de haute qualité sur la santé mentale et la toxicomanie, notamment :

- Élaborer des normes de santé mentale, en mettant l'accent sur l'équité en matière de santé;
- Promouvoir une stratégie globale de lutte contre la consommation problématique de substances au Canada, qui appuie les efforts visant à améliorer l'éducation du public pour réduire la stigmatisation, et en soutenant les provinces et les territoires et en travaillant avec les communautés autochtones pour donner accès à une gamme complète de traitements fondés sur des données probantes et à la réduction des méfaits, ainsi que pour créer des normes pour les programmes de traitement de la consommation de substances.

BACKGROUND

Mental Health

Between 2016-17 and 2020-21, CIHR invested over \$413 million in mental health and behavioural disorders research. This represents more than 1700 projects led by experts across the country.

For example, CIHR, in partnership with the Graham Boeckh Foundation, is supporting ACCESS Open Minds, a national project that is transforming the way youth aged 11-25 access mental health care by developing and testing evidence-informed approaches. There are currently 17 sites operating in 7 provinces and one territory. These sites have transformed youth mental health services in diverse ways based on local context. For example, in Ulukhaktok, a remote community in the Northwest Territories where professional service providers are not always available, the site is evaluating a model where lay health workers are trained to provide support to youth in distress.

Between 2016-17 and 2020-21, CIHR invested over \$23 million dollars in research related to suicide prevention. This research will lead to the discovery of new, effective solutions for better prevention.

The impacts of COVID-19 on mental health, substance use, and addiction are also being measured, offering new evidence-based treatments and services to all Canadians. Recent findings identified that substance use is increasing during COVID-19, and that treatment disruptions can cause relapse, withdrawal and the restart of risky injection behaviours. While caregivers themselves and older Canadians require additional supports.

COVID-19 and Mental Health Initiative (CMH)

The mental health of Canadians has worsened during the pandemic. In April 2020, CIHR launched the CMH initiative to provide timely evidence to decision makers on mental health and substance use responses in the context of COVID-19. CIHR launched four funding opportunities under this initiative, supporting a total of 101 projects for a total investment of \$13.7M from CIHR and partners, including:

- Rapid synthesis and knowledge-to-action funding opportunity for current evidence on mental health service needs, delivery and guidelines, practice and related issues, in the COVID-19 context.
- \$1M directed grant to the Canadian Research Initiative in Substance Misuse (CRISM) to undertake urgent activities to support people who use drugs, decision-makers and care providers in light of COVID-19.
- COVID-19 Mental Health & Substance Use Service Needs and Delivery funding opportunity to advance research on understanding rapid system transformations, developing innovative adaptations of services and/or delivery and matching access to service with needs.
- \$191K to four CMH grantees to accelerate rapid research related to emerging SARS-CoV-2 variants and generate timely evidence relevant to biological, clinical, health system, and public health strategies.

NOTE POUR LA PÉRIODE DE QUESTIONS // QUESTION PERIOD NOTE

Budget 2021

Highlights with respect to mental health research and services from Budget 2021 include:

- \$45 million/2 years, starting in 2021-22, to Health Canada, PHAC, and CIHR to help develop national mental health service standards, in collaboration with provinces and territories, health organizations, and key stakeholders.

Substance Use

CIHR supports researchers across Canada that aim to address various issues related to substance use and has invested more than **\$146** in the area between 2016-17 and 2020-201.

In 2014, CIHR established a national research network in problematic substance use called the **Canadian Research Initiative in Substance Misuse (CRISM)**. CRISM is composed of four large regional nodes (British Columbia, Prairies, Ontario, Québec/Atlantic) that connect researchers, service providers, decision makers and people with lived experience from across Canada. CRISM is recognized as a critical network that responds to the policy and evidence needs of decision-makers. CRISM activities include:

- The **OPTIMA Study** (2016-ongoing) – a national multi-site clinical trial involving over 270 participants recruited from all four CRISM Nodes to compare and evaluate two models of care for the treatment of opioid use disorder. (~\$4.4 million over 4 years).
- **National Treatment Guideline** – CRISM has developed a National Guideline for the clinical management of opioid use disorder, which was published in the *Canadian Medical Association Journal* on March 5, 2018.
- **Implementation Research Program** – On September 14, 2017, CIHR announced a new investment of \$7.5 million over six years for CRISM to conduct a national research program for effective implementation of evidence-based interventions into clinical and community.

