CANADIAN RESEARCH INITIATIVE IN SUBSTANCE MISUSE
INITIATIVE CANADIENNE DE RECHERCHE EN ABUS DE SUBSTANCE

CRISM-ICRAS

CIHR IRSC
Canadian Institutes Instituts de recherche
of Health Research en santé du Canada

Opioid Implementation Science Program: Update and Roundtable Discussions

Prairie Node 3rd Annual Gathering
November 2018

Program Development

Proposal development process

1. Regional consultations were undertaken by CRISM Nodes in Spring and Fall, 2017

2. Regional advice solicited from key researchers, health providers, health services/authority leaders, provincial and municipal public health representatives, provincial government policy-makers, and people with lived experience using multiple strategies, including online surveys, conference calls, and personal consultation.

3. Proposal for a 5-year implementation science program was submitted August, 2017 and subsequently approved by CIHR

Thematic coverage (proposal)

Research Theme Area	Sub-topics
1. Scaling up public health interventions	• Supervised consumption and safer injection facilities: Implementation and coverage • Peer-facilitated naloxone distribution
2. Optimizing opioid use disorder treatments	• Addressing barriers to first line therapy and SROM • Injectable OAT: Guidance and evaluation models • Validating alternate delivery models to expand service reach, including peer involvement
3. Improving the evidence base for withdrawal management, psychosocial and recovery-based treatment options	• Withdrawal management strategies • Organizational barriers to adopting public health interventions and OAT in traditional psychosocial and recovery-based programming
4. Developing new intervention approaches to meet the needs of high-risk target populations	• At risk youth/newer users: Targeted prevention • Indigenous peoples: Acceptability and community ownership in secondary prevention and OAT; novel interventions to improve OAT access • Corrections populations: Tailoring OAT and harm reduction to post-release needs

Project development process

1. CRISM consulted with its members from September – November, 2017 to identify people interested in contributing to the new program

2. Declarations of interest in the 4 broad thematic areas described in the proposal were solicited by CRISM NPIs

3. A structured, standardized process was used. CRISM members declared their interest in contributing and provided information to identify relevant interests, skills, activities, experience, and interest in leadership.

4. NPIs met in late November, 2017 to review declarations of interest among CRISM members and sorted them into provisional groups based on 12 project areas.

Twelve project/theme areas identified

Injectable OAT	Indigenous peoples	Correctional populations	Drug checking
Expanding access to OAT (1): Nurse-led models	Supervised consumption programs	Naloxone distribution	Expanding access to OAT (2): ED initiation
Peer involvement	Psychosocial and recovery-based programming	Withdrawal management	At-risk youth/newer users

Heterogeneity across project areas

1. Some projects (e.g., Injectable OAT) will be able to take advantage of significant activity already occurring (e.g., guideline development in BC; rapid implementation of this service in different parts of the country). Can move relatively quickly into execution.

