



Adult Substance Use System of Care Framework

A Technical Policy Document to Support
Health Systems Planning



Ministry of
Mental Health
and Addictions

December 2022

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Executive Summary

Substance use harms have profound impacts on the health and wellness of our communities, families, friends, and loved ones. Illicit drug poisonings have increased dramatically in recent years, and as of August 2022 at least 10,326 people in British Columbia have been lost to the illicit drug supply since the public health emergency was declared in April 2016. People throughout the province are working hard to save lives, and the Provincial Government has made historic investments in prevention, treatment, recovery, and harm reduction services; however, the harms caused by substance use continue, and there is more work to be done.

As a priority action in *A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia*, this Framework articulates a shared vision for what the system of care could be. It outlines the foundational elements and services required to build an adult substance use system of care and further identifies priority opportunities for how those elements can come together to ensure that the system of care meets the diverse needs of people across British Columbia.

The Framework draws upon significant research, analysis, and consultation with partners and stakeholders from across the substance use system of care and beyond. Acknowledging the importance of the social determinants of health in addressing substance use harms, an integrated approach is needed to strengthen the connections between the health system and other systems, including housing supports, income assistance, family resources, community care, and others.

PRINCIPLES OF THE IDEAL SYSTEM

- Actively Anti-Racist
- Adaptable
- Collaboration-Based
- Cultural Safety and Humility
- Equity
- Evidence-Informed
- Person and Family Centered
- Recovery Oriented
- Reducing Harms
- Stigma-Free and Discrimination-Free
- Healing-Informed

This work is grounded in a set of guiding principles that are goal-oriented and reflect the values and aspirations for the system. To ensure that the system is guided by these principles, it must be built on structural elements - or building blocks - that work together as a cohesive system to support people to achieve their goals. Service options must be grounded in the best available evidence, and this evidence should be available to all partners in the system of care. The system will also rely on a skilled, capable, and fully resourced workforce to ensure people can receive the care they need. Coordination, integration, and information sharing between services is vital to creating an integrated system.

The ideal system of care will meet peoples' needs at every point along the continuum. Prevention and early identification will help stop or minimize substance use harms before they occur. Screening and assessment will ensure the system identifies people at risk and connects them to care and treatment as needed. Crisis response and harm reduction services will save lives and offer additional pathways into treatment and support. Health promotion and recovery supports will help people reach and maintain their self-determined goals.

To ensure the system can meet people's individual goals, needs, and circumstances, it is vital that a variety of core services are available to everyone who needs them. From bed-based treatment to harm reduction services, people must have access to the right support to meet their needs. A broad network of substance use clinicians, outreach teams, peer and family support workers, and substance use counsellors must be available to assist people who are at risk of harms. Throughout the system, skilled system navigators must be ready to connect people to the supports and resources they need, ensuring seamless and connected care so that people are not left behind.

Building the System

There is a wide array of services across the province working to support people struggling with substance use; however, data and evidence is telling us that individual initiatives and localized solutions are not enough. Strengthening individual components of the system will not result in the profound transformation required to achieve our vision of a substance use system of care.

To be successful, it is critical that we take a system-level approach, designing and building strategic care pathways that link existing components of the system together to create a unified, cohesive network that enables people to move across the continuum of care to access the services they need, when they need them.

Existing care pathways for other health conditions show how the system can work. Right now, our provincial health care system supports regular screening for cancer. If someone receives a positive diagnosis, they are directed to the services and treatment options they need (e.g., radiation therapy, surgical interventions). People may need to try different treatment options, and may require multiple rounds of treatment, but care pathways enable them to remain connected to care throughout. As a health condition, substance use should be approached with similarly well-defined pathways and with the same compassion and lack of stigma afforded to other chronic and complex challenges.

Functional care pathways rely on clear intake and access points, centralized service providers, person-driven goal setting and planning, seamless transitions between services, and harm reduction services integrated into every point along the continuum of care. People's care pathways are often not linear, and the system must make room for people to seek multiple episodes of treatment, try diverse options, or seek no treatment at all, without becoming disconnected from the system of care. Substance use specific services must be fully connected with holistic supports to address each person's unique social, cultural, health, and mental health needs.

