

## CANADIAN RESEARCH INITIATIVE IN SUBSTANCE MISUSE REPORTING TEMPLATE

### Background

The objectives of CRISM are:

- To identify and develop the most appropriate clinical and community-based prevention or treatment interventions for substance misuse;
- To provide evidence to support the enhancement of prevention or treatment services regarding substance misuse to decision makers and service providers; and
- To support the improvement in the quality of care and quality of life for Canadians living with substance misuse.

It is anticipated that CRISM will lead to interventions and programs that are proven to be 1) efficacious; 2) tailored to individuals in both their needs and psychosocial context; 3) feasible and applicable in clinical and community intervention settings; and 4) more easily accepted by health care and service providers.

It is expected that CRISM will result in improved evidence-based interventions for substance misuse.

CRISM was developed via a three-phased funding approach:

1. Development Grants to build teams of academic researchers and service providers around common projects in substance misuse
2. Team Grants to establish regional Nodes of research capacity including shared infrastructure between researchers and service providers.
3. Operating Grants directed towards high priority research issues will enable the Network of Nodes to work together on national studies for substance misuse. Only successful Nodes will be invited to apply for these funding opportunities.

The specific objective of the second phase is:

- To establish Nodes of research composed of researchers, service providers and representatives of people living with substance misuse with shared infrastructure to facilitate research in interventions and other therapeutic approaches to substance misuse.

The specific objectives of the first operating grant in the third phase are to:

- Support specific studies in the area of prescription drug abuse
- Support the development of the CRISM network of researchers and increase the research capacity of the Nodes.

The purpose of this reporting template is to understand the activities' of the CRISM Nodes, the CRISM Network and their collaborative research project(s), which currently includes OPTIMA.

This report is to be submitted by June 15<sup>th</sup>, 2018 to [CRISM-ICRAS@cihr-irsc.gc.ca](mailto:CRISM-ICRAS@cihr-irsc.gc.ca). Due to Treasury Board requirements, the Nodes and Network will submit a list of publications by April 3, 2018. For this reporting period, publications will date back to the funding start date of December 1, 2014 and go until December 31, 2017.

## Reporting Requirement

The Funding Opportunities for the Nodes and the PDA grant indicate that PIs will be required to contribute to the monitoring, review and evaluation of the programs. By completing this template the PIs will have met current reporting requirements.

### Methodology:

The proposed reporting template is based on:

- The objectives and requirements of the funding opportunities and
- The objectives identified in their applications and committed to via the grant agreements
- Reporting requirements in the performance measurement strategy for the former National Anti-Drug Strategy and the Canadian Drugs and Substance Strategy, which identifies information required by the Treasury Board Secretariat of Canada

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Note: Throughout this report, if there is any information that should not be included in the Annual Performance Report, which is to be made publicly available, please <b><u>bold and underline</u></b> this information.	
<b>1. PERFORMANCE REPORTING PERIOD</b>	
Fiscal Year: Apr 1, 2017 – Mar 31, 2018	
<b>2. REPORT PREPARATION</b>	
Please indicate who prepared this report, including contributors and what information sources were used.	
<b>Report Lead</b>	Name, title, telephone #, e-mail  <b>Prairie Node</b> T. Cameron Wild

	<p>Professor, School of Public Health, University of Alberta cam.wild@ualberta.ca 780-492-6752</p>
<b>Contributors</b>	<p>Name and Title</p> <p><b>Prairie Node</b> Colleen Dell, Principal Investigator David Hodgins, Principal Investigator Denise Adams, Node Manager Barb Fornssler, Node KTE Coordinator</p>
<b>List information sources used to prepare the report</b>	<p>Please identify all sources that were used:</p> <p><b>Prairie Node</b>  <input checked="" type="checkbox"/> Application  <input checked="" type="checkbox"/> Work Plan  <input type="checkbox"/> Publications (specify, ISBN #):  <input checked="" type="checkbox"/> Research (specify &amp; attach reports): Node Development Program sub-grant reports (four reports, attached Appendix 2)  <input type="checkbox"/> Consultations (specify &amp; attach reports):  <input checked="" type="checkbox"/> Evaluation Results (specify &amp; attach reports) Prairie Node 2<sup>nd</sup> Annual Gathering Report, Cannabis Forum Report, SROM Training Report (3 reports, attached Appendices 1,4,5)  <input checked="" type="checkbox"/> Other (specify): node tracking files, emails, e-newsletters, website, letters (four letters, attached Appendix 3)</p>
<b>3. DELIVERY</b>	
<p>a) Have there been any changes to the operational context, objectives or planned milestones of your Node, your Network or to OPTIMA in this reporting period?</p> <p><b>Table 1:</b></p>	

NETWORK				
<input type="checkbox"/> Yes Please describe:				
<input type="checkbox"/> No				
OPTIMA	BC	PRAIRIE	ON	QA
<input type="checkbox"/> Yes Please describe:				
<input type="checkbox"/> No	<input type="checkbox"/> No	<input checked="" type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

**b) Please indicate the major tasks and deliverables you expect to achieve from April 1, 2018 to March 31, 2019 (bullet form).**

**Table 2:**

NETWORK				
OPTIMA	BC	PRAIRIE	ON	QA
<ul style="list-style-type: none"> <li>Continued dissemination and knowledge exchange activities to support the <i>CRISM National Guideline for the Clinical Management of Opioid Use Disorder Treatment</i> within our region (see Table 14);</li> <li>Complete and disseminate a systematic scoping review of the role of psychosocial interventions in the treatment of OUD;</li> <li>Complete and disseminate a scoping review of methods for evaluating the quality of addiction and mental health mobile apps;</li> <li>Complete of a series of dashboards to visualize substance use data from Canadian Student Tobacco, Alcohol, and Drugs Survey and Alberta university surveys of substance use;</li> <li>Continue to conduct the OPTIMA trial in 2 sites in Alberta;</li> <li>Complete development and launch the Screening, Self-management, and Referral to Treatment (SSMRT) online platform (a Node Demonstration project);</li> <li>Complete Project Engage Phase II (a Node Demonstration project);</li> <li>Submit a publication on outcomes from the Node-affiliated CoMRAD project: <i>Understanding the nature of Saskatoon's evolving opioid crisis</i>;</li> <li>Analyze and disseminate work from the Node-affiliated Canadian Harm Reduction Policy Project (CHARPP), including national-level media analysis, interviews with provincial stakeholders from across the country, and the national public opinion survey on harm reduction</li> <li>Complete 12 existing node development projects;</li> </ul>				

- Continued development of Node advisory groups;
- Financial support for PLE groups in Saskatchewan and Manitoba;
- Organize and run the 3<sup>rd</sup> Annual Node gathering (scheduled for November, 2018 in Saskatoon)

#### 4. NARRATIVE SUMMARY OF PROJECTS AND KEY ACCOMPLISHMENTS OF NETWORK & NODES

##### a) Summary of key accomplishments from March 31<sup>st</sup>, 2017 to April 1<sup>st</sup>, 2018 that demonstrate how the Network and each Node, through the scope of funded projects, has met the CDSS goals of:

CRISM | Prairies has addressed each of these CDSS goals by providing support for targeted research activities, using a combination of Node demonstration and infrastructure development projects, as well as our Node Development Program, under which members can apply for up to \$15,000 to support research project development. The Node also provided support for specific knowledge exchange events addressing each of these CDSS goals through our small project grant mechanism. Table 4, following, provides a comprehensive listing and brief descriptions of all of these activities.

