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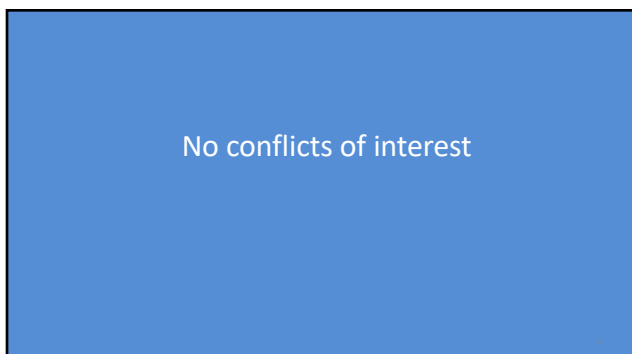
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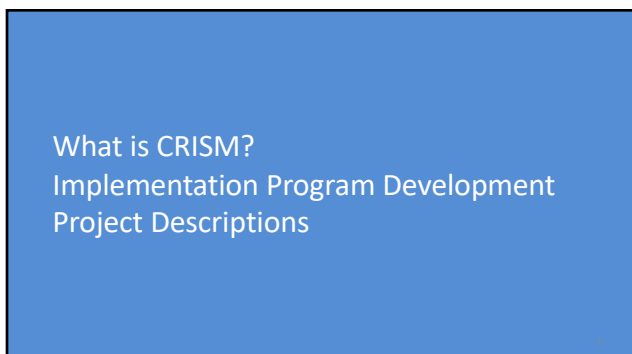
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# What is CRISM?

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Canadian Research Initiative in Substance Misuse

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

Objectives are to:

1. Identify and/or develop the most appropriate clinical and community-based prevention or treatment interventions for substance use
2. Provide evidence to enhance prevention and treatment services regarding substance use to decision makers and service providers
3. Support improvements in quality of care and quality of life for Canadians living with substance use problems

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A national network dedicated to substance use interventions

CRISM provides regional and national access to:

- ✓ Over 270 affiliated researchers located in 36 institutions across Canada  
(specialists in addiction medicine, health services, epidemiology, health policy, statistics, infectious disease, health economics, social and behavioural science)
- ✓ Over 1000 affiliated knowledge users located in over 200 non-academic organizations




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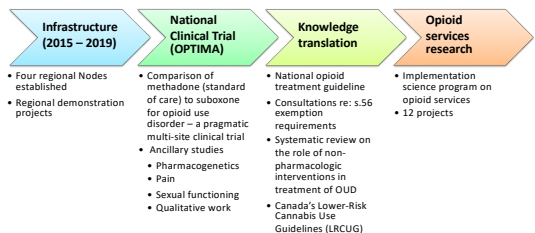
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### Overview of Infrastructure and Project Funding to the CRISM national network from CIHR and Health Canada




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### Program Development

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### Proposal development process

1. Regional consultations were undertaken by CRISM Nodes in Spring and Fall, 2017
2. Regional advice solicited from key researchers, health providers, health services/authority leaders, provincial and municipal public health representatives, provincial government policy-makers, and people with lived experience using multiple strategies, including online surveys, conference calls, and personal consultation.
3. Proposal for a 5-year implementation science program was submitted August, 2017 and subsequently approved by CIHR

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### Thematic coverage (proposal)

Research Theme Area	Sub-topics
1. Scaling up public health interventions	<ul style="list-style-type: none"> <li>Supervised consumption and safer injection facilities: Implementation and coverage</li> <li>Peer-facilitated naloxone distribution</li> </ul>
2. Optimizing opioid use disorder treatments	<ul style="list-style-type: none"> <li>Addressing barriers to first line therapy and SROM</li> <li>Injectable OAT: Guidance and evaluation models</li> <li>Validating alternate delivery models to expand service reach, including peer involvement</li> </ul>
3. Improving the evidence base for withdrawal management, psychosocial and recovery-based treatment options	<ul style="list-style-type: none"> <li>Withdrawal management strategies</li> <li>Organizational barriers to adopting public health interventions and OAT in traditional psychosocial and recovery-based programming</li> </ul>
4. Developing new intervention approaches to meet the needs of high-risk target populations	<ul style="list-style-type: none"> <li>At risk youth/newer users: Targeted prevention</li> <li>Indigenous peoples: Acceptability and community ownership in secondary prevention and OAT; novel interventions to improve OAT access</li> <li>Corrections populations: Tailoring OAT and harm reduction to post-release needs</li> </ul>

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### Project development process

1. CRISM consulted with its members from September – November, 2017 to identify people interested in contributing to the new program
2. Declarations of interest in the 4 broad thematic areas described in the proposal were solicited by CRISM NPIs
3. A structured, standardized process was used. CRISM members declared their interest in contributing and provided information to identify relevant interests, skills, activities, experience, and interest in leadership.
4. NPIs met in late November, 2017 to review declarations of interest among CRISM members and sorted them into provisional groups based on 12 project areas.