What We Heard – Opportunity Areas

Through extensive consultation with our stakeholders and partners, key themes emerged that offer insight into specific areas for focus (see Appendix A). As we work to design and build a unified, cohesive system of substance use care, there are opportunities to consider these specific system and service-level gaps and challenges identified by our partners.

Table 1 – Areas of Opportunity

Service Gaps	Work to bridge service gaps in the substance use system of care, ensuring that the system has capacity to offer timely access to a wide array of substance use services and supports. Ensure that social and other services are available to address the need for housing, mental health, or other supports.
Choice and Autonomy	Empower people to make care choices that best reflect their wellness needs and goals. Enhance service equity for diverse and marginalized populations, in particular Indigenous peoples.
Prevention and Early Intervention	Improve prevention and intervention in the adult population through education and awareness campaigns, partnerships with workplaces and post-secondary institutions, and increased screening, assessment, and early treatment.
Illicit Drug Toxicity	Work to separate people from the illicit toxic drug supply through initiatives like prescribed safer supply. Provide harm reduction services and supplies to those who continue to use the illicit toxic drug supply and continue to expand care options such as Opioid Agonist Treatment (OAT).
Indigenous Cultural Safety	Empower Indigenous peoples to exercise self-determination by involving Indigenous partners at all levels of the substance use system of care, improving cultural safety and humility among care providers, recognizing the importance of Indigenous ways of knowing and healing, and incorporating these into the system of care.
System Navigation and Transitions	Improve system navigation for people who use substances by ensuring access to skilled system navigators, provide transition supports to assist people transitioning across systems or services, develop population-specific resources to support youth transitioning to adulthood, and ensure that care providers are proactively engaging in aftercare and ongoing recovery planning.

Table 1 – Areas of Opportunity

Stigma	Continue to support public awareness campaigns to increase public understanding of people who use substances and address structural stigma within the system of care.
Training and Workforce Development	Create recruitment and retention strategies in the substance use system of care, provide up to date training and knowledge mobilization to care providers both inside and adjacent to the substance use system of care, and empower a community-based workforce to enable people to be supported by people in their community.
Standards and Quality Measures	Develop and implement consistent standards across the substance use system of care, establish system quality measures, and ensure ongoing progress monitoring.
System Planning and Funding Structures	Promote collaborative system planning and policy development, prioritize funding structures that ensure sustainable, consistent, and equitable funding allocation, and explore and pursue opportunities for joint funding.

How This Will Be Used

This Framework describes a shared vision for policy makers and health planners to continue government's efforts to build a system of adult substance use care that ensures people receive the help they need, when and where they need it. The Framework is not an action plan, but rather a technical policy document intended to guide the efforts of policy makers and system planners. Implementing the vision outlined in the Framework will require significant, long-term collaborative effort from all partners in the system; however, drawing on the wisdom, expertise, skills, and passion of the many organizations and individuals that make up the substance use system of care, we know we can work together to achieve a system of care that is there for those who need it.



