CIHR IRSC

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

CRISM: Introduction and progress to date

Prairie Node Annual Gathering
November 2018

National-level overview

Canadian Research Initiative on Substance Misuse

CRISM network concept was developed by CIHR; informed by the Clinical Trials Network of NIDA/NIH. Objectives are to:

1. Identify and/or develop the most appropriate clinical and community-based prevention or treatment interventions for substance misuse

2. Provide evidence to enhance prevention and treatment services regarding substance misuse to decision makers and service providers

3. Support improvements in quality of care and quality of life for Canadians living with substance misuse

A national network dedicated to substance misuse interventions

Provides regional and national access to the expertise of hundreds of members. Includes:
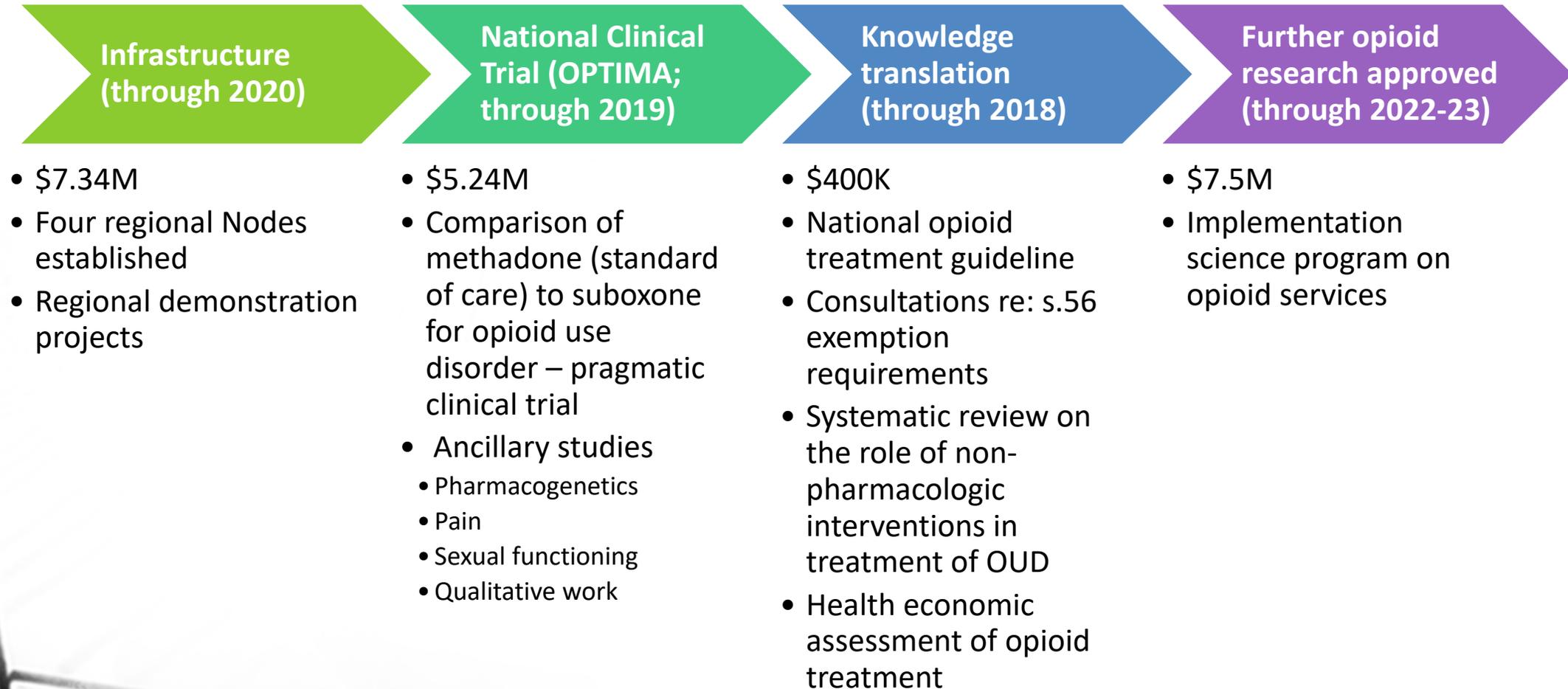
Over 270 researchers located in 36 institutions

- Addiction medicine, biomedical, health services, epidemiology, health policy, statistics, infectious disease, health economics, social and behavioural science

Over 1000 knowledge users located in 200+ organizations

Prairies: AB, SK, MB
(Edmonton)
NPI: Cam Wild

BC
(Vancouver)
NPI: Evan Wood

Ontario
(Toronto)
NPI: Benedikt Fischer

Quebec/Atlantic
(Montreal)
NPI: Julie Bruneau

Overview of Infrastructure and Project Funding to the CRISM national network from CIHR and Health Canada

Infrastructure (through 2020)

- $7.34M
- Four regional Nodes established
- Regional demonstration projects

National Clinical Trial (OPTIMA; through 2019)

- $5.24M
- Comparison of methadone (standard of care) to suboxone for opioid use disorder – pragmatic clinical trial
- Ancillary studies
  - Pharmacogenetics
  - Pain
  - Sexual functioning
  - Qualitative work

Knowledge translation (through 2018)

- $400K
- National opioid treatment guideline
- Consultations re: s.56 exemption requirements
- Systematic review on the role of non-pharmacologic interventions in treatment of OUD
- Health economic assessment of opioid treatment

Further opioid research approved (through 2022-23)

- $7.5M
- Implementation science program on opioid services

OPTIMA | NEC 2018 UPDATE 15 FEB 2018

Optimizing Patient Centered-Care: A Pragmatic Randomized Control Trial Comparing Models of Care In the MAnagement of Prescription Opioid Misuse

OCTOBER 17, 2017 → MONTH #3 ○ MONTH #9 → MONTH #18 → MONTH #24

MONTH #5

7 ENDORSED SITES ACROSS CANADA

29 ENROLLED PATIENTS
16 RANDOMIZED PATIENTS
(11 CHUM; 2-CAMH; 1- ODP-C; 2- RAAC)

EDMONTON
ODP-E
TBD

SUDBURY
OATC
06/02/2018

VANCOUVER
RAAC
05/10/2017

CALGARY
ODP-C
11/12/2017

TORONTO
CAMH
29/09/2017

MONTRÉAL
CHUM
03/10/2017
CRAN
19/12/2017

RANDOMIZATION
9 BUPRENORPHINE
7 METHADONE

SUCCESSES AND MILESTONES

SEVERAL KEY TRIAL DOCUMENTS DEVELOPED:
- Governance & Communications
- Data and Safety Monitoring Plan
- Authorship & Publication Policy
- Data Sharing

MEDIA INTERVIEWS AND REPORTS
- 3 TV interviews
- 3 radio interviews
- 7 newspapper articles

ONGOING CLINICAL MONITORING VISITS & QUALITY ASSURANCE MEASURES ACROSS ALL SITES

CHALLENGES

Recruitment & enrollment of patients

Late site start

BEHIND THE SCENES OF THE TRIAL

COORDINATING TEAM
Organizing the regular meetings:
- RPI meetings
- Node & Site Coordinator meetings
- Node Medical Monitor meetings
- Syreon & NRC

RECRUITMENT
- Referrals
- Design and distribution of new recruitment material
- Recruiting in community and in clinics
- Contacting physicians at other clinics
- Notifying other research groups about the trial.

QA, MONITORING & DATA MANAGEMENT

RESEARCH ETHICS

CLINICAL COLLABORATION

AGREEMENTS, CONTRACTS & SHARED EXPENSES

MANUALS OF OPERATION, TRAINING, UPDATES MAINTENING CLINICAL TRIALS STANDARD

COMMUNICATION

The first OPTIMA article has been submitted to *Contemporary Clinical Trials* journal for revision in January 2018:

The OPTIMA study: buprenorphine/naloxone and methadone models of care for the treatment of prescription opioid use disorder: study design and rationale.

Socias ME, Ahamad K, Le Foll B, Lim R, Bruneau J, Fischer B, Wild C, Wood E, Jutras-Aswad D.

CRISM National Guideline for the Clinical Management of OPIOID USE DISORDER

CIHR IRSC · CRISM-ICRAS

Regional Committees Formed — 44 experts across 4 CRISM Nodes
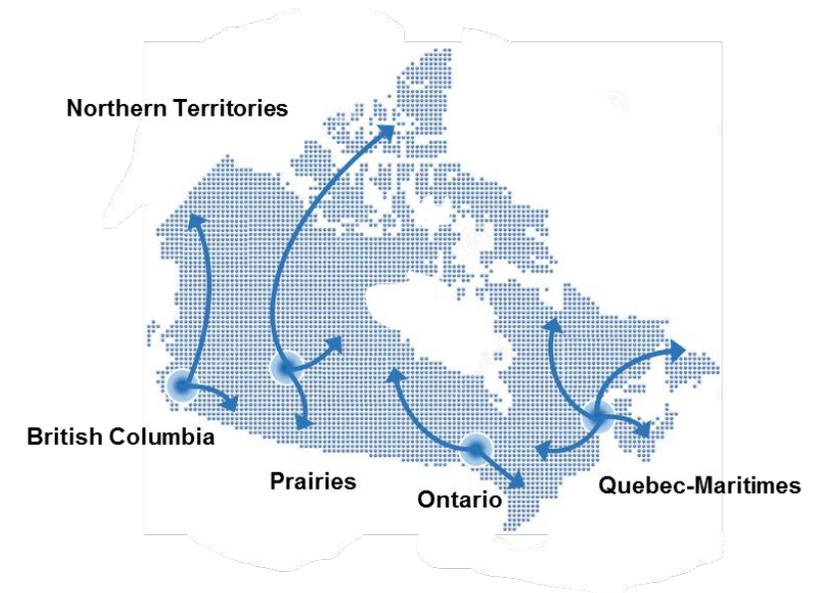
2 Rounds of Review — February – June, 2017

External Review — International experts (2)
Canadian Association of People who Use Drugs (3)
moms united and mandated to saving the lives of Drug Users (9)

Final Review and Approval — July - October, 2017

Northern Territories
British Columbia
Prairies
Ontario
Quebec-Maritimes

Bruneau, J., Ahamad, K., Goyer, M., Poulin, G., Selby, P., Fischer, B., Wild, T.C., & Wood, E. (2018). Management of opioid use disorders: Clinical practice guideline synopsis. *Canadian Medical Association Journal*, 190(9), E247-E257.

Canada's Lower-Risk Cannabis Use Guidelines (LRCUG)

Recommendations

- Cannabis use has health risks best avoided by abstaining
- Delay taking up cannabis use until later in life
- Identify and choose lower-risk cannabis products
- Don't use synthetic cannabinoids
- Avoid smoking burnt cannabis—choose safer ways of using

- If you smoke cannabis, avoid harmful smoking practices
- Limit and reduce how often you use cannabis
- Don't use and drive, or operate other machinery
- Avoid cannabis use altogether if you are at risk for mental health problems or are pregnant
- Avoid combining these risks

The LRCUG are an evidence-based intervention project by the Canadian Research Initiative in Substance Misuse (CRISM).

