

Substance Use and Addictions Program

Call for Proposals

Guidelines for Applicants

July 2019



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The ongoing, multi-substance Substance Use and Addictions Program call for proposals (cannabis, tobacco, opioids, alcohol and other substances) is now closed. Applications already received will be retained for consideration, with potential funding after April 1, 2020.

A one-time anticipatory call for proposals, outlined below, is now open. The deadline for submission is **Thursday, September 26, 2019, at 1:00 pm Eastern Time.**

Section 1 – Overview and Context

Health Canada's Substance Use and Addictions Program (SUAP) provides approximately \$50 million annually in grants and contributions funding annually to other levels of government, community-led and not-for-profit organizations to respond to drug and substance use issues in Canada.

The SUAP provides funding for a wide range of evidence-informed and innovative problematic substance use prevention, harm reduction and treatment initiatives across Canada at the community, regional and national levels. Initiatives target a range of psychoactive substances, including opioids, stimulants, cannabis, alcohol, nicotine and tobacco.

As a hub program with multiple funding streams, the SUAP is a partner in the Canadian Drugs and Substances Strategy (prevention, harm reduction and treatment pillars) and Canada's Tobacco Strategy, and supports the objectives of Health Canada's Tobacco Control, Controlled Substances and Cannabis Programs.

At this time, the SUAP is launching an additional, one-time anticipatory call for proposals. Funding will be available to enhance the response to the opioid crisis and other emerging issues, such as methamphetamines. Under this call for proposals, funding will be provided to projects in three streams: (1) harm reduction, community-led and front-line initiatives; (2) increasing access to pharmaceutical-grade medications; and (3) new approaches to address problematic methamphetamine use.

Section 2 – Program Principles

The following underlying principles must inform the content of all applications for SUAP funding, regardless of priority stream selected:

Evidence-informed

The rationale for the proposed intervention and the specific communities or populations targeted is supported by evidence or, for more innovative initiatives, based on a clearly articulated and plausible theory of change.

Involve those with lived and living experience of past or current substance use

Initiatives include people with lived and living experience of past or current substance use in the development and implementation of funded projects and reflect the diversity of who is affected by problematic substance use.

Non-stigmatizing

Stigma leads to discrimination, which prevents people from accessing the services and supports they need. Initiatives model a person-centred approach, promote stigma-free language and messaging and actively support the reduction of fear, stigma, misinformation and misunderstanding at the community level.

Community-led

Initiatives must address a community-identified need and demonstrate community involvement. Community may be defined as location based (e.g., cities, towns, neighbourhoods, regions) and/or identity based (e.g., gender groups or identities, age groups).

Collaborative and Connected

Initiatives involve organizations from multiple disciplines, sectors (e.g., health and social services), and types (e.g., non-profit, Indigenous, governmental, academia); have appropriate support and connections to provincial and territorial health systems; and, where possible, complement existing local, regional, provincial or territorial level initiatives.

Culturally Safe

Initiatives demonstrate appropriate knowledge and understanding of health, social, and historical context of Indigenous peoples, and strategies to improve to cultural safety and promote reconciliation in the delivery of programs.

Sex, Gender and Trauma-informed

Initiatives recognize that sex and/or gender is relevant to prevalence and patterns of substance use, types of substances used, the physical impact of particular substances used, the sub-populations affected, the social context of use, and access to and outcomes of harm reduction and treatment programming. Initiatives recognize the impact of violence and trauma on people's

lives and health, including substance use, and integrate this knowledge into all aspects of practice and programming.

Reduce Harms

Harm reduction initiatives aim to support individuals who use substances to live safer and healthier lives and reduce the negative health, social, and economic impacts of problematic substance use (e.g., injury, disease transmission, crime, overdose, death) at the individual and community level. Harm reduction measures do not require abstinence from substance use as a primary goal. Rather, the focus is on more immediate goals such as reducing the risk of accidental overdose, death, disease transmission and other harms by providing safer forms of use.

Section 3 – Funding Priorities

Submissions must target one or more of the following priority areas:

Stream 1 – Harm reduction, Community-led and Front-line Initiatives

Projects funded under this stream will respond to the overdose crisis by supporting harm reduction, community-led and front-line initiatives, programs and/or services that meet the needs of their communities as they respond to their problematic substance use issues. This could include, for example: projects that facilitate new or expanded access to harm reduction services and practices; which connect a range of services in an area to provide better wrap-around care or case management; that offer opioid agonist treatment in underserved communities, or which help direct people towards the health and social services they need.