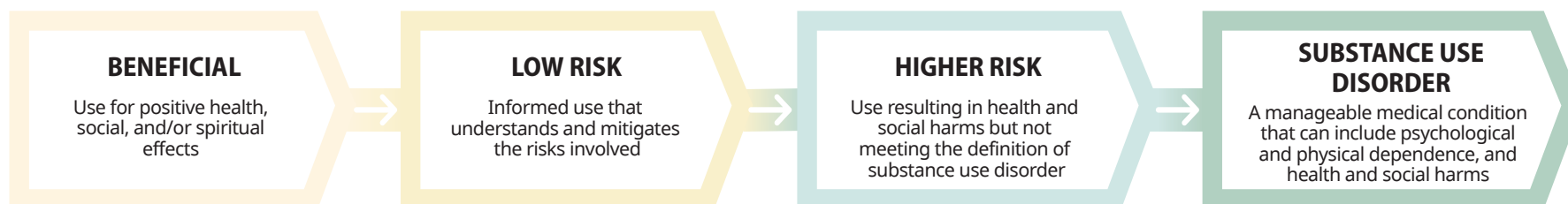
Acknowledgements & Contributors

This Framework was developed by the Ministry of Mental Health and Addictions (MMHA) in close collaboration and consultation with over 300 partners and contributors from across health and social sectors. We thank all of our partners who contributed their valuable expertise to this work, including: people with lived and living experience of substance use, their families, and members of communities who experience disproportionate harms associated with substance use (LGBTQ2S+, Indigenous peoples); service providers, clinicians, and social sector partners that serve these populations; and, leadership from the Ministry of Health, the Ministry of Social Development and Poverty Reduction, the Ministry of Indigenous Relations and Reconciliation, the Ministry of Public Safety and Solicitor General, the Attorney General and Minister Responsible for Housing, the Ministry of Children and Family Development, and the Ministry of Advanced Education and Skills Training.

Purpose

Since 2017, MMHA has been working with our partners to build a coordinated, integrated, and interdisciplinary substance use system of care. In 2019, MMHA released *A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia*, which included a series of priority actions. Among those was a commitment to develop a shared policy Framework that articulates an overarching vision for a substance use system of care. The B.C. Adult Substance Use System of Care Framework (the Framework) was developed in response to this commitment, providing strategic direction and guiding future policy making and investment planning. Intended for use by policy makers and system planners, the Framework will guide the work of MMHA in collaboration with our partners across government, health authorities, and in communities as we build B.C.'s adult substance use system of care.

Figure 1: Continuum of substance use from beneficial to harmfulⁱ



Scope

The Framework focuses on the problematic end of the spectrum of substance use (Figure 1), addressing substance use-related harms and challenges experienced by adults as they engage with the system of care. While there are many psychoactive substances that people may use, this work is focused primarily on the harms associated with alcohol, opioids, stimulants, and polysubstance use. The focus on these substances is based on several factors, including prevalence rates, associated harms, current gaps in our system of care, and opportunities for innovation and emerging practices. However, while the Framework focuses on these substances it can provide support to people no matter what substances they are using (e.g., cannabis).

The substance use system of care that is available to adults is distinct from that which is available to children and youth. For this reason, although problematic substance use often begins in adolescence, or is linked to experiences that occur at a young age, the scope of this Framework is limited to adults; however, young adults for whom adult services are most appropriate may be included. While not in scope, this Framework is also aligned with other policy and system planning activities on developing and enhancing the mental health system of care, as well as child and youth mental health and wellness.

The scope of this work is limited with respect to the inclusion of prevention and health promotion

activities. There is extensive work underway within B.C. to improve the reach of upstream prevention and promotion activities, including through cross-government work on legal substances like alcohol, cannabis, and tobacco, or early years supports for young children and their families. While the Framework is designed to align with these initiatives, the focus is on the problematic end of adult substance use and most primary prevention initiatives are considered out of scope for this work. Instead, the Framework is focused on specific opportunities related to secondary and tertiary prevention (e.g., expanding screening for substance use-related harms for adults; building care pathways to support long-term wellness and health goals for adults; preventing additional health harms related to substance use). This Framework also considers health promotion opportunities outside of the health system by looking at intersections with social determinants of health, such as housing, mental health, income stabilization, trauma, belonging and connection, and resiliency.



Introduction

The toxic drug crisis in B.C. has claimed thousands of lives and presented an unprecedented challenge for the province's substance use service infrastructure. While innovative programs and investments have strengthened treatment, recovery, and harm reduction services in recent years, the toxic drug crisis has highlighted system-wide and service-level gaps that have existed for decades. In its current form, B.C.'s substance use system of care remains fragmented, difficult to navigate, and inaccessible to many who need support. This Framework articulates the foundations required to address current structural gaps in the adult substance use service system and build a system capable of meeting the needs of people across B.C. There are three main sections to this Framework:

Context: Describes the value of this Framework, explores issues relating to adult substance use in B.C., and describes the current state of our system of care, including gaps and where work to strengthen it is already underway.

A Shared Vision – The Ideal System of Care: Lays out our vision for a strong, integrated, and accessible substance use system of care that addresses the diverse needs of the adult population. This section outlines the key components and core services that make up the system, and details how the system can function.

Moving Forward – Opportunity Areas for Building the System of Care: Summarizes the feedback, ideas, and input identified by our partners, both for the high-level system transformation required, as well as specific service gaps and areas of opportunity.