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### Twelve project/theme areas identified

BC Node	Prairies Node	Ontario Node	Quebec-Atlantic Node
Injectable OAT	Indigenous peoples	Correctional populations	Drug checking
Expanding access to OAT (1): Nurse-led models	Supervised consumption programs	Naloxone distribution	Expanding access to OAT (2): ED initiation
Peer involvement	Psychosocial and recovery-based programming	Withdrawal management	At-risk youth/newer users

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### Heterogeneity across project areas

1. Some projects (e.g., Injectable OAT) will be able to take advantage of significant activity already occurring (e.g., national guideline development; rapid implementation of this service in different parts of the country). Can move relatively quickly into execution.
2. Other projects (e.g., Indigenous peoples) = entirely developmental, requiring significant groundwork prior to execution. This particular project conceived as community owned and led, with support from CRISM.

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### Project leadership and support

Role	Activities
Principal Investigator (PI)	Trustholder of CRISM funds at her/his institution; responsible for overall project execution and management
Leadership group	Project work plan development and direction, facilitation, expertise
Working group	Collaborators (experts and service stakeholders), drawn into each project to assist in execution. Analogous to Co-Investigators
Reference group	Stakeholders interested in project results. Includes people who use drugs (PWUD)
Coordinating Node	Provides support for project administration, facilitates intra- and inter-Node communication about project, assists in project reporting to CRISM and CIHR, development of knowledge exchange products, support for coordination of projects across the program and for activities related to the 9 projects coordinated by other CRISM Nodes.

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### Expectations communicated to leadership groups

All have been informed about the nature of Emerging Health Threat (EHT) funding mechanism, i.e., how it differs from CIHR Open Operating Grant funding

- Enhanced reporting requirements and frequency of reporting
- Projects encouraged to take advantage of regional service innovations that are rapidly being implemented (e.g., expansion of iOAT, naloxone, SCS across the country). Build on existing projects and initiatives to identify 'low hanging fruit' with good potential for scalability to a national context
- All project discussions advised to consider a phased approach to allow for multiple knowledge exchange products to be rolled out with early wins
- Projects informed that there will be substantial inter-Node coordination to ensure National focus/coverage as appropriate and to support knowledge transfer

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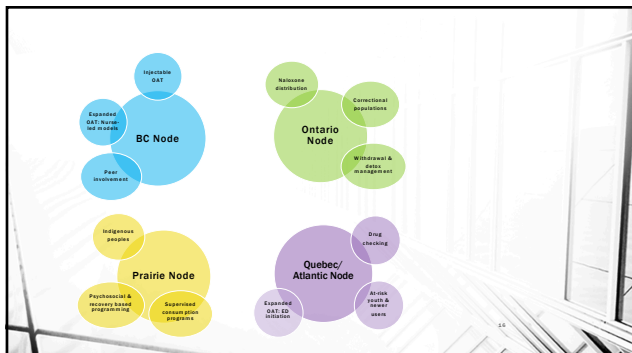
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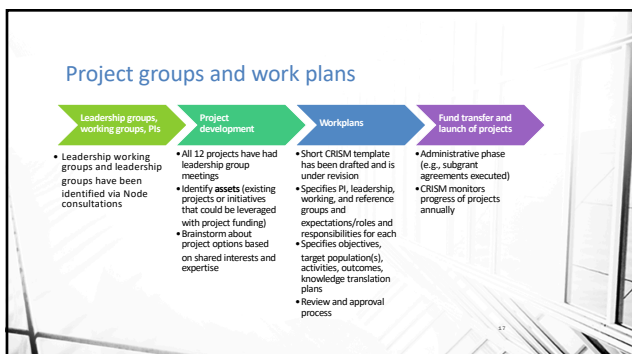
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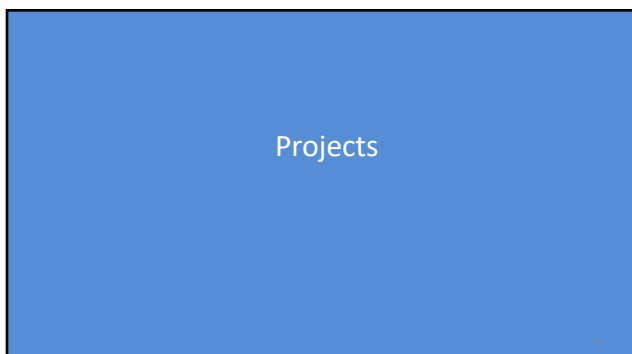
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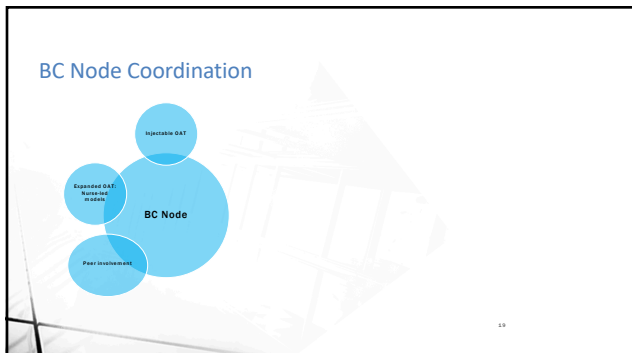
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### Injectable OAT project: Rationale & Team

