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

PROTECTED WHEN COMPLETED

Appl. #

Application Details

Funding Opportunity:
Team Grant: CRISM Phase II: Regional Nodes (2022-01-06)

Proposed Start Date:

Proposed End Date:

Applicant:

Surname HODGINS | Given Names David

Institution: University of Calgary | Faculty | Department

Telephone: 403-220-3371 | Fax | E-mail: dhodgins@ucalgary.ca

Title:
CRISM Phase II: Prairie Region Node

Primary location where research to be conducted: University of Calgary

Faculty: | Department:

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: 395000 | Equipment: 5000 | Total Amount Requested: $400000

☐ 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

*** For Administrative Purposes Only**

RN #: 473759

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:

We will require in CRISM 2.0 that all node funding applicants include attention to sex and gender, diversity, equity, inclusion, and reconciliation. Ways that we will do this include designing studies to capture both sex and gender information and utilizing these variables for subgroup analysis as appropriate (e.g. if the sample size is sufficient to allow these variables to be considered in analyses).

HODGINS, David
University of Calgary
$400000

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

Linked Programs:

Appl. #
No de la demande

RELEVANCE FORM | FORMULAIRE DE PERTINENCE

Title of Research Proposal I Titre de la proposition de recherche :

CRISM Phase II: Prairie Region Node

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

Description | Description :

Other Applicants

Surname	Given Names	Role
Clelland	Steven	Knowledge User
Institution	**Department**	**Faculty**
Alberta Health Services		

Surname	Given Names	Role
Muggli	Tracy	Knowledge User
Institution	**Department**	**Faculty**
Saskatchewan Health Authority		

Surname	Given Names	Role
Acoose	Sharon	Principal Applicant
Institution	**Department**	**Faculty**
First Nations University of Canada - Main Campus (Regina, Saskatchewan)		

Surname	Given Names	Role
Dell	Colleen	Principal Applicant
Institution	**Department**	**Faculty**
University of Saskatchewan		

Surname	Given Names	Role
Hyshka	Elaine	Principal Applicant
Institution	**Department**	**Faculty**
University of Alberta		

Surname	Given Names	Role
Poulin	Ginette	Principal Applicant
Institution	**Department**	**Faculty**
Addictions Foundation of Manitoba		

Surname	Given Names	Role
Wild	Cameron	Principal Applicant
Institution	**Department**	**Faculty**
University of Alberta		

Surname	Given Names	Role
Illsley	Shohan	Co-Applicant
Institution	**Department**	**Faculty**
Manitoba Harm Reduction Network		

Surname	Given Names	Role
Saddleback	Jo-Ann	Collaborator
Institution	**Department**	**Faculty**
Maskwacis Reserve		

Descriptors *

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

Areas of Research *

Primary
HEALTH SERVICES RESEARCH

Secondary
POPULATION HEALTH

Classification Codes *

Primary
PSYCHOSOCIAL AND HEALTH BEHAVIOURS

Secondary
POPULATION HEALTH

Themes *

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

Suggested Institutes *

1. Neurosciences, Mental Health and Addiction

Summary of Research Proposal/Résumé de la proposition de recherche

Rationale. CRISM | Prairies was originally conceived as a new regional research-practice network to facilitate collaboration and communication among substance use and addiction service stakeholders in Alberta, Saskatchewan, and Manitoba. Our objectives were to (1) attract membership and develop meaningful support programs for Node members; (2) convene Node gatherings and support regional events; (3) execute three Node demonstration projects; and (4) support network-level CRISM projects and activities. We have been successful in meeting these objectives, and this proposal outlines how we will continue to expand Node programs and projects during the renewal period.

Applicants and Governance. Our application 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. Our Indigenous Principal Applicant is Sharon Acoose (Saskatchewan).Regional leadership in the forthcoming CRISM Methamphetamine Trial is provided by Ginette Poulin (Manitoba). Four additional CRISM members have joined this LOI as knowledge users and co-applicants, including Tracy Muggli (Saskatchewan), Steven Clelland (Alberta), Shohan Illsley (Manitoba), and an Indigenous Node collaborator, Elder Jo-Ann Saddleback (Alberta). This Node leadership group will be supported by a Node Manager, KTE coordinator, and ad hoc Advisory Committees.

Environment for Research and Research Capacity Building. Node programs and projects delivered during the first funding period created a vibrant regional research environment. Membership grew 6-fold, from 59 to 402 members with 163 academic, health system, and NGO affiliations. Node support programs successfully leveraged $779,750 awarded to member-initiated projects into $3.5M+ in peer-reviewed funding, a 5-fold return on these regional investments. During the renewal period, we will focus on increasing membership in underrepresented areas, including in Manitoba.

Proposed Research Program and Potential Impact. Node programs and demonstration projects executed during the first funding cycle provided access to seed funding and administrative health data for members, developed innovative wellness supports for people who use substances (PWUS) and supported innovative changes in service delivery. We will continue to offer Node development grants and access to the CRISM-AHS analytics program to members during the renewal period. These will be complemented by three new regional projects addressing the overarching public health theme of supporting PWUS across a continuum of care. These new projects have been developed from ongoing work, population need, and inputs solicited from regional Node members in preparing this application, and include: (1) Mapping Trajectories of Assisted and Unassisted Change in Substance Use, (2) Understanding Human Connection to Dogs for Wellness from Substance Use Harms, and (3) Informal and Formal Support in Rural Settings. The projects will support policies and practices that ameliorate underlying social conditions, assist services designed to minimize harm to PWUS, and test new approaches to support PWUS to reduce substance use and associated harms.

Stakeholder Knowledge Transfer, Engagement Strategies, and Open Science Principles. We will continue to utilize and expand our successful member engagement strategies, returning to in-person gatherings as the pandemic allows. Our commitments to principles of equity, diversity (including sex and gender), inclusion, and decolonization will continue during the renewal period, facilitated by targeted education for Node staff and trainees. Node leadership will ensure regulatory compliance, data accessibility, efficient and transparent resources, and successful grant management. Open Science strategies for Node-supported research will be adopted, including pre-registered studies, open access publications, and making data available in repositories to enhance access to evidence. Knowledge transfer will be expanded via a redesign of the CRISM | Prairies website, coordinating and collaborating with the other Nodes to enhance visibility and impact of the national CRISM network.

A. Overview of CRISM National Network

In Part A of this proposal we provide an overview of the organization and activities of the National CRISM network and in Parts B-E we provide details of the proposed renewed CRISM | Prairies node structure and activities.

Three overarching objectives of the National CRISM network were formulated in 2015, and these will continue during the proposed renewal period: (1) identify and/or develop the most appropriate clinical and community-based interventions for substance use, (2) provide evidence to support the enhancement of prevention and treatment services regarding substance use to decision makers and service providers, and (3) support improvement in the quality of care and quality of life for Canadians living with substance use.

1. Governance

In its initial funding cycle, CRISM developed the national and regional governance mechanisms outlined in the Appendix. This governance structure will be retained during the renewal period, pending additional revision during CRISM 2.0. Participation in national-level governance is mandated by CIHR via a National Executive Committee (NEC). Regionally, each Node has developed governance mechanisms to suit their unique environments. As such, Nodes operate quasi-independently at the regional level, and have unique, node-specific governance issues that require additional governance to oversee regional projects and initiatives. Within each Node, a leadership dyad consisting of the Nominated Primary Applicant (NPA) and the Node Manager (NM) collaborates closely on regional CRISM activities. This includes (a) convening scheduled or *ad hoc* meetings to solicit advice and expertise regarding regional projects or activities, (b) reviewing NEC membership and replacing members when needed, (c) overseeing Node and network-level projects, (d) supervising CRISM staff and trainees, and (e) managing effective engagement with regional Node members (i.e., recruitment and renewal of members to its Node). Each NPA provides overall direction for regional Node operations. Collectively, the NPAs constitute the national NPA group and will oversee operation of CRISM as a network. Similarly, the NMs collectively constitute the national NM group and work together to facilitate national activities and projects.

As needed, and as helpful for supporting CRISM's objectives during the renewal phase, *ad hoc* Node Advisory Committees (NACs) drawn from their respective Node memberships, will be constituted. These groups will be purposefully recruited from regional experts and decision makers and are intended to provide quick and efficient advice to the Nodes to move priorities and projects forward in a selected area. NACs may be formed around roles (e.g., service providers and decision makers), target populations (e.g., people with lived and living experience (PWLLE)), or may be focused on special projects or topics. An example of this process was the formation of committees for CRISM's national Implementation Science Program on opioid services in our initial funding cycle, whereby each of the 12 projects constituting this program is represented and informed by national leadership and working groups composed of regional experts in each project focus area, including PWLLE. Network-level governance for national multi-site clinical trials will adopt the governance mechanisms used in our successful OPTIMA trial, which delineated roles and responsibilities for: a national Lead Nominated Principal Investigator (NPI), a Lead Regional Principal Investigator (Lead RPI), Regional Principal Investigators (RPIs), a National Research Coordinator (NRC), Node Research Coordinators, Site Research Staff (RA/RN/SP), Quality Assurance Associate (QA), and a Statistical and Data Management Centre. Additional national trials or studies conducted during the renewal period will utilize similar oversight mechanisms. At

the regional level, initiatives led by Nodes will be overseen by *ad hoc* committees holding appropriate expertise in study design and conduct, as well as the topic being investigated.

2. Environment for Research and Research Capacity Building

Environment for research. National research infrastructure builds primarily on two network-level initiatives executed during the initial funding phase: (1) OPTIMA, and (2) CRISM's Implementation Science Program (ISP). Collaborations developed for these projects have developed facilities, resources, and related services available during the renewal period at academic institutions located in Halifax, Antigonish, Montreal, Sherbrooke, Toronto, Winnipeg, Saskatoon, Regina, Prince Albert, Edmonton, Calgary, Lethbridge, and Vancouver, allowing for rapid development and implementation of future projects. Dedicated teams of qualified scientists, research professionals, and trainees are instrumental to this research infrastructure, which supports CRISM member engagement, knowledge transfer and exchange, education, and sustainability. CRISM's ISP has facilitated the creation of 12 topic- and method-specific working groups with national representation. These working groups are less formally structured pools of expertise held within and across Nodes, and will be available for consultation in CRISM 2.0.

Research capacity building. Across and within Nodes, CRISM has created a large, diverse, and expert interdisciplinary research-practice network with access to significant resources and infrastructure and is already undertaking major CIHR- and NIDA-funded clinical trials as well as epidemiologic and prevention research. Collectively, the 4 current Nodes are represented by over 1000 members including 425 academic researchers, 356 service providers/clinicians, 124 program directors/managers, and 95 advocacy/PWLLE. Each Node has developed extensive linkages to treatment providers, health system administrators and government policy-makers. This capacity, combined with our training infrastructure and our collective national and international collaborations, ideally position CRISM to undertake collaborative research and implementation of evidence-based therapeutic and preventive interventions across Canada.

In its initial funding cycle, CRISM built substantial research capacity that will be available to allocate to projects during the renewal period. For the OPTIMA trial, the network recruited, developed, and/or supported (a) 95 staff (20 physicians and 75 site nurses, research staff, social workers, 75 of whom had no prior clinical research experience, (b) research training activities, including sessions offered to staff on Good Clinical Practice, Safety, Good Documentation Practices, Health Canada Division 5 requirements, working with vulnerable populations and PWUS, and trial recruitment strategies, (c) a third-party research organization contracted to provide quality assurance and clinical monitoring for the trial (clinical monitors and quality assurance specialists from this organization also mentored and trained site staff while performing monitoring visits), (d) 27 principal and co-investigators to execute 5 ancillary studies alongside the main trial, and (e) a network data-sharing platform, similar to that operated by the National Institutes of Health. CRISM's ISP similarly built capacity to address challenging issues related to uptake of evidence-based practices into routine service delivery. The network has executed 12 ISP projects related to Canada's opioid crisis by drawing on Node membership to create 12 leadership groups consisting of 150 academics, service providers, decision-makers, Indigenous representatives, and PWLLE. Collectively, these leadership groups provide gateways to topic-specific Canadian research-practice capacity and expertise tackling implementation issues for diverse facets of opioid-related services, including supervised consumption, withdrawal management programs, drug checking, youth, naloxone, nurse-led interventions, addiction recovery programs, injectable opioid agonist treatment, corrections, emergency department care, and Indigenous-led initiatives. Finally, at the request of Health Canada, CRISM developed a series

of 6 documents designed to provide national guidance to front-line providers about how care for PWUS can be maintained and optimized in the context of COVID-19. National authorship groups representing expertise in addiction medicine, recovery programs, acute care, shelter care operators, and harm reduction (61 authors) were quickly assembled using Node outreach to members. Collectively, these authorship groups provide complementary gateways to pandemic-related expertise and capacity across Canada that can be quickly mobilized during CRISM 2.0.

3. Proposed Research Program and Potential Impact

While each Node is proposing a suite of local and regional programs and projects, a variety of strategies will be undertaken to collaborate across the network during the renewal period, including sharing methods and materials and pooling data as appropriate. Many Node-specific demonstration projects overlap in terms of scope and theme. For instance, overarching research themes across the Nodes include programs and projects that: (a) focus on harm reduction, treatment and prevention initiatives that are based on evidence-based health and addiction care (specific to youth populations, development of guidelines, test and implement interventions), and scaling up these interventions to ensure they support the needs of people who use substances; (b) identify supports and interventions within rural and remote settings, including the development of innovative strategies to reach these populations by identifying structural issues that contribute to inequities faced when seeking harm reduction services and interventions, including healthcare and mental health service gaps; and (c) identify trajectories as well as modifiable and non-modifiable factors contributing to SUD.

Goals for CRISM 2.0 at a network level, are to develop and support the implementation of clinical and community-based prevention, harm reduction and treatment interventions, including guidance documents and guidelines. These objectives and goals will provide evidence to decision makers, providers and stakeholders on ways that services for PWUS can be optimized. A wide array of research approaches will be used, including community-based projects, demonstration projects, and systematic reviews. Although Node-specific programs and projects target different geographic areas and populations, we will align methods, study designs and harmonize results where appropriate. Nationally, the overall intent of the proposed research program is to ensure that CRISM supports the development and implementation of unbiased evidence, which in turn, improves the quality of life for Canadians who use substances. In all aspects of our work, CRISM is committed to engaging directly with and involving both Indigenous communities as well as PWLLE. They are integral in the identification of research priorities, design of research projects and studies and provide invaluable insight on data analyses, knowledge translation methods and dissemination practices.

4. Knowledge Transfer and Engagement (KTE) Strategies, and Open Science Principles

National initiatives to date have supported the development of CRISM network knowledge transfer and exchange (KTE) platforms and activities, including a section 56 consultation conducted on behalf of Health Canada (this contributed to the removal of exemptions required to prescribe methadone), CRISM's Rapid Guidance COVID-19 Program, the ISP, and the national multi-site OPTIMA trial. These projects created a diverse portfolio of KTE activities, including: (a) development of guidance documents, evidence briefs, infographics, FAQ sheets, and other KTE resources and tools that are updated as needed, (b) tailoring of documents to specific diverse populations, ensuring that plain-language reports and KTE materials KTE materials are made available to Node members, other stakeholders, and the public, as appropriate, (c) dissemination of these materials via node newsletters, websites and social media, targeted emails sent to local/regional lists of stakeholder groups and individuals within each Node as well as relevant

provincial/territorial and federal committees facilitated by Health Canada and CIHR, supplemented by presentations to these groups as requested, (d) development of peer-reviewed academic publications, and (e) monitoring of these activities to increase uptake and ensure that the documents support the implementation of evidence into services.

As highlighted by the research programs proposed by each Node during CRISM's renewal phase, there will be a continued commitment to meaningful engagement and collaboration with Indigenous Peoples. KTE and implementation activities, which includes implementing guidelines and research findings. Work with and within these communities will be guided by the overarching principles of Indigenous leadership and ownership over CRISM-affiliated projects, and identification of structural issues that contribute to inequities faced when seeking harm reduction services, treatment, and prevention interventions. Activities within the Nodes will also examine the needs of Indigenous women, children, and youth. 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 also require that all node funding applicants include attention to sex and gender, diversity, equity, and decolonization as well as reconciliation.

CRISM has and will continue to commit to principles of equity, diversity, inclusion (EDI), including recognizing the importance of *sex and gender*. For example, Node staff and trainees are expected to take cultural safety and anti-racism training and this opportunity will be extended to all Node/Network members. 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, Nodes successfully engaged with local and regional *Indigenous* health researchers, communities, and Knowledge Keepers/Elders. Meaningful engagement with *PWLLE* has similarly been a foundational principle, and we have successfully involved PWLLE project consultants.

All five nodes will continue their commitment to open science principles, which inform each stage of research design and dissemination. Node leadership ensures regulatory compliance, data accessibility, and efficient and transparent resource and grant management. CRISM network researchers submit to peer-reviewed academic publications, and the Nodes are dedicated to adopting strategies such as pre-registered studies, open access publications, and making data available in repositories to supply further open access to knowledge generated within the network. Our open outreach and KTE methods are outlined above; feedback and peer review of grants, projects, and publications supported by the Nodes provide further assessment of CRISM's work.

B. Overview of CRISM | Prairies

The current CRISM Prairie Node includes representation from Alberta, Saskatchewan, and Manitoba. We are submitting this application to renew regional infrastructure in order to build on our achievements of the first funding cycle and continue to participate in CRISM activities.

1. Applicant Team

Principal applicants. Our application includes six *Principal Applicants* (PAs). Three members of the PA groups are the current Principal Investigators for the CRISM Prairie Node (*Hodgins*, *Dell*, *Wild*). **David Hodgins** is a clinical psychologist and professor in Clinical Psychology in the Department of Psychology at the University of Calgary. He has extensive experience with CRISM as Co-PA for the Prairie Node since its inception and will assume the role of NPA for CRISM 2.0. His research interests include relapse and recovery from substance use harms as well as generating and synthesizing evidence to change public health policy and practice. Dr. Hodgins has a continuous record of excellence in mentorship, supervising 17 doctoral students

and 15 MSc students in addition to numerous undergraduate students and postdoctoral fellows. He has held 42 competitive grants as Primary Investigator and has led 8 large, administratively complex, randomized controlled trials. He has published over 300 peer reviewed articles and holds an h-index of 72. The US Substance Abuse and Mental Health Services Administration (SAMHSA) has included his brief self-directed treatment model as one of the very few evidence-based treatments for gambling disorder on their registry. He currently serves on the WHO's Committee on Behavioural Addictions. **Colleen Dell** is a Professor in the Department of Sociology and School of Public Health at the University of Saskatchewan. She has been involved with CRISM from inception as a Co-PA in the Prairie Node and will be the Sex & Gender Champion for the Node during the renewal period. Prior to her current appointment as the Centennial Enhancement Chair in One Health and Wellness, Dr. Dell held the Saskatchewan provincial Research Chair in Substance Abuse. Her work emphasizes community outreach and training as well as research; projects are grounded in a community-based, patient-oriented participatory approach, emphasizing healing from addictions, with attention to Indigenous populations and animal-assisted interventions. She has secured over $6M in external funding as a PI or co-PI, has published over 100 peer-reviewed articles and book chapters and 50 technical reports. In 2017, she was named to the Most Venerable Order of the Hospital of St. John of Jerusalem. In 2021, she was awarded the first St. John Ambulance, Chancellor's Pandemic Coin, in Western Canada for her work with the Therapy Dog program. Her current projects include working with federal prisoners, university students, seniors, addictions clients, war veterans and youth. Underlying her work is a commitment to bringing together different ways of knowing and the production of unique research-informed knowledge mobilization products, including music videos and paintings. **Cameron Wild** is completing his term as Node NPA for the first funding period. He is a professor of Public Health and Psychiatry at the University of Alberta. Wild's research program includes: (1) community-based epidemiologic and qualitative studies of addictive behaviours and comorbid mental disorders, (2) community-based screening and brief interventions as first-line services for the general public, (3) health services research on motivational factors influencing client retention in addiction treatment and the impact of compulsory treatment policies, and (4) system-level work designed to inform the organization of prevention and treatment services in relation to problem severity and population needs for care. He has published over 230 peer-reviewed articles, chapters, technical reports, and guidance documents (h-index = 54) and has successfully mentored over 60 graduate students and postdoctoral fellows.