- Preventing problematic drug and substance use (250 words)

The Node supported 8 research projects dealing with prevention of problematic drug and substance use. Brief descriptions of these projects are provided in Table 4, including: (1) *the SSMRT Project*, (2) *the CoMRAD project*, (3) *Developing Addiction Education Resources for Pharmacists*; (4) *Stakeholder Consultation/Knowledge Forum for Substance Abuse and Addiction in Prince Albert, Saskatchewan*; (5) *Exploration Project on Using Traditions to Prevent and Treat Substance Misuse*; (6) *Development and Dissemination of Podcasts on Addiction Topics*; (7) *Informing Choices - Cannabis Information Hub*; and (8) *the CRISM Data Visualization project*.

Regarding **community engagement**, CRISM | Prairies leadership participated in the following committees whose mandate includes preventing problematic drug and substance use: (1) the Government of Alberta's *Addiction Integration Committee* (Wild), (2) the provincial *Opioid Response Surveillance and Analytics* working group (Wild), (3) the core committee of Alberta Health Services' *Addiction and Mental Health Strategic Clinical Network* (Hyshka, Wild), (4) the World Health Organization (WHO) committee on Public Health Implications of Addictive Behaviours (Hodgins), (5) the steering committee of the *Community-University Partnership for the Study of Children, Youth, and Families* Steering Committee (Hyshka), and (6) Alberta Health Services' *Expert Advisory Committee on Cannabis* (Hyshka).

Regarding **knowledge exchange**, The Node co-sponsored an Alberta-wide forum entitled *Cannabis Legalization in Canada: Implications for Public Health in Alberta*. This event was held on May 5, 2017 in Calgary and included 300 in-person and 150 online attendees (see Appendix 4 for the event agenda and related documentation). The Node also disseminated CRISM's *Lower Risk Cannabis Use Guidelines* to a variety of provincial stakeholders in our region, including several Alberta Health Services units (e.g., Population/Public Health, Addiction and Mental Health Strategic Clinical Network) in a series of face-to-face consultations.

- Supporting measures that reduce the negative consequences of drug and substance use (250 words)

CRISM | Prairies supported 9 research projects addressing the negative consequences of drug and substance use. Brief descriptions are provided in Table 4, including: (1) *the SSMRT Project*; (2) *the CoMRAD project*, (3) *Implementing Harm Reduction Services in Acute Care: Patient and*

*Healthcare Provider Experiences; (4) Sex Work and Harm Reduction in Edmonton: Safe Spaces, Healthy Options, Secure Choices; (5) Naloxone Take-Home Kit Program Evaluation Studentship; (6) Opioids in Alberta Prisons; (7) Naloxone Smart Patch Development; (8) Take Home Naloxone in the Royal Alexander Hospital Emergency Department; and (9) Safe Consumption Evaluation for Winnipeg.*

Regarding **community engagement**, Node leaders participated in the following committees: (1) the Government of Alberta's *Addiction Integration Committee* (Wild), (2) the provincial *Opioid Response Surveillance and Analytics* working group (Wild), (3) *Alberta Supervised Consumption Services Evaluation Methodology Review Panel* (Wild), (4) the core committee of Alberta Health Services' *Addiction and Mental Health Strategic Clinical Network* (Hyshka and Wild), (5) Alberta Health Services' *Supervised Injectable Opioid Agonist Therapy* project group (Wild), (6) the World Health Organization (WHO) committee on Public Health Implications of Addictive Behaviours (Hodgins), (7) the University of Alberta *Campus Cannabis Advisory Committee on Cannabis Legalization* (Wild), (8) Alberta Health Services *Expert Advisory Committee on Cannabis* (Hyshka), (9) Alberta Health Services and the College of Physicians and Surgeons of Alberta's *Advisory Committee for the development of a Guidance Document on Harm Reduction in Acute Care Settings* (Hyshka), (10), the Alberta Minister's *Opioid Emergency Response Committee* (Hyshka, co-chair), (11) the Institute for Health Economics' *Supervised Consumption Services Provincial Evaluation Co-Investigator Group* (Hyshka), (12) the Canadian Drug Policy Coalition's *Supervised Consumption Services Knowledge Exchange Group* (Hyshka), and (13) a National working group of community, health, legal, and academic stakeholders working to establish supervised injection services in cities across Canada (Hyshka).

CRISM | Prairies provided direct support to **harm reduction advocacy and people with living/lived experience** as part of its community engagement activities under this CDSS goal. Specifically, the Node's knowledge exchange coordinator (Fornssler) facilitated collaboration across the Prairie provinces for information sharing between Alberta Addicts Who Advocate and Educate Responsibly (AAWEAR), Saskatchewan Advocates for Safe Consumption (SASC), and the Manitoba Harm Reduction Network (MHRN). The Node continues to link these provincial representatives regionally and to the Canadian Association of People Who Use Drugs in order to provide consistency in communication across provinces to highlight common goals and respond to provincially based concerns of PLE.

A report authored by the advocacy group Saskatchewan Advocates for Safe Consumption (SASC) summarizing the available evidence base to support safe consumption in the city of Saskatoon SK received editing support from CRISM | Prairies to finalize this document. SASC is providing the document to decision makers and key stakeholders in the harm reduction advocacy community in Saskatoon and will use the information to direct a social media advocacy campaign regarding the health and community benefits of safe consumption.

Other harm reduction advocacy efforts included: (1) engaging in further consultation and relationship building between individuals and organizations in the city of Saskatoon including, AIDS Saskatoon, Saskatchewan Tribal Council, and Westside Community Clinic, and (2) integrating content and curriculum changes for Dr. Fornssler's graduate course PUBH847 'Studies in Addictions' at the University of Saskatchewan to better include perspectives of lived experience to inform student development. These changes were made in consultation with the SK representative of the Canadian Association of People Who Use Drugs and CRISM | Prairies member, Brandi Abele, along with two Manitoba-based CRISM Prairies node members with lived experience of substance misuse, Cynthia Shorting and Russell Bone.

Dr. Fornssler and Master of Public Health student Maryellen Gibson provided consultation for implementing and expanding the delivery of a Managed Alcohol Program (MAP) with community-based and health authority stakeholders, at the Lighthouse Supported Living Inc. in Saskatoon SK. This organization provides emergency shelter, housing, and supported living initiatives including community-based withdrawal management services. A needs assessment document and partial environmental scan will be used to inform a wider application to Health Canada in 2018.

- Supporting innovative approaches to treatment and rehabilitation (250 words)

The Node addressed this CDSS goal by supporting 11 research projects related to treatment and rehabilitation. Brief descriptions are provided in Table 4, and include: (1) *Project Engage*; (2) *the Veteran's Opioid Project*; (3) *the CoMRAD project*, (4) *Gambling Disorder vs Alcohol Use Disorder: Comparing Treatment Outcomes with Congruence Couple Therapy*; (5) *Social Work Practice & Human-Animal Interaction Survey*; (6) *Piloting the Addition of Contingency Management to Best Practice Counselling as an Adjunct Treatment for Rural and Remote Disordered Gamblers and Substance Users*; (7) *Adaptation of Contingency Management to an Adolescent Treatment Setting*; (8) *Improving Success of the Methadone Clinic in Prince Albert, Saskatchewan*; (9) *Scoping Review of Evaluation Methods for Addiction and Mental Health Mobile Applications*; (10) *Evaluation of a Virtual Coach Mobile App for Relapse Prevention*; and (11) *the University of Alberta – Alberta Health Services analytics project*.