**Rationale**

- IOAT is an evidence-based treatment option for individuals with severe opioid use disorder who do not adequately benefit from first-line treatments
- Few sites across Canada are currently trained and equipped to provide IOAT in a safe and effective manner
- The aim is to assist regions with current information, best practices and recommendations, and evaluation required for the successful delivery of IOAT

**Approach**

- To assist regions with current best practices and recommendations, and monitoring and evaluation to ensure successful delivery of IOAT in Canada

Team Member	Node	Affiliation
Nadia Fainbain (PI)	BC	BCCSU, UBC
Michael Trew	Prairies	University of Calgary, AHS
Bernard LeFoll	ON	Campbell Family Mental Health Research Institute
Jeffrey Turnbull	ON	Chief of Staff, The Ottawa Hospital
Marie-Ève Goyer	Qu-AT	Quebec Regional Director, Canadian Society of Addiction Medicine

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### Nurse-led Models of Care: Rationale & Team

**Rationale**

- The nursing profession plays a large role in substance use system of care
- Recently, many regions have expanded the scope of practice for nurse practitioners to prescribe opioid agonist treatments

**Approach**

- Projects have been designed to assist regions with utilizing the nursing workforce most effectively

Team Member	Node	Affiliation
Cheyenne Johnson (PI)	BC	RN, Director Clinical Activities and Development, Director Addiction Nursing Fellowship, BCCSU
Samantha Robinson	BC	RN, Clinical Program & Development Lead, Associate Director Addiction Nursing Fellowship, BCCSU
Danielle Cousineau	BC	RN, Clinical Nurse Specialist, Regional Addiction Program at Vancouver Coastal Health
Michael Lee	Prairies	NP, Edmonton Addiction Recovery and Community Health Clinic
Donna Cooke	Prairies	RN, Nursing Advisor, Saskatchewan Registered Nurses Association
Steven Wintoniw	Prairies	NP, Addictions Foundation of Manitoba
Emilie Lizotte-Chin	Qu-AT	RN, Nurse Clinician, Centre Hospitalier de l'Université Montréal
Suzanne Brissette	Qu-AT	MD, Associate Professor, Centre Hospitalier de l'Université Montréal
Lynn Miller	Qu-AT	RN, College of Registered Nurses of Nova Scotia
Mae Katt	ON	NP, Thunder Bay

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### People with Lived Experience (PWLE) Engagement Project: Rationale & Team

**Rationale**

- People with Live Experience (PWLE) of substance use are critical to the success of any intervention and service, but have been historically excluded from the planning of addiction treatment services

**Approach**

- Promote community-building across Canada by providing a platform to share stories and experiences
- Engage with other CRSM projects
- Reduce stigma and discrimination against people who use drugs
- Advocate for change on national, regional, and local scales

