

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. CRISM Nodes will provide an update on the Implementation Science Program in September, 2019,

This report is to be submitted by July 29th, 2019 to Heather.Mustoe@cihr-irsc.gc.ca. Due to Treasury Board requirements, the Nodes and Network will submit a list of publications by April 4, 2019. For this reporting period, publications will date back to the funding start date of December 1, 2014 and go until December 31, 2018. If possible the template provided in Table 5 will be used.

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 Canadian Drugs and Substance Strategy, which identifies information required by the Treasury Board Secretariat of Canada

CANADIAN RESEARCH INITIATIVE IN SUBSTANCE MISUSE	
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 bold and underline this information.	
1. PERFORMANCE REPORTING PERIOD	
Fiscal Year: 2018-19	
2. REPORT PREPARATION	
Please indicate who prepared this report, including contributors and what information sources were used.	
Report Leads	Name, title, telephone #, e-mail BC Node Evan Wood, NPI; evan.wood@bccsu.ubc.ca; 778-945-7616

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Contributors	<p>Name and Title</p> <p>BC Node Shirley Wong, Node Manger Kelsey Van Pelt, Project Coordinator</p> <p>Prairie Node Denise Adams, Node Manager Colleen Dell, PI David Hodgins, PI Barb Fornssler, KTE Coordinator</p> <p>Ontario Node Farihah Ali, Node Manager Tara Elton-Marshall, PI</p> <p>Quebec-Atlantic Node Aïssata Sako, Node manager Jennifer Swansburg, Atlantic Coordinator Choi Man (Alice) Lam, Senior Research officer & Node EHT Projects Coordinator Dorline Sokoundjou, Research Officer Didier Jutras-Aswad, Lead Regional PI, OPTIMA Paméla Lachance-Touchette, Cannabis initiatives Project manager</p> <p>National OPTIMA Research team Didier Jutras-Aswad (Lead Regional PI) Jill Fikowski, National Research Coordinator Aïssata Sako, National Logistics and Operations</p>
List information sources used to prepare the report	Please identify all sources that were used:

Please refer to individual node appendices for details

- Application
- Work Plan
- Publications (specify, ISBN #):
- Research (specify & attach reports):
- Consultations (specify & attach reports)
- Evaluation Results (specify & attach reports)
- Other (specify):

3. DELIVERY

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?

Network

OPTIMA

The trial has experienced an increase in recruitment/enrolment rates. All sites are currently enrolling at an average of 3-5 participants per month. Both the Investigative team and the Data and Safety Monitoring Board are carefully monitoring the study progress to ensure that all recruitment efforts are continued across sites and a close eye is kept on performance and site engagement. Sites are working hard to employ all possible recruitment methods, create new methods for recruitment that are specific to the local population, and work closely with community organizations, peer research assistants and navigators to help facilitate efforts and engage the local communities.

After careful consideration and discussion with trial leadership, the trial end date has been extended and is now projected for October 2020. One under-performing site in Alberta was shut down (Edmonton) and resources reallocated to support recruitment at the Calgary site which is performing exceptionally well.

National OUD Treatment Guidelines Supplementary Projects

The Health Canada funded scoping review of psychosocial interventions for OUD deliverable date has been extended to 2019.

OPTIMA	BC Node	Prairie Node	ON Node	QA Node
<input checked="" type="checkbox"/> Yes Please describe: See above	<input type="checkbox"/> Yes Please describe: <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Please describe: <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes Please describe: Change in NPI	<input type="checkbox"/> Yes Please describe: <input checked="" type="checkbox"/> No

b) Please indicate your major tasks and deliverables you expect to achieve from April 1, 2019 to March 31, 2020.

Network

Network

- CRISM will continue to host panels at provincial and national meetings/conferences to raise awareness and disseminate CRISM research and activities. These included presentations to Health Canada April 19 and July 11, 2019; future presentations will be made at the CSAM annual meeting October 24-27, 2019 and the CCSA Issues of Substance conference November 25-27, 2019;
- Continue to meaningfully engage and build partnerships with Indigenous organizations and communities, service providers, and policymakers;
- Support and further the involvement of people with lived/living experience (PWLE) of substance use (see section 8 for specific details);
- Continue regular communication and consultation with Health Canada to coordinate Network priorities in relation to Federal priorities and strategies;
- Capitalise on network growth and capacity building, including targeted outreach to various stakeholders;
- Explore opportunities for initiating new clinical and implementation science trials;
- Support the development of CRISM 2.0;
- Support the development of a Canadian Drugs Observatory.

National OUD Treatment Guidelines (NOG)

Continue KT activities for CRISM's *National Guideline for the Clinical Management of Opioid Use Disorder*. This includes: dissemination of the guideline and summary materials to service providers, regulatory bodies, policymakers, and the general public; participation in development of regional guidelines as needed; production of documentation that facilitates access to the guideline recommendations and methodology; building relationships with strategic partners; and development of additional materials or supplements to address specific populations or medications. Examples of KT activities include:

- On June 5th, 2018, Dr. Julie Bruneau presented the guideline at the Pan Canadian Physician Opioid Collaborative, which provided an opportunity to discuss needs and potential future steps for improving care with representatives of the Royal College, College of Family Physicians and Canadian Medical association;
- Dr. Ron Lim (Prairie Node member and OPTIMA regional PI) recorded a YouTube webinar to be used to inform clinicians about the guidelines. The link to the webinar is: <https://www.youtube.com/watch?v=94tXxLWRNBg&feature=youtu.be>;
- Complete CRISM's scoping review of the role of psychosocial interventions in the treatment of opioid use disorder.

Lower Risk Cannabis Use Guidelines (LRCUG)

Continue KT activities for the LRCUG including continued work with regional and national stakeholders to support the dissemination and endorsement of the guidelines; continue to present the LRCUG products at conferences with governmental and non-governmental stakeholders; develop and publish a 'public health index' for cannabis legalization to allow for monitoring and evaluation of the effects of legalization in Canada; ongoing provision of scientific evidence and input to key national and other government stakeholders e.g. Health Canada, the Public Health Agency of Canada (PHAC); and dissemination of the (a) revised plain language KT brochure, (b) 'by youth for youth' KT resource, (c) PHAC knowledge mobilization tools that aim to equip public health professionals with information and training materials to implement the guidelines (postcard, poster, FAQ sheet, evidence brief, small poster, webinar).

Emerging Health Threat Implementation Science Program (EHT)

Over the past year, all twelve projects have established leadership and working groups, developed and initiated work plans, and begun to yield deliverables. Leadership and working groups have intentionally solicited participation from CRISM members in each node, as well as in each province (where possible for nodes representing multiple provinces). Without exception, each of the 12 teams has fully engaged its various members and allocated tasks according to member strengths and interests, maximizing efficiency and capacity for rapid development and dissemination of deliverables. Details of these projects will be expanded on in subsequent sections of this report as well as in the EHT report to CIHR, which is due in September 2019.

OPTIMA	BC Node	Prairie Node	ON Node	QA Node
<ul style="list-style-type: none"> • Increase enrollment rates across sites, through the addition of a new clinical site, increasing staff allocation of hours across underperforming sites, re-evaluate recruitment targets per site. • Finalize and distribute the OPTIMA Authorship & Publication document. • Identify a CRISM wide data-sharing platform to increase collaborative and scientific capacity nationwide. 	<ul style="list-style-type: none"> • Further develop and implement the British Columbia (BC) Node of CRISM as a core research node within the host centre and university • Continue to contribute to the recruitment and completion of the OPTIMA study • Continue to lead the 3 BC based Emerging Health Threat (EHT) projects and contribute to the 9 other projects across the network • Continue to advance node-based demonstration projects and additional research studies supported by CRISM. • Leverage the CRISM infrastructure to support the development of graduate students and other research trainees • Collaborate with the College of Physicians and Surgeons of BC (CPSBC) to implement new policies and 	<ul style="list-style-type: none"> • Complete Project Engage Phase II (a Node Demonstration project); • Complete development and launch the Screening, Self-management, and Referral to Treatment (SSMRT) online platform (a Node Demonstration project); • Expand and continue data collection with AUDEAMUS Service Dog and Opiate Use Disorder study (a node demonstration project). • Publish and disseminate the results of a systematic scoping review of the role of psychosocial interventions in the treatment of OUD; • Publish and disseminate the results of a scoping review of methods for evaluating the quality of addiction and mental health mobile apps; • Complete a series of dashboards to visualize substance use data from Canadian Student Tobacco, Alcohol, and Drugs Survey and Alberta university surveys of substance use; • Continue CRISM-AHS Analytics program; 	<ul style="list-style-type: none"> • Further identify research priorities among Ontario Node members through ongoing collaboration and engagement • Launch community-competition program: support the development and scale-up of up to five independent community-based projects (tentative upon approval from CIHR) • Continue to contribute to the recruitment and completion of the OPTIMA study • Continue to advance and complete 6 existing demonstration projects • Develop new demonstration projects • Continue to support and develop: 'Addiction Treatment 	<p>Strengthen our clinical research infrastructure</p> <ul style="list-style-type: none"> • Meet OPTIMA recruitment, enrollment targets • Promote clinically relevant and evidence based change models • Support staff clinical skill acquisition • Contribute to submission and presentation of OPTIMA publications • Launch a CRISM /CTN investigator-initiated Montreal-Miami RCT (M²HepPrEP), enroll 1/3 of 250 targeted sample and publish protocol in peer reviewed journal • Support the development of the Team Grant (Cannabis Research in Priority Areas)-entitled "Developing Innovative Treatments for Cannabis Use Disorder" submitted in collaboration with the Ontario node <p>Facilitate alignment between CRISM EHT and HC SUAP projects</p> <ul style="list-style-type: none"> • Continue to facilitate the 3 EHT working groups

	<p>procedures due to s.56 removal</p> <ul style="list-style-type: none"> • Use CRISM infrastructure to support development of a national clinical guideline for alcohol use disorder • Continue enrolment and data collection for CRISM supported observational studies of substance using populations • Finalize and implement recommendations on nurse-led models of care in substance use • Continue enrolment for the CRISM supported clinical trial on slow-release oral morphine (SROM) • With CRISM infrastructure support, initiate a new clinical trial on psilocybin (PRIME) • Via the BC CRISM Node network, continue partnerships with people who use drugs (PWUD), family members, and recovery stakeholders • Continue to increase BC CRISM Node membership with persons with lived experience (PWLE) including those in recovery 	<ul style="list-style-type: none"> • Complete 7 existing and 3 new node development projects; • Publish and disseminate results from the Node-affiliated CoMRAD project: <i>Understanding the nature of Saskatoon’s evolving opioid crisis</i>; • Publish and disseminate results 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; • Continue to conduct the OPTIMA trial in 1 site in Alberta; • Continue to facilitate 3 EHT projects: (1) Treatment of Opioids in Psychosocial and Recovery-based Programs, (2) Sharing Knowledge and Generating New Evidence to Support Implementation of Supervised Consumption Services in Canada, and (3) Opioid-Agonist Therapy (OAT) Treatment Protocols/Standards/Strategies for Community-Based and Residential Treatment Centres Who Serve First Nations Clients Who Misuse Opioids; • Continue to contribute to the other 9 EHT projects 	<p>as Prevention’: An Innovative Global Strategy To End the Opioid Overdose Epidemic</p> <ul style="list-style-type: none"> • Leverage the CRISM infrastructure to support the development of graduate students and other research trainees • Continue expansion of Node membership and ensure geographical representation within the Node (i.e. focus on Northern communities, Ottawa) • Continue knowledge translation activities through conference presentations, CRISM booths, workshops and webinars • Continue to facilitate and lead 3 EHT projects: (1) Naloxone Distribution Project, (2) Detoxification and Withdrawal Management Project, and (3) Corrections Projects • Continue to contribute to the 9 	<p>coordinated through our node 1) OAT initiation in ED 2) Drug checking 3) Youth and New User prevention</p> <ul style="list-style-type: none"> • Align Quebec SUAP and EHT Withdrawal management projects (TOPPS, WDM, <i>Gestion du sevrage</i>) • Complete SUAP Emergency departments (ED)bup/naloxone initiation and naloxone dispensing in 3 ED in QC (SuboxED); • Support implementation of technology-based psychotherapeutic interventions for cannabis use disorder in young adults projects and patient preference projects (Projets DJA) • Support le <i>Programme Triennale de recherche sur la prévention du cannabis et de ses effets sur la sante of the Ministère de la sante et des services sociaux du Quebec</i> (MSSS) – (PI D.Jutras-Aswad – see appendix) • Support scale up applications of 2 node demonstration projects • Leverage data collection, analysis of existing cohorts, facilitate funding application, publication plan and abstract submissions.
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		<ul style="list-style-type: none"> Continued development of Node advisory groups; Financial support for PLE groups in Manitoba; Continue to build CRISM network (i.e. focus on local meetings w groups in cities such as Grand Prairie, Regina, Yellowknife to assist with building local networks and programs). 	<p>other EHT projects across the network</p> <ul style="list-style-type: none"> Continue to disseminate the LRCUG products widely Continue in depth collaborations with two community stakeholders: Toronto Public Health and Addictions and Mental Health Ontario (AMHO) Continue to advance additional research supported by CRISM. Characterize the clinical profiles of clients and examine temporal trends in treatment of methamphetamine-related problems through Ontario's publicly funded addiction treatment systems. Further engage with First Nation communities in the development and implementation of projects and interventions. <p><u>Publications</u></p>	<p>Elevate research development program and leverage working groups</p> <ul style="list-style-type: none"> Complete and continue to support the 8 RDP funded projects Launch the 4th edition of the research development program (RDP) Fund upwards of 5 emerging and promising proposal on Indigenous and Women's addiction health concerns. Consultation and secondary analyses within cohorts to inform research and interventions on methamphetamine/stimulant misuse Capitalize and leverage consultation and secondary analyses within cohorts to inform research and interventions on methamphetamine/stimulant misuse Increase RDP submissions from PWLE, facilitate access to the application and coordinating core availability for application support from PWLE Fund a 3rd RFO with Quebec mood disorder and suicide research network (RQSHA) centered on mental health and addiction Fund medical resident-initiated projects through the substance misuse and
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			<p>10 publications submitted including 2 Lancet publications</p>	<p>Medical Co-morbidities node working group</p> <ul style="list-style-type: none"> • Develop a patient engagement knowledge translation tool with Quebec Pain Research network. <p>Impactful publications, knowledge dissemination and strategic collaboration with other addiction networks</p> <ul style="list-style-type: none"> • Participate in <i>The Forum international de santé publique sur le Cannabis</i> in Quebec city • Disseminate and publish results of the demonstration and RDP projects • Continue to build the network in Atlantic Canada - 2 day symposium in PEI in November 2019. Engage 80 to 100 members • Leverage KT expertise for partnership with INHSU 2019 to organize satellite community forum September 10 2019. • Continue to support scientifically and policy relevant publications from our members <p>Policy, education and impact assessment</p> <ul style="list-style-type: none"> • Ongoing work with the “<i>Collège des médecins du Québec</i>” on provincial OUD guidelines
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				<ul style="list-style-type: none"> • Scale-up training program for HCV care within addiction treatment units, with active involvement of indigenous partners. • Collaboration with the Paramedic association of Canada on Paramedic Substance Use and Addiction Program- Addressing the Paramedic response to opioids • Implement impact and reach assessment of the National opioid guidelines with the other 3 nodes • Leverage node infrastructure to develop a node training program in areas related to substance use <p>Community, Indigenous, and peer engagement</p> <ul style="list-style-type: none"> • Work with the University of Montreal Health Center (CHUM) on a telemedicine project to support health and addiction care in remote Indigenous communities, in partnership with Health Canada and Quebec government (Well-Being project) • Support the growth and activities of the Indigenous Working Group within the node • Support the growth of the Substance Use Network of
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				<p>the Atlantic region (UNAR Partnership-SUAP application)</p> <ul style="list-style-type: none"> • Increase community advisory board membership, Harm reduction best practices at KT events organized by the node <p>Governance</p> <ul style="list-style-type: none"> • Complete Atlantic Advisory board membership with NL and PEI representation
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4. NARRATIVE SUMMARY OF PROJECTS AND KEY ACCOMPLISHMENTS OF NETWORK & NODES

a) Summary of key accomplishments from March 31st, 2018 to April 1st, 2019 that demonstrate how the Network and each Node, through the scope of funded projects, has met the CDSS goals of:

NETWORK

Preventing problematic drug and substance use (250 words)

CRISM activities that supported this CDSS goal include several EHT projects, including: the PWLE Engagement Project and At-risk Youth and Newer Users Project. Other CRISM activities supporting this goal included LRCUG production and dissemination of education and prevention materials. OCRINT partnered with PHAC to ensure that public health officials have the evidence-based knowledge exchange products they need on public health risks and harms. Credible and evidence-based public education, prevention and guidance will be critical elements to effectively prevent and reduce cannabis-related risks and harms. As such, this project developed and implemented tools, resources and training materials on the evidence and recommendations of Canada's LRCUG. OCRINT developed a variety of knowledge mobilization tools including: Poster (bilingual), Postcard (bilingual), FAQ sheet (bilingual), Evidence Brief (bilingual), and national webinar (bilingual).

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

CRISM assisted with this CDSS goal by providing ongoing support for several harm reduction agencies and conferences. Three EHT projects directly addressed this CDSS goal, including *Supervised Consumption Services*, *Drug Checking*, and *Naloxone Distribution*. CRISM's EHT naloxone distribution project recently released its environmental scan that shows that over 590,000 naloxone kits have been distributed from more than 8,700 distribution sites across Canada. More than 61,000 kits were reported to have been used to reverse an opioid overdose between 2012 and 2018.

CRISM's LRCUG have been an essential evidence-based population-health prevention tool for cannabis use and health risks/harms, especially in light of legalization. The LRCUG have been implemented by national/provincial governments and local health and addiction agencies, as well as national/provincial government agencies. To date, the scientific publication is among the top 5% of all research outputs scored by Altmetrics. The KT materials (brochure and youth developed product) are available for purchase on the Centre for Addiction and Mental Health (CAMH) store. Since it has been available, it has distributed: The Blunt Truth: Useful Tips About Ways to Use Cannabis (English: 34,725 copies, French: 6,075 copies) and 10 Ways to Reduce Risks to Your Health When Using Cannabis (English: 35,500 copies, French: 9,950 copies) for a total of 86,250 distributions as of March 31, 2019.

Supporting innovative approaches to treatment and rehabilitation (250 words)

CRISM supported this CDSS goal through continued conduct of the OPTIMA trial and ancillary studies (recruitment is currently at 66% (182 of our target of 276 participants)). Several EHT projects directly address this goal, including: *Treatment of Opioids in Psychosocial and Recovery-based Programs*, *Opioid-Agonist Therapy (OAT) Treatment Protocols/Standards/Strategies for Community-Based and Residential Treatment Centres Who Serve First Nations Clients Who Misuse Opioids*, *Expanding Access to Nurse-Led Models of Care*, *Injectable Opioid Agonist Treatment, Detoxification and Withdrawal Management*, *Correctional Populations*, and *Expanding Access to OAT Initiation: Buprenorphine/Naloxone Rapid Access in Emergency Departments*.