On April 16, 2021, CIHR launched *CRISM Phase II: Regional Nodes* funding opportunity. This funding opportunity represents a total investment of \$17M over 6 years, beginning in 2022-2023, and looks to build and expand on the successes of the Initiative's first phase by increasing the number of Regional Nodes to enhance geographic coverage while maintaining the "Network of Networks" and expanding capacity.

In addition to priority-driven investments to CRISM, CIHR also invested \$1.5 million to support evaluation of interventions implemented across Canada in response to the opioid crisis through the *Evaluation of Interventions to Address the Opioid Crisis Funding Opportunity*.

In March 2020, CIHR supported 7 projects on methamphetamine and related psychostimulant use, totaling \$700,000. This funding supports research in diverse areas including effectiveness of existing treatment options, harm reduction strategies, sociocultural impacts of methamphetamine use and epidemiology of methamphetamine use and associated disorders.

Best Brain Exchange (BBE)

In November 2020, CIHR hosted the 'Innovations in Virtual Care for Mental Health and Substance Use' BBE in collaboration with the British Columbia Ministry of Health, British Columbia Ministry of Mental Health and Addictions, and Michael Smith Foundation for Health Research. This BBE brought together provincial policy and decision makers, researchers and implementation experts, non-governmental organizations and other key stakeholders to gain an understanding of how virtual care can meet the unique and evolving mental health and substance use service needs of British Columbia's diverse population during and after the COVID-19 pandemic.

CONSIDERATIONS

- The Prime Minister released the new mandate letters on December 16, 2021. The Minister of Health's mandate letter included a commitment to work with the Minister of Mental Health and Addictions and Associate Minister of Health and with the support of the Deputy Prime Minister and Minister of Finance to establish a permanent, ongoing Canada Mental Health Transfer, to help expand the delivery of high-quality, accessible and free mental health services, including for prevention and treatment.

NOTE POUR LA PÉRIODE DE QUESTIONS // QUESTION PERIOD NOTE

The Minister of Mental Health and Addictions and Associate Minister of Health's mandate letter named many priorities that will support the mental health of Canadians and require timely and high-quality mental health and substance use research, including:

- Develop mental health standards, with a particular focus on equity;
- Advance a comprehensive strategy to address problematic substance use in Canada, supporting efforts to improve public education to reduce stigma, and supporting provinces and territories and working with Indigenous communities to provide access to a full range of evidence-based treatment and harm reduction, as well as to create standards for substance use treatment programs.

PERSONNE-RESSOURCE/CONTACT : Lynne Scholten, gestionnaire par intérim, IRSC / A/Manager, CIHR (343-540-5489)

Approuvé par / Approved by : David Marchand, directeur général par intérim, IRSC / A/Director General, CIHR (613-608-2175)

Indigenous Peoples' Health

SYNOPSIS

COVID-19 and anti-Indigenous racism have had a large impact on Indigenous people's health.

QUESTION

What is CIHR doing to support Indigenous health as part of the response to COVID-19, and to address anti-Indigenous racism?

KEY MESSAGES

- We know that inequities in health outcomes exist between Indigenous Peoples and non-Indigenous Canadians. As such, Indigenous health is a research priority for the Canadian Institutes of Health Research, or CIHR.
- CIHR has worked very closely with Indigenous communities to develop major initiatives, such as the Network Environments for Indigenous Health Research, a \$100.8M investment over 16 years, which focus on building capacity for research and knowledge translation in Indigenous communities.
- Such investments support the creation of research environments for Indigenous health research driven by, and grounded in, Indigenous communities to address the health challenges and inequities they face, including on racism experienced by Indigenous Peoples within Canada's health care systems.
- CIHR recognizes that Indigenous Peoples are also dealing with the unprecedented health, economic and community impacts of COVID-19.
- For this reason, CIHR previously invested \$2 million and has more recently committed an additional \$6 million in research focused on addressing the impact of COVID-19 on the health and well-being of Indigenous Peoples.
- CIHR also committed \$1.4 million in research to inform effective strategies for improving COVID-19 vaccine confidence including in Indigenous communities.
- I am very pleased to say that through such significant investments, CIHR will continue to provide supportive research environments for Indigenous health research driven by, and grounded in, Indigenous communities to address the health challenges and inequities they face.

BACKGROUND

First Nations, Métis and Inuit health has improved in recent years; however, gaps remain in the health status of indigenous populations in comparison to that of non-Indigenous Canadians. For example, suicide rate in some Inuit communities have been reported as being more than 11 times higher than the rate for non-Indigenous Canadians and some of the highest in the world.¹² Furthermore, Indigenous Peoples across Canada have been disproportionately impacted by the **COVID-19 global pandemic** when compared to non-Indigenous Canadians.