The PA group includes **Elaine Hyshka,** an Assistant Professor and Canada Research Chair in Health Systems Innovation in the School of Public Health at the University of Alberta. Dr. Hyshka is Scientific Director of the Royal Alexandra Hospital's Inner City Health and Wellness Program in Edmonton and is an emerging Node leader. Her program of applied health systems and services research identifies, evaluates, and helps scale program and policy innovations for advancing a public health approach to substance use, improving health outcomes, and promoting health equity. To date, she has published 60 peer-reviewed papers, book chapters, and guidance documents and successfully mentored over 20 graduate students and trainees. Hyshka currently Co-Chairs Health Canada's Expert Advisory Group on safer pharmaceutical alternatives to illegal street drugs, and between May 2017 and November 2019, Co-Chaired the Alberta Minister of Health's Opioid Emergency Response Commission. . She will be co-mentored by *Hodgins*, *Dell*, and *Wild* into a Node leadership role during the funding period. **Sharon Acoose** is the Indigenous PA on the Node leadership group. She is a Saulteaux woman and a member of Zagime Anishnabek

First Nation, and a professor of Indigenous Social Work at the First Nations University of Canada in Saskatchewan 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 *An Arrow in My Heart* and *A Fire Burns Within: Teachings from Ceremony and Culture*. Dr. Acoose holds extensive research expertise in culturally grounded treatment and recovery approaches for healing from problematic substance use. **Ginette Poulin** will provide Node leadership in the forthcoming CRISM Methamphetamine Trial. She is Medical Director at the Addictions Foundation of Manitoba, and was clinical lead for the Node in the development of CRISM's National Guidelines for best practices in the clinical management of opioid use disorder. Poulin is a Family Physician with specialization in Addictions Medicine, and is the current Node knowledge user representative on the CRISM NEC. Experienced in both rural and urban health care, she delivers health services through emergency, hospital, clinic, and inner city house calls. She serves vulnerable populations including those that reside in the inner city of Winnipeg and marginalized populations provincial-wide along with those suffering from mental health and addictions issues. She is co-chair of the Manitoba Provincial Opiate Replacement Committee, and the Manitoba Monitoring Drug Review Committee, among other roles.

Co-applicants and collaborators. Four additional CRISM members have joined this application as knowledge users, including **Tracy Muggli**, Executive Director of St. Paul's Hospital in Saskatoon, a 250-bed inner-city tertiary care hospital and site for its Rapid Access Addiction Medicine Program. She has 33 years of 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 in Saskatoon, including residential treatment, brief and social detox, outpatient and outreach services such as the Opioid Assisted Recovery Service. While at Mental Health & Addiction Services, Tracy directed her team and collaborated with community in establishing 20 initiatives, including Saskatchewan's first Police & Crisis Team (PACT), the Accredited Mental Health Peer Support Program, a FASD prevention program (recipient of Saskatchewan Health Excellence Award), the first Naloxone program in Saskatchewan, and an Outpatient Addictions Day Program. **Steven Clelland** is the Acting Executive Director of the Provincial Addiction and Mental Health, Programs and Services portfolio for Alberta Health Services (AHS). He plays a senior provincial leadership role for performance measurement and reporting, knowledge exchange as well as facilitation of research and innovation within the addiction and mental health area of AHS. His work has included detox/residential treatment expansion and opioid response enhancements within Alberta, and he co-leads the addiction and mental health Research Hub for AHS. In that role, he partnered with the Node to create the CRISM-AHS Analytics program, which brokers access to health services data and statistical analyses for AHS and Node members to inform service quality improvement initiatives and research. In 2015, he was appointed as the AHS representative on the 2015 Government of Alberta review of Addiction and Mental Health (Valuing Mental Health), supporting direct connection between the Review team and AHS. **Shohan Illsley** is the Executive Director of the Manitoba Harm Reduction Network (MHRN) and is the current Node advocacy/PWLLE representative on the CRISM NEC. She has worked in harm reduction since 2000 and has received various CIHR grants. She holds a Masters degree from the University of Manitoba. The MHRN works toward equitable access, systemic change, and reducing the transmission of STBBI through advocacy, policy work, education, research and relationships. MHRN focuses on harm reduction, access, community building, and the inclusion of people impacted by substance use in the services and decisions that affect them.

Jo-Ann Saddleback is an Indigenous Elder from Maskwacîs, Alberta who has worked with CRISM Prairies from its inception 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. She has presented at Prairie Node conferences and sits as Elder for CRISM | Prairies. Elder Saddleback has been a member of 36 different committees, boards and task forces over her career, focused on issues important to Indigenous communities, including FASD, health, addictions and recovery, housing, social justice, youth development, education, media, healthy relationships and environments, cultural traditions, communications, First Nations self-governance, crime prevention, economic development and land use, building safe environments, Language and justice. Elder Saddleback sits on the working committee of the Thunderbird Partnership Foundation, a National Indigenous research organization on substance use that partnered with CRISM during the first funding cycle. Elder Saddleback is also currently the Elder-in-Residence for Edmonton Public Library. She and her husband, Elder Jerry Saddleback, offer ceremonies and other cultural approaches for people healing from substance use.

2. Node Leadership and Governance

Node leadership and governance evolved over the initial funding period; this has informed plans for the renewal period. Initially, we created a Regional Coordinating Committee for the Node, but this committee was discontinued after 1.5 years. This change reflected difficulties in securing reliable representation from provincial governments and regional health authorities in relation to (a) institutional complexity and diverse roles in each province regarding oversight of addiction services, (b) changes in personnel authorities, and (c) varying interest in CRISM work in relation to provincial election cycles and governmental priorities. In response, we adopted a more nimble and effective management structure involving weekly Node coordinating meetings held in our Node leadership group (PIs, Node Manager, and KTE coordinator), supplemented as needed by *ad hoc* advisory meetings with Node experts and decision-makers from each province to move specific initiatives and projects forward. This model has proven to be a more effective and responsive approach to governance, and will be implemented during the renewal period.

From its inception, the Node has used two mechanisms to inform Node members about opportunities to access programs and projects in an open and transparent way. First, regular updates are provided to members about Node resources available to them (e.g., Node development grants, access to administrative health system data). We have developed application and post-project reporting procedures to ensure oversight in the administration of these programs. Second, regular invitations are forwarded to Node members to declare their interest in contributing to emerging and time-sensitive CRISM initiatives. Interested members are free to declare their preferred level of affiliation (individual or representing an organization), extent of collaboration, and preferred level of responsibility. Node leadership reviews expressions of interest and approves decisions about member participation in regional and national CRISM projects. These oversight mechanisms have proven to ensure equitable access to Node programs, resources, and projects, while still being flexible and responsive, and will be used during the renewal period.

3. Environment for Research and Research Capacity Building

Node membership. Prior to establishing the Node, and in contrast to the other three CRISM Nodes located in Vancouver, Montreal, and Toronto, each with significant research infrastructure, our region contained small pockets of provincial addiction research operating with limited collaboration. CRISM | Prairies was therefore developed as a new regional research-practice network to facilitate collaboration and communication among addiction service stakeholders in the Prairie Provinces. The value of creating this Network was strongly validated in

the first CRISM funding cycle. Since its launch in 2015, CRISM Prairies has grown from 59 to 402 current members representing 163 institutional affiliations. Most members (64%) are located in Alberta, with 25% from Saskatchewan, and 11% from Manitoba. We also have 4 members who are located in Yellowknife, Northwest Territories. Membership priorities for the renewal period include increasing Manitoba representation; we also welcome discussion about including the Territories as a northern sub-section of the Prairie Node. About half of Node members are based at 14 different universities (49%) or in clinical/service management settings (52%), either as service providers (33%) or program directors/managers (19%); total numbers exceed 100% since many members hold more than one role. Researcher expertise within the Node includes 189 academic specialists in behavioral and social sciences, epidemiology, health economics, clinical research, implementation science, and statistics. Beyond disciplinary expertise, value provided by academic members includes access to students and research staff, as well as access to research funding opportunities where a PI or Co-I is required to be a researcher at an academic institution.

Research environment. The main office of the Prairie Node is located in the School of Public Health at the University of Alberta in Edmonton. In-kind support for space and operational support has been provided by the School of Public Health, University of Alberta, and the University of Saskatchewan. During the renewal period, similar support has been secured in the Department of Psychology at the University of Calgary; however, the Node office will remain in Edmonton. Through our participation in CRISM's national OPTIMA trial, clinic access was secured at AHS sites in Calgary and Edmonton.

Building and supporting research capacity. 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. The Prairie Node has an open membership policy and interested researchers, service providers, decision-makers, and PWLLE in the region represented by the Node are all welcome to join the Prairie Node at any time. Individuals may represent their own personal interests or provide representation at the organizational level. New members are asked to complete a member needs assessment survey. Results provide demographic and professional characteristics of our members and describe their interests in addiction (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, etc.). Additional research and KTE supports are also provided upon request, or in alignment with Node development funding applications.

C. Proposed Member Support Programs

In our periodic member surveys, we have confirmed that 99% of members strongly support continuation of regional member support programs developed during the first funding cycle.

1. Node Research Development Program Grants

Recognizing the need to build regional collaborations, this funding program offers one-time sub-grants of up to $15K to support pilot studies and knowledge mobilization projects to Node members. To date, this program has funded 29 projects and the $430K 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.[1-8] Applications to this program are reviewed and approved by the Node leadership group; we will require applicants to consider and include EDI, sex/gender, open science, and Indigenous population foci as appropriate.

2. 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 25 projects. 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-[9] and cannabis-related[10] presentations to addiction treatment. The Prairie Node supported this program through the CRISM 1.0 infrastructure funds and will continue to do so while we will seek dedicated funding to support the Alberta program as well as to support expansion of the program into Saskatchewan and Manitoba.

D. Proposed Research Projects

Three Node demonstration projects were executed during CRISM's first funding period. Each developed innovative wellness supports for people who use substances, successfully leveraged additional research funds, and impacted service delivery. This strategy will be repeated during the proposed renewal period, with new areas of focus. The overarching research theme for these new Node projects 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 address issues of EDI, with emphasis on sex and gender, and decolonization. Specifically, gender related concerns regarding the vulnerability of male-identified youth for opioid related poisonings, divergent pathways of SU initiation and resulting treatment options, and investigation of sex/gender-specific approaches to knowledge mobilization and exchange, will all be considered.

In preparation for this proposal, we developed three regional projects within this research theme based on ongoing work, population need, and regional expertise. A structured process was undertaken to engage the Prairie Node membership. Node members were invited to virtual meetings to discuss each project area, and to refine specific research questions and projects. This process identified Node members wanting to join working and advisory groups for each project. This was followed by a survey to all node members summarizing each project and soliciting additional input into each project's conception and design.

1. Mapping Trajectories of Assisted and Unassisted Change in Substance Use *(Hodgins)*.

Background and rationale. There are many pathways to wellness from substance use harms, including specialized addiction treatments (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-change is the most commonly reported recovery pathway across addictions.[11-13] Stepped care treatment models ideally organize these options, including support for self-change, in ways that facilitate flexible access and movement among this array of services.[12] Pathways to wellness are not smooth – setbacks are the norm – and people typically make numerous attempts to change substance use prior to achieving longer term success.[14,15] 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. Research has identified individual and contextual correlates of change attempts and the strategies that people who are successful use.[16] Recovery capital is a related concept, defined as the breadth and depth of personal, social, and community resources available to people to achieve wellness.[17] What is unknown are the various ways people move from initial attempts at self-change through the recovery process. The broad objective of this project 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.

Objectives. The proposed project will describe: (1) implications of the most common recovery pathways for innovations in prevention and treatment of problematic SU; (2) how evidence-based interventions can be embedded in common recovery pathways; (3) how recovery pathways are influenced by socio-cultural and other contextual factors, in particular for Indigenous people; and (4) the role of harm reduction services in influencing movement toward wellness.

Methods and analyses. The primary study will be an online survey of adults who perceive themselves as having experienced problematic substance use in the past but not in the last year (N = 4500). The sample will be recruited to be geographically representative of the Prairie node using an online panel. A life course calendar approach, recently validated for online survey use[18], will have each respondent populate a calendar describing when they first recognized substance use was causing problems and when the harm or use began to reduce, either through environmental influences or their personal efforts. Respondents will also identify steps they took toward minimizing harm or use, including interaction with harm reduction programs and informal/formal supports. Participants will rate the helpfulness/degree of influence each had on their progress and will be able to describe the nature of the support. Current and past substance use and disorder, mental health functioning, trauma history, life events, and demographic characteristics will be assessed as covariates. Items in the 20-minute survey will be adapted from similar surveys conducted by Hodgins in the gambling field. Primary analyses will be descriptive with comparisons of the trajectories of subgroups using logistic regression and linear mixed modeling. Different common pathways will be identified using latent class modeling of use of supports over time. The sample size will be sufficient ($b < .20$) to identify moderate size differences between major subgroups (e.g., gender, alcohol versus cannabis) and to explore other possible differences (cultural group, use of specific lower prevalence drug classes or interventions). Online panels, although representative of the general population demographically, typically include higher proportions of individuals who use substances heavily. This is an advantage for our research design as the pool of individuals from which the sample will be recruited will contain many individuals meeting inclusion criteria. Analyses will be conducted mainly with unweighted data; however, some prevalence estimates of various help-seeking activities are possible using iterative proportional fitting to weight the sample using substance use frequency assessed with identical questions in the annual Statistic Canada's Community Health Survey. The quantitative online panel will be supplemented by a series of qualitative interviews and focus groups with subgroups to provide elaboration and validation of the details of recovery trajectories. A community-based participatory research framework will be used and the research questions to be investigated qualitatively will be developed through review and synthesis of the quantitative data results by a project advisory group, including PWLLE and individuals in recovery via different pathways.

Outcome and feasibility. Our goal is to translate insights about pathways to wellness processes into scalable interventions to promote their use. In consultation with the project advisory group, some results may be sufficiently reliable and practical for immediate dissemination. Findings may also lead to funding proposals for prospective cohort projects and/or prospective controlled intervention trials. A similar project using a Canadian online panel was conducted for gambling and gambling addiction indicated that good quality, detailed retrospective data are possible.[19] The life course calendar minimizes the disadvantages of relying on retrospective reports of life events.[20] At least two national survey companies have sufficiently large panels to provide the required sample of individuals who have overcome problematic substance use.

2. Human Connection to Dogs for Wellness From Substance Use Harms (*Dell*).

Background and rationale. Connection is an important part of human wellness. Both western One Health approaches and traditional Indigenous worldviews acknowledge that the health of people intersects with the health of animals and our shared environment. There is growing recognition of the health benefits of our connection to companion animals, termed zooeyia;[21] this has been especially apparent during the pandemic as our time with pets has increased.[22] Substance use problems have also intensified during the pandemic. Limited understanding remains, however, about the beneficial role of connection to animals for humans seeking wellness from substance use harms. Members of CRISM | Prairies are leaders in the emerging animal assisted interaction (AAI) substance use field in Canada.

Canada's first recovery survey in 2017 found that 88% of respondents identified their relationship with animals or pets as an important support in their recovery from addiction.[23] Since that time, our Prairie CRISM Node team has undertaken select studies to understand this supportive connection within human populations and with various categories of dogs (e.g., service dog, pet dog). Starting in 2014, our team's CRISM demonstration project examined the effect of therapy dogs visiting adults and youth at addiction treatment centres and found that they offered feelings of comfort, love, and support, along with other therapeutic benefits.[24] Next, our CRISM team examined the impact of service dogs in the lives of Veterans diagnosed with posttraumatic stress disorder (PTSD) and who used opioids with harmful outcomes. We found a decrease in PTSD symptoms, and some indication of a decrease in opioids and alcohol use harms.[25] This CRISM-funded work was leveraged into SUAP grant funding to develop an online substance use and recovery course for service dog providers. In 2018, a CRISM research development grant supported the implementation of a Canine Assisted Learning program at Drumheller Institution with prisoners who had recently experienced an overdose; we found that prisoners' interactions with companion dogs provided opportunities to develop a meaningful bond and this experience was significant for the participants' correctional recovery plans.[26]

Objectives. Based on this and other work and the general dearth of empirical and theoretical literature in the field, the overarching research question to be addressed in this patient-oriented, exploratory study is: (1) how does a relationship with a dog support an individual's wellness journey from substance use harms (specifically, how do dogs positively influence mental health and aid in recovery)? We are also particularly interested in (2) the unique experiences of human trauma survivors (e.g., police officers, sexual assault survivors), and (3) individuals' unique experiences with different categories of dogs (i.e., therapy dog, service dog, emotional support dog, companion dog). Attention is placed on dogs because of their long standing domesticated and reciprocal relationship with humans. The importance of this study is rooted in the infancy of the AAI substance use field. Although we know that the human-dog relationship is mutually beneficial, our understanding of *how* is still growing. While some studies exist within select

populations, such as those undertaken by our team, attention to the broader question of how a beneficial connection with dogs is experienced by individuals in or seeking recovery from problematic substance use, and with different types of dogs, is seriously lacking.

Methods. This project's advisory group, composed of researchers, PWLLE, family members, and policy and practice experts, will design an open-ended interview guide to address the above questions. Information will be collected using a prairie-wide call and non-probability snowball sampling. A sample size of 120 respondents is anticipated to account for diversity amongst both the human respondents and their dogs (30 individuals reflecting on their relationship with service dogs, 30 therapy dogs, 30 companion dogs, 30 emotional support dogs). Interviews will be thematically coded using Saldaña's (2016) descriptive method.[27] It will be independently analyzed and coded by several members of the research team to strengthen reliability. Attention will be given to intersectionality, with specific acknowledgement of the influence of gender, age, culture, and socio-economic status.

Outcome and knowledge transfer/mobilization. The outcome of this project will be an adaptation of the online course *Connecting for Veteran Wellness*, which aims to inform service dog trainers about recovery from substance use problems and the important role of peer support and connection for the wellness of their Veteran clients diagnosed with PTSD. Our revisions to this 2-hour course will be informed by the current evidence base alongside gaps in understanding addressed by this study, and will centre on how our mutual bond with a dog (while accounting for a dog's welfare) can assist people with their SU health. This course will be beneficial for people in or seeking recovery and informative for service providers as well. Uptake of the course and participants' change in knowledge will be evaluated. Development of this course will also serve as the foundation for a book length manuscript. This project has the potential to contribute to future large-scale outcomes, such as funding pet care as a component of recovery and informing policy on preventative substance use measures.

3. Informal and Formal Support in Rural Settings (*Hyshka*).

Background and rationale. Equitable access to informal and 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 (harm reduction and treatment) 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. Unfortunately, Canadians residing in rural places rarely have access to the range of care available in larger cities in part due to limited availability, as well as perceived privacy and acceptability of care.[28,29] Rural places are defined here as communities located outside of urban centres, such as villages or small towns.

When formal support is not accessible, family, friends and community members often provide unpaid informal support to 'fill the care gap'.[30] Unpaid informal support, or caregiving, is care provided outside of organized volunteer or paid work to support the health and well-being of an individual (e.g., navigating the health system, providing transportation to appointments, providing emotional support, advocating for an individual's needs, providing financial support). Informal support is essential to the health of others; however, there are many inequities for people providing this support, including negative health, social and career impacts.[31] In 2018, 25 percent of Canadians provided unpaid informal support for a range of health conditions which yielded an estimated $25 billion in savings to the Canadian health care system.[32] Anecdotally it is known that unpaid support is being provided for people who use substances in rural areas where there is limited

access to formal services;[33,34] however, almost no scholarship has focused on understanding informal support for people who use substances in rural Canada. The majority of substance use research in 'rural' Canada centres on access to formal services in small urban centres outside of the prairie provinces (e.g., Thunder Bay, Kamloops).[35,36] The majority of research on unpaid support for people who substances in rural areas is situated in the United States (e.g., the Appalachian region).[37] There is an urgent need to generate knowledge on substance use in small towns and villages in rural Canada,[38] especially in the prairies.