This Framework is one piece of a longer journey to build and support a system of care that is adaptable and meets peoples' needs as the context of substance use in B.C. evolves. As we move forward, we will continue to work with our partners to identify new opportunities and priorities.



Context

Why This Framework?

B.C. has taken significant, unprecedented steps to strengthen the substance use system of care, but we know there is more work to do. While the Province has embraced novel programs and innovation and made historic investments to implement new and expanded services, people are still struggling to access quality substance-use specific services as well as other forms of support needed to cultivate health and wellness.

As we continue to build our ideal system of care, this Framework represents a shared vision we are working towards. The Framework was developed through extensive research, analysis, and engagement and consultation, with input and collaboration from organizations and agencies across sectors including health care, housing, and other social sector partners. For a summary of the engagement and consultation see Appendix A.

In contrast to past work that has often focused on clinical recommendations for health system transformations, this Framework considers how to better integrate the health system into other systems of care to support the social determinants of health. All sectors and systems have a role to play in addressing substance use and building the system of care requires focusing on health services alongside housing supports, income assistance, family resources, and community care. This Framework also emphasizes the importance of person-centred choice and autonomy, acknowledging that everyone's wellness journey is distinct and our system needs to allow choice based on individual needs and preferences.

While significant progress has been made towards building a system of care that meets the needs of people in B.C., the Framework provides an overarching vision and offers guidance as we continue to move towards the ideal system.

MOVING TOWARDS A SYSTEM WHERE...

- Appropriate supports are available to identify and address problems early on.
- People know what care options are available and how to easily access them.
- People can access services when and where they need them.
- People are recognized as having unique expertise that is respected and valued.
- People have the right to make choices about care options and supports, without being penalized for making those choices and advocating for their needs.
- People can move across the system seamlessly.
- Cultural supports are readily available across the system.
- Systemic racism in the healthcare system is actively addressed and corrected, and cultural safety is a fundamental expectation of the system.
- All professionals in the substance use workforce have access to adequate training and ongoing learning to support continual implementation of evidence-based care.
- Care planning considers all of an individual's needs, not just those directly related to substance use.
- People know that the care they are accessing is safe and guided by best evidence.
- People are supported in trying different service options to find the path that best meets their needs and goals.
- People who use substances are not blamed and have access to equitable care and supports as people living with other medical conditions.
- Robust data collection supports continuous system improvement.

Why Now?

While not all substance use leads to harm, the harms that do occur are highly detrimental for many people in B.C. This has become increasingly apparent amidst the illicit toxic drug crisis and the COVID-19 public health emergency. Since 2017, the Provincial Government has invested over \$1.1 billion in response to the toxic drug crisis. However, lives continue to be lost to drug poisoning at

unprecedented rates. Additionally, substance use harms disproportionately impact certain groups, resulting in a higher risk for people who experience racism, poverty, heterosexism, and cissexism. First Nations, Métis, Inuit, and urban Indigenous peoples are disproportionately impacted by substance use harms due to the historical and continuing impacts of colonialism and anti-Indigenous racism.

Substance Use and Substance Use Disorder

It is important to acknowledge that not all substance use is problematic; humans have used substances for various purposes, and with varying impacts, for thousands of years. Substance use occurs along a spectrum of beneficial to harmful use, which includes diagnosed substance use disorders (SUD) on the more severe end.

Data on the prevalence of both substance use and SUD likely underestimate true rates because of underreporting due to stigma and capacity challenges in the health care system that limit the assessment, diagnosis, and reporting of SUD. The majority of people with substance use disorders (over 90%) experience mild to moderately severe symptoms, which often go undiagnosed and untreated.ⁱⁱ However, 2019 estimates show that 4.6% of respondents (aged 15 years and older) in B.C. reported using illicit drugs in the past year, while 77.2% reported consuming alcohol in that same period.ⁱⁱⁱ Among people aged 15 years and older who do drink, 22.1% report chronic drinking in excess of recommended low-risk thresholds. More recent data suggest that substance use has increased significantly due to the pandemic, with one study showing alcohol consumption in B.C. during 2020/2021 was the highest ever recorded.^{iv} Data on the overall prevalence of SUD among people in B.C. estimate that at least 202,000 people in B.C. have an alcohol use disorder, 101,000 have an opioid use disorder, and 26,000 have a stimulant use disorder.^v