This CDSS goal was also addressed via continued production and dissemination of NOG KT materials as well as completion of the NOG supplementary projects including the economic review of OUD treatment (led by the Ontario node). A report entitled "A General Overview of Economic Studies and Data on Treatment Interventions for Opioid Use Disorder" was submitted to Health Canada in Summer 2018 (see Ontario Node appendix). The report concluded that studies consistently presented conclusions that treatment for OUDs, compared to no treatment/intervention, is beneficial from an economic perspective, as is OAT over other treatment options. However, the limits of specific study samples or settings and treatment options available restrict the cross-study inferences or generalizability of cost-effectiveness of treatments. Further, diverse measurements of societal costs or willingness-to-pay thresholds adopted in the studies do not allow for inter-study comparisons. In Canada, a recent shift in the OUD population toward non-medical prescription opioid use could have implications for less intrusive/costly interventions or treatment than those previously used for conventional 'illicit' opioid (i.e., heroin) users; there remains a gap in research in this area. Many recent studies identified in this review did not involve Canadian samples, or assessed newly developed treatment options not available in Canada. Clinical feasibility, effectiveness and economic outcomes of OUD treatment as they relate to Canadian populations require further attention.

BC Node

Preventing problematic drug and substance use (250 words)

The BC Node is leading the publication and release of two complementary documents (Clinical Guideline and the Operational Guidance) that comprise the National iOAT Guideline. The Clinical Guideline provides a brief overview of evidence supporting the use of injectable opioid agonist treatment (iOAT) for the management of opioid use disorder (OUD) followed by in-depth clinical guidance for iOAT treatment. The iOAT Operations Guidance provides guidance on implementation, operation, and evaluation of iOAT programs. The Clinical Guideline and the Operations Guidance are living documents that will be updated regularly to reflect changes in evidence, policy, and practice.

In October 2018, the BC Node hosted a meeting for nurses across the country during the Canadian Society of Addiction Medicine (CSAM) Conference. Members of the Leadership Group for the CRISM EHT project Nurse-led Models of Care met to discuss the findings of the projects scoping review, and to prioritize recommendations that would be put forward alongside the report. These recommendations will aim to support the uptake of best practices for optimizing the use of nursing professionals in substance use care that have the potential to increase the efficiency of treatment for those experiencing problematic drug and substance use. The BC node also hosted its first annual conference in collaboration with the host centre and the University of British Columbia.

As a note, the BC Node places the majority of its efforts on expanding innovative treatment and reducing harm in the context of the escalating crisis of overdose deaths. Our main priorities are focused on prevention of deaths and drug-related harms, rather than prevention of first use.

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

In February 2019, the BC Node and host centre released a report (*Heroin Compassion Clubs: A Cooperative Model to Reduce Opioid Overdose Deaths & Disrupt Organized Crime's Role in Fentanyl, Money Laundering & Housing Unaffordability*) proposing a model for legally regulated heroin sales in BC to address the fentanyl-adulterated drug supply. The model uses a cooperative approach restricting heroin to members who could buy personal amounts, legally, from a pharmaceutical manufacturer. Scientific evaluation would assess impacts on reducing fentanyl deaths and the undercutting of organized crime.

At the request of the Ministries of Health and of Mental Health and Addictions, the host centre and CRISM launched development of an updated Provincial Guideline for the Clinical Management of High Risk Drinking and Alcohol Use Disorder during 2018. The guideline has been approved by the interdisciplinary guideline oversight committee, and has been circulated to the aforementioned Ministries for endorsement prior to release, which is planned for September 2019.

Following the pilot implementation and evaluation of a drug checking program in October, 2017 by the BC Node, the host centre has since purchased two additional Fourier Transform Infrared (FT-IR) spectrometers in April, 2018 due to increased demand for this service. As of March 31, 2019, over 2,700 FT-IR tests have been completed. Information on particularly dangerous batches of street drugs is still released to the public through Vancouver Coastal Health's Real-time Drug Alert & Response network and results are shared with key provincial public health partners. From March 15th to April 26th, 2019, a drug checking pilot project was run outside of Vancouver's downtown eastside to expand access to other communities in BC.

Supporting innovative approaches to treatment and rehabilitation (250 words)

The BC Node and host centre are spearheading a leading-edge project in the St. Paul's Emergency Department (ED), in collaboration with the Vancouver Coastal Health Research Addiction Program. It will provide opioid overdose patients with take-away doses of treatment when discharged. This program is a first in Canada in terms of its low-barrier approach with an emphasis on pre-prepared, to-go packs, easy-to-understand instructions, and a well-defined follow-up care plan. As a part of this initiative, patients are provided with a take-home supply of Suboxone from the ED. A focus of this project is to reduce as many barriers as possible to get high-risk patients started on treatment, stabilized, and then engaged in follow-up care. This pilot will be evaluated by the BC Node members to assess the impact on overdoses, hospital visits, mortality, and engagement in care. The CRISM EHT program is also supporting a national survey of emergency department physicians and patients to better understand barriers to scaling up this model of care. If the project is successful at St. Paul's, it could be expanded to include other patients in the ED that are identified as having opioid use disorder. Eventually, this model could be adopted by all EDs in the province.

In February 2019, the Addiction Care and Treatment Online Certificate was formally launched by the host centre to replace the Online Addiction medicine Diploma. The certificate is still a free, CME-accredited, online course targeted at healthcare professionals interested in learning about treatment options for all types of addiction.

Prairie Node

Preventing problematic drug and substance use (250 words)

The Prairie Node supported 6 research projects dealing with this CDSS objective. 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) Development and Dissemination of Podcasts on Addiction Topics; (5) Informing Choices - Cannabis Information Hub; and (6) the CRISM Data Visualization project.

Regarding knowledge exchange, CRISM | Prairies provided bronze level sponsorship (\$250) for the Pain and Therapeutics conference hosted by the College of Medicine at the University of Saskatchewan (October 20, 2018) and hosted a table to share information about node activities, increase membership, and ensure

knowledge dissemination and uptake. Dr. Dell has been involved in the “Can Your Cannabis” campaign that took place at the University of Saskatchewan as well as production of door hangers targeted at university students that promote the Lower Risk Cannabis Use Guidelines or Canada’s Low Risk Drinking Guidelines. Materials are available at: <http://www.colleendell.ca/artwork/>

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) *Corrections in the Time of the Opioid Crisis*; (7) *Naloxone Smart Patch Development*; (8) *Take Home Naloxone in the Royal Alexander Hospital Emergency Department*; and (9) *Safe Consumption Evaluation for Winnipeg*.

CRISM | Prairies provided direct support to harm reduction advocacy and PWLE as part of its community engagement activities. Specifically, node staff 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) as well as with the Canadian Association of People Who Use Drugs (CAPUD) (i.e. CRISM Prairies hosted a connections meeting and social mixer attended by approximately 35 people for PWLE at the Stimulus conference, hosted in Edmonton AB October 3-5, 2018). 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.

The Prairie Node is also facilitating the EHT project titled “*Sharing Knowledge and Generating New Evidence to Support Implementation of Supervised Consumption Services in Canada*” which developing guidance documents for supervised consumption sites.

Supporting innovative approaches to treatment and rehabilitation (250 words)

The Prairie Node addressed this CDSS goal by supporting 8 research projects related to this CDSS goal. Brief descriptions are provided in Table 4, and include: (1) *Project Engage*; (2) *the Veteran’s Opioid Project*; (3) *the CoMRAD project*, (4) *Piloting the Addition of Contingency Management to Best Practice Counselling as an Adjunct Treatment for Rural and Remote Disordered Gamblers and Substance Users*; (5) *Adaptation of Contingency Management to an Adolescent Treatment Setting*; (6) *Improving Success of the Methadone Clinic in Prince Albert, Saskatchewan*; (7) *Scoping Review of Evaluation Methods for Addiction and Mental Health Mobile Applications*; and (8) *the CRISM – Alberta Health Services analytics in substance use project*.

Regarding knowledge exchange, the Node is leading the project entitled *Scoping review of psychosocial interventions in the treatment of opioid use disorder*, which has been supported in part by OPTIMA funds; as well as a project reviewing treatment for cannabis-related first episode psychosis (Table 4). In addition, Dr. Dell’s work has contributed to informational materials on recovery including those produced by the Saskatchewan Health Authority and Canadian Centre on Substance Use & Addiction. Materials are available at: <http://www.colleendell.ca/artwork/>

The Prairie Node is also supporting one site for the OPTIMA trial (Calgary) and is facilitating two EHT projects examining treatment for OUD “*Treatment of Opioids in Psychosocial and Recovery-based Programs*” and “*Opioid-Agonist Therapy (OAT) Treatment Protocols/Standards/Strategies for Community-Based and Residential Treatment Centres Who Serve First Nations Clients Who Misuse Opioids*”.

ON Node

Preventing problematic drug and substance use (250 words)

OCRINT supported the inception and development of 6 demonstration research projects dealing with prevention of problematic drug and substance use.

OCRINT engaged extensively with the community to gather feedback and perspectives on research priorities to inform OCRINT research and projects. From November 2018 to January 2019, the team conducted both face-to-face and over-the-phone interviews, in addition to one focus group, with OCRINT members, including PWLE, service providers, policy makers (e.g. MOHLTC personnel), and researchers. The interviews were very positive and we received valuable feedback on future directions and research priorities for the Node.

Based on Selection Clarivate Analytics (ex Thomson Reuters) Dr. Rehm has been listed as a highly Cited Researcher (top 1% globally in discipline as measured over impact in the past year). Dr. Rehm is also the main speaker at the Centre for Addiction and Mental Health (CAMH) for alcohol policy and cannabis policy.

Evidence-based knowledge translation work with the National Youth Advisory Council and the Margaret and Wallace McCain Centre for Child, Youth and Family Mental Health (CAMH) for prevention material for youth. The 'by youth, for youth' developed guide provides science-based facts on cannabis, using a conversational tone to explain the health and safety risks of cannabis and 10 recommendations to reduce these risks based on Canada's LRCUG. The product is in the form of a pocket-sized guide called *The Blunt Truth*. Since the release of the product, the youth team has been invited to present at several conferences alongside OCRINT members. The product has been available for purchase online at the CAMH store and since its availability in October 2018, we have distributed 34,725 copies in English and 6,075 copies in French (n=40,800).

Dr. Rehm has also been invited to present presentations related to the prevention of problematic drug and substance use at the 41th meeting of the WHO Expert Committee on Drug Dependence in Geneva, Switzerland.

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

The Ontario Node partnered with the Ontario College of Family Physicians and hosted a webinar in French and English on ways physicians can help reduce the health risks and harms for patients when it comes to cannabis use (registration was capped at 140 participants). The webinar explored recommendations from the LRCUG, with special focus on the continuum of health interventions for cannabis general prevention or abstinence, targeted prevention or harm reduction, and tertiary prevention or treatment.

The by youth for youth LRCUG product, Blunt Truth has been an extremely important and popular resource to support the reduction of negative consequences related to cannabis use. The team has been invited to present at several conferences targeting different youth audiences.

Based on the NODUS project, which focused on drug use and service utilization among young users, and identified characteristics of drug use to inform systems in remote areas of Ontario, a protocol was developed and published. Community specific reports were provided to each participating community as well, to provide community partners with the results of the project.

The Ontario Node has been collaborating with Toronto Public Health to assess the utilization of supervised consumption services in Ontario. The OCRINT team will extract data from each site in Toronto to ascertain basic indicators of service utilization: number of patients seen, number of overdoses reversed, number of staff, and number of consumption booths and types of services. This information will be mapped to identify where service utilization patterns are highest. This project will provide the basis for identifying whether additional sites may be beneficial in particular areas to reduce burden and reduce the negative consequences of use.

Supporting innovative approaches to treatment and rehabilitation (250 words)

The Ontario Node is supporting two sites for the OPTIMA trial Ontario (Toronto and Sudbury). The OPTIMA trial provides important additional evidence on the feasibility and effectiveness of different therapeutic systems options for prescriptions opioid disorders.

The NODUS project publication provided important input and insights into developing and implementing more effective addiction-based treatment programs and services for youth and young adults living in remote/non-urban settings.

The Ontario Node of CRISM, through the EHT program, led the development of a national environmental scan on Naloxone distribution in Canada, which was publically released in June 2019. The scan consolidates and maps existing practices and management of opioid overdoses and naloxone distribution across Canada. It aims to ascertain barriers to distribution in order to inform current practice, improve access, and help policy makers and stakeholders make informed decisions in responding to the opioid crisis in Canada.

Treatment interventions for opioid use disorder consist mainly of long-term as first-line response options. There are other therapeutic interventions which, for various reasons are offered or practice in Canada referred to as 'detoxification/withdrawal management' approaches. Overall, evidence-based guidance on these approaches is currently limited, which the project aims to improve. As such, the EHT Detoxification and Withdrawal Management project is conducting a comprehensive environmental scan of current institutional practices and information/evidence-needs to detoxification and withdrawal management services for opioid use disorders across Canada. Furthermore, the project also aims to develop an opioid detoxification/withdrawal management 'best practice' document.

QA Node

Preventing problematic drug and substance use (250 words)

In 2018-2019 the QA node research development program (RDP) grew to 8 funded projects with 3 new proposals supported (\$33,250.00 awarded). Projects supported prioritized preventing substance related disorders:

#1: " Treatment of Depression in Individuals with Opioid Use Disorder: A Randomized Placebo-Controlled Trial" (Jutras-Aswad). This project aims to assess response of depressive symptoms to Desvenlafaxine or DESV (combined with adapted, non-pharmacological interventions) among opioid-dependent individuals on OAT, and to include examining remission of depressive symptoms and changes in absolute scores of depressive symptoms.

#2: "Opioid Use Following Opioid Prescription for Non-Specific Low Back Pain in Nova Scotian Emergency Departments" (Hayden). This project aims to collect and assess descriptive data, solidify the team, and refine a protocol for developing a decision support tool to inform appropriate opioid management for acute low back pain in the ED setting.

#3: "Substance use cessation therapies for those at risk in early intervention services for psychosis: Research protocol Development" (Tibbo). The aim is to create a new multi-site research protocol to be used for a larger grant submission, which would examine the effectiveness of a staged approach to substance use treatment in Early phase psychosis (EPP).

SuboxED project was instrumental in OAT initiation into mandatory trainings (93 ED providers trained) and including Naloxone as part ER covered prescription. Correlation between substance use, addiction and cannabis trends in youth and exposure to social media and use of technology research were instigated by several researchers including P. Conrod and A. Guichard catalyst grant applications on those topics.

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

HIV / HCV prevention highlights: 1) initiated the "M² HepPrEP trial' with CTN (USA) nodes, the QA secured collaborations with Public health authorities and harm reduction sites to provide access for the integrated care model at study. Node secured PrEP and HCV treatment drugs for all trial participants during the trial, reducing the negative consequences associated with costs and limited access in Montréal and Miami to these treatments. The node promoted integrated care models, implementation assessment and evaluation model and secured research, training and implementation research collaboration key to achieving WHO HCV and HIV prevention goals. 2) Bruneau, Roy, Jutras-Aswad, Sylvestre published and disseminated peer-reviewed publications (see Appendix), to inform on strategies to reduce HCV transmission, increase access to hepatitis and primary health care among people who use drugs. Mark Asbridge work on the prescription monitoring programs in reducing inappropriate opioid prescribing and related-Harms is significant.

Cannabis harm reduction highlights: 1) Support Dr. Jutras-Aswad (PI) Cannabis research platform (2019-2021) with 4 initiatives, 400+ participants with a trainee program aims understanding the mental health impacts on youth. Publications and reports in 2021 and after will contribute to QC Cannabis harm reduction policy. 2) RQSHA/CRISM QA RFO April 2018 – Dr. Geoffrey, project titled «Cannabis use and depression and suicidal thoughts and behaviors during adolescence: comorbidity and direction of association in a general population sample from Quebec». PIs aim to publish in September 2019. 3) Node partnered with the Douglas Mental Health University Institute for a cross training day on Cannabis and Mental Health June 7, 2018. % of satisfied interventionist that attended was high, pre-legalization. (See appendix)

Supporting innovative approaches to treatment and rehabilitation (250 words)

Opioid crisis: 1) hosted a booth at HC Opioid Symposium on September 5-6, 2018 in Toronto, 2) organized *1er “Sommet sur les dépendances” du QC*, November 1-2, 2018; Over 400 registrations, leveraged KT expertise, 3). disseminated the National opioid guidelines recommendations on withdrawal management (April 2018 in Halifax, February 21st and March 29th 2019 in Montreal), 4) contributed to the Paramedic Substance Use and Addictions Program Workshop addressing the Paramedic Response to Opioids crisis in March 2019 and will continue to work with the development of guidelines in 2019-2020, and 5) contributed to provincial guidelines.

2nd Atlantic symposium: «Redesigning our Approach to Problematic substance use» in Moncton, New Brunswick on November 20, 2018. Over 80 attendees from 7 provinces and 33 institutions. Presenters highlighted research on stigma, discrimination; patient-population, indigenous communities, PWLE; ethics and decision making in the context of addiction; the influences of partners in problematic substance use. The symposium included 5 oral presentations, 16 posters and (2) 3-Minute Theses (3MT), 1 PWLE panel. Two travel awards were awarded to node trainees for the best poster presentation, and the best 3MT presentation. The symposium also showcased two of our partners, Moms Stop the Harm and CACTUS, as they were invited to set-up exhibitions for their organizations.

Analysis and scale up applications on the targeted Intervention in OAT settings with i) submission to CIHR’s Catalyst Grant program (2018) to support the intervention adaptation and piloting of the brief personality-targeted coping skills interventions to address polysubstance in OAT and ii) evaluating the qualitative findings of the research to enhance intervention adaptation.

5. CAPACITY BUILDING & INFRASTRUCTURE DEVELOPMENT

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

Network

Across all nodes, new highly qualified personnel/new investigators have joined as members, which has increased and strengthened research capacity and collaboration. Details are provided in Node membership (see Table 3).

OPTIMA

Research capacity has increased across Nodes/sites through the following activities:

- Node research staff and clinic staff have continued to engage in ongoing research training activities across clinical sites, including Good Clinical Practice, Safety, Good Documentation Practices, Health Canada Division 5, training in working with vulnerable populations and people who use drugs (PWUD)

recruitment, SCT / SOCR certification. Development of these skills and sustaining relationships with local communities and PWUD equips teams to be well-positioned to execute future research projects with CRISM. All sites have needed to augment their research staff capacity (additional physicians, nurses and logistical personnel) and training as the number of active participants increased, so as not to disrupt routine clinical activity.

