

Canadian Research Initiative on Substance Misuse Prairie Node Member Survey Results

June 2016



Background

National context

Addiction research in Canada suffers from geographic isolation of research groups as well as limited communication between service providers and academic research teams. This has hindered intervention research and translation and incorporation of evidence into prevention and treatment programs. To address these gaps, the Canadian Institutes of Health Research (CIHR), through its Institute for Neurosciences, Mental Health, and Addiction (INMHA), has developed the Canadian Research Initiative in Substance Misuse (CRISM).

CRISM is a 5-year initiative and was modeled, in part on the US National Institute on Drug Abuse's Clinical Trials Network. CRISM was designed to facilitate communication and collaboration among addiction service providers, researchers, and policy-makers. In September 2015, four regional CRISM Nodes, one each located in BC, the Prairies, Ontario, and the Quebec/Atlantic regions, began operations. The overall objectives of the CRISM network are to:

- Identify and/or develop the most appropriate clinical and community-based prevention or treatment interventions for substance misuse (SM);
- Provide evidence to support the enhancement of prevention and treatment services regarding SM to decision makers and service providers; and
- Support improvement in the quality of care and quality of life for Canadians living with SM.

Regional context and rationale for the survey

In order to address these objectives, we have formed a Prairie CRISM Node to link together individuals in Alberta, Saskatchewan and Manitoba who are interested in working toward accomplishing these goals. Alberta, Saskatchewan, and Manitoba have excellent researchers investigating SM interventions delivered in the clinic, the community, and in academic research settings. Each Province funds treatment and prevention of SM and has developed strategic plans through their respective Ministries of Health and Regional Health Authorities. But to date, these assets have operated either in isolation, or as part of small provincial teams. This is a missed opportunity for regional collaboration and participation in national SM initiatives.

The CRISM Prairie Node started operations in September, 2015. The Node has collaborated with other CRISM sites to submit a pragmatic trial on treatment options for prescription opioid misuse to the Canadian Institutes of Health Research. Regionally, we have established a funding stream to support new research and knowledge exchange projects among Node members, and are creating a Node website.

To assist in planning Prairie Node activities, we created an online survey and invited interested people to complete it. The survey responses were designed to inform Node activities and priorities. Specifically, we solicited information about Member interests and opinions on how the Prairie Node can be supportive.

Method

The online survey was designed for people who have been part of CRISM from the application stage as well as newer people who have expressed interest in affiliating with the Prairie Node. By completing the survey, respondents confirmed their interest in being part of CRISM activities. The information collected from the survey will be kept in a password-protected computer and will be used, in part, to seed the Node website with Member information.

The survey consisted of 3 sections. Section 1 included 9 questions about Members and their interests in SM and 4 questions on Member preferences for engaging with the Node. Section 2 included 7 questions on how the Node can best serve the membership.

Results in this report are presented from data collected from October 30 to June 7, 2016.¹

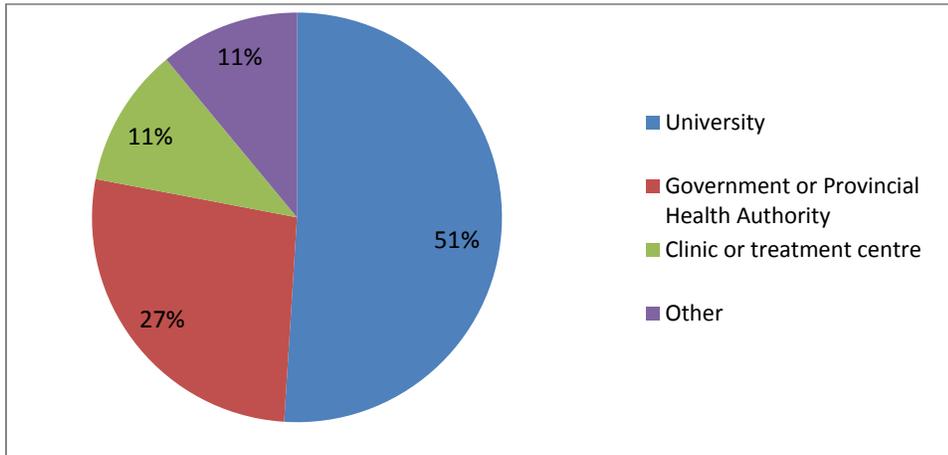
¹ The survey will remain open, however, in order to register new Node Members and their interests, and as a way to periodically update information on current Members.

