



Appl. #

Application Details

Funding Opportunity:

Team Grant: CRISM Phase II: Regional Nodes (2021-06-15)

Proposed Start Date:

Proposed End Date:

Applicant:

Surname HODGINS

Given Names David

Institution University of Calgary

Faculty Faculty of Arts

Department Psychology

Telephone 403-220-3371

Fax

E-mail dhodgins@ucalgary.ca

Title:

CRISM PHASE 2: Prairie Region Node

Primary location where research to be conducted: University of Calgary

Faculty: Faculty of Arts

Department: Psychology

Institution which will administer project funds (Institution Paid):

University of Calgary

Location of proposed Activity:

Period of support requested: 6 Year(s) Month(s)

THE FOLLOWING SECTIONS ARE NOT APPLICABLE TO ALL PROGRAMS

Budget section - Amounts Requested from CIHR in the First Full Year:

Operating: 0

Equipment: 0

Total Amount Requested: \$0

New

Renewal

Funding Reference Number (FRN):

Is this application a resubmission of a previously unsuccessful new application?

Yes No

Is this application a resubmission of a previously unsuccessful renewal application?

Yes No FRN #:

Have you applied to this program in the last two years?

Yes No

Is this a multi-center study?

Yes No



**Certification Requirements**

- Human subjects     
  Human stem cells     
  Animals     
  Biohazards  
 Environmental Impact     
  Containment Level

Clinical Trial

Contains a randomized trial

In order to carry out the proposed research in this application, an exemption from Health Canada under Section 56 of the Controlled Drugs and Substances Act is required. I agree to obtain an exemption from Health Canada to use the controlled substance for research purposes, as needed.

**Other Project Information**

For statistical purposes, does this application propose research involving Indigenous peoples?  Yes  No

Is sex as a biological variable taken into account in the research design, methods, analysis and interpretation, and/or dissemination of findings?  Yes  No

Is gender as a socio-cultural factor taken into account in the research design, methods, analysis and interpretation, and/or dissemination of findings?  Yes  No

Please describe how sex and/or gender considerations will be integrated into your research proposal or explain why sex and/or gender are not applicable to your research proposal:

Sex and gender are highly relevant to the proposed Regional Node activities. Sex and gender influence substance use and its impact in direct and indirect ways. Consistent with the CRISM | Prairie Phase I outputs, both sex and gender will continue to be considered in the development and conduct of all research projects as they unfold over the course of this funding period.



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**Request to be considered for the following Priority Announcements/Funding Pools\*:**

Relevant Research Area:	Title of the Priority Announcement/Funding Pool:
Prairie Region	CRISM Phase II: Regional Nodes - LOI

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**Linked Programs:**

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Appl. #  
No de la demande

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**RELEVANCE FORM | FORMULAIRE DE PERTINENCE**

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**Title of Research Proposal | Titre de la proposition de recherche :**

CRISM PHASE 2: Prairie Region Node

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**Relevant Research Area |Thème de recherche pertinent :**

Prairie Region

**Title of Priority Announcement/Funding Pool |**

**Titre de la demande d'Annonce de priorités/Classe de financement :**

CRISM Phase II: Regional Nodes - LOI

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**Description | Description :**



**Other Applicants**

<b>Surname</b> Acoose	<b>Given Names</b> Sharon	<b>Role</b> Principal Applicant
<b>Institution</b> First Nations University of Canada - Main Campus (Regina, Saskatchewan)	<b>Department</b>	<b>Faculty</b>
<b>Surname</b> Dell	<b>Given Names</b> Colleen	<b>Role</b> Principal Applicant
<b>Institution</b> University of Saskatchewan	<b>Department</b> Sociology	<b>Faculty</b> School of Public Health
<b>Surname</b> Hyshka	<b>Given Names</b> Elaine	<b>Role</b> Principal Applicant
<b>Institution</b> University of Alberta	<b>Department</b>	<b>Faculty</b> School of Public Health
<b>Surname</b> Poulin	<b>Given Names</b> Ginette	<b>Role</b> Principal Applicant
<b>Institution</b> Addictions Foundation of Manitoba	<b>Department</b>	<b>Faculty</b>
<b>Surname</b> Wild	<b>Given Names</b> Cameron	<b>Role</b> Principal Applicant
<b>Institution</b> University of Alberta	<b>Department</b>	<b>Faculty</b> School of Public Health
<b>Surname</b> Clelland	<b>Given Names</b> Steven	<b>Role</b> Co-Applicant
<b>Institution</b> Alberta Health Services (Provincial)	<b>Department</b>	<b>Faculty</b>
<b>Surname</b> Illsley	<b>Given Names</b> Shonhan	<b>Role</b> Co-Applicant
<b>Institution</b> Manitoba Harm Reduction Network	<b>Department</b>	<b>Faculty</b>
<b>Surname</b> Muggli	<b>Given Names</b> Tracey	<b>Role</b> Co-Applicant
<b>Institution</b> St. Paul's Hospital (Saskatoon)	<b>Department</b>	<b>Faculty</b>



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**Descriptors \***

research-practise network, harm reduction, substance use, addiction, implementation science, substance use disorder, intervention

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**Areas of Research \***

**Primary**

HEALTH SERVICES RESEARCH

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**Secondary**

POPULATION HEALTH

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**Classification Codes \***

**Primary**

PSYCHOSOCIAL AND HEALTH BEHAVIOURS

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**Secondary**

POPULATION HEALTH

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**Themes \***

1. Health systems/services
2. Clinical
3. Social/Cultural/Environmental/Population Health

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**Suggested Institutes \***

1. Neurosciences, Mental Health and Addiction
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**Suggested Peer Review Committees:**

1<sup>st</sup>

2<sup>nd</sup>

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**Suggested External Referee(s)\***

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Name Brady, Kathleen

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Area of Expertise addictions, post-traumatic stress disorder

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Name Broers, Barbara

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Area of Expertise substance use, addiction, HIV, harm reduction

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Name Curran, Valerie

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Area of Expertise psychopharmacology, substance use

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Area of Expertise substance use, addictive behavior, addiction

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Name Farrell, Michael

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Area of Expertise addictions psychiatry, treatment evaluation, drug policy

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Name Freeman, Tom

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Area of Expertise addiction, mental health, harm reduction

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Name Hall, Wayne

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Area of Expertise substance use, drug substitution treatment, public policy

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Name Lubman, Dan

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Area of Expertise addiction, mental health, drug treatment

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Name Lum, Paula

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Area of Expertise substance use, primary care, HIV/AIDS

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Name Mann, Karl

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Area of Expertise addiction medicine, psychiatry, public health

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Name Nunes, Edward

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Area of Expertise Addiction psychiatry

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Name Sorensen, James

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Area of Expertise substance use disorders, treatment services

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Team Grant: Canadian Research Initiative on Substance Misuse (CRISM) Phase II: Regional Nodes - Letter of Intent/Subvention d'équipe : Phase II de l'Initiative canadienne de recherche sur l'abus de substances (ICRAS) : pôles régionaux  
- Lettre d'intention Application/Demande 2021-06-15

Summary of Research Proposal/Résumé de la proposition de recherche

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**Background.** In Canada, substance use (SU) and substance use disorders (SUDs) are major public health concerns, generating substantial personal, health, and societal costs. Despite advances in prevention and treatment, Canada has long suffered from major gaps with respect to establishing regional and national research-to-practice networks dedicated to SU and SUD.