- Ongoing training and mentorship is provided by the contract research organization (CRO) partners or by sponsor representatives making site visits.
- Physician capacity has been built across Nodes - there are a total of 20 physicians that have been trained in clinical trials procedures and 11 of these physicians had no prior training in clinical research. There has been a total of 92 staff (including physicians, site nurses, research staff, social workers) who have participated in trial related activities on OPTIMA since the trial began. Of those 92, 75 had no prior clinical research experience and have received training. This research capacity is expected to be highly beneficial for future trials under CRISM.
- CRISM and the Investigative team on OPTIMA is in the process of developing a comprehensive strategy for the sharing of trial data through a data sharing platform. Similar to the National Institute of Health, this platform will allow building of research capacity and increase in scientific outputs.

EHT Program

Each of the 12 projects comprising CRISM's EHT program has recruited a working group with representation from each CRISM Node; collectively this has mobilized the leadership of over 80 experts from across the country. These 80 leaders have integrated research staff, trainees, and volunteers into each EHT project, a process that has increased the reach of the network and CRISM's capacity to be responsive. These leaders have capitalized on the CRISM infrastructure to streamline authorization of funding adjustments from CIHR for full recognition of the leadership groups contributions to the program. These revised authorizations of funding accelerated ethics submissions and transfers of funds, facilitated work plan execution, and streamlined project progress and production of short-term deliverables. The EHT program has also galvanized alignment with SUAP and other existing projects in order to maximize impact. CRISM network infrastructure has also facilitated addressing geographical and linguistic challenges. EHT projects focusing on PWLE, First Nations, corrections populations, and youth each have dedicated working groups to enhance autonomy and prioritization of issues and goals of relevance to each group. These at-risk population-focused EHT projects are producing environmental scans that will be used to guide development and implementation of interventions to address these issues and goals. Details of the EHT program progress and deliverables will be described in the forthcoming EHT program progress report.

Youth populations and newer users

Effective adolescent drug prevention has become a central focus of modern national drug strategies, as more countries are considering decriminalisation of substance use. Across the Nodes and through the EHT program, youth-focused projects are holding regional youth summits to engage with youth populations and determine prevention, harm reduction and treatment priorities. Three of the EHT projects involve identifying pediatric addiction services and will result in a national Canadian database of services that will be of use to multiple stakeholders. In addition, a CRISM-supported hybrid trial *Canadian Underage Substance Abuse Prevention (CUSP) Trial: A hybrid effectiveness/implementation-facilitation trial to increase access to evidence-based drug prevention for Canadian adolescents* was funded through CIHR (\$1.7M awarded on January 23, 2018; onrod, Stewart & al, 2018). CUSP is currently testing the effectiveness of implementation of a brief personality-targeted intervention developed by CRISM members Conrod and Stewart. The implementation facilitation (IF) component of the project will evaluate whether population penetrance, implementation quality, and sustainability can be enhanced through an IF intervention addressing barriers to implementing evidence-based programmes for youth. Three sites linked to CRISM will assist in each recruiting 9 schools; each will be randomised to one of three intervention conditions: treatment as usual (TAU); standard Preventure training (PT); or Preventure training with an implementation facilitation package (PT+IF). CRISM Node platforms and infrastructure—as appropriate and feasible—will help coordinate multi-site ethics approval, provide protocol development expertise, and bioinformatics support to facilitate data collection and data sharing mechanisms.

Indigenous engagement

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. From a broader network

perspective, one of the EHT projects focuses specifically on the treatment of Indigenous OUD clients in Indigenous settings. Additional activities are described in Node-specific sections.

Correctional Populations

The CRISM EHT Corrections project working group has developed 4 independent regional projects involving correctional populations.

1. Evaluating the Impact of Strategies to Prevent Opioid-Related Harms in People who Experience Imprisonment in Provisional Prisons in Ontario

This project uses administrative data to explore the burden of opioid use disorder, opioid-related harms, and access to treatment for people in provincial correctional facilities in Ontario between 2015 and 2018,

2. Pre-and Post-Release Study on Federal offenders on Opioid Substitution Treatment (OST)

This project examines the experiences of Canadian federal correctional inmates who are enrolled in Correction Service Canada's OST program during incarceration as well as during post-community release. This is a longitudinal study, with data collected at 3 different time points.

3. Examining the Opioid Landscape within Federal Prisons in Alberta,

This project involves interviewing both inmates and correctional officers about the impact fentanyl might have had on the prisons which they work or reside within three federal prisons in Alberta (Drumheller Institution, the Bowden Institution, and the Edmonton Centre for Women).

4. An Evaluation of the use of Community Transition Teams to Improve health outcomes for Individuals recently released from British Columbia Corrections,

This project aims to develop and utilize harmonized data systems to monitor and evaluate relevant health outcomes (e.g., adherence to OAT, non-fatal and fatal overdose, health care utilization, and connection to continuing services) associated with the use of Community Transition Teams (CTTs) among individuals released from BC Corrections.

PWLE

As part of the EHT envelope of funding, the PWLE Engagement Project has worked to engage PWLE across the country. Together, they are contributing to a number of initiatives including a photovoice project as well as episodes of the *CRACKDOWN* podcast series. During monthly group meetings, members discuss topics that are important to them and they may vary depending on regional issues and priorities. Being able to talk about the challenges they face in their communities helps group members understand what is happening in different parts of Canada. These conversations also help to inform the themes that are selected to be represented in the projects that this group is working on.

BC NODE

The BC Node hosted a meeting at the Stimulus Conference in Edmonton (October 2018) for PWLE. A survey was also administered at this meeting to gather information on PWLE's experience working in harm reduction or a drug user union. In addition to participating in research, PWLE across Canada are engaged with the BC Node through EHT funding and work on projects that are envisioned and lead by them along with a BCCSU Research Scientist at the host centre (Dr. Jade Boyd).

The CRISM PWLE Working Group is working on a photovoice project to visually and creatively share stories that relate to three primary themes: activism, harm reduction, and overdose in (action) during an overdose crisis. Select photos are chosen by PWLE to be included in a final booklet and a website, along with captions describing the photos. Another project that this group will be participating in is a podcast called "Crackdown". In partnership with the podcast editorial board, PWLE will contribute to developing themes for podcast episodes that will cover interests related to each Node across Canada. This monthly podcast is about drugs, drug policy, and the drug war led by drug activists and supported by research. The podcast is undertaken in partnership with the BC host centre.

Through the PWLE Working Group, the BC Node facilitates and promotes participation in research as well as involvement in research as informants of research direction and research questions. During monthly meetings, there is time for presentation on the other CRISM EHT projects, and group members have an

opportunity to learn more about the projects and provide input and feedback on the research initiative. Across the CRISM network, there is a push for movement towards PWLE contribution to research during the research question development stage.

The BC Node fosters research capacity partly through the Interdisciplinary Addiction Medicine Fellowship, which provides physicians, nurses, nurse practitioners, and social workers with the opportunity to spend one year in intensive, hands-on training in addiction medicine under the mentorship of local clinical experts. Part of the training involves developing a clinical research question and embarking on a small research project with the guidance of an affiliated PI. This year's cohort included 23 Fellows, all of whom completed a research project with the goal of authoring a peer-reviewed publication. These fellows have presented their work at the BCCSU Annual Conference, May 23-25, 2019.

In addition, the BC Node fosters research capacity through the Canada Addiction Medicine Research Fellowship (CAMRF), which is a US National Institute on Drug Abuse (NIDA)-funded research training fellowship offered in partnership with the BCCSU, St. Paul's Hospital, and the University of British Columbia. Four positions are available each year for competitive interdisciplinary candidates who wish to develop the skills required for careers in addiction research. Research fellows are paired with affiliated faculty mentors who supervise scholarly activities such as: development of first-author articles including original research, systematic reviews, commentaries and case reports. Their training also includes didactic lectures on research methods, ethics teaching activities, and academic presentation skills development. This year's research fellows presented their work at the BCCSU Annual Conference, May 23-25, 2019.

The host centre and BC Node hosted its first annual conference from May 23- 25, 2019 to bring together key stakeholders from around the province to discuss provincial efforts to treat and care for people with substance use disorders. The conference included research, education, and clinical care guidance presentations and workshops across several topics within substance use including opioid, alcohol, and cannabis use disorders. CRISM was exhibiting at the conference and sharing resources and information about recent and ongoing activities and network projects.

The BC Node has further developed capacity for systematic reviews, guidelines, evidence reports, and grant applications through expansion of our medical writing team, which supports Node and Network-level activities.

PRAIRIE NODE

Capacity Building

Since the previous reporting period, CRISM | Prairies has increased its membership from 255 to 341 individuals who are affiliated with 116 institutions (see Table 3).

Our 3rd annual **Node meeting** was held November 1-2, 2018, in Saskatoon and was attended by 107 members. The meeting consisted of two days of interactive educational, information exchange, working group, and networking sessions. The meeting was opened and closed by prayers given by our three invited Indigenous Elders. See Appendix 1 for meeting agenda and evaluation report.

Highlights of the meeting included the following presentations:

- Alexandra and Malcolm King presented the keynote address, "In the eyes of Indigenous people in Canada: exposing the underlying colonial etiology of drug use and STBBIs" and "Reconciling Indigenous approaches to knowledge development with patient oriented research: finding common ground";
- Visiting Fullbright Scholar James Sorenson presented on, "Ethical Issues in Substance Use Treatment and Harm Reduction Programs: What Do We Know And What We Need To Know";
- A presentation on the changing approach to law enforcement was given by Saskatoon police officer and founder of SayKnow.Org, Matt Ingrouille.

Breakout groups gathered on day two around 9 of the 12 Health Canada funded EHT projects and were hosted by leadership team members from each project. Feedback from these meetings were fed back to the leadership teams for each project. A focused session was also held on day 2 to evaluate the functioning of CRISM Prairies to date and to determine member priorities for the next iteration of CRISM (CRISM 2.0). Details from the member evaluation of current node functions indicate high levels of approval; members also supported the introduction of additional node activities such as holding a National CRISM meeting with all 4 nodes, creating/disseminating educational materials about various addictions as well as plain language summaries of research findings, providing logistical and financial support for trainees (both researchers and health service providers), and creating professional learning environments/communities for health and social service providers, including mentorship opportunities.

In July 2018, CRISM | Prairies launched a collaboration with Alberta Health Services to 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*. 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. To date, applications have been received and approved for the following projects: 1) *Stimulant Use in Alberta – Client Characteristics, Service Use and Treatment Outcomes*, 2) *Cannabis in Alberta: Relegalization treatment rates and description*, and 3) *Enhanced Multidisciplinary Care for Inner City Patients with High Acute Care Use*.

Mentorship

Dr. Wild supervised two students, a masters student (Alexandra Loverock) and a doctoral student (Heather Morris) as well as a post-doctoral fellow (Igor Yakovenko). Alexandra is currently completing her MSc in Epidemiology (School of Public Health, University of Alberta) and is supported by an Alberta Innovates Graduate Studentship. Her thesis explores norm perceptions and interest in supports among cannabis using University of Alberta students. She is completing her thesis over the summer and will begin her PhD in Public Health (under Cam Wild's supervision) in September 2019. Her PhD work will further develop and test an online harm reduction platform developed by the CRISM Prairie Node (the screening, self-management, and referral to treatment; SSMRT). The SSMRT platform is being developed as a way to inform the public, health care professionals, and researchers about cannabis use and ways to reduce cannabis-related harms. Heather is supported by a SSHRC Doctoral Fellowship and is in her 3rd year in Health Services & Policy Research at the School of Public Health, University of Alberta. Her program of research focuses on the role of mothers who have lost a child to substance use in advocating for changes in Canadian drug policy. Her research is in partnership with Moms Stop the Harm and mumsDU, two well-known advocacy organizations in Canada representing families who have been directly impacted by substance use. Heather is using a variety of methods to examine bereaved mother's experience of engaging with the media in their advocacy work; how bereaved mothers are framed in newspaper articles pertaining to harm reduction; and whether bereaved mother's media efforts are related to support of harm reduction interventions by members of the general public. Heather has completed her PhD coursework and recently passed her comprehensive exam. Heather has completed qualitative data collection and will be undertaking a secondary analysis of news articles and a national survey dataset this upcoming year following her candidacy exam in the fall. During his post-doc, Igor focused on the Screening, Self-Management and Referral to Treatment (SSMRT) demonstration project. Upon completion of his post-doctoral fellowship, Igor secured a tenure-track academic position at Dalhousie University (assistant professor, Fall 2018). He has recently been awarded a tri-council grant to extend and expand SSMRT.

Dr. Hodgins supervised three doctoral students (Maggie Schluter, Andrew Kim, Maryam Sharif-Razi), one post-doctoral fellow (Seema Mutti-Packer) and one MSc student (Megan Cowie) all who are conducting research in addictions and who are members of the Prairie Node. All are supported by external competitive scholarships, including CIHR and SSHRC. Megan Cowie's MSc thesis comprises a portion of Project Engage, one of the Prairie nodes' demonstration projects. She has completed data collection and will defend in August. She has been accepted into the doctoral program at the University of Calgary.

Dr. Fornssler provided mentorship and directed research training for University of Saskatchewan doctoral candidate and Prairie Node member James Dixon, through the Consolidating Perspectives research study that is also supported by the Prairie node. Following the model developed during this training, Mr. Dixon has successfully completed data collection and analysis for his doctoral research project regarding the opioid crisis in Western Canada. Mr. Dixon's anticipated completion date is November 2019. Dr. Dell and Dr. Fornssler also serve as two of Mr. Dixon's doctoral committee members. Dr. Fornssler has also provided knowledge translation and exchange mentorship to Maryellen Gibson (Node member and Student Wellness Manager at the University of Saskatchewan) for the development of evidence-based cannabis education resources. Ms. Gibson has also received mentorship regarding community-based engagement practices for community-led research and programming initiatives (i.e., Lighthouse Saskatoon Managed Alcohol Program). Ms. Gibson has since been hired full-time onto a SUAP funded grant secured by Dell. Dr. Fornssler is the primary supervisor (Dell, secondary) for Master of Public Health student Indiana Best, whose thesis project seeks to address the role of Metis culture in treatment provision. Ms. Best's anticipated completion date is March 2020.

CRISM | Prairies provided targeted mentorship to 2 junior faculty members in our Node: Drs. Monty Ghosh and Igor Yakovenko, including guidance on project and career development. Appendix 2 provides letters of support from these junior faculty members. Of note, Dr. Yakovenko was successful in obtaining a faculty position at Dalhousie University where he continues his work on cannabis and youth and recently received a CIHR Catalyst grant for the project "*Secondary prevention of cannabis-related harms among youth and young adults: A pilot RCT*". Dr. Ghosh is co-lead (with Kay Rittenbach, another CRISM | Prairies member) on a successful Alberta PRIHS (Partnership for Research and Innovation in the Health System) grant titled "*Virtual Supervised Consumption: Using an Evidence-Based Approach to Impact More of Alberta's Communities*" for the amount of \$914,813. This successful PRIHS grant was supported by a Node development project.

Engagement with specific populations

Dr. Wild is a co-investigator (Dr. Rebecca Haines-Saah, Node member, is PI) on a successful \$124,747 CIHR catalyst grant, on delivering cannabis education to vulnerable and marginalized youth, titled "*Developing Cannabis Education and Harm Reduction Messages with Youth*", and is a co-PI on a CIHR catalyst grant for \$124,805 titled "*Secondary prevention of cannabis-related harms among youth and young adults: A pilot RCT*". Correctional populations are addressed through our EHT Program projects as well as through ongoing work by Haggerty, Dell, and Chalmers. Of note, the project led by Haggerty has been leveraged into a SSHRC grant titled "Corrections in the Time of the Opioid Crisis", valued at \$66,100. Engagement with Indigenous stakeholders continues to be a priority. The Prairie Node continues to build relationships with Indigenous stakeholders including representatives from Treaty 8 First Nations of Alberta, Elders and Knowledge Keepers, as well as independent Indigenous treatment facilities/communities across the Prairies, many of whom attended our annual meeting in Saskatoon, SK. Additionally, the Prairie Node continues to support the EHT Indigenous Peoples project.

ON NODE

- Research capacity has continuously been increasing by connecting relevant investigators with complementary content experts in substance use intervention research across Ontario, who, without OCRINT, would not have been linked for collaboration.
- Since the previous reporting period, OCRINT has increased its membership significantly to ensure member and geographic representation.
- The Ontario Node hosted a symposium in January 2019. The symposium was a 1-day event, which included an OCRINT executive meeting, presentations of OCRINT related projects, stakeholder consultation results, information exchange, networking opportunities and identification of research priorities among members.

Symposium highlights include:

- Northern Ontario Drug Use Service Needs Assessment (NODUS) presentation on results
- Lower-Risk Cannabis Use Guidelines presentation on PHAC collaboration and materials, and youth-designed product and process of development
- Service Considerations and Innovation in Youth Substance Use presentation
- Stakeholder Consultation presentation and discussion

- Research priority questionnaire disseminated and completed by members in attendance, and discussion

Based on the research priority questionnaire and discussions from the stakeholder consultation, members concluded with four demonstration projects for the upcoming year: Blunt Truth Evaluation, Project with Toronto Public Health, People with Lived experience survey- identification about their needs, and service provider survey- identification about service access and provisions in Ontario. The second OCRINT symposium is scheduled for Tuesday September 10, 2019.

Mentorship

Dr. Rehm supervised twelve PhD students, both national and international students. Dr. Elton-Marshall supervised three undergraduate practicum students from Western University; two post-doctoral fellows; and two Masters students (MSc).

Engagement with specific populations

Youth

The Ontario Node has worked collaboratively with the National Youth Advisory Council and the Margaret and Wallace McCain Centre for Child, Youth and Family Mental Health (CAMH) for prevention material for youth to develop the by youth, for you youth version of the LRCUG, entitled the Blunt Truth. Through the development process, OCRINT has worked closely with the youth team through extensive consultation. OCRINT has supported the youth team to present the work at multiple conferences and workshop, alongside CRISM staff.

Indigenous Populations

OCRINT has reached out to several Indigenous scholars to join the membership team and provide guidance and feedback on specific projects, including CAMH's Aboriginal Engagement and Outreach Program. Through this relationship, contacts have been made with Chiefs of Ontario, Metis Nation of Ontario and Tungasuvvingnat Inuit.

Correctional Populations

OCRINT completed and submitted a systematic review entitled: 'Opioid-Related Treatment, Interventions and Outcomes among Correctional Populations'. The manuscript is a systematic review of opioid use interventions delivered during and post-incarceration/release among adult correctional populations. The systematic review has the potential to advance equitable substance use treatment and policy among vulnerable criminal justice-involved populations.

QA NODE

Research advancement/leadership

In November 2018, Dr. Sherry Stewart (PI, Atlantic delegate), was inducted into the Royal Society of Canada and is now a RSC Fellow, for her outstanding achievements as a scientist. This is an extremely high honour and recognition bestowed on eminent Canadian scientists, scholars and researchers. Dr. Stewart was also awarded a 2.5 million SHRC grant. Several members were awarded and recognized for their excellence in research including Dr. Julie Bruneau, awarded '*the Prix d'excellence de carriere chercheur*' in March 2018. Dr Patricia Conrod was awarded that same month a Level 1 Canada Research Chair on Mental health and addiction prevention in addition to her *Dr Julien/Fondation Marcelle et Jean Coutu en pédiatrie sociale en communauté de l'Université de Montréal* research chair.