Regarding **community engagement**, CRISM | Prairies leaders participated in the following committees: (1) the Government of Alberta's *Addiction Integration Committee* (Wild), (2) the provincial *Opioid Response Surveillance and Analytics* working group (Wild), (3) the core committee of Alberta Health Services' *Addiction and Mental Health Strategic Clinical Network* (Hyshka, Wild), (4) the Alberta *Provincial Injectable Opioid Agonist Therapy (iOAT) Working Group* (Wild), (5) Provincial *Addiction Curricula & Experiential Skill (PACES) Accreditation Committee* (Wild), (6) WHO committee on *Public Health Implications of Addictive Behaviours* (Hodgins), (7) the steering committee of the *Community-University Partnership for the Study of Children, Youth, and Families* (Hyshka), (8) the Alberta Minister's *Opioid Emergency Response Committee* (Hyshka, co-chair), and (9) the Alberta Health Services Expert Advisory Committee on Cannabis (Hyshka).

Regarding **knowledge exchange**, the Node facilitated the following activities:

- (1) On June 14, 2017, Dr. Fornssler joined planning activities and presented the talk "*CRISM Prairies: Building capacity for substance misuse research*" in collaboration with Dr. Geoffry Mainia and the College of Nursing at a University of Saskatchewan community-based event titled "*The change we want: A community engagement and knowledge exchange for substance use and addiction in Prince Albert SK*". This event was attended by approximately 40 service providers, policy makers, and people with lived experience.
- (2) On September 27, 2017, CRISM Prairies hosted an exhibitor table in Saskatoon for the Saskatchewan Indian Institute of Technologies event "*SK Regional Mental Wellness Knowledge Exchange 2017*" which fosters knowledge exchange and translation between community organizations, post-secondary educational institutions and regional governments;
- (3) On October 27-28, 2017, CRISM Prairies supported the College of Physicians and Surgeons of Saskatchewan conference "*Current Options for Managing Pain and Addiction*" hosted in Saskatoon SK as a financial supporter (\$500) and exhibitor. This conference provides training and information for healthcare providers regarding managing pain and addictions;
- (4) CRISM | Prairies provided logistical and financial support for a workshop for Alberta physicians on *Slow Release Oral Morphine* (Jan 17, 2018) in Calgary (Appendix 5 provides the advertisement and related evaluation for this event);
- (5) Coordination and support for the development of the *CRISM National Guideline for the Clinical Management of Opioid Use Disorder Treatment*;
- (6) The Prairie Node is also leading the project entitled *Scoping review of psychosocial interventions in the treatment of opioid use disorder*.

## 5. CAPACITY BUILDING

a) Please describe how the Network has established and strengthened collaborations between all Node members, within Nodes.

**b) Please describe how and the extent to which the Nodes have improved the research capacity for the Network, including within targeted populations ((e.g., youth, Indigenous communities, correctional populations))**

**Capacity**

Since the previous reporting period, CRISM | Prairies has increased its **membership** from 173 to 255 individuals who are affiliated with 87 institutions (see Table 10).

Our 2<sup>nd</sup> annual **Node meeting** was held November 15-16, 2017, in Calgary and was attended by 83 members. Activities included: (1) updates on research and knowledge exchange activities among members, (2) discussions about Node governance, (3) an information session on CRISM's *implementation science program on opioid services (Emerging Health Threat funding)*, (4) a presentation and panel discussion on the *CRISM National Guideline for the Treatment of Opioid Use Disorder*, (5) a workshop on *Prospects for Implementing Behavioural Health Technologies in Addiction Treatment*, and a (6) a keynote address by Dr. Carol Hopkins on *Indigenous Engagement in Research*. Appendix 1 provides the full agenda and evaluation for this event. Following the main Node meeting, a session was held with Dr. Hopkins to discuss possible collaboration between the Thunderbird Partnership Foundation (TPF) and CRISM in the implementation science program on opioid services. This session laid the groundwork for TPF's involvement in the Emerging Health Threat program of the network.

Over the reporting period, CRISM | Prairies negotiated an agreement with Alberta Health Services that will allow the Prairie Node **access to health services data** for quality improvement (QI) and research purposes. This agreement is entitled *Advancement of Analytics in Addiction and Mental Health*. The overarching purpose of this partnership is to identify mutually agreed upon and mutually beneficial research, evaluation, quality improvement, and measurement questions, and to facilitate analyses of administrative data to answer those questions. CRISM | Prairies and AHS will cost-share a Data Analyst position whereby the staff member will be a joint AHS/CRISM employee situated in the AHS analytics team. This agreement is expected to enhance capacity to conduct timely analyses of provincial administrative data on addiction treatment, and CRISM | Prairies will participate as an equal partner to AHS departments that collect and administer health service data in determining key research and QI questions for subsequent analyses. Node members will have opportunities to declare their research interests in using AHS administrative data through this agreement.

**Mentorship**

CRISM | Prairies provided targeted mentorship to four junior faculty members in our Node, including guidance on project and career development. Through our Node Development Grant program, we provided \$30,000 funding for pilot projects conducted by these junior faculty members, which was leveraged to \$343,022 from provincial and federal funders to support ongoing initiatives by these junior faculty. Appendix 3 provides letters of support from these junior faculty members. Dr. Fornssler, Node KTE Coordinator, received an adjunct appointment in the School of Public Health at the University of Saskatchewan as result of scholarly achievements supported by CRISM | Prairies.

Drs. Fornssler and Dell are serving on the doctoral committee for Mr. James Dixon (CRISM Prairies node member) whose research project will address aspects of the opioid crisis in Western Canada. Dr. Fornssler is the primary supervisor for Master of Public Health (MPH) Thesis stream student Indiana Best (CRISM Prairies node member) whose project will examine harm reduction and treatment services for their alignment with Metis cultural values. This project has received CIHR funding (\$20,000) and Ms. Best is the recipient of the Indigenous Peoples Health Research Centre and Saskatchewan Centre for Patient Oriented Research graduate student funding award (\$20,000). Dr. Fornssler also supervised MPH candidate, Alicia Husband, throughout her full-time research training practicum from May 2017 - August 2017 and MPH candidate Maryellen

Gibson's community-based research engagement for the development of a managed alcohol program in the city of Saskatoon. Further, Dr. Fornssler supervised part-time graduate research assistant Chinaedu Mbonu from January 2017 - December 2017.

From September 2017 to January 2018, the Node hosted Dr. Eva Hudlika, a Fulbright Canada- Palix Foundation Distinguished Chair from the University of Massachusetts-Amherst, USA. During her time in Edmonton, Eva completed project development and obtained ethics approval for her study titled: *Evaluation of a Virtual Coach Mobile App for Relapse Prevention*. This open-label, pilot randomized controlled trial is evaluating a mobile app designed to prevent relapse from substance use. The app incorporates an evidence-based relapse prevention protocol, mindfulness-based relapse prevention (MBRP) methods and incorporates principles of motivational interviewing and self-determination theory to enhance motivation. A key component of the app is its use of a virtual coach character to deliver customized training and coaching in MBRP, which focuses on reducing reactivity, craving, and negative affect (factors that contribute to relapse), and enhancing distress tolerance. Dr. Hudlicka is an expert in the use of technology in clinical practice and joined the Node working group for the SSMRT demonstration project. She is also participating in the development and conduct of a project titled *Scoping Review of Methods for Evaluation of Addiction and Mental Health Mobile Applications*. The ubiquitous nature of mobile smart devices has led to the proliferation of many applications that have an objective to improve one's health. The lack of RCTs to evaluate these apps has led to the reluctance of clinical professionals to endorse apps that may be of great benefit to their patients. Since the body of apps is growing more each month it is unreasonable to think that every app could be evaluated at a high a standard which, leads to many apps, that may be safe and of great use to patients, never getting used by medical professionals or end users. There is a need for the rapid evaluation of the effectiveness of mental health apps, and the development of new criteria for 'evidence-based' that would facilitate the evaluation, endorsement and adoption of mental health apps. Our specific objective for this review is to describe the breadth of the current state of the literature when it comes to the evaluation of addiction and mental health oriented mobile apps, to gain specific insight into a better way to evaluate them.