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

The LRCUG have been endorsed by the following organizations:

ASSOCIATION MÉDICALE CANADIENNE | CANADIAN MEDICAL ASSOCIATION

CPHA◆ACSP

C◆SAM | SMC◆A
Canadian Society of Addiction Medicine
La Société Médicale Canadienne sur l'Addiction

camh
Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

Canadian Centre on Substance Use and Addiction | Centre canadien sur les dépendances et l'usage de substances

Council of Chief Medical Officers of Health (in principle)

Implementation science program on opioid services

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

Prairie Node Overview

Prairie Node: Context

Three challenges shared across the Prairie provinces:

- Treatment and prevention services that serve a diverse case mix of clients drawn from urban and rural populations – the latter who are often highly geographically dispersed;

- High prevalence of substance use problems among Indigenous peoples, the fastest-growing segment of urban populations in this Canadian region; and

- Compared to Vancouver, Toronto, Montreal: relatively limited research capacity (i.e., few faculty positions and trainees specifically allocated to addictions; limited in-house capacity for addiction research among service providers, no history of large-scale, multi-site intervention research).

Node objectives

1. Create effective and trusting collaborative working relationships among our regional members,

2. Develop accessible resources for substance misuse interventions (prevention, harm reduction, specialty addiction treatment) that are of value to researchers, service providers, and consumer advocates.
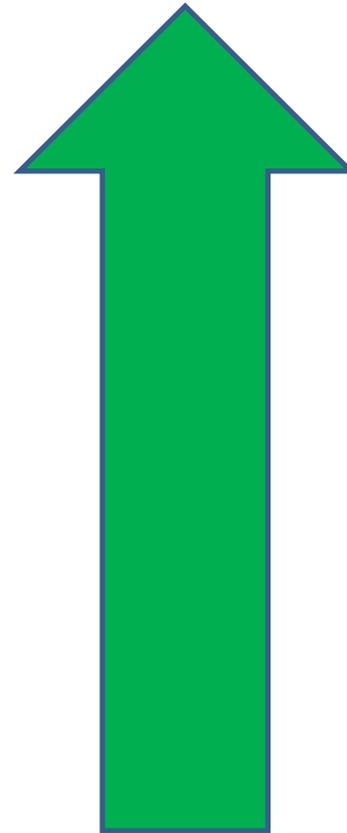
Node activities (through 2020)

1. Develop node infrastructure

2. Implement a regional engagement strategy

3. Conduct two regional demonstration projects

4. Participate in national CRISM projects

   - OPTIMA

   - National Opioid Use Disorder Treatment Guideline

   - National Lower-Risk Cannabis Use Guidelines

Node growth
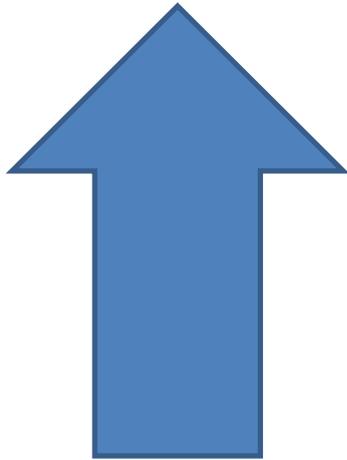
Original CIHR proposal
- 59 people
- 26 institutions

Current Node membership
- > 300 people
- > 85 institutions

www.crismprairies.ca

Node governance

Members

Researchers

Program/System Managers and Front-Line providers

Decision-Makers

Advisory

Indigenous wisdom group

Drug user and recovery group

Service provider group

Node steering committee

Principal Investigators:

C Wild, David Hodgins (U Calgary), Colleen Dell (U Saskatchewan)

Principal Knowledge User (Sheri Fandrey)

Person with lived/living experience (Karen Turner)

Regional engagement – Academic affiliations

Node-affiliated researchers	
University of…	**Members**
Alberta	54
Calgary	24
Lethbridge	8
Saskatchewan	34
Regina	3
Manitoba	11
First Nations University of Canada (SK)	2

Regional engagement – Institutional affiliations

Alberta	Saskatchewan	Manitoba	NWT
AB Health	Saskatchewan Health	Addictions Foundation of MB	NWT Regional Health
Alberta Health Services	Saskatchewan Regional Health Authority	Winnipeg Regional Health Authority	
AB Rural Development Network	Metis Addiction Council	Manitoba Harm Reduction Network	
College of Physicians and Surgeons	SK Prevention Institute		
AAWEAR, Streetworks			
AMSISE			
AB Addiction Service Providers			
Aboriginal Women's Justice Foundation			
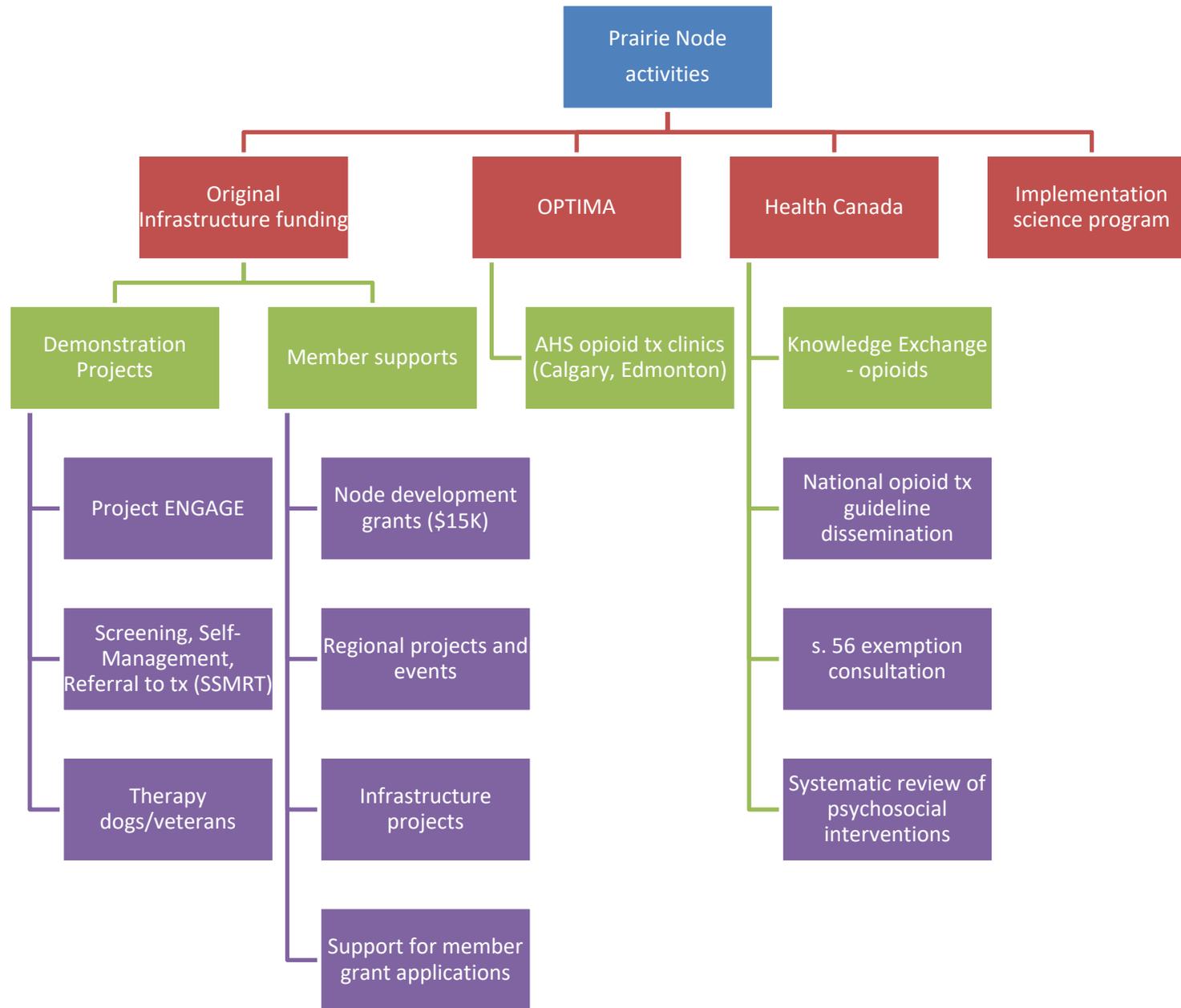
Prairie Node – Member Supports
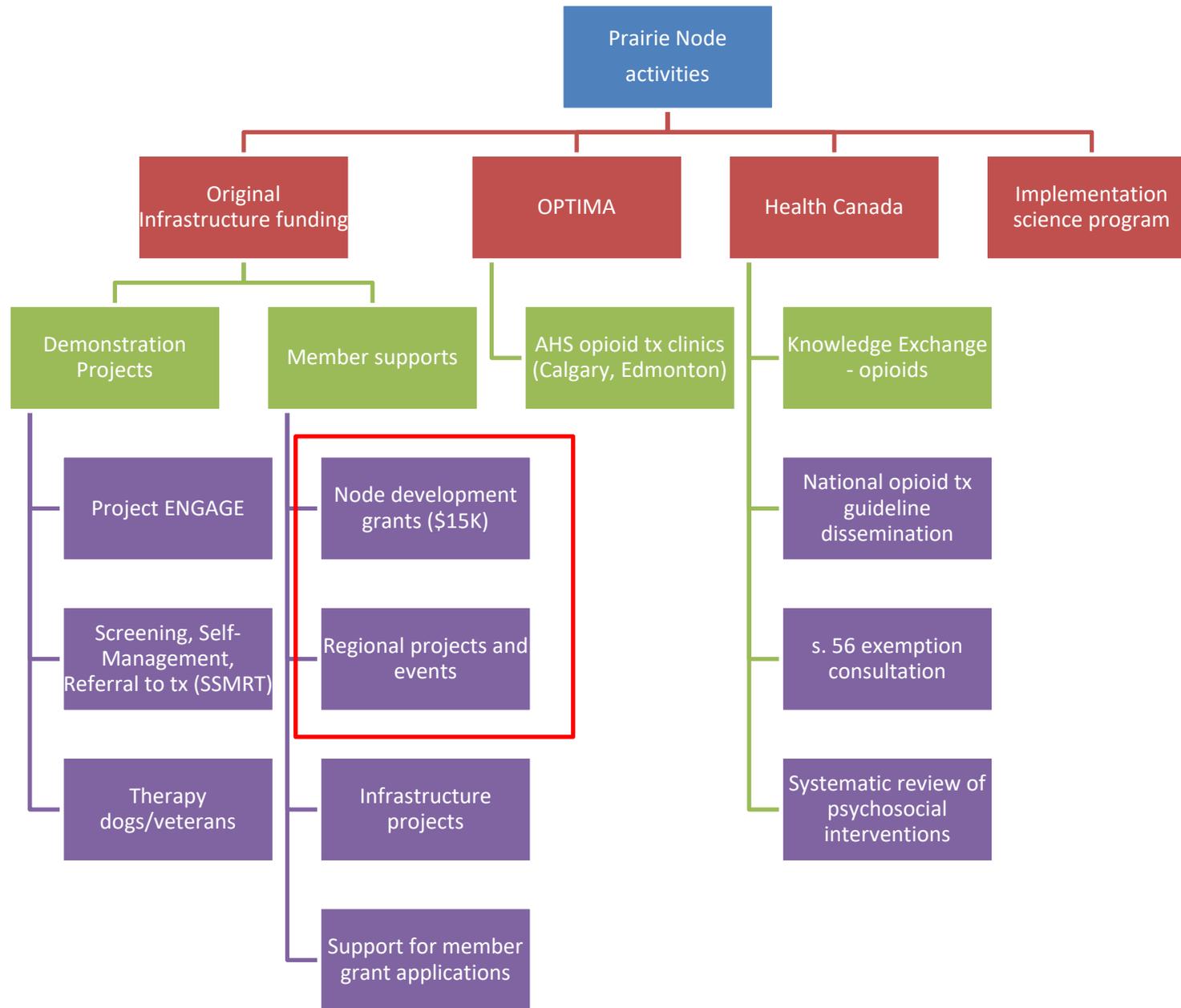
Node development program: $15K sub grants