Results

Respondents

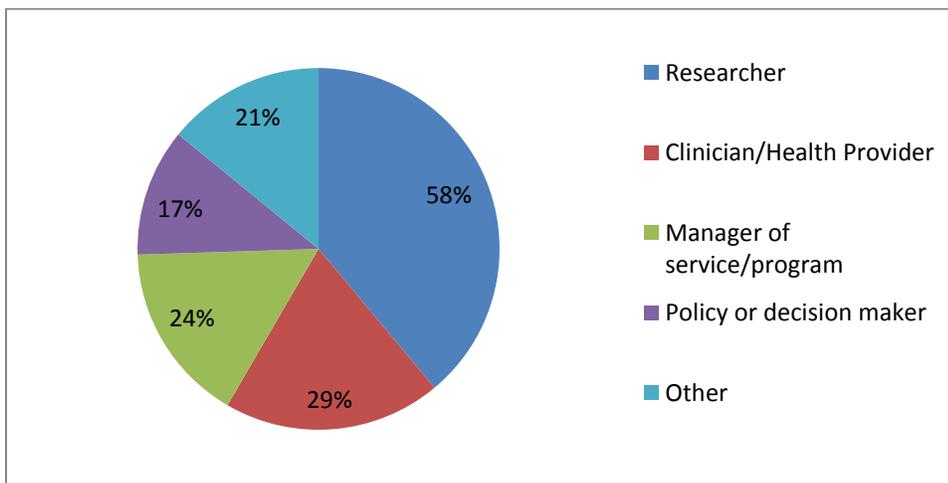
A total of 95 people completed the survey, including 61 women (64%). Most participants were from Alberta (n=67; 71%), 20 (21%) were from Saskatchewan, and 8 (8%) were from Manitoba.

Figure 1. Primary affiliation of respondents



As shown in Figure 1 above, member affiliations are primarily with universities and government or health authorities. The ‘other’ affiliations include members of foundations/institutes/patient advocacy groups/health professional colleges. Members may hold multiple affiliations.

Figure 2. Member roles; question 5



Over 1/2 of current Node members are researchers, while clinicians, program managers, or policy/decision makers are more equally represented. ‘Other’ roles include students, educators, funders, advocates, and Indigenous community leaders. Members may hold multiple roles.

Member interests in substance misuse (SM) and addictions

Figure 3. SM interventions of interest to Node members (rank-ordered); question 6