Responding to these challenges, CIHR provided funding in 2015 to establish the first national research- practice network in SU – the Canadian Research Initiative in Substance Misuse (CRISM <https://crism.ca/>). CRISM is currently comprised of four large regional multi-disciplinary, integrated teams of SU researchers, service providers, decision makers, and people with lived and living experience (PWLLE). The research activities of CRISM have been modeled, in part, on the U.S. National Institute on Drug Abuse's (NIDA's) Clinical Trials Network; in addition, CRISM includes a knowledge translation component. To date, CRISM has provided a flexible and expandable platform to execute regional and pan-Canadian research on any aspect of problematic SU, including prevention, harm reduction, treatment, and policy. As described in this LOI, CRISM has completed a large national randomized controlled trial comparing models of care in the management of prescription opioid misuse (the OPTIMA trial), executed an implementation science program for opioid services, and provided made-in-Canada evidence that has positively influenced service delivery across the country.

**Objectives.** This LOI seeks to renew and expand these activities to continue to build and strengthen CRISM as a national clinical research and knowledge mobilization network for SU and SUD research in Canada. Collectively, our specific objectives are to:

1. Support improvement in the quality of care and quality of life for Canadians with SUD;
2. Identify/test/implement effective and scalable clinical and community-based prevention and treatment interventions, practice guidelines, and policies – including harm reduction, for SU;
3. Provide evidence to decision makers and service providers to enhance prevention and treatment services, as well as policy development, regarding SU;
4. Respectfully engage Indigenous Peoples, communities, and organizations in Canada to collaboratively develop research and knowledge exchange in a manner that supports the rights of Indigenous Peoples and Indigenous self-determination and self-governance;
5. Involve people with lived and living experience (PWLLE) throughout our network activities;
6. Develop training programs to build research capacity; and
7. Design and implement a pragmatic methamphetamine use disorder treatment randomized clinical trial.

**Conclusion.** The tremendous organizational, research, and knowledge mobilization activities undertaken over the last six years has built CRISM into a large, diverse research-to-practice network with access to significant hard-earned resources and infrastructure. CRISM has leveraged its initial investments into major CIHR- and NIDA-funded clinical trials, observational research, implementation science, and knowledge translation and exchange activities. The following LOI describes CRISM, the activities of the network to date, as well as the proposed activities and resources of Prairie Node, that, if supported, will enable it to fulfill the national CRISM objectives described above, while continuing to provide significant regional support to modernize and transform existing services for PWLLE.





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## Lay Title and Lay Abstract

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**Lay Title:**

CRISM PHASE 2: Prairie Region Node

**Lay Abstract:**

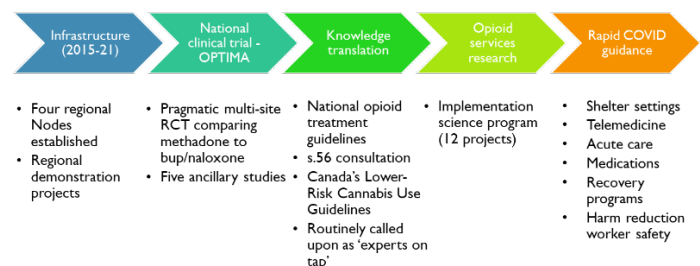
Despite the enormous burden of disease attributable to harmful drug and alcohol use, major challenges remain in implementing evidence-based interventions for substance use (SU) and substance use disorders. While notable research advances have been made in understanding effective pharmacological and psychosocial approaches to SUD intervention, many evidence-based approaches remain under-utilized. This proposal describes a Prairie-region network of researchers, service providers, people with lived experience and policy makers. The goal of this network is to conduct pragmatic clinical trials and implementation science research to identify new interventions and facilitate scale-up of effective interventions to maximize population impact.

## About CRISM

Despite the enormous burden of disease attributable to harmful drug and alcohol use,<sup>1</sup> major challenges remain in implementing evidence-based interventions for substance use (SU) and substance use disorders<sup>2</sup> In Canada, this situation has been exacerbated in the context of the current dual public health emergencies of COVID-19 and the opioid overdose crisis.<sup>3</sup> Nonetheless, Canada's SUD challenges are much broader than opioids.<sup>4</sup> While notable research advances have been made in understanding effective pharmacological and psychosocial approaches to SUD intervention, many evidence-based approaches remain under-utilized.<sup>5,6</sup> Pragmatic clinical trials and implementation science research can identify new interventions and can facilitate scale-up of effective interventions to maximize population impact.

Working with the other CRISM Nodes, we have developed the following common text to describe the network's activities to date. In brief, CRISM is a national research-practice network uniquely focused on translational and implementation research targeting SU and related harms. The network is structured to ensure bidirectional influences between research and practice such that research evidence informs clinical practice and practice needs drive the research agenda. CRISM currently consists of four regional multidisciplinary Nodes located in British Columbia, the Prairie Provinces, Ontario, and the Quebec/Atlantic region. Collectively, the network involves over 1000 members, including research scientists, knowledge users, service providers, decision makers, and people with lived and living experience (PWLLE). The collective expertise of CRISM encompasses the full spectrum of the substance use system of care and includes in-depth knowledge of research methodologies, the landscape of healthcare delivery structures and opportunities for improvement, and regional variation in health regulations and policies. The four current Nodes are led by four nominated principal investigators (NPIs): Drs. Julie Bruneau, Jürgen Rehm, Cameron Wild, and Evan Wood. Collectively, these NPIs have led seminal national and international scientific research studies in the area of SU interventions and policy over the past two decades. Through the expertise and capacity of the Nodes and their diverse partnerships, CRISM is capable of nimbly and rapidly implementing innovative research, collaborating with health system partners to spread and scale-up evidence-based interventions, effectively translating knowledge into clinical practice and policy changes, and training the next generation of leaders.

