

TUESDAY, JUNE 14TH, 2016

9:30AM- 2:30PM

LAUNCHING THE MARITIMES



Meeting minutes

The Quebec-Maritimes Node's Nominated principal investigator, Dr Julie Bruneau, and Maritimes delegate, Dr Sherry Stewart, invited all Node co-applicants, knowledge users, and supporters to a launch meeting. Updates were provided and future visioning and planning shared.

The Québec-
Maritimes Node of
the Canadian
Research initiative in
Substance Misuse
(CRISM)

*"What has
happened since the
Team grant
application and the
official
announcement in
May 2015?"*

*"What are the goals
for the next 4
years?"*

**DALHOUSIE
UNIVERSITY**
Steele Oceans Building
Room 2-22
1355 Oxford St
Halifax, NS B3H 4R2

Knowledge Exchange

CANADIAN RESEARCH INITIATIVE IN SUBSTANCE MISUSE INITIATIVE CANADIENNE DE RECHERCHE EN ABUS DE SUBSTANCE



CRISM-ICRAS | QUÉBEC
MARITIMES

AGENDA

Date | time 6/14/2016 9:00 AM – 3:00 PM |

Location Room 2184 Marion, McCain Building
6135 University Avenue, Dalhousie University, Halifax

Chairs: Sherry Stewart & Julie Bruneau

Time	Item	Owner
9:00 am	Welcome - Sherry Stewart	Sherry Stewart
9:05 am	CRISM: national and node update and Strategic vision	Julie Bruneau
9:20 am	Maritimes within the Québec-Maritimes Node	Sherry Stewart
9:30 am	Node Research activity and collaborators: updates and introduction	Sherry Stewart
	a. Opiate Substitution Treatment Demonstration Project - Dr. Sean Barrett	
	b. CRISM Demonstration project on Naloxone - Aïssata Sako, Node Project Manager, CRISM	
	c. Direction 180 Naloxone Project – Cindy MacIsaac	
10:15 am	HEALTH BREAK	
10:30 am	Collaborators updates	
	d. Research applied to the youth population – Dr. Selene Etches	
	e. New Brunswick Opiate Treatment clinic updates – Dr. Caroline Brunelle	
	f. Medivie Blue Cross Prescription Monitoring – Kevin Lynch	
	g. Sobey Family Chair in Child and Adolescent Mental Health Outcomes – Dr. Leslie Anne Campbell	
	h. Youth surveys & the Canada Student Alcohol Tobacco and Drug Use Survey – Dr. Mark Asbridge	
	i. Ancillary project with OPTIMA – Dr. Amanda Hudson	
	j. Prevention Research, a CTN/CRISM joint venture – Dr. Stewart	
	k. Additional member updates – Open to all	
11:45 am	Identifying target collaborations - National agenda & integrating the Quebec-Maritimes priorities	Julie Bruneau
12:15 pm	LUNCH	Provided
13:15 pm	Defining the Maritimes vision - Discussion	Sherry Stewart
	a. How do we get there?	
	b. Tracking our progress	
	c. Communication structure	
14:15 pm	Next Steps – Discussion	Julie Bruneau
14:45 pm	Closing remarks & adjournment	Julie Bruneau & Sherry Stewart

Contact details: Jennifer Swansburg; jennifer.swansburg@dal.ca 902-494-3793 (w) 902-222-8338 (c)

Knowledge Exchange

Meeting minutes
Halifax, Nova Scotia

9 am - 3:00 pm
Marion McCain, Room 2184
University Avenue, Dalhousie University, Halifax, Nova Scotia

Attending: Mark Asbridge, Sean Barrett, Julie Bruneau, Leslie Anne Campbell, Charlene Casey-Gomes, Carolyn Davison, Heather Durdle, Selene Etches, Robert Gilbert, Joshua Goodwin, Laura Gough, Susan Kirkland, Julie Kontak, Kevin Lynch, Wanda McDonald, Cindy MacIsaac, Alissa Pencer, Aïssata Sako, Sherry Stewart, Jennifer Swansburg