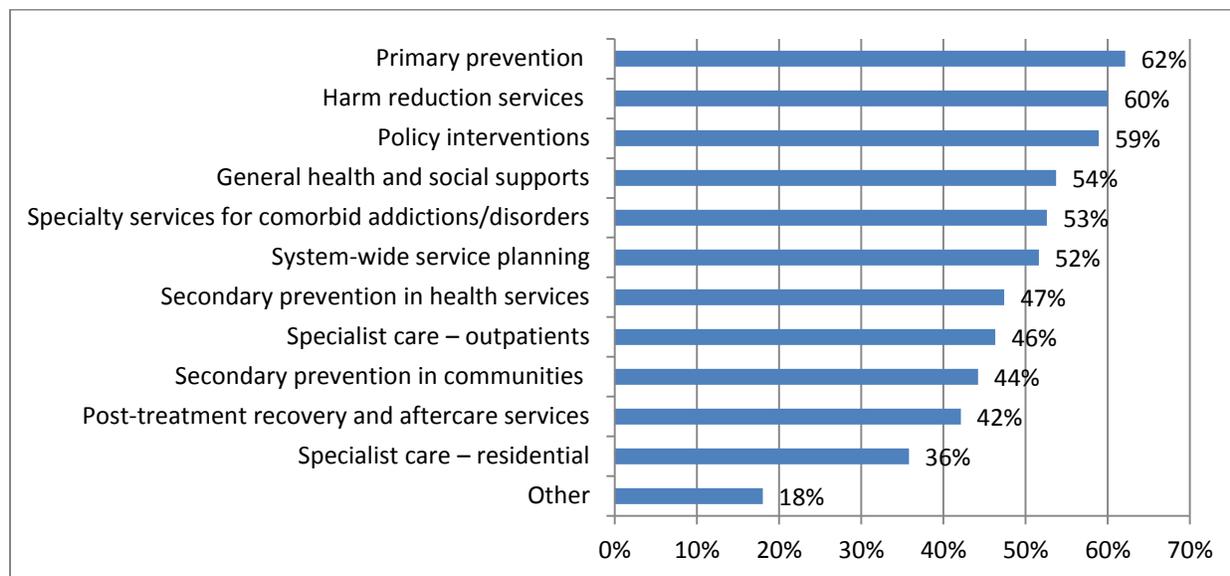


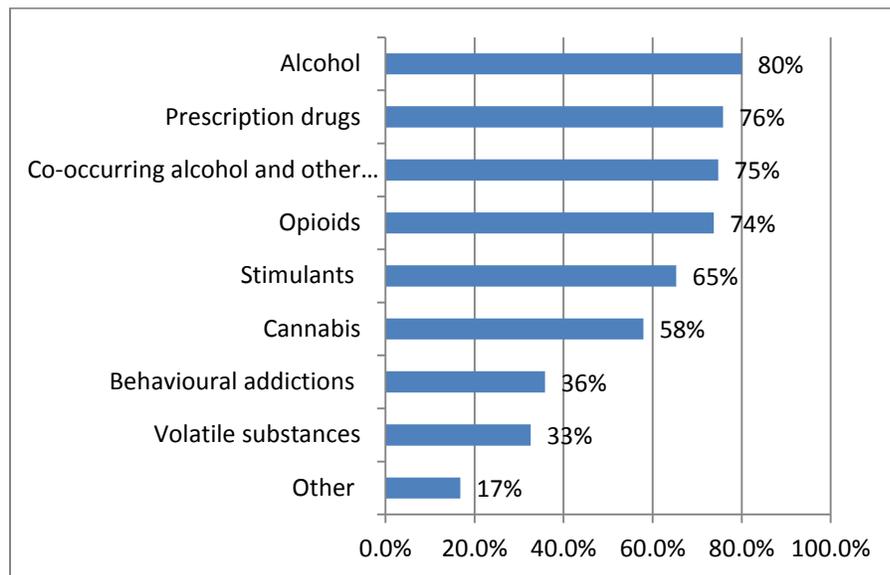
Figure 3 shows that the interventions of most interest to the Node are primary prevention, harm reduction, and policy interventions, with the other interventions also being well represented. The ‘other’ category includes tailored programs for specific populations as well as knowledge translation, evaluation, and education activities.

Table 1. Interventions and treatments of interest to Node members; question 7

Intervention	%
Psychosocial and behavioural interventions	82
Pharmacotherapies (medications)	52
Peer outreach	42
Self-help interventions	28
Other	18

Almost all Node members expressed interest in psychosocial and behavioral interventions. The next most common interventions were pharmacotherapies, peer outreach, and self help. Interventions listed in ‘other’ include Indigenous approaches, technological approaches and combination therapies.

Figure 4. Specific addictions of interest to Node members (rank-ordered); question 8



The most common addictions of interest were alcohol misuse, either alone or co-morbid with another drug or behavior, and prescription/opioid drugs. ‘Other’ addictions included injection drugs, psychedelics, and tobacco.