Team Member	State	Affiliation
Jade Boyd (PI)	BC	BCCSU, UBC
Monty Ghosh	Prairies	Clinician, Alberta Health Services
Susan Kirkland	Qu-AT	Dalhousie University
Alex Sherstobloff	BC	BC/Yukon Drug War Survivors, CAPUD
Loretta Brown	BC	VANDU
Hugh Lamplin	BC	VANDU
Karen Turner	Prairies	CAPUD
Brandi Abele	Prairies	CAPUD
Dawn Lavand	Prairie	The Manitoba Harm Reduction Network
Sean LeBlanc	ON	PWLE
Frank Cichlow	ON	Counterfeit Harm Reduction Project, CAPUD
Alexandra de Kiewit	Qu-AT	CAPUD
Julien Carrette	Qu-AT	HANDUP
Jennifer Bowers	Qu-AT	HANDUP
Natasha Toussard	Au-AT	HANDUP, CAPUD

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### Prairie Node Coordination

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### Psychosocial and Recovery-Based programming: Rationale and Team

**Rationale**

- Many Canadians seek treatment for OUD in residential recovery programs, where DAT is often inaccessible

**Approach**

- Document key indicators of Canadian psychosocial and recovery based treatment programs, conduct implementation activities seeking to increase knowledge of and use of best practices
- Develop an integrated knowledge translation strategy to disseminate best practices to services and programs throughout Canada. Regions/Cities with the greatest potential for impact will be used to document the extent to which best practices are being followed, identify barriers to implementation, and develop strategies to address those barriers.

Team Member	Node	Affiliation
David Hodgins (PI)	Prairies	University of Calgary
Marshall Smith	BC	Senior Advisor, Recovery Initiatives, BCCSU
Lena Quilty	ON	CAMH
Barney Savage	ON	Addictions and Mental Health Ontario
Lola Jackson	Qu-AT	Dalhousie University
Simon Debreucq	Qu-AT	UMontreal
Brian Rush	ON	Consultant, CAMH

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### Supervised Consumption Programs: Rationale and Team

**Rationale**

- Although availability and utilization is currently concentrated in urban areas and is thus limited on a population basis, expanded SCS across Canada offers an opportunity to describe different implementation and delivery models and determinants of SCS utilization in relation to health outcomes, therefore providing evidence-based support for scale-up.

**Approach**

- The process will be flexible and adaptive, to recruit ongoing and emerging services and to facilitate knowledge exchange among intervention providers, with an eye toward developing national consensus on (a) a core battery of measures assessing intervention characteristics and implementation processes, and (b) assessing the reach of programming into target populations.

Team Member	Node	Affiliation
Elaine Hyska (PI)	Prairies	Asst Professor, UofA
Ryan McNeil	BC	Asst Professor, UBC
Mary Clare Kennedy	BC	PhD student, BCCSU
Ayden Scheim	ON	St. Michael's Hospital, Toronto
Dan Werb	ON	St. Michael's Hospital, Toronto
Carole Morissette	Qu-At	Gov Quebec
Lois Jackson	Qu-At	Professor, Dalhousie University

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### Indigenous Peoples Project: Rationale and Team

**Rationale**

- Opioid misuse has become a public health concern in Canada and has emerged as a critical issue for First Nation peoples
- There is a growing focus on implementing First Nations Community governed, harm reduction strategies for opioid misuse within a community development approach, as opposed to abstinence/prohibition only approaches.

**Approach**

- The overall outcome of this project is to develop guidelines for OAT treatment for First Nations in community-based and residential treatment centres.
- The impact of these guidelines is understanding and gaining knowledge about OAT, reducing the stigma associated with OAT, and creating a culturally safe space for First Nations to receive treatment for opioid misuse.

Team Member	Node	Affiliation
Carol Hopkins (PI)	ON	Thunderbird Partnership Foundation
Chris Mushquash (Co-PI)	ON	Lakehead University
Lindsay Farrell	BC	University of BC
Colleen Dell	Prairies	University of Saskatchewan
Julie Bull	ON	CAMH
Renee Linklater	ON	CAMH
Amy Bombay	Qu-At	Dalhousie University

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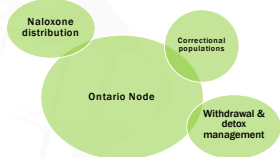
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### Ontario Node Coordination



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### Naloxone Distribution: Rationale and Team

**Rationale**

- Key parameters of current naloxone legislation/regulations, modes/products, availability, distribution practice across Canadian jurisdictions are not systematically documented.
- A previous cross-sectional effort was conducted years ago (CCSA) but was limited to the state of 'take-home naloxone' and is now outdated.