The Government of Canada has been clear that renewing its relationship with Indigenous People is a key priority and this has been reflected in the mandate letters of all Ministers. Every single Minister has been mandated to implement the United Nations Declaration on the Rights of Indigenous Peoples and to work in partnership with Indigenous Peoples to advance their rights.

CIHR INITIATIVES

CIHR has made accelerating the self-determination of Indigenous Peoples in health research as one of the agency's top five priorities under its [2021-31 Strategic Plan](#), and created the [Action Plan: Building a healthier future for First Nations, Inuit, and Métis Peoples \(the Action Plan\) in 2016](#). Based on the advice of First Nations, Inuit, and Métis communities, the Action Plan commits CIHR to implement a series of concrete actions to further strengthen Indigenous health research in Canada.

Between 2014-15 and 2020-21, CIHR invested over \$237 million in research related to Indigenous Peoples' health. In the 2020-2021 fiscal year, investment in Indigenous health research increased to 4.1%, an important increase towards its Action Plan goal of reaching a minimum of 4.6% of CIHR's Grants and Awards Budget.

The **Network Environments for Indigenous Health Research (NEIHR)** program represents a \$100.8 million investment over 16 years to build capacity in Canada for Indigenous health research. The network of centres is intended to provide supportive research environments for Indigenous health research driven by, and grounded in, Indigenous communities in Canada.

CIHR has identified gaps in the availability of culturally safe, distinctions-based and evidence-based interventions in response to COVID-19 that are grounded in Indigenous knowledges. In response, CIHR launched the **Indigenous Peoples and COVID-19 Knowledge Synthesis, Evaluation and Assessment Grants Rapid Research Funding Opportunity** in December 2020. This funding opportunity focused on Indigenous Peoples' understanding and experience with

¹ The First Nations Information Governance Centre, First Nations Regional Health Survey (RHS) Phase 2 (2008/10) National Report on Adults, Youth and Children Living in First Nations Communities. (Ottawa: The First Nations Information Governance Centre, June 2012)

² Affleck, William et al. "Suicide amongst the Inuit of Nunavut: An Exploration of Life Trajectories." *International journal of environmental research and public health* vol. 17,6 1812. 11 Mar. 2020, doi:10.3390/ijerph17061812

respect to COVID-19, including cultural responses grounded in Indigenous Knowledge and self-determination; intersections with, and impact on, on-going health, social, economic and climate crises; and/or perspectives of (or participation in) vaccine research, sero-surveillance, and clinical trials. A total of \$2 million has been invested in 13 grants.

The **Pathways to Health Equity for Aboriginal Peoples** initiative represents a \$25 million investment over 10 years to generate evidence in four priority areas: mental wellness, tuberculosis, diabetes/obesity and oral health. Pathways projects look at how to design, offer and implement programs and policies that promote health and wellness for Indigenous peoples.

The **Indigenous Healthy Life Trajectories** initiative (I-HeLTI) represents an investment of \$22.8million to support Indigenous communities in addressing non-communicable diseases. I-HeLTI projects will develop and test Indigenous-focused early interventions (pre-conception, pregnancy, infancy and early childhood) designed to improve health outcomes in later life.

The launch of the **Indigenous Gender and Wellness Team Grant** in November 2020 is a commitment of \$7 million in funding for Indigenous-led teams to implement their ideas through research and action-oriented, community-based participatory projects that will improve wellness for Indigenous Peoples from a gendered perspective.

The **Indigenous Research Chairs in Nursing** funding opportunity funded six researchers who are studying ways to improve the health of Indigenous Peoples and any health systems, services, and products affecting them. It aims to define and promote the development, the practice and the attributes of professionalism of Indigenous health nursing, fostering health systems that are characterized by culturally safe care without racism and gender-responsive approaches.

CIHR also announced a **COVID-19 Vaccine Confidence** funding opportunity to support research that will inform effective strategies to improve COVID-19 vaccine confidence and in turn, uptake, among populations experiencing systemic inequities, conditions of marginalization, Indigenous (First Nations, Inuit, Métis and/or Urban Indigenous) communities and/or among populations who are historically under-vaccinated. The funding opportunity represents a commitment of \$1.4 million, enough to fund approximately 14 grants.

The October 2021 launch of the Indigenous **COVID-19 Rapid Research Funding Opportunity** committed \$6 million in funding to support strengths-based, solutions-focused research and knowledge mobilization that is Indigenous-led and/or Indigenous community-led, and that addresses the immediate, intermediate, and/or long-term consequences of COVID-19 and/or informs future pandemic or health emergency preparedness.