Leverage funding

Virtual Cascade of Care cohort (VCCC) project is a Multicenter prospective observational cohort study to document and analyze Hepatitis C cascades of care among vulnerable populations of current and former injection drug users (PI, J. Bruneau, Co-I S. Hoj). The project secured partnership with urban and remote sites

in Quebec and sites affiliated with University of Saskatchewan. Node was able to leverage funds through successful research application and in-kind support access to state of the DBS testing analysis and storage facilities as well rapid testing training for Node research staff and other trainees. This project is capitalizing on the existence and high functionality of a 30 year substance user cohort led by Dre Julie Bruneau. The VCCC project applied for CIHR funding and at the time this report was submitted, had received confirmation of funds awarded. As mentioned in other sections the node was successful in receiving funding for an integrated multisite international RCT , M²HepPrEP and lead the process of securing provision and access to limited HCV and PrEP medication for 500 research participants in Montreal and Miami.

Innovative/ priority health trends

In 2018-2019 – more than 6 node PIs were successful in applying for the Quebec SUAP research funding opportunity-prioritizing research on Cannabis for the next 2 years, securing 2,970,652.00 in funding. Among these researchers are Dr. Didier Jutras-Aswad (PI, OPTIMA LRPI), Mathieu Goyette (RDP Year 1 recipient), Michel Perrault (PI). This funding adds to the 7 node researchers that were successful in securing the Quebec-SUAP funding for Opioid overdose prevention implementation science projects that was confirmed in April 2018. The SuboxED project is the project most directly benefiting from node resources. Dr. Annie Talbot, Dr. Serge Brochu, Dr. Joel Tremblay, Dr. Marie-Eve Goyer, Dr. Pascal Leclerc, Dr. Carole Morissette, and Dr. Karine Bertrand to name a few with funds amounting to 2,450,000 CAD. The node actively contributes to the IUD consultation tables on the progression and alignment of these implementation projects.

Research trainees. The node is laying the foundation for a formal training program. Through informal channels and research funds awarded to qualified applicants, over 8 PhD candidates and post-doctoral fellows actively contribute to the node research capacity. From Montreal to Halifax this group of trainees is supported with access to the research infrastructure, projects and databases and sources. These trainees are active in data collection, analysis and dissemination. Adelina .Artenie, PhD works have garnered several publication and the prize of the best presentation at INHSU 2018 (accepted manuscript CMAJ-18-1506.R2). Medical resident Jonathan Picard and post-doctoral fellow Brendan Jacka, submitted an article on Real-world eligibility for HIV pre-exposure prophylaxis among people who inject drugs. AIDS and Behavior. Dr Picard is now part of a family medicine practice specializing HIV prevention and HCV treatment for PWID, prioritizing the LGBTQ community. These of 2 examples of the several post graduate students and medical trainees contributing to the 255 publications node members had in 2018-2019. The node closely supports University of Montreal, CanHepC, Dalhousie University trainees and facilitates leadership roles of junior clinicians in consultant roles for active training opportunities on HCV Care for persons who use drugs.

Expansion of interdisciplinary collaborations

The M² HepPrEP project is currently providing mentorship opportunities for 3 medical trainees in Miami, training nurses in Montreal and Miami as well psychosocial behavioral health therapists on best practices and research ethics. The node collaborates closely with ASHM for cross sectional training between Australia and Quebec clinicians, facilitates translation, accreditation and access to training platforms. The OPTIMA trial has elevated the Addiction medicine training in the province and provided implementation of best practice pathways with community pharmacists. Node Medical monitor, Dre Suzanne Brissette is implementing ways to address resistance and promote engagement with community pharmacies. The node has researchers collaborating, securing funding, leveraging research infrastructure, building data set, knowledge that will contribute to accelerate implementation of best practices.

People with lived experience and Indigenous communities

- Node modified its NEC 2019 PWLE representations to encompass Quebec and Atlantic peers from AQPSUD (QC) and PEERS Alliance (PEI).
- The Node is supporting the CHUM Addiction Medicines clinic in their clinical, drug treatment access, and knowledge translation collaborations with Onen'tó:kon Healing Lodge in Oka, Québec. The node is engaged with outreach workers and nurses on KT (presenting the NOG and dispelling myths about OUD disorder) and working toward greater research literacy and involvement of the Lodge's health professionals and other similar groups.
- November 17, 2018 – on the Eskasoni First Nation protected land an in-person meeting represented Launch of the First nations working group
- The node supported a peer delegation supported to attend Stimulus 2018 / funds were pooled together with other nodes to support a Stimulus conference scholarship of about 8000\$

- Atlantic symposium 2018 highlighted the PWLE expertise with peers showcasing overdosed prevention best practices and having a panel
- November 27th, 2019: Network & knowledge Hub Webinar: Indigenous Cultural Responsiveness Theory (ICRT): A New Tool for Improving Health Outcomes for FNMI (First Nations and Inuit) Peoples – Mandatory for node personnel
- Promoting and increasing Indigenous research and voices by inviting Elder Ken Paul to provide a blessing and recognition for the opening of the symposium, and to speak on the existing substance use issues within his community of Kingsclear First Nation. Drs. Cheryl Currie and Dennis Wendt were also invited to speak on their work with Indigenous communities.
- Engaging with community organizations for recruitment of M²HepPrEP over 207 community resources mapped and contacted

Youth populations

Currently absent from global preoccupations, youth users are a priority for research undertaken by Patricia Conrod, Sherry Stewart, Sean Barrett, and other youth and addiction experts within the node who continue to improve research by leading training sessions to address concurrent mental health and substance use problems, and in school-based drug and alcohol prevention. KT activities were also conducted on the Preventure program for Adolescent Substance Abuse prevention. Recent findings on the correlation between cannabis use and detection of early psychotic symptoms in youth (P. Conrod, JAMA June 2018) are contributing to the knowledge on the impacts of cannabis on the developing body. Patricia Conrod and Sherry Stewart also lead the EHT working group on Youth/New users, a very proactive pan-canadian group whose projects and deliverables will be detailed in the EHT report.

The node supports dissemination activities and funding applications for Dr. Anne Guichard project: *«Recours aux technologies de l'information et des communications dans le contexte de la légalisation du cannabis : enjeux éthiques et juridiques dans une perspective de prévention des méfaits auprès des jeunes»*. This project produced a short film on findings on the use of technology and the complex ethical consideration in relevance to communicating with youth and access to information about cannabis by youth. Dr Didier Jutras-Aswad's cannabis research platform prioritizes research on youth, with initiatives focusing on a randomized controlled trial of an adapted preventive intervention for cannabis abuse in young adults with first episode psychosis and *Assessing Treatment Needs and Preferences of Young Adults with Psychosis and Cannabis Use Disorder: A Patient Preference Survey* (see appendix). Drug checking initiatives complimentary to the EHT projects led by Jean-Sébastien Fallu are striving to address gaps in recreational drug use and exposure.

Correctional populations

Caroline Brunelle from Saint-John, New Brunswick and Serge Brochu (IUD) are among the node researchers currently studying access to care challenges of incarcerated drug injectors and other problematic substance users within the corrections setting. Serge Brochu will be collaborating with researchers in Ontario to join research efforts and permission to access this population.

b) Please briefly describe any changes to the Nodes' infrastructure including research space, equipment, new hires, etc.

BC NODE

The BC Node of CRISM has undertaken a host of research and knowledge translation activities over the last year as well as through its host institution. The BC Node of CRISM has established stronger partnerships with the provincial government, regional health authorities, St. Paul's Hospital Foundation, and several philanthropic organizations. Within our physical infrastructure holding, we acquired and continue to develop a larger office space with 14,000 square feet and 151 desks, which we initially began to populate in April, 2018. The space is now fully equipped with three large conference rooms, smaller meeting spaces, updated printers/copiers and IT and equipment to facilitate presentations and teleconferencing. We have also acquired and continue to develop a new research space specifically designed for studies using psychedelic substances with a psychedelic psychotherapy and research interview space. During the past year, we have also hired several research managers (Jennifer Matthews, Ekaterina Nosova), two project coordinators (Kelsey Van Pelt, Danielle Cousineau), and a research coordinator (Steffanie Fisher), three research assistants (Alina Hoosein, Cristy Zonneveld, Huiru Dong). For our study offices, we have also developed new data

capture infrastructure using the DSG LIVE web-based platform. It provides customizable access, unlimited data capture sites, and cost-effective study build capacity. This new data infrastructure will speed up the translation of findings from BC's majority platform for research and education into innovative policy interventions, clinical programming and other knowledge translation impacts for underserved populations. Finally, we have also developed several new positions through university-based endowments including a clinical research position focused on innovation and a separate professorship focused on cannabis research.

PRAIRIE NODE

The CRISM | Prairies office is based in Edmonton where we supported over the last year 7 research assistants, 6 Masters students, a post-doctoral fellow, and a data analyst. Our KTE coordinator is located at the University of Saskatchewan, while three of our research assistants and one Masters student are located at the University of Calgary.

We have increased Node membership from 255 as of Mar 31, 2018 to 341.

For the conduct of the OPTIMA study, we continue to have desk space and facility access at the Calgary Opioid Dependence Program.

ON NODE

The Ontario Node office is based in Toronto, ON at the Centre for Addiction and Mental Health (CAMH).

Since the last reporting period, the Ontario Node has increased its membership from 34 to 105 members, and will continue to further expand through targeted outreach (e.g. CRISM booths, word of mouth, conferences, newsletters).

The Ontario Node will continue to develop and conduct its intervention research work supported by an exceptionally strong, advanced and supportive research environment. OCRINT will principally be housed and coordinated at Ontario's Centre for Addiction & Mental Health (CAMH). CAMH (www.camh.ca) is Canada's largest and widely renowned addiction and mental health research hospital – affiliated with both the University of Toronto as well as WHO/PAHO as a Collaborating Centre in addictions – principally mandated with the delivery of addiction and mental health care across Ontario. With multiple research/care sites in Toronto as well as 9 other locations across Ontario, it serves almost 25,000 unique clients, furthermore featuring 460,000 outpatient visits, 3,800 inpatient admissions, and 4,800 ER service visits per year. CAMH's 'Mission' and 'Strategic Plan' emphasize a mandate of innovation and discovery towards improved addiction & mental care; its Research Division comprises ~180 independent investigators in neurobiological, clinical and socio-epidemiological sciences, generating some \$40 million in annual external funding. CAMH houses a comprehensive and integrated treatment service system for addiction as a primary disorder, comprising pharmaco-therapeutic and cognitive-behavioral treatment, and withdrawal management services for some 8,000 annual clients, offering itself as a unique laboratory for testing novel treatment interventions. CAMH's addiction treatment staff are furthermore networked (e.g., by telemedicine) with numerous hospital and community-based clinical sites across Ontario, an infrastructure through which other – e.g., remote – sites can be connected into intervention studies. Other unique research-infrastructure elements will greatly benefit the scope and potential of OCRINTs work, such as the use of a mobile lab (used in the NODUS project).

For the conduct of the OPTIMA study, we continue to have desk space and facility access to the two sites.

QA NODE

Since the last reporting period, the Québec-Atlantic node has increased its membership from 117 (as of Apr 1st, 2018) to 133 members, affiliated with 57 institutions. The node improved its research capacity by welcoming 3 medical residents to complete their Addiction medicine specialties, welcomed 3 new research professionals including a Senior Research nurse, promoted RA to a senior position with a knowledge broking mandate. Supported node personnel in continuing education and research professional training, and supporting 9 postgraduate trainees. The node encouraged professional mobility within its node by promoting 3 research assistants to senior roles. The node has opened 2 new positions for an Atlantic research assistant and scientific writer to contribute to the growth of the node. The node has grown from occupying a workspace for 11 individuals to 24 research staff (in Montreal and Halifax), not included contractors. It is seeking a more formal agreement with Dalhousie University for space to be formally dedicated to the satellite team of coordinator, students and volunteers. We are also seeking secure working space in NB.

c) Please describe how the Nodes have shared infrastructure and research capacity between researchers and service providers.

The CRISM Research Infrastructure (RI) includes facilities, resources, and related services made available at numerous academic and clinical institutions including: Dalhousie University, University of Montreal Research Center, Ontario's Centre for Addiction and Mental Health (an academic care, training and research centre affiliated with U of Toronto), the Universities of Alberta, Calgary, Lethbridge, and Saskatchewan, University of British Columbia, the British Columbia Center for Excellence in HIV/AIDS, and the British Columbia Center for Substance Use. Each Node has developed RI to support current (e.g., OPTIMA trial, EHT) and future projects, both local and national. This growing and shared infrastructure includes: research space; facilities for subject recruitment, randomization and clinical/non-clinical assessments; medication storage/dispensing, data collection, storage and analysis capacity (both computing and personnel), databases, libraries, high capacity communication networks, access to bioinformatics, biostatistics expertise, scientific and medical writing platforms and infrastructural centers of competence.

The CRISM Nodes have created websites (<https://crismprairies.ca/>; <http://crismontario.ca/>; <http://qmcricism-icras.ca/>; <http://bccsu.ca/about-crism-bc/>) as central vehicles to communicate with their members, stakeholders and each other as well as a national website (<http://crism.ca>). Information that is shared on the websites includes regional and national data associated with drug use across Canada, as well as research evidence (including prevention, harm reduction and specialty addiction treatment). Nodes leverage their institutional platforms to facilitate sharing of human, material, and financial resources, delegating organically and sharing costs accordingly.

d) Please list all staff including trainees supported by CDSS funding (both paid and unpaid. This should include staff and trainees associated with OPTIMA and the Implementation Science Program.

Table 1a:

Type	Unique # of Individuals Paid				# of FTEs Paid				Unique # of Individuals Not Paid				# of FTEs Not Paid			
	BC	Prairie	ON	QA	BC	Prairie	ON	QA	BC	Prairie	ON	QA	BC	Prairie	ON	QA
Researcher	1	1	1	1*	0.25	0.1	3	**	26	37	14	38	4.4	6.4	6.1	**
Research Assistant	9	10	1	15	4.8	7.5	6		3			2	1			
Research Technician	2	1		2		.2						2				
Trainees:																
Ph.D fellows		1		2		1						4				
Post health professional degrees (MD, BScN, DDS, etc)	12	3		4	1	0.3	1			10	3	3		1	0.3	
Fellows not pursuing Masters or Ph.D	2		1									2			1	
Masters students		3	2	3		3				5	1	2		4		
Undergraduate students	3		1		0.6						1					
Other (including research manager)	5	4		4	3.95	2.4	1		1	2		3	1	1.2	0.05	
TOTAL	34	23	6	31	10.6	14.5	11		30	54	19	56	6.4	12.6	7.45	

**NPI counted even though she received no specific salary for CRISM appointment.*

***As the FTE calculation process differs in all the different QA node institutions that host staff and trainees we have elected not to include these numbers. Only a handful of staff members are not full time working 4 and 3 days a week on CRISM initiated, supported and or associated projects. All staff work on projects that intersect with CRISM specific and funded projects. The nature of our node infrastructure and the research program implies and requires that work on linked projects.*

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 to scale up.

Table 2:

BC Node				
Project	Principal Researcher	Title	Funding (amount and years)	Objectives of Study
1. Outcomes for Patients Assessed for Addiction Care (OPAC)	Seonaid Nolan	Clinician Research Scientist, BCCSU	\$35,000; 2018-19; funding to continue	<ul style="list-style-type: none"> • To evaluate factors predictive of hospital discharges against medical advice (AMA) among individuals with a substance use disorder. • To identify factors predictive of hospital readmissions among individuals with a substance use disorder. • To determine rate and factors associated with compliance of in-hospital initiated addiction pharmacotherapy after discharge. • To evaluate health service delivery of addiction treatment and determine its impact on healthcare utilization as well as health outcomes among individuals with a substance use disorder.
2. Provincial injectable OAT evaluation	Nadia Fairbairn	Clinician Research Scientist, BCCSU	\$50,000; 2018-19; funding to continue	<ul style="list-style-type: none"> • Monitor and evaluate iOAT as it is expanded within real life settings • Generate new practice-based evidence to guide service provision of iOAT • Evaluate injectable treatment medications and models of delivery

				<ul style="list-style-type: none"> • Identify patient level factors predicative of retention & 'success' on iOAT • Provide relevant, timely data to monitor expansion of injectable and oral OAT • Provide relevant, timely data to clarify role and impact of iOAT as a component of provincial overdose response <p>Provide cost benefit analysis of iOAT service provision</p>
3. Provincial Drug Checking	Ken Tupper	Senior Policy Advisor, BCCSU	\$20,000; 2018-19; funding to continue	<ul style="list-style-type: none"> • Increase personal safety of PWUD and promote harm reduction measures <p>Provide real-time surveillance of the street drug market</p>
4. Eastside Illicit Drinkers Group for Education (EIDGE) Community Survey	Thomas Kerr	Senior Scientific Advisor and Senior Scientist, BCCSU	\$10,000; 2018-19; funding to continue	<ul style="list-style-type: none"> • Develop a greater understanding of the influence of contextual forces upon alcohol-related harm and health outcomes. • Characterize the population of non-beverage alcohol consumers in Vancouver • Create a general understanding of how non-beverage alcohol is consumed. • Identify factors leading to the initiation of non-beverage alcohol use. • Characterize issues related to access to health care and evidence-based treatments. • Explore experiences with the health system as an alcohol user. • Connect non-beverage alcohol consumers with the EIDGE peer support network, and other available health and social services

5. Repurposing Slow Release Oral Morphine as a New Oral Alternative for the Treatment of Opioid Use Disorder (pRESTO)	Eugenia Socias	Research Scientist, BCCSU	\$146,306; 2018-2019; funding to continue	<ul style="list-style-type: none"> • Compare the relative effectiveness of slow-release oral morphine to methadone for the treatment of opioid use disorder • Investigate efficacy rates for both medications with respect to promoting abstinence and improvements in patient-reported outcomes • Investigate treatment retention, safety of and patient satisfaction with each medication, psychological functioning, changes in drug-related problems, quality of life, opioid cravings, and use of other substances
6. Microdosing	Rupinder Brar	Canada Addiction Medicine Research Fellow, BCCSU	Funded through post-doctoral funding held at the BCCSU	<ul style="list-style-type: none"> • Evaluate optimal dosing schedules and patient associated outcomes using a microdosing approach for the induction of buprenorphine/naloxone (BUP/NX) in patients with severe opioid use disorder, within hospital and community-based addiction care settings • Evaluate current microdosing practices in Vancouver • Determine an optimal dosing schedule based on documented patient reported craving/withdrawal symptoms and substance use during BUP/NX inductions
7. Fentanyl Patch	Nadia Fairbairn	Clinician Research Scientist, BCCSU	\$18,500; 2019-2019; funding to continue	<ul style="list-style-type: none"> • This work is being conducted as a part of the iOAT evaluation that's included in the EHT iOAT envelope of activities (see 2. above) • Evaluate the effectiveness of using the fentanyl patch for treatment of OUD for those who are refractory to other oral/intravenous OAT options

Prairie Node

Project	Principal Researcher	Title	Funding (amount and years)	Objectives of Study
New Projects and Events				
1. Node Development Project	Kristina Brache (University of Calgary)	Adaptation of Contingency Management for adolescents	\$15,000 (2018-2019)	This project is (1) assessing the feasibility of implementing a contingency management (CM) approach for adolescents at the Calgary Addiction Centre and (2) conducting a pilot RCT examining the effect of adding CM to treatment as usual.
2. Node Development Project	Ariel Ducey (University of Calgary)	Naloxone Take-Home Kit Program Evaluation	\$15,000 (2018-2019)	This sub-grant is funding a student to conduct an evaluation of take-home naloxone programs in Alberta in order to determine best practices.
3. Node Development Project	Elaine Hyshka (University of Alberta)	Implementing harm reduction services in acute care: Patient and healthcare provider experiences	\$15,000 (2018-2019)	The objectives of this study are to: (1) Describe the inpatient SEP, examining demographic or clinical differences between PWID who access sterile injecting supplies in hospital and those who do not; (2) Characterize patient and hospital staff perspectives on the program; (3) Provide data to support program improvement and creation of practice guidelines; and (4) Inform development of a patient outcome and economic evaluation protocol.
4. Knowledge Exchange Activity	Vera Caine (University of Alberta)	Literature review of cannabis and psychosis	\$2,000 (May –Oct 2018)	This project is an integrative review to explore and summarize the current literature on first-episode psychosis treatment methods to improve the health outcomes of those living with schizophrenia. The focus will be on how cannabis-use patterns are incorporated into mainstream treatment and to what extent harm reduction principles are included in

				first-episode psychosis treatment programs to improve functional outcomes. This project has been completed and the project report is attached in appendix 3.
Projects Carried Over From Previous Year				
5. Demonstration Project	David Hodgins (University of Calgary, AB)	Project Engage	\$12,500 (2016-2017) \$37,500 (2017-2018) \$15,000 (2018-2019)	This demonstration project worked 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. The project will expand in the next year by adapting and adding CM into participating treatment programs.
6. Demonstration Project	Cameron Wild (University of Alberta, AB)	Screening, self-management, and referral to treatment (SSMRT)	\$24,000 (2016-2017) \$24,000 (2017-2018) \$15,000 (2018-2019)	This demonstration project developed 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. In the coming year, acceptability and usability of the online platform will be assessed in post-secondary populations. This project has been leveraged into a CIHR catalyst grant for \$124,805 entitled "Secondary prevention of cannabis-related harms among youth and young adults: A pilot RCT".