Lead	Topic	Lead	Topic
Kay Rittenbach (AB Health Services, U Alberta)	Take-home naloxone evaluation	Barb Fornssler (U Sask)	Consolidating perspectives on Saskatoon's evolving opioid crisis (CoMRAD)
Darren Christensen (U Lethbridge)	Online contingency management - feasibility	Matt Ingouille (Saskatoon)	SayKnow podcasts
Elaine Hyshka (U Alberta)	In-hospital needle exchange evaluation	Alex Crizzle (U Sask)	Determinants of success in ODP clients
Julie Kaye (U Sask)	Sex worker safety, substance use, and harm reduction	Kevin Haggerty (U Alberta)	Opioids in Alberta prisons
Kristina Brache (Foothills Hospital, Calgary)	Adaptation of contingency management to adolescent treatment	Michael Serpe (U Alberta)	Naloxone smart patch development

Node development program: $15K sub grants

Lead	Topic	Lead	Topic
Katherine Dong (U Alberta; Royal Alex)	Access to take-home naloxone in an Edmonton emergency department	Luke Terrett (U Sask)	Implementation and evaluation of take home naloxone in a Saskatchewan emergency department
Addiction Foundation of Manitoba	Informing choices: Cannabis information hub	Winnipeg Regional Health Authority	Safer consumption spaces: Consultation, needs, and feasibility assessment for Winnipeg
Julie Kaye (U Sask)	Sex work and harm reduction in Edmonton	Alex Crizzle (U Sask)	Determinants of success in ODP clients
Julie Kaye (U Sask)	Sex worker safety, substance use, and harm reduction	Anas El-Aneed (U Sask)	Developing addiction education resources for pharmacists
Darren Christensen (U Lethbridge)	Adding contingency management to best practice counselling for rural/remote Albertans		

Node development program: $15K sub grants (completed)

Lead	Topic
Bonnie Lee (U Lethbridge)	Couples congruence treatment intervention training
Geoffrey Maina (U Sask)	Prince Albert municipal substance use needs assessment
Darlene Chalmers (U Regina)	Animal-assisted interventions
JoAnn Saddleback (AB)	Gathering of addiction wisdom from Indigenous Elders

Support for regional projects and events

Group/Project	Work supported	Target population and setting	Approach
Manitoba Harm Reduction Network (Winnipeg)	Research ethics support; briefing note for Govt of MB	Injection drug users	Consultation
Metro Clinic (Calgary, AB)	Slow release oral morphine workshop	Physicians and front-line service providers	Knowledge exchange event
Access to Medically Supervised Injection Services Edmonton (AMSISE)	Community needs assessment and planning for federal exemption application	Injection drug users	Structured survey of current drug users on substance use, service needs, parameters for supervised injection services.
Alberta Addicts Who Educate and Advocate Responsibly (AAWEAR)	Advocacy and outreach	Marginalized substance users	Supporting expansion of advocacy activities and recruitment of similar groups in SK, MB
Cannabis Legalization in Canada: Implications for public health in Alberta	Contributions to U of C provincial forum	Service providers, researchers, public	Event support and presentations
Maskwacis	Two community gatherings of elders from the 4 bands	Community-led/owned facilitated discussion on addictions and community responses	Supported this community event, led by JoAnn & Jerry Saddleback

Prairie Node – Infrastructure Project

CRISM/Alberta Health Services
Advancement of analytics in addition and mental health
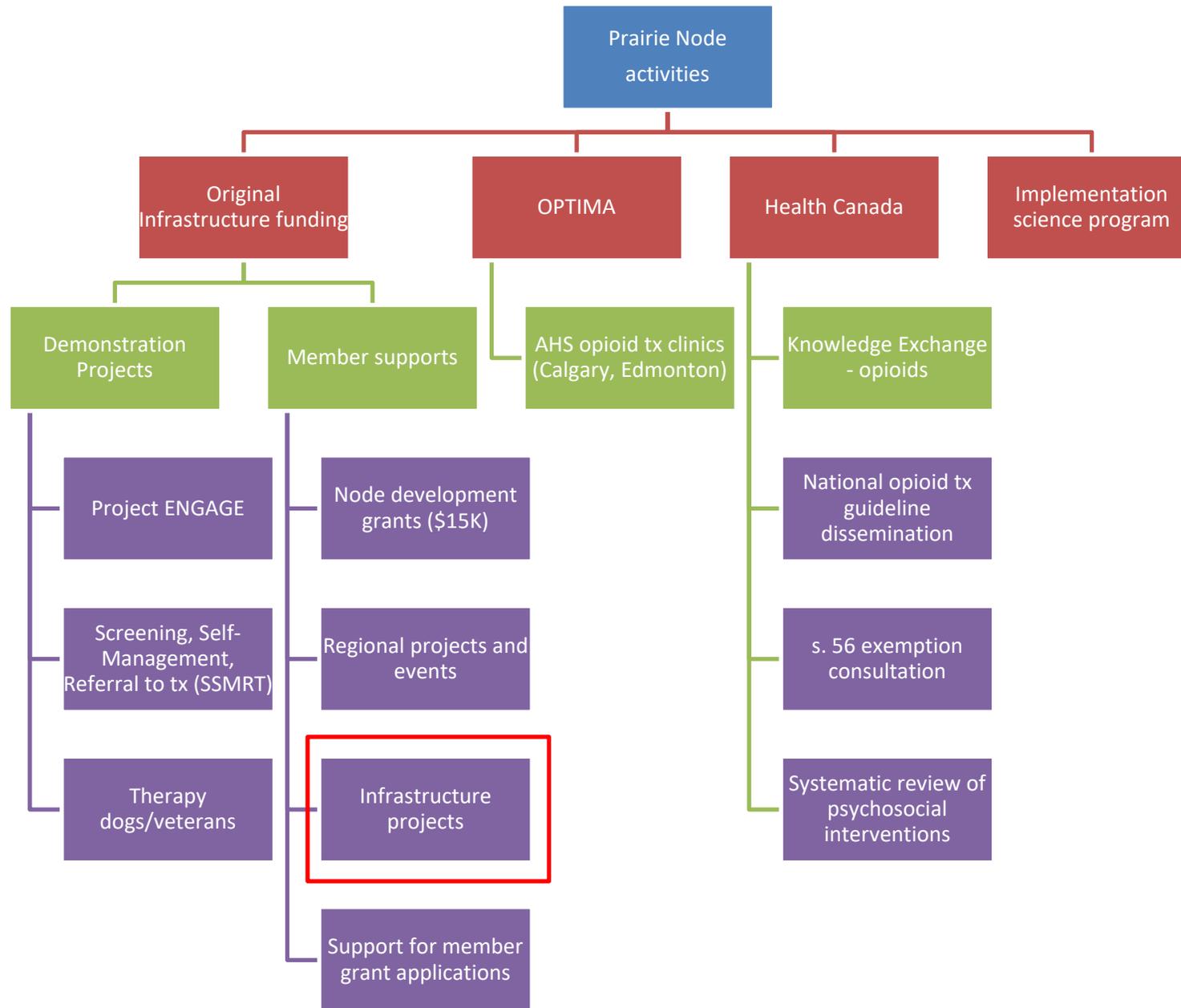
Rationale

- CRISM | Prairies had partnered with Alberta Health Services (AHS; Alberta Addiction and Mental Health Research Partnership Program and the Addiction and Mental Health Strategic Clinical Network)

- New initiative designed to promote innovation in analytics related to substance use and health care utilization.

- Long-term goal is to support access to administrative data on addiction and mental health (AMH) services and programs in Alberta Health Services (AHS) for researchers and to promote innovative analytic projects.

Purpose

- The overarching purpose is to identify and address mutually agreed upon and mutually beneficial research, evaluation, quality improvement and measurement questions.

- CRISM | Prairies has funded a full-time analyst to work in the AHS Knowledge, Performance and Integrated Planning program.