Long-Term Care

SYNOPSIS

The September 2020 Speech from the Throne recognized the lives lost in long-term care homes as one of the greatest tragedies of the COVID-19 pandemic.

QUESTION

What actions is the federal government taking to support provinces and territories in addressing major issues in long-term care facilities?

KEY MESSAGES

- Since its inception, CIHR has supported research on the health and care of older adults. In fact, over the last five years, CIHR invested over \$464 million in research related to aging, including over \$153 million in research related to health care and services for aging individuals.
- However, the devastating consequences that COVID-19 has had on residents, their caregivers, and staff at long-term care homes across the country demonstrates a need for more research on pandemic preparedness in this sector.
- That is why CIHR's COVID-19 rapid research response, which represents a total investment of over \$298 million in over 657 grants, specified older adults and those living in long-term care facilities as priority populations.
- Further, CIHR and national and provincial partners, including Healthcare Excellence Canada, invested \$3.4 million in 22 research teams to collaborate with long-term care homes to improve pandemic preparedness in these facilities.
- In January 2021, CIHR in collaboration with the **Ontario Ministry for Seniors and Accessibility** and the **Ontario Ministry of Health**, hosted a Best Brains Exchange on the regulation of the Ontario retirement homes sector.
- Finally, through the first in a series of competitions designed to target emerging COVID-19 research gaps and priorities, CIHR invested over \$1 million to examine the efficacy of preventive measures and how they are implemented in long-term care homes.

BACKGROUND

Between 2016-17 and 2020-21, CIHR invested over \$464M in research related to aging, including over \$153M in research related to health care and services for aging individuals. For example, CIHR's Transitions in Care initiative aims to improve the health and wellness of Canadians by supporting research that transforms the health system to optimize the outcomes of individuals experiencing transitions in care.

COVID-19 and Long-Term Care

A June 2020 analysis from the Canadian Institute for Health Information showed that 81% of all COVID-19 deaths in the country were connected to long-term care and seniors' residences. Acknowledging these devastating outcomes, CIHR responded by identifying older adults, including those living in long-term care facilities as a priority population in numerous COVID-19-related funding opportunities.

CIHR's **COVID-19 and Mental Health Initiative** encouraged researchers to consider priority populations that may face unique contexts such as aging populations, including older adults in assisted living and long-term care facilities and their caregivers. To date, CIHR has launched 3 funding opportunities under this initiative, supporting a total of 101 projects for a total investment of \$13.5M from CIHR and partners.

In September 2020, CIHR and national and provincial partners, including Healthcare Improvement Canada, launched the **Strengthening Pandemic Preparedness in Long-Term Care Operating Grants**. This led to the investment of a total of \$3.4M to support 22 research teams as they collaborate with long-term care homes to evaluate the implementation and sustainability of promising practice interventions and policies designed to improve pandemic preparedness within long-term care.

The **SPOR Evidence Alliance**, which is jointly funded by CIHR and 41 public health agencies, has completed three rapid reviews to inform the World Health Organization's guidance document on infection prevention and control in long-term care facilities. These guidelines were designed to provide long-term care managers with best practices they could implement to limit the spread of COVID-19 considering the unique characteristics of these settings.

In January 2021, CIHR in collaboration with the **Ontario Ministry for Seniors and Accessibility and the Ontario Ministry of Health**, hosted a Best Brains Exchange on the regulation of the Ontario retirement homes sector. The purpose of the exchange was to examine the distinction between long-term care and retirement homes, gain deeper understanding of the research and implementation evidence related to the retirement homes model and assess current regulatory models to support future decision-making.

In March 2021, CIHR launched a series of competitions designed in an iterative way to target **Emerging COVID-19 Research Gaps and Priorities** to contribute to Canada’s ongoing pandemic response in a flexible and rapid way. The first of such competitions funded [3 projects](#) for a total investment of over \$1 million to examine the efficacy of preventive measures and how they are implemented in long-term care homes.

CONSIDERATIONS

The Minister of Health’s December 2021 mandate letter included commitments related to long-term care, including “working with provinces and territories to improve infection prevention and control measures, identify shared principles, and develop national standards and a Safe Long-Term Care Act to ensure seniors get the care they deserve.”

Opioid Crisis & Methamphetamine

SYNOPSIS

Data from jurisdictions across Canada show a substantial increase in opioid-related harms and deaths since the beginning of the COVID-19 pandemic.