In the initial 6-year funding cycle, the Nodes have collaboratively built highly successful platforms and infrastructure for national and regional research activities, produced influential knowledge synthesis and evidence translation materials, developed effective internal and external communications with diverse stakeholders, and cultivated meaningful engagement with PWLLE and other stakeholders (see Figure). CRISM has capitalized on these opportunities to improve the addiction system of care on a national scale, galvanizing our role as Canada's research-practice network. Simultaneously, each Node has conducted regional activities in response to their unique environments, including during the pandemic, allowing CRISM to address specific needs, build capacity, and develop meaningful relationships with local communities and health systems.



### National CRISM Activities and Achievements to Date

The productivity and value of the first round of funding to CRISM reflects the equal contributions of all four Nodes to the activities and achievements summarized below. CRISM prioritizes engagement with PWLLE and relevant stakeholders, from project planning to knowledge transfer and exchange (KTE). Our robust KTE strategies include social and multimedia platforms, dedicated communications teams, and capacity for both Official Languages. Detailed information is available on our [website](#).<sup>7</sup>

**Clinical research.** CRISM successfully executed a randomized controlled trial (OPTIMA: Optimizing Patient Centered-Care: A Pragmatic Randomized Controlled Trial Comparing Models of Care in the Management of Prescription Opioid Misuse).<sup>8</sup> OPTIMA enrolled 276 participants to compare effectiveness of methadone to buprenorphine/naloxone and completed 5 ancillary studies. OPTIMA has proven that CRISM is capable of mobilizing and training research staff and clinicians, developing collaborative research and data sharing agreements, working with multiple research ethics boards and regional health authorities, and managing multi-jurisdiction protocols, in order to quickly set up future trials.

**Prevention and clinical practice guidelines.** Based on systematic reviews and grading of scientific evidence, CRISM has published several prevention and clinical guidelines. For instance, the Lower Risk Cannabis Use Guidelines (LRCUG),<sup>9</sup> with recommendations on how to reduce harms related to recreational cannabis use, were endorsed by several national public health and medical bodies and stimulated subsequent federal regulatory changes related to cannabis. CRISM also developed Canada's first national guidelines for opioid use disorder treatment (OAT)<sup>10,11</sup> and injectable opioid agonist treatment (iOAT),<sup>12</sup> along with operational guidance<sup>13</sup> for iOAT services. CRISM's opioid guidelines have been incorporated in many provincial and organizational guidelines and continue to influence subsequent clinical practice, notably increasing access to and uptake of buprenorphine/naloxone as a first-line treatment. Extensive dissemination activities and publications in high-impact journals advanced the implementation of all 3 guidelines.<sup>14,11</sup>

**Expert consultation.** We have established our role as Canada's experts on SU research, policy, and interventions. CRISM led a national consultation on the impacts of Section 56 in the *Controlled Drugs and Substances Act* which supported federal policy change,<sup>15</sup> and provided recommendations to our federal partners to address the overdose crisis and build a functional system of care.

**Implementation science program (ISP).** CRISM created a suite of ISP projects<sup>16</sup> to address critical prevention and treatment gaps for Canada's opioid crisis. Through extensive consultation with broad stakeholder groups, we convened national expert committees and executed 12 projects in 4 thematic areas: (1) scaling up public health interventions; (2) optimizing OUD treatments; (3) improving the evidence base for withdrawal management and psychosocial and recovery-based treatment options; and (4) collaboratively developing new intervention approaches for high-risk target populations. To address the specific needs of Indigenous communities, we engaged the Thunderbird Partnership Foundation to lead an ISP project to develop Indigenous-focused opioid use treatment guidelines and conduct research on opioid and methamphetamine use in Indigenous populations.<sup>17</sup>

**Rapid COVID guidance.** At the request of Health Canada, CRISM quickly mobilized resources and network experts to develop 6 national guidance documents<sup>18</sup> and webinars to address urgent needs of people who use drugs (PWUD), service providers, and decision makers related to the dual crises of the COVID-19 pandemic and drug toxicity. We simultaneously launched a new nationwide qualitative research study<sup>3</sup> and augmented existing PWUD cohorts to identify the needs and challenges faced by PWUD during the pandemic. CRISM plans to co-develop with Indigenous CRISM members, a specific set of knowledge products in response to findings identified in the Rapid Covid-19 Guidance projects.

**Engagement with Indigenous communities.** Each CRISM Node has developed relationships with Indigenous leaders, Knowledge Keepers, organizations, and communities to ensure that projects and KTE activities reflect meaningful and culturally safe practices. Cultural safety, anti-racism, and equity training are integrated in Node research staff training. We recognize the importance of hearing, amplifying, and taking action in partnership with Indigenous Peoples and look forward to CRISM Phase 2.0 and the renewed and dedicated focus on collaboration with Indigenous communities.

## CRISM | Prairies: Overview

The current CRISM Prairie Node includes representation from Alberta, Saskatchewan, and Manitoba. We are submitting this LOI to build on and expand the achievements described in the following sections, and to continue our participation in National CRISM network activities described earlier.

**Applicants** (see *Participant Table* for brief biographies).

**Principal applicants.** Our LOI includes six *Principal Applicants* (PAs), three of whom are the current Principal Investigators for CRISM | Prairies (*Hodgins, Dell, Wild*). This team has overseen the regional activities and accomplishments described in the subsections below. We have added three PAs to meet the requirements of this funding opportunity, and to address future leadership needs. *Elaine Hyshka (Alberta)* is an emerging Node leader. As an applied health services and systems researcher, she produces knowledge to support implementation of a public health approach to substance use and will be co-mentored by *Hodgins, Dell, and Wild* during the funding period. Our Indigenous principal applicant is *Sharon Acoose (Saskatchewan)*. Regional leadership in the forthcoming CRISM Methamphetamine Trial will be provided by *Ginette Poulin (Manitoba)*.

**Co-applicants and collaborators.** Four additional CRISM members have joined this LOI as knowledge users, including, as co-applicants, *Tracy Muggli (Saskatchewan)*, *Steven Clelland (Alberta)*, *Shohan Illsley (Manitoba)*, and collaborator, *Elder Jo-Ann Saddleback (Alberta)*.