- Analyst role is to address health service research questions beyond routine management and performance reporting

Structure and governance

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┌──────────────┐      ┌──────────────┐      ┌──────────────┐
│    CRISM     │◄────►│ Stakeholders │◄────►│Alberta Health│
│              │      │              │      │   Services   │
└──────────────┘      └──────────────┘      └──────────────┘
        │                     │                     │
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                              ▼
        ┌───────────────────────────────────────────┐
        │        Operational Executive Leads         │
        │            CRISM (Cam Wild)                │
        │   AHS (Steven Clelland, Marni Bercov)      │
        └───────────────────────────────────────────┘
                              ▼
        ┌───────────────────────────────────────────┐
        │              Project Leads                 │
        │ Manager, Knowledge Exchange (Neha Batra-Garga) │
        │ Manager, Performance Measurement (Carla McLean) │
        │ Assistant Scientific Director, AMH SCN (Katherine Rittenbach) │
        │ Manager, CRISM (Denise Adams)              │
        └───────────────────────────────────────────┘
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                   │     Analyst      │
                   │  (Josh Hathaway) │
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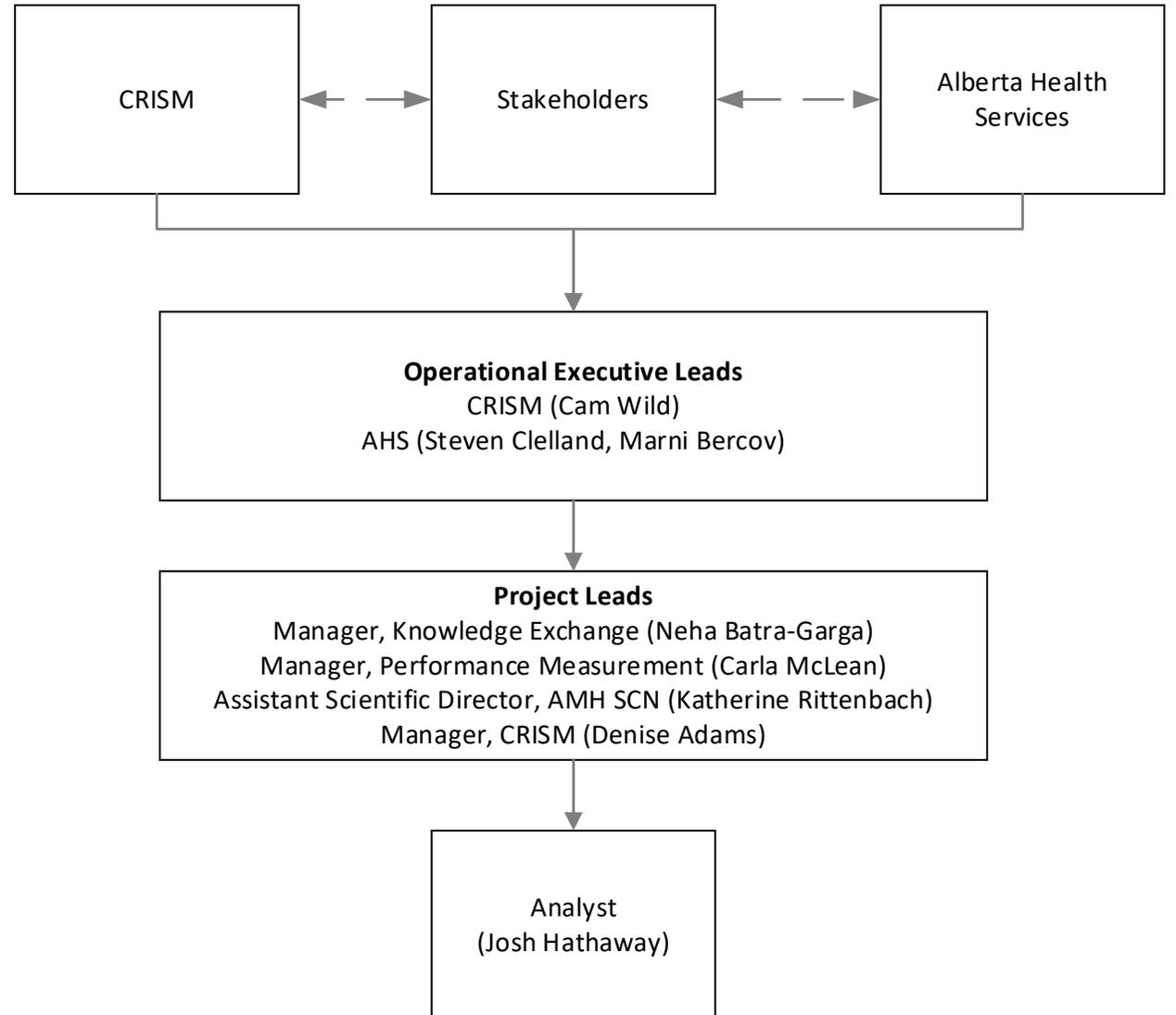
Key eligibility points for accessing this infrastructure resource

- No primary data collection
  - Makes use of data already held in AHS or AH databases
- Proposals for secondary analysis must align with CRISM objectives or AHS priorities or BOTH
- Preferences
  - Aligns with both
  - Aligns with CRISM or AHS with some overlap with the other agency
  - Aligns only with CRISM or AHS with no overlap

Short proposal elements

- Background and Significance of Work
- Project Benefits, Outcomes, Impact
- Project Question, Objectives and Methods
- Target Population
- Knowledge Translation
- Project Timelines

- Contact Denise Adams for the application template

Application process

- Completed application submitted
    - ResearchPartnership@albertahealthservices.ca
- Reviewed by CRISM and AHS program leads
- Reviewed by CRISM and AHS executive leads
- Decision
- Feedback to applicant

Pilot applications approved

- AHS proposal on health service utilization for crystal methamphetamine
- CRISM proposal for adding a geographic control to a quasi-experimental evaluation of Royal Alexandra Hospital Addiction Recovery and Community Health (ARCH) program

Prairie Node – National KTE Project

Scoping review of psychosocial interventions in the treatment of opioid use disorder
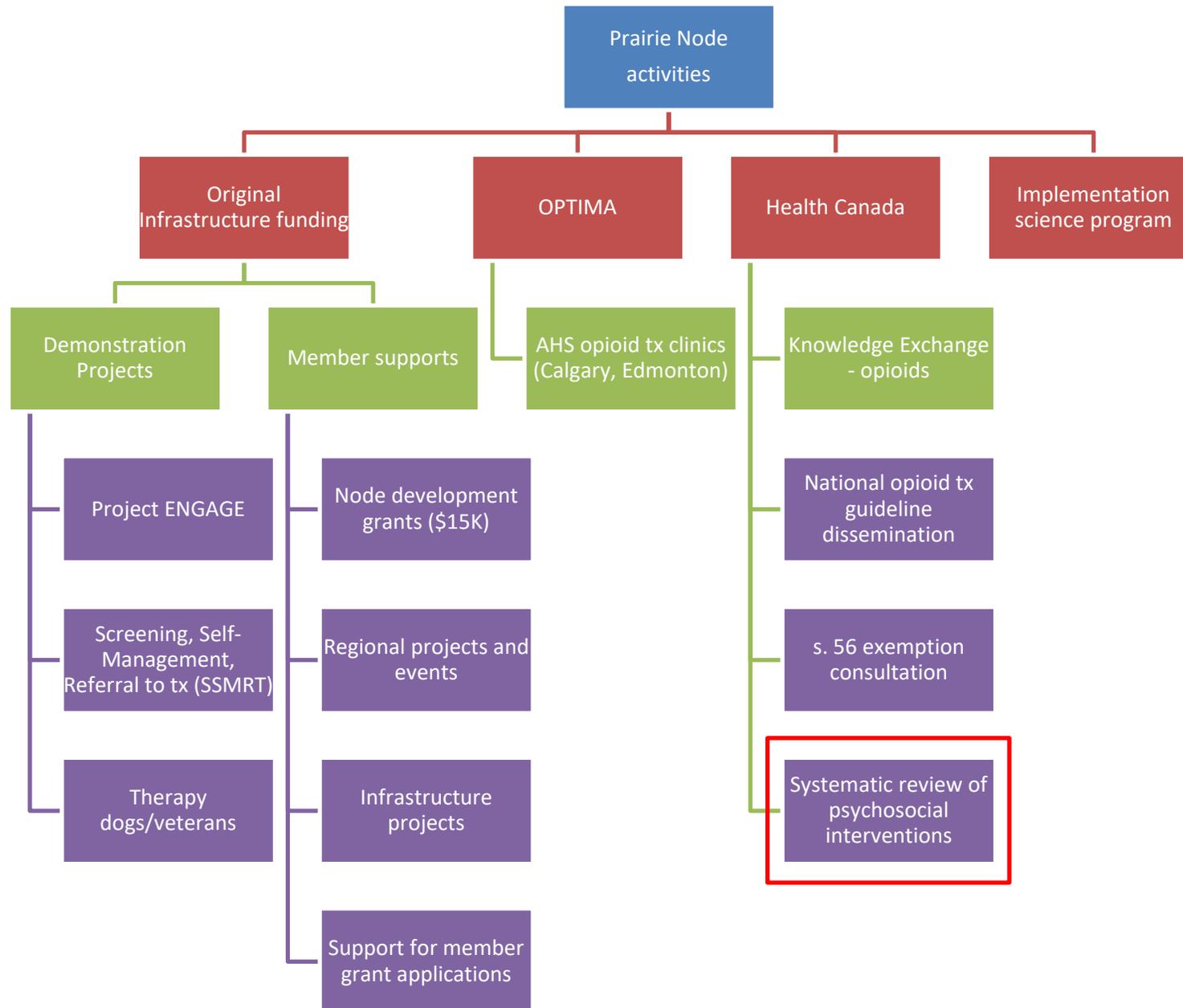
Background and aim

- CRISM National Guideline for Clinical Management of Opioid Use Disorder synthesized evidence on pharmacotherapies

- However, most addiction treatment emphasizes psychosocial, non-pharmaceutical intervention approaches

- The aim of this scoping review was to take stock of the evidence available to inform the question of the role of psychosocial interventions in opioid agonist treatment, either as 'stand-alone' treatments or as ancillary/support options to pharmacotherapies.

Objectives

1. Systematically identify studies that have investigated psychosocial interventions used in the treatment of opioid use disorders.

2. Characterize the range of evidence available in the scientific literature regarding study populations, types of psychosocial treatments investigated, heterogeneity of study designs used, as well as types of outcome measures considered.

3. Evaluate the extent to which the relevant literature is capable of informing the question of the appropriate role of psychosocial interventions in opioid agonist treatment.

Identified

40,772 records identified through database searching

→ 17,522 duplicates removed

Screened

23,250 records screened → 19,859 records excluded

Eligible

3,391 full-text articles assessed for eligibility

→ 80 Unable to retrieve full text

2,906 full-text articles excluded

- Pharmacotherapies/MMT only (562)
- Detox only (510)
- Patient's characteristics or perceptions, not related to intervention (346)
- Not OUD specific/cannot extract data (336)
- Program description or evaluation (264)
- Editorials/letters (190)
- Pain management and other medical comorbidities (165)
- Abstract/conference proceedings (117)
- Literature review (outside inclusion criteria; 113)
- Case reports (105)
- Biomedical/kinetics (61)
- Unpublished/dissertation (52)
- Not published in English (27)
- Guidelines (20)
- Study protocols/tool validation research (18)
- Duplicate/Erratum (20)

Included

Total number of articles included: 405
Total number of studies included: 407
(2 articles reported on 2 studies)