**Approach**

- Consolidate information regarding key parameters in naloxone distribution practice across Canada, support outcomes research to fill knowledge gaps, and create evidence-based best practice guidelines.

Team Member	Node	Affiliation
Jane Buxton (PI)	BC	UBC
Pamela Leece	ON	Public Health Ontario
Katherine Rittenbach	Prairies	University of Alberta
Carole Morissette	Qu-At	Santé Publique de Montréal

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### Corrections Project: Rationale and Team

**Rationale**

- Correctional populations are a standout vulnerable population with among the highest prevalence of substance use and mental health problems, and are at high risk for related morbidity and mortality (e.g., overdose).
- While some prevention and treatment interventions for opioid misuse and harms have been implemented for correctional settings, major intervention and knowledge gaps exist.
- Another challenge related to post-release intervention exist, where care transition commonly break down, and released offenders return to substance use and other risk activities and are at highly elevated risks for mortality.

**Approach**

- Conduct several sub-projects focusing and generating evidence on opioid use related interventions for correctional systems/offenders in Canada

Team Member	Node	Affiliation
Fiona Kouyoumdjian (PI)	ON	Assistant Clinical Professor, McMaster University
Andrew MacFarlane	BC	Correctional Health Services
Cheyenne Johnson	BC	BCCSU
Seonaid Nolan (PI)	BC	BCCSU
Serge Brochu (PI)	Qu-At	University of Montreal
Kevin Haggerty (PI)	Prairies	University of Alberta

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### Detoxification and Withdrawal Management: Rationale and Team

**Rationale**

- Treatment interventions for opioid use disorder consist mainly of long-term (e.g., opioid pharmacotherapy/treatment) as 'first-line response' options. There are other therapeutic interventions which, for various reasons are offered or practiced in Canada referred to as 'detoxification/withdrawal management' approaches
- Some of these rest on limited evidence-basis and include considerable risk for harms to the patient. Overall, evidence-based guidance on these approaches is currently limited, which this project aims to address and improve

**Approach**

- Conduct a comprehensive environmental scan of current institutional practices and information/evidence-needs related to detoxification and withdrawal management services for opioid use disorders across Canada

Team Member	Node	Affiliation
Jurgen Rehm (PI)	ON	Senior Scientist, CAMH
Brian Rush (CO-I, Project Lead)	ON	Consultant
Keith Ahamad	BC	Clinician, BCCSU
Helen Bouman	Prairies	Clinician, Alberta Health Services
Nikki Bazinoff	ON	Clinician, CAMH
Annie Talbot	Qu-At	University of Montreal
Samuel Hickox	Qu-At	Nova Scotia Health Authority

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### Quebec-Atlantic Node Coordination

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### Drug Checking: Rationale and Team

**Rationale**

- Drug checking is viewed by service providers and by the people who use drugs community as a much needed tool to help reduce opioid overdoses.
- To date, there is little evidence on the impact of drug checking services on drug use behavior and health outcomes including opioid overdoses.

**Approach**

- To facilitate the implementation and delivery of drug checking programs, services already or soon to be implemented will be documented. A set of measures and common outcomes will be developed to facilitate the identification of barriers and useful tools at regional and national levels. Strategies will be developed for knowledge translation and clinical implementation based on regional and national results.

Team Member	Node	Affiliation
Serge Brochu (PI)	Qu-At	Institut universitaire sur les dépendances
Jean-Sébastien Fallu	Qu-At	Université de Montréal
Carole Morissette	Qu-At	Santé publique de Montréal
Pascale Leclerc	Qu-At	Santé publique de Montréal
Dan Werb	ON	St. Michael's Hospital
Nazlee Maghsoodi	ON	International Centre for Science in Drug Policy
Em Pijl	Prairies	University of Lethbridge
Karen McCrae	BC	BCCSU
Kenneth Tupper	BC	BCCSU

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### Expanding Access to OAT ED Initiation: Rationale and Team

**Rationale**

- In many jurisdictions in Canada, first-line OAT medications are not available due to regulatory challenges.
- Primary care physicians outside urban centers are often isolated and reluctant to include OAT in their practices.
- Availability of treatment when most needed is crucial to engage people with OAT.
- Initiation of OAT in the context of emergency visit has the potential to reduce OD recurrence and increase overall access.

