

TUESDAY, JUNE 14TH, 2016

9:30AM- 2:30PM

LAUNCHING THE MARITIMES



Meeting minutes Appendix

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

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

Presentation 1

CRISM: National and Node Update and Strategic vision: Julie Bruneau



MARITIMES LAUNCH
Dalhousie University
 Halifax, June 14, 2016

**CRISM NATIONAL AND NODE
 UPDATE & STRATEGIC VISION**

Julie Bruneau, MD, MSc
 Node Principal Investigator



Canadian Institutes of Health Research

Neurosciences, Mental Health and Addiction

Research in Addiction

Canadian Research Initiative in Substance Misuse (CRISM)

The CIHR Institute of Neurosciences, Mental Health and Addiction has launched phase 1 of the Canadian Research Initiative in Substance Misuse (CRISM).

Intervention for substance misuse is a pressing and complex health issue that requires evidence-based approaches, an understanding of the biological, psychosocial and social factors and an acknowledgement of the important impact of cultural and societal contexts in order to be truly effective. Many intervention modalities exist and are known to have associated results, yet they have not been widely implemented. CIHR/INMHA is thus developing CRISM, a national research consortium in substance misuse. This consortium will be unique for substance misuse research in Canada in that it will focus on translation and implementation and be cross pillar in nature. CRISM is modeled after the National Institute on Drug Abuse's Clinical Trial Network.

CRISM will be jointly funded by the CIHR/INMHA and the funding it receives through the National Addictive Drug Strategies. CRISM will be developed via a three phased funding approach:

1. Development Grants to build teams of academic researchers and service providers around common projects in substance misuse (30 months).
2. Team Grants to establish nodes of research including shared infrastructure between researchers and service providers. Only successful applicants from the development grant competition will be invited to apply for the team grant funding opportunity. (to be launched)
3. Operating Grants for nodes to work together on national studies for substance misuse. Only successful Nodes will be invited to apply for these funding opportunities. (to be launched)



MultiPart: 2013-11-08

UNIQUE RESEARCH CONSORTIUM

- Unique for substance misuse research in Canada in that it will focus on translation and implementation and be cross-pillar in nature
- 4 regional nodes: British-Columbia, Prairies, Ontario, Québec-Maritimes
- Demonstration projects to be integrated in the original proposal to initiate collaborations
- Current Funding (2015-2019):
 - Team Grants to establish Nodes of research including shared infrastructure between researchers and service providers.
 - Operating Grants for Nodes to work together on national studies for substance misuse.

THE QUEBEC MARITIMES NODE

60+ members

THE FOUNDATION OF THE QUÉBEC-MARITIMES NODE

- Merge of regions: Maritimes and Québec; Prairies
- Common priorities despite some language challenges; numerous ongoing and potential collaborations
- Demonstration projects: built to foster collaborations – interdisciplinary and across the node
- Build research capacity and competitive projects
 - Mobilization of researchers and partners
 - Identification of strengths, needs and opportunities
 - Building a strong and efficient support platform
 - Building communication tools and exchanges

NATIONAL DIRECTION AS OF 2016

- Built initially to mirror the Clinical Trial Network of NIDA (with Canadian identity)
- Consortium that becomes autonomous and viable from CIHR and other federal funding;
- Position itself as the consortium of academic, clinical, service providers and community experts on substance misuse;
- Strengthening experts capacity to leverage funds for Addiction research intervention research within and outside of CIHR competition
- CRISM branding of evidence-based research and policy;
- Implementation
- Guidelines

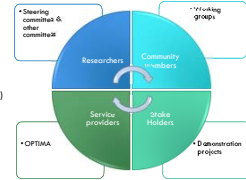
CRISM: National and Node Update and Strategic vision : Julie Bruneau

PREScription DRUG ABUSE INITIATIVE

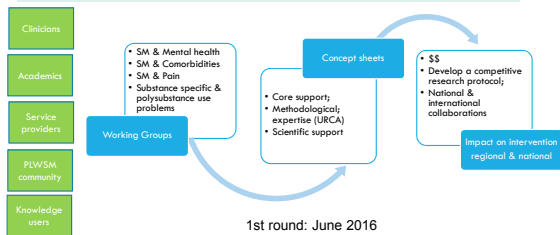
- Optimizing patient centered-care: a pragmatic randomized control trial comparing models of care in the management of prescription opioid misuse (OPTIMA Study)
- Model of care tested support patient-provider shared decision-making processes and flexibility to increase # patients that stay in treatment
- Improve retention in treatment and treatment outcomes.
- Adding the possibility of ancillary studies to the main study