Priority will be given to projects from underserved communities that:

- leverage partnerships or networks in order to extend their reach;
- implement new ways to reach people who use alone and/or other populations that are not being reached through existing services; and,
- improve meaningful involvement of people with lived and living experience of past or current substance use.

Notes:

- As per Section 6.3 of the SUAP Guidelines for Applicants, major capital and building expenditures and funding for existing or ongoing programs and services are ineligible for SUAP funding.

- While there are no set funding limits, it is anticipated that projects will be in the range of \$100,000-\$300,000 per year.
- Applications submitted under this funding stream can be a maximum of 51 months in duration between January 6, 2020, and March 31, 2024.

Stream 2 – Increasing Access to Pharmaceutical-Grade Medications

The efficacy of programs that provide prescription-grade opioids as alternatives to illegal street drugs are supported by multiple domestic and international studies. Studies have shown reduced mortality, decreased crime, and improved connections to housing and social supports. Given the contamination of the illegal drug supply, including stimulants such as cocaine and methamphetamine, with extremely toxic and potent drugs like fentanyl and its analogues, targeted investments to expand access to safer alternatives and that provide people with pathways to care are needed. Supporting and scaling up pilot projects that offer a safer alternative to the illegal supply, and contribute to the evolving evidence base, aligns with Health Canada’s mandate to help Canadians maintain and improve their health.

Projects funded under this stream will operationalize initiatives designed to provide pharmaceutical-grade medications as safer alternatives to the contaminated illegal drug supply in Canada (referred to by some stakeholders as “safe supply”). The funding may be used by pilot projects to purchase pharmaceutical-grade medications.

Priority will be given to innovative pilot projects that offer lower barrier access to pharmaceutical-grade alternatives. Innovation may stem from the model of care, the setting of the service, the medication prescribed, or other factors. Lower barrier may refer to accessible location, flexible eligibility requirements, less stringent dosing conditions and/or carrying privileges.

Applications submitted under this stream **must** demonstrate the following:

- Linkages to provincial and/or territorial health systems, including all necessary authorities, regulatory bodies, system level partnerships (including compliance with all existing regulations), and formal commitment from and access to necessary health professionals.
- Involvement of an appropriate degree of prescriber/health care provider oversight (i.e., patient-prescriber relationship), as defined by applicable regulations.

- Plan for ethics review (as required). **Note:** applicants should use the research ethics board that is affiliated with their organization. For applicants that do not have access to an ethics review board, please contact the SUAP program for support.
- Commitment to participate in and contribute to an independent, third-party evaluation, coordinated by Health Canada, which will include common outcome and performance indicator measures across projects. All projects will be required to submit and share data and translate knowledge in support of a multi-site evaluation.
- Involvement of people with lived and living experience of past or current substance use in the development and implementation of the pilot.

Notes:

- Health Canada has commissioned a group of external experts to develop a series of tools to help with the design and implementation of pilot projects aimed at providing access to pharmaceutical-grade medications as an alternative to the contaminated illegal drug supply. These documents are available upon request by emailing hc.SUAP-PUDS.sc@canada.ca with the words "Safe Supply Tools" in the subject line.
- As per Section 6.3 of the SUAP Guidelines for Applicants, major capital and building expenditures and funding for existing or ongoing programs and services are ineligible for SUAP funding.
- While there are no set funding limits, it is anticipated that projects will be in the range of \$500,000-\$1,500,000 per year.
- Applications submitted under this funding stream can be a maximum of 51 months in duration between January 6, 2020, and March 31, 2024.

Stream 3 – New Approaches to Address Problematic Methamphetamine Use

In some regions of Canada, there is evidence of rapidly increasing rates of methamphetamine use. Yet there are very few evidence-based interventions currently available to respond to this emerging situation.

Projects funded under this stream will pilot new approaches to address problematic methamphetamine use, build knowledge of effective interventions and improve access to services. Projects could include:

- innovative or promising models of care;

- innovative approaches to issues such as the management of patients experiencing acute psychosis;
- scans identifying innovative or promising interventions in addressing or treating problematic methamphetamine use; and,
- other initiatives that respond to identified gaps in the evidence for what interventions work, for whom and in what context with regard to addressing problematic methamphetamine use in Canada.