### **Engagement with specific populations**

With respect to **Indigenous peoples**, CRISM | Prairies has continued to engage in a process to formalize how Indigenous expertise can support CRISM work and governance. The Node is in the process of establishing a Wisdom Advisory Council that includes several Elders from across the Prairie Provinces. This council will complement Node governance already in place. Additionally the Prairie Node is building collaborations with the First People First Person Indigenous Hub and the Canadian Depression Research and Intervention Network, directed by Node member Dr. Caroline Tait. Dr. Fornssler attended the Cultural Safety and Trauma Informed Care meeting to exchange network information and build relationships on February 14-16, 2018. CRISM | Prairies has initiated collaboration with Thunderbird Partnership Foundation, a non-profit national organization that develops and support holistic healing approaches of the First Peoples of Canada, including advocacy and workforce development for the federal National Native Alcohol and Drug Abuse Programs. Dr. Fornssler also joined the design consultation for a training event with Sherri Pooyak MSW, Community-Based Research Manager for the Canadian Aboriginal Aids Network (CAAN). This training focused on enhancing the capacity for research engagement with members of the T'licho service provision community. The training event was facilitated by CAAN in partnership with the Institute for Circumpolar Health Research (ICHR) and many others across the country. Dr. Fornssler anticipates further enhancing and building of a knowledge-sharing relationship with CAAN in the next reporting year and will seek further potential alignments for CRISM with the aims of ICHR.

Each Node recognizes the importance of CRISM work targeted to Indigenous peoples and all are making efforts to include more First Nations, Inuit and Metis researchers, clinicians and communities. To that end, CRISM Nodes have initiated projects that include Indigenous populations, as noted in the highlights below:

- (1) The Prairie Node includes over 25 Node members who self-identify as Indigenous. At least 20 other Node members are working on projects that involve Indigenous populations. The Prairie Node includes representation from First Nations University of Canada (SK), the Aboriginal Women's Justice Foundation (AB), and the Metis Addictions Council of Saskatchewan. Node members have also partnered with the Thunderbird Partnership Foundation. Several Node development projects have been funded that include Indigenous peoples (e.g., in-hospital needle exchange for marginalized populations, harm reduction for sex trade workers, examination of determinants of success in OAT);
- (2) As an initial step in implementing the Health Canada Emergency Health Threat (EHT) funding dedicated to the Canadian opioid crisis, CRISM | Prairies leadership have facilitated the groundwork to build a relationship with the Thunderbird Partnership Foundation. Beginning in March 2017, Node PIs initiated several rounds of discussions with TPF about their potential interest in collaborating with CRISM. As a next step, TPF was provided with a copy of the CRISM EHT funding proposal to CIHR to inform them about the overall program and especially, opportunities for Indigenous participation. Dr. Carol Hopkins (Executive Director, TPF) was invited to give the keynote lecture at the 2<sup>nd</sup> Annual Prairie Node Gathering Nov 15-16, 2017. Carol's lecture was titled "*Indigenous Engagement in Research*" and was very well received by Node members. During the gathering, an in-person meeting to discuss Indigenous advisory roles and involvement in the EHT project took place, and included TPF. Once our EHT proposal was approved by CIHR and Health Canada, TPF was formally invited to lead and direct the Indigenous Peoples project, with support provided by the Prairie Node. The leadership team that was formed includes: Carol Hopkins (Project PI, TPF), Mary Deleary (TPF), Jasmine Fournier (TPF), Stephanie McConkey (TPF), Cam Wild (Prairie Node NPI), Colleen Dell (Prairie Node PI), Renee Linklater (CAMH), Lindsay Farrell (UBC), Amy Bombay (Dalhousie University), and Chris Mushquash (Lakehead University). To date, this leadership group has held 3 teleconferences and has developed a workplan for the EHT Indigenous Peoples project.

With respect to **corrections populations**, Node membership includes 2 leading researchers in the area of Canadian corrections: Drs. Kevin Haggerty and Sandra Bucerius, both at the University of Alberta. Drs. Haggerty and Bucerius have longstanding relationships with Alberta Provincial corrections officials and facilities and have conducted research in 5 Alberta institutions. Recent data collection has emphasized the importance of examining the issues of substance use, especially opioids, in correctional institutions. Dr. Haggerty recently received a Prairie Node Development Grant to support the analyses of interview data related to these issues. Dr. Haggerty is also on the leadership team for the CRISM EHT Corrections project. CRISM | Prairies has also established relations with Alberta Corrections in order to gain access to OPTIMA participants in the event they are incarcerated during the 6-month data collection period. Alberta Corrections has approved our research protocols and granted access to our data collectors.

Regarding **youth**, the Node demonstration project entitled *Screening, Self-management, and Referral to Treatment (SSMRT)*; see table 4) is developing, pilot testing, and implementing an online screening, self-management, and referral to treatment (SSMRT) resource platform for substance misuse among youth and young adults. This platform includes: (1) information about substance use/misuse, (2) screening tools, (3) treatment service directories, as well as (4) resources for researchers. Acceptability of the online platform is currently being assessed with a large random sample of University of Alberta students. Dr. Wild is a Co-Investigator on a \$390,000 CIHR project scheme, currently under review, on delivering cannabis education to vulnerable and marginalized youth, titled "*Engaging Youth and Parents in Cannabis Use Education and Harm Reduction: A qualitative research project to inform the development of resources for vulnerable and marginalized families (TRACE V)*". Additionally, in collaboration with Node members Dr. Elaine Hyshka and Petra Schulz from Moms Stop the Harm, Dr. Saah is PI for a national research project focused on parent advocacy for drug policy reform and harm reduction titled "*Parent Advocacy Project*". This team has have recently secured a grant to support KTE from this project as part of the Government of Alberta's Opioid Emergency Response – Grants to Community funding.

c) Please list all staff including trainees supported by CDSS funding (both paid and unpaid)

Table 3:

Type	Unique # of Individuals Paid				# of FTEs Paid				Unique # of Individuals Not Paid				# of FTEs Not Paid			
	BC	Prairies	O N	QM	BC	Prairies	ON	QM	BC	Prairies	O N	QM	BC	Prairie	O N	QM
Researcher										21				5.1		
Research Assistant		5				5										
Research Technician																
Trainees :																
Ph.D fellows																
Post health professional degrees (MD, BScN, DDS, etc)																
Fellows not pursuing Masters or Ph.D										1				1		
Masters students		5				5				3				3		
Undergraduate students		2				2										
Other (including research manager)		3				2.2				2				1.2		
<b>TOTAL</b>		15				14.2				27				10.2		

d) Please describe the demonstration projects and projects developed since, supported by your Node, including amount and duration of funding, project title, principal researcher, and objective of study. Where relevant add context relating to scale up.