Conference call: Caroline Brunelle, Ramm Hering, Amanda Hudson

Regrets: Alexa Bagnell, Tim Christie, Linda Courey, Lois Jackson, George Collier, Mary Lynch, Philip Mills

Welcome: Sherry Stewart

Round table: Attendee introductions

Presentation 1: CRISM National and node update and strategic vision (Presentation 1, Appendix 1)

Julie Bruneau (JB)

- Background on CRISM and what it is today.
- Institute of Neurosciences, Mental Health and Addiction (INMHA): the idea of having a Clinical Trial Network (CTN) type network within Canada's mental health and addiction research environment
- CRISM process started 2013-11-06: 12 grants were submitted and 4 nodes were selected: Quebec & Maritimes, Ontario, Prairies, British Columbia
- Implementation of CRISM involved both clinicians and policy makers
- Process is designed to work from the base, to create and develop projects, which have a local and national impact.
- Evaluation of project outcomes will use a Patient-partner model

Presentation 2: Maritimes within the CRISM node (Presentation 2, Appendix 1)

Sherry Stewart (SS)

Identified 5 goals:

- Enhanced coordination to facilitate multi-site addictions intervention research and ensure Maritimes' involvement within CRISM working groups (WG).
 - Randomized Control Trial (RCT): very difficult for small population be part of because of capacity to recruit



- ii. Bidirectional collaboration between researcher and clinical services: short term goal
Integrating research with addictions care model: long term goal
 - Increased KT focus
 - iii. When discussing intervention research the 1st thing that comes up is prevention research and treatment research methods
Enhance collaboration efforts and training initiatives (i.e., Centre for Addictions Research at Dalhousie University (CARD), Dalhousie Faculty of Health Professions, new Graduate certificate program, Nova Scotia Health Research Foundation - Scotia Support Training in Addictions Research)
 - iv. CRISM as a strong training ground – provides the potential for cross-site research training opportunities
 - v. Networking: reducing redundancies, enhancing impact
- Discussion on potentially missing partners/members to the Quebec/Maritime node:
- Recognize the need to have representation from Newfoundland (i.e, Drs. Bruce Hollett, Peter McDougall) and PEI (Rhonda Matters, Chief Mental Health and Addictions Officer)
 - Approach George Collier to perhaps assist in identifying other partners/members

Node Research Activity and collaborator: updates and introduction

Sean Barrett (SB) Opiate Substitution Treatment, Demonstration Project with Quebec and Maritimes

- Update on project preliminary findings suggest pharmacotherapy for opioid dependence is successful but is it sufficient to mitigate misuse issues. Project is identifying whether targeted approach to intervention is better than a one size fits all intervention approach for opioid dependence.

Discussion points:

- Carolyn Davison (CD) asks is pharmacotherapy sufficient and if not, what are the additional needs
- JB: policymakers need more understanding about comorbidity and substance use, which CRISM can assist with
- CD: difficult decision about costs, mental health and addiction. Lack of resources. Adequate measures for assessing treatment outcomes?
- SS: are clinical needs able to properly feed policy?

Aïssata Sako (AS) CRISM Demonstration project on Naloxone (Presentation 3, Appendix 1)

- Overview of Prevention and Reduction of Overdoses – Training On, and Access To, Naloxone (PROFAN), a 2nd demonstration project within CRISM. The PROFAN project, aims to educate opioid users, friends, and family, and train them on how to administer Naloxone with a take-home kit. PROFAN's pilot project focuses on addressing severe drug overdoses through the use of peer involvement.

Discussion points:

- The positive value of prevention programs such as PROFAN
- Cost of kits in Quebec vs. N.S. (\$35 vs \$7). In NS purchasing kit contents through the Provincial health authority contributed to lowering the overall kit cost.