Objectives. Using a qualitative design, this project focuses on: (1) understanding caregivers' (including people with lived/living experience of substance use) experiences of providing informal 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 effectively supporting both people who use substances and people who provide unpaid support (caregivers) in rural settings.

Methods. This project will take a community-engaged qualitative research approach, and employ intersectionality and structural violence theoretical frameworks. Intersectionality theory challenges current understandings of society and health by emphasizing how individuals' identities intersect with systems of power and contribute to inequities, and allows for the use of Gender-Based Analysis+.[39,40] Although recruitment will be open to anyone who provides unpaid support for people who use substances, substance use and caregiving are gendered. Women provide most unpaid support in Canada [41] and greater substance use related harms are experienced by women, including gender-based violence, incarceration and risks of HIV and HCV infection.[42] Therefore, an intersectional analysis will examine how diverse identities may impact experiences of providing unpaid support. Structural violence refers to "institutionalized social structures, such as poverty, racism and gender inequity, that prevent people from meeting their basic needs".[43] Employing a structural violence framework will inform the exploration of structural factors that may contribute to care gaps and inform experiences of providing informal support.

One-on-one semi-structured interviews will be conducted with approximately 60 people who are currently providing unpaid informal support for people who use substances or have provided unpaid informal support in the last 2 years (also known as caregivers) in rural communities across the three Prairie provinces (~20 interviews each in Alberta, Manitoba and Saskatchewan). Participants will be recruited through social media, national and provincial organizations (e.g., Moms Stop the Harm [MSTH], Stronger Together Canada [STC], Alberta Addicts Who Educate and Advocate Responsibly [AAWEAR], Saskatchewan-based Prairie Harm Reduction [PHR], Manitoba Harm Reduction Network [MHR]), and through additional partner networks. Participants will also be asked to share study information with other people who are eligible to participate. An effort will be made to purposively recruit people from diverse backgrounds. Data will be analyzed using grounded theory procedures[44] and will include analysis based on self-reported sociodemographic information (e.g., race, gender) to improve rigour. Human research ethics approval will be obtained. Community partners will be compensated fairly for their time and expertise.

Outcomes and feasibility. Results from this project will improve our understanding of the provision of informal support for substance use in rural communities, including the experiences of people who provide unpaid informal support. Findings will outline requisite public health strategies and supports for people providing unpaid informal support and people who use substances in rural settings. Findings will also inform how to support high quality substance use care in rural settings. Knowledge dissemination activities will be thoughtfully planned and

implemented with community partners to advance scholarship in the field and drive policy and practice change. Activities may include generating manuscripts and community reports, presenting at conferences, hosting community workshops and forums in rural areas to share findings with stakeholders, and conducting advocacy work with community partners. This project will leverage existing community-engaged research networks and builds off previous research conducted by Hyshka in collaboration with family members of people who use substances.[45-47] New research connections are also being developed across the Prairie provinces to address the geographical scope of this project. Identified community partners (e.g., MSTH, AAWEAR, MHRN) represent all three Prairie provinces and bring a range of expertise and experience in the field, including lived/living experience of providing informal support, substance use, and providing outreach services in rural communities. The research questions and design have been developed in collaboration with these community partners based on their expertise and understanding of the number of people providing informal support in the Prairie region. Community partners will continue to be meaningfully engaged throughout the project.

E. Stakeholder Knowledge Transfer, Engagement Strategies, Open Science

Stakeholder knowledge transfer and engagement. The National CRISM initiatives described earlier have supported the development of CRISM Network knowledge transfer and exchange platforms that are used at local/regional levels. Each node also employs node-specific *stakeholder engagement strategies.* To date, the Node's stakeholder engagement strategy has concentrated on establishing network presence and membership across the three Prairie Provinces. Node membership prompts a sense of belonging and support for engagement in substance use research. 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 more directly. Because most of our current members reside in Alberta, ongoing efforts are focused on increasing membership from Saskatchewan, Manitoba and the Territories, as well as rural and remote areas and underrepresented populations. Those efforts are reflected in (a) the proposed Node leadership group for the renewal period (which broadens regional reach and will attract new membership), and (b) the project consultation process for this application. When individuals and organizations contribute their interests and abilities to a shared research initiative, knowledge uptake and dissemination are enhanced. The Node engages directly with members via a website, newsletters and bulletins, email, phone calls, and in-person/virtual meetings. Consultations with members reveal a great need for grant writing and funding support for individuals and organizations involved with substance use solutions at the community level. Our aim is to increase this support to develop necessary infrastructure across the prairie region but with emphasis on Saskatchewan and Manitoba. Stakeholder input has been solicited throughout the first funding period via surveys, feedback circles, and three in-person annual gatherings.

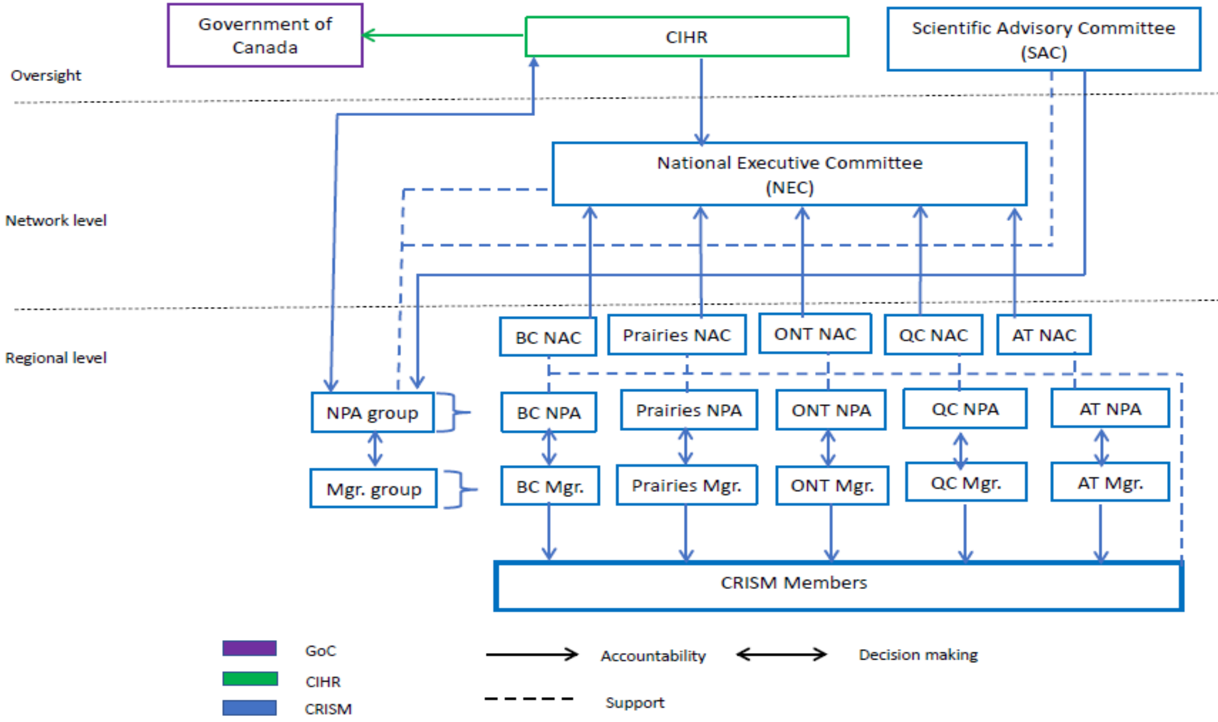
Equity, diversity, inclusion, decolonization. CRISM | Prairies has and will continue to commit to principles of equity, diversity, inclusion (EDI), including recognizing the importance of *sex and gender*. For example, Prairie Node staff and trainees are expected to take cultural safety and anti-racism training and this opportunity will be extended to all Node members during the renewal period. 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 first funding cycle, we successfully engaged with local and regional *Indigenous* health

researchers (First Peoples-First Person Indigenous Hub, Indigenous People's Health Research Centre), communities (Maskwacîs, AB), and Knowledge Keepers/Elders, by following appropriate cultural protocols and participating in ceremony, demonstrating our commitment to the processes of partnership. Our use of the term 'partnership' instead of 'collaboration' arose from ongoing conversations with Indigenous Elders and knowledge keepers. The term partnership best communicates the equal standing and equal valuing of different knowledge systems in approaching this work together. We will continue to build respectful relationships with Indigenous-led organizations. For example, we are currently developing a collaboration with the CIHR-funded Waniska Program (Saskatchewan/Manitoba Indigenous Centre for HIV/HCV/STBBIs Inequities). 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 AAWEAR, Saskatchewan-based Prairie Harm Reduction (PHR), and 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.

In the renewal period, the Node will capitalize on our successes and lessons learned with focused attention on existing and emerging gaps in knowledge and practice. We 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, MHRN). If approved, our Node will also seek to establish formal membership of the 3 Territories (current members include Yellowknife-based addiction/mental health professionals, government representatives, and the Institute for Circumpolar Health Research). Our Node has expanded Indigenous engagement through the nomination of an Indigenous principal applicant, *Acoose* (First Nations University) on this application. We will continue to seek and increase inputs from our knowledge user advisory councils, increase use of social media for grassroots engagement opportunities (i.e.: one recently funded node development project explores the impact of social media live streaming as a way to share *PWLLE* voices, research outputs, and increase uptake of resources), 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. Strategies for additional engagement will be informed by community needs in consultation with our partners. We will require in CRISM 2.0 that all node funding applicants include attention to sex and gender, diversity, equity, and reconciliation. 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.

Open science. As outlined in the National section on Open Science, the Prairie Node commits to adoption of open science principles during the renewal period; these principles inform each stage of research design and dissemination, at a local and regional level. Node leadership ensures regulatory compliance, data accessibility, efficient and transparent resources, and grant management. Node researchers submit to peer-reviewed academic publications and are dedicated to adopting strategies such as pre-registered studies, open access publications, and making data available in repositories to supply further open access to knowledge generated within the network.

Appendix 1: CRISM Governance Structure



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Application for Funding – Budget

Funding Opportunity

Team Grant: Canadian Research Initiative on Substance Misuse (CRISM) Phase II: Regional Nodes 2022-02-06

Applicant

Last Name	First Name	Institution
HODGINS	David	University of Calgary

Financial Assistance Required **Year** 1

Research Staff (excluding trainees)	No.	Salary	Benefits	CIHR	Other Funding Sources Cash*	Other Funding Sources In-Kind*	Total
Research Assistants	2.0	$88,000	$22,000	$110,000	$0	$0	$110,000
Technicians	0.0	$0	$0	$0	$0	$0	$0
Other personnel (as specified in Employment History)	1.5	$140,000	$20,000	$160,000	$0	$0	$160,000

Research Trainees	No.	Stipend	Benefits	CIHR	Other Funding Sources Cash*	Other Funding Sources In-Kind*	Total
Postdoctoral Fellows (post PHD, MD, etc.)	0.0	$0	$0	$0	$0	$0	$0
Graduate Students	1.0	$44,000	$11,000	$55,000	$0	$0	$55,000
Summer Students	0.0	$0	$0	$0	$0	$0	$0

Materials, Supplies and Services	CIHR	Other Funding Sources Cash*	Other Funding Sources In-Kind*	Total
Animals	$0	$0	$0	$0
Expendables	$10,000	$0	$0	$10,000
Services	$50,000	$0	$0	$50,000
Other (as specified in the Details of Financial Assistance Requested)	$0	$0	$0	$0

	CIHR	Other Funding Sources Cash*	Other Funding Sources In-Kind*	Total
Travel	$10,000	$0	$0	$10,000
Total Operating	$395,000	$0	$0	$395,000
Total Equipment	$5,000	$0	$0	$5,000
Total Request	$400,000	$0	$0	$400,000

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Application for Funding – Budget

Funding Opportunity

Team Grant: Canadian Research Initiative on Substance Misuse (CRISM) Phase II: Regional Nodes 2022-02-06

Applicant

Last Name	First Name	Institution
HODGINS	David	University of Calgary

Financial Assistance Required **Year** 2

Research Staff (excluding trainees)	No.	Salary	Benefits	CIHR	Other Funding Sources Cash*	Other Funding Sources In-Kind*	Total
Research Assistants	2.0	$88,000	$22,000	$110,000	$0	$0	$110,000
Technicians	0.0	$0	$0	$0	$0	$0	$0
Other personnel (as specified in Employment History)	1.4	$140,000	$20,000	$160,000	$0	$0	$160,000

Research Trainees	No.	Stipend	Benefits	CIHR	Other Funding Sources Cash*	Other Funding Sources In-Kind*	Total
Postdoctoral Fellows (post PHD, MD, etc.)	0.0	$0	$0	$0	$0	$0	$0
Graduate Students	1.0	$44,000	$11,000	$55,000	$0	$0	$55,000
Summer Students	0.0	$0	$0	$0	$0	$0	$0

Materials, Supplies and Services	CIHR	Other Funding Sources Cash*	Other Funding Sources In-Kind*	Total
Animals	$0	$0	$0	$0
Expendables	$10,000	$0	$0	$10,000
Services	$50,000	$0	$0	$50,000
Other (as specified in the Details of Financial Assistance Requested)	$0	$0	$0	$0

	CIHR	Other Funding Sources Cash*	Other Funding Sources In-Kind*	Total
Travel	$10,000	$0	$0	$10,000
Total Operating	$395,000	$0	$0	$395,000
Total Equipment	$5,000	$0	$0	$5,000
Total Request	$400,000	$0	$0	$400,000

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Application for Funding – Budget

Funding Opportunity

Team Grant: Canadian Research Initiative on Substance Misuse (CRISM) Phase II: Regional Nodes 2022-02-06

Applicant

Last Name	First Name	Institution
HODGINS	David	University of Calgary

Financial Assistance Required — **Year** 3

Research Staff (excluding trainees)	No.	Salary	Benefits	CIHR	Other Funding Sources Cash*	Other Funding Sources In-Kind*	Total
Research Assistants	2.0	$88,000	$22,000	$110,000	$0	$0	$110,000
Technicians	0.0	$0	$0	$0	$0	$0	$0
Other personnel (as specified in Employment History)	1.5	$140,000	$20,000	$160,000	$0	$0	$160,000

Research Trainees	No.	Stipend	Benefits	CIHR	Other Funding Sources Cash*	Other Funding Sources In-Kind*	Total
Postdoctoral Fellows (post PHD, MD, etc.)	0.0	$0	$0	$0	$0	$0	$0
Graduate Students	1.0	$44,000	$11,000	$55,000	$0	$0	$55,000
Summer Students	0.0	$0	$0	$0	$0	$0	$0

Materials, Supplies and Services	CIHR	Other Funding Sources Cash*	Other Funding Sources In-Kind*	Total
Animals	$0	$0	$0	$0
Expendables	$10,000	$0	$0	$10,000
Services	$50,000	$0	$0	$50,000
Other (as specified in the Details of Financial Assistance Requested)	$0	$0	$0	$0

	CIHR	Other Funding Sources Cash*	Other Funding Sources In-Kind*	Total
Travel	$10,000	$0	$0	$10,000
Total Operating	$395,000	$0	$0	$395,000
Total Equipment	$5,000	$0	$0	$5,000
Total Request	$400,000	$0	$0	$400,000

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Application for Funding – Budget

Funding Opportunity

Team Grant: Canadian Research Initiative on Substance Misuse (CRISM) Phase II: Regional Nodes 2022-02-06

Applicant

Last Name	First Name	Institution
HODGINS	David	University of Calgary

Financial Assistance Required **Year** 4

Research Staff (excluding trainees)	No.	Salary	Benefits	CIHR	Other Funding Sources Cash*	Other Funding Sources In-Kind*	Total
Research Assistants	2.0	$88,000	$22,000	$110,000	$0	$0	$110,000
Technicians	0.0	$0	$0	$0	$0	$0	$0
Other personnel (as specified in Employment History)	1.5	$140,000	$20,000	$160,000	$0	$0	$160,000

Research Trainees	No.	Stipend	Benefits	CIHR	Other Funding Sources Cash*	Other Funding Sources In-Kind*	Total
Postdoctoral Fellows (post PHD, MD, etc.)	0.0	$0	$0	$0	$0	$0	$0
Graduate Students	1.0	$44,000	$11,000	$55,000	$0	$0	$55,000
Summer Students	0.0	$0	$0	$0	$0	$0	$0

Materials, Supplies and Services	CIHR	Other Funding Sources Cash*	Other Funding Sources In-Kind*	Total
Animals	$0	$0	$0	$0
Expendables	$10,000	$0	$0	$10,000
Services	$50,000	$0	$0	$50,000
Other (as specified in the Details of Financial Assistance Requested)	$0	$0	$0	$0

	CIHR	Other Funding Sources Cash*	Other Funding Sources In-Kind*	Total
Travel	$10,000	$0	$0	$10,000
Total Operating	$395,000	$0	$0	$395,000
Total Equipment	$5,000	$0	$0	$5,000
Total Request	$400,000	$0	$0	$400,000

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Application for Funding – Budget

Funding Opportunity

Team Grant: Canadian Research Initiative on Substance Misuse (CRISM) Phase II: Regional Nodes 2022-02-06

Applicant

Last Name	First Name	Institution
HODGINS	David	University of Calgary

Financial Assistance Required **Year** 5

Research Staff (excluding trainees)	No.	Salary	Benefits	CIHR	Other Funding Sources Cash*	Other Funding Sources In-Kind*	Total
Research Assistants	2.0	$88,000	$22,000	$110,000	$0	$0	$110,000
Technicians	0.0	$0	$0	$0	$0	$0	$0
Other personnel (as specified in Employment History)	1.5	$140,000	$20,000	$160,000	$0	$0	$160,000

Research Trainees	No.	Stipend	Benefits	CIHR	Other Funding Sources Cash*	Other Funding Sources In-Kind*	Total
Postdoctoral Fellows (post PHD, MD, etc.)	0.0	$0	$0	$0	$0	$0	$0
Graduate Students	1.0	$44,000	$11,000	$55,000	$0	$0	$55,000
Summer Students	0.0	$0	$0	$0	$0	$0	$0

Materials, Supplies and Services	CIHR	Other Funding Sources Cash*	Other Funding Sources In-Kind*	Total
Animals	$0	$0	$0	$0
Expendables	$10,000	$0	$0	$10,000
Services	$50,000	$0	$0	$50,000
Other (as specified in the Details of Financial Assistance Requested)	$0	$0	$0	$0

	CIHR	Other Funding Sources Cash*	Other Funding Sources In-Kind*	Total
Travel	$10,000	$0	$0	$10,000
Total Operating	$395,000	$0	$0	$395,000
Total Equipment	$5,000	$0	$0	$5,000
Total Request	$400,000	$0	$0	$400,000

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Application for Funding – Budget

Funding Opportunity

Team Grant: Canadian Research Initiative on Substance Misuse (CRISM) Phase II: Regional Nodes 2022-02-06

Applicant

Last Name	First Name	Institution
HODGINS	David	University of Calgary

Financial Assistance Required **Year** 6

Research Staff (excluding trainees)	No.	Salary	Benefits	CIHR	Other Funding Sources Cash*	Other Funding Sources In-Kind*	Total
Research Assistants	2.0	$88,000	$22,000	$110,000	$0	$0	$110,000
Technicians	0.0	$0	$0	$0	$0	$0	$0
Other personnel (as specified in Employment History)	1.5	$140,000	$20,000	$160,000	$0	$0	$160,000

Research Trainees	No.	Stipend	Benefits	CIHR	Other Funding Sources Cash*	Other Funding Sources In-Kind*	Total
Postdoctoral Fellows (post PHD, MD, etc.)	0.0	$0	$0	$0	$0	$0	$0
Graduate Students	1.0	$44,000	$11,000	$55,000	$0	$0	$55,000
Summer Students	0.0	$0	$0	$0	$0	$0	$0

Materials, Supplies and Services	CIHR	Other Funding Sources Cash*	Other Funding Sources In-Kind*	Total
Animals	$0	$0	$0	$0
Expendables	$10,000	$0	$0	$10,000
Services	$50,000	$0	$0	$50,000
Other (as specified in the Details of Financial Assistance Requested)	$0	$0	$0	$0

	CIHR	Other Funding Sources Cash*	Other Funding Sources In-Kind*	Total
Travel	$10,000	$0	$0	$10,000
Total Operating	$395,000	$0	$0	$395,000
Total Equipment	$5,000	$0	$0	$5,000
Total Request	$400,000	$0	$0	$400,000

Human Resources

Surname	Given Names	Role	Hours / week
HODGINS	David	Nominated Principal Applicant	10
Clelland	Steven	Knowledge User	3
Muggli	Tracy	Knowledge User	3
Acoose	Sharon	Principal Applicant	7
Dell	Colleen	Principal Applicant	7
Hyshka	Elaine	Principal Applicant	7
Poulin	Ginette	Principal Applicant	7
Wild	Cameron	Principal Applicant	7
Illsley	Shohan	Co-Applicant	3
Saddleback	Jo-Ann	Collaborator	3

CRISM 2.0 Prairie Node Budget Justification

Staff and Trainees

Note. Personnel costs have been estimated according to standard University of Alberta & Calgary pay grades for each type of position listed. We acknowledge that we have not adjusted yearly estimates for cost of living increases. This was a deliberate decision made in light of our experience that it is unusual to retain all research staff for over a long (i.e., 5-year) funding period. Because we have rounded staffing estimates upward or downward slightly for ease of communication (these adjustments have been made in the benefits column of the CIHR budget template forms), approximate figures for staffing costs are presented. This will allow us to apply cost of living increases in cases where staff are retained over multiple years during the funding period.