Table 4

BC Node				
Project	Principal Researcher	Title	Funding (amount and years)	Objectives of Study
1				
2				
3				
PRAIRIE Node				
Project	Principal Researcher	Title	Funding (amount and years)	Objectives of Study
1. Demonstration Project	David Hodgins (University of Calgary, AB)	Project Engage	\$12,500 (2016-2017) \$37,500 (2017-2018)	This demonstration project is working with 5 regional addiction treatment programs to explore readiness to adapt contingency management (CM) interventions to the Canadian treatment context

				to enable more widespread adoption with high levels of fidelity as well as to provide education to treatment program staff about CM.
2. Demonstration Project	Cameron Wild (University of Alberta, AB)	Screening, self-management, and referral to treatment (SSMRT)	\$24,000 (2016-2017) \$24,000 (2017-2018)	This demonstration project is developing, pilot testing, and implementing an online screening, self-management, and referral to treatment (SSMRT) resource platform for substance misuse among youth and young adults. This platform includes (1) information about substance use/misuse, (2) screening tools, (3) treatment service directories, as well as (4) resources for researchers. Acceptability and usability of the online platform is being assessed with a large random sample of University of Alberta students.
3. Demonstration Project	Colleen Dell (University of Saskatchewan, SK)	The impact of service dogs in the lives of veterans who problematically use opioids	\$114,750 (2017-2018)	This demonstration project aims to provide: (1) in-depth understanding of the role of service dogs in addressing problematic substance misuse, and particularly opioids, among veterans with PTSD; (2) increased awareness about and potential funding for veteran service dog programs; (3) increased understanding of the type and level of service dog training needed for therapeutic benefit regarding problematic substance use; (4) progressive policy changes to increase accessibility for veterans with their service dogs to services; and (5) development of policy, legislation and practice specific to the service dogs and veterans with PTSD suffering from substance misuse (e.g., earlier partnering of a service dog and veteran prior to crisis).
4. Fulbright Canada-Palix Foundation Project	Eva Hudlicka (University of Alberta, AB)	Evaluation of a Virtual Coach Mobile App for Relapse Prevention	In-kind support including work space, access to guidance on project development and submission of successful Ethics application as well as introduction to Alberta health systems and patient populations	CRISM   Prairies hosted Dr. Hudlicka, from the College of Information and Computer Sciences at the University of Massachusetts-Amherst as a Fulbright Canada-Palix Foundation Distinguished Chair. The Node supported her pilot study of a virtual coach mobile app. This study hypothesizes that, compared to usual care, patients who use this app would exhibit reduced relapse rates; greater acquisition of coping strategies for controlling cravings and reducing reactivity; and overall reductions in symptoms.

			suitable for the project.	
5. Node Infrastructure Project	Cameron Wild (University of Alberta, AB)	CRISM Data Visualization Project	\$25,000 (2017-2018)	This project is developing IT infrastructure to visualize population-based survey data on substance use. It is designed as an interactive online system wherein users select substances of interest and reporting periods, after which a dashboard/infographic is seeded in real time from working datasets. This project is using population survey data collected from Alberta University students, as well as the Canadian Student Tobacco, Alcohol, and Drug Survey.
6. Node Infrastructure Project	Cameron Wild (University of Alberta, AB)	Scoping Review for Evaluation Methods for Mental Health Mobile Applications	\$25,000 (2017-2018)	This project resulted from a need expressed by Alberta Health Services. Our specific objective for this review is to describe the breadth of the current state of the literature when it comes to the evaluation of addiction and mental health mobile apps, to gain specific insight into a better way to evaluate their utility and effectiveness.
7. Node Infrastructure Project	Cameron Wild (University of Alberta, AB)	Cannabis survey (Universities of Alberta and Calgary)	\$10,000 (2017-2018)	This project is describing cannabis use at the University of Alberta (UofA). The goals of are to: (1) describe longitudinal trends in cannabis use and related problems among University of Alberta students over the 2018-2019 academic year; and (2) determine service needs within the student population with regard to substance use intervention and support. In collaboration with the Dean of Students and Health and Wellness Services at U of A, 3600 students have completed an anonymous online survey assessing cannabis use, cannabis misuse, cannabis policy, other substance use, and needs for substance-related services. The project has partnered with a research group at the University of Calgary and a minimum data set on cannabis use across the two Universities is being prepared.
8. Node Development Project	Barb Fornssler (University of Saskatchewan)	Consolidating Perspectives on the nature of Saskatoon's evolving opioid crisis (CoMRAD)	\$6000 (2018-2019)	This project is employing the traditions of integrated Knowledge Translation and Exchange (KTE) or Knowledge to Action (KTA) to reduce the gap between “what is known” and “what is done” by prioritizing and embedding knowledge sharing within the research process. Using data generated from key stakeholder interviews and administrative data, the study will consolidate data sources and perspectives regarding the nature of the evolving crisis in Saskatoon, while simultaneously improving knowledge exchange

				via a stakeholder forum to be held near the end of the project.
9. Node Development Project	Matt Ingrouille (Saskatoon, SK)	SayKnow Podcasts	\$15,000 (2017-2018)	This project is developing and disseminating a series of Podcasts intended to educate Canadians on the root causes of addiction and keep them up to date on the most recent research initiatives. The Podcasts are hosted on <a href="http://www.sayknow.org">www.sayknow.org</a> .
10. Node Development Project	Alex Crizzle (University of Saskatchewan)	Determinants of success in ODP clients	\$15,000 (2017-2018)	This mixed-method project is (1) describing opioid-dependent patient experiences with prior methadone treatment, and (2) developing an analytic model to predict clinical outcomes for these clients using data from electronic medical records.
11. Node Development Project	Kevin Haggerty (University of Alberta, AB)	Opioids in Alberta prisons	\$15,000 (2017-2018)	This project involves interviews with over 300 staff and inmates in 5 Alberta corrections institutions to provide information on the following research questions: (1) which measures might be most effective to address the opioid problem in a prison environment? (2) what is the level of appetite for different forms of harm reduction strategies in provincial jails among correctional officers, prisoners and correctional staff? and (3) what organizational, security, occupational, or cultural barriers might have to be addressed in order to introduce measures to effectively reduce the assorted risks of opiates in prison (particularly remand facilities)?
12. Node Development Project	Michael Serpe (University of Alberta, AB)	Naloxone smart patch development	\$15,000 (2017-2018)	This biomedical engineering project is developing a “smart” opioid response patch which is intended to be able to detect an opioid overdose and then undertake two main responses: (1) release of naloxone through the skin and (2) communication with emergency responders.
13. Node Development Project	Katherine Dong (University of Alberta, AB)	Access to Take Home Naloxone (THN) in an Edmonton emergency department (ED)	\$15,000 (2017-2018)	The objectives for this project are to: (1) quantify the proportion of individuals who visited the ED for an opioid overdose who received a THN kit; (2) identify the sociodemographic and clinical characteristics of those patients who are not accessing THN kits, either because they were not offered one by the ED staff, or because they refused a THN kit after it was offered; and (3) develop recommendations for optimizing ED-based THN programs.

14. Node Development Project	Luke Terrett (University of Saskatchewan, SK)	Implementation and evaluation of take home naloxone (THN) in a Saskatchewan emergency department (ED)	\$15,000 (2017-2018)	The project aims to answer the following research questions: (1) how can a THN program be implemented in the ED? (2) what challenges do HCPs encounter during the provision of ED-THN? (3) how do HCP attitudes and behaviours change after participation in an ED-THN program? (4) how do nurses and physicians differ in terms of the barriers and challenges they identify, and their changes in attitudes and behaviours after participation in an ED-THN program?, and (5) what is the impact on, and experience of, patients who receive ED-THN, in particular those who identify as First Nations/Métis?
15. Node Development Project	Addiction Foundation of Manitoba (Winnipeg, MB)	Informing Choices - Cannabis Information Hub	\$15,000 (2017-2018)	The purpose of this project is to develop an online hub to: (1) be a primary source of information for Manitobans on the harms and risks of cannabis use; (2) provide service and education providers with evidence based information sharing modules, cannabis screeners and harm reduction tools as well as service and support referral information within Manitoba; (3) provide information and support parents and guardians in responding to legalization; and (4) increase public knowledge of the harms and risks of cannabis use and support Manitobans in making informed decisions about using the drug
16. Node Development Project	Winnipeg Regional Health Authority (Winnipeg, MB)	Safer Consumption Spaces: Consultation and Needs and Feasibility Assessment for Winnipeg	\$15,000 (2017-2018)	The objectives of this project are to: (1) describe drug use, including safer spaces of drug consumption, and access to services among people who use drugs in Winnipeg; (2) describe current drug-related/harm reduction services available in Winnipeg; and (3) assess the types of services that are more likely to better serve people who use drugs within the current local context.
17. Node Development Project	Julie Kaye (University of Saskatchewan)	Sex Work and Harm Reduction in Edmonton: Safe Spaces, Healthy Options, Secure Choices	\$15,000 (2016-2018)	This project is intended to: (1) provide a needs assessment of sex workers as well as (2) inform the creation of sex worker-led support models through interviews with members of the sex worker community in Edmonton, AB.