### Core Operations, Infrastructure and Regional Network

The Prairie Node has actively participated in developing the CRISM Network National Research Infrastructure (RI), which includes facilities, resources, and related services made available at academic institutions located in Halifax, Montreal, Toronto, Winnipeg, Saskatoon, Regina, Prince Albert, Grand Prairie, Edmonton, Calgary, Lethbridge, and Vancouver. Through development of the OPTIMA trial, the Nodes have secured a critical national RI, allowing for rapid development and implementation of future projects. Teams of dedicated and qualified scientists, research professionals, and trainees are instrumental to this RI, which serves as a framework for meaningful engagement, KT, education and sustainability.

**Regional context.** In contrast to the other three CRISM Nodes, located in major Canadian cities with significant research infrastructure, prior to establishing CRISM | Prairies, our region contained small pockets of provincial addiction research operating with limited collaboration. The Prairie Node was therefore conceived and developed as a new regional research-practice network to facilitate collaboration and communication among addiction service stakeholders in Alberta, Saskatchewan, and Manitoba. Our objectives were to (1) develop Node membership and supports for members; (2) convene Node gatherings and support relevant events; (3) execute three Node demonstration projects; and (4) participate in national (network-level) CRISM projects and activities. We have been successful in meeting these objectives, as described below.

**Membership.** Since its launch in 2015, CRISM Prairies has grown from 59 to 402 members representing 163 institutional affiliations and 533 distinct roles (note that Node members may hold multiple roles and affiliations). Most members (64%) are located in Alberta (the most populous prairie province), with 25% from Saskatchewan, and 11% from Manitoba. About half of our membership is based at Universities and Colleges, while two-thirds work in health service agencies.

Members by primary affiliation	Number
Researchers	161
Policymaker, Government	24
Front-line service providers	104
Program managers	72
Advocacy/PWLE	19
Foundation, Institute, Non-Profits	8
Professional organizations	10
Indigenous Elders	2
Others	2
<b>Total number members</b>	<b>402</b>

**Infrastructure and communications.** Our regional [website](#) contains information about Node activities and member support programs, and provides links to other local, national, and international events and initiatives in addiction research, KT, and service provision. The site also supports a platform that can be used as an online workspace for CRISM projects. Regular

and time-sensitive communications to Node members are distributed via *Bulletins*, a monthly newsletter (*News and Notes*), social media, and general or targeted email.

### **Node Accomplishments To Date**

**Node development program.** Recognizing the need to build regional collaborations, CRISM | Prairies operates a *Node Development* funding [program](#) offering one-time sub-grants of up to \$15K to support pilot studies and knowledge mobilization projects. To date, the hawse have supported 29 Node Development projects. The \$430,000 invested in this program has been leveraged to obtain an additional \$1,125,935 by Node members in national and regional peer-reviewed grant competitions and other project support. To date, this program has produced 8 scientific publications, with more in progress.<sup>19-26</sup>

**CRISM-AHS data analytics program.** To enhance capacity to access administrative health service data, the Node partnered with Alberta Health Services (AHS) to develop and implement a program to promote innovation in data analytics related to SU and health care utilization. The [program](#) is open to Node members and AHS staff and, to date, has executed 22 projects<sup>27</sup>. Highlights from this work include collection and analyses of data from AHS services to support two CRISM member applications (CIHR, Health Canada; one project related to opioids, another related to methamphetamines), valued at \$676,591, and two major AHS internal reports on historical trends and comorbidities associated with [methamphetamine](#)-<sup>28</sup> and [cannabis](#)-related<sup>29</sup> presentations to addiction treatment.

**Node demonstration projects.** CRISM | Prairies successfully executed three [demonstration projects](#) during the initial funding period. The first, *Project Engage*<sup>30</sup> (led by *Hodgins*), focused on adapting contingency management (CM) interventions to the Canadian treatment context<sup>31</sup>. Five treatment sites interested in addressing issues of motivation and retention within their settings were included in Phase 1, which focused on educating service providers about CM and exploring how CM techniques and principles could be adapted for implementation into existing services. In Phase 2, four sites participated in this implementation. The project report will provide practical implementation advice for programs and the team has consulted broadly with groups across the country interested in implementing CM. This project was leveraged to obtain \$480,225 in Health Canada funding to conduct an RCT designed to add CM to AHS methamphetamine treatment programs. The second project, *Screening, Self-management, and Referral to Treatment (SSMRT)*; led by *Wild*, developed, tested, and implemented an online resource platform and brief intervention for SU among youth and young adults<sup>32</sup>. A systematic review of screening and brief interventions and a population survey<sup>33,34</sup> of University of Alberta students informed development of this online resource. A beta version of the platform has been developed for cannabis and is undergoing pilot and usability testing. This groundwork has leveraged two peer-reviewed grants to conduct RCTs of SSMRT, valued at \$271,261. The third project (led by *Dell*), investigated the *Impact of Service Dogs in the Lives of Veterans Who Problematically Use Opioids (AUDEAMUS)*<sup>35-40</sup>. This project found that service dogs contributed to a reduction in problematic SU and PTSD symptoms and resulted in \$1,325,662 in local and Health Canada funding to disseminate these findings to service dog organizations working with PTSD-diagnosed veterans.

### **Synopsis**

The value of creating a regional research-practice network in the Prairie Provinces has been strongly validated in the first round of CRISM funding. Since its inception in 2015, CRISM | Prairies has increased its membership over 6-fold and has leveraged \$779,750 awarded to member-initiated projects into over \$3.5M in peer-reviewed funding and project support, a 5-fold return on these regional investments. In our periodic surveys of Node members, we have confirmed that the vast majority (99%) strongly support continuation of the regional member support programs described earlier, and it is our intention to renew them in the second round of CRISM funding.

## Proposed Research Program

### Pathways to Wellness: Preventing and Addressing Problematic Substance Use

Consistent with the CRISM network's overall mandate, the three regional Node demonstration projects described earlier developed innovative wellness supports for people who use substances, successfully leveraged additional research funds, and impacted service delivery. This strategy will be undertaken in this renewal application, with new areas of focus. The overarching theme of the proposed regional research activities is *supporting people who use substances across a continuum of care*. We adopt a public health perspective that includes foci ranging from policies and practices that ameliorate underlying social conditions, to minimization of harm to individuals who use alcohol and other drugs, and aiding people in reducing substance use and related negative consequences. The goal is to promote wellness. Care will be taken to ensure that projects to be developed address issues of sex and gender. Specifically, gender related concerns regarding the vulnerability of male-identified youth for opioid related poisonings, divergent pathways of substance use initiation and resulting treatment options, and investigation of sex-specific approaches to knowledge mobilization and exchange, in addition to informing relevant gender-based health promotion materials, will all be considered.