Research assistants.

Two full time (1.0 FTE) research assistants are required to conduct data entry, literature reviews, basic data analysis, organization of records, and contribute to the development of knowledge mobilization resources. This position is budgeted as a Grade 8 support staff position at a rate of $30 per hour, 35 hours per week, for 50 weeks per year, or the equivalent of $44,000 per year, plus 25% benefits ($11,000 per year). Total yearly costs for 2 research assistants is $110,000

Node senior research manager.

This full-time (1.0 FTE) individual will have significant administrative duties related to finances and human resources, as well as management of Node infrastructure and demonstration projects, contributions to research design, data analysis, manuscript and grant proposal preparation, and maintenance of relationships with team members and other stakeholder organizations. This position is budgeted as a Trust-Funded Research Manager. At an average rate of $98,000 per year, plus 25% benefits, the total budget allocation for this position is $120,000 per year.

Knowledge translation and engagement coordinator.

This part time individual will be paid on a casual contract of up to $40,000 per year, without benefits. This role is based in Saskatchewan and will primarily involve engagement with stakeholders in Saskatchewan and Manitoba. This role will also lead knowledge translation and mobilization activities in the Prairies, including preparation and dissemination of knowledge products.

Graduate student.

We are budgeting for 1.0 FTE graduate student position of up to $55,000 per year ($44,000 per year, plus 25% benefits $11,000 per year). We will encourage the student to apply for independent funding and in the event of success, will redirect these funds to another graduate student, as appropriate.

Materials, Supplies, and Services

General supplies and services.

A total of $10,000 per year is allocated for the purchase of office supplies, printing and photocopying, software licenses, and other supplies necessary for the day to day operations of the Node, in compliance with CIHR rules for allowable expenses.

Translation services.

We are budgeting $7,500 per year for translation of materials into French as needed.

Annual Node general meeting.

Node members will be invited to a bi-annual in-person (as permitted in light of the COVID-19 pandemic) general meeting where the Node's progress will be reviewed and input will be sought to set strategic direction for future initiatives and activities. Videoconferencing will be available for those who cannot attend in person and a small travel subsidy will be offered to attendees (amount dependent on number of registered attendees). Facility costs will be budgeted up to $10,000 with an additional $22,500 allocated for member travel costs for a total of $32,500 per year. These meetings will occur during years 2, 4, 6.

Node research development funding.

We will continue to fund this program that provides up to $15,000 one-time funding for seed or pilot projects led by Node members. This will be budgeted as $32,500 per year for years 1, 3, 5.

Travel

We have budgeted $10,000 for travel each year. These funds are allocated for expenses including (a) attending National CRISM Network meetings (including travel to CRISM 2.0 Phase II and III planning meetings), (b) continuing to build representation of the Prairie CRISM Node in under-represented areas of the Prairie Provinces, and (c) attendance at in-person conferences. Travel expenses will include meeting registration, mileage, flights, meals, and accommodations.

Equipment

Purchase of equipment includes computers, randomization software, a secure server, cell phones, and other information technology needs, budgeted at $5,000 per year.

December 9, 2021

To whom it may concern,

This is a letter of support for the Canadian Research Initiative in Substance Misuse (CRISM) Prairie Node renewal application for CRISM Phase II.

Waniska is an Indigenous-led research Centre on HIV, hepatitis C virus (HCV) and other sexually transmitted and blood borne infections (STBBI), with a focus on Saskatchewan (SK) and Manitoba (MB). Funded by the Canadian Institutes of Health Research (CIHR), *waniska* is developing and innovating implementation research projects and growing and sustaining infrastructure to support Indigenous communities and academics. Communities and academics can use this infrastructure to train and mentor the next generation of Indigenous scholars, practitioners and community members in HIV/HCV/STBBI research, scholarships and knowledge mobilization. *Waniska* also seeks to interlink critical partnerships to address inequities.

HIV, HCV and STBBI are critical issues and persistent challenges in SK and MB. Indigenous people are disproportionately over-represented for these statistics in these two regions. Indigenous over-representation in statistics for HIV, HCV and STBBI is a direct result of Canada's colonial history and continued structural, social and health inequities, according to the Truth and Reconciliation Commission of Canada (2015). Tremendous strides have been made over the past two decades in documenting this epidemic, but research has been limited to individual- and group-based risk factors. It largely ignores the social, colonial and historical context of Indigenous health-related problems and the inequitable access to screening, diagnosis, treatment, care and social supports for these diseases.

The *waniska* Centre adopts a programmatic science approach to realign prevention, screening, diagnosis, treatment, care and social supports. *Waniska* is reframing studies and programs that have been predominantly led by non-Indigenous researchers and developing innovative approaches with Indigenous people, for Indigenous people, for the prevention and treatment of HIV, HCV and other blood borne diseases by adopting *etuaptmumk,* a Two-eyed Seeing approach grounded in Indigenous methodologies and philosophies. These innovative approaches include Indigenous land- and community-based research, guided by an intergenerational Elder and Youth Council, which connects knowledge and action among Indigenous groups, academics, trainees and care providers.

Waniska and CRISM Prairies have been building a relationship of mutual support and knowledge exchange over the past year, when *waniska* was able to officially launch and progress. This emerging dialogue is foundational for future partnerships and collaboration opportunities. *Waniska* and CRISM Prairies share

several key concerns in addressing substance use and the concurrent harms of HIV, hepatitis C and other blood borne infection. Saskatchewan's primary route of HIV and hepatitis C transmission occur through injection drug use, in contrast to other geographic areas of the country. Additionally, Indigenous people are over-represented in experiencing harms from substance use and HIV, HCV and STBBI in the prairie region. *Waniska* and CRISM Prairies are planning for enhanced collaboration regarding land- and culture-based approaches to prevention and healing of intergenerational trauma facilitated through multi-generational programming. These projects and programs to celebrate and support identity (re-)formation, culture and gender rebalance to restore Indigenous Knowledge Systems and decolonize research and education to support Indigenous people to heal from trauma caused by colonialist systems and embark on their wellness journeys.

We look forward to these future partnerships with CRISM Prairies and strongly encourage continued funding for the CRISM network to foster these growing opportunities.

Sincerely,

Dr. Alexandra King,
Chair, *waniska* Guiding Oversight Council
Cameco Chair in Indigenous Health and Wellness, University of Saskatchewan

Alberta Health Services

Healthy Albertans.
Healthy Communities.
Together.

December 10, 2021

CIHR Grant Review Committee
CIHR Team Grant: CRISM Phase II: Regional Nodes
Canadian Institutes of Health Research
Ottawa, ON

Dear CIHR Grant Review Committee,

Re: Letter of Support for CRISM | Prairies - CRISM Phase II

On behalf of the Alberta Addiction & Mental Health (AMH) Research Hub based in Alberta Health Services (AHS), we are excited to provide a letter of support for our partner, the CRISM Prairie Node in its Team Grant application in CRISM Phase II.

The Alberta AMH Research Hub is a partnership of AHS healthcare professionals and leadership, researchers, community organizations, government ministries, patient advocates, and other stakeholders, with the goal of creating a strong research-to-practice enterprise for AMH research in Alberta. We facilitate a connection between researchers and the healthcare system to ensure services are evidence-informed and that research findings are integrated into practice. Among the key functions we provide to the AMH research community in Alberta, we provide expertise in AMH data access and knowledge translation (KT), and through our membership represent a large portion of those in the AMH research space in our province.

Since its launch, the CRISM Prairie Node has been a vital part of the AMH research and healthcare community in Alberta. In 2018, we formed a partnership with the CRISM Prairie Node to develop and implement a program to promote innovation in data analytics related to substance use and health care utilization. Since its start, the program has built regional capacity for health services research and quality improvement related to substance use by supporting innovative projects that would ordinarily not be undertaken using existing AHS resources. From the start of the program to Dec 2021, 25 projects have been undertaken, including 10 initiated by CRISM | Prairies members, 4 initiated by AHS, and 11 initiated by urgent requests from AHS and/or Alberta Health. This program has built infrastructure that allows research teams to organize and collaborate to address critical substance use research questions.

AMH Research Hub Co-Chair, Steven Clelland, will formally act as a Knowledge User on the application. The AMH Research Hub will support the CRISM Prairie Node and Nominated PI, Dr. David Hodgins, in Phase II through:

- Continuing to support the CRISM Prairies-AHS data analytics partnership by contributing expertise to this program.
- Providing increased knowledge translation expertise to CRISM Prairies to support the new objective of CRISM Phase II that looks to enhance KT capacity.
- Leverage our network of over 250 members, including researchers, healthcare decision makers, and clinicians to support CRISM Prairies in its Phase II goal of increasing KT

capacity to meet the evidence needs of policy and decision makers at different levels and jurisdictions in Alberta.

Our partnership with CRISM | Prairies has a proven track record of success through our data analytics program. We are excited to continue to work with CRISM | Prairies in Phase II to support and grow the analytics program, support the node in building its KT capacity, and using our network to ensure substance use research can inform policy and practice. This is an exceptional organization in the AMH community in Alberta and we are happy to provide our strong support in the continuation of its mandate.

Sincerely,

Steven Clelland
Co-Chair, Alberta AMH Research Hub
Director, Knowledge, Evidence & Innovation,
Provincial Addiction & Mental Health, AHS

Frank MacMaster
Co-Chair, Alberta AMH Research Hub
Scientific Director, AMH Strategic Clinical Network,
Provincial Addiction & Mental Health, AHS

Neha Batra-Garga
Co-Chair, Alberta AMH Research Hub
Acting Director, Knowledge, Evidence & Innovation,
Provincial Addiction & Mental Health, AHS

490 Hargrave Street
Winnipeg, Manitoba
R3A 0X7 CANADA

490, rue Hargrave
Winnipeg, Manitoba
R3A 0X7 CANADA

December 16, 2021

CIHR Grant Review Committee
CIHR Team Grant: CRISM Phase II: Regional Nodes
Canadian Institutes of Health Research
Ottawa, ON

Dear CIHR Grant Review Committee,

RE: Letter of support for the CRISM Phase 2: Prairie Region Node Term Grant Application 2021

I am writing to you in support of CRISM's Phase 2 Grant application.

I am the Medical Director of Public Health for the Winnipeg Regional Health Authority (WRHA). The WRHA provides health services to residents of the city of Winnipeg, as well as the northern community of Churchill representing a total population of more than 750,000 people.

As team members within Population and Public Health at WRHA, we work with individuals, families, communities and partners to promote health, prevent disease and injury, as well as to create healthy places and relationships. Our goal is to educate, advocate and work with people and communities to reduce health differences and to improve everyone's health.

According to preliminary data provided by the Office of the Chief Medical Examiner, substance-related deaths in Manitoba reached an unprecedented number in 2020, with over 350 deaths, a 94% increase compared to the 2017-2019 average. With the ongoing social and environmental strains heightened by the SARS-CoV-2 pandemic, these blatant indicators of drug related harms in Manitoba have been heightened. In the first half 2021, the number of substance-related deaths in Manitoba had already reached over 60% of the previous year's totals, such that 2021 deaths are expected to surpass those in 2020.

Bringing together the addiction service provides, researchers, social policy-makers, and people with lived and living experiences, in order to adequately address the challenges faced by each of these individuals is no easy task. By having a skilled network facilitator like CRISM in our midst, service delivery organizations like the WRHA are more likely to enact evidence-based and local-research driven care efforts. CRISM not only enriches the relationships between sometimes isolated and diverse community members, it also ensures that when we work together to find solutions, we are doing so in a manner that draws upon the unique strengths and niche abilities of each group's members. This is achieved through ongoing project development, centralized information sharing, connections to other stakeholders and through in person meetings. The in-person meetings in particular have served as an excellent opportunity to collaborate with and learn from stakeholders both within our province as well as other prairie provinces.

Within the WRHA, we are close to the daily suffering of community members, sometimes reaching them to offer supports, sometimes watching them fall through the gaps in the primarily medical systems of care we are most capable of offering. Through the integrative and network supports made possible by CRISM, WRHA has a much better chance of a synergizing our efforts with other community members and organizations. Through CRISM, WRHA can more usefully play a role as part of an integrated team, helping to meet the needs of those in our health authority with the greatest risk of substance related harms.

One specific example of work that would be particularly relevant to Manitoba is a clinical trial of interventions for methamphetamine use where Ginette Poulin, an addictions physician in Manitoba, will have a leadership role. Methamphetamine continues to be a major driver of drug related harms in Manitoba with management options being less robust than other substances like opioids. This research project will provide critical information to help guide future interventions to help reduce methamphetamine harms in our community.

Another example is that Manitoba researchers have received at total of four Prairie Node Research Development Program sub-grants (https://crismprairies.ca/node-development-program/).

Two of these sub-grants have been received by researchers at the University of Manitoba, in their respective research areas:

1. Substance Use and Outcomes in Manitoba, Christine Leong (https://crismprairies.ca/2020/11/27/christine-leong/)
2. Utilizing Nurse Practitioners to Increase Access to Opioid Agonist Therapy: A Cross-sectional Study in the Prairie Provinces, Els Duff (https://crismprairies.ca/2020/11/27/elsie-duff/)

And two additional sub-grants were provided to community groups in Winnipeg:

1. Addictions Foundation of Manitoba, to support the development of the *Weeding Out The Facts* website
2. The Safer Consumption Spaces Working Group, to support their project: "… to inform appropriate policies, programs, and practices in Winnipeg, including supervised consumption services, we sought the wisdom of people with lived experience in navigating and reducing drug-related harms within the spaces of Winnipeg's inner-city"

In light of these Manitoba developments, it is important to recognize that when the CRISM Prairie node started in 2015 there were no members from Manitoba. Since that time membership has increased to include 38 individuals representing 20 different organizations in Manitoba. The expansion of members is a clear indicator of the value of CRISM's role in our daily work to reduce drug related harms. I confirm that Public Health at the WRHA would like to continue this important work with CRISM and we strongly support the continued funding of CRISM going forward.

Sincerely,

Dr. J. Reimer, MD, MPH, FRCPC
Medical Director – Population & Public Health – Winnipeg Regional Health Authority
Medical Lead – Manitoba Vaccine Implementation Taskforce – Government of Manitoba

Tracy Muggli BA, BSW, MSW, RSW
tmuggli@shaw.ca 306.220.5566

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

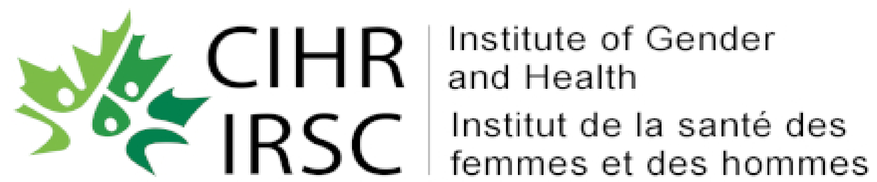
- Responsible for programming for female patients including family violence supports and child welfare liaison. Also provided mental health support to male patients. This was a temporary position to facilitate the closure of the Prison for Women in Kingston.

1990-2000 **Social Worker, Clinical Supervisor-Domestic Abuse Outreach Program**
Ministry of Social Services, Government of Saskatchewan

- Developed and delivered programs for women experiencing domestic violence. Services included crisis intervention, group therapy (specialized programs for Indigenous women and Newcomer women), individual trauma-informed therapy.

1988-1990 **Child Welfare Worker**
Wynyard, SK --Ministry of Social Services, Government of Saskatchewan.

- Provided child welfare services to large rural area, foster parent recruitment and support, and adoption program support.



This is to certify that

Colleen Dell

has successfully completed the CIHR Institute of Gender and Health Core Competency Module for Sex and Gender in Primary Data Collection with Human Participants.

Cara Tannenbaum, MD, MSc
Scientific Director
CIHR Institute of Gender & Health

Dr. Sharon Acoose (PhD) is a Saulteaux woman and a member of Zagime Anishnabek First Nation. Dr. Acoose is a Professor of Indigenous Social Work at the First Nations University of Canada (Saskatoon, Saskatchewan campus). Dr. Acoose engages Nêhiyaw and Saulteaux traditional cultural practices in her teaching pedagogy and research program.

As noted on her curriculum vitae Dr. Acoose has made multiple contributions as a collaborator for Indigenous health grants and research programs in Canada including her leadership on the three-year CIHR funded project *Honouring Our Strengths: Indigenous Culture as Intervention in Addictions Treatment* (2012-2015) a national collaboration between the Assembly of First Nations, Thunderbird Partnership Foundation, Centre for Addiction and Mental Health, and the University of Saskatchewan. This project created an assessment instrument for the National Native Alcohol and Drug Abuse Program (NNADAP) and Youth Substance Abuse Program (YSAP) of the federally administered treatment system, which hosts treatment programming that is grounded in traditional Indigenous cultural engagement. Dr. Acoose has also co-led projects related to Indigenous women's reproductive justice and is a lifelong advocate addressing Missing and Murdered Indigenous women, girls, and two-spirit people.

Dr. Acoose's work emphasizes support for healing and recovery which led to her receiving multiple community awards for leadership including the YWCA Women of Distinction Award in 2010 and 2015, along with the community leadership award (2017) from AIDS Program South Saskatchewan in Regina. Her wisdom is also shared in several books, including An Arrow in My Heart (2015) and A Fire Burns Within: Teachings from Ceremony and Culture (2016). In 2020 Dr. Acoose published a new book titled: *Prostitution: An Indigenous Woman's Experience and View – It's a lonely world*. These publications eloquently weave scholarly analysis with lived experience and cultural teachings to provide the fullest possible understanding to researchers and other readers in Saskatchewan.

Sharing knowledge is an essential part of Dr. Acoose's scholarly practice and this can be seen in her multiple presentations for scholars and community members alike. These efforts include international presentations for the Native American and Indigenous Studies Association conference and other international bodies along with sharing at eminent national conferences such as the Congress of the Humanities and Social Sciences, Canada's largest gathering of scholars.