7. Demonstration Project	Colleen Dell (University of Saskatchewan, SK)	The impact of service dogs in the lives of veterans who problematically use opioids	\$114,750 (2017-2019)	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). This project has been leveraged into a Health Canada SUAP grant for \$824,662.
8. Node Infrastructure Project	Cameron Wild (University of Alberta, AB)	Scoping Review for Evaluation Methods for Mental Health Mobile Applications	\$25,000 (2017-2018) \$5000 (2018-2019)	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.
9. Node Infrastructure Project	Cameron Wild (University of Alberta, AB)	CRISM Data Visualization Project	\$25,000 (2017-2018) \$5,000 (2018-2019)	This project is developing IT infrastructure to visualize population-based survey data on substance use. It is being 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 data collected from Alberta University students, as well as the Canadian Student Tobacco, Alcohol, and Drug Survey.
10. Node Development Project	Matt Ingrouille (Saskatoon, SK)	SayKnow Podcasts	\$15,000 (2017-2019)	This project has developed and disseminated 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 www.sayknow.org . To date, 19 podcasts have been produced.
11. Node Development Project	Alex Crizzle (University of Saskatchewan)	Determinants of success in ODP clients	\$15,000 (2017-2019)	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.
12. 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 (2017-2019)	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?
13. Node Development Project	Michael Serpe (University of Alberta, AB)	Naloxone smart patch development	\$15,000 (2017-2019)	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.
14. Node Development Project	Julie Kaye (University of Saskatchewan)	Sex Work and Harm Reduction in Edmonton	\$15,000 (2016-2019)	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.
15. Node Development Project	Anas El-Aneed (University of Saskatchewan)	Developing Addiction Education Resources for Pharmacists	\$15,000 (2016-2019)	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.
16. 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 (2016-2019)	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 (see Appendix 3 for reports)				
17. Node Infrastructure Project	Cameron Wild (University of Alberta, AB)	Cannabis survey (Universities of Alberta and Calgary)	\$10,000 (2017-2018) \$5,000 (2018-2019)	This project described cannabis use at the University of Alberta (UofA). The goals of were 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, 3000 students 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.
18. Node Infrastructure Project	Barb Fornssler (University of Saskatchewan)	Consolidating Perspectives on the nature of Saskatoon's evolving opioid crisis (CoMRAD)	\$10,000 (2018-2019)	This project employed 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 consolidated data sources and perspectives regarding the nature of the evolving crisis in Saskatoon, while simultaneously improving knowledge exchange via a stakeholder forum.
19. Node Development Project	Kevin Haggerty (University of Alberta, AB)	Corrections in the Time of the Opioid Crisis	\$15,000 (2017-2019)	This project involved 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)? This project has been leveraged into a SSHRC grant titled "Corrections in the Time of the Opioid Crisis", valued at \$66,100. The project report is attached in appendix 3.

20. Node Development Project	Katherine Dong (University of Alberta, AB)	Access to Take Home Naloxone (THN) in an Edmonton emergency department (ED)	\$15,000 (2017-2019)	The objectives for this project were 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. The project report is attached in appendix 3.
21. Node Development Project	Safer Consumption Spaces Group (Winnipeg, MB)	Safer Consumption Spaces: Consultation, Needs and Feasibility Assessment for Winnipeg	\$15,000 (2017-2019)	The objectives of this project were 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. The project report is attached in appendix 3.

22. Node Development Project	Addiction Foundation of Manitoba (Winnipeg, MB)	Informing Choices - Cannabis Information Hub	\$15,000 (2017-2019)	The purpose of this project was 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. The project report is attached in appendix 3. The website can be found at: http://www.weedingoutthefacts.ca
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ON Node

Project	Principal Researcher	Title	Funding (amount and years)	Objectives of Study
1. Node Development Project	Tara Elton-Marshall and Eileen de Villa (Toronto Public Health)	Assessing 'Not In My Back Yard' (NIMBY) Perceptions Towards 'The Works' Supervised Injection Service in Toronto	\$50,000	A partnership with Toronto Public Health to address "not in my backyard" (NIMBY) attitudes among communities located near safe consumption sites in Toronto. During the launch of this project the Ontario government had cut funding for several safe consumption sites, and has stopped the planned opening of additional sites. The research team will gather data on the impact of these decisions on the communities, and will model its impact on Ontario, to

				inform future policies related to safe consumption sites in the province.
2. Node Development Project	Joanna Henderson	Blunt Truth Evaluation	\$15,000 (2019-2020)	OCRINT is conducting an evaluation of the Blunt Truth campaign materials among organizations, services and institutions that have purchased the youth designed tool to use cannabis with lower risk (this resource is an adaptation of the Lower Risk Cannabis Use Guidelines; Fischer et al., 2017). The survey will be developed collaboratively among youth, researchers, and other stakeholders. The data collected will result in recommendations on how to improve the effectiveness and uptake for a future iteration of the tool.
3. Node Development Project	Tara Elton-Marshall and Adrienne Spafford	Identifying Service Providers' Priorities for Drug Use Research in Ontario	\$20,000 (2019-2020)	OCRINT is working with Addictions and Mental Health Ontario to conduct a comprehensive survey of provincial service providers to identify current gaps in service access and provision for individuals who use drugs and key priorities for future research using the ConnexOntario directory. OCRINT is consulting extensively with service providers on the development of the survey. The results will inform project development and implementation in the next year.
4. Node Development Project	Tara Elton-Marshall and Adrienne Spafford (AMHO)	Identifying Priorities for Drug Use Research in Ontario Among People with Lived Experience	\$30,000 (2019-2020)	OCRINT is interviewing people with lived experience to identify current gaps in service access and provision for individuals who use drugs in Ontario, and to inform key priorities for future research. OCRINT is consulting extensively with peer advisors on the development of the questionnaire.

5. Node Development Project	Jurgen Rehm	SOONER Project	\$25,000 (2019-2020)	OCRINT will partner with the SOONER project (Surviving Opioid Overdose with Naloxone Education and Resuscitation) to conduct part of the feasibility trials, in order to prepare the scale-up of a larger trial.
6. Node Development Project	Jurgen Rehm	Injectable Buprenorphine Feasibility Project	\$25,000 (2019-2020)	Conduct a feasibility project on injectable buprenorphine as a harm reduction intervention.
7. Development/Demonstration Project	Dan Werb	'Addiction Treatment as Prevention': An Innovative Global Strategy To End the Opioid Overdose Epidemic	Leveraged Funding from St. Michael's Hospital	Using data from an international US National Institutes of Health-supported project, the team will launch an innovative intervention to stop the transition of vulnerable-particularly street youth- into drug injecting. Project will achieve two things: 1. Scale up an evidence-based and highly innovative approach to ending injection drug use initiation in Toronto and compare this approach across three other high-need cities in North America (Vancouver, Canada; San Diego, USA; and Tijuana, Mexico); second, it will do so by providing cutting-edge addiction treatment to a vulnerable group that have the greatest need and pose a high risk of initiating others into drug checking.

QA Node

Project	Principal Researcher	Title	Funding (amount and years)	Objectives of Study
<i>Projects carried over</i>				
1. Demonstration Project	Sherry Stewart (Dalhousie University), Patricia Conrod	Targeted intervention to reduce polysubstance abuse among OST clients in	September 1, 2015 – November 30, 2019 Total: \$ 59,120 CAD	Test the feasibility of adapting brief personality-targeted coping skills interventions to address polysubstance misuse among methadone maintenance treatment

	(Université de Montréal)	4 methadone clinics in Montreal and Halifax		clients recruited in two provincial jurisdictions (Nova Scotia and Quebec).
2. Demonstration Project	Michel Perreault (McGill University) Guy-Pierre Levesque	PROFAN: Prevention and Reduction of Overdoses: Training on, and Access to Naloxone	September 1, 2015 – November 30, 2019 Total: \$26,980 CAD	Prevent deaths due to overdose by facilitating access to Naloxone, an agonist medication which counteracts the effect of opioids through a peer to peer program. It is executed in collaboration with the public health authority, a community peer-to-peer resource, an addiction support clinic, and mental health research hospital.
<i>Research development program carried over</i>				
3. Node Research development program	Sherry Stewart (Dalhousie University), Patricia Conrod (Université de Montréal)	Scaling up access to personality-targeted interventions for youth at risk of substance use disorders in the United States and Canada: A hybrid effectiveness-implementation facilitation trial	September 2017 – August 2021 Total: \$15,000 CAD	The proposed hybrid trial will test effectiveness of programme implementation <i>when delivered through a train-the-trainers model</i> on cannabis use and binge drinking in high risk adolescents, with prescription drug use outcomes as a novel secondary outcome. This project has leveraged 1.7 million CAD in CIHR grant funding.
4. Node Research Development Program	Mathieu Goyette and Jorge Flores-Aranda (Université de Sherbrooke / Institut Universitaire en dépendances)	Projet Mon Buzz	September 2016 – March 2018 Total: \$9,400 CAD	Evaluate the influence of different components of a brief online intervention according to the user's consumption profile (at-risk or problematic) (moderator) and their initial level of motivation (moderator) on: 1) the evolution of motivation to change (mediator), 2) the use of services (mediator), 3) the reduction of the consumption of psychoactive substances (secondary outcome) or its harms, especially in terms of sexuality (main outcome).

5. Node Research development program	Didier Jutras-Aswad Suzanne Brissette, François L'espérance, Claire-Élaine Ouellet-Plamondon, Simon Dubroeuq (Université de Montréal / CHUM)	A phase II randomized, double-blind, placebo – controlled multicenter study of desvenlafaxine for depression	September 2016-March 2019 \$15,000 CAD	The proposal addresses comorbidity of mental health and addiction which is one of our CRISM priorities. The proposal has potentially important implications in increasing treatment options available for a substantial proportion of people with opiate dependence who also suffer depression. There is already an OST project funded through CRISM so clinics at various nodes are prepared for clinical research on their treatment population (increasing feasibility). I believe that other sites in the Maritimes would be interested in collaborating on this project (two in Halifax; one in St. John NB).
<i>RFO with RQSHA 1 (2017) – carried over</i>				
6. Problématiques cliniques mettant en lumière le suicide et le mésusage de substances – Joint RFO	Michel Perreault (McGill University)	Troubles liés à l'utilisation d'opioïdes : profils d'utilisateurs et risque suicidaires	April 2017– April 2019 Total: \$20,000 CAD	1) Assess the risk of suicidal behavior as a function of the substance consumed and the mode of consumption among opioid-dependent drug users; 2) Distinguish user profiles according to the substance consumed (opioid drugs only, heroin only, or both) and according to the mode of consumption (presence or absence of injection) in relation to the history of suicide attempts, suicidal thoughts, and overdoses.
<i>Research development edition 2 – carried over</i>				
7. Node Research Development Program	Marie-Ève Goyer	Développement et validation d'une base de données permettant le suivi de la cohorte en traitement de la dépendance aux	Mars 2018-Mars 2020	Develop and validate a database allowing for the creation of a OAT clientele cohort at the Programme CRAN

		opioïdes du programme CRAN du CIUSSS Centre-Sud-de-l'île-de-Montréal		
8. Node Research Development Program	Mark Asbridge (Dalhousie University)	Evaluating the Impact of Prescription Monitoring Programs in Reducing Inappropriate Opioid Prescribing and Related-Harms	February 1, 2018 – November 30, 2019 Total \$15,000 CAD	Evaluate Prescription Monitoring Programs (PMPs) from 2000-2018 to: (1) determine the extent to which PMPs have been effective in reducing opioid-related harms in Canada, and (2) examine the ways in which PMPs have affected opioid prescribing and dispensing practices of healthcare providers across Canada.
<i>International funding carried over</i>				
9. CTN funded clinical trial	Lisa R-Metsch (Columbia University) Dan Feaster, (University of Miami) Julie Bruneau, Valérie Martel-Laferrrière, (Université deMontréal), Élise Roy, Christine Loignon (Université de Sherbrooke)	A Multi-site Multi-Setting RCT of Integrated HIV Prevention and HCV Care for PWID	September 30, 2017 –July 31, 2022 7.1 million USD	Evaluate two implementation strategies of PrEP and HCV treatment integration among HIV-negative people who inject drugs (PWID): on-site integrated care (PrEP initiation and HCV treatment) vs. off-site referral with patient navigation to specialized care.
<i>Research development program 3 – New funding in reporting periode</i>				
10. Node Research and Development program	Philip Tibbo (Nova Scotia Health authority)	Substance Use Cessation Therapies for Those At-Risk in Early Intervention Services for Psychosis: Research Protocol Development	September 1, 2018 – August 31, 2019 Total: 8,900\$	Create a new multi-site research protocol to be used for a larger grant submission, which would examine the effectiveness of a staged approach to substance use treatment in Early phase psychosis

11. Node Research and Development program	Jill Hayden (Dalhousie University)	Opioid Use Following Opioid Prescription for Non-Specific Low Back Pain in Nova Scotia Emergency Departments	September 1, 2018 – August 31, 2019 Total: 10,000\$	Collect and assess descriptive data, solidify the team, and refine a protocol for developing a decision support tool to inform appropriate opioid management for acute low back pain in the ED setting
12. Node Research and Development program	Didier Jutras-Aswad (Université de Montréal)	Treatment of Depression in Individuals with Opioid Use Disorder: A Randomized Placebo-Controlled Trial	Total: 13,250\$	Assess response of depressive symptoms to Desvenlafaxine or DESV (combined with adapted, non-pharmacological interventions) among opioid-dependent individuals on OAT, and include examining remission of depressive symptoms and changes in absolute scores of depressive symptoms. This project will also help to closely examine safety, opioid craving, drug use, suicidality, overdose, quality of life, anxiety and pain.
<i>New funding in reporting period RFO with RQSHA 2</i>				
13. Problématiques cliniques mettant en lumière le suicide et le mésusage de substances joint RFO	Marie-Claude Geoffroy (McGill University)	Cannabis use and depression and suicidal thoughts and behaviors during adolescence: comorbidity and direction of association in a general population sample from Quebec.	Mai 2018-Avril 2020 Total : \$20,000 CAD	To shed a light on the direction of association in the general population, we aimed to establish (1) whether depression and STB are concurrent with cannabis use and (2) whether depression and STB influence cannabis use (e.g. self-medication hypothesis) or whether cannabis use influence depression and STB (secondary mental health disorders hypothesis) or bidirectional hypothesis. Clarifying the direction of between cannabis use and adolescent's depression and STB carry important implications for the care of adolescent's presenting both conditions simultaneously. For instance, if depression is causing cannabis use, hence treatment of

				depression via psychotherapy or pharmacology should be prioritize.
14. SUAP 1 project	Annie Talbot (Université de Montréal/ CHUM)	SuboxED : Implantation de la dispensation de Naloxone et de la prescription Buprénorphine-Naloxone dans 3 départements d'urgence du Québec	2018-2020: 350,000.00 CAD	Composante Naloxone: L'hypothèse principale est que la remise d'une trousse de naloxone à une population ciblée dans 3 urgences du Québec, soit urgence du CHUM, de l'hôpital Notre-Dame du centre intégré universitaire de santé et de services sociaux du Centre-Sud-de-l'Île-de Montréal (CCSMTL) de démographies différentes est réalisable. La population visée est composée d'individus qui utilisent ou ont utilisé des opioïdes, et qui répondent aux critères de remise de naloxone selon les recommandations de l'Institut national d'excellence en santé et services sociaux (INESSS) Composante buprénorphine naloxone : L'hypothèse principale est que la prescription de buprénorphine-naloxone à une population ciblée est réalisable et sécuritaire dans trois urgences du Québec de démographies différentes en suivant les recommandations du collège des médecins du Québec et l'Institut national en santé publique du Québec (INSPQ). La population visée est composée d'individus souffrant d'un TUD selon les critères DSM V.

6. COLLABORATIONS & PARTNERSHIPS

a) Please describe how the Network as a collective has established and strengthened collaborations between all Nodes and its members.

CRISM leaders and node members have conducted the bulk of Canadian research on opioids, and have made significant contributions to epidemiology, prevention, harm reduction, treatment programs, and policy analysis. This foundation has facilitated development of several pivotal Canadian initiatives in the area and consolidation of collaborations between nodes. Examples of collaboration include numerous research projects supported by multiple nodes, letters of intent and support between nodes in support of projects and grant applications, and the progression of trainees from one node to another node (e.g. Dr. Igor Yakovenko received his PhD and post-doctoral training in the Prairie Node and is now an assistant professor at Dalhousie University and a member of the Quebec-Atlantic Node). Nodes also share mandates, create inter-nodal project working groups outside of the scope of the EHT program, and fund staff and stakeholders to meet face-to-face.