Notes:

- Projects for the development of methamphetamine treatment guidelines will not be supported through this funding.
- As per Section 6.3 of the SUAP Guidelines for Applicants, major capital and building expenditures and funding for existing or ongoing programs and services are ineligible for SUAP funding.
- While there are no set funding limits, it is anticipated that projects will be in the range of \$100,000-\$150,000 per year.
- Applications submitted under this funding stream can be a maximum of 51 months in duration between January 6, 2020, and March 31, 2024.

Section 4 – Performance Measurement and Evaluation

All initiatives funded under the SUAP must contribute to and align with SUAP program-level outcomes and performance indicators, specific to the aims of the interventions, outlined below.

OUTCOMES	INDICATORS
SHORT-TERM	
Priority populations acquire knowledge	<ul style="list-style-type: none"> • % increase in knowledge of priority population
Priority populations access services (health, social, support)	<ul style="list-style-type: none"> • # new services offered
	<ul style="list-style-type: none"> • # of target population accessing services

	<ul style="list-style-type: none"> • % increase in services available to priority populations
Priority populations or target audience is equipped with capacity (skills, competencies and abilities)	<ul style="list-style-type: none"> • % increase in skills, competencies and abilities of priority population
	<ul style="list-style-type: none"> • % increase in skills, competencies and abilities of target audience (front-line service providers)
	<ul style="list-style-type: none"> • % of target audience reporting ability to integrate knowledge into practice
MEDIUM-TERM	
Uptake of positive personal behaviours that reduce the harms of substance use	<ul style="list-style-type: none"> • % of priority population reporting a positive change in behaviour (safer use, access, adherence and/or retention to health, social and support services, etc.)
Application of knowledge in community-based interventions	<ul style="list-style-type: none"> • % of target audience reporting that they made evidence informed improvements to substance use policies, programs and practice

Priority Populations and Target Audiences

Projects can address either a **priority population** – people who use drugs, or a **target audience** – people or organizations who serve or support this population. Projects can propose to address a combination of the two groups.

Target audiences of the SUAP can include policy makers, health and social service providers, community-led organizations, and others who provide services to people who use drugs.

Section 5 – Application Process

Please email hc.SUAP-PUDS.sc@canada.ca to request a copy of the application template.

The following areas are included in the application template:

- Section 1: Project Information
- Section 2: Project Description

- Section 3: Evidence and Need
- Section 4: Performance Measurement and Evaluation
- Section 5: Organizational and Collaboration Capacity
- Section 6: Sex- and Gender-Based Analysis
- Section 7: Summary Work Plan
- Section 8: Budget and Narrative

Applications must be submitted using Health Canada's application template via email to: **hc.SUAP-PUDS.sc@canada.ca** by **1:00 pm Eastern Time on Thursday, September 26, 2019.**

Applications will be acknowledged by email. Please ensure your email address is included in your application so that Health Canada may contact you.

Quebec organizations: please note that the *Ministère de la Santé et des Services sociaux du Québec* (MSSSQ) is managing the funds in Quebec. For further information, please visit the MSSSQ [website](http://www.msss.gouv.qc.ca/professionnels/alcool-drogues-jeu/volet-quebecois-du-programme-sur-l-usage-et-les-dependances-aux-substances/) (<http://www.msss.gouv.qc.ca/professionnels/alcool-drogues-jeu/volet-quebecois-du-programme-sur-l-usage-et-les-dependances-aux-substances/>).

Applications for funding submitted to Health Canada will undergo a screening, review and selection process.

Health Canada anticipates funding decisions related to this call for proposals will be made by December 2019 for projects starting January 2020.

Section 6 – Eligibility

6.1 ELIGIBLE RECIPIENTS

The following types of organizations are eligible for funding:

- Canadian not-for-profit health organizations including hospitals, regional health councils and community health organizations;
- Canadian not-for-profit organizations and registered not-for-profit charitable organizations;
- Canadian institutions including universities, boards of education and other centres of education in Canada;

- other levels of government including Indigenous, provinces, territories and municipalities, and their agencies; and
- First Nations, Métis and Inuit not-for-profit organizations.

