



WHAT IS CRISM? CRISM was developed by CIHR, through its Institute for Neurosciences, Mental Health, and Addiction (INMHA) to increase intervention research in substance misuse (SM) or addiction in Canada, by facilitating communication and collaboration among addiction researchers, service providers, decision-makers, and community members. It is a 5-year project, partly modeled on the US National Institute on Drug Abuse's Clinical Trials Network. In September 2015, four regional CRISM Nodes (BC, Prairies, Ontario, and Quebec-Atlantic) began operations. CRISM has been designed to:

1. Identify and/or develop the most appropriate and effective clinical and community-based treatment and prevention interventions for SM and addictions;
2. Provide evidence to enhance treatment and prevention services among service providers and decision-makers; and
3. Support efforts to improve quality of care and quality of life for Canadians living with SM or addictions.

WHY DOES CANADA NEED CRISM? SM or addiction research in Canada has long suffered from geographic isolation, limited communication between health sectors, and delayed implementation of findings at the community level. This has hindered intervention research, knowledge translation, and uptake of evidence into prevention and treatment programs. The CRISM network connects senior-level government and non-governmental organizations with researchers, frontline service providers, community-based programs, and people with lived experience. This is achieved through a multi-tier and interdisciplinary approach to research collaboration from the national level to regional demonstration projects.

WHAT IS CRISM DOING? We are creating long-overdue national and regional infrastructures for clinical, health services, and population health research in SM and addictions. Nationally, and in response to the current opioid emergency, CRISM developed a pragmatic multi-site study known as *OPTIMA (Optimizing Patient Centered-care: A Pragmatic Randomized Control Trial Comparing Models of Care in the Management of Prescription Opioid Misuse)* to provide evidence for innovation in Canadian treatment models. OPTIMA will compare methadone (usual care) and buprenorphine/naloxone-based models of care in treatment programs throughout the country, taking into account shared decision-making and participant preferences for tapering or long-term maintenance therapy. This trial will generate practice-based evidence of direct relevance for front-line service providers, with direct implications for provincial and federal policy development. OPTIMA has created a national infrastructure that can be called upon to conduct future trials in SM and addictions and to provide rapid response to health priorities. At the provincial level, CRISM Nodes are developing independent studies and resources to address regionally identified needs. Select activities to date include:

- Provincial treatment guidelines and policy reports with evidence-based recommendations for opioids including opioid treatment guidelines for BC that are currently being scaled up to reflect national needs. Lower-risk cannabis use guidelines are currently being developed.
- Initiating research addressing overdose prevention and user empowerment, primary and secondary prevention of SM among youth and young adults, addiction, mental health and other comorbidity interventions for high-risk populations including in correctional services, reducing poly-substance use among patients in methadone treatment, improving client retention and engagement in specialty addiction treatment, and animal-assisted interventions.
- Formal consultations and partnerships with regional and national stakeholder organizations as well as drug user advocacy groups on: supervised injection sites, cannabis legalization, methadone maintenance treatment reviews/reforms, overdose interventions, and improved access to care for remote areas and Indigenous populations.

WHAT CAN CRISM DO FOR YOU? Connect you to the expertise of 160 addiction researchers and a very large and growing network of nonacademic stakeholders directly responsible for front-line service delivery and policies for addressing SM throughout the country. CRISM Nodes are building regional communication tools and exchanges to enhance timely uptake, integration, and mobilization of evidence for frontline services while informing policy development, systems planning, and other upstream approaches to health care provision. The Minister is encouraged to utilize CRISM network resources in policy development and planning, for consultation with interest groups, or to address specific challenges.

WHAT DOES CRISM NEED? In an evolving landscape of changes in policy, drug supply, and restructuring of health services, evidence-based interventions provided by the CRISM network will ensure capacity to improve health outcomes for SM and addictions. However, sustainability of the network is paramount in order to scale up successful interventions, enhance continuity of care for clients, and to develop effective prevention, treatment, and recovery initiatives that are both national in scope and regionally relevant.

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