Complementing the OPTIMA trial, CRISM is engaged in opioid-related knowledge transfer activities. In recent months, there has been increased public concern on the emerging health crisis relating to opioid misuse. CRISM published a clinical guideline on opioid use disorder and are active in nationwide dissemination and implementation as well as in working with local stakeholders to address local issues and priorities, including KT material production and dissemination. In addition, Health Canada has asked CRISM to conduct fieldwork with regulatory and clinical leaders across Canada regarding current policies governing methadone treatment. In light of concerns that these policies are too restrictive and should be revised to allow for a more flexible and effective opioid treatment continuum, CRISM executed a timely and extensive systematic consultation process across the country regarding the then existing S. 56/CDSA requirements for physicians to obtain methadone treatment exemptions. The S.56/CDSA exemption was lifted in May 2018.

Collectively, Node collaborations have been structured to maximize influence on prevention, harm reduction, and treatment interventions, as well as on strategic planning and policy-making. For all 4 nodes, collaboration with CRISM stakeholders and members has provided access to:

- decision makers at system management (regional health authority) and policy (provincial government) levels as well as within health care professional organizations;
- clinical programs, staff, and patients for study involvement as well as addiction/mental health clinical expertise;
- personal experience and voices for the drug user and recovery communities as well as of at-risk populations including Indigenous Elders and Knowledge Keepers and the Canada correctional system;
- non-academic programs and initiatives including at the National level.

b) Please indicate the current Node Membership in Table 3:

Table 3:

Current Node Membership, Number of Individuals					
	BC	Prairies	ON	QA	
Academic Researchers	39 (27%)	175 (51%)	38 (36%)	71 (33%)	
Policy Maker/Gov/Regulatory Authority	13 (9%)	11 (3%)	12 (11%)	18 (8%)	
Service Providers	53 (37%)	101 (30%)	39 (37%)	74 (35%)	
Service Program Managers	11 (8%)	55 (16%)	3 (3%)	4 (2%)	
Advocacy/People with Lived Experience (PLE)	26 (18%)	12 (4%)	12 (11%)	15 (7%)	
Foundation/Institute/Education/Non-Profit	1 (<1%)	44 (13%)	1 (<1%)	15 (7%)	
Professional Organization	1 (<1%)	8 (2%)	0	6 (3%)	
Public/Indigenous Elders	0	2 (<1%)	0	0	
Other	0	0	0	13 (6%)	
Total (>100% as some members hold multiple roles)*	144	341*	105*	216*	

7. 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.

NETWORK

Network

As in previous years, the CRISM NPIs have participated in and initiated regular communications with our CIHR and Health Canada partners as well as Node stakeholders in regards to CRISM activities and future strategies.

OPTIMA

OPTIMA continues to be showcased at conferences, including at the 40th Annual Meeting of the Society for Clinical Trials, New Orleans, LA, May 19 – 22, 2019. *“Pre-implementation of a multi-center, Phase IV, Investigator initiated clinical trial: Experiences from the Canadian Research Initiative in Substance Misuse.”* Trial publications will follow completion of the trial.

<p>NOG Since publication of this guideline, CRISM continues to disseminate and promote it in new ways, as evidenced by the recent webinar by Dr. Ron Lim and inclusion of the guideline recommendations in Alberta Health Service education materials. Each Node has undertaken dissemination and outreach activities in their regions, including communications with regional health authorities, regulatory bodies, and local/provincial policymakers. Please see the node-specific sections that follow. In addition, the CRISM NPIs and Node clinical leads have presented the guideline development process and recommendations at numerous national and international conferences, as well as in local/provincial settings. These include:</p> <ul style="list-style-type: none"> • Pan Canadian Physician Opioid Collaborative (June 2018) • CRISM Prairie Node Annual Meeting (Nov 2018) • Addiction summit in Quebec (Nov 2018) • Atlantic symposium in Moncton (Nov 2018) • Journée sur les troubles de l'usage des opioïdes du Québec (Feb 2019) • Etat de situation sur la prise en charge clinique du sevrage au Québec (March 2019) • University of Alberta Chancellors Opioid Forum (Apr 2019) <p>The NOG Supplementary Projects (scoping review of psychosocial interventions for OUD and review of economics of OUD) have been disseminated to stakeholders as results have become available.</p> <p>LRCUG A number of KT materials/activities have been developed for various audiences (cannabis users, health professionals, public) and disseminated provincially/regionally through the various CRISM Nodes (e.g. over 100,000 copies of the LRCUG KT materials have been distributed nationally. The Nodes have worked together to ensure wide dissemination of the product, by linking community organizations and health centres to the product e.g. Sioux Valley Health Centre in Saskatchewan and community-based youth health and prevention events in Quebec (products were distributed at no-cost).</p> <p>EHT Program Leadership and working groups have intentionally solicited participation from CRISM members in each node, as well as in each province (where possible for nodes representing multiple provinces). Without exception, each of the 12 teams has fully engaged its various members and allocated tasks according to member strengths and interests, maximizing efficiency and capacity for rapid development and dissemination of deliverables.</p>			
BC	PRAIRIE	ON	QA
The Provincial Opioid Addiction Treatment Support Program (POATSP), which provides training in the provision of evidence-based treatment options and care for individuals with opioid use	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	OCRINT continues to actively expand membership to ensure provincial representation of individuals from various institutions through various outreach activities, including but not limited to, conference booths,	Outreach: The node communicates with its members on events, updates, resources, funding opportunities, and invitations to provide consultation within the CRISM network/ node/

<p>disorder through a free, online program, has gained further traction (since being launched in July, 2017) with the number of preceptors increasing to 83 (from 72), as well as an additional 10 prescribers who can provide iOAT preceptorships. Since its launch, the number of individuals who have registered has increased to 2469 (from 1200 since the last report) (primarily health providers), with a total of 867 people having completed the course. Additionally, the BC host centre has granted 214 new authorizations to prescribe OAT to physicians. The iOAT training module, released by the BCCSU in December, 2017, which is tailored for experienced oral OAT prescribers who wish to prescribe this higher-intensity treatment to their patients, has now see 27 physicians and 3 nurse practitioners fully complete this training program, allowing them to prescribe this treatment option.</p> <p>Recognizing the success of the POATSP, provinces including Yukon, Saskatchewan, and Newfoundland now recognize the program for OAT</p>	<p>and Node activities, Twitter, a monthly electronic newsletter (<i>News and Notes</i>) and Node bulletins for time-sensitive announcements. This information is also available on the Node website (www.crismprairies.ca). The Prairie Node uses 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. Drs. Wild, Hodgins, and Dell regularly communicate with Node members and stakeholders regarding ongoing projects, future collaborations, and to plan knowledge exchange strategies.</p> <p>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</p>	<p>newsletters and bulletins. There has also been regular communications with current members regarding recommendations on targeted outreach. OCRINT has an open-access membership policy and those interested in joining are asked to connect with the Node Manager. Non-members are introduced to CRISM and OCRINT with an information package outlining CRISM goals, national network activities, Node-specific activities, and information on how the Node can collaborate and support stakeholder's/member's interests. When appropriate, we arrange face-to-face meetings with potential members to get a better understanding of their work, share detailed information about CRISM, and engage in in-depth conversations regarding potential collaboration.</p> <p>To further develop and inform OCRINT, the core OCRINT team engaged in a series of interviews to help identify research priorities for Ontario, as recognized by members. From November 2018 to January 2019, we conducted both face-to-face and over-the-phone interviews in</p>	<p>partnerships via targeted emails, monthly electronic newsletter, and the node's website.</p> <p>Engagement: The node engages in strategic networking with research groups, decision makers and clinical stakeholders, including Institut Universitaire de dépendance (IUD), Collège des médecins du Québec (CMQ), the CIUSSS du Centre-Sud-de-l'Île-de-Montréal, RQSHA, Researchers at Columbia University and the University of Miami, Integrated screening and prevention services for sexually transmitted and blood-borne infections (SIDEP clinic), Montreal's Needle Exchange Program Cactus, and the HCV and HIV-AIDS networks (CanHepC , PNMVH, INSHU), Halifax Area of Drug Using People (HANDUP). The Quebec-Atlantic node has already capitalized on these new working collaborations in some cases, such as collaborations with the CMQ to work on the Quebec guidelines, and the IUD to host KT activities. The node continues to work on building strong collaborations to bring</p>	
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<p>prescriber training in their own jurisdictions.</p> <p>As a part of the BC host centre's responsibility for the provincial clinical guideline for the management of opioid use disorder (official in June, 2017), national webinars have been created in addition to the in-person seminars to support and educate clinicians who are unable to attend in-person sessions held in their local region. Since their release, these webinars have accumulated 2,339 views. Additional webinars have also been added which introduce the new injectable opioid agonist treatment guidelines. Additionally, the BC host centre is preparing for the release of its Guidelines for the Clinical Management of Alcohol Use Disorder and will be developing and coordinating corresponding education and training opportunities for health care providers who wish to offer screening and treatment in their practice. The host centre will work closely with regional health authorities to provide educational and training support on the continuum of care for AUD, in addition to the ongoing</p>	<p>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.</p> <p>End users and community partners (other than researchers) who are affiliated with the Prairie Node include, according to</p>	<p>addition to one focus group, with OCRINT members, including PWLE, service providers, policy makers and researchers.</p> <p>Information regarding projects and updates are available on the Node website (www.crismontario.ca). Regular communication with Node members and stakeholders regarding ongoing projects, future collaborations, and knowledge exchange strategies occur. OCRINT has also rolled out a monthly newsletter displaying this information and disseminating node and network updates.</p> <p>Drs. Rehm and Elton-Marshall represent CRISM on numerous stakeholder committees, and participation allows for routine updates on CRISM activities and potential for collaboration.</p> <p>OCRINT leadership have also participated in the following committees and membership panels:</p> <ol style="list-style-type: none"> (1) Member, Champions Circle for Cannabis Knowledge Exchange Hub, (2) Member, the CAMH Opioid Internal Network (COIN), 	<p>relevant and effective research to fruition.</p> <p>Involvement: The node's involvement in the Communauté de pratique médicale en dépendance (CPMD) is another example of the node's engagement and interaction with decision makers and service providers in the realm of enhancing prevention and treatment services. Drs. Julie Bruneau and Marie-Ève Goyer sit on the steering committee and facilitate communications and potential collaborations with CRISM. February 22 2019, Dre Bruenau, Goyer and Talbot worked with the CPMD for a specific training da for addiction medicine clinicians.</p> <p>Drs. David Barbeau, Suzanne Brissette, Marie-Eve Goyer, Louis-Christophe Juteau, and Annie Talbot contribute to the scientific committee of CPMD.</p> <p>Dr. Julie Bruneau is on the Board of directors of the Association des intervenants en dépendance au Québec (AIDQ) and the node is an active partner in the organization the November summit in Montreal. Gilles Lavigne is on the board of the Quebec Pain research network, which facilitates</p>	
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<p>seminars for opioid use disorder.</p> <p>Since the BC CRISM Node worked with the College of Registered Nurses BC to expand prescribing authority for nurse practitioners, which became effective on April 11th, 2018, 9 nurse practitioners have completed the buprenorphine/naloxone training and 55 nurse practitioners have completed all of the educational requirements to prescribed methadone and BUP/NX.</p> <p>In February 2019, the Addiction Care and Treatment Online Certificate was formally launched to replace the Online Addiction Medicine Diploma. The Certificate program has been redesigned and updated to provide a more interactive learning experience. It is still a free, CME-accredited, online certificate course targeted at healthcare professionals interested in learning about treatment options for substance use disorders, including alcohol use disorder, stimulant use disorder, cannabis use disorder, and opioid use disorder. In addition to new content, more modules will be added to the program</p>	<p>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.</p> <p>CRISM Prairies held the CRISM Prairie Node 3rd Annual Gathering on November 1-2, 2018 in Saskatoon, SK at the Wanuskewin Heritage Park. The Gathering was attended by 107 CRISM members from Alberta, Manitoba, Saskatchewan and the Northwest Territories.</p>	<p>(3) International Scientific Advisory Board for INSERM Centre de Recherche en Épidémiologie et Santé des Populations,</p> <p>(4) President, Board of Directors of the Jellinek Memorial Fund,</p> <p>(5) Member, WHO Expert Advisory Panel on Drug Dependence and Alcohol Problems (renewed 2010, 2014, and 2018),</p> <p>(6) Official Country Representative (Canada), United Nations Office on Drugs & Crime (UNODC) expert working group on improving drug statistics and strengthening the Annual Report Questionnaire (2018, 2019),</p> <p>(7) Member, Scientific Committee, Annual Conference of the International Society of the Study of Drug Policy (2017-2019),</p> <p>(8) Member, Toronto Public Health Steering Committee for Community Dialogue on Drug Policy Reform (2017-ongoing),</p> <p>(9) Member, Steering Committee for Municipal Drug Strategies Coordinators Network of</p>	<p>integration for expertise between the networks.</p> <p>Training: Node supported OAT COWS module development, approval and dissemination to all 3 pilot study site ED personnel, pharmacists OAT clinic personnel. Through SuboxED training is available provincial to through mandatory and accessible to all clinical and ED personnel in the province</p> <p>Dissemination Activities: In addition to the node's web-based presence, 2 the Atlantic symposium and the 1st Addiction summit in Quebec, November where held to facilitate exchanges and strengthen collaborations between node members and external members. In addition to disseminating research capacities and activities within the node, the symposia/conferences engaged members and non-members to discuss the node's future initiatives, including how the node should improve the interaction and engagement of Persons with Lived Experience, and Indigenous persons and researchers. (See appendix for detailed report)</p> <p>The dissemination of the CRISM National Opioid</p>	
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<p>including topics such as psychosocial interventions, recovery, LGBTQ+, pregnancy, and youth with substance use disorders. Since this course launched in May 2017, a total of 13,084 people are registered in the program as of November 2018. A total of 2,321 people (865 from BC) have completed the entire course and have received their Diploma.</p> <p>We have developed and are releasing the National iOAT Guideline, which consists of two complementary documents: Clinical Guideline and Operational Guidance Document. The former provides clinical recommendations and guidance for iOAT treatment, offering a framework for how to build a clinical practice of iOAT. The latter, partner guideline to the clinically-focused document, provides guidance on implementing an iOAT program and operational considerations. We convened an expert disciplinary committee composed of over 40 individuals, including PWLE to review and develop these documents, which represents a critical step to expanding access to injectable</p>	<p>Assessments of the attendee perceptions of the Gathering indicate that:</p> <ul style="list-style-type: none"> • 90% rated the meeting as “excellent” or “very good” • 73% reported the meeting provided a forum for member input into Node projects either “very well” or “exceptionally well” • 62% reported opportunities at the Gathering to build collaborative relationships were either “better than expected” or “a lot better than expected” • 76% reported networking opportunities at the meeting were “very valuable” or “extremely valuable” • 51% reported they intend to become more involved with CRISM Prairie Node in future after hearing more about the Node’s goals and plans and a further 47% preferred to stay 	<p>Ontario Evaluation Framework, University of Toronto (2017-2018),</p> <p>(10) Associate Director, San Diego State University-University of California Joint Doctoral Program in Interdisciplinary Research on Substance Use (2017-2019),</p> <p>(11) Member, External Scientific Advisory Board, NIH Collaborating Consortium of Cohorts NIDA Producing Opportunities (C3NPO), (2017-2022),</p> <p>(12) Member, Society for Epidemiologic Research (2019-),</p> <p>(13) Member, Canadian Association of HIV Research (2010-),</p> <p>(14) Member, International AIDS Society (2010-),</p> <p>(15) Member, Advisory Board, International Core of the UC San Diego Center for AIDS Research (2015-2019),</p> <p>(16) Member, Executive & Scientific Committees, International Harm Reduction Conference, (2016-2019),</p> <p>(17) Member, Admissions Committee, San Diego State University-University of California Joint Doctoral Program in</p>	<p>Guideline continues to be a key knowledge translation activity for the node. A knowledge dissemination plan was developed and implemented by the node to ensure that the guidelines and the research is communicated effectively to key provincial and regulatory agencies. The dissemination plan includes:</p> <p>a) dissemination for awareness of the guidelines;</p> <p>b) dissemination for education/ understanding to engage a two-way dialogue between the Québec-Atlantic node and stakeholders; and</p> <p>c) dissemination for action/ implementation of the guideline. In the first phase, emails were sent to stakeholders (including University faculty deans, government departments, health departments, professional associations, and community groups) to generate awareness of the CRISM network and its guidelines. Stakeholders received a letter to stakeholders from the NPIs, an attachment of the CMAJ article, and recommendation brochures that were generated by the node in French and English.</p> <p>Aligning EHT and SUAP projects has been a catalyst</p>	
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<p>treatments for opioid addiction. The two documents are scheduled to be released at the same time, with the Clinical Guideline being published in the Canadian Medical Association Journal (CMAJ).</p> <p>This year, the BC Node of CRISM and the host centre hosted its first annual conference in Vancouver from May 23rd to May 25th, bringing together key stakeholders from around the province to discuss provincial efforts to treat and care for people with substance use disorders. There were presentations focused on research, education, and clinical care guidance, as well as workshops across several topics within substance use including opioid, alcohol, and cannabis use disorder. The conference hosted attendees across the province, and included poster presentations by trainees, with a keynote lecture given by Mae Katt, a member of Temagami First Nation and a Nurse Practitioner in Thunder Bay. A session entitled "Psychedelics as Medicine" was moderated by Dr. Kenneth Tupper and included discussion on current scientific investigations into</p>	<p>at the same level of involvement</p> <ul style="list-style-type: none"> 75% reported that involvement in CRISM Prairies has impacted the work they do, with a further 23% reporting that they were unsure at the time of reporting. <p>Drs. Wild, Dell and Hodgins represents CRISM on numerous stakeholder committees as outlined below. Participation on these committees affords routine updates to local and provincial leaders and decision makers on CRISM activities and opportunities for collaboration with these end users.</p> <p>CRISM Prairies leadership (including primary investigators funded by CRISM Prairies) participated in the following committees:</p> <ol style="list-style-type: none"> (1) Government of Alberta's Addiction Integration Committee (Wild), (2) Provincial Emerging Substances Surveillance and Analytics working group (Wild), (3) Alberta Supervised Consumption Services Evaluation Methodology Review Panel (Wild), 	<p>Interdisciplinary Research on Substance Use (2015-2019),</p> <ol style="list-style-type: none"> (18) Associate, International Drug Policy Project, London School of Economics (2015-), (19) Toronto Police Services Board's Mental Health and Addictions Advisory Panel (MHAAP), (20) Provincial Opioid Emergency Task Force, (21) Association of Local Public Health Agencies (alpha) Board, (22) Council of Ontario Medical Officers of Health (COMOH) Executive, (23) Urban Public Health Network (UPHN) Executive <p>Dr. Werb represents CRISM as a consultant to Health Canada (2018-2020) to develop evaluation framework for Canada's Drugs and Substances Strategy.</p> <p>Dr. de Villa led policy support for two strategic plans as a CRISM representative:</p> <ol style="list-style-type: none"> 1. Toronto Overdose Action Plan and Toronto Indigenous Overdose Strategy. 2. City Council designated Dr. de Villa as Overdose Coordinator for the City of Toronto. 	<p>for creating new opportunities for active node members to work together and to connect with members in others nodes.</p> <p>Drs Bruneau, Kaczowrosky, Stewart, Lavigne, Perrault, Asbridge, Etches, Hudson, Knowledge users C. McIsaac, G. Yetman PWLE A. Di Kewit, JF Mary, node manager represent the node on different boards and committees.</p>	
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<p>psychedelic treatments for substance use disorders and mother mental health issues. Panelists included Dr. Gabor Mate, Nitasha Puri, Joanna Simundic, and Zach Walsh.</p> <p>In partnership with the BCCSU, members of the BC CRISM Node developed and released a report proposing a model for legally regulated heroin sales in British Columbia. The report proposes establishing heroin compassion clubs for fentanyl-addicted persons to provide access to non-fentanyl-adulterated heroin. Public health researchers, addiction medicine specialists, and people with lived experience with substance use and recovery wrote this report and highlight that if proven safe and effective, the regulated heroin compassion club model could present a strategy for the regulation of other illegal or unregulated substances where prohibition has failed to reduce supply and contributed to major public health and safety issues.</p>	<p>(4) Core committee, Alberta Health Services' Addiction and Mental Health Strategic Clinical Network (Dong, Hyshka and Wild),</p> <p>(5) Alberta Health Services' Supervised Injectable Opioid Agonist Therapy project group (Wild),</p> <p>(6) World Health Organization (WHO) committee on Public Health Implications of Addictive Behaviours (Hodgins),</p> <p>(7) Alberta Health Services Expert Advisory Committee on Cannabis (Hyshka),</p> <p>(8) 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),</p> <p>(9) Alberta Minister's Opioid Emergency Response Committee (Hyshka, co-chair),</p> <p>(10) Institute for Health Economics' Supervised Consumption Services Provincial Evaluation Co-Investigator Group (Hyshka),</p> <p>(11) Canadian Drug Policy Coalition's Supervised Consumption Services Knowledge Exchange Group</p>			
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	<p>(Hyshka), (12) National working group of community, health, legal, and academic stakeholders working to establish supervised injection services in cities across Canada (Hyshka), (13) Steering Committee of the Community-University Partnership for the Study of Children, Youth, and Families Steering Committee (Hyshka), (14) Alberta Provincial Injectable Opioid Agonist Therapy (iOAT) Working Group (Wild), (15) Alberta Health Services' Provincial Addiction Curricula & Experiential Skill (PACES) Accreditation Committee (Hodgins, Wild), (16) Managed Alcohol Program Planning Committee, Lighthouse Saskatoon (Fornssler), (17) Saskatchewan Advocates for Safe Consumption Coalition Leadership Committee Saskatoon (Fornssler), (18) Saskatchewan Ministry of Health, Mental Health and Addictions Plan Reference Group (Dell), (19) Canadian Centre on Substance Use & Addiction,</p>			
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	<p>Working Group on Offender Substance Abuse (Dell), (20) Canadian Centre on Substance Use and Addiction, Recovery Expert Advisory Committee (Dell), (21) Alcohol – Let’s Talk, Saskatchewan Prevention Institute (Dell), (22) Province of Saskatchewan Ministry of Justice, Deputy Minister of Corrections and Policing, Expert Advisory Council (Dell), (23) Alberta health Services Research Partnership Committee (Christensen), (24) University of Calgary Alcohol Advisory Committee (Hodgins), (25) Canadian Centre on Substance Use & Addiction, Working Group on Low Risk Gambling Guidelines (Hodgins), (26) Alberta Health Services Addiction education conference planning committee (Hodgins), (27) Advisory Board, Provincial Concurrent Capable Learning Series, Alberta Health Services (Hodgins), (28) Advisory Council member, Drug Free Kids Canada (Fandrey),</p>			
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	<p>(29) Provincial Research Advisory Group member for the Calgary Counselling Centre (Rittenbach), (30) Research Advisory Committee member for the Inner City Health and Wellness project (Rittenbach)</p> <p>Examples of knowledge translation activities. As an example of Prairie Node impact on service providers, one of our Node Demonstration Projects, <i>Project Engage</i>, 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</p>			
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	<p>educational module was used to train 47 staff members at 4 treatment sites in Alberta (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. In the second phase, we will work with interested treatment sites to implement and evaluate CM in their programs.</p>			
<p>b) In Table 4, please indicate the number of research contributions and products.</p> <p>Table 4:</p>				