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Cindy MacIsaac (CM) Overview of the status of Direction 180's Naloxone program

- The program's 3 goals: Prevent, Identify, Respond
- Would like to see naloxone kit available to correction facilities
- Provided an overview of the steps taken to gain approval from the Nova Scotia College of Physicians and Surgeons for a medical directive allowing both pilot sites Direction 180 and the NS Health in Cape Breton to distribute kits to people with a history of opioid use without having to see a physician directly. The contents of the kits were procured individually, sunglasses came from China, Vanish Point Syringes, alcohol swabs and practice water ampoules were purchased from a local medical supply company, the naloxone was purchased from the Provincial Drug Distribution Program for \$1.50 an ampoule. All print materials were adopted from the Works in Toronto. Both sites are sharing in the cost of a process evaluation which will be available in the fall of 2016 after the demonstration project is completed. Cindy advised that in her 16 years of working with people who use drugs, this project has had the greatest impact in empowering people who use. Most people have lost someone or have overdosed themselves and express how grateful they are that they have the knowledge and skills to save a life.

Discussion points:

- JB: Next steps for CRISM could be a national recommendation on access to naloxone kits. and national help for implementation
- The positive value of prevention programs such as PROFAN
- Cost of kits in Quebec vs. N.S. (\$35 vs \$7). In NS purchasing kit contents through the Provincial health authority contributed to lowering the overall kit cost.
- SS: Knowledge translation opportunity

Collaborators update

Selene Etches (SE) IWK hospital

- shift needed to an earlier intervention program: 10% of youth who use are receiving an intervention in the past 12 months so we are missing 90%
- Safe prescriber initiative
- Outreach partnerships – under 16, motivational interviewing training, July 7th and 8th.
- Naloxone training, 2 overdose deaths 15 and 18-year-old. Have naloxone training in the homes.
- Need to focus on harm reductions strategies
- Bring motivational interviewing as an alternative to suspension in the school setting
- Need to have clear models of adaptive tools to align with stages of learning and growth
- More research needed involving parents and concurrent treatment with parents
- Funding for a cell and an iPad; benefits of being able to text and update the youth

Discussion points:

- CD: We don't have a monitoring and surveillance system

Caroline Brunelle (CB) Methadone Maintenance clinics, NB

- 900 patients on Methadone: 3 types of distribution:
 1. Pharmacies that dispense
 2. Low threshold high tolerance, very research oriented – evaluation, quality of life, hospitalization for physical and mental health
 3. Comprehensive methadone
- A project completed at the low threshold/high threshold clinic ((latent class analysis of the file coded hospital and clinic records) found:
 - People/ patients that stem from pain conditions respond very well to the program.
 - Upper cluster with more mental health and substance abuse comorbidity responded less to the program.
- A future project planned for the comprehensive clinic will further explore treatment matching to individual characteristic using qualitative and quantitative methods.

Discussion points & Questions:

- Carry and observe practices are different
- Trauma? To what extent do you manage trauma based on personality.
- Anxiety, Female and incarcerated, need more trauma research in this area.

Kevin Lynch (KL) Medavie Blue Cross Prescription Monitoring System overview

- The system monitors the prescribing and dispensing of narcotic and controlled drugs, including methadone maintenance treatment programs, to assist in providing information to prescribers and pharmacists to assist in the reduction of abuse of monitored drugs
- Identify trends and evaluate how they differ
- Tracks reduced and increased usage
- The Prescription Monitoring Program (PMP) closely monitors those prescribing high volumes: 360+ tablets
- Inform physicians of their prescription practices
- Risk scores are attributed to General Physician and communicated with additional prescribing data and best practice information/supports
- Monitoring system captures changes in prescription habits and dosages
- Not currently monitoring benzodiazepines but there are future plans to monitor benzodiazepine
- Track patients immediately after surgery to a few months later to determine if patients remain on prescriptions and for how long.

Discussion points:

- Do you capture demographics?
- KL: Medavie Blue Cross has access to health card information (Ex: of prescribing issues: hydromorphone being prescribed at an age range that is 15 years younger than the median age of patients)
- KL: College of physicians has access to the PMP reporting. PMP cases of concern can be reviewed the PMP Practice Review Committee and/or referred to the College of Physicians and Surgeons.
- KL: The PMP data provides an opportunity to track program/project outcomes and the PMP continues to work a variety of research projects to increase understanding of effective use of PMP programs

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- Marc Asbridge: National study on prescription drug usage is in the works as a result of the new guidelines from the BC College of Physicians.