QUESTION

What is CIHR's contribution to addressing the rise in opioid-related harms?

KEY MESSAGES

- CIHR recognizes that opioid-related harms, including fatal overdoses, have increased significantly in many jurisdictions since the start of the pandemic. That is why we are continuing to support research to inform an evidence-based response to this public health crisis. In 2020-21 alone, CIHR invested over **\$22 million** in research related to opioids.
- In particular, CIHR is supporting a pan-Canadian research network called the **Canadian Research Initiative in Substance Misuse, or CRISM**, which to date, represents a **\$20.5 million** investment to support a national research platform to identify and develop clinical and community-based interventions for substance use disorders.
- CRISM continues to generate important evidence to support the work of policy and decision makers, including the recent publication of six national guideline documents addressing the urgent needs faced by people who use drugs during the COVID-19 pandemic.
- Through the *CRISM Phase II: Regional Nodes* funding opportunity, CIHR will invest a total of \$17M over 6 years, provide continued funding to build and expand the CRISM network, as well as support a clinical trial on the management of methamphetamine abuse.
- I am also pleased to inform your committee that CIHR has launched several other research funding initiatives to generate evidence for policy makers on harm reduction approaches to the opioid crisis and on the issue of mental health and substance use, many in the context of COVID-19.

- Results from this research will provide timely, high quality, and relevant evidence to decision makers at municipal, provincial, territorial, and federal levels.

BACKGROUND

Opioids

The overdose crisis is a longstanding public health crisis which has claimed 24,626 lives since 2016. The emergence of the current COVID-19 public health emergency has only exacerbated the ongoing opioid crisis, which has seen several regions across Canada managing two public health crises simultaneously. The compounding of these health crises places people with opioid use disorders at markedly increased risk.

People who use drugs are currently facing additional barriers to accessing health and social services, increasing the risk of unsafe use and overdose, as well as disease spread and mortality. As the full impact of COVID-19 on people with opioid use disorder has yet to be established, early data suggests an increase in overdose related deaths. For example, in British Columbia in October 2021, 201 illicit drug toxicity deaths were reported - a monthly record high for the province.

Methamphetamine

Methamphetamine (crystal meth) is a synthetic drug classified as a central nervous system stimulant or psychostimulant; amphetamine (e.g., Adderall), methylphenidate (e.g., Ritalin), MDMA (“ecstasy”), cocaine (incl. crack cocaine) are similarly classified. Some amphetamines are prescribed for attention-deficit hyperactivity disorder and narcolepsy, but methamphetamine use is currently illegal.

There is a lack of comprehensive information on the scope and scale of methamphetamine use in the Canadian population, but some jurisdictions report increases in possession rates and access to treatment¹. For example, in Manitoba, monthly emergency room visits by patients who are using methamphetamine increased 1,700% between 2013 and 2017.

In June 2019, HESA released the final report of its Impacts of Methamphetamine Abuse in Canada study. Funding for the development of evidence-based treatment guidelines for problematic methamphetamine use and addiction was one of the 23 recommendations made by the Committee.

CIHR INITIATIVES

Between 2017-18 and 2020-21, CIHR invested more than **\$55 million in research related to opioids** through investigator-initiated programs and strategic initiatives, including over \$22 million in 2020-21 alone.

In 2014, CIHR established a national research network in problematic substance

¹ [Canadian Centre on Substance Use and Addiction](#)

use called the **Canadian Research Initiative in Substance Misuse (CRISM)**. CRISM is composed of four large regional nodes (British Columbia, Prairies, Ontario, Québec/Atlantic) that connect researchers, service providers, decision makers and people with lived experience from across Canada. CRISM is recognized as a critical network that responds to the policy and evidence needs of decision-makers. CRISM activities include:

- The **OPTIMA Study** (2016-ongoing) – a national multi-site clinical trial involving over 270 participants recruited from all four CRISM Nodes to compare and evaluate two models of care for the treatment of opioid use disorder: Daily witness ingestion (methadone, current standard of care in Canada) and flexible take-home dosing (buprenorphine/naloxone, the therapy of choice in the US) in order to improve patient care. (~\$4.4 million over 4 years).
- **National Treatment Guideline** – CRISM has developed a National Guideline for the clinical management of opioid use disorder. The Guideline was published in the *Canadian Medical Association Journal* on March 5, 2018. CIHR provided CRISM with an investment of \$400,000 to undertake a knowledge transfer process for the implementation of this guideline.
- **Implementation Research Program** – On September 14, 2017, CIHR announced a new investment of \$7.5 million over six years for CRISM to conduct a national research program for effective implementation of evidence-based interventions into clinical and community. This includes development of a national guideline on injectable opioid agonist treatment for opioid use disorder that was released in September 2019.
- **COVID-19 Urgent National Guidelines** –In May 2020, CIHR provided CRISM with \$1M to undertake urgent activities to support people who use drugs, decision-makers and care providers in light of COVID-19. This includes the creation of six national guidance documents (completed) and a rapid assessment of the challenges faced by people who use drugs during the COVID-19 crisis to guide future policy decisions (completed).