Underlying this scholarly work is Dr. Acoose's commitment to community organizations and amplifying the voices of people with lived and living experience of substance use can be seen in her service on the board of directors at the Elizabeth Fry Society of Saskatchewan and Prairie Harm Reduction. Additionally Dr. Acoose promotes engagement and learning through traditional culture by taking her students and others to attend culture camp each year.

Dr. Acoose looks forward to supporting the CRISM Prairies renewal for enhanced partnership and collaboration that fosters healing and wellness across the region.

CANADIAN RESEARCH INITIATIVE IN SUBSTANCE MISUSE (CRISM)

2020-2021 Annual Reporting Template

Background

CRISM is a pan-Canadian national network with four regional Nodes, each of which consists of hundreds of researchers, service providers, policy makers and people with lived experience of substance use. It was created by CIHR in 2014 to accelerate the development and integration of evidence-based interventions around substance use and funded under the Canadian Drugs and Substances Strategy (CDSS).

The Government of Canada is committed to tracking progress and regularly reporting to Canadians on the results of this strategy. CDSS research funding investments within the scope of this annual reporting exercise include:

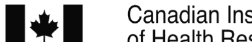
- CRISM Regional Nodes, including demonstration projects
- OPTIMA
- Implementation Science Program (ISP)

In recognition that the Network is undergoing a significant transition period with the launch of the CRISM regional node funding opportunity, CIHR is streamlining the annual reporting process for the current reporting period. The current report has been reduced to include reporting requirements as part of the CDSS performance measurement strategy

Annual Reporting Guidance

This is your guide for preparing your annual report, to be completed and submitted to Holly.Ockenden@cihr-irsc.gc.ca no later than **August 31, 2021 for the period covering April 1, 2020 to March 31, 2021.** This template is intended to demonstrate your progress towards the achievement of identified objectives, outcomes and impacts.

- CIHR is required to demonstrate the value-added of its research investments, the return on those investments, and their impact. High quality reporting is a critical input to these ends. Please be specific in your written report and respond to all questions. Emphasize value-added outcomes in your responses.
- For the purposes of this report, reporting at the Network level focuses on pan-Canadian activities; whereas Node-level reporting focuses on activities led by a regional Node that are not national in scope.
- Please include pertinent contextual information that will help situate your progress, especially changes in context, challenges, or obstacles that have occurred since your initial application.
- **Note:** Throughout this report, if there is any information that should not be included in the Annual Performance Report, which will be made publicly available, **please bold and underline** this information.
- Reminder: Funding recipients are required to acknowledge CIHR in any communication or publication related to the project. The contributing institutes/partners are identified on the Authorization for Funding (AFF), and decision letter.



REPORT PREPARATION Please indicate who prepared this report, including contributors and what information sources were used.	
Report Lead	Name, Title, telephone #, e-mail: BC Node Evan Wood, NPI; evan.wood@bccsu.ubc.ca; 778-945-7616 Prairie Node Cameron Wild, NPI; cam.wild@ualberta.ca; 780-492-6752 Ontario Node Jürgen Rehm, NPI; jurgen.rehm@camh.ca; 416-535-8501 ext. 34495 Quebec-Atlantic Node Julie Bruneau, NPI; julie.bruneau@umontreal.ca; 514-890-8000 ext. 37513
Contributors	Name and Title: BC Node: https://www.bccsu.ca/about-crism-bc/ Nirupa Goel, Node Manager Kat Gallant, Research Coordinator Prairie Node: https://crismprairies.ca/ Denise Adams, Node Manager Colleen Dell, PI David Hodgins, PI Barb Fornssler, KTE Coordinator Ontario Node: http://crismontario.ca/ Farihah Ali, Node Manager Tara Elton-Marshall, PI Quebec-Atlantic Node:https://www.crismquebecatlantic.ca/en/ Aïssata Sako, Node Manager Jennifer Swansburg, Atlantic Coordinator Choi Man (Alice) Lam, Research Projects Coordinator

	National: https://crism.ca/ OPTIMA Research team Didier Jutras-Aswad (Lead Regional PI) Jill Fikowski, National Research Coordinator Aïssata Sako, National Logistics and Operations

SECTION 1A: Research Personnel Supported by CDSS Funds

Please list all research personnel including trainees supported by CDSS funding.

	Unique # of Individuals				# of FTEs			
Staff	BC	P	ON	QA	BC	P	ON	QA**
Researcher	0	30	2	0	0	7	2	0
Research Assistant	6	8	5	6	4.1	6	4.8	2
Research Technician	0	0	0	1	0	0	0	1
Other (including Research Manager)	7	2	3	1	4.7	1.3	2.2	1
Staff Total	**13**	**40**	**10**	**8**	**8.8**	**14.3**	**9**	**4**
Trainees	BC	P	ON	QA	BC	P	ON	QA
Post-Doctoral Fellow	0	0	0	2	0	0	0	0
Health Professional Fellow	0	0	0	3	0	0	0	0
PhD	0	1	0	4	0	1	0	1
Masters	0	0	2	2	0	0	1	0
Under-graduate	0	0	0	0	0	0	0	0
Other	0	0	2	0	0	0	1	0
Trainee Total	**0**	**1**	**4**	**11**	**0**	**1**	**2**	**1**

Additional Comments (optional)

Please add any additional comments that are relevant to the research personnel information (maximum 250 words).

Note for QA**: Non 1FTE staff are either at 0.3FTE, 0.4FTE and 0.5 FTE on CDSS funded projects.QA Trainees supported by CRISM CDSS funds during this period receive a % of their student bursaries allocated by Node demonstration project funds, OPTIMA, EHT and node research development program funds. Trainees also

benefit from the infrastructure provided by the node in the form of office space, computers, access to software and other workspace amenities.

SECTION 1B: Research Personnel Supported by Other Sources

Please list all research personnel including trainees supported by other sources.

	Unique # of Individuals				# of FTEs			
Staff	BC	P	ON	QA	BC	P	ON	QA
Researcher	6	0	0	1	1.78	0	0	1
Research Assistant	7	11	1	7	4.8	4.4	1	7
Research Technician	0	1	0	4	0	1	0	4
Other (including Research Manager)	4	4	0	4	2.6	4	0	4
Staff Total	**19**	**16**	**1**	**16**	**4.86**	**9.4**	**1**	**16**
Trainees	BC	P	ON	QA	BC	P	ON	QA
Post-Doctoral Fellow	1	0	0	2	0.4	0	0	2
Health Professional Fellow	5	0	0	6	1	0	0	0
PhD	1	5	0	2	1	5	1	2
Masters	0	10	0	4	0	10	0	4
Under-graduate	2	2	0	2	2	1.5	0	2
Other	0	0	0	0	0	0	0	0
Trainee Total	**9**	**17**	**0**	**16**	**4.4**	**16.5**	**1**	**10**

Additional Comments (optional)

Please add any additional comments that are relevant to the research personnel information (maximum 250 words).

SECTION 2: Node Membership

Please indicate the current Node membership.

Roles	Current Node Membership Number of Individuals (% of Total)				
	BC	**Prairies**	**ON**	**QA**	**Total**

					Members/role
Academic Researchers	44(21%)	189(49%)	69(28%)	123(49%)	425(41%)
Policy Maker/ Gov/ Regulatory Authority	41(20%)	16(4%)	21(9%)	20(8%)	98(10%)
Service Providers	130(63%)	125(33%)	37(15%)	64(26%)	356(35%)
Service Program Managers	12(6%)	72(19%)	17(7%)	23(9%)	124(12%)
Advocacy/ People with Lived and Living Experience (PWLLE)	25(12%)	27(7%)	20(8%)	23(9%)	95(9%)
Foundation/ Institute/ Education/Non-Profit	4(2%)	12(3%)	73(30%)	5(2%)	94(9%)
Professional Organization	4(2%)	4(1%)	2(0.5%)	14(6%)	24(2%)
Indigenous representatives	12(6%)	2(0.5%)	5(2%)	20(8%)	39(4%)
Public/ Other	25(12%)	12(3%)	2(0.5%)	2(1%)	36(3%)
Total (may be >100% as some members may hold multiple roles)	**208 members in 297 roles**	**384 members in 498 roles**	**188 members in 246 roles**	**249 members in 294 roles**	**1029 members in 1296 roles**

Additional Comments (optional)

Please add any additional comments that are relevant to the node membership information (maximum 250 words).

SECTION 3: Engaging People With Lived and Living Experience and End Users

Please describe your engagement with People With Lived and Living Experience and End Users, including Indigenous communities (maximum 250 words per fillable section).

NETWORK

CRISM prioritizes engagement with PWLLE and other end users, from planning to dissemination activities. Our robust KT strategies include social and multimedia platforms, dedicated communications teams, and capacity for both Official Languages and integrating first nation languages when and where possible.

OPTIMA

The OPTIMA trial will continue to target the following key stakeholder groups for dissemination, knowledge translation and knowledge sharing activities: (1) Persons who use opioids and those with opioid use disorder who are seeking opioid agonist therapy, (2) healthcare providers and key stakeholders involved in policy and programs for opioid use disorders care, and (3) community, advocacy groups in substance use. OPTIMA will continue to engage and work closely with PWLLE, providers and other knowledge users around these activities surrounding OPTIMA trial findings.

Community engagement was absolutely critical to the success of the trial. Sites worked very closely with local community organizations and participated in outreach efforts with teams in the community. These included but were not limited to: safe consumption services, local health authorities, and provincial outreach teams as well as PWLLE, which included hiring peer research assistants and engaging peer navigators. PWLLE were involved in recruitment efforts, oral presentations, meetings, and discussion groups. One of the OPTIMA ancillary projects used qualitative interviews to collect perspectives of the trial from participants and study staff. It is anticipated that the results from this study will not only help inform the design of future trials, but ensure that PWLLLE experiences are understood and incorporated into clinical practice settings.

IMPLEMENTATION SCIENCE PROGRAM

BC facilitated projects:

Engagement with the CRISM National Working Group of PWLLE included the writing and publication of a peer-reviewed article on the barriers faced by harm reduction workers who are PWLLE. Group members also participated in interviews regarding the impacts of COVID-19 on the lives of PWLLE, discussing issues such as the increasingly toxic drug supply, harm reduction service closures, and community-led acts of resilience. Interview findings culminated in the development of a multi-media website that shares these personal stories and examines policies to create meaningful change.

The iOAT project engaged with iOAT clinics across Canada for the environmental scan including other sites that provide safe supply.

Prairie Node facilitated projects:

The Indigenous-led development of guidelines for treatment of OUD in Indigenous communities involves both participation and guidance from various Indigenous communities across Canada, Indigenous Elders, as well as the Assembly of First Nations.

TOPP involves participation of OUD treatment service programs that provide information on current practice as well as input on changes needed to better support clients in treatment for OUD.

The SCS project is informed by participation of SCS programs and clients.

ON facilitated projects:

The Naloxone project engaged extensively with peer advisors and consultants and drew on their expertise in the development of the naloxone best practice guideline by collaborating with the national PWLLE National working group. Members participated in guideline protocol development, as well as participating on several committees: Methodology Advisory Committee: 3 members, 2 meetings; Affected Community Committee: 8 members, 1 meeting; and the Guideline Development Panel: 14 members that voted on key questions.

The detox and withdrawal management project worked closely with a PWLLE advisor as well as key service programs within the treatment sector, who assisted in the development of the guideline protocol as well as participation in grading the quality of evidence to inform the WMS best practice guideline.

All corrections projects are informed by participation from correctional services, including program and service managers, as well as input from PWLLE among correctional facilities.

QC-AT facilitated projects:

The Node led the development of the guidance document for Telemedicine Support for Addiction Services during the COVID-19 pandemic with contribution from addictions medicine specialists, service providers, PWLLE. Podcasts with contributors and PWLLE were also produced as part of KM efforts. The telemedicine guidance document was developed to highlight the need and to provide guidance to prescribers and service providers around the growing role of telemedicine for healthcare access during the COVID-19 pandemic.

REGIONAL NODE ACTIVITIES

British Columbia Node

During the reporting period, the Node worked alongside addiction medicine specialists and PWLLE to create two COVID-19 Guidance Documents covering medication strategies to support physical distancing and prevention and control strategies for residential recovery facilities. The Node also led a number of presentations and webinars aimed at physicians and other healthcare professionals to address substance use issues during the pandemic.

Since August 2020, the Node's liaison with the First Nations Health Authority has led "Difficult Conversations," a series of dialogues in Indigenous communities across BC which provide expert information and promote open discussion with families and communities regarding substance use. Other collaborations with organizations in the field of substance use include engaging with the BC College of Nurses and Ministry of Health (in response to an order from the Health Officer) to support Registered Nurses to prescribe Suboxone. We developed the education and training pathway, and prescribing began in February 2020 with the first cohort of trained nurses.

Prairie Node

To date, our Node stakeholder engagement strategy has concentrated on establishing network presence and membership across the three Prairie Provinces. Since the Prairie Node began operations, we have increased our end user members as follows: Service providers from 3 to 125, Program managers/directors from 9 to 72, Policy makers from 12 to 16, Professional organizations from 1 to 4, PWLLE advocacy from 0 to 27, and Foundations/Institutes from 2 to 12.

While the pandemic limited our ability to engage with end users in person, recent end user engagement activities include supporting 9 new member development subgrants, including an Indigenous partner-led project to document the healing journey from addiction from an Indigenous perspective called *PASPINAM: Made it through the hardship*. The other 8 projects are called *Substance use and outcomes in Manitoba; Family Factors: How do family members help and/or hinder recovery from substance misuse; Perspectives, pathways and priorities of people with lived and living experience of substance use: Informing policies (P5); Exploring family-focused immigrant youth substance use prevention programs; Patients' experiences regarding the impact of COVID-19 on their AMH, their ability to access treatment, and their preferences regarding future treatment delivery; Sociodemographic factors associated with prescription drug misuse among older adults in Saskatchewan; Impact of Health System Engagement on the Health and Well-Being of People Who Use Drugs;* and *Utilizing Nurse Practitioners to Increase Access to Opioid Agonist Therapy.*

We have also provided funds to the Manitoba Harm Reduction Network to support their PWLLE advocacy activities, as we did for Alberta- and Saskatchewan-based advocacy organizations in previous years.

The two Health Canada requested Covid-19 rapid guidance documents that Prairie Node coordinated (SCS and Acute Care) both included PWLLE on the authorship and reviewer teams. We have also begun to develop a Prairie-specific PWUD cohort that will be involved in future COVID-19 projects..

Ontario Node

Throughout the 2020-2021 year, OCRINT engaged and collaborated with PWLLE, end-users of our research, and Indigenous communities through a variety of activities including during research projects as well as knowledge translation undertakings. As part of our work focused on COVID-19, OCRINT collaborated with our national PWLLE steering committee to solicit advice and support, as well as drew on our relationships with PWLLE, end-users (e.g., harm reduction organizations, healthcare providers, community advocacy groups, etc.,) and Indigenous communities and individuals across Canada during the development and implementation of a major mixed-methods project examining the impacts of COVID-19 on substance use among PWLLE. Throughout this project, we worked alongside these groups to actively engage and collaborate on all aspects of the project, from the research proposal through community recruitment, data collection activities, and the dissemination of our results including representation from rural/remote/Indigenous communities. Furthermore, we collaborated with PWLLE and key healthcare providers to co-develop COVID-19 guidance documents to support PWLLE and frontline workers in a variety of settings, including guidance for harm reduction services, in collaboration with

PWLLE. OCRINT then presented these findings to end-users via a national webinar and through the dissemination of recommendations for key end-user audiences. Additionally, OCRINT worked closely with PWLLE on a number of research projects and academic publications, including a project examining barriers to treatment in which PWLLE co-developed the project and co-authored the manuscript. Moreover, we continued to meet with our PWLLE steering committee (including Indigenous partners) regularly to obtain their perspectives and advice on potential future research and knowledge exchange priorities and activities to ensure they are actively involved in OCRINT projects throughout the entirety of the process.

We have also continued the role for a PWLLE to be part of our executive OCRINT committee whereby the individual will participate and be involved in decision-making of priorities moving forward. We have also continued our partnerships with two peer-led user groups: Canadian Association of People who Use Drugs (CAPUD) and Drug Users Advocacy League (DUAL). We have also supported the submission of several grants whereby PWLE and Indigenous partners have been invited as collaborations, knowledge users or co-applicants.

Québec/Atlantic Node

Node Indigenous Working Group (IWG), involving 11 First Nations communities and 8 Indigenous organizations, was successfully awarded two CIHR COVID-19 grants ($257k) examining the impact of COVID-19 on substance use services on Indigenous patients and Indigenous youth. A commentary by the IWG was published in the Journal of Substance Abuse Treatment on the impact of COVID on OUD treatment among Indigenous communities in the US and Canada, and a manuscript on trauma-informed approaches on substance use disorder for Indigenous communities was submitted to the Journal of Psychoactive Drugs.

The creation and implementation of a community liaison mandate for a research assistant with lived experience (PWLE) has been a catalyst in building a rapport with a rich community network that serves PWUD. The mandate began in June 2020 and enabled the node to gather first-line observations from resources and PWUD; share information amongst the developed community network; build partnerships; and participate in internal and external committees and conferences in harm reduction.

The community liaison assistant: 1) Assessed the impact of the pandemic on the services and schedules of 147 community resources in October 2020; 2) Increased the research laboratory's relationship from 2 main community partners to 37 community partners; 3)- Implemented adaptive recruitment strategies for CRISM's Rapid Assessment of the Impacts of COVID-19 on People Who Use Drugs and resulted in a twelve-fold increase in weekly recruitment targets.

These successful initiatives were presented at CAHR 2021. Initiatives further led to collaboration with: a) AQPSUD on a Resilience Art Projects; b) AIDQ and community members for the 34e rencontre québécoise en réduction des méfaits, creating a Stigma and Marginalization segment and developing and implementing the HEPCO Mobile Clinic; c) working with CACTUS and AQPSUD for community organized overdose prevention and overdose death commemorative events.

SECTION 4A: Knowledge Mobilization (Apr 1, 2020-Mar 31, 2021)

Please indicate the number of research contributions and products.

	OPTIMA		BC		Prairies		ON		QA		ISP	
Number of Research Contributions	**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	1	17	1	20	21	17	2	82	4	4	0
Books	0	0	0	0	0	0	0	0	1	0	0	0

Conference presentations	0	1	16	0	13	0	12	0	12	4	0	0
Conference abstracts	0	3	0	0	1	2	16	0	17	2	0	0
Guidelines	0	0	5	0	4	0	5	0	1	0	0	0
Other Reports	0	0	7	0	7	0	4	0	1	0	3	0
Total	**0**	**5**	**45**	**1**	**45**	**23**	**54**	**2**	**114**	**10**	**7**	**0**

Number of Public Outreach and Media Coverage	**OPTIMA**	**BC**	**Prairies**	**ON**	**QA**	**ISP**
Presentations (not included above)	0	9	20	14	12	0
Newspaper	1	130	32	121	365	0
TV / Radio	1	10	20	24	35	0
Total	**2**	**149**	**72**	**159**	**412**	**0**

SECTION 4B: Publications (See Appendix 1)

Please append references for all publications in the area of problematic substance use that were supported with CRISM funding during the specified reporting period. Captured publications should include work conducted by the Nodes (including demonstration projects) as well as through OPTIMA and the Implementation Science Program.

Ensure that the following fields are included for each publication:

- Title, journal, primary author name, authors, URL, DOI, number, page number, year
- Indicate whether each publication was funded by CRISM either fully or partially

SECTION 4C: Knowledge Mobilization – OPTIMA Study

Please describe key knowledge mobilization activities and/or products resulting from the OPTIMA Study (maximum 250 words).