Individuals, for-profit groups and Federal Crown corporations are not eligible for funding under the SUAP.

Important Notice: It is important that any recipient corporation remain in good standing under the laws under which they were incorporated. In other words a recipient must be and remain in compliance with the requirements of the legislation under which it was incorporated (federal or provincial/territorial), including under the *Canada Not-for-profit Corporations Act* (<https://laws.justice.gc.ca/eng/acts/c-7.75/>) that governs internal affairs of federal not-for-profit corporations.

6.2 ELIGIBLE EXPENDITURES

Eligible expenditures may include:

- Personnel salaries and benefits
- Goods and services of contractual personnel
- Travel and accommodation - consistent with the *National Joint Council's Travel Directive* (<https://njc-cnm.gc.ca/directive/d10/en>)
- Materials and supplies
- Audit
- Evaluation
- Performance measurement
- Communication and dissemination
- Rent and utilities
- Equipment
- Meeting expenses
- Grants related to further distribution of funding and awards/honoraria
- Human resources
- Governance

- Information technology and knowledge management
- Training costs and learning opportunities
- Other specific expenses not included in the categories above as identified by the Deputy Head of Health Canada to achieve funding results

A detailed budget will be required as part of the proposal stage in the application process.

No initiative expenditures may be incurred or reimbursed prior to Health Canada approval of expenditure initiation in accordance with Health Canada's *Delegation of Financial Signing Authorities*.

6.3 INELIGIBLE ACTIVITIES AND EXPENDITURES

Ineligible expenditures include but are not limited to:

- Major capital and building expenditures
- Funding for the Recipient's existing or ongoing programs and services

Section 7 – Official Languages

It is government policy that federal institutions providing grants or contributions to voluntary non-governmental organizations for activities, initiatives or programs involving service to a public composed of members of both official language communities must take the necessary measures to ensure that the recipients of public funds respect the spirit and the intent of the *Official Languages Act* (<https://laws-lois.justice.gc.ca/eng/acts/o-3.01/>) when serving the public.

A statement on how the initiative will target both linguistic communities must be included in the SUAP application template.

For example, the initiative will ensure that:

- *the acknowledgement of Health Canada's support for the initiative is expressed in English and French;*
- *all public signage, communication (oral and written), products, programs and services related to the initiative are developed and offered in English and French; and*
- *the official language minority community is invited to participate in the initiative design, delivery and public event, where appropriate.*

OR

If it is determined that the initiative is NOT targeting both linguistic communities, a justifying statement must be included.

Example: the initiative will not target both of Canada's linguistic communities. The initiative:

- *is designed to address the specific needs of the Francophone population in (e.g., Manitoba), and as such will not be targeting the Anglophone population.*
- *is piloting a new training approach and curriculum and would like to target a single linguistic community before adapting them and investing in translation.*

Section 8 – Sex- and Gender-based Analysis

Health Canada requires the use of sex and gender-based analysis to develop, implement and evaluate programs to address the different needs of women, men, boys, girls, and gender diverse individuals. The SUAP requires applicants to integrate sex, gender and diversity factors into all aspects of the proposed initiative and requires sex and/or gender disaggregated data be submitted as part of regular reporting requirements.

Please refer to the following table when completing your application template:

Continuum of gender considerations in programs and policies
Gender unequal – Reinforces unbalanced gender norms, roles and relations <ul style="list-style-type: none">• Perpetuates gender inequality• Privileges men over women or women over men• Leads to one sex enjoying more rights, privileges and opportunities than the other
Gender blind – Ignores gender norms, roles and relations <ul style="list-style-type: none">• Ignores differences in opportunities and resource allocations between women and men• May reinforce gender-based discrimination• Often thought to be 'fair' by treating everyone the same
Gender sensitive – Considers gender norms but offers no remedial action <ul style="list-style-type: none">• Does not address inequality arising from unequal gender norms, roles or relations
Gender specific – Acknowledges the impact of different gender norms roles and relations <ul style="list-style-type: none">• Notes the impact on access to and control over resources• Considers women's and men's specific needs• May intentionally target a specific group of women or men to achieve policy or program goals or to meet their needs
Gender transformative – Addresses changing harmful gender norms <ul style="list-style-type: none">• Addresses the causes of gender-based health inequity• Includes ways to transform harmful gender norms, roles and relations• Promotes gender equality and fosters changes in power relationships between women and men

For more information and discussion, see Greaves, L., A. Pederson, and N. Poole, eds. *Making it Better: Gender Transformative Health Promotion*. 2014, Canadian Scholars Press: Toronto, ON.