On April 16, 2021, CIHR launched *CRISM Phase II: Regional Nodes* funding opportunity. This funding opportunity represents a total investment of \$17M over 6 years, beginning in 2022-2023, and looks to build and expand on the successes of the Initiative's first phase by increasing the number of Regional Nodes to enhance geographic coverage while maintaining the "Network of Networks" and expanding capacity.

In October 2020, CIHR launched a new funding opportunity to support the **evaluation of program implementation and short-term impact of safer supply pilot interventions and supervised consumption sites**. Through this funding opportunity, CIHR is supporting five grants for a total investment of over \$2.1M: one grant that will assess the implementation and impact of safer supply pilot projects, and four grants to assess the public health impact of SCS across the country. The funding decisions for this competition are now available on [CIHR's Funding Decisions webpage](#).

CIHR has also invested over \$10M to fund grants on mental health and substance use in the context of COVID-19 as part of CIHR's **COVID-19 and Mental Health (CMH) initiative**.

1. Through the Knowledge Synthesis funding opportunity, CIHR is supporting 45 knowledge synthesis grants (including 11 focused on substance use), which will inform and provide policymakers with the rapid data they need to improve mental health outcomes during the pandemic response. Final knowledge syntheses for the projects are available on the CIHR website, under the COVID-19 and Mental Health Initiative pages. CIHR will host a COVID-19 and Mental Health Initiative Virtual Learning Series to amplify the findings of the knowledge synthesis grants. On May 4th, CIHR hosted the first event to discuss the impacts of COVID-19 on women's mental health and substance use. The second event took place on June 8th and discussed the impacts of COVID-19 on substance use and people who use substances.
2. Through the Operating Grants funding opportunity, CIHR is supporting 55 research teams to address the impacts of COVID-19 and containment measures on mental health and substance use. Of the 55 funded teams, 17 are focused on substance use.

In addition to priority-driven investments to CRISM and the COVID-19 and Mental Health Initiative, CIHR is also invested of **\$1.5 million** to support evaluation of interventions implemented across Canada in response to the opioid crisis through the **Evaluation of Interventions to Address the Opioid Crisis Funding Opportunity**. Of this \$1.5M, \$500,000 supported research on non-pharmacological interventions for pain management.

Finally, in November 2020, CIHR, in collaboration with the British Columbia Ministry of Health, British Columbia Ministry of Mental Health and Addictions and Michael Smith Foundation for Health Research, hosted a Best Brains Exchange on ***Innovations in Virtual Care for Mental Health and Substance Use***.

Problematic Substance Use and Methamphetamine

CIHR supports researchers across Canada that aim to address various issues related to problematic substance use and has invested more than **\$146M** in the area between 2016-17 and 2020-21.

As of March 2020, CIHR is supporting 7 projects on **methamphetamine and related psychostimulant use**, totaling \$700,000. This funding will support research in diverse areas including effectiveness of existing treatment options, harm reduction strategies, sociocultural impacts of methamphetamine use and epidemiology of methamphetamine use and associated disorders.

CONSIDERATIONS

The Minister of Mental Health and Addictions and Associate Minister of Health's December 2021 mandate letter includes a commitment to:

- Advance a comprehensive strategy to address problematic substance use in Canada, supporting efforts to improve public education to reduce stigma, and supporting provinces and territories and working with Indigenous communities to provide access to a full range of evidence-based treatment and harm reduction, as well as to create standards for substance use treatment programs.

Budget 2021 proposed an investment of \$116 million over 2 years, starting in 2021-22, for the Substance Use and Addictions Program to support a range of innovative approaches to harm reduction, treatment, and prevention at the community level

Budget 2019 proposed to provide additional funding of \$30.5 million over 5 years, starting in 2019–20, with \$1 million in ongoing funding for Health Canada, for targeted measures to address persistent gaps in harm reduction and treatment for the opioid crisis.

Budget 2018 proposed an investment of \$231.4 million over 5 years to address the opioid crisis, with no funding for CIHR.