Since the completion of the trial in March 2020, there have been several initiatives and knowledge translation and dissemination efforts that have taken place. The primary outcome findings for the trial have been submitted for publication to the Lancet: Psychiatry and the RPI's are awaiting a decision. A data sharing platform has been implemented that holds all data from the main OPTIMA trial and all data from the 5 ancillary studies that took place alongside the main trial. This platform allowed all CRISM members, trainees, physicians from affiliated institutions and organizations to submit proposal requests and research ideas using OPTIMA data, increasing the dissemination activities and publication opportunities. There have so far been a total of 17 data access requests submitted and approved by the executive committee of CRISM (BC Node=6; Prairie Node=2; Ontario=3; Quebec-Maritimes=6) in the areas of mental health, fentanyl use, retention, pharmacogenomics, cost effectiveness, quality of life, sexual functioning, craving, and other illicit substance use including cannabis and other opioid use. Publications from these requests are on hold until the primary outcome has been published.

Once the primary outcome manuscript has been published, authors will be able to publish ancillary findings and continue with dissemination efforts. The OPTIMA team will continue to work closely with community members, stakeholders, and institutional partners to enable continued knowledge translation activities for OPTIMA.

SECTION 4D: Knowledge Mobilization – Implementation Science Program (ISP)

(See Appendix 2 for project status updates)

Please describe key knowledge mobilization activities and/or products resulting from the Implementation Science Program (ISP) (maximum 500 words).

Publications:

Kaczorowski, J., Bilodeau, J., Orkin, A.M., et.al. (2020). Emergency Department-initiated Interventions for Patients with Opioid Use Disorder: A Systematic Review. Academic Emergency Medicine. 27(11): 1173-1182.

Moustaqim-Barrette, A., Dhillon, D., Ng J., et.al. (2021). Take-home naloxone programs for suspected opioid overdose in community settings: a scoping umbrella review. BMC Public Health. 21:597.

Dong, K., Lavergne, K., Salvalaggio, G., et.al. (2021). Emergency physician perspectives on initiating buprenorphine/ naloxone in the emergency department: A qualitative study. Journal of the American College of Emergency Physicians Open 2(2), e12409.

People with Lived Expertise of Drug Use National Working Group et al. (2021). Having a voice and saving lives: a qualitative survey on employment impacts of people with lived experience of drug use working in harm reduction. Harm Reduct J. 18:1.

Reports/Guidelines:

Environmental Scan of Withdrawal Management Practices and Services in Canada: Response to Opioid Use Disorder (2021). https://crism.ca/wp-content/uploads/2021/06/WMSFINALReportJune2021.pdf

Treatment of Opioids in Psychosocial and Recovery-based Programs (TOPP): National Survey Results (2021). https://crism.ca/treatment-of-opioids-in-psychosocial-and-recovery-based-programs-topp/

Presentations:

iOAT environmental scan was presented at CPDD (June 2020), BCCSU conference (June 2020), and the Canada Recovery Summit (Oct 2020).

Youth and new users was presented at CSAM (Nov 2020), Controlled Substances Directorate (Dec 2020), the Opioid Response Partners (Feb 2021), Association of the Faculties of Medicine of Canada (Feb 2021).

Correctional Populations was presented at BCCSU conference (June 2020).

PWLLE National Working Group's harm reduction worker survey presented at CAPH (March 2021).

Graphic Documents:

Various (refer to website for complete details https://crism.ca/projects/implementation/) including:

Youth and Newer Users https://crism.ca/at-risk-youth-and-newer-users/

Naloxone Guideline Project Collaboration https://crism.ca/naloxone-distribution/

https://crism.ca/wp-content/uploads/2021/04/Naloxone-Best-Practice-Guideline-Project-Collaboration-Structure-1.pdf

Naloxone Best Practice Guideline Development: https://crism.ca/wp-content/uploads/2021/04/Naloxone-Guideline-Development-Project-Summary.pdf

SECTION 4E: Knowledge Mobilization – Supplemental Information

Please describe any key additional knowledge mobilization activities or products (maximum 250 words).

Funded, in part, as a supplementary activity of the development of the Canadian national guidelines for the treatment of OUD, the Prairie Node completed and published a systematic review called Forty-eight years of research on psychosocial interventions in the treatment of opioid use disorder: A scoping review. A database of results is available to the public at https://dataverse.library.ualberta.ca/dataset.xhtml?persistentId=doi:10.7939/DVN/T1BPNA

SECTION 5: Barriers, Challenges and Facilitators

Please specify any specific challenges or barriers that you have encountered and factors that have facilitated progress and/or uptake of research findings during this reporting period (maximum 250 words).

Barriers/Challenges:

- Some node-specific projects had to be put on hold due to disruptions in data collection due to COVID-19. In-person symposiums and the national executive team meeting also had to be postponed
- Rapidly adapting protocols from in-person research to online/ phone surveys, providing 1-800 numbers for participants for ease of access, providing laptops and phones to individuals without stable virtual communication
- Administrative challenges for personnel to access sites/ facilities to readily retrieve research supplies and access needed resources and infrastructure
- Significant delays in REB and institutional responses, in turn delaying project initiation, transfer of funds, and REB approval
- Adjust work expectations and responsibilities for existing and incoming trainees
- Project recruitment, such as the OPTIMA trial and HEPCO cohort, were delayed, impacting final data analysis and planned publications
- Cancellation of knowledge transfer activities (conferences, events, etc.) for node researchers, resulting in cancellation of accepted presentations
- Cancellation of node conferences, symposia, and high-level meetings: 1) Stimulus conference; 2) Sommet des dépendances du Québec; 3) Québec-Atlantic node 4th Atlantic symposium; 4) Node general assembly; 5) CRISM 2020 National Executive Committee

Facilitators:

- Instead of an in-person or virtual symposium, the QC-Atlantic Node allocated upwards of $5,000 per Atlantic Provinces to support Knowledge Mobilization events to continue to build connections across the Atlantic provinces and promote knowledge sharing. The facilitation enabled two Atlantic projects to disseminate results from an already funded study involving virtual service delivery.
- Dynamic communication campaign executed to transition to remote data collection and enroll participants in node-supported intervention and clinical trials
- RA with lived experience hired into the team to reach out to community groups and service providers to document the impact of COVID-19 preventive measures on services offered to PWUD
- Increase in use of online engagement and communication

List of Appendices

Appendix 1: CRISM Node Publications

Appendix 2: CRISM Implementation Science Program Overview of Progress

Appendix 1: CRISM Node-Supported Publications (April 1 2020 – Mar 31 2021)

BC Node

Fully funded by CIHR CRISM funds

- Austin T, Boyd J. Having a voice and saving lives: a qualitative survey on employment impacts of people with lived experience of drug use working in harm reduction. Harm Reduct J. 2021;18(1):1.
- Eydt E, Glegg S, Sutherland C, et al. Service delivery models for injectable opioid agonist treatment in Canada: 2 sequential environmental scans. CMAJ Open. 2021;9(1):E115-e124.

Partly funded by CIHR CRISM funds

- Bach P, Garrod E, Robinson K, Fairbairn N. An Acute Care Contingency Management Program for the Treatment of Stimulant Use Disorder: A Case Report. J Addict Med. 2020;14(6):510-513.
- Bach P, Hayashi K, Milloy MJ, et al. Characterising the increasing prevalence of crystal methamphetamine use in Vancouver, Canada, from 2006-2017: A gender-based analysis 2020:39(7):932-940.
- Braithwaite V, Fairgrieve C, Nolan S. Sustained-release Oral Hydromorphone for the Treatment of Opioid Use Disorder. J Addict Med. 2020;14(4):345-347.
- Brar R, Fairbairn N, Sutherland C, Nolan S. Use of a novel prescribing approach for the treatment of opioid use disorder: Buprenorphine/naloxone micro-dosing - a case series. Drug Alcohol Rev. 2020;39(5):588-594.
- Giang V, Brar R, Sutherland C, Nolan S. HIV Treatment Initiation and Retention Among Individuals Initiated on Injectable Opioid Agonist Therapy for Severe Opioid Use Disorder: A Case Series. J Addict Med. 2020;14(5):437-440.
- McCrae K, Hayashi K, Bardwell G, et al. The effect of injecting alone on the use of drug checking services among people who inject drugs. Int J Drug Policy. 2020;79:102756.
- Ronsley C, Nolan S, Knight R, et al. Treatment of stimulant use disorder: A systematic review of reviews. PLoS One. 2020;15(6):e0234809.
- Ryan A, Sereda A, Fairbairn N. Measures to support a safer drug supply. Cmaj. 2020;192(49):E1731.
- Socias ME, Wood E, Dong H, et al. Slow release oral morphine versus methadone for opioid use disorder in the fentanyl era (pRESTO): Protocol for a non-inferiority randomized clinical trial. Contemp Clin Trials. 2020;91:105993.
- Gooding L, Hamilton MA, Dong H, et al. Educational Studies Examining Knowledge of Substance Use Disorders and Career Aspirations among Medical Trainees in an Inner-City Hospital. J Addict Med. 2021.
- Betsos A, Valleriani J, Boyd J, Bardwell G, Kerr T, McNeil R. "I couldn't live with killing one of my friends or anybody": A rapid ethnographic study of drug sellers' use of drug checking. Int J Drug Policy. 2021;87:102845.
- McCrae K, Wood E, Lysyshyn M, et al. The utility of visual appearance in predicting the composition of street opioids. Subst Abus. 2021:1-9.

- Milden J, Dickhout P, Nolan S. Hospital-based Buprenorphine/Naloxone Initiation in a Patient With Limited Communication Abilities: A Case Report. J Addict Med. 2021.
- Socías ME, Dong H, Wood E, et al. Trajectories of Retention in Opioid Agonist Therapy and Overdose Risk During a Community-Wide Overdose Epidemic in a Canadian Setting. Am J Prev Med. 2021;60(1):57-63.
- Socías ME, Nolan S. Can Extended-release Injectable Medications Help Curb United States and Canada's Opioid Overdose Epidemic? J Addict Med. 2021;15(1):15-17.
- Socias ME, Wood E, Dong H, et al. Slow release oral morphine versus methadone for opioid use disorder in the fentanyl era (pRESTO): Protocol for a non-inferiority randomized clinical trial. Contemp Clin Trials. 2020;91:105993.

Prairie Node

Fully funded by CIHR CRISM funds

- Loverock, A., Yakovenko, I., Wild, T.C. (2020). Interest in online supports and brief self-help interventions among young adult cannabis users. *Drugs: Education, Prevention & Policy*.
- Li, Y., Maina, G., Pandey, M., et.al. (2021). Exploring family-based immigrant youth substance use prevention programs: a scoping review protocol. *BMJ Open*, *11*(5);e046766
- Loverock, A, Yakovenko, I, Wild, TC. (2021). Cannabis norm perceptions among Canadian university students. *Addict Behav.* 112:106567.
- Wild, T.C., Koziel, J., Anderson-Brown, J., et.al. (2021). Public support for harm reduction: A population survey of Canadian adults. *PLoS One*.
- Wild, T.C., Hammal, F., Hancock, M., et.al. (2021). Forty-eight years of research on psychosocial interventions in the treatment of opioid use disorder: A scoping review. *Drug and Alcohol Dependence*. 218.

Partly funded by CIHR CRISM funds

- Jenkins, E., Slemon, A., Morris, H., et.al. (2020). Bereaved mothers' engagement in drug policy reform: A multisite qualitative analysis. *International Journal of Drug Policy.*
- Kim, H.S., Hodgins, D.C., Kim, B.T., Wild, T. C. (2020). Transdiagnostic or disorder specific? Indicators of substance and behavioral addictions nominated by people with lived experience. *Journal of Clinical Medicine.* 9(2);334-349.
- Kosteniuk, B., Dell, C. (2020). How companion animals support recovery from opioid addiction: An exploratory study of patients in a methadone maintenance treatment program. *APORIA Journal.* 12(1).
- Lalonde, R., Claypool, T., Dell, C. (2020). PAWS Your Stress: The Student Experience of Therapy Dog Programming. *Canadian Journal for New Scholars in Education.* 11(2).

- Reddekopp, J, Dell, C., Rohr, B., et.al. (2020). Patient Opinion of Visiting Therapy Dogs in a Hospital Emergency Department. *International Journal of Environmental Research and Public Health. Special Issue: Companion Animals.* 17(8):2968.
- Schluter, M.G., Hodgins, D.C., Konkolÿ Thege, B., Wild, T.C. (2020). Predictive utility of the brief Screener for Substance and Behavioral Addictions for identifying self-attributed problems. *J Behav Addict.* 9(3):709-722.
- Williamson, L., Dell, C., Chalmers, D., et.al. (2021). Strengthening zooeyia understanding the human-animal bond between veterans living with comorbid substance use and PTSD and their service dogs. *Human Animal Interaction Bulletin*. 10(2);20-47.
- Williamson, L., Dell, C., Osgood, N., et.al. (2021). Examining Changes in Posttraumatic Stress Disorder Symptoms and Substance Use among a Sample of Canadian Veterans Working with Service Dogs: An Exploratory Patient-oriented Longitudinal study. *Journal of Veterans Studies.* 9(11);1-13.

ON Node

Fully funded by CIHR CRISM funds

- Imtiaz, S., Shield, K. D., Fischer, B., Elton-Marshall, T., Sornpaisarn, B., Probst, C., & Rehm, J. (2020). Recent changes in trends of opioid overdose deaths in North America. *Substance Abuse Treatment, Prevention, and Policy, 15*(1), 66.
- Imtiaz, S., Strike, C., Elton-Marshall, T., & Rehm, J. (2020). Safer smoking kits for methamphetamine consumption. *Addiction (Abingdon, England), 115*(6), 1189–1190.
- Imtiaz, S., Wells, S., Rehm, J., Hamilton, H. A., Nigatu, Y. T., Wickens, C. M., Jankowicz, D., & Elton-Marshall, T. (2020). Cannabis Use During the COVID-19 Pandemic in Canada: A Repeated Cross-sectional Study. *Journal of Addiction Medicine*, 10.1097/ADM.0000000000000798. Advance online publication.
- Russell, C., Imtiaz, S., Ali, F., Elton-Marshall, T., & Rehm, J. (2020). 'Small communities, large oversight': The impact of recent legislative changes concerning supervised consumption services on small communities in Ontario, Canada. *The International Journal of Drug Policy, 82*, 102822.
- Sornpaisarn, B., Ali, F., Elton-Marshall, T., Imtiaz, S., Probst, C., Sornpaisarn, S., & Rehm, J. (2020). Major challenges in substance use research in Canada in 2019. *The International Journal of Alcohol and Drug Research, 8*(2), 53-60.
- Sornpaisarn, B., & Rehm, J. (2020). A New Comprehensive Approach for Health Promotion Initiatives in Thailand: an Overview of Steps for Funding, Research, Implementation, and Outcome Measurement. *Journal of Health Science, 29*(5), 939–953.
- Sornpaisarn, B., Shield, K., Manthey, J., Limmade, Y., Low, W. Y., Van Thang, V., & Rehm, J. (2020). Alcohol consumption and attributable harm in middle-income South-East Asian countries: Epidemiology and policy options. *The International Journal of Drug Policy, 83*, 102856.
- Sornpaisarn, B., Wongpiromsarn, Y., Ungchusak, K, Chunharas, S., Saonuam, P., & Rehm, J. (2020). 4-Quadrant Multisectoral Collaboration Model for the

Prevention and Control of NCDs - A four-sector power model towards improving work on prevention and control of chronic non-communicable diseases. *Journal of Health Science, 29* (4), 747–764.
- Ali, F., Russell, C., Nafeh, F., Rehm, J., LeBlanc, S., & Elton-Marshall, T. (2021). Changes in substance supply and use characteristics among people who use drugs (PWUD) during the COVID-19 global pandemic: A national qualitative assessment in Canada. *The International Journal of Drug Policy*, *93*, 103237.
- Imtiaz, S., Elton-Marshall, T., & Rehm, J. (2021). Cannabis liberalisation and the US opioid crisis. *BMJ (Clinical Research ed.), 372*, n163.
- Rovira, P., Kilian, C., Neufeld, M., Rumgay, H., Soerjomataram, I., Ferreira-Borges, C., Shield, K. D., Sornpaisarn, B., & Rehm, J. (2021). Fewer Cancer Cases in 4 Countries of the WHO European Region in 2018 through Increased Alcohol Excise Taxation: A Modelling Study. *European Addiction Research, 27*(3), 189–197.
- Russell, C., Ali, F., Nafeh, F., Rehm, J., LeBlanc, S., & Elton-Marshall, T. (2021). Identifying the impacts of the COVID-19 pandemic on service access for people who use drugs (PWUD): A national qualitative study. *Journal of Substance Abuse Treatment, 129*, 108374.
- Sornpaisarn, B., Sornpaisarn, S., & Rehm, J. (2021). The association between the time of alcohol drinking and injury risk in Thailand: a cross-sectional emergency department study. *Substance Abuse Treatment, Prevention, and Policy, 16*(1), 28.

Partly funded by CIHR CRISM funds

- Sornpaisarn, B., & Rehm, J. (2020). Strategies used to initiate the first alcohol control law in Thailand: Lessons learned for other low- and middle-income countries. *The International Journal of Drug Policy, 86*, 102975. Advance online publication.
- Sornpaisarn, B., Sornpaisarn, S., Shield, K. D., & Rehm, J. (2020). Alcohol use and injury risk in Thailand: A case-crossover emergency department study. *Drug and Alcohol Review, 39*(5), 539–545.
- Elton-Marshall, T., Wells, S., Jankowicz, D., Nigatu, Y. T., Wickens, C. M., Rehm, J., & Hamilton, H. A. (2021). Multiple COVID-19 Risk Factors Increase the Likelihood of Experiencing Anxiety Symptoms in Canada. *Canadian Journal of Psychiatry. Revue Canadienne de Psychiatrie, 66*(1), 56–58.
- Haleem, A., Hwang, Y. J., Elton-Marshall, T., Rehm, J., & Imtiaz, S. (2021). The longitudinal relationship between cannabis use and hypertension. *Drug and Alcohol Review*, 10.1111/dar.13266. Advance online publication.
- Jiang, H., Lange, S., Tran, A., Imtiaz, S., & Rehm, J. (2021). Determining the sex-specific distributions of average daily alcohol consumption using cluster analysis: is there a separate distribution for people with alcohol dependence?. *Population Health Metrics, 19*(1), 28.
- Probst, C., Elton-Marshall, T., Imtiaz, S., Patte, K. A., Rehm, J., Sornpaisarn, B., & Leatherdale, S. T. (2021). A supportive school environment may reduce the risk of non-medical prescription opioid use due to impaired mental health among students. *European Child & Adolescent Psychiatry, 30*(2), 293–301.

- Wardell, J. D., Rueda, S., Elton-Marshall, T., Mann, R. E., & Hamilton, H. A. (2021). Prevalence and Correlates of Medicinal Cannabis Use Among Adolescents. *The Journal of Adolescent Health: Official publication of the Society for Adolescent Medicine, 68*(1), 103–109.

QC-AT Node

Fully funded by CIHR CRISM funds

- Piske, M., Thomson, T., Krebs, E., Hongdilokkul, N., Bruneau, J., Greenland, S., Gustafson, P., Karim, M.E., McCandless, L., Maclure, M., Platt, R., Siebert, U., Socías, M.E., Tsui, J., Wood, E., & Nosyk, B. (2020). Comparative effectiveness of buprenorphine-naloxone versus methadone for treatment of opioid use disorder: a population-based observational study protocol in British Columbia, Canada. *BMJ open, 10 9*, e036102.
- Jin, H., Marshall, B., Degenhardt, L., Strang, J., Hickman, M., Fiellin, D., Bruneau, J., Larney, S. (2020). Global opioid agonist treatment: A review of clinical practices by country. *Addiction*, April 14, 2020.
- Daoust, R., Paquet, J., Boucher, V., Pelletier, M.P., Gouin, E., & Émond, M. (2020). Relationship between pain, opioid treatment, and delirium in older emergency department patients. *Academic emergency medicine:official journal of the Society for Academic Emergency Medicine*.
- Hayden, J. A., Ellis, J., Asbridge, M., Ogilvie, R., Merdad, R., Grand, D. A. G., Stewart, S. A., & Campbell, S. (2020). Prolonged opioid use among opioid naïve individuals following prescription for non-specific low back pain in the emergency department. *Pain.*
- Crocker, C., Carter, A., Emsley, J.G., Magee, K., Atkinson, P., & Tibbo, P. (2021). When Cannabis Use Goes Wrong: Mental Health Side Effects of Cannabis Use That Present to Emergency Services. *Frontiers in Psychiatry*.