Three broad areas, aligned with the CRISM network objectives outlined in the Proposal Summary, have been identified for this LOI, based upon ongoing work, population need, and regional expertise. As occurred for the demonstration projects described earlier, if we are invited to submit a full proposal, specific research questions and methodologies will be refined through engagement with our members, ensuring that the right questions are asked, with answers that drive systems change. Specifically, we will solicit member interest in the three areas described below via online surveys and feedback circles, as well as virtual stakeholder meetings. Given that the Prairie Node represents three provinces, meetings will also be held regionally to capture Province- and region-specific priorities. Projects developed under these three areas will be designed to generate new peer-reviewed funding proposals, including prospective controlled intervention trials and health systems and services research that support innovations in substance use care in our region, and across Canada. All projects will adhere to open science principles, including facilitating data sharing.

**Mapping trajectories of assisted and unassisted change in SU.** There are numerous pathways to wellness from problematic substance use that include formal specialized addiction treatment (which range in intensity and focus including short term detox, outpatient and online counselling, psychosocial day programs, residential treatment, opioid agonist and other pharmacological treatments), mutual support groups (e.g., twelve step groups), use of other health and social services (e.g., family physicians, mental health, crisis services), use of clergy, family support and pressure, use of online advice, harm reduction services, and self-recovery (i.e., natural recovery). It is also increasingly recognized that self-recovery is a predominant recovery pathway across addictions<sup>31,41,42</sup>. Stepped care models ideally organize these options, including promoting self-recovery, in ways that facilitate flexible access and movement among the support services<sup>42</sup>.

The pathway to wellness is not smooth – setbacks are the norm – and we know from retrospective research that people typically make numerous attempts to change substance use prior to achieving longer term success<sup>43</sup>. Self-change is the first step for most individuals and, particularly for people with less severe substance use problems, these efforts can lead to sustained reduction or cessation in use. For others, setbacks may lead to more formal help-seeking. Some research has identified individual and contextual factors that associated with change attempts and the strategies that people who are successful use<sup>44</sup>.

What is unknown is how people move from initial attempts at self-change through the recovery process. The ultimate goal is to translate these insights into scalable interventions to promote their use. Understanding the most common trajectories through quantitative surveys and focused qualitative research of well-characterized samples will provide insight into the strengths and weaknesses of the

current support system and how to better facilitate the process. The focus will be understanding: (1) implications of the most common pathways for innovations in primary and secondary prevention of problematic substance use; (2) how evidence-based interventions can be imbedded in the common pathways; (3) how pathways are influenced by cultural and other diversity factors, in particular for Indigenous people; and (4) the role of harm reduction services in influencing movement toward wellness.

**Connecting humans and animals for healing.** There is emerging understanding about the role of connection in human wellness, including to other humans, animals and the environment. This is located in recent Western models such as One Health and is historically embedded in Indigenous worldviews. The evidence base about the role of peer support in healing from problematic substance use is growing, but very little is documented about the key concept of holistic connection. Drawing on evidence gained from the *AUDEAMUS* study, we will examine relationships with Service Dogs specifically, and animals generally, as a complement to traditional treatment services for veterans and first responders experiencing problematic substance use and trauma. The focus will be on understanding: (1) how connections with people, animals and the environment is experienced for individuals in or seeking wellness related to their use of substances, and (2) how this understanding about human-animal and human-environment relationships can be translated to improve human-human support for wellness. Attention is placed on Service Dogs because of the longstanding and untapped domesticated relationship of canines with humans.

**Formal and informal support in rural settings.** Equitable access to informal or formal substance use supports is a precondition for ensuring people who use substances have opportunities to achieve and sustain wellness. While not all people who use substances perceive a need for care, those that do often benefit from access to a range of informal (family, friends, peers) and formal supports. Canada's national overdose epidemic and a renewed focus on reducing substance use morbidity and mortality has precipitated expansion of prevention, harm reduction, treatment, medical and social services in many urban centres. Yet Canadians residing in rural places rarely have access to the range of general and specialty care available in larger cities. Although some Canadian research has documented healthcare and mental health service gaps in rural areas, almost no scholarship has focused on enhancing the availability of formal and informal substance use care. Using a qualitative design, this project focuses on: (1) understanding the perspectives of people who use substances and their caregivers in attempting to access informal and formal support; (2) describing the impact of gaps in substance use care in rural settings; (3) identifying individual and collective strategies for mitigating the impact of care gaps; and (4) developing recommendations for supporting high quality substance-related care in rural settings.

#### **Stakeholder Engagement**

To date, our Node stakeholder engagement strategy has concentrated on establishing network presence and membership across the three Prairie Provinces. Organizations affiliated with the Node are represented by at least one Node member who keeps their organization informed of CRISM activities and opportunities for involvement and collaboration. As part of our evolving governance strategy, we have laid the groundwork for knowledge user advisory councils, including groups to facilitate for Indigenous and PWLLE engagement. Given that most of our members reside in Alberta (the most populous prairie province), ongoing efforts are focused on increasing membership from Saskatchewan and Manitoba, as well as rural and remote areas and underrepresented populations. A hallmark of the Node has been our open membership policy, whereby any interested researchers, service providers, decision-makers, and PWLLE in the Prairie Provinces are encouraged to join the Node and access our member resources and support programs. The Prairie Node engages with members via a website, newsletters and bulletins, email and phone calls, and in-person/virtual meetings. Stakeholder input has been solicited throughout the funding period via surveys, feedback circles, and three in-person annual gatherings.



**Principles and successes.** CRISM | Prairies has and will continue to commit to principles of diversity, inclusion, equity, including recognizing the importance of *sex and gender*. For example, Prairie Node staff and trainees have taken cultural safety and anti-racism training and this opportunity will be extended to all Node members if we are successful in renewing the Node. We have also applied these principles by prioritizing consideration of *ethnicity, sex and gender* in research, and by engaging representatives of these populations, including *Indigenous Peoples* and *PWLLE*, in planning node activities and projects. For example, in the initial CRISM funding period, we successfully engaged with local and regional *Indigenous* health researchers (First Peoples-First Person Indigenous Hub, Indigenous People's Health Research Centre), communities (Maskwacîs), and Knowledge Keepers/Elders, by following appropriate cultural protocols and participating in ceremony, demonstrating our commitment to the processes of partnership. Recent engagement activities include partnering with a new Node member (Dr. Trudy Cardinal) to conduct Node projects documenting the healing journeys of Indigenous PWLLE and partnering with the Alberta RCMP Indigenous and Youth divisions for KT events. Meaningful engagement with *PWLLE* has similarly been a foundational principle, and we have successfully involved PWLLE as consultants on Node projects and have provided financial support to key regional advocacy groups including Alberta Addicts Who Educate and Advocate Responsibly (AAWEAR), Saskatchewan-based Prairie Harm Reduction (PHR), and the Manitoba Harm Reduction Network (MHRN). Three Node members also serve as Canadian Association of People Who Use Drugs (CAPUD) board members. The Prairie Node's approach to respectful relationship development and partnership is fundamental to our achievements and informs our vision for Node renewal in the second round of CRISM funding.