Budget 2017 announced an investment of \$100 million over 5 years, and \$22.7 million ongoing, to support national measures associated with the CDSS. As part of this investment, an ongoing investment of \$2 million was directed to CIHR for the expansion of CRISM and new research studies and knowledge translation activities related to drugs and substances.

Seniors Health

SYNOPSIS

Seniors are the fastest growing age group in Canada, and are at risk of serious effects of COVID-19. Beyond the direct health consequences of the virus, many seniors have also been isolated from necessary services and supports. CIHR is investing in research relevant to seniors and long-term care to aid policy makers in making evidence-based decisions and implementing effective interventions.

QUESTION

How is CIHR supporting research on the health of seniors in the context of the COVID-19 pandemic?

KEY MESSAGES

- The health of seniors is an important research area for CIHR. Over the last five years, CIHR has invested over **\$464 million** to support research on aging.
- Over the last decade, CIHR has also been pleased to support the **Canadian Longitudinal Study on Aging (CLSA)**, a national research project that involves 50,000 Canadians to understand and observe the complex interplay between physical, social and psychological determinants of health over time.
- I am also pleased to inform your Committee that, in response to the pandemic, the CLSA has focused its efforts on understanding the challenges faced by older adults during the COVID-19 pandemic.
- In fact, CIHR and the Public Health Agency of Canada have invested \$1.2M to enable the CLSA to generate COVID-specific data from its participants in order to help researchers assess the urgent issues and the long-term impacts of the pandemic on older Canadians.
- Finally, CIHR and national and provincial partners, including Healthcare Excellence Canada invested over \$3.4 million to support 22 research teams to evaluate the implementation and sustainability of promising practice interventions and policies designed to improve pandemic preparedness within long-term care homes.

BACKGROUND

In light of the COVID-19 pandemic, there is a recognized need for health research to investigate the substantial impacts on older Canadians. Aside from the increased risk of severe consequences of COVID-19, older adults have faced many other challenges; inadequate living situations in long-term care homes across the country, the decreased access to essential services and supports, and isolation from family and friends can have significant health impacts.

Recent calls to action from various stakeholders and media coverage have placed this issue center-stage in the COVID-19 response. Priority sub-populations have included older adults in long-term care and assisted living, frail older adults, and isolated older adults. CIHR continues to work with the Health Portfolio and other partners to advance health research on aging and generate evidence to guide the government response to COVID-19 in this population.

CIHR INITIATIVES

CIHR invests in research related to the health of older adults through its Institute of Aging (IA). Between 2016-17 and 2020-21, CIHR invested \$464 million in research related to IA's mandate. This includes research to promote healthy aging and to address causes, prevention, screening, diagnosis, treatment, support systems, and palliation for a wide range of conditions associated with aging.

In 2009, CIHR established **the Canadian Longitudinal Study on Aging (CLSA)**, a national research collaboration comprising more than 160 researchers from 26 universities. The CLSA is conducting a large-scale longitudinal study with 50,000 participants participating until 2033. This study will generate much needed evidence in understanding the determinants of healthy aging to guide decision makers in creating opportunities for all Canadians to age healthy.

Given the unique challenges presented with COVID-19, the CLSA has re-focused their efforts to support older adults in this challenging time. In fact, in April 2020, the CLSA launched its **COVID-19 research project** to gather lived experiences of older adults during the pandemic to generate evidence further assisting the government wide response to COVID-19. Funding for this project was provided by the McMaster Institute for Research on Aging, McMaster University, and Juravinski Research Institute.

In addition, in November 2020, CIHR, in collaboration with the Public Health Agency of Canada, launched the **CLSA COVID-19 Module** operating grant. The purpose of this \$1.2M directed grant is to support the collection of COVID-specific data from CLSA participants and to generate an electronic dataset to provide researchers with the required data to assess the urgent issues and the long-term impacts of the pandemic on older Canadians.

In April 2020, CIHR partnered with the Canadian Frailty Network for a total investment of \$800,000 to fund research projects focused on investigating the interaction between frailty and COVID-19 in older adults.

CIHR launched a **\$10M initiative to support research related to mental health and substance use responses to COVID-19**, encouraging researchers to consider older adults, including those in assisted living and long-term care facilities and their caregivers, as a priority population. For example, through this initiative, CIHR is supporting a project to examine the relationship between social connectedness and mental health for residents of long-term care homes.

The **SPOR Evidence Alliance**, which is jointly funded by CIHR and 41 public health agencies, has completed three rapid reviews to inform the World Health Organization's guidance document on infection prevention and control in long-term care facilities. These guidelines were designed to provide long-term care managers with best practices they could implement to limit the spread of COVID-19 considering the unique characteristics of these settings.