18. Node Development Project	Anas El-Aneed (University of Saskatchewan)	Developing Addiction Education Resources for Pharmacists	\$15,000 (2016-2018)	The objectives of this project are to: (1) evaluate the needs of people who use drugs from the community pharmacists' perspective and (2) design programs to fill training gaps among practicing community pharmacists.
19. Node Development Project	Darren Christensen (University of Lethbridge)	The addition of Contingency Management (CM) to best practice counselling as an adjunct treatment for rural and remote Albertan disordered gamblers who have a current co-morbid substance use disorder	\$15,000 (2016-2018)	This RCT is allocating patients into one of two conditions; Contingency Management and Cognitive Behavioural Therapy CM+, or Cognitive Behavioural Therapy alone (CBT) for the treatment of disordered gambling. Participants will experience a battery of tests pre- and post-treatment examining clinical, psychological, and behavioural issues, including co-morbid substance use. Counselling will be provided free of charge using Skype or Facetime video-conferencing internet applications. Participation in each condition will last 14 weeks: 12 weeks for treatment, and 2 weeks of assessments (one week prior to treatment and one week post treatment). A subset of participants will also be chosen to participate in qualitative interviews to explore their experiences as well as the utility of the program for residents of rural and remote areas.
Completed Projects and Events (see Appendix 2)				
20. Node Development Project	Bonnie Lee (University of Lethbridge)	Training Addiction and Mental Health Counsellors in Couples Systems Intervention	\$15,000 (2016-2017)	This project consisted of a 5-day workshop to train mental health counsellors in a specific couple's therapy intervention. Objectives of the workshop included (1) building of collaborative research and knowledge translation relationships between Alberta Health Services counsellors and addiction researchers and (2) preparation for the launch of an AGRI study in Alberta.

21. Node Development Project	Darlene Chalmers (University of Regina)	Social Work Practice & Human-Animal Interaction Survey	\$15,000 (2016-2017)	The objectives of this project were to: (1) replicate a ground-breaking United States study (Risley-Curtiss, 2010) in the prairie provinces of Canada to examine social workers' experiences, knowledge, views and practices with human-animal Interactions; (2) merge this understanding with our team's findings from a pilot CIHR and CRISM funded study about the role of animal assisted interventions (AAI) in the addictions and mental health fields in Saskatchewan; (3) identify a collaborative research question and develop a subsequent Foundation Scheme CIHR grant application; and (4) contribute theoretically to the One Health field, alongside the outcomes of a CIHR operating grant on Indigenous health.
22. Node Development Project	Geoffrey Maina (University of Saskatchewan)	Stakeholder consultation and knowledge forum for Indigenous substance use and addiction in Prince Albert, Saskatchewan	\$15,000 (2016-2017)	The purpose of this project was to: (1) provide a one day forum to discuss substance use and addiction among the Indigenous people in the Prince Albert Regional Health Region of Saskatchewan and (2) identify priority issues for the development of a multi-disciplinary Patient Oriented Research program focusing on Indigenous substance use and addiction.
23. Node Development Project	JoAann Saddleback (Maskwacis, AB)	Exploration Project on Using Traditions to Prevent and Treat Substance Misuse	\$15,000 (2016-2017)	The goals of this project were to: (1) find, identify and visit healers and medicine people throughout Treaty Six and the 8 Metis Settlements who still know the medicines used to help people suffering with addictions through substance misuse and (2) gather information from these healers in order to explore how to make healing ceremonies accessible to people suffering with addictions given the protocols and practises involved.
24. Knowledge Exchange Event (see Appendix 5)	Hakique Virani (Metro Clinic, Calgary, AB)	Slow Release Oral Morphine Workshop	\$1,027 (Jan 17, 2018)	This event " <i>Options in treating opioid use disorder with agonist therapies: A focus on SROM</i> " was designed as a joint CRISM Prairies-Metro City Clinic knowledge exchange activity to introduce clinicians and other allied health workers to the SROM treatment recommendations outlined in the CRISM National Guideline for the Clinical Management of Opioid Use Disorder. Dr. Keith Ahamad, contributing author of the guideline, led the presentation and

				discussion on SROM. Attendees included 22 in person guests and 29 on-line guests.
25. Knowledge Exchange Event (see Appendix 4)	Rebecca Saah (University of Calgary, AB)	Cannabis Legalization in Canada: Implications for Public Health in Alberta	\$2,000 (May 5, 2017)	This event was a public forum and discussion focused on cannabis legalization and public health policies in Alberta. As Canada moves towards legalization, this event was an opportunity to participate in discussions with some of Alberta's leaders in substance use and public health and to learn from U.S. and Canadian policy experts about the experiences of legalization from other jurisdictions. The forum also explored the impact of legalization on the Access to Cannabis for Medical Purposes program (ACMPR), and highlighted implications for clinicians and healthcare leaders in both 'recreational' and 'medical' use contexts. The event was attended by over 300 in-person guests and over 100 on-line guests.

**ON Node**

Project	Principal Researcher	Title	Funding (amount and years)	Objectives of Study
1				
2				
3				

**QA Node**

Project	Principal Researcher	Title	Funding (amount and years)	Objectives of Study
1				
2				
3				

**6. INFRASTRUCTURE DEVELOPMENT**

**a) Please briefly describe any changes to your Node's infrastructure including research space, equipment, new hires, etc.**

**Table 5:**

BC	PRAIRIE	ON	QA
<p>The CRISM   Prairies office is based in Edmonton and we have increased office space, including workspace and computers, as our staff has grown. Our KTE coordinator is located at the University of Saskatchewan, while one of our RAs and one MSc student are located at the University of Calgary. We have hired an additional 4 full-time RAs including a data analyst as well as employed 4 Masters-level students as part-time RAs. We also employed 2 summer students (May-Aug 2017) and hosted a Fulbright Canada – Palix Foundation scholar from the USA.</p> <p>We have increased Node membership from 173 as of Mar 31, 2017 to 255.</p> <p>For the conduct of the OPTIMA study, we have desk space and facility access at both the Edmonton and Calgary Opioid Dependence Programs.</p>			

## 7. COLLABORATIONS & PARTNERSHIPS OF NODES

### a) Total # of collaborators within the Nodes minus the PI:

Table 6:

BC	PRAIRIE	ON	QA
	56		

### b) Please describe the type and value of these collaborations:

Table 7:

BC	PRAIRIE	ON	QA
<p>As defined by CIHR, this section relates to individuals who were listed on the original CRISM Prairies funding application to CIHR.</p> <p>Researcher expertise within the Node includes 26 academic specialists in behavioral and social sciences, epidemiology, health economics, clinical research, implementation science, and statistics. Beyond disciplinary expertise, value includes access to students and research staff, as well as access to research funding opportunities where a PI or Co-I is required to be a researcher at an academic institution.</p> <p>Non-researcher expertise within the Node includes: (1) 15 decision makers in provincial governments and regional health authorities, (2) 9 service and system managers, (3) 2 organizations and individuals with lived and living experience, (4) 3 foundations/institutes, and (5) 1 professional organization.</p> <p>Collaboration with these CRISM members has provided access to:</p> <ul style="list-style-type: none"> <li>(1) decision makers at system management (regional health authority) and policy (provincial government) levels as well as within health care professional organizations;</li> <li>(2) programs, clinical staff, and patients for study involvement as well as addiction/mental health clinical expertise;</li> <li>(3) personal experience and voices for the drug user and recovery communities. Value includes opportunities for targeted advocacy;</li> <li>(4) non-academic programs and initiatives including at the National level.</li> </ul> <p>Collectively, Node collaborations have been structured to maximize influence on prevention and treatment interventions, as well as on strategic planning and policy making.</p>			