**Proposed strategies for future work.** During the CRISM renewal period, the Prairie Node will capitalize on our successes and lessons learned with focused attention on existing and emerging gaps in knowledge and practice. Our Node will also continue to expand its representation, with specific attention to increasing Manitoba's representation and influence through the nomination of Manitoba principal applicant *Poulin* (Medical Director, Addictions Foundation of Manitoba) and co-applicant *Illsley* (Executive Director, Manitoba Harm Reduction Network). Our Node will also increase attention toward expanding Indigenous engagement through the nomination of an Indigenous principal applicant, *Acoose* (First Nations University). We will continue to seek and increase inputs from our knowledge user advisory councils, increase use of social media for grassroots engagement opportunities, and capitalize on COVID-related familiarity with virtual platforms to promote and host regional knowledge sharing. *PWLLE* engagement will also expand, with partners in community-based organizations leading the way (e.g., by supporting data analysis with MHRN's supply distribution project in order to enhance network capacity to be present and personable at a grassroots level, building trust and relationships with PWLLE). Strategies for additional engagement will be informed by community needs in consultation with our partners (e.g. newsletter sent by fax where Internet access is limited). We will require in CRISM 2.0 that all node funding applicants include attention to sex and gender, diversity, equity, and reconciliation.

## **Conclusion**

With *Pathways to Wellness* being the overarching theme binding our proposed Node activities, we will focus attention on the integration of researcher, community, and policy perspectives. The utility of established partnerships is evident in our Node's transition from engagement to allyship (an active reciprocal relationship to build and share knowledge) with diverse stakeholders and populations and this foundation of trust will provide for enhanced collaborations and knowledge exchange that will contribute to building new pathways to wellness. The Prairie Node has firmly established itself as a key regional research-practice network to facilitate communication and collaboration among addiction service stakeholders in Alberta, Saskatchewan, and Manitoba.



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**Canadian Research  
Initiative in Substance  
Misuse - Initiative  
canadienne de recherche  
sur l'abus de substances**

**Nominated Principal  
Investigators:**

**British Columbia**

**Evan Wood, MD, PhD**

Professor of Medicine,  
Canada Research Chair,  
University of British Columbia

**Prairies**

**Cameron Wild, PhD**

Professor,  
School of Public Health,  
University of Alberta

**Ontario**

**Jürgen Rehm, PhD**

Senior Scientist,  
Institute for Mental Health  
Policy Research,  
Centre for Addiction and  
Mental Health  
Professor,  
Dalla Lana School of Public  
Health,  
University of Toronto

**Québec-Atlantic**

**Julie Bruneau, MD, MSc**

Professor,  
Department of Family and  
Emergency Medicine,  
Canada Research Chair,  
Université de Montréal

June 14, 2021

**Re: Letter of support for CRISM Phase II CIHR Team Grant Proposal**  
To Whom It May Concern:

As you will know, in 2015, CIHR provided funding to establish the CRISM national research network in substance misuse, comprised of four large inter-disciplinary regional Nodes. During the first phase, CRISM provided a platform to conduct local and national research studies on a variety of issues related to problematic substance use, with a focus on prevention, harm reduction, and treatment. In addition, CRISM Nodes worked collaboratively to translate evidence into interventions and policies towards the improvement of health systems. Now, the next phase of CRISM (Phase II, also referred to as CRISM 2.0) seeks to expand and build on these successes by increasing the number of Nodes from 4 to 5 and by bolstering the infrastructure with an eye to strengthening this 'network of networks'.

In preparing full applications for CRISM Phase II funding and support, the four existing Nominated Principal Investigators and the Atlantic Scientific Delegate to the Quebec-Atlantic Node (NPA for the new Atlantic Node) (British Columbia: Dr. Evan Wood; Prairies: Dr. Cameron Wild; Ontario: Dr. Jürgen Rehm; Québec-Atlantic: Dr. Julie Bruneau; Atlantic: Dr. Sherry Stewart) have prepared this letter of support for CIHR and the external reviewers. This letter seeks to formally highlight our extensive record of collaboration among the PIs, collective achievements, and enthusiasm to work together for the next phase.

The collaborative nature of the current CRISM Nodes has allowed for undertaking a number of successful large, multi-site national projects, including the OPTIMA randomized clinical trial comparing the effectiveness of different opioid agonist treatments, as well as recent national quantitative and qualitative studies examining the impacts of COVID-19 on people who use drugs. The CRISM Nodes have also collaborated on a several national guidance documents, including for the clinical management of opioid use disorder and injectable opioid agonist treatment, recommendations to support lower-risk cannabis use, as well as rapid guidance documents for different substance-use related settings in light of the ongoing COVID-19 pandemic. This work has been integral for developing evidence towards national and regional policy changes.

On this basis, we feel that each regional Node, separately and collectively as a national network, has the established experience, expertise, and infrastructure to carry out the goals and objectives of CRISM new phases. As outlined in our respective letters of intent, each of the regional CRISM Node teams brings several key individual and complementary strengths

that will be beneficial in the continuation of CRISM, as well as the overall functioning of the CRISM network going forward into this next phase. Rather than focusing on individual Node accomplishments which are detailed in each Node's LOI, we simply wish to stress for reviewers the close collaborative working relationship that has been established across each of the 5 principal investigators.

In sum, the current and future regional CRISM Nodes look forward to continuing to work together, as this new phase of the CRISM initiative will contribute substantially to further improving evidence-based interventions and policies for substance misuse in Canada.