2. Other projects (e.g., Indigenous peoples) = entirely developmental, requiring significant groundwork prior to execution. This project conceived as community owned and led, with support from CRISM.
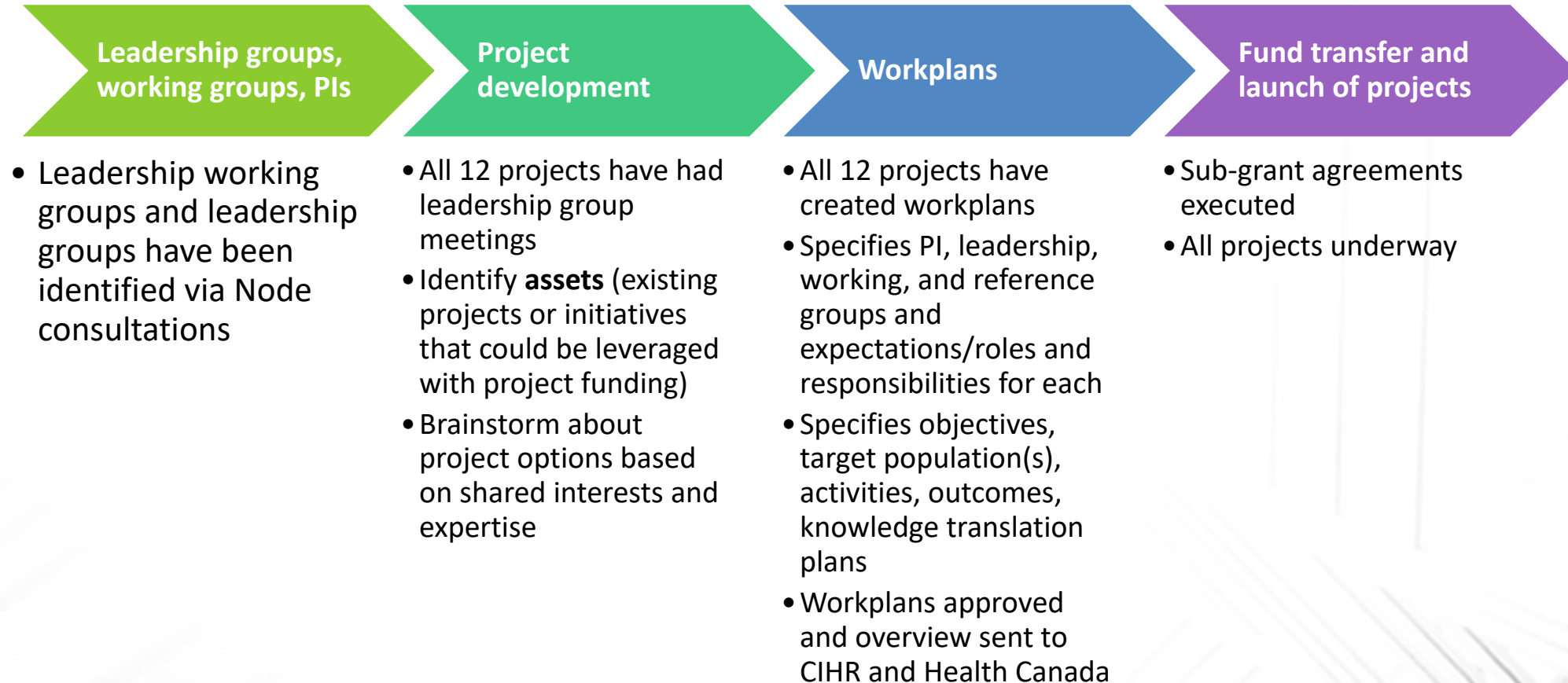
Project leadership and support