NODE INFRASTRUCTURE

- Operations and projects coordinator core
 - Montreal and Halifax offices
- Research development support
 - (Working Groups , Research Development Program)
- Protocol development support
 - (Scientific writing, Working Groups, URCA Conferences)
- Leveraging
 - (ancillary studies, CTN, PIVOT)
- Clinical research capacity
 - (national& international; links with CTN NIDA)



RESEARCH & PROTOCOL DEVELOPMENT



COMMUNICATION & REACH

- Website: www.qmcrism-icras.com
 - (will be live 09.2016)
- Newsletter: eCrim
- Node conferences:
 - June 2016
 - September 2016
 - Members project



THANK YOU!!

Julie.bruneau@umontreal.ca

Sherry Stewart, Maritimes Delegate

Coordinating core

Aissara Sako

Research operations and project manager

aissara.crim@gmail.com

Jennifer Swansung

Node coordinator for the Maritimes

jennifer.swansburg@dal.ca

Presentation 2

Maritimes within the Quebec- Maritimes Node: Sherry Stewart

STRATEGIC VISION FOR MARITIMES



Presented by Dr. Sherry Stewart, June 14, 2016

INSTITUTIONS 1997-2004



Source: Bibliometric Analysis on Addictions Research in Canada (Observatoire des Sciences et des Technologies, UQAM)

INSTITUTIONS 2005-2011



Source: Bibliometric Analysis on Addictions Research in Canada (Observatoire des Sciences et des Technologies, UQAM)

FIVE GOALS



1. Further increase Maritimes' productivity in Addictions Research by using our positioning within CRISM Quebec-Maritimes Node to facilitate involvement in **multi-site addictions intervention research**

- Develop more cross-national collaboration
- Increase involvement of Maritime researchers and/or clinics in larger-scale **multi-site addictions interventions trials**
 - **Intervention is broadly defined** (includes public health intervention, prevention)
 - Research methods goes beyond traditional RCT
- Ensure Maritimes' involvement within working groups – examples:
 - S. Stewart involvement on comorbidity working group
 - M. Lynch involvement in pain & addiction working group

FIVE GOALS



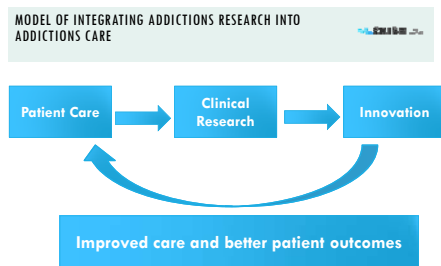
2. Short-term: Enhance **bidirectional collaboration** between Maritime addictions researchers and service providers; Long-term: Adopt model of **integrating research within addictions care**

- CRISM objective
- Research topics should be informed by **clinical need** as well as investigator interest and expertise
- Increased focus on **KT to practitioners**; investment of practitioners in outcome
- Increase **penetration** of research findings into clinical practice

BIDIRECTIONAL COLLABORATION



Maritimes within the Quebec- Maritimes Node: Sherry Stewart



Source: K. Cozice (June 2016) "Inexpensive, clinically-relevant research in the field of substance use." Symposium presented at the Canadian Psychological Association Annual Convention, Victoria, BC.

FIVE GOALS

3. **Strong training ground** for scientists and practitioners with expertise in addictions and mental health/addictions comorbidity and evidence-based practice

- Train in **state-of-the-art** addictions intervention research techniques
 - e.g., prevention and treatment research methods such as trials methodologies, assessment methods, outcomes research methods, systematic reviews
- Potential for cross-site training initiatives within or across Nodes
- Explore collaborations with existing training initiatives
 - CARD multidisciplinary course in addictions for graduate students, PDFs
 - NSHRF Scotia Support Training in Addictions Research (Stewart, Barrett)
 - Dal FHP New graduate certificate in mental health and addictions

FIVE GOALS

4. Enhance opportunities for Maritimes involvement in **international** addictions intervention research **collaborations**

- CRISM modelled after NIDA Clinical Trials Network (CTN)
- Big Difference: Canada = 4 nodes; US = 14 nodes
- Many multi-site trials will require more than 4 sites
 - Potential for collaboration between CRISM and CTN
 - Potential for exploring joint funding

FIVE GOALS

5. **Networking** to enhance awareness of related initiatives and promote collaboration

- Can reduce redundancy and maximize impact
- Some examples:
 - K. Lynch – prescription monitoring and implications for addictions intervention research
 - M. Asbridge – student drug use surveys and implications for addictions intervention research
 - L. Jackson – liaison to REACH (S. Kirkland to report)

FIVE GOALS ONLY SUGGESTIONS!