Sincerely,

Sherry Stewart, PhD  
Atlantic Scientific Delegate  
Tier 1 Canada Research Chair in Addictions and Mental Health  
Professor, Department of Psychology and Neuroscience



Evan Wood, MD, PhD, FRCPC  
British Columbia Node  
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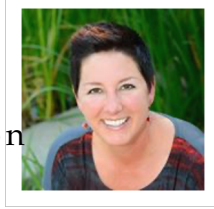


Julie Bruneau, MD, MSc  
Québec Atlantic Node  
Professor, Department of Family and Emergency  
Medicine,  
Canada Research Chair,  
Université de Montréal





**Tracy Muggli BA, BSW, MSW, RSW**  
Expertise: Health Services administration



## Education

- 1996** **Master of Social Work (MSW)** Carleton University, Ottawa, Ontario  
Specialization in Gender and Social Policy. Internship with Human Resource Development Canada.
- 1988** **Bachelor of Social Work** University of Regina, Saskatoon Campus
- 1986** **Bachelor of Arts** University of Saskatchewan (St Thomas Moore/St. Peter's College)
- 2008, 2010, 2015** **Organizational Diagnosis** (2008-Sam Kaner), **Project Management** (2010-Edwards School of Business), **Certified Lean Leader** (2013-2015)

## Awards

- 2019** Honoured Supporter Award, Association of Fundraising Philanthropists-Saskatoon
- 2018** Friends of Crocus Coop Recognition Award
- 2017** Recipient, Saskatoon Police Services Badge Award
- 2016** Recipient, Premier's Award for Excellence in Public Service (LaLoche Tragedy Response)
- 2015** Distinguished Service Award, Saskatchewan Psychiatric Association
- 2014** Chief of Police Award for Distinguished Community Service
- 2011** Nominee, Athena Award.
- 2008** Nominee, YWCA Women of Distinction Award-Lifetime Achievement Category.
- 2005** Recipient, Canadian Association of Social Workers Award for Distinguished Service-Saskatchewan

## Community Involvement/Boards

- 2020-present** St, Paul's Hospital Foundation Board Member
- 2016-present** St. Peter's College-Muenster SK (Board of Governors, HR Committee Chair)
- 2016-2019** Saskatoon Open Door Society (Board member, Governance committee chair)
- 2011 - 2019** Saskatoon Community Foundation (Grants Committee Chair, Gala committee, Executive Member),  
Founding board member of the Saskatoon Community Fund for Reconciliation
- 2010 - 2019** Canadian Federation of University Women-Saskatoon (Newsletter Editor, Chair-National  
AGM/Conference, 2013).
- 2003 - 2016** Georges Vanier Elementary School Community Council (President and Past President), Aden  
Bowman High School Community Council.
- 2006 - 2012** Chair, City of Saskatoon Social Services Subcommittee (Grants)
- 2009 - 2011,**  
**2016-2017** BettyAnn Heggie Womentorship Program, Edwards Business School. (Founding member and  
mentor).
- 2005 - 2015** SWITCH (Student Wellness Toward Community Health). Mentor and founding member of Social  
Work program.
- 2010 - 2015** Saskatchewan Intercultural Association. Director and Board VP.
- 1997 - 2010** Saskatchewan Association of Social Workers (Branch Chair, Secretary, Treasurer, Provincial  
Advisory Board Member, Health Interest Group and Legislative Review Committee. CASW roles:  
National Conference Chair, Editorial Board Member for *Canadian Social Work* Journal.
- 1990 - 2000** Extensive Labour Relations experience as steward, chief shop steward, bargaining council member,  
Union/Management Employee and Family Assistance Program Joint Governance Council for SGEU.  
1997 & 1999 Outstanding Contribution Awards.

## Professional Affiliation

- 1988 - Present** Registered Social Worker, Saskatchewan Association of Social Workers
- 2015** Certified Lean Leader

## Work Experience

- 2020-PRESENT** **Executive Director, St. Paul's Hospital**  
*Emmanuel Health (EH), Saskatoon*
- Carry the authority and be responsible for the overall management of ST. PAUL'S HOSPITAL (GREY NUNS) OF SASKATOON, its services and programs, including ensuring their effective and efficient operation.
  - Provide leadership to ensure the mission and values are integrated within SPH, its programs and services and lead the organization in directions consistent with Emmanuel Health Inc policies and strategic plan.
  - Identify and lead negotiation of agreements for St. Paul's Hospital program and service delivery.
  - Ensure the implementation and compliance with Emmanuel Health Inc policies and bylaws, medical staff bylaws, applicable SHA policies and applicable provincial/federal

legislation and regulations, with a lead responsibility for Occupational Health and Safety and Emergency Preparedness.

- Act as facility Privacy Officer. Responsible for investigation into client concerns.
- Responsible for oversight of all owned properties and their upkeep, including the Hospice at Glengarda and Sanctum Hospice for those living with HIV/AIDS.
- Responsible for St. Paul's Hospital Administrative Team, including Site Lead, Director of Mission (including Spiritual Care Program and healing Arts), and Ethicist.
- Member of Saskatoon's Safe Community Action Alliance and Crystal Methamphetamine Working Group

**2011-2020**

**Director, Mental Health & Addiction Services (MHAS)**

*Saskatoon Health Region/Saskatchewan Health Authority*

- Responsible for co-leading an interdisciplinary department of 650 staff and a \$60 million annual budget, 3 bargaining units (SEIU, SUN, HSAS)
- Officer in Charge of the Mental Health Services Act and primary media spokesperson for mental health and addiction services in Saskatoon
- Strategic and operational leadership for the Irene and Leslie Dube Centre for Mental Health, Brief and Social Detox Unit, Calder Centre, and all mental health and addictions outpatient services
- Provide leadership and funding to 7 Community Based Organizations
- SHA representative, Safe Community Action Alliance
- Work in partnership with the joint head of the Department of Psychiatry (University of Saskatchewan) to align research, services and education experience of residents
- Teaching/coaching of Lean principles, including implementation of Leadership In Lean Training for all Managers, and the Patient First Management System
- Chair, Patient/Family Advisory Committees (Adult Addictions Advisory Committee and HIV (Wuniska) Advisory Committee)
- Co-Chair, Local Immigration Plan (multi-sectoral)
- Responsible for approximately 20 service-delivery contracts with psychiatrists, addiction medicine specialist and General Practitioners.
- Responsible for negotiating facility leases for SHA service providers and managing several health authority owned sites, including negotiated contracts for maintenance and food services

**2000-2011**

**Manager, Client Patient Access Services**

*Saskatoon Health Region*

- Responsible for 60 case managers providing assessment and access to home care services, long-term care, assisted living programs, therapies, and other community-based services that support the highest attainable level of independent living.
- Lead role in development of custom tools/reports and implementation of Home Care electronic medical record (Procura) and platform/database.