Knowledge Translation from April 1, 2018 to March 31, 2019

Number of Research Contributions:	OPTIMA		BC		Prairies		ON		QA		EHTF	
	Pub'd	Sub'd	Pub'd	Sub'd	Pub'd	Sub'd	Pub'd	Sub'd	Pub'd	Sub'd	Pub'd	Sub'd
Peer-Reviewed Publications	0	0	29	0	42	4	21	0	244	0		
Books	0	0	0	0	2	0	0	0	0	0		
Conference Presentations	1	0	22	0	41	0	24	0	61	0	7	
Conference Abstracts	0	0	13	0	41	33	15	1	48	0		5
Guidelines	0	0	5	0	0	0	2	0	0	0		
Other Reports	0	0	10	0	2	0	6	0	0	0		
Public Outreach and Media Coverage												
Presentations (not incl. above)	0		21		37		1				4	
Newspaper	0		0		0		102				9	
TV/Radio	0		7		0		6				0	
TOTAL												

c) Please indicate all publications related to CRISM funding and problematic substance use from December 1, 2014 to March 31, 2019 in Table 5, which should be created for each Node and OPTIMA.

This list will be provided as a separate submission to CIHR.

Table 5:

1	Title	Supported by CIHR funding <input type="checkbox"/> Fully <input type="checkbox"/> Partially	
	Journal	Number	
	Primary Author Name	Page No	
	Authors	Year	
	URL		
	DOI		
2	Title	Supported by CIHR funding <input type="checkbox"/> Fully <input type="checkbox"/> Partially	

	Journal	Number	
	Primary Author Name	Page No	
	Authors	Year	
	URL		
	DOI		
3	Title	Supported by CIHR funding <input type="checkbox"/> Fully <input type="checkbox"/> Partially	
	Journal	Number	
	Primary Author Name	Page No	
	Authors	Year	
	URL		
4	Title	Supported by CIHR funding <input type="checkbox"/> Fully <input type="checkbox"/> Partially	
	Journal	Number	
	Primary Author Name	Page No	
	Authors	Year	
	URL		
5	Title	Supported by CIHR funding <input type="checkbox"/> Fully <input type="checkbox"/> Partially	
	Journal	Number	
	Primary Author Name	Page No	
	Authors	Year	
	URL		
6	Title	Supported by CIHR funding <input type="checkbox"/> Fully <input type="checkbox"/> Partially	
	Journal	Number	

	Primary Author Name	Page No	
	Authors	Year	
	URL		
	DOI		
7	Title	Supported by CIHR funding <input type="checkbox"/> Fully <input type="checkbox"/> Partially	
	Journal	Number	
	Primary Author Name	Page No	
	Authors	Year	
	URL		
	DOI		
8	Title	Supported by CIHR funding <input type="checkbox"/> Fully <input type="checkbox"/> Partially	
	Journal	Number	
	Primary Author Name	Page No	
	Authors	Year	
	URL		
	DOI		
9	Title	Supported by CIHR funding <input type="checkbox"/> Fully <input type="checkbox"/> Partially	
	Journal	Number	
	Primary Author Name	Page No	
	Authors	Year	
	URL		
	DOI		
10	Title	Supported by CIHR funding <input type="checkbox"/> Fully <input type="checkbox"/> Partially	
	Journal	Number	
	Primary Author Name	Page No	

	Authors	Year	
	URL		
	DOI		
<p>d) Please describe the extent to which research knowledge has been integrated into the planning & development of treatment services.</p> <div style="background-color: #1a3d54; color: white; text-align: center; padding: 5px;">OPTIMA</div> <p>OPTIMA The results of the study have not been published since the trial is still ongoing, so no changes in clinical practices can be expected because of that. Training on OPTIMA and implementation of the trial at various sites across the country have clearly increased/improved capacity, perception and practices pertaining to the integration of clinical research in clinical settings.</p> <p>NOG The national guidelines present 11 evidence-based recommendations for primary care practitioners, with a stepped care approach for increasing or decreasing the intensity of treatment. The goals for implementation of the guideline include increasing the numbers of healthcare providers who use evidence-based practices in their treatment of patients with OUD and provide a wider range of treatment options. Additionally, we are continuing to promote the use of the evidence base and recommendations in educational curricula and training programs for future and current practitioners. One example of this is the inclusion of the <i>CRISM National Guideline for the Clinical Management of Opioid Use Disorder Treatment</i> is evident in that Alberta Health Services has incorporated the guideline recommendations into all 7 of the modules of their <i>Alberta Opioid Dependence Treatment Training Program</i>. This program was launched Fall 2018 and provides education to Alberta health care professionals who specialize in OUD treatment, including physicians, nurses, and pharmacists; program materials are housed on the CRISM Prairies website. Additionally, collaboration with the University of Calgary Department of Medicine was initiated with the goal of providing training in opioid agonist treatment (OAT) for opioid use disorder (OUD); changes to the curriculum have resulted in provision of a 1-day opioid educational day to the first year family practice residents as well as having all of them rotate through the Calgary Opioid Dependency Program to gain clinical experience.</p> <p>Following the release of the national guideline, a summary version of it which provides guidance and resources specifically for primary care providers was released on June 1, 2018. A pregnancy guideline supplement as well as a supplement for youth have also been developed.</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 the Prairies into their practice, including Alberta Health Services detox facilities, emergency rooms, and the Calgary Corrections Centre.</p> <p>These efforts will ultimately contribute to greater access and expansion of the continuum of care in Canada.</p>			

EHT Program

Many of the EHT program projects are developing practice guidelines. For example, as a part of the EHT program injectable opioid agonist treatment envelope of activities, CRISM is developing and releasing two complementary documents: the National Injectable Opioid Agonist Treatment for Opioid Use Disorder Clinical Guideline and Operations Guidance. These documents are the first of their kind in the world and have been developed following the development of the Provincial Guidance for Injectable Opioid Agonist Treatment for Opioid Use Disorder in BC that were originally released in June 2017. The clinical guideline is geared towards prescribers, pharmacists, and nurses as well as other members of iOAT care teams that provide substance use disorder addictions and treatment care. This document provides a framework to assist with the clinical practice of iOAT. The operations guidance is geared towards policy makers, clinical and operational leads in health authorities, team leaders, funders, and organizations that provide substance use disorders and addictions care. This document provides guidance on implementing iOAT programs. As another example, the EHT nurse-engagement project CRISM is developing a national scoping review of nursing practice in substance use care, which will be used to develop recommendations to expand the scope of practice for nursing professionals to support substance use treatment and prevention. In developing this report and recommendations, we have had discussions with nursing regulators and practitioners across the country, to begin the conversation of what changes can be made to support best practice and innovative models of care.

BC	PRAIRIE	ON	QA
<p>Through the development of our online education and training program, the Provincial Opioid Addiction Treatment Support Program (POATSP), we are now training all prescribers who manage patients with opioid use disorder in BC. The education is aligned with the provincial OAT guideline, which provides treatment recommendations based on research evidence for a range of OAT medications. The online POATSP has 2469 registered individuals, with 867 full course completions. Through the in-person and online education,</p>	<p>CRISM Prairies has brokered uptake of the <i>CRISM National Guideline for the Clinical Management of Opioid Use Disorder Treatment</i> 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>. This program was launched Fall 2018 and is intended to provide education to Alberta health care professionals who specialize in OUD treatment, including physicians, nurses, and</p>	<p>OCRINT supported the knowledge mobilization of the CRISM National Guidelines for the Clinical Management of Opioid Use Disorder Treatment</p> <p>The Ontario Node partnered with the Ontario College of Family Physicians (OCFP) and hosted a webinar in French and English on ways physicians can help reduce the health risks and harms for patients when it comes to cannabis use. Registration was capped at 140 participants, whereby the webinar explored recommendations from the LRCUG, with special focus</p>	<p>Distribution and training in the use of naloxone in a community organization: Qualitative research has been conducted on the node's demonstration project, PROFAN (Perreault/Levesque), to explore the benefits and challenges that peer-trainers have encountered during the program. Using the knowledge of the research, Méta d'Âme continues to successfully facilitate access to naloxone and expand peer-to-peer training sessions. Despite the fact that naloxone and naloxone training are easily accessible</p>

<p>a large number of clinicians are now trained in the effective management of opioid use disorder and safe prescription of methadone, buprenorphine/naloxone, and slow release oral morphine. This includes 55 nurse practitioners, who now have the required training to prescribe OAT.</p> <p>Our Addiction Care and Treatment Online Certificate is a free, CME-accredited, online certificate course that is targeted at health care professionals interested in learning more about providing care to individuals with substance use disorders. Since the course launched in May 2017, a total of 13,084 people are registered in the program as of November 2018 and 2,321 people (431 from BC) have completed the course and received the diploma. This represents an additional group of clinicians who have received evidence-based training in how to treat substance use.</p> <p>We released a report proposing a model for legally regulated heroin sales in BC to address the fentanyl-adulterated drug supply while also combatting organized</p>	<p>pharmacists; program materials are housed on the CRISM Prairies website. Additionally, collaboration with the University of Calgary Department of Medicine was initiated with the goal of providing training in opioid agonist treatment (OAT) for opioid use disorder (OUD); changes to the curriculum have resulted in provision of a 1-day opioid educational day to the first-year family practice residents as well as having all of them rotate through the Calgary Opioid Dependency Program to gain clinical experience.</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 the Prairies into their practice, including Alberta Health Services detox facilities, emergency rooms, and the Calgary Corrections Centre.</p>	<p>on the continuum of health interventions for cannabis-general prevention or abstinence, targeted prevention or harm reduction, and tertiary prevention or treatment.</p> <p>Other LRCUG webinars include partnerships with: Ontario Association of Social Workers (OASW) and Registered Nurses Association Ontario (RNAO), and Public Health Agency of Canada (PHAC). The PHAC webinar was nationally broadcasted on March 18, 2019 in both English and French, with 778 people registered.</p>	<p>in all Quebec pharmacies, requests for training sessions have increased. Within the fiscal year, the project held a total of 22 short training sessions (3.5 hours), 3 long training sessions (7.5 hours including a CPR course), and trained 239 individuals.</p> <p>Expansion of opioid agonist treatment in emergency departments: Node researchers (Annie Talbot) have launched the SuboxED protocol in 3 hospitals to implement the initiation of naloxone-suboxone in Quebec emergency departments (Hôpital Notre-Dame, Centre hospitalier universitaire de Sherbrooke, and Centre hospitalier de l'Université de Montréal).</p> <p>Adherence counseling and patient navigation- RCT evaluating integrated care models: The M² trial is capitalizing on an existing resource at OAT and SAP to optimize access to HCV treatment and HIV prevention treatment for PWID.</p>	
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<p>crime and the tremendous profitability of an unregulated drug market. Research has shown that the prohibition of drugs contributes to a range of health and social consequences and, via the criminalization of people struggling with illicit drug addiction, perpetuates stigma towards people who use drugs. This report presents evidence that harm reduction, addiction treatment and recovery services, even when sufficiently brought to scale, have a limited impact in addressing direct unintended effects of drug prohibition that are driven by organized crime profits in the illegal market. The report serves as a valuable source of evidence that the formation of a heroin compassion club co-operative model could provide a safe place for people to access medicines and connect with a range of health services, while also helping to provide life-saving treatment. This would be an updated, members-only cooperative model through which heroin could be legally obtained from a pharmaceutical manufacturer and securely stored for heroin prescription programs,</p>				
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while also undertaking scientific evaluation.				
e) Please provide evidence regarding the extent to which treatment systems & services have improved.				
NETWORK				
<p>OPTIMA</p> <p>While results of the study have not been published since the trial is still ongoing, improving prevention, decreasing negative consequences of use, and supporting innovative approaches to treatment rehabilitation are the overarching goals of OPTIMA. Findings from this trial will also help inform policy and healthcare service provision for people who use drugs.</p> <p>NOG Supplementary Projects</p> <p>As a result of the CRISM-led national consultation on the S. 56/CDSA, requirements for physicians to obtain methadone treatment exemptions have been removed, a change that is expected to support increased treatment of OUD by family physicians and other non-specialist addictions health care providers.</p>				
BC	PRAIRIE	ON	QA	
<p>As of March 31, 2019, 2751 FT-IR tests have been completed and results communicated to clients. Information on particularly dangerous batches of street drugs have been released to the public through Vancouver Coastal Health's Real-time Drug Alert & Response network and drug checking results have been regularly shared with key provincial public health partners. BC Node member, Dr. Kenneth Tupper, presented drug checking results at the International Society for the Study of Drug Policy Conference on May 17,</p>	<p>Numerous health care agencies in the Prairies have or are in the process of promoting buprenorphine/naloxone as first line treatment of OUD.</p> <p>Other innovative activities are also being planned or rolled out, including implementation of slow release oral morphine and injectable opioid agonist treatment.</p>	<p>As part of the EHT program, the Ontario Node is in the process of evaluating opioid agonist treatment (OAT) provision among correctional populations in Quebec-based federal correctional institutions, both during incarceration and upon release. The goal of this study is to assess offender's experiences with treatment provision during incarceration, as well as to gain a better understanding of post-incarceration trajectories of offenders engaged in OAT, including health care system utilization and health-related outcomes. Data from this study will be</p>	<p>Successful progression and extension of demonstration project (Perreault/Levesque): The goal of the node's 2nd Demonstration Project (PROFAN) is to prevent deaths due to overdose by facilitating access to Naloxone through a peer to peer training and naloxone access program. It is executed in collaboration with the Québec public health authority, a community peer-to-peer resource an addiction support clinic, and mental health research hospital. Within the fiscal year, the project held a total of 22</p>	