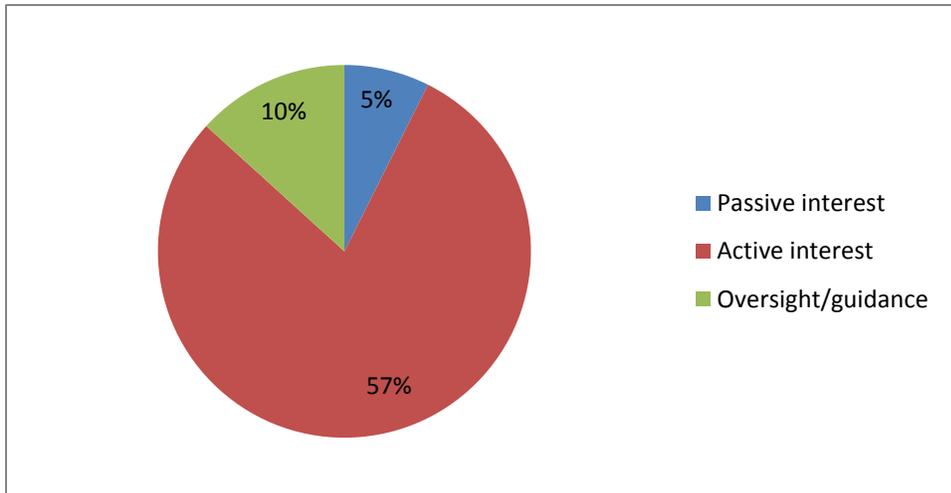
Table 2. Populations of interest to Node members; question 9

Population	%
Adults – general population (18 – 64 years of age)	73
Adults – marginalized populations (18 – 64 years of age)	69
Youth – marginalized kids (up to 18 years of age)	53
Youth – school populations (up to 18 years of age)	52
People who inject drugs	44
Institutionalized populations (e.g., incarcerated people)	37
Seniors (65+ years of age)	33
Other	21

Table 2 shows that adult population are of most interest to members, while approximately half are interested in populations of youth. ‘Other’ populations of interest include specific populations such as Indigenous, pregnant, LGBTTQ, street gangs, health and other professionals, and people of reproductive age.

Member preferences for engaging in the Prairie Node

Figure 5. Member interest in different types of participation in Node; question 10



As shown in Figure 5 above, most members are interested in being actively involved in Node activities.

Figure 6. Member interest in study participation; question 11

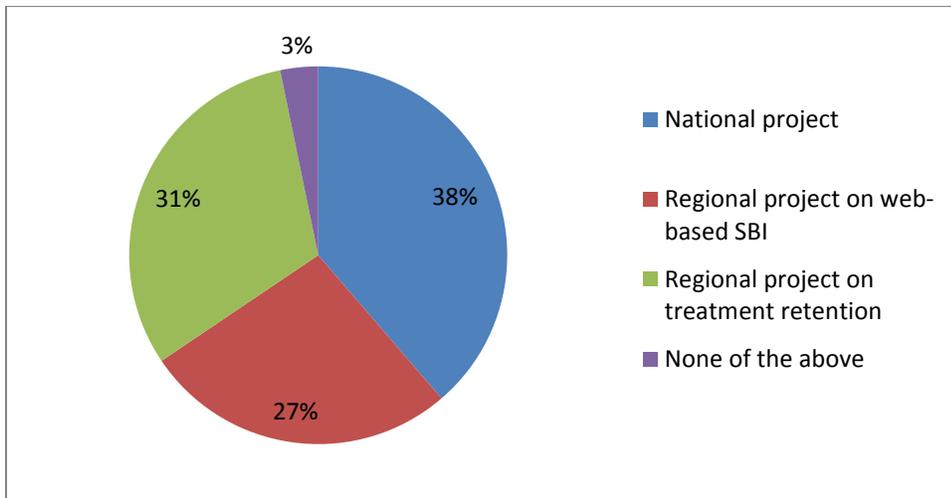


Figure 6 indicates that approximately 1/3 of members are interested in participating in each of the 3 projects - the national project (comparing models of treatment for prescription opioid misuse; enhancing retention in treatment using contingency management and motivational interviewing; screening and brief intervention).