Question:

What is YOUR vision for the Maritimes' role in Quebec-Maritimes CRISM Node?

CONTACTS

Dr. Julie Bruneau, CRISM Quebec-Maritime Node Lead
Julie.bruneau@umontreal.ca

Dr. Sherry Stewart, Maritimes delegate to executive
ssewart@dal.ca

Coordinating Core


Aissata Saiko, Research Operations and Project Manager

Aissata.crism@gmail.com

Jennifer Swansburg, Node Coordinator for the Maritimes

Jennifer.swansburg@dal.ca


Presentation 3
CRISM Demonstration Project on Naloxone: PROFAN: Aissata Sako



CRISM-ICRAS | QUÉBEC MARITIMES
Centre de Recherche en Intervention de
 Prévention des Addictions

MARITIMES LAUNCH
Dalhousie University
Halifax, June 14, 2016

DEMONSTRATION PROJECT 2:
PROFAN | Aissata Sako
 Québec-Maritimes Node
 Project Manager



DEMONSTRATION PROJECTS

- AIM from team grant: Implement activities that will increase research capacity and facilitate knowledge translation (KT), through demonstration projects relevant to the Node's initially identified priorities to supported the enhancement of prevention and treatment services.
- CRISM principal applicants, co-applicants and partners, developed a pilot project (PROFAN) to address recent severe drug overdoses through the use of peer involvement.

PROFAN



The graphic features the text "got naloxone?" in a stylized font above an illustration of a person lying on the ground, with a hand holding a syringe nearby, symbolizing an overdose and the need for naloxone.

PROFAN


- Prévenir et Réduire les Overdoses Former et Accéder à la Naloxone
- The main objective of PROFAN is to prevent deaths due to overdose by facilitating access to Naloxone, an agonist medication which counteracts the effect of opioids.

PROFAN is part of a larger, regional overdose prevention plan developed by the *Direction de santé publique de Montréal*.

PEER TO PEER TRAINING

*training sessions will be provided by peers (from Méta d'Âme), in collaboration with nurses (from the Cran). Project partners, like peers and members of community organizations, will be involved in the recruitment of participants for the training program.

- Program is aimed at three target groups:
 - 1) current or former drug users
 - 2) close friends, family or partners of drug users
 - 3) community workers
- RN training in New York & Philadelphia
- 6 hours training that include CPR certification;
- Questionnaires



The diagram shows three stylized human figures in a circle, with arrows indicating a clockwise flow between them, representing peer-to-peer interaction.

NALOXONE KIT

- 3 sterilized needles 3ML (retractable intramuscular injection)
- 2 viles 1 mL de NALOXONE HCL 0,4 mg/ml
- 2 alcohol pads
- 1 pair of gloves
- 1 CPR mouth piece
- Instructions
- Reminder to call 9-1-1
- Follow up questionnaire
- Available in 3 pharmacies for Rx



The image shows the contents of a Naloxone Kit: a 3ML retractable needle, two 1mL vials of Naloxone HCL, alcohol pads, gloves, a CPR mouth piece, and a printed instruction sheet.

RESEARCH



- **Objective:** to evaluate the perspectives of peer-trainers and participants on the program and assess their knowledge acquisition.
- **Methodology:** Peer-trainers (n=5) and participants (n=113) consulted through focus groups and self-administered questionnaires on:
 - 1) training received (what was appreciated; what could be improved)
 - 2) knowledge acquisition, by comparing results on overdose detection and the administration of naloxone before and after training.