**Approach**

- Identify ongoing initiatives in initiating OAT treatment following an overdose event in emergency departments.
- Design a common set of measures and outcomes for use in a common evaluation.
- Design a flexible template to allow programs to join when implemented and contribute to the collection of data across Canada.

Team Member	Node	Affiliation
Janusz Kaczorowski (PI)	Qu-At	CRCHUM
Aaron Orkin	ON	Mount Sinai Hospital
Kathryn Dong	Prairies	University of Alberta
Andrew Kestler	BC	UBC

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## At-Risk Youth/Newer Users Project : Rationale and Team

**Rationale**

- Little is known about youth and newer users' preferences for:
  - ◊ Accessing relevant information and services
  - ◊ Risks for engaging in harmful behaviours
  - ◊ Interventions to reduce harmful behaviours, including initiation of injecting
- Youth and young adults are at high risk for adverse health outcomes, given that non-medical use of prescription drugs typically begins during late adolescence or young adulthood
- Treatment approaches developed for adults may need to be adapted to enhance engagement and retention among younger individuals with OUD

**Approach**

- Scale-up intervention for youth and young adults to address the opioid emergency
- Provide additional evidence and develop guidance for the treatment of OUD among youth and young adults, building on the work already undertaken by the CRISM network
- Design a flexible template to allow programs to join when implemented and contribute to the collection of data across Canada

Team Member	Node	Affiliation
Patricia Conrod (PI)	Qu-At	CHU Sainte-Justine, QC
Sherry Stewart (PI)	Qu-At	Dalhousie University, NS
Joanna Henderson	ON	CAMH, ON
Rebecca Haines-Saah	Prairies	University of Calgary, AB
Danya Fast	BC	BCCSU, BC
Rod Knight	BC	BCCSU, BC

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Questions?

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Project Status

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### Injectable OAT: Projects & Progress

- 1. National IOAT Guideline**
  - Two complementary documents: Clinical Guideline & Operational Guidance Document
  - Anticipated publication date: May/June 2019
- 2. National Environmental Scan**
  - Map number of clinics, patient volume, medication type (HDM vs. DAM), service delivery model
  - Baseline scan: September 2018
  - Next scans: March 2019 and then annual scans for subsequent 4 years
- 3. Research and Evaluation**
  - Shared protocol, questionnaires, and data collection instruments
  - Goal: Generate a national dataset with harmonized measures to inform implementation science outcomes
- 4. Community of Practice**
  - Connect healthcare professionals and service delivery leaders
  - Share resources, case studies, success stories and challenges

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### Nurse-led Models of Care: Projects & Progress

- 1. Scoping review**
  - Academic literature: searched for innovative nursing practice examples
  - Grey literature: review of nursing regulations and post-graduate nursing education
  - Key informant interviews: interviews with nurses and nursing leaders involved in innovative nursing practice, and nursing regulators
    - Initial results presented at CSAM 2018
    - First draft completed, final edits in progress

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### PWLE Engagement Project: Projects & Progress

1. Hosted a leadership group meeting at the 2018 Canadian Harm Reduction conference, Edmonton
  - Group discussed possible research ideas and decided on priorities for their first projects
2. Administered a survey on PWLE experiences working in harm reductions services to 50 conference participants
  - Report drafted
3. Group is pursuing a photovoice project to share their stories of harm reduction, advocacy, and everyday lives of PWLE
  - Publication planned for Summer 2019
4. Partnered with BCCSU podcast project to engage in PWLE storytelling in media

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### Psychosocial and recovery-based programming: Projects and Progress

1. **Scoping review** of the role of psychosocial interventions in treatment of OUD (~300 empirical studies; anticipate report summer 2019)
2. **Survey of relevant programs** across Canada regarding attitudes to and practices of OAT as well as regulatory policies;
  - **Examine questions such as**
    - "who needs psychosocial interventions vs. who actually receives them?"
    - "is access to OAT related to psychosocial program attitudes/practices?"
    - "for those in OAT, what are barriers to obtaining psychosocial interventions?"
    - "for those receiving psychosocial interventions PS, is there access to OAT and if not, how well are needs served?"; "what determines which option patients access?"