**c) Total # of partnerships, defined as collaborators external to the node:**

**Table 8:**

BC	PRAIRIE	ON	QA
	199		

**d) Please describe the type and value of these partnerships:**

**Table 9:**

BC	PRAIRIE	ON	QA
<p>As defined by CIHR, this section refers to Node members who were added after the original CRISM Prairie Node funding application was submitted and approved.</p> <p>Researcher expertise added to CRISM   Prairies after the Node was formed includes 94 academics. Non-researcher expertise within the Node for this time period includes: (1) 11 decision makers in provincial governments and regional health authorities, (2) 71 service and system managers, (3) 14 organizations and individuals with lived and living experience, (4) 7 foundations / institutes, and (5) 2 professional organization.</p> <p>The value of the partnerships is the same as for the collaborators listed in table 7.</p>			

**e) Please indicate the current Node Membership in Table 10:**

**Table 10:**

Current Node Membership, Number of Individuals				
	BC	PRAIRIE	ON	QA
Academic Researchers		120		
Policy Maker/Gov/Regulatory Authority		26		
Service Providers		46		
Service Program Managers		34		
Advocacy/People with Lived Experience (PLE)		16		
Foundation/Institute/Education/Non-Profit		10		
Professional Organization		3		
Other		0		
<b>Total</b>		255		

## 8. ENGAGEMENT OF PEOPLE WITH LIVED EXPERIENCE

a) Please describe how your Node and the Network has engaged with people with lived experience.

Table 11:

NETWORK				
BC	PRAIRIE	ON	QA	
<p>Ensuring that the voices of people with lived and living experience (PLE) are included in Node activities is crucial for understanding and addressing the needs of those directly suffering from substance use problems as well as of their families and communities. Working relationships have been developed with individuals and advocacy groups that will allow for their participation in planning and conducting node activities.</p> <p>CRISM   Prairies is engaged in continuous outreach activities to a number of drug user and professional organizations, including: Alberta Addicts Who Advocate and Educate Responsibly (AAWEAR), Access to Medically Supervised Injection Services Edmonton (AMSISE; a coalition of Edmonton-based agencies and service providers coordinating medically-supervised injection services), Safeworks (Calgary's harm reduction program), Streetworks (Edmonton's harm reduction program), Saskatchewan Advocates for Safe Consumption (SASC), and the Manitoba Harm Reduction Network MHRN) via consultative meetings, hosting information and links on our website, and specific project support.</p> <p>At our most recent annual Node meeting, one of the presentations was given by the president of AAWEAR on the importance of including people with lived experience on research teams. In addition, we held sessions about structure and processes related to various advisory groups including a PLE/community advisory group and drafted Terms of Reference for this group based on that feedback.</p>				

The Node has provided financial support (\$16,000) to the Alberta PLE group *Alberta Addicts Who Educate and Advocate Responsibly (AAWEAR)*. These CRISM funds supported activities including an in-person annual general meeting, support for AAWEAR's executive director, and for the recently held outreach activity: *Healing Through Humour Comedy Writing Workshops*. We intend to provide the same level of support to Saskatchewan and Manitoba user groups in the near future, as their applications for support from the Node are received. Most recently, we have engaged Safeworks and Streetworks outreach workers to support recruitment of participants for the OPTIMA trial by informing clients and organizations about the study and providing materials for distribution.

## 9. KNOWLEDGE TRANSLATION

**a) Please describe the Network and specific Node's meaningful outreach, engagement, interaction and dissemination activities with community, knowledge users, policy-makers including reports and other dissemination materials, impact on clinical practice and service providers, impact on community-based interventions, etc. (excluding PLE).**

Table 12:

### NETWORK

BC

PRAIRIE

ON

QA

#### Outreach and engagement mechanisms

Communication with Node members occurs in a variety of ways, including regular group and targeted email updates and invitations to provide consultation and input about CRISM network and Node activities, Twitter, a monthly electronic newsletter (*News and Notes*) and Node bulletins for time-sensitive announcements. Drs. Wild, Hodgins, and Dell regularly communicate with Node members and stakeholders regarding ongoing projects, future collaborations, and to plan knowledge exchange strategies. This information is also available on the Node website ([www.crismprairies.ca](http://www.crismprairies.ca)). The Prairie Node has recently developed a BaseCamp communication forum accessed through our Node website that includes specific topic threads and an 'ask an expert' section in order to provide an additional means of communication and on-line workspaces for projects.

The Node uses a web-based process to systematically describe member expertise, research interests, and to expand regional reach of the Node. CRISM | Prairies has an open-access membership policy and those interested in joining the Prairie Node complete a brief online survey. Results provide demographic and professional characteristics of our members and describe their interests in substance use (including target populations, substances, interventions and specific project areas of interest). We also collect information on the kinds of support members would like the Node to provide (e.g., communication about Node news and events, resources, training opportunities, research funding opportunities, research protocols and registries, and so on). The information generated by the member registration process is regularly used to enhance collaboration among Node members, including coordination of targeted communication to members with similar interests regarding their participation in Node demonstration

and other projects. Initial phone meetings with interested members are held to define specific member involvement and to develop initial protocols and processes. Additional phone calls, email communication, and in-person meetings are then used to further develop and conduct the projects.

End users and community partners (other than researchers) who are affiliated with the Prairie Node include, according to our Node membership terms, individuals who are acting as representatives of agencies such as provincial governments, health authorities, foundations/institutes/centres, PLE advocacy groups, treatment centres, and health practitioner colleges. The Node has facilitated meetings with each of these partners in order to develop relationships and assess collaborative potential and needs. Each affiliated organization is represented in the Prairie Node by at least one individual, each of whom are kept informed of CRISM activities and opportunities for involvement and collaboration. As part of our evolving governance strategy, we have started the groundwork to establish knowledge user advisory councils for each of these knowledge user groups.

On November 15-16, 2017, we held our Second Annual Node Gathering, in Calgary, AB (see Appendix 1 for the event agenda and evaluation materials). Node members had their travel costs to attend the meeting covered by CRISM | Prairies. The event was attended by 83 Node members, with attendance mostly concentrated among Alberta members, followed by members from Saskatchewan, and Manitoba. Assessments of attendee perceptions of the Gathering indicate that:

- 74% rated the meeting as “excellent” or “very good”;
- 73% reported that the meeting provided a forum for member input into Node projects either “very well” or “exceptionally well”;
- 69% reported opportunities at the Gathering to build collaborative relationships were either “better than expected” or “a lot better than expected”;
- 70% reported networking opportunities at the meeting were “very valuable” or “extremely valuable”;
- 69% reported that they intend to become more involved with the CRISM Prairie Node in the future after having heard more about the Node’s goals and plans during the Gathering

Our Third Annual Node Gathering will be held in November 2018 in Saskatoon.