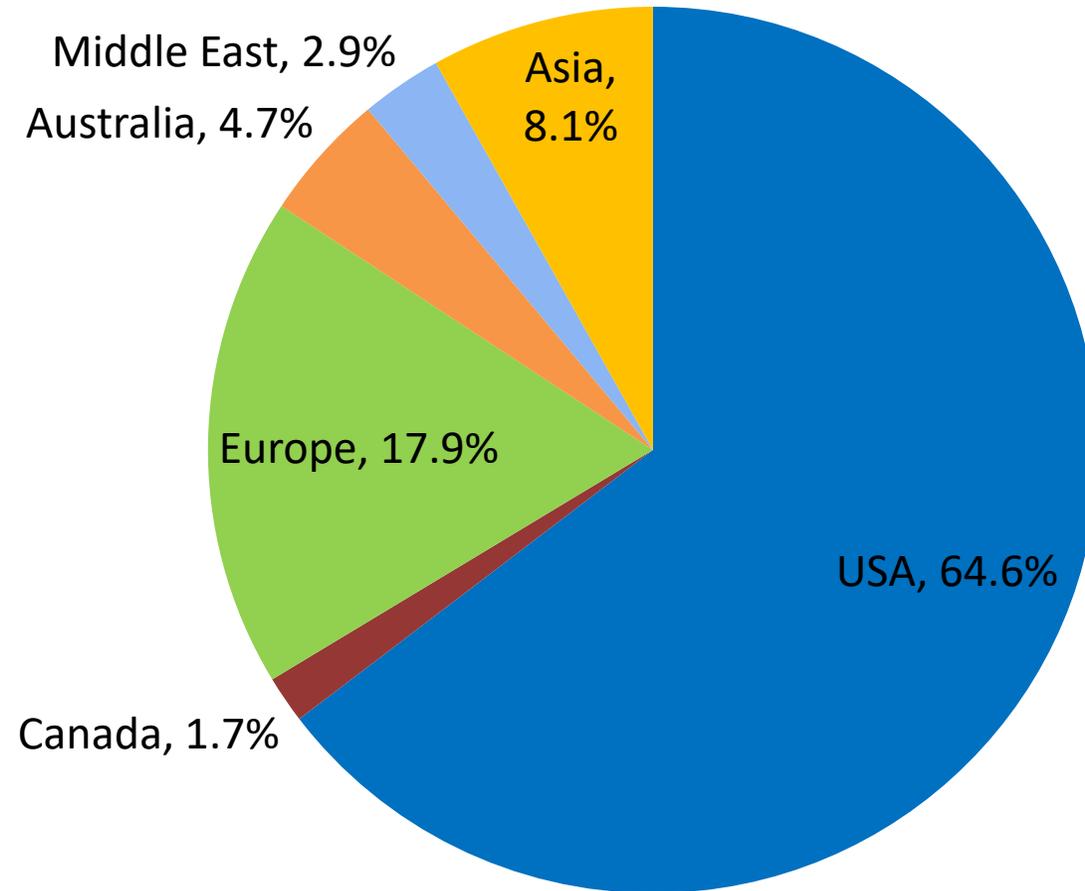| Inclusion criteria	Exclusion criteria
• English-language articles published by July 2017 • Research investigating human samples/populations seeking treatment for OUD • Primary studies investigating the impact of any non-pharmacologic interventions or supports on OUD, <u>with or without the use of pharmacologic treatments</u> (e.g., methadone and/or buprenorphine) • Reviews of primary studies investigating the impact of any non-pharmacologic interventions or supports on OUD, with or without the use of pharmacologic treatments • Studies of psychosocial treatment or prevention of comorbid conditions that influence OUD-related outcomes (e.g., non-pharmacologic interventions to address mental disorders or physical conditions directly related to OUD, such as HIV, Hepatitis) • Studies investigating social determinants of OUD-related outcomes, including housing, employment or other social supports • Treatment of symptoms of OUD in any way, including with conventional drugs (such as clonidine to treat hypertension in withdrawal, etc.)	• Studies investigating treatment of co-morbid medical conditions unrelated to OUD (e.g., diabetes, obesity, cancer, pain, etc.), • Studies of the impact of interventions on neonates with opioid addiction (if a study reported on treatment of the mother <u>prior</u> to the delivery, it may meet inclusion criteria), • Studies of pain management only, • Studies that assessed biomedical outcomes (blood tests, brain function), or other physiologic changes only, • Observational (epidemiologic, prevalence) studies, and/or • Clinical practice guidelines, • Program evaluations, • Studies investigating patient characteristics aside from treatment, • Pharmacokinetic studies (drug interactions, dosage testing), • Measurement and tool validation studies, • Comments/responses/editorials/letters/newspaper articles/dissertations, • Conference abstracts/Conference proceedings, • Study protocols, • Non-English language publications, • Non-human studies

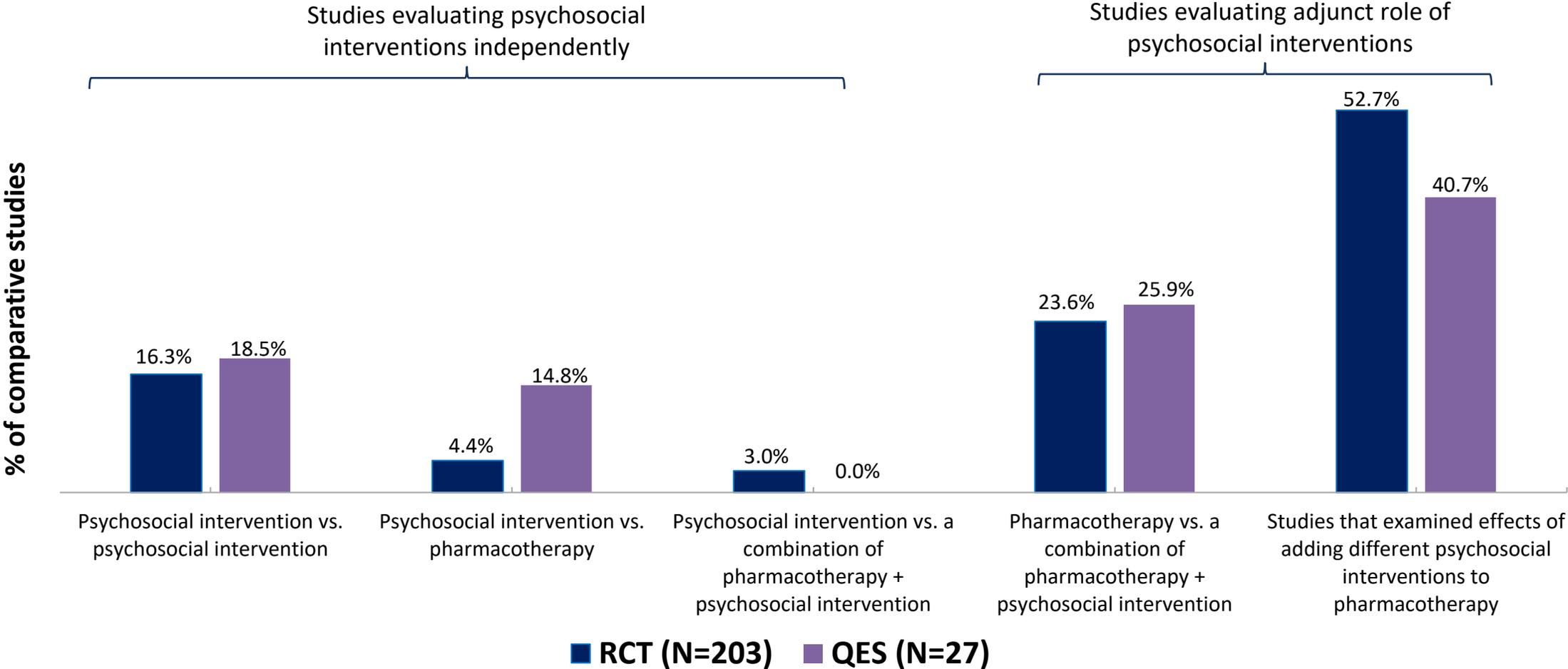|	Terms
Psychological Therapies/ Psychotherapy	
Behavioural therapies	Aversion stimulation, Biofeedback, Covert sensitization,; Neurofeedback; Behavioural intervention, Behavioural program, Behavioural services, Behavioural therapy, Behavioural treatment; Community reinforcement; Contingency Management, Contingency therapy, Operant, Voucher; Electric stimulation, Electrostimulation therapy, Electro-therapy ; Reinforcement schedule, Reinforcement psychology, Stimulant drug
Cognitive Behavioural Therapies	Behaviour therapy, Cognitive therapy; Mind-Body Therapies,,; Relaxation technique, Relaxation therapy; Psychological Adaptation; Relapse prevention
Family Based Interventions	Couple therapy, Family therapy, Group therapy, Interpersonal therapy, Marital therapy, Marriage therapy, Support therapy
General terms	Non-pharmaceutical, Non-pharmacological; Psychoanalysis; Psychotherapeutic Techniques, Psychotherapy; Psychiatric intervention, Psychiatric program, Psychiatric service, Psychiatric therapy, Psychiatric treatment; Psychoeducation intervention, Psychoeducation program, Psychoeducation services, Psychoeducation therapy, Psychoeducation treatment Psychosocial intervention, Psychosocial program, Psychosocial services, Psychosocial therapy, Psychosocial treatment, Social intervention, Social program, Social therapy, Social treatment
Other psychotherapy	Confrontational intervention; Insight oriented therapy; Psychodrama, Role play
Social network and Environment-based therapies	Community care, Community centre, Community mental health, Community network, Community psychiatry, Community psychology, Community service ; Therapeutic community
Complementary Interventions	Alternative medicine, Alternative therapy; Complementary therapies, Complimentary therapy; Aboriginal healer, Healing ceremony, Indigenous healer, Native healer, Native medicine, Native therapy, Traditional medicine, Traditional therapy ; Faith Healing, Meditation, Religion, Prayer, Spiritual; Animal assisted therapy, Art therapy, Bibliotherapy, Colour therapy, Music therapy; Aromatherapy
Counselling	Counselling; Coping behaviour, Coping skills, Self-control training, Social skills; Incentive, Motivation; Rehabilitation
Harm reduction Interventions	Harm reduction; Needle-Exchange Programs, Peer needle, Syringe exchange, Safe injection; Street nurse, Street outreach, Street clinic, Outreach Program; Safer inhalation, Crack kit; Supervised consumption; Prevention program
Other Interventions	Detox; Discussion group; Client centered; Paradox; Problem solving; Psychological debrief; Socialization, Social Adjustment; Transactional, Befriend; Withdrawal management
Self-Help & Support Groups	LifeRing, Methadone Anonymous, Mutual support, Narcotics; Anonymous, Peer support, Recovery support, Self-help groups, Self-help, Stress management, Support groups, SMART Recovery, Twelve-Step
Social Services	Case care , Case management; Education lecture, Education program, Education Film, Education Intervention; Occupational guidance, Vocational education, Vocational Guidance, Vocation; Housing; Income assistance services, Public assistance, Social Care, Social service; Outreach; Social support; Voluntary worker, Volunteers; Wraparound services