Member expectations for Prairie Node assistance

Figure 7. General informational resources of interest to Node members (rank-ordered); question 14

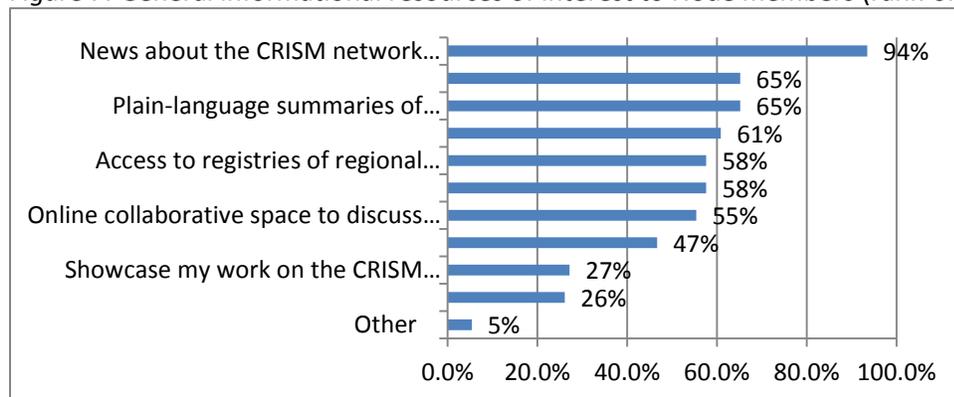
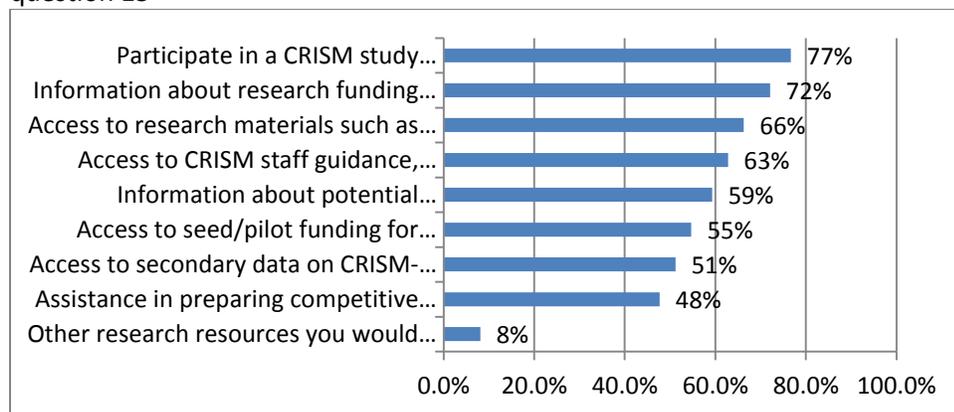


Figure 7 shows that most members are interested in regular updates about news and activities of the Node. Other highly ranked interests include accessing plain language summaries of SM intervention research findings, and access to resources such as intervention training materials and registries of members, and regional SM programs and services. The ‘other’ category included links to specific addiction topics or populations as well as local and regional epidemiological data.

Figure 8. Rank-ordered research-specific resources of interest to Node members (rank-ordered); question 15



As shown in Figure 8, members are mainly interested in information about research funding opportunities as well as being actively involved in a project of interest to them. ‘Other’ needs include information about non-CRISM research that members are involved in, context-specific intervention strategies, and Node staff assistance with policy development.

Almost all ($n = 81, 86\%$) members are interested in working with the Node to develop new CRISM projects and initiatives. Topics of interest to members are shown in Table 3, below.

Table 3. New Node project topic suggestions provided by Node members

Category	Specifics
Population Types	
Remote/Rural	rural and remote communities
Lived experience	involvement of people with lived experience
Youth	youth who have experienced childhood maltreatment and where the effects of trauma is creating vulnerability
	Indigenous youth, projects focused on pregnancy and addictions
	using technological advances screening, MI, intervention, relapse prevention plans for youth
	youth-based prevention activities
Women	women-specific treatment and aftercare
	motivational and brief interviewing techniques for pregnant women
	prenatal and transgenerational risk factors for addiction
Indigenous	Indigenous approaches to addressing substance misuse/addictions amongst Aboriginal people.
	Indigenous youth, projects focused on pregnancy and addictions
	Northern First Nation community culturally responsive interventions
Addiction Types	behavioural
	opioids
	drug use (and other addictions) with concurrent mental health issues
	anything in the domain of cannabis
	alcohol and solvent effects on brain
Other Populations	inpatients
	those in recovery (need national consensus on what recovery means)
	substance use in first episode psychosis
Specific Interventions	
	best interventions/treatments
	strength-based, resilience oriented initiatives
	using technological advances as relapse prevention plans for youth
	animal assisted interventions
	interventions involving physicians
	service system planning and innovative models of care, harm reduction interventions
	contingency management and web-based brief interventions