**2009-2010**

**Coordinator, Newcomer Information Centre**

*Saskatoon, SK*

- Seconded by Saskatoon Health Region to establish the Newcomer Information Centre (a partnership between 4 Saskatoon settlement agencies, funded by Citizenship & Immigration Canada and the Government of Saskatchewan).

**1997-2012**

**Sessional Lecturer II**

*Faculty of Social Work, University of Regina (Saskatoon Campus)*

- Taught *Practices I (SW346)* and *Issues in Gender Relations*

**1995**

**Social Worker, Regional Psychiatric Centre**

*Corrections Canada, Saskatoon*

- Responsible for programming for female patients including family violence supports and child welfare liaison. Also provided mental health support to male patients. This was a temporary position to facilitate the closure of the Prison for Women in Kingston.



CRISM 2.0 LOI PRAIRIE NODE PARTICIPANT TABLE

Name	CIHR PIN; Biosketch	Affiliation	Scopus ID	Role on this LOI	Expertise	Discipline	Biographical summary
<b>Principal Applicants</b>							
David Hodgins, PhD, RPsych, FCAHS	<i>CIHR PIN:</i> 27455  <i>Biosketch:</i> 1310027	Depts. of Psychology & Psychiatry, U Calgary	3233784	Nominated Principal Applicant	RCTs, addictive behaviours	Clinical psychology	Professor in Clinical Psychology and Head, Department of Psychology (University of Calgary). His research interests focus on various aspects of addictive behaviors including relapse and recovery from substance abuse.
Colleen Dell, PhD	<i>CIHR PIN:</i> 112962  <i>Biosketch:</i> 1308911	Dept. of Sociology & School of Public Health, U Saskatchewan	None	Principal Applicant, Sex & Gender Champion	Knowledge translation, Indigenous health	Sociology, Public Health	Research Chair in Substance Abuse and Professor, Department of Sociology and School of Public Health (University of Saskatchewan). Her work emphasizes research, community outreach, and training.
Cameron Wild, PhD	<i>CIHR PIN:</i> 53376  <i>Biosketch:</i> 1310004	School of Public Health & Dept. of Psychiatry, U Alberta	None	Principal Applicant	Epidemiology, Prevention, Harm Reduction, Community trials	Public Health, Psychology	Professor in the School of Public Health and Dept of Psychiatry (University of Alberta). He studies psychosocial aspects of addiction to identify and/or develop effective brief interventions and to inform policy supporting prevention, harm reduction, and treatment.
Elaine Hyshka, PhD	<i>CIHR PIN:</i> 193846  <i>Biosketch:</i> 1291834	School of Public Health, U Alberta	30467721900	Principal Applicant	Harm Reduction, Policy	Public Health	Assistant Professor in the School of Public Health (University of Alberta) and Scientific Director of the Royal Alexandra Hospital's Inner City Health and Wellness Program in Edmonton. She co-

							chaired the Minister's Opioid Emergency Response Commission in Alberta, and will be co-mentored by <i>Hodgins, Dell, and Wild</i> during the funding period.
Sharon Acoose, PhD	<p><i>CIHR PIN:</i> 176884</p> <p><i>Biosketch:</i> 1309800</p>	First Nations University of Canada, Regina	None	Principal Applicant, Indigenous	Indigenous Health, Addictions	Social Work	Professor of Indigenous Social Work at the First Nations University of Canada and an admired public speaker, sharing the role of Indigenous culture and ceremony in healing from addictions while drawing on her own lived and living experiences of recovery and colonization. Her wisdom is shared in several books, including <i>An Arrow in My Heart</i> and <i>A Fire Burns Within: Teachings from Ceremony and Culture</i> .
Ginette Poulin, MD	<p><i>CIHR PIN:</i> 80210</p> <p><i>Biosketch:</i> 1310269</p>	Medical Director, Addictions Foundation of Manitoba	None	RPI, CRISM meth trial	Addiction Medicine	Family Medicine	Clinical lead for CRISM   Prairies in the network's development of National Guidelines for best practices in the clinical management of opioid use disorder. She also advocates for the vulnerable and her patients' needs as co-chair of the Manitoba Provincial Opiate Replacement Committee, Manitoba Monitoring Drug Review Committee, and as a Board Member of Main Street Project and the National Canadian Mental Health Association.
<b>Knowledge Users</b>							

Tracy Muggli, MSW	<p>CIHR PIN: 283263</p> <p>CV</p>	Executive Director, St. Paul's Hospital, Saskatoon	None	Service Provider (Saskatchewan)	Health Service Administration	Health Services	Executive Director of St. Paul's Hospital in Saskatoon, a 250-bed tertiary care hospital and home to the Rapid Access Addiction Medicine Program in Saskatoon. <i>Muggli</i> has 33 years' experience in health and social service sectors and is a former Director with Mental Health and Addiction Services where she led a large substance use portfolio, including residential treatment, brief and social detox, outpatient and outreach services such as the Opioid Assisted Recovery Service.
Steven Clelland, MA	<p>CIHR PIN: 160921</p> <p>Biosketch: 1309769</p>	Director, Knowledge, Evidence, and Innovation, Alberta Health Services	None	Service Provider (Alberta)	Health Services Data	Health Services	Director of Knowledge, Evidence, and Innovation for Alberta Health Services' Provincial addiction and mental health portfolio. During the initial funding period, <i>Clelland</i> partnered with CRISM   Prairies to create the CRISM-AHS Analytics program, which brokers access to health services data and statistical analyses for AHS and CRISM Node members to inform service quality improvement initiatives and research.
Shohan Illsley, MSc	<p>CIHR PIN: 217418</p> <p>Biosketch: 1310630</p>	PWLLE advocacy – Manitoba Harm Reduction	None	Executive Director, MHRN	Harm Reduction, advocacy, PWLLE	Health Services	Executive Director of the Manitoba Harm Reduction Network and has worked in harm reduction since 2000. Her work experience includes working with the most underserved populations that are

		Network (MHRN)					impacted by mental health, addictions, homelessness, HIV and Hepatitis C.
<b>Collaborators</b>							
Jo-Ann Saddleback	N/A	Elder from Maskwacîs, Alberta	N/A	Indigenous Elder	Indigenous people and communities, substance use	N/A	Indigenous Elder from Maskwacîs, Alberta who has worked with CRISM   Prairies to document regional wisdom and practices regarding addictions and has been instrumental in socializing the Prairie Node to develop respectful working relations with Indigenous communities.