Types of Studies Identified in The Review
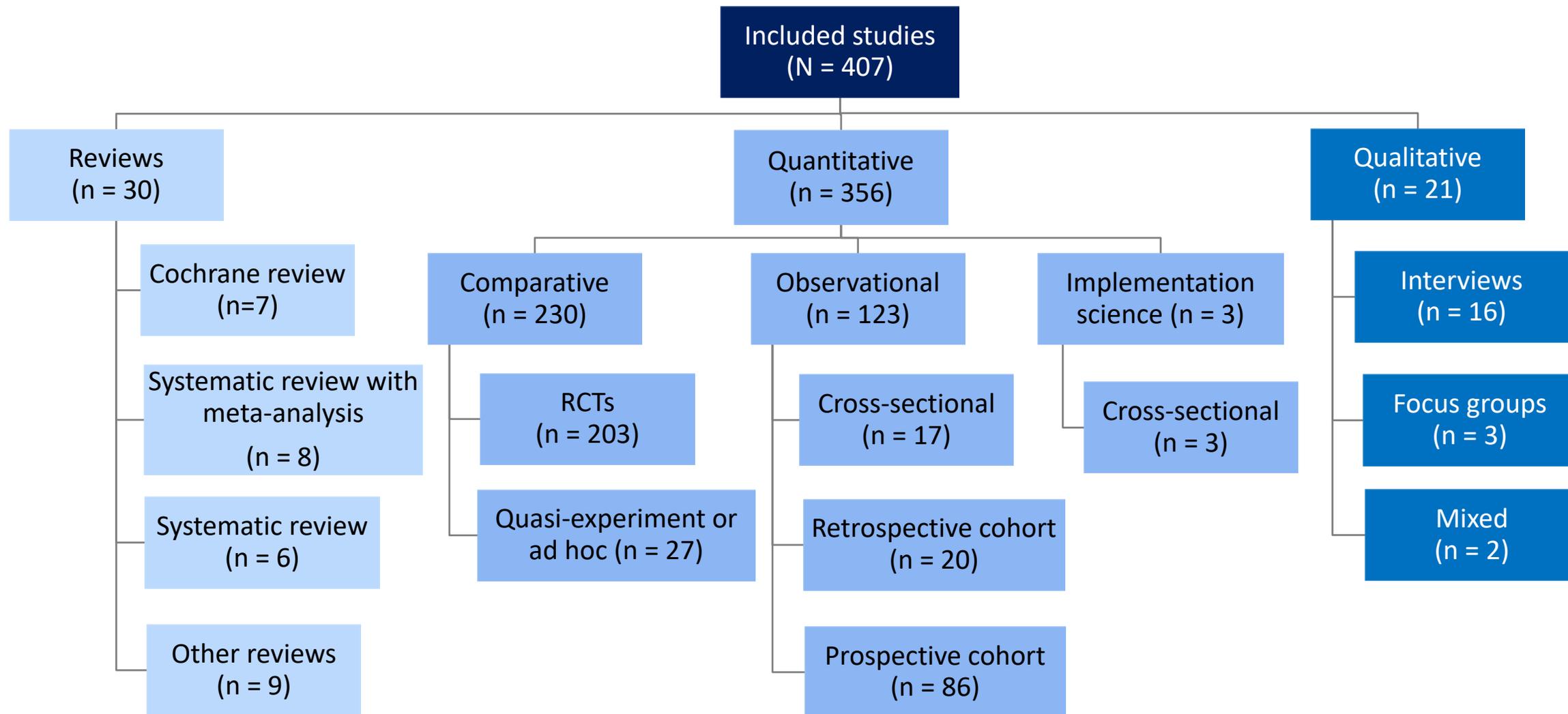
Origin of Research on The Role of Psychosocial Interventions in The Treatment of Opioid Use Disorders

Middle East, 2.9%
Australia, 4.7%
Asia, 8.1%
Europe, 17.9%
USA, 64.6%
Canada, 1.7%

Research questions addressed in comparative studies

% of comparative studies

Studies evaluating psychosocial interventions independently

Studies evaluating adjunct role of psychosocial interventions

16.3% — 18.5% — Psychosocial intervention vs. psychosocial intervention

4.4% — 14.8% — Psychosocial intervention vs. pharmacotherapy

3.0% — 0.0% — Psychosocial intervention vs. a combination of pharmacotherapy + psychosocial intervention

23.6% — 25.9% — Pharmacotherapy vs. a combination of pharmacotherapy + psychosocial intervention

52.7% — 40.7% — Studies that examined effects of adding different psychosocial interventions to pharmacotherapy

■ RCT (N=203) ■ QES (N=27)

CRISM | Prairies is nearing the completion of this scoping review. If you are interested in obtaining more information, or would like to be notified when the full report of this review is available, please contact Denise Adams at
denise.adams@ualberta.ca

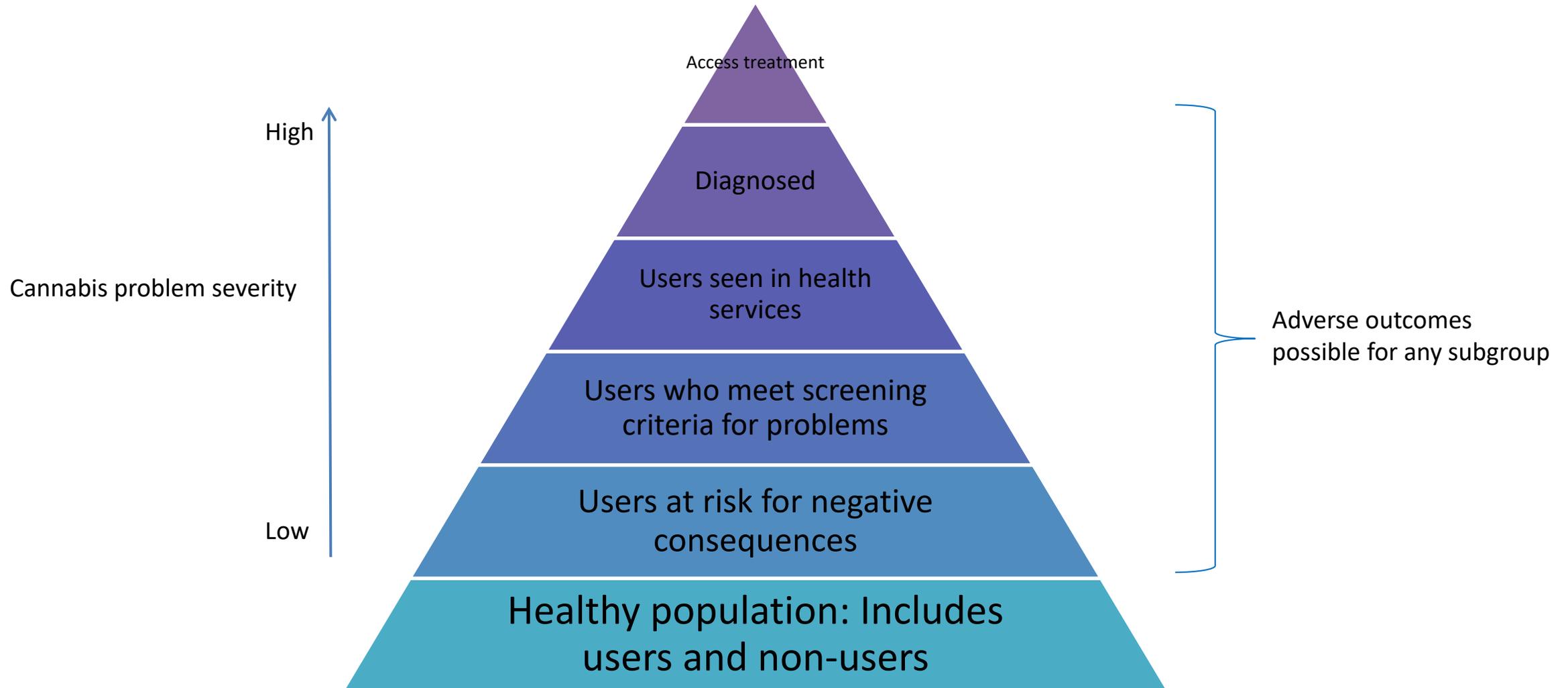# Prairie Node – Demonstration Projects
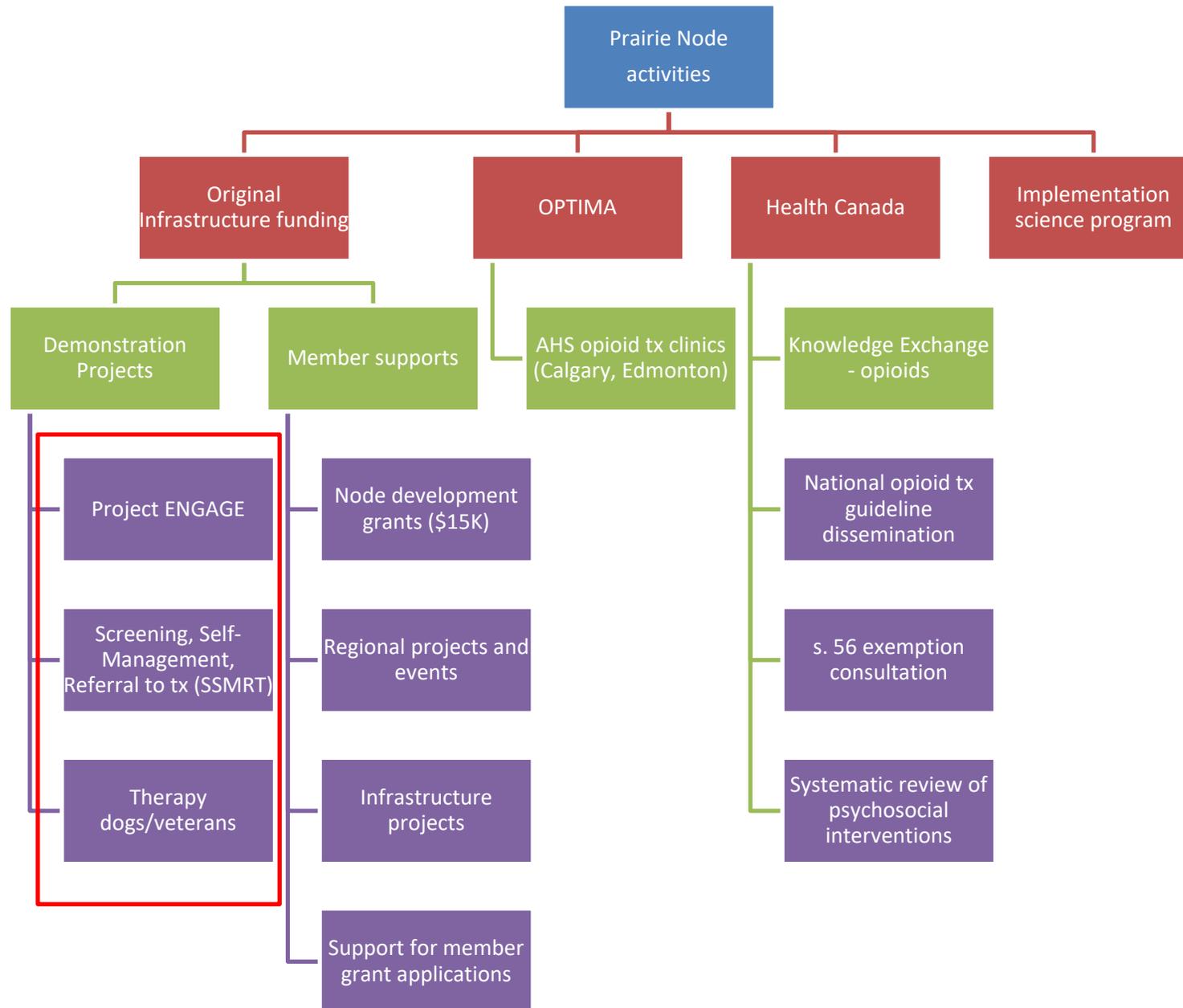
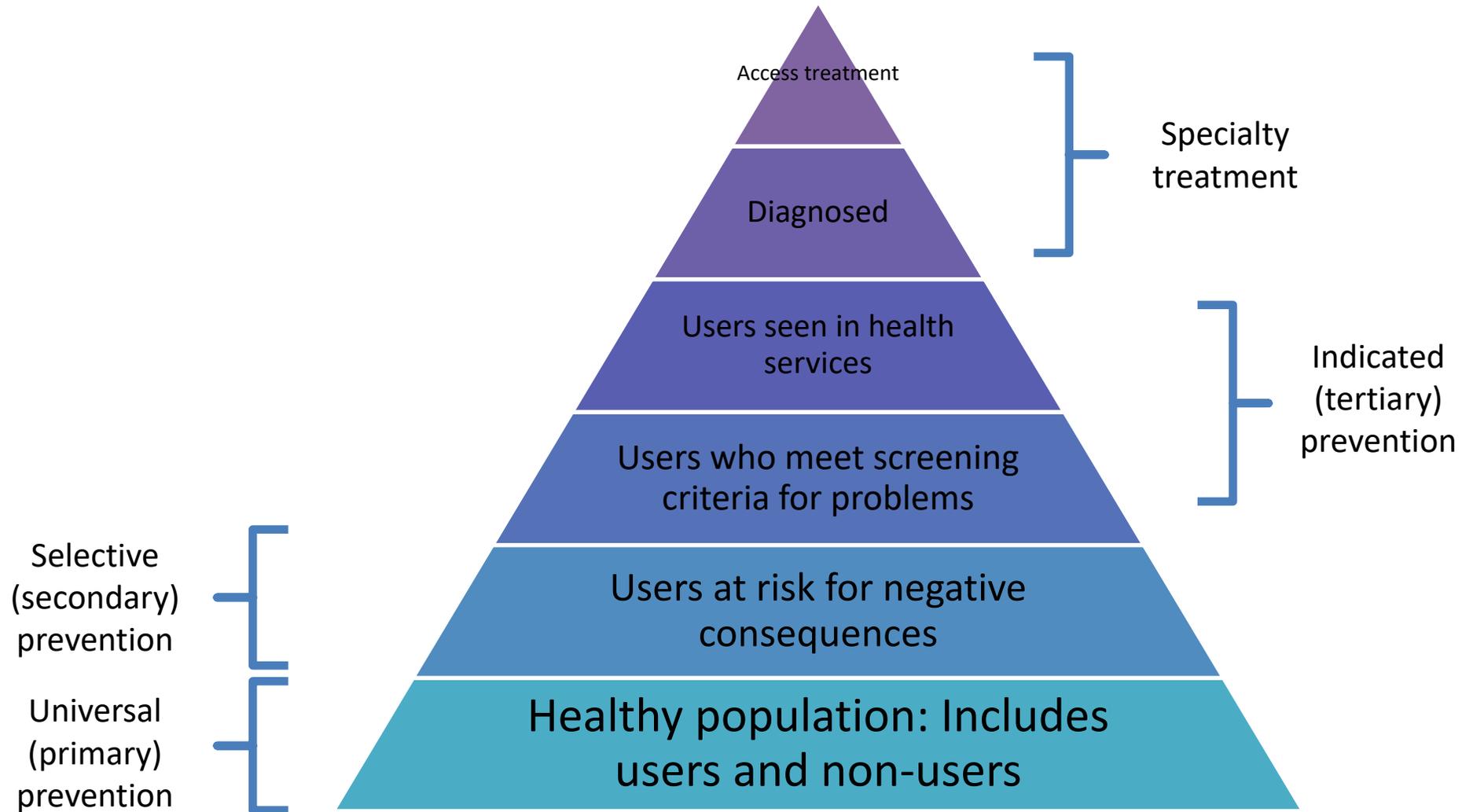Screening, Self-Management, and Referral to Treatment (SSMRT)