MORE INFORMATION



- Méta d'ame <http://metadame.org/profan-formation-naloxone/>
- Direction de la Santé publique de Montréal
- Centre de recherche et d'aide pour Narcomanes(CRAN)
- CRISM Pls: Michel Perrault & Guy-Pierre Lévesque



THANK YOU!!

julie.bruneau@umontreal.ca

Sherry Stewart, Maritimes Delegate

Coordinating core

Aissata Sako

Research operations and project manager

aissata.crism@gmail.com

Jennifer Swansburg

Node coordinator for the Maritimes

jennifer.swansburg@dal.ca

Presentation 4
Child and Adolescent Mental Health Outcomes Research: Leslie Anne Campbell

June 14, 2016
Leslie Anne Campbell, PhD, RN

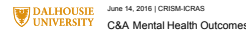
Child & Adolescent Mental Health Outcomes Research



Sobey Family Chair

Work with the IWK MHA Program to:

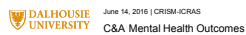
*...ensure that each child, adolescent,
and family receives the best possible
mental health care...*



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C&A Mental Health Outcomes

What is the best possible
care?

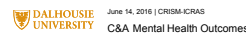
How do we know this treatment will work
for this young person at this time, in this
way?



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C&A Mental Health Outcomes

Why outcomes?

- Emotions, behaviours, attention, hyperactivity, peer relationships
- Home life, friendships, classroom learning, leisure activities



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C&A Mental Health Outcomes

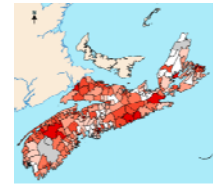
Routine Outcome Measurement

- Electronic data capture
- Immediately useful in the clinical setting
- Identify treatment effectiveness
- Available for program planning
- Patient/family preferences



Health Service Outcomes

- Emergency Department use for mental health concerns
 - Patient/family engagement
 - Systematic review
 - Small area rate variation



Information

- ROM
- Administrative health databases
- Justice, Community Services, Education
- Patient/family contributions
- Collaboration!

Presentation 5

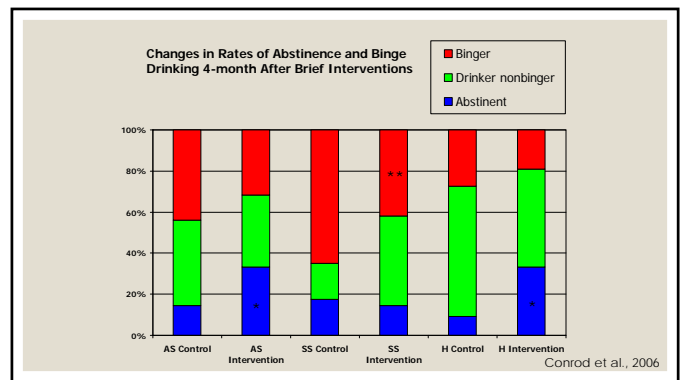
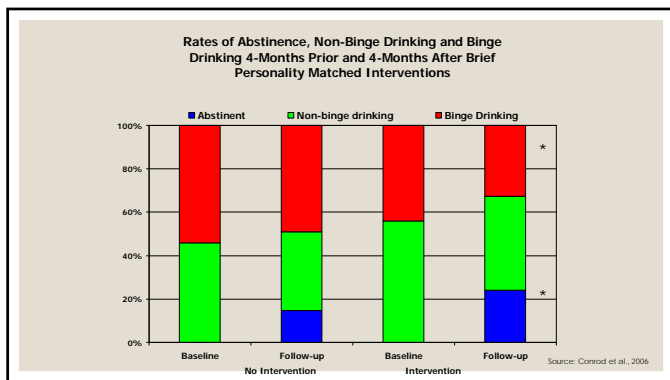
Prevention Research: a CTN/CRISM joint venture: Sherry Stewart

SCALING UP ACCESS TO PERSONALITY-TARGETED INTERVENTIONS FOR YOUTH AT RISK OF SUD'S IN CANADA AND THE US: A HYBRID EFFECTIVENESS-IMPLEMENTATION FACILITATION TRIAL

A Proposal by
 Patricia Conrod & Sherry Stewart (CIHR CRISM Quebec-Maritimes Node)
 John Rostrosen (NIDA CTN – Greater NY Node)