Section 9 – Knowledge Translation

In its simplest form, knowledge translation is defined as moving knowledge to action to ultimately improve the health of Canadians. It is an active process that includes the synthesis, dissemination, exchange and application of knowledge to ultimately improve the health of Canadians. It involves purposeful interactions among people who produce knowledge and those who use knowledge. How knowledge is shared depends on the context in which interactions take place; the needs, roles, resources and capacity of knowledge producers and users; and the knowledge type and findings.

Initiatives funded under the SUAP should ensure that not only appropriate knowledge is generated but that it is also put into action.

Section 10 – Lobbyist Registration Act

Recent amendments to the *Lobbying Act* (<https://laws.justice.gc.ca/eng/acts/l-12.4/>) and Regulations have broadened the definition of lobbying. Applicants are encouraged to review the revised Act and Regulations to ensure compliance. For additional information, visit the Office of the Registrar of Lobbyists website or contact the Office of the Registrar of Lobbyists directly.

Section 11 – Ethics Approval

All initiatives that involve research with humans must be approved by a research ethics board that adheres to the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (http://ethics.gc.ca/pdf/eng/tcps2/TCPS_2_FINAL_Web.pdf) before the research portion of the initiative begins. Research is defined as an activity designed to test an hypothesis or answer a specific research question, permit conclusions to be drawn, and extend knowledge through the use of scientific methods and standardized protocols, systematic collection or analysis of data, or other types of inquiry. Research may rely upon quantitative methods or qualitative approaches such as participatory action research, narrative inquiry, or discourse analysis.

Research involving humans as “research participants” includes research with:

- living individuals;

- human remains, cadavers, embryos or fetuses;
- human biological materials such as tissues, organs, blood, DNA; and
- information from or about humans such as information obtained through questionnaires or from records of non-living humans that are not in the public domain.

The following are examples of activities that may be considered research, depending on their purpose: questionnaires, surveys, enhanced/novel surveillance, collection of data or biological materials, use of databanks or bio-banks.

If applicable, applicants should use the research ethics board that is affiliated with their organization. For applicants that do not have access to an ethics review board, please contact the SUAP program for support.

Section 12 – Health Canada-Recipient Roles and Responsibilities

Health Canada is under no obligation to enter into a funding agreement as a result of this funding process.

HEALTH CANADA ALSO RESERVES THE RIGHT TO:

- **reject any submission received in response to this funding process;**
- **accept any submission in whole or in part; and**
- **cancel and/or re-issue this funding process at any time.**

Please note that Health Canada **will not** reimburse an applicant for costs incurred in the preparation and/or submission of an application.

RESPONSIBILITIES OF SUCCESSFUL APPLICANTS

Funding Agreement

If the proposed initiative is approved, your Organization will:

- enter into a legally binding funding agreement with Health Canada and be legally accountable to Health Canada for prudent expenditure of the funds; and
- ensure that the initiative is efficiently carried out and achieves the initiative objectives in accordance with the funding agreement.

RESPONSIBILITIES OF HEALTH CANADA

Health Canada will:

- ensure that program representatives will be available to provide assistance, advice, and support as you implement your initiative.

Administrative and Reporting Requirements

Initiatives approved for funding are required to complete and submit a performance measurement and evaluation plan, regular performance and progress reports, regular financial/cashflow reporting and a final evaluation report using standardized Health Canada templates. Please contact SUAP if you would like to review these templates in advance in order to understand the requirements and project budget implications.

Proactive Disclosure

Public announcements will be made regarding successful initiatives. Information will be published online.

Audit and Evaluation

Organizations that receive funding may be required to participate in any evaluation and/or audit activities as directed by Health Canada. Responsibilities will be defined in the funding agreement.

Health Canada may at any time during the duration of a funding agreement, or within a six-year period following its expiry or termination, conduct audits and/or evaluations of any aspect of the work.

Contact Us

To obtain additional information about this invitation to submit an application, please contact Health Canada by email at: [**hc.SUAP-PUDS.sc@canada.ca**](mailto:hc.SUAP-PUDS.sc@canada.ca)