SSMRT: Background

- One of 3 CRISM Prairies demonstration projects

- Specifically addresses the gap that exists in providing meaningful services to substance users not picked up in health services or seeking specialty addiction treatment

- Initial development of SSMRT has focused on cannabis use

A population perspective on cannabis use

Access treatment

Diagnosed

Users seen in health services

Users who meet screening criteria for problems

Users at risk for negative consequences

Healthy population: Includes users and non-users

Cannabis problem severity

High

Low

Adverse outcomes possible for any subgroup

What interventions are offered for cannabis?

Pyramid diagram (bottom to top):

- **Healthy population: Includes users and non-users** — Universal (primary) prevention
- **Users at risk for negative consequences** — Selective (secondary) prevention
- **Users who meet screening criteria for problems** — Indicated (tertiary) prevention
- **Users seen in health services** — Indicated (tertiary) prevention
- **Diagnosed** — Specialty treatment
- **Access treatment** — Specialty treatment

Prevention and treatment: Current state

Elephant in the room:
Few tools for cannabis harm reduction!

Access treatment
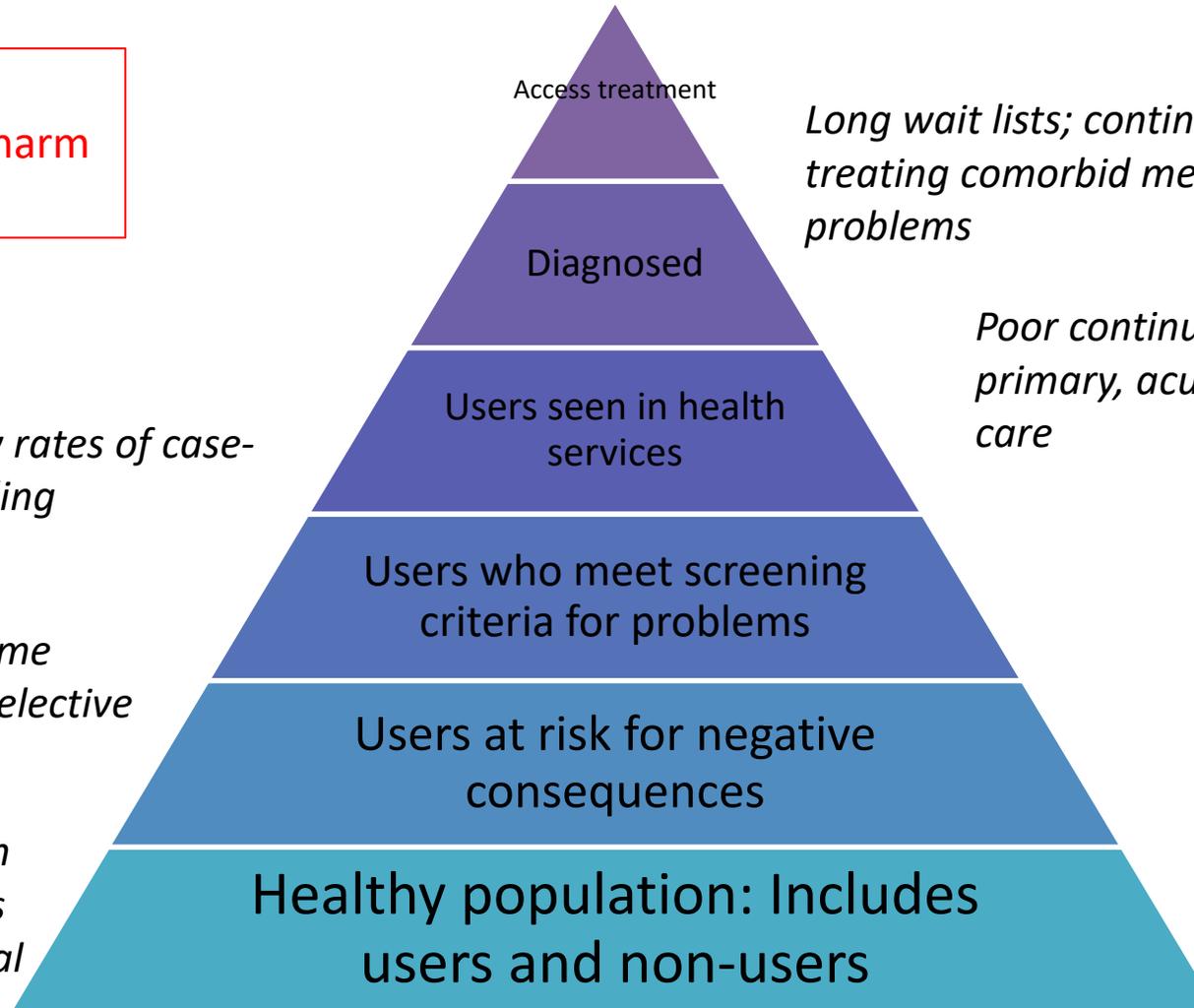
Long wait lists; continuing problems treating comorbid mental health problems

Diagnosed

Poor continuity of care between primary, acute, and specialty care

Users seen in health services

Low rates of case-finding

Users who meet screening criteria for problems

Costly and time consuming selective prevention

Users at risk for negative consequences

Ineffective universal prevention in mass communication and schools (scare tactics, passive educational approaches)

Healthy population: Includes users and non-users

Intervention strategies slow to embrace harm reduction

Interventions implicitly assume that *abstinence* is the primary outcome of interest

- For those seeking treatment, vast majority of programs adopt this goal

- Prevention programs emphasize abstinence altogether, or delayed onset (temporary abstinence)

But...

- Many cannabis users – inside and outside of treatment – may not want to discontinue use altogether

- Recent Canadian qualitative research with youth who have already started to use substances indicates that they are skeptical of abstinence-oriented primary prevention (e.g., public service announcements), but would value accessing *trustworthy facts* (rather than scare tactics) about drugs, as well as help in understanding *warning signs for problematic use* and behaviour change options, including *self-care* and *how to access* more structured interventions and treatment

Canada's Lower-Risk Cannabis Use Guidelines (LRCUG)

Recommendations

- Cannabis use has health risks best avoided by abstaining

- Delay taking up cannabis use until later in life

- Identify and choose lower-risk cannabis products

- Don't use synthetic cannabinoids

- Avoid smoking burnt cannabis—choose safer ways of using

- If you smoke cannabis, avoid harmful smoking practices

- Limit and reduce how often you use cannabis

- Don't use and drive, or operate other machinery

- Avoid cannabis use altogether if you are at risk for mental health problems or are pregnant

- Avoid combining these risks

The LRCUG are an evidence-based intervention project by the Canadian Research Initiative in Substance Misuse (CRISM).