Background

- Four personality risk factors
 - Anxiety sensitivity (fear of arousal sensations)
 - Risk for depressant drug use/misuse (alcohol, sedatives, opioids) and anxiety-related disorders
 - Introversi-on-hopelessness (pessimism: depression-prone)
 - Risk for analgesic drug use/misuse (alcohol, opioids) and mood disorders
 - Sensation seeking (preference for novel, intense experiences)
 - Risk for alcohol and cannabis misuse
 - Impulsivity (tendency toward immediate action without forethought)
 - Risk for stimulant misuse and externalizing psychopathology
- Prevention Program
 - Targeted brief CBT intervention developed in NS and BC
 - delivered in schools to adolescents with personality-risk factors for substance use disorders
 - shown to be remarkably effective in reducing and preventing uptake of illicit substances and binge drinking in several RCTs (e.g., Conrod, Stewart et al., 2006)



Rationale

- Despite the strong evidence base for Preventure from efficacy trials, personality-targeted interventions are not widely implemented in schools or the community
 - This poor penetration is often the case in drug and alcohol prevention
- Prevention has been demonstrated efficacious in Canada, UK, Netherlands, Australia
 - Never tested in the U.S.
- Prevention has been shown efficacious in reducing most forms of substance use
 - It has yet to be evaluated with respect to its impact on prescription drug misuse in youth

Aims

- To examine the impact of the evidence-based Preventure program when implemented more broadly across communities in Canada and the United States
- To test **effectiveness** of program implementation when delivered through a **train-the-trainers model**
 - Primary outcomes: cannabis use and binge drinking in high personality-risk adolescents
 - Novel secondary outcome: prescription drug misuse outcomes
- To evaluate whether outcomes can be enhanced through an implementation facilitation (IF) intervention
 - IF addresses identified barriers to implementing evidence-based youth programs in communities/schools
 - Outcomes: population penetrance, implementation quality, sustainability

Design



- **Hybrid** effectiveness-implementation facilitation trial
 - Follows recommendations to increase pace of KT in behavioral trials research (Curran et al., 2012)
- 54 high schools will be randomised to one of **three intervention conditions**:
 - (a) treatment as usual (TAU);
 - (b) standard Preventure training (PT); or
 - (c) Preventure training with an implementation facilitation package (PT+IF)
 - IF component will include involvement of local youth in program promotion, ongoing coaching and regular supervision sessions for group facilitators, use of performance metrics (e.g., Patton et al., 2016).

Methods



- Lead site will train 6 expert trainers
 - each based at a different Node within the NIDA-CTN and CIHR-CRISM Networks
- Nodes will recruit 9 schools each
 - Schools randomised to one of three intervention conditions (3 schools/per condition/per site)
- Expert trainers will train school staff to implement one active intervention (PT or P+IF)
 - In active treatment schools, interventions delivered to all high-risk students in grade 10
- ~45% will show elevated personality risk making them eligible (Intent-to-treat sample)
 - each school will screen ~100 students at baseline
 - ITT sample will include ~2430 high personality risk youth (i.e., 45 x 9 x 6).
- Students will be assessed every 6 months for two years post intervention
 - via school-based computerised assessments

Outcome Measures

- **Effectiveness Component**
 - **Primary outcomes**
 - Reducing cannabis use and preventing onset of cannabis use
 - Reducing binge drinking and preventing onset of binge drinking
 - **Secondary outcome**
 - Preventing onset of non-medical prescription drug use (NMPDU)
 - includes stimulant, sedative, analgesic misuse
- **Implementation Facilitation (IF) Component**
 - **Primary outcomes**
 - percent of total high-risk sample who received intervention
 - quality of intervention delivered
 - likelihood intervention was delivered to subsequent grade 10 cohorts



Importance



- Considering demonstrated impact of Preventure on youth alcohol and illicit drug misuse (e.g., Conrod et al., 2006), this study has the potential to:
 - (a) reduce uptake of illicit drug use (including cannabis, binge drinking, and prescription drugs misuse among hundreds of high risk youth by up to 50%; and
 - (b) rapidly test a model of large-scale implementation that could be applied to other areas of addiction intervention research through the CRISM and CTN networks
- Would be first collaboration of CRISM and CTN networks and first prevention trial supported by either network

Next Steps

- Concept sheet created and being circulated
- **Need to secure funding**
 - CTN, NIDA grant mechanisms (NIH), CIHR grant mechanisms
 - Other potential sources: Foundations
- **Identify willing nodes**
 - Nodes recruit willing schools
 - Schools recruit willing staff for implementation

QUESTIONS & DISCUSSION

E-Mail: sstewart@dal.ca