**STATUS**

- Survey and sampling frame developed;
- Survey being administered in 7 provinces (Alberta, Ontario, and Quebec; starting soon);

3. **Case studies** of successful programs and process of moving from lack of OAT to provision of OAT.
4. **Documentation** of pathways/models to successful integration of OAT in Canadian psychosocial and recovery-based programs

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### Supervised consumption programs: Projects and Progress

1. Develop a **national SCS guidance document** with associated lay language resources. This resource will support people in the pre-implementation phase, and will include information on service model types, physical SCS layouts, the community consultation process, etc.
  - First draft completed
  - 13 lay language documents and associated infographics drafted
2. Produce **case studies** on novel service models across Canada
  - Working to confirm sites to include in case study research
3. Develop a **national survey** to assess the current state of SCS across Canada, including service model types, staffing compliance, hours of operation, operational challenges, etc.
  - Continued collation of pertinent topics to include in survey

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### Indigenous Peoples Project: Projects and Progress

**Guiding Question:** *What are opioid agonist treatment protocols, strategies, and standards for First Nations clients in community-based and residential treatment centres?*

**Objective:** Development of guidelines for OAT treatment for First Nations in community-based and residential treatment centres.

1. **Engagement with stakeholders** (researchers, clinicians), Elders and Knowledge Keepers throughout the entire duration of the project and formation of working group
  - Series of face-to-face meetings; first meeting March 2019
  - Goal is to understand supports needed for the role of Elders and Knowledge Keepers in facilitating culture-based practices within OAT
2. **Literature review** to highlight and draw from useful literature that demonstrates evidence that can be used toward development of guidelines
  - Complete
3. **Engagement with specific First Nations governed community-based, and residential treatment services providers**
  - First in-person meeting March 2019
4. **Environmental scan** of treatment centres including data collection and sharing of information from literature review
  - Scheduling visits to treatment centres in progress

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### Naloxone Distribution: Projects and Progress

- 1. **Environmental Scan** of current practices in naloxone use and distribution
  - Use key informant interviews and systematic review to answer key questions in naloxone safety, distribution and use to inform national best practices
  - Support outcomes research (including data analysis, literature review, writing/copy-editing, dissemination) for projects related to naloxone distribution

**Status:**

1. Environmental scan and data consolidation completed
2. Scan will be publically launched June 2019
3. Interview and research process for best practice guidelines will begin spring 2019, process to be completed within 18 months
4. Research and evaluation support ongoing throughout project

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### Corrections Project Progress

1. **Evaluating the Impact of Strategies to Prevent Opioid-Related Harms in People who Experience Imprisonment in Provisional Prisons in Ontario**
  - Explore the burden of opioid use disorder, opioid-related harms, and access to treatment for people in provincial correctional facilities in Ontario between 2015 and 2018 using administrative data.

**Status:**

  - Received REB approval
  - Awaiting for approval from the Ministry of Community Safety and Correctional Services and for data access
2. **Pre- and Post-Release Study of Federal Offenders on Opioid Substitution Treatment (OST)**
  - Examine the experience of Canadian federal correctional inmates who are enrolled in Correction Service Canada's Opioid Substitute Treatment program during incarceration as well as post-community release

**Status:**

  - Longitudinal study, with data collected at 3 different time points
  - Interview guide translated
  - REB Submitted- pending approval
  - Anticipated start date into correction sites: Fall 2019

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3. **Examining the Opioid Landscape within Federal Prisons in Alberta**
  - Interviewing both inmates and correctional officers about the impact fentanyl might have had on the prisons which they work or reside
  - Conduct these interviews in three federal prisons in Alberta: Drumheller Institution, the Bowden Institution, and the Edmonton Centre for Women
  - Concerned to understand the organizational, cultural, and logistical factors that might enhance or constrain successes of harm reduction measures

**Status:**

  - Received approval from Correctional Services Canada to conduct research on fentanyl
  - Currently waiting on security clearances from the institutions regarding entry
  - Anticipate starting the interviews in the Fall
4. **An Evaluation of the use of Community Transition Teams to improve health outcomes for individuals recently released from British Columbia Corrections**
  - To develop and utilize harmonized data systems to monitor and evaluate relevant health outcomes (e.g., adherence to opioid agonist treatment, non-fatal and fatal overdose, health care utilization, connecting to continuing services) associated with the use of Community Transition Teams (CTTs) among individuals released from BC Corrections

**Status:**

  - Received provisional ethics approval from YBC/BC Corrections and BCMHSUS- currently working on addressing the provisions
  - Submitted a grant to CIHR grant for additional funding support to scale up the evaluation to all correctional sites within BC