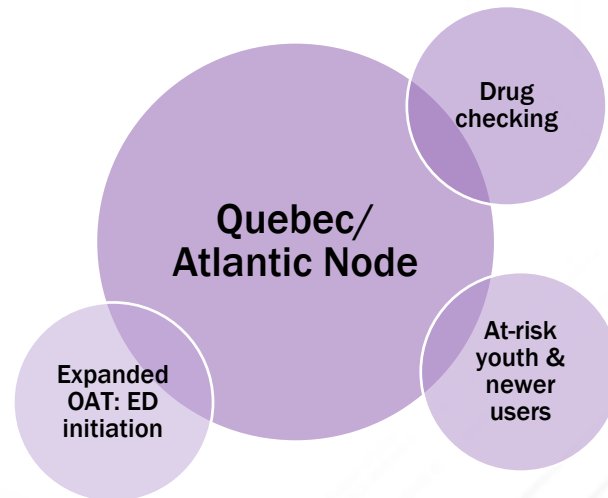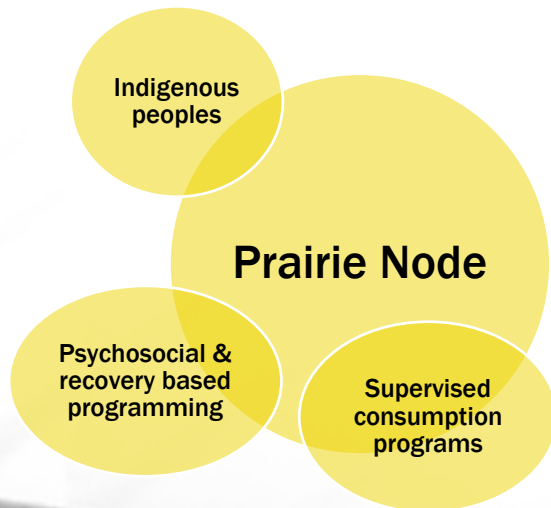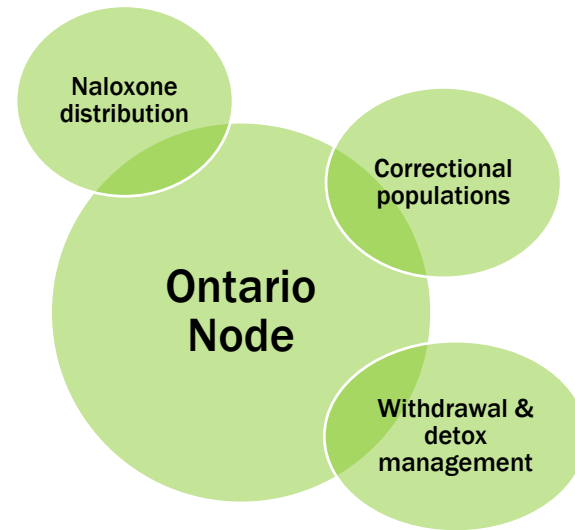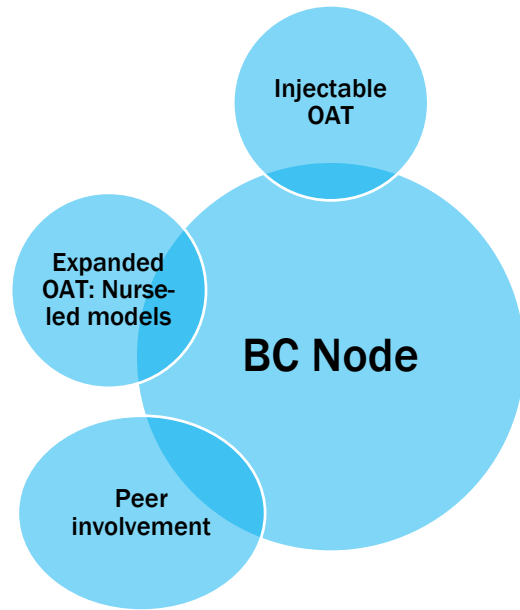| Role	Activities
Principal Investigator (PI)	Trustholder of CRISM funds at her/his institution; responsible for overall project execution and management
Leadership group	Project work plan development and direction, facilitation, expertise
Working group	Collaborators (experts and service stakeholders), drawn into each project to assist in execution. Analogous to Co-Investigators
Reference group	Stakeholders interested in project results. Includes people who use drugs (PWUD)
Coordinating Node	Provides support for project administration, facilitates intra- and inter-Node communication about project, assists in project reporting to CRISM and CIHR, development of knowledge exchange products, support for coordination of projects across the program and for activities related to the 9 projects coordinated by other CRISM Nodes.

Expectations communicated to leadership groups

All have been informed about the nature of Emerging Health Threat (EHT) funding mechanism, i.e., how it differs from CIHR Open Operating Grant funding

- Enhanced reporting requirements and frequency of reporting

- Projects encouraged to take advantage of regional service innovations that are rapidly being implemented (e.g., expansion of iOAT, naloxone, SCS across the country). Build on existing projects and initiatives to identify 'low hanging fruit' with good potential for scalability to a national context

- All project discussions advised to consider a phased approach to allow for multiple knowledge exchange products to be rolled out with early wins

- Projects informed that there will be substantial inter-Node coordination to ensure National focus/coverage as appropriate and to support knowledge transfer

Project groups and work plans

Leadership groups, working groups, PIs

- Leadership working groups and leadership groups have been identified via Node consultations

Project development

- All 12 projects have had leadership group meetings
- Identify **assets** (existing projects or initiatives that could be leveraged with project funding)
- Brainstorm about project options based on shared interests and expertise

Workplans

- All 12 projects have created workplans
- Specifies PI, leadership, working, and reference groups and expectations/roles and responsibilities for each
- Specifies objectives, target population(s), activities, outcomes, knowledge translation plans
- Workplans approved and overview sent to CIHR and Health Canada

Fund transfer and launch of projects

- Sub-grant agreements executed
- All projects underway

Roundtable Discussions

Round Table Discussions

There are 9 different tables set up in the room, each hosted by a member of the leadership team for the following CRISM projects

- Indigenous Peoples

- Peer Engagement

- iOAT

- Nurse-led

- Supervised Consumption Services

- Psychosocial/Recovery programs

- Take Home Naloxone

- Corrections populations

- Detox/Withdrawal

Not represented

- Youth

- Drug Checking

- OAT initiation in Emergency Depts

Round Table Discussions

- Purpose is to introduce the projects to Prairie Node members and gather feedback on the projects

- Hosts will take feedback to leadership team for consideration

- We will ask you to switch tables every 20 minutes so that you can learn about more than 1 project

- Meeting materials include summaries of each of the 12 projects