Leslie Anne Campbell (LC), Sobeys Family Chair in Child and Adolescent Mental Health Outcomes

(Presentation 4, Appendix 1)

- Importance of knowing if an intervention works (i.e., targeting intervention based on outcome measurement)
- Evaluating system performance and enabling treatment planning through the effective implementation of outcome measures
 - Use of electronic data collection (i.e., i-pads useful to capture accurate questionnaire data)
 - Asking what does treatment success look like to you (i.e., patient oriented outcomes)?
 - What are your preferences for treatment?
- Work is ongoing to enhance and use existing measures to evaluate outcome efficacy
- David Lovas (Izaak Walton Killam (IWK) Hospital), working on increasing in ED mental health presentations, in collaboration with patients and families
- Discussed the importance of the SPOR (Network in Youth and Adolescent Mental Health – ACCESS Open Minds)

Questions and comments following presentation:

- Canadian Executive Council on Addictions is working closely with Canadian Center on Substance Abuse (CCSA).
- Information gathering is so important

Mark Asbridge (MA), Youth surveys & The Canadian Student Alcohol Tobacco and Drug Use Survey (CSTADS)

- In Atlantic Canada, we have previously administered the Student Drug Use Survey of the Atlantic Provinces. The last time the survey was administered was 2012. Currently there are no plans to administer the survey in the near future.



Julie Bruneau & Rob Gilbert
Background: Sherry Stewart, working away

- The Canadian Student Alcohol Tobacco and Drug Use Survey (CSTADS) has been administered since the late 1990's (formerly known as the Youth Smoking Survey). This is a national survey funded by Health Canada. Mark Asbridge is the provincial coordinator for Nova Scotia.

- CSTADS focuses on school youth (grades 7-12) and it is administered in classrooms as a survey.

- For this iteration, the province of Nova Scotia has purchased an oversample of Nova Scotia students to obtain a more robust sample. Additional questions can also be purchased.

- CSTAD is working with the CRISM Prairies during this iteration to examine issues related to student preferences for accessing online help tools that may be beneficial for prevention and treatment efforts. Annie Montreuil UQAM – is lead on the project in Quebec

Discussion points:

- we have 2 CRISM nodes working together (i.e., CSTAD, Mark Asbridge & Annie Montreuil) without it being a CRISM initiative but making it a CRISM link.
- Multilevel analysis to be used to analyze CSTAD outcome data
- CD: No budget for Youth and Mental health and addiction
- In-Kind contribution: leverage of people on the ground, implementing facilitation piece, sustaining mechanism
- Is Preventure¹ on the list of approved programs/resources for implementation in schools?
- Take action on something that is evidence informed
- DARE is no longer in schools

Amanda Hudson (AH), Sex gender and addiction, Ancillary project with CRISM

Provided detail on a potential study submitted to the OPTIMA trial – randomized pragmatic trial (**please note, since the June launch the study was successful in being funded through the OPTIMA program).

- The study will investigate whether opiate substitution treatment-related sexual dysfunction affects treatment retention/ compliance, using an ecologically valid design.
- The proposed research will also determine the relative effects of buprenorphine and methadone on sexual dysfunction, and in turn treatment compliance, in women vs. men.

Susan Kirkland (SK), Atlantic Interdisciplinary Research Network for Social and Behavioural Issues in Hepatitis C and HIV/AIDS (ARIN) and REACH

- AIRN started in 2005, currently 240 members focused on collaboration and partnership between people living with HIV/AIDS and HCV, and community-based organizations, researchers and policy makers.
- ARIN is a regional partner with REACH, a nation-wide collaboration for intervention research, participatory evaluation, and applied program science in HIV/AIDS, Hepatitis C, and other sexually transmitted infections.
- AIRN is currently focused on several projects, two are:
 - Examining the drivers of stigma
 - Addiction, harm reduction: understanding the impact of addictions and mental health on those living with or at risk for HIV/AIDS and Hepatitis C Virus (HCV).
- Challenges:
 - regional focus vs national funder
 - Evaluate programs, scale up and sustainability of programs.
- Project: focused on identifying barriers and facilitators to subscribing methadone by family physicians, for non-cancer pain
 - Injection drug user (IDU) + HIV = at extreme risk of death, what are the structural barriers and facilitators of medication adherence
 - Finding interesting qualitative data



Susan Kirkland & Joshua Goodwin

Asked the question: is there overlap between what ARIN does and the role of CRISM?