Populations that are most marginalized and socially excluded report disproportionately high rates of substance use-related harms and substance use disorders. For some, substance use may be a necessary means of survival, which is further compounded by the fact that these populations often have less access to safe, appropriate treatment options. Some of the populations most at risk include:

People experiencing poverty: Those who experience extreme poverty and rely on social assistance make up nearly half of all drug poisoning deaths in B.C., despite only representing a small minority of the population. Notably, problematic substance use may be driven by poverty and a lack of other health and social resources – for example, people who use substances to stay awake when sheltering outdoors or to manage pain.

Indigenous peoples: Indigenous peoples are disproportionately impacted by the harms of substance use. For example, First Nations peoples made up 15% of all drug toxicity deaths in 2021, despite making up only 3.3% of the population, making them 5.3 times more likely to die due to drug poisoning than non-First Nations people. This disparity is even greater for First Nations women, who died at a rate that is 9.8 times greater than that of non-First Nations women in 2021.^{vi}

People with experience with corrections: Up to 70% of people in correctional facilities report experiencing substance use-related harms, and those who have had past experiences in corrections are significantly more likely to experience a drug poisoning event.^{vii, viii}

Survivors of trauma and violence: People who have survived trauma and violence are also at increased risk of substance use-related harms, particularly among survivors of intimate partner violence and/or maltreatment in childhood.^{ix, x}

Transgender and non-binary people: Up to 80% of transgender and non-binary people who experience gender-based discrimination and abuse report experiencing substance use harms, while trans women are eight times more likely than people of other gender identities to report substance use challenges.^{xi, xii}

The Toxic Illicit Drug Crisis

Illicit drug toxicity poisonings are now the leading cause of unnatural death among people in British Columbia ages 19 to 39, and the second leading cause of death overall.^{xiii} Since the declaration of the public health emergency in April of 2016, over 10,300 people in B.C. have died from illicit drug toxicity.^{xiv} For men, the toxic drug crisis has been so severe that it has resulted in a decrease in overall life expectancy.^{xv}

These drug poisoning deaths have been primarily driven by an increasingly toxic illicit drug supply, exacerbated by under-resourced health and social supports that have been unable to keep up with increasing demands and complexities. In 2012, illicit fentanyl was present in only 4% of illicit drug toxicity deaths but since 2017, it has been detected in 82-86% of deaths.^{xvi} The COVID-19 pandemic and response measures have also compounded the existing toxic drug public health emergency and increased the risk of drug poisoning, illness, and death for people who use drugs. Since late March 2020, fatal and non-fatal illicit drug poisonings have increased in B.C. and are both at all-time highs. Between November 2021 and August 2022, approximately 16% of illicit drug toxicity deaths involved extreme fentanyl concentrations, up from 8% between January 2019 and March 2020.^{xvii} Additionally, the detection rate of benzodiazepines, which cause complex drug toxicity reactions and cannot be treated with naloxone, has rapidly increased from 15% of samples in July 2020 to 52% in January 2022, though as of August 2022 it has decreased to 22%.^{xviii} Data from 2019 to 2022 have also shown that many people who die from an illicit drug poisoning were using other substances beyond opioids, including cocaine (44.8%), methamphetamines (41.9%), and alcohol (25.8%).^{xix}

Harms of Alcohol

Alcohol-related harms have also increased significantly. Studies on specific alcohol-related diseases have found an increasing incidence rate over the past several years.^{xx} Preliminary data for 2020 show that alcohol-attributable hospitalizations were over 173,000, while alcohol-attributable deaths

conservatively totalled 2,672.^{xxi} Moreover, a recent American study found that alcohol-attributable deaths in the US increased by approximately 25% between 2019 and 2020, the highest year-to-year increase ever observed.^{xxii}

Economic and Social Costs

There are additional economic harms and social costs associated with substance use in B.C. Economically, these include \$6.6 billion per year in costs relating to health care, lost economic productivity, criminal justice, and other direct costs.^{xxiii} Significant social costs include job loss, housing insecurity, and criminal and administrative sanctions. Family members, friends, and dependents of those who experience substance use harms are also impacted. For example, there may be a loss or reduction of a household's income following job loss due to substance use, child welfare services may become involved, or there may be an increased risk of intimate partner violence or family breakup.