Specific Facilities	
	program evaluation of ODT programs
	safe consumption sites
	safe injection services
Other	
	easier access to treatment
	harm reduction through the legalization of substances
	care coordination (i.e. w other health care provision)
	economic aspects
	harm reduction KT for front line health care professionals
	changes in use (frequency & reasons to access) of health services prior to residential treatment and post treatment
	prescription monitoring
	knowledge mobilization
	motivation, social influences
	policy models for substance abuse in the workplace
	developing and evaluating dissemination tools and practices
	education for school population
	development and dissemination of toolkits for self-management of substance misuse and mental health issues
	evaluation of outcomes in holistic/collaborative ORT based programs compared to simply dispensing of ORT or no treatment
	evaluation of the efficacy of various residential treatment programs in comparison to safe/"dry" housing or outpatient services (as well as peer groups such as AA/NA)

Table 4. Top 3 activities that the Prairie Node should be working on; question 19

Activities	Suggested Items
Communication	website
	updates on node activities and progress
	regular email updates
	feedback survey results to all members
	website w different portals for different interest groups
	occasional face-to-face meetings
	develop national consensus on recovery terminology
	website as tool for members to communicate w each other
	work meetings to create specific deliverables

	short periodic videoconference/webinar fora may be provide more benefit to these ends than continuous email communication
Engagement	meaningful engagement w members
	include those w lived experience
	include youth
	include indigenous and indigenou youth
	set up mentorship program
	high risk and vulnerable populations
	Prairie node-specific pops
KT/KM/Dissemination	use existing membership to "fan out" KT i.e. John Howard Society, Elizabeth Fry Society, etc.
	plain language statements and reviews of specific topics
	develop online platforms
	population specific resources i.e. indigenous
	publish a guide on how to evaluate programs and participate in developing key indicators of program success that could be used across many types of services
	publish a guide on what every consumer should know before engaging a service provider
	access members to write reviews on specific topics
	information on available services
	education/advocacy of the opioid epidemic to government and other stakeholders
	identify data sources that can be used to compare outcomes of interventions across provinces
	evaluation and sharing of outcomes regarding interventions
	networking activities such as workshops or mini-conferences to share intervention programs and research
	grade school education and mental health programs
	Provide reviews on the state of the research regarding various treatment modalities: residential treatment, AA/NA, medication assisted treatment including notable knowledge gaps
	Registries
SM interventions and recovery resources	
of node members	
comprehensive list of resources and services	
include those unique to each or common among provinces	
Research	opportunities for networking and collaboration both within PN and between nodes
	for prevention and support of best practice programs at all levels

	facilitate development of new teams/projects
	include greater diversity of demonstration projects covering range of treatments and populations listed in survey
	instructions on how to become a research site
	focus research at residential sites
	provide start up or seed money
	Advocacy for funding - Research data depot accessible to providers
	focus on implementation science
	Prediction and prevention of risk and relapse
	Provide access to secondary data on CRISM projects so researchers can use this to explore novel research questions
	Identify discrepancies in funding of various agencies versus treatment efficacy (or lack of good data) and thus identify needed areas of research to better inform targeted spending
Treatment	timely delivery
	list of SAMHSA style EBPs w manuals
	transition periods
	support virtual programs or services
	interactive relapse prevention program
	use indigenous models of mental health/wellness
	Improve SBIRT and other evidence based addiction care through primary care
Policy	policy input
	development of collaborative education with provincial regulating bodies
Measures	establish agreement on measurable outcomes for addiction tx across jurisdictions
	outcome tracking tools that combine research and practice
Training	access to training as required to implement resources
	development of collaborative education with provincial regulating bodies
	provide access to intervention training materials and training in evidence-based interventions so that CRISM members can pilot these interventions with the populations they are working with
Other	cost effectiveness info
	help reduce redundancies between provincial health services and contracted Services, with a sensitivity to efficiency and cost-effectiveness.
	identify common and distinct priority areas within each respective province
	accessible platform for 'omics screening