Partly funded by CIHR CRISM funds

- Tatar, O., Bastien, G., Abdel-Baki, A., Huỳnh, C., & Jutras-Aswad, D. (2020). A systematic review of technology-based psychotherapeutic interventions for decreasing cannabis use in patients with psychosis. *Psychiatry Research*, 288.
- Stine Hoj, Brendan Jacka, Nanor Minoyan, and Julie Bruneau Høj, S., Jacka, B., Minoyan, N., Bussière, P., & Bruneau, J. (2020). Deconstructing the 'cheque effect': Short-term changes in injection drug use after receiving income assistance, and associated factors. *Addiction,* July 10, 2020.

- Ho, E., Ferreira, M., Chen, L., Simic, M., Ashton-James, C., Comachio, J., Hayden, J., & Ferreira, P. (2020). Psychological interventions for chronic non-specific low back pain: protocol of a systematic review with network meta-analysis. *BMJ open, 10,9*,e034996.
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- Minoyan, N., Artenie, A., Zang, G., Jutras-Aswad, D., Turcotte, M., & Bruneau, J. (2020). Harm Reduction Coverage and Hepatitis C Incidence: Findings From a Cohort of People Who Inject Drugs. *American Journal of Preventive Medicine*, 58(6), 845-853.
- Coronado-Montoya, S., Morissette, F., Abdel-Baki, A., Fischer, B., Côté, J., Ouellet-Plamondon, C., Tremblay, L., & Jutras-Aswad, D. (2020). Preventive interventions targeting cannabis use and related harms in people with psychosis: A systematic review. *Early intervention in psychiatry*.
- Huỳnh, C., Kisely, S., Rochette, L., Pelletier, E., Jutras-Aswad, D., Larocque, A., Fleury, M., & Lesage, A. (2021). Using administrative health data to estimate prevalence and mortality rates of alcohol and other substance-related disorders for surveillance purposes. *Drug and alcohol review*.
- Talbot, A., Khemiri, R., Sako, A., Londei-Leduc, L., Robin, C., Marcotte, S., Therrien, G., Goulet, G., Beaudet-Hilman, G., Ouellette, C., **Brissette, S.,** Martin, M., Titova, P. & Lauzon, P. (2020). Understanding Steps and Challenges to Take-home Naloxone and Buprenorphine/naloxone Implementation in Québec Emergency Rooms: Suboxed Project. *Medical and Clinical Research*, 5(10), 268-279. ISSN: 2577-8005.
- Sarah Larney, Zolopa, C., Høj, S., Bruneau, J., Meeson, J., Minoyan, N., Raynault, M., Makarenko, I., & Larney, S. (2021). A rapid review of the impacts of "Big Events" on risks, harms, and service delivery among people who use drugs: Implications for responding to COVID-19. *The International Journal on Drug Policy.*
- Robinson, A., Wilson, M.N., Hayden, J., Rhodes, E., Campbell, S., Macdougall, P., & Asbridge, M. (2021). Health Care Provider Utilization of Prescription Monitoring Programs: A Systematic Review and Meta- Analysis. *Pain medicine*.

APPENDIX 2: CRISM Implementation Science Program
Overview of Progress to Sept 2021

Descriptions of the projects and deliverables completed to date are posted here: https://crism.ca/projects/implementation/

LEAD NODE	PROJECT	Sept 2018- Sept 2019 Activities	Sept 2019- Sept 2020 Activities	Sept 2020-Sept 2021 Activities	Sept 2021-Sept 2022 Activities	Sept 2022-Sept 2023 Activities
ONTARIO	**Naloxone**	**Environmental Scan of Naloxone Parameters across Canada**				
		Conduct environmental scan				
		Disseminate report nationally				
		Development of Naloxone 'Best Practice Guideline'				
		Determine outcome indicators	Conduct review of available data on naloxone regulation, availability and practices nationally and internationally	**Disseminate and publish scoping review**	Once evidence on questions is generated through systematic reviews, engage GDG on recommendations, strength of recommendations, and important considerations.	
				Protocol development, ethics application, peer/PWLE recruitment		
				Convene Guideline Development Group (GDG) from nominated people with lived and living experience, clinicians, and academics. Bring key questions to GDG based off results of scoping review. Ask GDG to vote on key questions for prioritization in BPG.	Finalize systematic review evidence and integrate into BPG	
				Begin addressing key questions through systematic reviews	**Disseminate and publish results**	
				Begin drafting BPG for Take-home naloxone		

Legend: Yellow = project components. Green = completed tasks. Orange = in progress. White = not started. Bold = deliverables/outputs

		Repository of Canadian Data/Outcomes of Naloxone Distribution				
				Identify and compile relevant process and outcome data on naloxone distribution, outcomes etc. into a repository e.g. CRISM website	**Disseminate and publish results**	
		Outcome Research: Create concrete empirical data/analyses on naloxone uptake/disseminate and outcomes				
				Conceptualization of research projects, data curation and formal analysis of BC naloxone data- correlates of naloxone uptake in BC	**Disseminate and publish results**	
				Data curation and formal analysis of BC naloxone data- factors associated with naloxone withdrawal	Create KT materials for dissemination	
				Manuscript (correlates of naloxone uptake in BC) submitted and published		
				Manuscript (factors associated with naloxone withdrawal) submitted to PLOS One		
	Detox / Withdrawal Management Co-led by Qu-A Node (DWM)	**Environmental Scan of detoxification/withdrawal management practice and needs across Canada**				
		Compile list of services and organize provincially	Data analysis	**Disseminate and publish results**		
		Develop and launch survey	**Write internal report**			
		Development of Opioid Detoxification/withdrawal management review and "Best Practice" document				
		Determine outcomes indicators	Data collection	Compile results of the evidence grading into a final summary report	Expert working group to review final report and craft a set of clinical recommendations informed by evidence	
					Final best practice document drafted and circulated for final review	
					Disseminate and publish results and create additional KT materials	
		Form expert working group (8-10) expert stakeholders for analysis and KT purposes	Evaluate the quality of evidence			

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		Scoping Review of Feasibility and Outcomes of Interventions for Opioids Misuse among Correctional Populations				
		Develop and conduct scoping review	**Publish manuscript PLOS 1**			
		Evaluating the Impact of Strategies to prevent opioid-related harms in people who experience imprisonment in provincial prisons in Ontario				
		Identify outcomes and indicators	**Develop and populate correctional database**	Data linkages, initial analyses, data analyses	**Disseminate and publish results**	
		Gain access to available health administrative data (CIHI, MCSCS)	Receive additional dataset	Manuscript writing/submission and other KT developments		
		Follow-up study of Quebec Federal Offenders on Opioid Substitution Treatment (OST): offender pre-and post-release interviews				
		Recruitment and conduct of interviews of federal offenders from correctional settings	Conduct interviews (post-release) ON HOLD DUE TO COVID	Complete interviews (post-release) Qualitative analysis of pre-and post-release interviews for all 7 participants recruited before COVID-19		
	Corrections	Extract data from CSC databases		**Final report on preliminary results submitted to Corrections Service Canada (CSC) March 31, 2021**		
		Examining the Opioid Landscape within Federal Prisons in Alberta: survey and staff interviews				
		Develop survey for correctional staff and recruit participants	Continue to conduct interviews one last site is ON HOLD DUE TO COVID	Transcribe and code existing interviews	Data collection in federal prisons (if able to resume)	
		Conduct interviews and surveys		Data collection in federal prisons on hold due to COVID	Data analysis and report preparation **Disseminate and publish results**	
		An Evaluation of the use of Community Transition Teams to improve health outcomes for individuals recently released from British Columbia Corrections				
		Identify data systems and outcomes for CTTs	Conduct interviews- currently revising interview plans to conduct online/over the phone ON HOLD DUE TO COVID	Revised: Questionnaires are now participant administered and all study activities are conducted over the phone. Updates on sites: (1) Surrey Pre-Trial Services Centre: On hold due to COVID-19. Planning to re-evaluate in September 2021. (2) Fraser Regional Correctional Centre: On hold due to COVID-19. Planning to re-evaluate in September 2021. (3) Nanaimo Correctional Centre: Recruiting	Conduct qualitative interviews with CTT staff (once fully approved) Continue to attempt to recruit participants for qualitative interviews.	
		Develop questionnaire for interviews			Re-evaluate study activities with Surrey Pre-Trial Services Centre and Fraser Regional Correctional Centre (pending COVID-19).	

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				participants. (4) Kamloops Regional Correctional Centre: Live, attempting to recruit participants. (5) Prince George Regional Correctional Centre: On hold due to COVID-19. Qualitative Study Activities: Study team is actively attempting to recruit participants for the qualitative interview. Pending: Study team has developed study materials to undertake qualitative interviews with CTT staff. This has received ethics approval from the University of British Columbia (UBC) and is pending approval from British Columbia Mental Health and Substance Use Services (BCMHSUS) Research Committee.	Begin to curate different knowledge translation outputs (e.g., reports). Continue to carry out participant recruitment at active sites.	
				Knowledge translation: Virtual poster presentation at the BC Substance Use Conference	**Disseminate and publish papers**	
PRAIRIES	**Supervised Consumption Services (SCS)**	**Develop a National Evidence-Based Supervised Consumption Sites (SCS) Operational Guidance Document**				
		Conduct literature review and environmental scan of SCS sites in Canada	Prepare operational guidance document	Disseminate operational guidance document internally; adapt based on feedback	**Disseminate and publish operational guidance document**	**Update document as needed**
		Developing Plain Language Materials on SCS				
			Complete evidence brief on public health impacts of SCS	**Format and update KT materials as needed**	**Update information as needed** **Produce podcast episodes on SCS**	**Update information as needed**
			Complete evidence brief on supervised inhalation	**Produce accessible descriptions on innovative SCS and OPS service models**	**Release website, whyscs.ca** with lay language evidence briefs (The Basics, Health Impacts, Cost Savings, Crime & Public Order) and infographics (The Basics, Myths & Facts, The Canadian Overdose Epidemic, Health Impacts, Cost Savings, Crime & Public Order, A Typical Visit)	
			Complete frequently asked questions on SCS and OPS	**Produce infographics on the number and key features of SCS and OPS in Canada**		
			Complete infographics based on evidence briefs	**Create website, whyscs.ca**		

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		Building the National Knowledge Base on SCS models in Canada: survey and case studies of SCS				
			Develop survey of Canadian SCS sites ON HOLD DUE TO COVID	Develop survey of Canadian SCS sites DELAYED DUE TO COVID	Conduct survey of Canadian SCS sites Write internal report on survey **Disseminate and publish survey results** Conduct case studies of selected SCS sites	**Disseminate and publish case study results**
	Psychosocial and Recovery (TOPP)	**Treatment Program Survey**				
		Development of the sampling framework for Canadian OUD treatment programs Conduct survey in all P/T except Quebec (n=202)	**Complete technical report**	Complete survey in Quebec **Update report**	**Disseminate and publish survey results**	
		Treatment Program Case Studies				
		Identification of suitable programs	Conduct case studies	Complete case studies	Analyze case study results **Write internal report** **Disseminate and publish case study results**	
		Scoping Review of Psychosocial Interventions for OUD				
		Conduct scoping review	**Prepare technical report**	**Publish first manuscript** **Release database of scoping review results** Draft additional manuscripts	**Disseminate and publish additional manuscripts**	
		National Best Practice Guidelines: Developing an implementation plan to increase uptake of best practice and evaluate its impact.				
					Develop implementation strategy **Implement and evaluate implementation**	**Broader implementation and evaluation of guidelines**

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	Indigenous Peoples Project (TPF)	**Engagement with Indigenous stakeholders throughout project**				
		Develop a national First Nations perspective to inform the project	**Ongoing engagement and empowerment of communities**	**Ongoing engagement and empowerment of communities**	**Ongoing engagement and empowerment of communities**	
		Empower communities and treatment centres				
		National gatherings of working group and leadership group				
		Hold first meeting February 2019	**Hold second in-person meeting May/June 2020** POSTPONED DUE TO COVID	**Hold virtual meetings**		
		Produce a monthly newsletter that briefs the leadership and working group on the progress, initial findings, and highlights of the project				
		Literature Review: Effective methods for a First Nations culture-based response to increased opioid and methamphetamine use				
		Draft report and KT materials	**Disseminate literature review to project team**	**Adapt content of literature review for guidelines - in order to publish it would need more work**	**Update documents as new information becomes available**	**Update documents as needed**
		Environmental Scan of Indigenous community treatment centres				
		Visit 10 Indigenous communities across Canada	**Draft and disseminate individualized reports and KT materials to each community**	**Incorporate results into National Guideline**		
		National Guidelines (Clinical and Operations)				
			Develop guidelines based on literature review and environmental scan	Present guidelines to AFN POSTPONED DUE TO COVID	Present guidelines to AFN	**Update guidelines as new information becomes available**
			Develop tool to evaluate guidelines	Include information on impact of Covid-19 and preparedness for pandemics	Finalize evaluation plan **Release guidelines**	**Evaluation of guideline implementation**
			Present guidelines to Assembly of First Nations (AFN) POSTPONED DUE TO COVID	**Develop implementation strategy**	**Broader implementation and evaluation of guidelines**	

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BRITISH COLUMBIA	**iOAT**	**National iOAT Guidelines (Clinical and Operations)**				
		Public release of guidelines and journal article in CMAJ	**Online and targeted dissemination of national iOAT guidelines** **Develop KT materials and resources** **CMAJ podcast**		**Update guidelines** **Guideline impact evaluation**	
		Environmental Scan of iOAT Services				
		First scan: 2018	**1st and 2nd Scan results: manuscript submitted**	Fourth scan: March 2021 (collected data and analyze)	Fifth scan: March 2022 (collect data and analyze)	Final scan: March 2023 (collect data and analyze)
		Second scan: March 2019 **CPPD Conference presentation**	Third scan: March 2020 (collect data and analyze)	**Consolidate all scan results, develop KT materials, disseminate and publish manuscripts** **CPDD Conference presentation** **BCCSU Conference poster presentations**	**Consolidate all scan results, develop KT materials, disseminate and publish manuscripts**	**Consolidate all scan results, develop KT materials, disseminate and publish manuscripts**
		National Community of Practice				
		Create listserv	**Create webpage to host information, events, resources**	**Maintain and moderate regular e-mail and webinar communication** **Host 1st national iOAT training session using BCCSU Substance Use ECHO platform**	**Maintain and moderate regular e-mail and webinar communication** **Host 2nd national iOAT training session using BCCSU Substance Use ECHO platform**	**Maintain and moderate regular e-mail and webinar communication**
		Knowledge Mobilization				
					Develop patient/prescriber iOAT resources **Develop accessible, online education modules for prescribers**	
	Expanding access to OAT (1): Nursing	**National Scoping Review**				
		Conduct scoping review	Develop report and recommendations	**Complete report and recommendations** **Disseminate report and recommendations**	**National webinar with Canadian Nurses Association** **Develop resources and practice support tools to support nurse led OAT models** **Develop education and training modules**	
		National Recommendations				
		Draft national recommendations				

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		Host workshop around CSAM				
	People With Lived Expertise Engagement (PWLE)	**Build a national group of PWLE representatives**				
		Develop community partners and PWLLE group Hold in-person meeting around research priorities and focus on teambuilding	Continue building group membership	Hold virtual meetings to support research priorities and teambuilding Hire PWLE project coordinator	Hold virtual meetings to support research priorities and teambuilding	
		Participate and consult in other EHT projects				
		Provide feedback to other EHT project teams through presentations on monthly teleconferences	Continue engagement with other EHT projects Participate in COVID guidance development	Continue feedback sessions with other EHT projects	Continue feedback sessions with other EHT projects	
		Photovoice Project				
		Conduct photovoice project	**Publish photovoice journal v1** **Update and publish photovoice journal v2**	**Disseminate KT products**		
		Harm Reduction Workers Survey				
		Implement survey at the Stimulus Harm Reduction Conference in Edmonton, Oct 2018	Analyze data **Publish report** **Publish infographic** Submit manuscript	**Publish and disseminate journal article**		
		Podcast Production				
		Connect with Crackdown development team	Participate in the development of a podcasts	Consultations, planning, content, editing, production Release podcast **Dissemination**	Participate in the development of a podcast (consultations, planning, content editing, production) Release podcast **Dissemination**	

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		COVID Research – NEW PROJECT				
			Design questions and submit ethics amendment	Continue qualitative interviews	Continue qualitative interviews: second round of interviews beginning April 2021	
			Conduct focus group	Planning, consultation for interactive website	Analyze results	
			Conduct qualitative interviews (round 1)	Contract web designer	**Draft manuscripts**	
				Launch website (estimated release: April 2021)		

QUÉBEC-ATLANTIC	**Drug Checking**	**Drug Checking Services in Canada: A Review of Existing and Developing Services**				
		Questionnaire development	Survey launched Nov 2019	Data analysis	**Disseminate and publish manuscript**	
			Discuss preliminary data collected at CCSA IoS in November 2019	**Draft manuscript**		
			Organized 1-day meeting with CCSA working group at CCSA IoS on November 27, 2019			
			Post CCSA meeting to address issues raised, such as standardization/ indicator for DCS (January 21, 2020)			
		Implementation of Drug Checking Services for People Who Use Drugs: A Systematic Review				
		Conduct first search	Update search	**Manuscript "The Implementation of Drug Checking Services for People Who Use Drugs: A Systematic Review" published on Qeios**	**Disseminate and publish manuscript**	
		Data extraction	**Presented update at DCWG/ CRISM in-person meeting in Ottawa (IoS November 2019)**	**Manuscript "The Implementation of Drug Checking Services for People Who Use Drugs: A Systematic Review" submitted to *Addiction***		
			Abstract accepted to 14th Annual Conference of the International Society for the Study of Drug Policy Conference ON HOLD DUE TO COVID			
			Oral presentation at CAHR 2021			
			Data analysis complete			

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		Drug Checking Manual				
				Complete Drug Checking Manual in English and French (currently translating Chapter 1 and completing Chapters 2 and 3)	**Plan, coordinate and provide 10 training sessions with partners (5 in EN, 5 in FR)**	
				Prepare and launch website (drugcheckingtraining.ca)	**Create tools and videos to support training**	
				Continuous exchange with partners to ensure up-to-date best practices in drug checking	**Project evaluation - produce report on evaluation**	
					Scientific publication	
	At-risk Youth/ Newer Users	**Scoping Review of OUD Treatment for Youth/Newer Users (Montreal site)**				
		Conduct scoping review	**Disseminate preliminary results of the scoping review at youth summits (November 12, 2019 in BC and January 25, 2020 in other nodes)**	**Manuscript drafted and submitted to Canadian Journal of Psychiatry (July 2021)**	**Disseminate and publish results**	
		Critical Gap Analysis (Montreal Site)				
		Develop and pilot survey	Survey launched November 2019; survey re-sent July 2020	**Completed survey Dec 2020**		
				Data analysis		
				Disseminate and distribute results as described in the "knowledge mobilization" activity section below		
		Youth Focus Groups (All Sites)				
		Conduct focus groups in each node Different youth populations in each node: **BC**- street-involved youth; **AB**- youth with personal experience, or family member and/or someone close to them who have experienced opioid-related harm; **ON**- Indigenous youth, youth seeking mental health and addiction services; **QC**- Pediatric youth, oncology youth; **NS**- young adults/ university students	Develop 'rapid' summaries of the Youth Focus Groups to inform summit Code focus group data	Complete coding	**Disseminate and distribute results as described in the "knowledge mobilization" activity section below**	
				Finalize summaries of youth focus groups		
				Disseminate and distribute results as described in the "knowledge mobilization" activity section below		
		Transcribe focus groups				