The Current State of B.C.'s Substance Use System of Care

Understanding the current state of substance use care in B.C. is a difficult task. The system is a complex web with significant differences across regions and variability in services that are delivered across many care settings and providers spanning the public, non-profit, and for-profit sectors. However, we need to understand the current system, including its gaps and opportunities, to identify the strategies that will have lasting and meaningful impacts.

Significant stakeholder engagement and consultation were undertaken to understand the current state of B.C.'s substance use system of care. A fuller depiction of gaps and opportunities in the current system is available in the Appendix A report; however, key themes are summarized here.

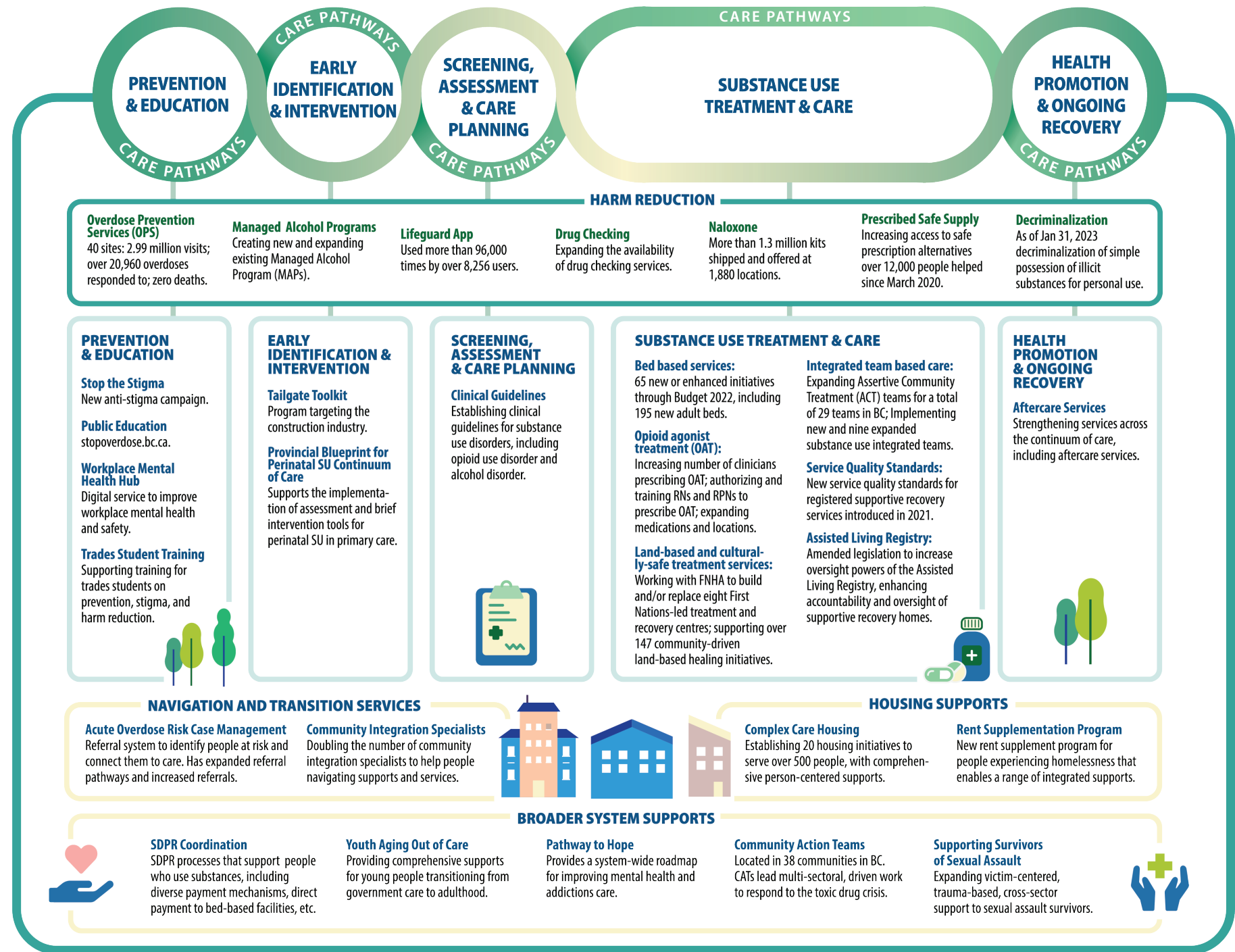
In the system, services are often inaccessible due to lack of capacity, access barriers, cost, or the