¹ Preventure is a personality-targeted, teacher-delivered intervention on youth internalizing and externalizing problems: an RCT and intervention program designed by Patricia Conrod & Sherry Stewart.

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Robert Gilbert (RG), Graduate Certificate in Mental Health and Addictions

Update on the new online, Graduate Certificate in Mental Health and Addictions, Dalhousie University.

- The program is focused on providing practicing mental health and addictions professionals with a course that helps address the gaps (i.e., incorporating evidence based theory into practice), and allow professionals working in Mental Health and Addictions comprehensive training to enhance their knowledge and skills in delivering care.
- The program can be completed in 3 terms over 1 years and has adequate flexibility for those working to complete the program in stages and online.

Wanda McDonald (WM), Screening, Brief Intervention and Referral (SBIR)

Mumford and Spryfield collaborative care clinics - March 2015- March 2016

- A demonstration project focused on screening pregnant women and new mothers for substance use and mental health issues. SBIR is an approach designed for prevention, early intervention, and treatment of problem behaviors. It involves screening for a particular problem or problems in non-specialized settings, briefly intervening to support behavior modification, then referring patients for appropriate treatment if necessary.
- This demonstration project focused on pregnant women and new mothers. According to the clinical practice guidelines of the Society of Obstetricians and Gynecologists of Canada (SOGC), 14% of women report that they drank alcohol during their last pregnancy, and 17% report smoking during pregnancy. Another 5% of pregnant women also reported illicit drug use during pregnancy. As many as two thirds of women with substance use problems also have mental health problems (Finnegan, 2013, p. 26). A woman is at the highest risk in her lifetime of developing a new mental illness in the first year after a baby is born. Canadian physicians identify a lack of knowledge and training about the effects of and treatments for substance use during pregnancy as a barrier to providing care. Some physicians feel rushed and are hesitant to screen patients for problematic substance use and mental health concerns because they seem to be beyond the scope of their practice (Wong, Ordean, & Kahan, 2011).
- The primary object was to better understand what tools and supports are required in primary care settings to facilitate uptake of SBIR. A developmental evaluation was conducted and this summarizes responses from key informant interviews:
 - All agreed that SBIR is valuable
 - Time & competing priorities (must find ways to integrate as a 'way of practice' – not an add on)
 - Context is very important – SBIR can be tailored to suit the setting
 - SBIR resources and reminders were helpful to Physicians, residents and nurses – champions make a difference
 - Developing comfort and confidence using SBIR takes time
 - System-level issues: revise prenatal record (PNR), EHR and billing codes

Carolyn Davison (CD), Mental Health and Addictions, Nova Scotia Health Authority

- Highlighted the concerns regarding the number of methadone and other opioid related deaths
 - Could an RCT with providers provide greater insight into the issue of methadone and other opioid related deaths?
- Interested in how to effectively influence the practice of our practitioners in the community and health care settings and increase capacity among primary care providers to provide opioid agonist

therapy (e.g. methadone maintenance)

- Improve the impact of variability in practices and policies
 - Exploring what influences the practice
 - Exploring what influences change in practice behaviours
 - How to influence a reduction in the related stigma?
- Also interested in understanding the research/evidence/value for money on the value and effect of information and communication technologies (ICT) on role optimization for pain and addiction and how ICTs can enable knowledge translation in the optimization of pain and addiction and primary care provider's roles in the delivery of care for patients experiencing chronic pain and/or addiction.