### **Involvement with non-academic stakeholders**

Dr. Wild represents CRISM on numerous governmental committees, including: (1) the Government of Alberta’s *Addiction Integration Committee*, (2) the provincial *Opioid Response Surveillance and Analytics* working group, (3) *Alberta Supervised Consumption Services Evaluation Methodology Review Panel*, (4) the core committee of Alberta Health Services’ *Addiction and Mental Health Strategic Clinical Network*, (5) Alberta Health Services’ *Supervised Injectable Opioid Agonist Therapy* project group, and (6) Provincial Addiction Curricula & Experiential Skill (PACES) Accreditation Committee. Participation on these committees affords routine updates to Provincial leaders and decision makers on CRISM activities and opportunities for collaboration with these end users. Dr. Hodgins is a member of Alberta Health Services’ *Addiction and Mental Health Strategic Clinical Network* and the Provincial Addiction Curricula & Experiential Skill (PACES) Accreditation Committee. In the broader addictions area, he co-chairs the Scientific working Group for the Canadian Centre on Substance Use and Addiction (CCSA) initiative to develop low risk gambling guidelines and is a member of the World Health Organization (WHO) committee on Public Health Implications for Addictive Behaviours.

Examples of knowledge translation activities. As an example of Prairie Node impact on service providers, one of our Node Demonstration Projects, *Project Engage*, includes education of service providers on contingency management (CM). CM is an evidence-based treatment protocol that has been used extensively with much success in substance abuse treatment in the United States. In contrast, providing motivational incentives is a relatively novel approach to substance use treatment here in Canada. There is a gap between research evidence and the front-line services

that are providing care and treatment for people with substance use disorders. Project Engage is working to bring this evidence-based technology to the front line of substance abuse treatment in the Prairie Provinces. In the first phase of this project, an education module was used to train 47 staff members at 4 treatment sites in Alberta and 1 in Saskatchewan (Aventa: a women’s only residential treatment center in Calgary, Fresh Start – a men’s only residential treatment center in Calgary, Alberta Health Services Youth Program - a youth outpatient program based at Foothills Medical Centre in Calgary, Adult Addiction Services Calgary – a short-term adult outpatient program in Calgary, and Calder Centre - a co-ed adult residential center in Saskatoon.

As an example of Node outreach to decision makers and system planners, CRISM | Prairies recently released results from a CIHR-funded study entitled the *Canadian Harm Reduction Policy Project (CHARPP)*. This Node-affiliated project, led by Drs. Wild and Hyshka, has two objectives: (1) to describe harm reduction policy frameworks in each Canadian province and territory, documenting each jurisdiction’s commitment to supporting harm reduction services, and (2) to understand these policy frameworks in relation to (a) key stakeholders from each province and territory, (b) media portrayals of harm reduction in each jurisdiction, and (c) public opinions about harm reduction services. The Node has developed a knowledge exchange section for CHARPP on its website, facilitating access to academic papers and technical reports describing harm reduction policies in each Canadian province and territory (see [www.crismprairies.ca/charpp/](http://www.crismprairies.ca/charpp/)).

**b) In Table 13, please indicate the number of research contributions and products.**

**Table 13:**

Knowledge Translation from April 1, 2017 to March 31, 2018											
Number of Research Contributions:	Network/OPTIMA		BC		PRAIRIE		ON		QA		
	Pub'd	Sub'd	Pub'd	Sub'd	Pub'd	Sub'd	Pub'd	Sub'd	Pub'd	Sub'd	
Peer-Reviewed Publications					14	2					
Books					0	0					
Conference Presentations					63	0					
Conference Abstracts					40	0					
Guidelines					0	0					
Other Reports					1	0					
<b>Public Outreach and Media Coverage</b>											
Presentations (not incl. above)					32						
Newspaper					63						
TV/Radio					41						
<b>TOTAL</b>					136						

**c) Please describe the extent to which research knowledge has been integrated into the planning and development of treatment services**

**Table 14:**

NETWORK			
BC	PRAIRIE	ON	QA
<p>The Prairie Node has been engaged in activities to disseminate the <i>CRISM National Guideline for the Clinical Management of Opioid Use Disorder Treatment</i> to stakeholders throughout our region. These activities include identification of key stakeholders in the 3 Prairie provinces (AB = 38, SK= 15, MB = 21) and the 3 Territories (NT = 7, YK=4, NV=4), development of information letters and KT materials, and dissemination of the letters electronically. Follow up activities included engaging with stakeholders to provide more information or to strategize how CRISM can support implementation of the guidelines.</p> <p>CRISM   Prairies has brokered uptake of the national guideline through its knowledge exchange activities. Specifically, Alberta Health Services has incorporated the guideline recommendations into all 7 of the modules of their <i>Alberta Opioid Dependence Treatment Training Program</i>. As a prioritized component of the Alberta Opioid Dependency Treatment (ODT) Providers' Mentoring Network, a sustainable <b>ODT virtual training program</b> is being created that meets the accreditation requirements of the Royal College of Physician &amp; Surgeons of Canada and the College of Family Physicians of Canada and is approved by the College of Physicians &amp; Surgeons of Alberta to satisfy the standard related to direct supervised training following an approved ODT core course. The objective of this program is to establish an Alberta owned ODT training program which provides inter-professionals with a comprehensive knowledge base for treating opioid use disorder. This program is intended to be in use by Fall 2018 and is intended to provide education to Alberta health care professionals who specialize in OUD treatment, including physicians, nurses, and pharmacists. Alberta Health Services has requested that these training program materials be housed on the CRISM Prairies website. In addition, the Alberta College of Family Physicians is in discussion with the Prairie Node about adapting the guidelines for family physicians who are not experts in treating opioid use disorder. Finally, we are collaborating with the University of Calgary Department of Family Medicine to incorporate OAT for OUD into their curriculum.</p> <p>We are also pleased to report that CRISM's Guideline recommendation that buprenorphine/naloxone be utilized as the first line of treatment for OUD has already been implemented in many clinics and by physicians in Alberta into their practice, including Alberta Health Services detox facilities, emergency rooms, and the Calgary Corrections Centre.</p> <p>Project Engage has also had direct impact on service providers in that in the first phase of this project an education module was used to train 47 staff members in the theory and practice of contingency management at 4 treatment sites in Alberta and 1 in Saskatchewan.</p>			

**d) Please provide evidence regarding the extent to which treatment systems and services have improved prevention, negative consequences of use, and innovative approaches to treatment and rehabilitation.**

**Table 15:**

NETWORK			
BC	PRAIRIE	ON	QA
Numerous health care agencies in the Prairies have or are in the process of promoting buprenorphine/naloxone as first line treatment of OUD. Other innovative activities are also being planned or rolled out, including implementation of slow release oral morphine and injectable opioid agonist treatment.			

e) Please describe any additional KT activities or highlights.

Table 16:

NETWORK			
BC	PRAIRIE	ON	QM

NETWORK			
BC	PRAIRIE	ON	QM

**10. INCLUSION OF SEX AND GENDER**

a) How has the Network implemented the [Policy on Sex and Gender in their research](#)? Specifically, did the Network identify any sex and/or gender differences that inform on the prevention and treatment of substance misuse?

**11. ETHICS, LEGAL AND SOCIAL**

**a) Have the Nodes, the Network or OPTIMA encountered any ethical, legal and social challenges when interacting with partners, end users, knowledge users and/or the community and what has your node done to mitigate these challenges?**

**Table 18:**

NETWORK			
<input type="checkbox"/> Yes Please describe:			
<input type="checkbox"/> No			
BC	PRAIRIE	ON	QA
<input type="checkbox"/> Yes Please describe:			
<input type="checkbox"/> No	<input checked="" type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

**12. GOVERNANCE**

**a) Please briefly describe any changes to your Node's governance structure and associated committees.**

**Table 19:**

NETWORK			
BC	PRAIRIE	ON	QM

The Prairie Node has changed individual members of our NEC such that Karen Turner is our PLE representative and Sheri Fandrey is our KU representative.

We are also forming advisory groups for our various stakeholders (including service providers, decision makers, PLE/advocacy) including developing Terms of Reference for each.

### **13. ADDITIONAL COMMENTS**

**Please add any additional comments that are relevant to the analysis of the information provided within this report.**