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## Detoxification and Withdrawal Management: Projects and Progress

1. **Environmental Scan** summarizing current practices and information/evidence needs for opioid use disorder-related detoxification and withdrawal management in substance user services across Canada

**Status:**

- 1. System mapping, national inventory of WMS programs, and sampling frame development completed;
- 2. Finalized survey questionnaire tools among leadership team. All materials are currently being translated into French;
- 3. REB submitted and approved;
- 4. Survey is being launched on REDCap- anticipated launch mid July

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2. **Development of Opioid Detoxification/withdrawal Management review and 'Best Practice' Document**

- Conduct a scoping/narrative review of the current evidence on opioid disorder-related detoxification and withdrawal management (including opioid tapering, naltrexone provisions) practices, safety issues, and outcomes, i.e. focusing on therapeutic approaches to opioid disorders that are not geared towards long-term opioid pharmacotherapy treatment,
- Create an evidence-based best practice document on opioid disorder related detoxification and withdrawal management,
- Develop various knowledge translation tools and strategies to engage relevant providers and stakeholders

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## Drug Checking: Projects and Progress

1. **Systematic review** of the implementation of drug checking services for people who use drugs

- What are the effects of implementing DCS on the behaviour of people who use drugs?
- How do DCS contribute to drug market surveillance?
- What models are used in the delivery of DCS? Which models are optimal for client engagement and uptake of other health and social services?

**Status:**

- 24 articles selected for data extraction
- Anticipate report by December 2019

2. **Survey** of existing and soon to be implemented drug checking services in Canada, and re-assess the landscape after 3 years

**Status:**

- English version finalized and integrated to the platform, translation into French almost complete
- Anticipate survey to begin by Spring 2019

3. A **feasibility study** to identify the attitudes of People Who Use Drugs (PWUD) towards using DCS, the models of DCS optimal for delivery as well as barriers and facilitators to implement services

**Status:**

- Protocol finalized, establishment of contacts underway

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### Expanding Access to OAT ED Initiation: Projects and Progress

1. **Rapid systematic review** of emergency department initiation of opioid agonist treatment for patients with opioid dependence
  - What do we know about opioid use disorder treatment, principally OAT, being initiated in the emergency department?

**STATUS**

  - Data extraction completed
  - Anticipate report by December 2019
2. **Survey of emergency physicians' attitudes and practices on prescribing buprenorphine/naloxone**

**STATUS**

  - Survey has been completed and data collected in BC and NB; Data collection is in progress in AB and SK; ethics application for other sites (ON, QC) across Canada
  - Anticipate data analysis by September 2019 and project completion by December 2019
3. **Qualitative interview** to characterize emergency physician perspectives on:
  - Caring for patients with opioid use disorders in the emergency department;
  - Initiating buprenorphine/naloxone in the emergency department; and
  - Providing other interventions for patients with opioid use disorders in the emergency department

**STATUS**

  - Interview protocol finalized and ethics approval received
  - Emergency physicians recruitment in progress

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### At-Risk youth/newer users project: Progress to date

1. **Scoping literature review** to characterize the opioid crisis amongst at risk youth and newer users and identify existing interventions and treatments to address opioid misuse and abuse amongst youth
 

**STATUS**

  - Scoping review of Medline articles via OVID Search strategy elicited 454 articles for abstract/full text review
  - Article characterization phase complete, linking up the fully characterized articles to broader/more general themes in the literature for inclusion in the write-up of the results
2. **Critical gap analysis to survey key service providers on current services available for at-risk youth transitioning to opioid misuse, youth currently misusing opioids, as well as support for families**

**STATUS**

  - Developed a 25 question survey to understand characteristics of current services (e.g. service type/location), types of services currently offered for opioid use, youth & problem areas or 'gaps' in current services • Sent out survey for pilot feedback to 30 service providers in Ontario (mid-March, 2019)
3. **Focus Groups** with different populations of at-risk youth to explore their needs and perspectives in relation to services and programs available, as well as gaps in services
 

**STATUS**

  - Focus groups started in BC and Calgary, recruitment and ethics applications in progress for other sites across Canada
4. **Youth Summit** to inform the development of an implementation strategy to increase access to evidence-based interventions for youth across the country. Will provide service providers and policy makers with a guiding framework for current and future interventions. A meeting in preparation for the youth summit will take place in June 11<sup>th</sup> and 12<sup>th</sup>.

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