<p>2018. Further research is ongoing to determine the utility of these services and impact on client behaviour, attitudes, and satisfaction with the services.</p> <p>We have data indicating there the number of clinicians obtaining opioid agonist prescription privileges is increasing. Training is provided through the POATSP program, which provides a comprehensive, online, CME-accredited training for health care providers involved in treatment of patients with opioid use disorder. In order to prescribe methadone in BC from July 2017 to March 2019, prescribers must take the POATSP training, complete a comprehensive case-based workbook and complete a preceptorship with a clinical expert. The BCCSU preceptorship program supports new OAT prescribers in the understanding and practical applications of the provincial guidelines and completion of clinical preceptorship is required in order to obtain prescribing privileges, and build clinical skills with OAT (i.e., BUP/NX, methadone, slow release oral morphine, injectable options. As of</p>		<p>used to provide Correctional Services Canada with best practice recommendations for OAT provision within their institutions, as well as suggestions on how to improve health care system linkage for offenders on OAT post-release.</p>	<p>short training sessions (3.5 hours), 3 long training sessions (7.5 hours including a CPR course), and trained 239 individuals. Training sessions took place at Méta d'Âme, Sac à Dos, Cap St-Barnabé, and Hôpital St-Luc (CHUM). The project has received funding from the MSSS and has expanding outside of Montreal.</p> <p>Uptake of the NOG: Change in practice with physicians following proposed preference for bup/nal and carry-dose calendars.</p> <p>Involvement of CRISM within the Community of practice: National opioid guideline was integrated in policy and practice change proposals and the implementation of OAT within the public addiction treatment network in collaboration with Dre Marie-Eve Goyer (node member) Lead clinician, <i>Programme Cran du CIUSSS du Centre-Sud-de-l'Île-de-Montréal;</i> <i>Responsable scientifique formation TDO INSPQ;</i> <i>Médecin-conseil DSDI du MSSS</i></p>	
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<p>March 2019, this preceptorship program has supported the training of preceptors across various health authorities in BC. These data may be taken as indirect outcomes of our guideline, education, and dissemination activities, which led to additional trained prescribers of OAT.</p>				
<p>f) Please describe any additional KT activities or highlights</p>				
<p>NETWORK</p>				
<p>The CRISM Network communicates with its collaborators, stakeholders, and the wider public through social media, including Twitter and the national website. On Twitter, we have a total of 701 followers, and posted approximately 100 tweets and retweets this past year. The national CRISM website was launched in March 2018. Since we began tracking utilization in Jan 2019, the website has received over 3000 visits and the single most visited page is for the National OUD Treatment Guidelines.</p>				
<p>BC</p>	<p>PRAIRIE</p>	<p>ON</p>	<p>QM</p>	
<p>The BC Node of CRISM communicates via its host centre with its collaborators, stakeholders and the wider public through social media, including Twitter, Facebook, and our website. On Twitter, we have a total of 2,050 followers, and posted 400 tweets during 2018.</p>	<p>CRISM Prairies has addressed each of the 3 CDSS goals listed in section 4 by providing support for targeted research activities, using a combination of Node demonstration and infrastructure projects, as well as our Node Development Program, under which members can apply for up to \$15,000 to support research project development. Through our Node Development Grant program, we provided</p>	<p>The Ontario Node has been working closely with Addictions and Mental Health Ontario (AMHO) to disseminate OCRINT activities and engage in targeted outreach. AMHO Addictions and Mental Health Ontario (AMHO) represents 200 addiction and mental health organizations in Ontario. Our members provide services and supports that help Ontarians across the province with their</p>	<p>The node was successful in inviting the Honorable Ginette Petitpas-Taylor to its Atlantic symposium. Unable to attend, The MoH sent her then principal advisory Suzie McDonald and provided 2 video messages for attendees which were played for attendees.</p>	

	<p>\$105,000 funding for pilot projects conducted by our members, which was leveraged into approximately \$1 million in grants from provincial and federal funders to support ongoing initiatives. The Node also provided support for specific knowledge exchange activities through our small project grant mechanism. Table 2 provides a comprehensive listing and brief descriptions of all of these activities.</p>	<p>recovery, including community-based counselling and case management, peer support and consumer run businesses, residential treatment, withdrawal management, supportive housing and hospital based programs.</p> <p>OCRINT has presented on CRISM and OCRINT related activities at a number of events, conferences and meetings.</p>		
<p>8. ENGAGEMENT OF PEOPLE WITH LIVED EXPERIENCE & END USERS</p>				
<p>a) Please describe how your engagement with people with lived experience and end users, including indigenous communities</p>				
<p>NETWORK</p>				
<p>Network 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 hosted a National harm reduction consultation and meeting in Edmonton, AB on Oct 3-5, 2018 (in conjunction with the Stimulus conference). In addition to hosting a meeting, the CRISM network provided \$8,000 for scholarships to allow CRISM-affiliated PLE representatives to attend the conference. The CRISM meeting was designed as a networking opportunity where attendees from the PLE community could learn about activities and initiatives that PLE groups across Canada are undertaking, and build new collaborations among one another and with CRISM.</p>				

<p>CRISM engages with the PWLE members of its national executive committee (NEC) throughout the year as well as during the annual NEC meeting in Feb 2019 in Toronto. At this year's meeting, eight PWLE attended and participated in the discussions, and were active participants in the various discussions and presentations, providing valuable input for CRISM's projects and priorities, especially around development of CRISM 2.0. Indigenous representation was also provided by 2 of the PWLE attendees who provided insights and priorities from the Indigenous perspective.</p> <p>OPTIMA Community engagement is absolutely critical to the success of the trial. Sites continue to work very closely with local community organizations, participated in outreach efforts with teams in the community. These include but are not limited to: safe consumption services, local health authorities, provincial outreach teams, and people with lived experience, hiring peer research assistants engaging peer navigators. People with lived experience have been brought into recruitment efforts, oral presentations, meetings, and discussion groups.</p> <p>EHT Program People with Lived/Living Experience (PWLE) of substance use are critical to the success of any intervention and service, but have been historically excluded from the planning of addiction treatment services. This formation of this working group is intended to (a) promote community-building across Canada by providing a platform to share stories and experiences, (b) engage with other CRISM projects as a PWLE reference group, (c) reduce stigma and discrimination against people who use drugs, and (d) advocate for change on national, regional, and local scales. Currently, this group is developing a photovoice project where members take photos that represent their lives and their communities and include corresponding commentary. There are plans to compile these photos into a book or place them on a website. The group is also working in partnership with a podcast, CRACKDOWN, to create four episodes about themes that the group will identify that they would like to address through this media.</p>			
BC	PRAIRIE	ON	QA
<p>People with lived experience: We are supporting a PWLE-led photovoice project where PWLE take photos of their lives within their communities and partner them with a caption explaining its importance. This project will be published as a book and/or developed into a webpage (anticipated completion Fall 2019).</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</p>	<p>OCRINT established a part-time role for a Peer Consultant. This role is held by a PWLE and provides support in the development, recruitment, engagement and consultation of the <i>Identifying Priorities for Drug Use Research in Ontario among People with Lived Experience</i> Project.</p> <p>We have also established an additional role for a PWLE to</p>	<p>The Quebec –Atlantic nodes supports opportunities for PWLE to attend research conferences, and are active to seek members of our community advisory board in the development of new initiative. We actively maintain contact with the community groups in the geographical areas in Montreal and Halifax and have been active in maintaining links with groups</p>

<p>We supported the attendance of PWLE to the Stimulus Conference in Edmonton (October 3-5, 2018). A survey on PWLE experiences working in harm reductions surveys was administered to 50 conference participants (anticipated report completion Summer 2019).</p> <p>We are supporting the partnership of PWLE to work with the BC host centre on the podcast, CRACKDOWN as a means of storytelling. There is a plan to contribute to four podcasts with each having a different theme that is proposed by each Node. It has been proposed that one podcast will be done per year starting with the first in 2019.</p> <p>We engage with PWLE in all guideline and education program development. For example, several members of the National iOAT Guideline Committee are PWLE, as are numerous external guideline reviewers. The PWLE helped review and develop the both the clinical and operational documents. We gathered the experiences of patients on OAT to ensure that their voices are heard and their experiences inform the content of the guidelines.</p>	<p>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 sessions included a panel of PLE/community advisory group representatives (one from each of AB, SK and MB) who discussed harm reduction initiatives in their region.</p> <p>During this funding year, the Node provided financial support of \$15,000 to SASC to support their activities including: 1) public mobilization efforts, 2) the development of community consultation processes for proposed safe consumption sites, 3) supporting current harm reduction activities in the city of Saskatoon to inform province-wide standards of practice, 4) local-level activism in support</p>	<p>be part of our executive OCRINT committee whereby the individual will participate and be involved in decision-making of priorities moving forward.</p> <p>OCRINT has actively engaged in a number of outreach activities to a number of drug user and professional organizations, including: Families for Addiction Recovery; Ontario Peer Development Initiative; The Jean Tweed Centre; George Hull Centre; Skylark Children, Youth & Families; Loft Community Services; and East Metro Youth Services. Furthermore, OCRINT connected directly (in person and/or via phone) with PWLE to discuss research priorities for OCRINT.</p> <p>OCRINT worked closely with Families for Addiction Recovery and Skylark Children in the development and consultation of questions for the service provider and PWLE surveys.</p>	<p>in PEI, NB and NL facilitating exchanges by committing funds to travel and videoconference.</p> <p>Atlantic symposium in November 2018: The First Voice panel, "The Heart, The Soul & The Pulse- Meaningful Participation of People who Use Substances," discussed existing programs and networks available across the Atlantic provinces for problematic substance use, and addressed how to redesign our approach to engage and sustain First Voice in research activities. We invited peers from all the provinces to attend the conference and to present their work at the symposium.</p> <p>Successfully invited First Voices and champions from each of the Atlantic provinces to attend the symposium: increasing the Québec-Atlantic node's visibility and collaboration within the Atlantic provinces.</p> <p>We support PWLE research grant applications and provide support in facilitating research literacy and access.</p> <p>We work with Meta D'Ame and CACTUS, Dopamine, HANDUP, and other user groups to identify</p>	
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<p>We supported the establishment of the Lived Experience Committee. This is a regionally diverse committee of PWLE that contributes to research development, educational initiatives, clinical care documents, and community issues and concerns. The committee has met twice since November 2018.</p> <p>We engaged 20 PWLE from across BC in designing knowledge translation strategies for the BC drug checking project on February 7th, 2019. This meeting included discussion on increasing the geographical availability of drug checking services around the province, the improvement of the reporting template used to share data, and increasing the frequency of when data is shared with the current development of a website to provide access to this information.</p> <p>Family members and caregivers: An update to an existing resource designed to help families navigate substance use: "Family Coping Kit: Dealing with Addiction in</p>	<p>of harm reduction through coordination of media engagement activities, and 5) fostering of stronger regional relationships with other harm reduction advocacy groups in neighbouring provinces.</p> <p>In the next funding year we will be providing similar funding to the MHRN.</p> <p>CRISM Prairies was also a signatory on a recent open letter from the Canadian HIV/AIDS Legal Network to Premier Doug Ford and Minister of Health and Long-Term Care Christine Elliott. With more than 120 organizations signing on, the letter demonstrates broad support for safer consumption (SCS) and overdose prevention sites (OPS), and reminds the premier and Minister Elliott that the evidence showing they save lives already exists.</p>		<p>opportunities to work together and occupy similar spaces were the PWLE is at the center. The community summit we are organizing before INHSU is an example of peer engagement.</p> <p>We also promote publications by peers: Matthew Bonn and Thomas Brothers submitted a commentary for publication to CMAJ title Patent-centered care in opioid agonist treatment could improve outcomes. CMAJ 2019 April 29; 191:E460-1. doi: 10.1503/cmaj.19043</p>	
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<p>Your Family (4th edition), developed in partnership with From Grief to Action and the British Columbia division of the Canadian Mental Health Association (released November 28, 2018).</p> <p>A new resource has been released, "Gone Too Soon: Navigating grief and loss as a result of substance use," provides information, resources, instructions, and support during the grieving period, developed in partnership with BC Coroners Service and BC Bereavement Helpline (released November 28, 2018).</p> <p>Recovery advocates and service providers: We established a part-time role for a Peer Advocacy and Navigation Facilitator. This role is held by a PWLE and provides support to opioid agonist treatment (OAT) patients across BC who have questions or concerns about the quality of care they are receiving. Since starting, this role has supported over 80 people across BC.</p> <p>We supported the development of "Opioids: A</p>				
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<p>Survivor’s Guide”, a patient-facing resource on evidence-based OAT options, information on patient advocacy, skill-building, alternative ways of healing, pregnancy, and other topics. (to be released May 2019)</p> <p>In October 2018, CRISM staff and PWLE attended, supported, and presented at the Stimulus Conference in Edmonton, AB.</p> <p>A meeting was held in May 2018 with recovery service providers to review priorities.</p>				
<p>9. INCLUSION OF SEX AND GENDER</p>				
<p>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?</p> <p>OPTIMA Sex and gender continue to be considered during the enrolment period of the trial. There are also provisions in the protocol for women who become pregnant during the trial that wish to continue, as well as well provisions for breastfeeding women are well indicated in the inclusion and exclusion criteria. Further, demographic information on sex and gender is being collected and will be included in analyses. In adherence to CIHR and Health Canada guidelines, OPTIMA will apply a sex and gender-based analysis (SGBA) which will allow researchers to identify gender specific intervention opportunities and make recommendations for more tailored treatments for opioid dependence.</p> <p>The OPTIMA trial has enrolled: Biological sex: Male (193, 67.7%), Female (92, 32.3%) Identified Gender: Man (190, 66.4%), Woman (94, 32.9%), and Transgender (2, 0.7%)</p>				

<p>Sites have taken steps to specifically target female participants and those who self-identify as women such as dissemination of trial information through various gender specific special interest groups, community organizations, shelters, and outreach centres.</p> <p>EHT Program The EHT projects have each built in considerations for examining sex/gender differences where possible (further details may be found in the EHT program report submitted Sept 2018 and the upcoming 2019 report).</p>																	
<p>10. ETHICS, LEGAL AND SOCIAL</p>																	
<p>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?</p> <table border="1" data-bbox="149 617 1680 1399"> <thead> <tr> <th colspan="4" data-bbox="149 617 1680 673" style="background-color: #1a3d54; color: white;">NETWORK</th> </tr> </thead> <tbody> <tr> <td colspan="4" data-bbox="149 673 1680 1258"> <p><input checked="" type="checkbox"/> Yes Please describe:</p> <p>OPTIMA <u>Challenge:</u> There have been ongoing challenges pertaining to recruitment, and heterogeneity in sites performance; <u>Response:</u> 1) sites dedicated additional human resource and financial allocation to increasing and supporting recruitment efforts across all sites; (e.g. engagement of community, transit advertising, increased contact with local health authorities and health care agencies), 2) closure of 2 clinical sites and the addition of another clinical site with a larger percentage of the patient population that is out recruitment target and recruitment performance and potential, and 3) adjustment of the enrollment period for an additional 12 months.</p> <p><u>Challenge:</u> turnover in staff (clinical and research) <u>Response:</u> proactive follow-up with sites to ensure proper staffing, training of new staff, etc.</p> <p><u>Operational and contractual challenge:</u> Execution of the OPTIMA trial through 4 different funding grants has continued to present considerable logistical challenges including contracts, agreement, memorandum of understanding, transfer of funds, payment of supplies and other hared cost.</p> </td> </tr> <tr> <th data-bbox="149 1258 541 1307" style="background-color: #1a3d54; color: white;">BC</th> <th data-bbox="541 1258 917 1307" style="background-color: #1a3d54; color: white;">PRAIRIE</th> <th data-bbox="917 1258 1289 1307" style="background-color: #1a3d54; color: white;">ON</th> <th data-bbox="1289 1258 1680 1307" style="background-color: #1a3d54; color: white;">QA</th> </tr> <tr> <td data-bbox="149 1307 541 1399"> <p><input type="checkbox"/> Yes Please describe:</p> </td> <td data-bbox="541 1307 917 1399"> <p><input type="checkbox"/> Yes Please describe:</p> </td> <td data-bbox="917 1307 1289 1399"> <p><input type="checkbox"/> Yes Please describe:</p> </td> <td data-bbox="1289 1307 1680 1399"> <p><input checked="" type="checkbox"/> Yes Please describe:</p> </td> </tr> </tbody> </table>		NETWORK				<p><input checked="" type="checkbox"/> Yes Please describe:</p> <p>OPTIMA <u>Challenge:</u> There have been ongoing challenges pertaining to recruitment, and heterogeneity in sites performance; <u>Response:</u> 1) sites dedicated additional human resource and financial allocation to increasing and supporting recruitment efforts across all sites; (e.g. engagement of community, transit advertising, increased contact with local health authorities and health care agencies), 2) closure of 2 clinical sites and the addition of another clinical site with a larger percentage of the patient population that is out recruitment target and recruitment performance and potential, and 3) adjustment of the enrollment period for an additional 12 months.</p> <p><u>Challenge:</u> turnover in staff (clinical and research) <u>Response:</u> proactive follow-up with sites to ensure proper staffing, training of new staff, etc.</p> <p><u>Operational and contractual challenge:</u> Execution of the OPTIMA trial through 4 different funding grants has continued to present considerable logistical challenges including contracts, agreement, memorandum of understanding, transfer of funds, payment of supplies and other hared cost.</p>				BC	PRAIRIE	ON	QA	<p><input type="checkbox"/> Yes Please describe:</p>	<p><input type="checkbox"/> Yes Please describe:</p>	<p><input type="checkbox"/> Yes Please describe:</p>	<p><input checked="" type="checkbox"/> Yes Please describe:</p>
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<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No	<p>Legal landscape has made confirming research agreements with other nodes and contract research organization a challenge. The node has been able to meet this challenge by focusing a part of the node manager mandate to finding efficient ways to anticipate this reality and be prepared.</p> <p>Languages and geography: To mitigate the challenge and costs of having membership polarized geographically and linguistically we have chosen to have newsletter in French and English and 2 different symposia for Quebec and the Atlantic with the goal to work towards event in the near future where all node members can gather in one space and share the KT in English and in French. The September 2017 symposium had English and French presentations to accommodate our bilingual audience.</p> <p>Contractual challenges remain for national projects due to the funding structure.</p>	
11. GOVERNANCE				

a) Please briefly describe any changes to your Node's governance structure and associated committees.				
NETWORK				
None				
BC	PRAIRIE	ON	QA	
We initiated a formal schedule for regular Node steering committee meetings, which are held quarterly.	<p>The Prairie Node has changed individual members of our NEC such that Ginette Poulin is now our knowledge user representative.</p> <p>We are also forming advisory groups for our various stakeholders (including service providers, decision makers, PLE/advocacy) including developing Terms of Reference for each.</p>	The Ontario Node has changed leadership from Dr. Benedikt Fischer to Dr. Jurgen Rehm. Additionally, new PIs and Knowledge Users have joined the leadership team such as: Dr. Tara Elton-Marshall (Centre for Addiction and Mental Health); Dr. Scott Leatherdale (Waterloo University), and Dr. Eileen de Villa (Toronto Public Health).	<p>The Quebec-Atlantic node is revising its Executive committee and Atlantic Advisory committee terms of reference.</p> <p>The node has added a PWLE to its list of NEC delegates to better represent the Atlantic region. Justin Gotell is an outreach worker for the PEI Peers alliance.</p> <p>Vacant seats are being re-considered for the renewal process on the EC. New members from PEI and NL will be joining the AAC in May 2019.</p>	
12. ADDITIONAL COMMENTS				
Please add any additional comments that are relevant to the analysis of the information provided within this report.				
BC				
While the BC Node of CRISM does not financially support most of the salaries of graduate students and postdoctoral fellows, there are currently 27 trainees who conduct their research at the BC Node under the mentorship of our principal investigators. These trainees are indirectly supported by CRISM initiatives on a project by project basis.				