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		Youth Summits (All Sites)				
		Advisory committee to identify and invite youth	**Hold one Youth Summit (November 12, 2019 in BC and January 25, 2020 in the other nodes)**	**Disseminate and distribute results as described in the "knowledge mobilization" activity section below**		
			Finalize summary of the Youth Summits			
		Knowledge Mobilization and Translation (All Sites)				
			Montreal youth summit was covered on primetime Montreal CBC news, and was attended by policy analysts from Health Canada	**Presentation at CSAM symposium conference online (November 2020) to disseminate results of focus group, youth summits**	**Create and produce KT products for youth and service providers and continue to disseminate existing resources (ex. live drawings from youth summit)**	
				Presentation of results from focus group and youth summit to *Controlled Substances Directorate (Dec 2020)*	**Publish and disseminate manuscripts**	
			Panel presentation at UN commission on Narcotic Drugs meeting in Vienna, 2-6 March 2020 **Maya Nujaim (20 years old) was selected by Health Canada during the youth summit to present at this meeting**	**Presentation of results from focus group and youth summit to Opioid Response Partners (Feb 2021)**		
			Circulation of live drawing graphics from youth summit at UN commission on Narcotic Drugs meeting in Vienna, 2-6 March 2020	**Presentation of results from focus group and youth summit to *Association of the Faculties of Medicine of Canada (Feb 2021)***		
				Submit and publish special issue to *Canadian Journal of Addiction Medicine* (this will include a protocol paper, 1 paper linking all sites together, and site-specific papers to discuss focus group and youth summit data)		
	Expanding access to OAT (2): Buprenorphine/naloxone	**Emergency Department Initiation of Opioid Agonist Treatment for Patients with Opioid Dependence: A Rapid Systematic Review**				
		Conduct systematic review	Submitted manuscript to "Annals of Emergency Medicine" on April 2, 2020 but was rejected			
			Manuscript accepted and published in Academic Emergency Medicine – July 2020			

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	rapid access in ED	**Survey of Emergency Physician Attitudes toward Initiating Opioid Agonist Treatment**				
		Develop and conduct survey	**Preliminary results presented at CSAM 2019 (October 24-27)**	Manuscript "A survey on buprenorphine practice and attitudes in 22 Canadian emergency physician groups" accepted at CMAJ Open (March 2021)	**Disseminate and publish results**	
			Present preliminary data at 11th Annual Emergency Medicine Research Day at UBC	Draft 2nd manuscript on multivariate analysis		
			Draft report of the quantitative survey			
		Expanding access to OAT initiation in emergency departments: Physician qualitative interviews				
		Develop and conduct interviews of physicians	Data analysis of qualitative interviews	**Manuscript published in JACEP "Emergency Physician Perspectives on Initiating Buprenorphine/Naloxone in the Emergency Department: A Qualitative Study"**	**Disseminate and publish results**	
			Preliminary results presented at CSAM 2019 (October24-27)	**Draft 2nd manuscript on harm reduction**		
		Buprenorphine/ naloxone to-go and intensive outreach team follow-up for emergency department patients with opioid use disorder (ED patient survey and qualitative interview)				
		Develop and pilot test questionnaire and begin to recruit participants	Recruitment of participants	**Manuscript accepted to PLOS ONE** "Experiences of people with opioid use disorder during the COVID-19 pandemic: a qualitative study" (July 22, 2021)	**Disseminate and publish results**	
			Conduct follow-up	Complete data collection on follow-up surveys		
				Complete chart review		
				Produce 2 other manuscripts		
				Disseminate and publish results		

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		Implementation Roll-Out				
				Partner with CAEP and AMUQ on pan-Canadian implementation roll-out	**Implementation roll-out and evaluation**	
				Hold National Stakeholders Meeting to assess needs (May 19 2021)		
				Hold multiple regional stakeholders meeting		

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Canadian Institutes of Health Research
160 Elgin Street, 9th Floor
Address Locator 4809A
Ottawa, Ontario K1A 0W9

Instituts de recherche en santé du Canada
160, rue Elgin, 9e étage
Indice de l'adresse 4809A
Ottawa (Ontario) K1A 0W9

Institute of Aging
Institute of Cancer Research
Institute of Circulatory and Respiratory Health
Institute of Gender and Health
Institute of Genetics
Institute of Health Services and Policy Research
Institute of Human Development, Child and Youth Health
Institute of Indigenous Peoples' Health
Institute of Infection and Immunity
Institute of Musculoskeletal Health and Arthritis
Institute of Neurosciences, Mental Health and Addiction
Institute of Nutrition, Metabolism and Diabetes
Institute of Population and Public Health

Institut du vieillissement
Institut du cancer
Institut de la santé circulatoire et respiratoire
Institut de la santé des femmes et des hommes
Institut de génétique
Institut des services et des politiques de la santé
Institut du développement et de la santé des enfants et des adolescents
Institut de la santé des Autochtones
Institut des maladies infectieuses et immunitaires
Institut de l'appareil locomoteur et de l'arthrite
Institut des neurosciences, de la santé mentale et des toxicomanies
Institut de la nutrition, du métabolisme et du diabète
Institut de la santé publique et des populations

December 2, 2021

Dr. Cameron Wild
Addition and Mental Health Research Lab
School of Public Heath
University of Alberta
3-300 Edmonton Clinic Health Academy
Edmonton, Alberta, T6G 1C9

Dear Dr. Wild,

On behalf of the CRISM Oversight Committee, we would like to thank you for the comprehensive CRISM Node Team annual progress report and Implementation Science Program update for the period of April 1, 2020 - March 31, 2021.

The CRISM Network's ability to adapt and continue to make progress towards its objectives is impressive, especially considering the challenges presented by the COVID-19 pandemic. We would like to take the opportunity to acknowledge all Network members for their dedication and commend them for the quality of their efforts in supporting critical research and knowledge mobilization to improve the health of some of the most vulnerable among Canadians.

In particular, we would like to congratulate the Network on the successful completion of the OPTIMA Trial. We very much look forward to the publication of the knowledge products from the trial and the data-sharing platform. Additionally, we acknowledge the success of the nodes on their continued, meaningful engagement with persons with lived and living experience and Indigenous partners. We also applaud your efforts to promote research findings and resources to the broadest public via mass media representations.

The annual report template for the final CRISM Phase I reporting period will be available in early April 2022 and will be due late summer 2022 (for reporting period April 1, 2021 – March 31, 2022). In the interim, should you have any questions related to the annual review process, please feel free to contact Holly Ockenden, Associate, Major Initiatives (Holly.Ockenden@cihr-irsc.gc.ca).

Regards,

The CRISM Oversight Committee

Samuel Weiss, PhD, FRSC, FCAHS
Scientific Director
Institute of Neurosciences,
Mental Health and Addiction, CIHR

Michelle Peel, PhD
Director General
Initiative Management and Institute
Support Branch, CIHR

CIHR IRSC
Discoveries for life / Découvertes pour la vie

CRISM 2.0 Prairie Node Participant Table

Applicants						
Name Credentials	**CIHR PIN Biosketch #**	**Affiliation**	**Scopus ID**	**Role**	**Expertise**	**Discipline**
David Hodgins, PhD, RPsych, FCAHS	*CIHR PIN*: 27455 *Biosketch*: 1412281	Depts. of Psychology & Psychiatry, U Calgary	7006685175	Nominated Principal Applicant	RCTs, Addictive behaviours	Clinical psychology
Colleen Dell, PhD	*CIHR PIN*: 112962 *Biosketch*: 1394199	Dept. of Sociology & School of Public Health, U Saskatchewan	None	Principal Applicant, Sex & Gender Champion	Knowledge translation, Indigenous health	Sociology, Public Health
Cameron Wild, PhD	*CIHR PIN*: 53376 *Biosketch*: 1310004	School of Public Health & Dept. of Psychiatry, U Alberta	None	Principal Applicant	Epidemiology, Prevention, Harm reduction, Community trials	Public Health, Psychology
Elaine Hyshka, PhD	*CIHR PIN*: 193846 *Biosketch*: 1291834	School of Public Health, U Alberta	30467721900	Principal Applicant	Harm reduction, substance use services and policy	Public Health
Sharon Acoose, PhD	*CIHR PIN*: 176884 *Biosketch*: 1309800	First Nations University of Canada, Regina	None	Principal Applicant, Indigenous	Indigenous health, Addictions	Indigenous Health
Ginette Poulin, MD, B.Sc., B.Sc (H.N.S.), RD, CFPC (AM), CISAM, CMCBT	*CIHR PIN*: 80210 *Biosketch*: 1310269	Medical Director, Addictions Foundation of Manitoba	None	RPI, CRISM meth trial	Addiction medicine	Family Medicine
Tracy Muggli, MSW	*CIHR PIN*: 283263 *CV*	Executive Director, St. Paul's Hospital, Saskatoon	None	Service Provider	Health service administration	Health Services

Steven Clelland, MA	*CIHR PIN*: 160921 *Biosketch*: 1309769	Executive Director, AB AMH	None	Service Provider (Alberta)	Health services data	Health Services
Shohan Illsley, MSc	*CIHR PIN*: 217418 *Biosketch*: 1310630	PWLLE advocacy, Manitoba Harm Reduction Network (MHRN)	None	Executive Director, MHRN	Harm Reduction, Advocacy, PWLLE	Health Services
Jo-Ann Saddleback, Elder	N/A	Elder from Maskwacîs, Alberta	None	Indigenous Elder	Indigenous people and communities, Substance use	N/A
Project Advisory Groups						
Project 1: Mapping Trajectories of Assisted and Unassisted Change in Substance Use *(led by Hodgins)*.						
Name	**Credentials**	**Affiliation**				
Jennifer Jackson	PhD, RN	University of Calgary				
Tanya Mudry	PhD, R. Psych	University of Calgary				
Elizabeth Cooper	PhD	University of Manitoba				
Ashley McInnes	PhD	University of Calgary				
Krishna Balachandra	MD	University of Alberta				
Anees Bahji	MD	University of Calgary				
Austin Capcara	MD student	Royal College of Surgeons in Ireland Dublin, Ireland				

Project 2: Understanding Human Connection to Dogs for Wellness From Substance Use Harms (*led by Dell*).						
Name	**Credentials**	**Affiliation**				
Holly McKenzie	PhD	University of Saskatchewan				
Sharon Acoose	PhD	First Nations University of Canada				
Mark Hammer	NA	University of Saskatchewan				
Lala Acoose	NA	Saskatoon, SK				
Stuart Atkins	NA	Saskatchewan Advocacy				
Maryellen Gibson	MPH	University of Saskatchewan				
Jo-Ann Saddleback	Elder	Maskwacîs, Alberta				
Darlene Chalmers	PhD	University of Regina				
Todd Ramsum	NA	University of Saskatchewan				
Grace Rath	NA	University of Saskatchewan				
Ashley Devenney	MD	Edmonton Primary Care Network				
Project 3: Formal and Informal Support in Rural Settings (*led by Hyshka*)						
Name	**Credentials**	**Affiliation**				
Holly Mathias	MA, PhD student	University of Alberta				
Petra Schulz	M.Ed	Moms Stop the Harm, AB				
Jenn McCrindle	NA	Turning Point, AAWEAR				

Rebecca Haines-Saah	PhD	University of Calgary				
Veda Koncan	MA	Manitoba Harm Reduction Network				
Mikayla Johnson	NA	Manitoba Harm Reduction Network				
Shohan Illsley	MSc	Manitoba Harm Reduction Network				
Els Duff	PhD	University of Manitoba				
Em Pijl	PhD	University of Manitoba				
Darren Christensen	PhD	University of Lethbridge				
Tracy King	RN, MSc	Grande Prairie Regional College				
Tyla Savard	NA	Moms Stop the Harm, AB; Stronger Together Canada				
Willi McCorriston	NA	Moms Stop the Harm, SK				
Antoinette Gravel-Oulette	NA	Moms Stop the Harm, MB; Stronger Together Canada				

Routing Slip

This routing slip is to be included with your signature pages and is for CIHR's administrative use only.

Funding Opportunity

Team Grant: Canadian Research Initiative on Substance Misuse (CRISM) Phase II: Regional Nodes 2022-02-06

ResearchNet ID 473759

Applicant

Surname	Given Names	PIN
HODGINS	David	27455

Title

CRISM Phase II: Prairie Region Node

Relevant Research Area:	**Title of Priority Announcement/Funding Pools:**
Prairie Region	CRISM Phase II: Regional Nodes

Linked Programs:

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

PROTECTED B WHEN COMPLETED

HODGINS, David
University of Calgary

Participants Signatures

The participants are in the following order when applicable: Principal Knowledge User, Knowledge Users, Principal Applicant and Co-Applicants, Primary Supervisor and Supervisors.

It is agreed that the general conditions governing grants and awards, as well as the role-specific responsibilities detailed in the CIHR Application Administration Guide (part 2), apply to any grant or award made pursuant to this application and hereby accepted by the participant(s).

For those assuming the role of CIHR reviewer in other funding competitions, information supplied in this application (including CV information) may be used for the purpose of informing the validation process of applications to reviewers. Accordingly, information from your application may be made available to CIHR Competition Chairs and Scientific Officers.

Supervisor(s) Signatures (if applicable)

It is agreed that the general conditions governing grants and awards, as well as the role-specific responsibilities detailed in the CIHR Application Administration Guide (part 2), apply to any grant or award made pursuant to this application and are hereby accepted by the applicant's supervisor(s).

The author(s) of the Summary of the Research Project included in the candidate's application also agree that it accurately describes the training program proposed.

Consent to Disclosure of Personal Information

I understand that maintaining public trust in the integrity of researchers is fundamental to building a knowledge-based society. By submitting this application or by accepting funding from CIHR, NSERC and/or SSHRC, I affirm that I have read and I agree to respect all the policies of these Agencies that are relevant to my research, including the *Tri-Agency Framework Responsible Conduct of Research* (http://www.rcr.ethics.gc.ca/eng/policy-politique/framework-cadre/).
In cases of a serious breach of agency policy, the agency may publicly disclose any information relevant to the breach that is in the public interest, including my name, the nature of the breach, the institution where I was employed at the time of the breach, the institution where I am currently employed, and the recourse imposed against me.

I accept this as a condition of applying for or receiving Agency funding and I consent to such disclosure.

Surname	Given Names	Role	Signature
Clelland	Steven	Knowledge User	x [signature]
Institution	**Faculty**	**Department**	**Date**
Alberta Health Services			Oct 25, 2021

Surname	Given Names	Role	Signature
Muggli	Tracy	Knowledge User	x [signature]
Institution	**Faculty**	**Department**	**Date**
Saskatchewan Health Authority, St. Paul's Hospital			Oct 12/21

Surname	Given Names	Role	Signature
Acoose	Sharon	Principal Applicant	x [signature]
Institution	**Faculty**	**Department**	**Date**
First Nations University of Canada - Main Campus (Regina, Saskatchewan)		Indigenous SW	Nov 2/21

Participants Signatures (Cont'd)

The participants are in the following order when applicable: Principal Knowledge User, Knowledge Users, Principal Applicant and Co-Applicants, Primary Supervisor and Supervisors.

It is agreed that the general conditions governing grants and awards, as well as the role-specific responsibilities detailed in the CIHR Application Administration Guide (part 2), apply to any grant or award made pursuant to this application and hereby accepted by the participant(s).

For those assuming the role of CIHR reviewer in other funding competitions, information supplied in this application (including CV information) may be used for the purpose of informing the validation process of applications to reviewers. Accordingly, information from your application may be made available to CIHR Competition Chairs and Scientific Officers.

Supervisor(s) Signatures (If applicable)

It is agreed that the general conditions governing grants and awards, as well as the role-specific responsibilities detailed in the CIHR Application Administration Guide (part 2), apply to any grant or award made pursuant to this application and are hereby accepted by the applicant's supervisor(s).

The author(s) of the Summary of the Research Project included in the candidate's application also agree that it accurately describes the training program proposed.

Consent to Disclosure of Personal Information

I understand that maintaining public trust in the integrity of researchers is fundamental to building a knowledge-based society. By submitting this application or by accepting funding from CIHR, NSERC and/or SSHRC, I affirm that I have read and I agree to respect all the policies of these Agencies that are relevant to my research, including the *Tri-Agency Framework: Responsible Conduct of Research* (http://www.rcr.ethics.gc.ca/eng/policy-politique/framework-cadre/).
In cases of a serious breach of agency policy, the agency may publicly disclose any information relevant to the breach that is in the public interest, including my name, the nature of the breach, the institution where I was employed at the time of the breach, the institution where I am currently employed, and the recourse imposed against me.

I accept this as a condition of applying for or receiving Agency funding and I consent to such disclosure.

Surname	Given Names	Role	Signature
Dell	Colleen	Principal Applicant	X
Institution	**Faculty**	**Department**	**Date**
University of Saskatchewan	Arts & Science	Sociology & Public Health	Oct 7, 2021
Surname	**Given Names**	**Role**	**Signature**
Hyshka	Elaine	Principal Applicant	X
Institution	**Faculty**	**Department**	**Date**
University of Alberta			November 2, 2021
Surname	**Given Names**	**Role**	**Signature**
Poulin	Ginette	Principal Applicant	X
Institution	**Faculty**	**Department**	**Date**
Addictions Foundation of Manitoba			Oct 22, 2021

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Participants Signatures (Cont'd)

The participants are in the following order when applicable: Principal Knowledge User, Knowledge Users, Principal Applicant and Co-Applicants, Primary Supervisor and Supervisors.

It is agreed that the general conditions governing grants and awards, as well as the role-specific responsibilities detailed in the CIHR Application Administration Guide (part 2), apply to any grant or award made pursuant to this application and hereby accepted by the participant(s).

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Supervisor(s) Signatures (If applicable)

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I accept this as a condition of applying for or receiving Agency funding and I consent to such disclosure.

Surname	Given Names	Role	Signature
Wild	Cameron	Principal Applicant	X [signature]
Institution	**Faculty**	**Department**	**Date**
University of Alberta	School of Public Health		Oct 25, 2021
Surname	**Given Names**	**Role**	**Signature**
Illsley	Shohan	Co-Applicant	X [signature]
Institution	**Faculty**	**Department**	**Date**
Manitoba Harm Reduction Network			Oct 28, 2021
Surname	**Given Names**	**Role**	**Signature**
			X
Institution	**Faculty**	**Department**	**Date**

Signature of Institution Paid

Institution Paid Signature

It is agreed that the general conditions governing Grants and Awards, as well as the role-specific responsibilities detailed in the CIHR Application Administration Guide (part 2), apply to any grant or award made pursuant to this application and are hereby accepted by the applicant's institution or the applicant(s) employing institution(s).
A signature is not required at institutions outside of Canada.
If both your Program and submitting institution are using the Electronic Approval Tool on ResearchNet, a signature is not required for block 1 if the Authorized Official can bind the institution to all applicable obligations outlined the CIHR Application Administration Guide (part 2). If the Authorized Official cannot bind the institution to all applicable obligations, complete block 2.

1. **Signature of Authorized Official:** University of Calgary

Print Name:	Date:

Signature:

X

2. **If the Authorized Official above cannot bind the institution to all applicable obligations outlined in the CIHR Application Administration Guide (part 2), please provide additional signatures below as required.**

Print Name:	Date:

Signature:

X

Print Name:	Date:

Signature:

X

Signature of Research Institution

Institution Signature at Primary Location of Research (Awards Programs Only)

It is agreed that the general conditions governing Grants and Awards, as well as the role-specific responsibilities detailed in the CIHR Application Administration Guide (part 2), apply to any award made pursuant to this application and are hereby accepted by the Nominated Principal Applicant's institution where the research is to be conducted.

Signature of Authorized Official: University of Calgary

Print Name:	Date:

Signature:

X