Charlene Casey Gomes (CG), The Opioid Therapy Program at the Mental Health and Addictions Program (Central Zone) Dartmouth Nova Scotia

- The Opioid Therapy Program, Mental Health and Addictions Program (Central Zone) Dartmouth is currently at capacity.
- The clinic is mandated and receives funding to support 180 clients from within the Halifax-Dartmouth Municipality, providing either Methadone or Suboxone treatment, at this time the clinic is supporting 186 clients; a combination of daily witness and carry privilege clients.
- The clinic is currently participating in the Opioid Substitution CRISM demonstration project with Dalhousie University
- The clinic challenges and concerns:
 - The wait time for clients requiring Methadone Maintenance Treatment
 - Health funding restraints

Julie Bruneau and Sherry Stewart (co-led discussion) Identifying target collaborations – National agenda & integrating the Québec

- There are a lot of rich initiatives in NS & Maritimes that have counterparts (i.e., Naloxone), potential project within CRISM to review and provide recommendation(s)
- Common evaluation framework to evaluate pre and post naloxone projects; impacts and outcome
- Main challenge: demonstration that we facilitate access and improved access to care
- Fee codes, who do we partner with? What are the constraints to integrate the naloxone? Willing participant to distribute
- Naloxone should be on the national agenda as the next implementation issue
- Registry for intervention research that includes observational studies, data
- Canadian Institute of Health Research (CIHR) opportunities for dissemination grants
- Matching funding for conferences

Knowledge Exchange

- Cost burden to society of overdose – we need an update as last one was in 2002
- Cost burden to society; potential analysis to facilitate advocacy
- Early intervention focused on treating parents who have anxiety, how does that impact children?
- Preoccupation with Cannabis; help set the Cannabis research agenda
- Do NO HARM – occasion for CRISM to identify its branding: surveillance and monitoring agenda, this type of research should be put forward, identifying a set of outcomes, etc.,
- Marc Ware – Cannabis Registry
- Needs base planning – Canadian Aboriginal Aids Network (CAAN) is an opportunity to humbly recognize that we haven't done much for First Nations project and we need assistance with in this area
- PHAC is developing a surveillance framework –is substance use included?
- Canadian executive council addiction; NADS funding that went into CRISM came from funding that was cut across provinces for mental health programs



*Lunch is served! Leslie Anne Campbell
Background: Wanda McDonald & Rob Gilbert*

Sherry, what role should CRISM have on scientific position?

- National updates on best practices on prescription opioids
- JB: Suboxone prescription guideline (Suboxone different than subutex (France alone))
- Would CRISM writing recommendation go up against other organization mandate?
- Collaborative care & accessible technology = effectiveness
- Limitations of the CRISM network as opposed to the pain network
- CAPA: choice and partnership approach = pretty big social change to try to change the practice of psychiatrist that could be useful without any evidence based data;
- Marijuana??
 - Particular target population? (i.e, people using benzo in OST, could they be treated with Marijuana)?
 - Collaboration with PHAC because we know there is increase in psychotic impacts:
 - Big youth piece: what are the impacts? How are we going to control advertising?
 - Lessons learned from prescription drug availability, tobacco
 - Working on the stigma associated with opioid agonist therapy (training for physicians, exemptions, where the clinics are situated)
 - More opportunities to meet in person
 - Annual meetings
 - Specific meetings
 - Including persons with lived experience at meetings and discussions
- Average Montreal Methadone maintenance therapy patient capacity: 169 (give or take about 10 new cases a month and 10 drop outs either due to death, loss of follow up or transfer to the CRAN or another methadone clinic)
- OST project aims to meet with 20% of the Methadone maintenance patient population in the downtown Montreal area

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Moving forward

June 14th we initiated a conversation that will lead to more opportunities for evidence based research and pilot projects to emerge in the Maritimes. We concluded from the launch that the Maritimes members of the Québec-Maritimes node can contribute to making this node a dynamic research space where all stakeholders in addition interventions and research can effectively design, evaluate and implement projects in a manner that best serves persons living with substance misuse.

The Maritimes team will next work on the formation of working groups focused on the priorities that were identified at the June launch. We will be sending invitations to Maritime node members to ask for their attendance at this session. To make this process more efficient one representative of each stakeholder group will be represented at this session. An outline of the working groups will be forwarded in the next few weeks, the coordinating core welcomes your input in helping with the planning.

Thank-you to all who were present, and those unable to be present, but who manifested interest in being involved with the launch. The exchange has been great and we look forward to your involvement in this very exciting network.

Sherry Stewart

Québec-Maritimes node – Maritimes Coordinating Core

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