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

Reference: *American Journal of Public Health*, 2017

The LRCUG have been endorsed by the following organizations:

ASSOCIATION MÉDICALE CANADIENNE | CANADIAN MEDICAL ASSOCIATION

CPHA•ACSP
CANADIAN PUBLIC HEALTH ASSOCIATION / ASSOCIATION CANADIENNE DE SANTÉ PUBLIQUE

C•SAM SMC•A
Canadian Society of Addiction Medicine
La Société Médicale Canadienne sur l'Addiction

camh
Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

Canadian Centre on Substance Use and Addiction
Centre canadien sur les dépendances et l'usage de substances
Evidence. Engagement. Impact.   Données. Engagement. Résultats.

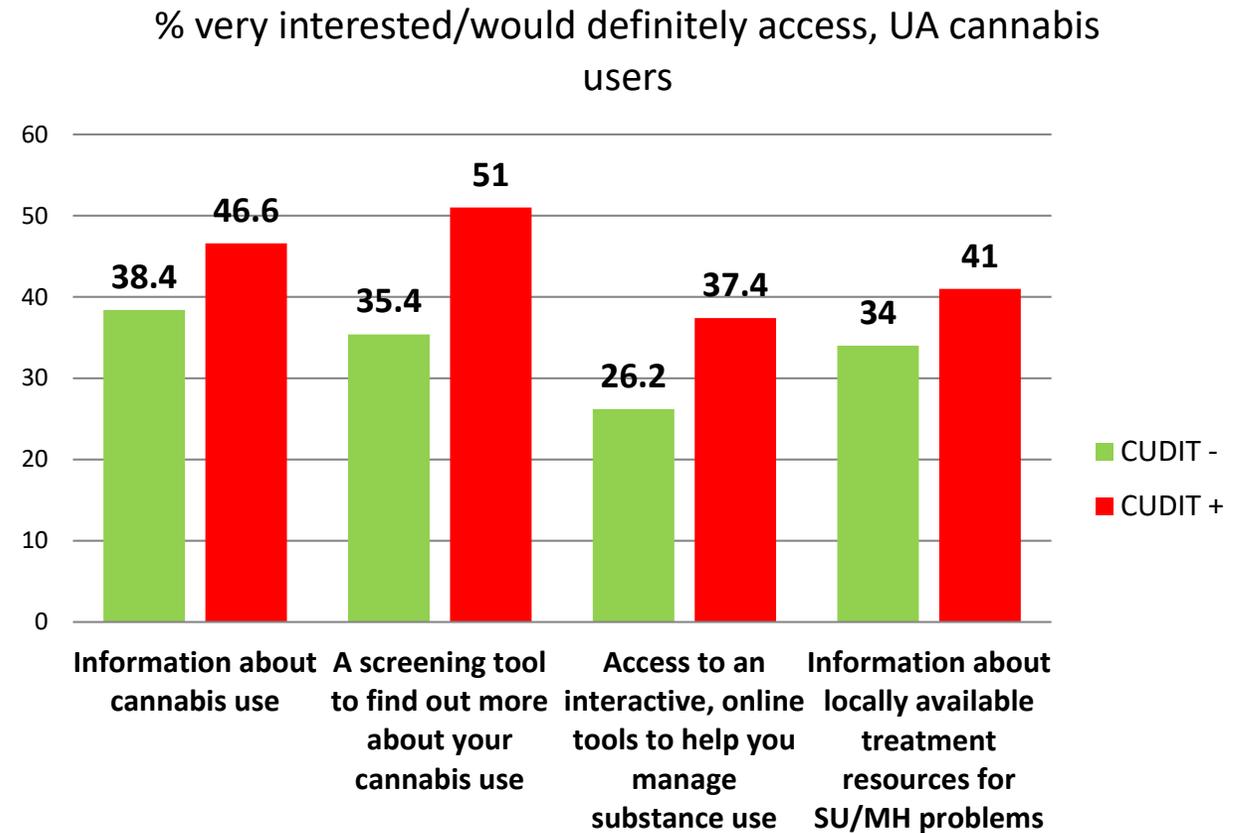**Council of Chief Medical Officers of Health** (in principle)

SSMRT concept: Toward more effective secondary prevention

Concept

- Develop and test a secondary prevention approach, focusing on current users of cannabis
- Builds on work in the alcohol area on effectiveness of **screening and brief intervention** (SBI)
- Is **online**. Avoids uptake and scale-up problems associated with more intensive, face-to-face intervention approaches
- Adopts a **harm reduction** approach that doesn't presume abstinence as the only valued outcome. Provide cannabis users with *non-judgmental facts and choices* about online resources they want to use, as well as options about these can be used to support behaviour change if they choose this
- Incorporates **personalized assessment-feedback**, designed to correct *misperceived social norms* for cannabis use, e.g., mistaken beliefs that heavy cannabis use is more common in social reference groups than it actually is.

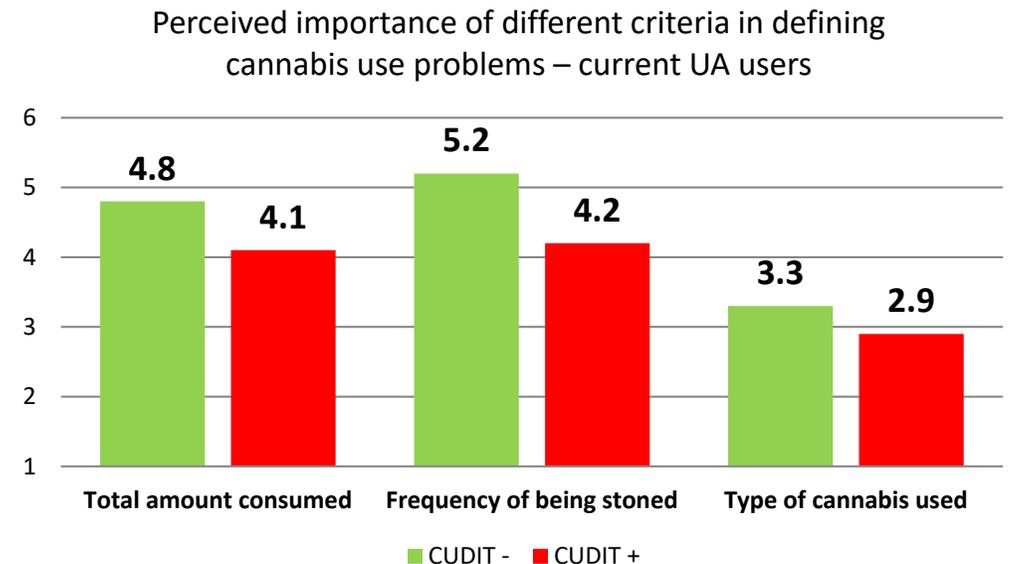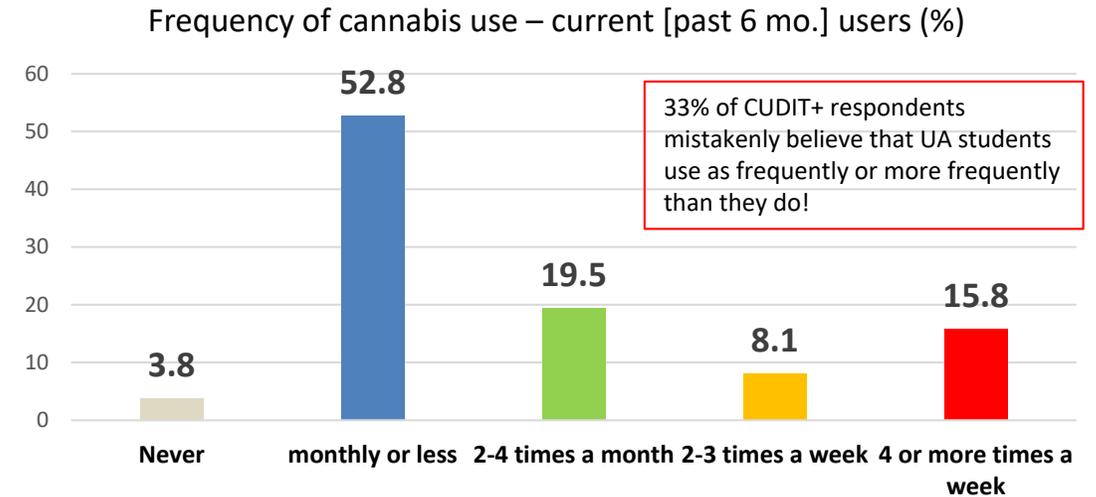# Are students who use cannabis interested in web-based supports?

If a website were available to you for free to provide the following information, how interested would you be in…

% very interested/would definitely access, UA cannabis users

CUDIT -
CUDIT +

Information about cannabis use: CUDIT - 38.4, CUDIT + 46.6
A screening tool to find out more about your cannabis use: CUDIT - 35.4, CUDIT + 51
Access to an interactive, online tools to help you manage substance use: CUDIT - 26.2, CUDIT + 37.4
Information about locally available treatment resources for SU/MH problems: CUDIT - 34, CUDIT + 41

Why use personalized assessment-feedback?

A large international literature demonstrates that frequent, heavy substance users hold mistaken beliefs about how common substance use is in social reference groups

True among U of A cannabis users?

Frequency of cannabis use – current [past 6 mo.] users (%)

33% of CUDIT+ respondents mistakenly believe that UA students use as frequently or more frequently than they do!

- Never: 3.8
- monthly or less: 52.8
- 2-4 times a month: 19.5
- 2-3 times a week: 8.1
- 4 or more times a week: 15.8

Perceived importance of different criteria in defining cannabis use problems – current UA users

	Total amount consumed	Frequency of being stoned	Type of cannabis used
CUDIT -	4.8	5.2	3.3
CUDIT +	4.1	4.2	2.9

Screening, self-management, and referral to treatment (SSMRT)

Provides online access by computer or mobile phone to a suite of secondary prevention resources for cannabis users, including:

1. A curated repository of *current evidence* on cannabis, its health effects, and federal/provincial regulations regarding its use,

2. Access to CRISM's National *Lower Risk Cannabis Use Guidelines*

3. Access to the *Cannabis Use Disorders Identification Test* (CUDIT)

4. *Personalized assessment-feedback*: Users who complete the CUDIT are provided with customized feedback about how the frequency of their cannabis use and their CUDIT scores compare to same-sex reference populations, and

5. Listings of *local treatment programs* and supports for cannabis-related problems.

Conceptual Overview of the SSMRT Web Platform