CIHR and national and provincial partners, including Healthcare Excellence Canada, launched the **Strengthening Pandemic Preparedness in Long-Term Care**. This investment of \$3.4 million supported 22 implementation science teams to collaborate with long-term care homes to evaluate the implementation and sustainability of promising practice interventions and policies designed to improve pandemic preparedness within long-term care.

In January 2021, CIHR in collaboration with the **Ontario Ministry for Seniors and Accessibility and the Ontario Ministry of Health**, hosted a Best Brains Exchange on the regulation of the Ontario retirement homes sector. The purpose of the exchange was to examine the distinction between long-term care and retirement homes, gain deeper understanding of the research and implementation evidence related to the retirement homes model and assess current regulatory models to support future decision-making.

In March 2021, CIHR launched a series of competitions designed in an iterative way to target **Emerging COVID-19 Research Gaps and Priorities** to contribute to Canada's ongoing pandemic response in a flexible and rapid way. The first of such competitions included long-term care as a priority area and funded [3 projects](#) for a total investment of over \$1 million to examine the efficacy of preventive measures and how they are implemented in long-term care homes.

Considerations

The Minister of Health December 2021 mandate letter included a commitment related to seniors' health, to "promote seniors' physical and mental health to enable them to live longer at home, including by supporting the Minister of Seniors in their work to establish an expert panel to provide recommendations for establishing an Aging at Home Benefit."

Estimated CIHR Investments by Research Area
As of January 2022

\$ millions		
	2020-21	2016-17 to 2020-21
Access to care	\$40.46	\$210.00
Addiction	\$50.80	\$146.45
Aging	\$102.62	\$464.00
Amyotrophic Lateral Sclerosis (ALS)	\$8.93	\$41.48
Alzheimer's	\$49.38	\$212.69
Antimicrobial resistance (AMR)	\$27.97	\$138.46
Arthritis	\$25.53	\$118.43
Asthma	\$13.47	\$53.73
Autism	\$16.94	\$67.85
Autoimmune disease	\$36.00	\$134.63
Cannabis	\$15.85	\$48.86
Cancer	\$237.30	\$1008.82
Cardiovascular	\$109.48	\$534.90
Circulatory & respiratory health	\$267.78	\$1005.62
Cystic fibrosis	\$5.34	\$29.30
Diabetes	\$54.74	\$248.64
Eating disorders	\$1.17	\$4.44
Ebola	\$0.47	\$2.47
E-health	\$19.04	\$86.39
Epilepsy	\$12.22	\$49.51
Gastrointestinal	\$41.07	\$179.39
Genetics	\$672.89	\$2,604.91
Global health	\$49.09	\$163.02
HIV-AIDS	\$47.75	\$228.10
Indigenous Health Research	\$64.50	\$200.14
Infection & immunity	\$569.34	\$1,807.82
Influenza	\$4.66	\$23.10
Kidney	\$34.87	\$146.91
Liver	\$15.27	\$70.21
Lyme disease	\$1.81	\$5.18
Mental health	\$132.21	\$413.83
Metabolism	\$41.56	\$173.98

\$ Millions		
	2020-21	2016-17 to 2020-21
Multiple sclerosis	\$6.90	\$31.40
Musculoskeletal health & arthritis	\$160.09	\$597.87
Neuroscience	\$228.80	\$774.08
Nutrition	\$62.12	\$237.51
Obesity	\$38.64	\$185.00
Opioids	\$22.27	\$55.67 (last 4 FY only)
Pain	\$41.47	\$139.07
Parkinson's	\$16.88	\$72.68
Population & public health	\$178.60	\$789.32
Post-traumatic stress injury (PTSI)	\$5.78	\$18.32
Rare diseases	\$40.46	\$204.62
Respiratory	\$65.12	\$279.46
Spinal cord injury	\$7.00	\$29.17
Stem cell	\$75.48*	\$352.06*
Stroke	\$26.47	\$146.32
Suicide	\$7.89	\$23.14
Transplantation	\$26.22	\$115.62
Traumatic brain injury	\$13.07	\$46.07
Tuberculosis	\$6.60	\$28.95

Notes:

Amounts for individual projects may be double-counted in the case where a project was found relevant to more than one research area (e.g., a project could be relevant to both diabetes and obesity). Therefore, the sum of individual research areas will not reflect the overall expenditures by CIHR.

For areas marked (*), the most recent data available is FY 2019-20.