absence of appropriate supports to meet peoples' diverse needs. These barriers disproportionately impact Indigenous peoples, individuals living in rural and remote communities, gender diverse people, immigrants, and refugees.

The system is also highly fragmented and difficult to navigate. Services are often delivered independent of one another and communication between service providers and sectors can be lacking. Inadequate navigational and transitional supports make it difficult for people to enter and move through the system, and inconsistent standards and training requirements across care providers contribute to differences in the quality of care provided throughout the system. These barriers can prevent people from accessing key supports early and delay engagement with care until people's substance use challenges are more severe and complex. Another major gap is the lack of cultural safety for First Nations, Métis, Inuit, and urban Indigenous peoples, and anti-Indigenous racism remains in the current system.

There is work actively underway to address these gaps and government has made several recent historic investments to reduce service gaps and barriers across the treatment and recovery continuum and save lives. Since 2017, the Province has invested over \$1.1 billion to advance B.C.'s response to the illicit drug toxicity crisis and expand services across the continuum of care. Figure 2 provides examples of the progress made towards building the system of care, providing strong foundations that future work can build upon.

Figure 2: Examples of Actions Taken to Build the Adult System of Care (Current as of October 2022) xxiv



Several of these actions were enabled through Budget 2021, which invested \$330 million to provide a full spectrum of substance use treatment and recovery services. Budget 2021 also supported the creation of 195 new substance use treatment and recovery beds in communities throughout the province to help more people get on a path to recovery.

Budget 2022 included the investment of \$164 million over three years to provide complex care housing services to approximately 500 people throughout B.C. These services support people with complex and overlapping barriers including substance use and mental health challenges, and offer enhanced supports including access to nurses, peer workers, social workers, and other health care professionals, along with connections to treatment and other specialized services.

Budget 2022 also invests \$633 million in preventing and reducing homelessness. This includes \$170 million over three years for a wraparound support rent supplement program that will include mental health and substance use supports.

Despite these investments, gaps and challenges remain, particularly around building out dedicated care pathways that connect people to these diverse services and keep them connected as they move through the system. However, as seen in the above visual, the province has taken steps in recent years to advance supportive services, treatment, and care for people struggling with substance use. As we move forward, we should not lose sight of what we have learned over the past several years. Rather, we should lean on the numerous existing strengths in the system to guide future actions as we build the substance use system of care.

Highlights - Practices working well in the current system

Figure 2 provides an overview of the many investments and promising initiatives happening across government to respond to the toxic drug crisis. This section highlights a few of the many practices working well in the current system that system planners can look to as we work together to build the system of care.

Spotlight: St. Paul's Hospital Rapid Access Addiction Clinic

The Rapid Access Addiction Clinic at St. Paul's Hospital in Vancouver provides an on-demand approach to addictions treatment. People seeking services for substance use can receive same-day support from a comprehensive team of interdisciplinary professionals. In addition to harm reduction services and doctors who can provide access to medication-assisted treatment options, people can access social workers to help stabilize their immediate needs and provide connections to longer-term care providers.

Spotlight: First Nations Health Authority Virtual Substance Use and Psychiatry Services^{xxv}

The First Nations Virtual Substance Use and Psychiatry Service provides individuals with access to specialists in addictions medicine and psychiatry, as well as mental health and wellness care coordinators. This is a referral-based service, which includes referrals from health and wellness providers, Knowledge Keepers, and Elders. This program works alongside other virtual services, including the FNHA Virtual Doctor of the Day service, to ensure that people who need support can readily access the care and support they need, regardless of where they live in B.C.

Spotlight: Integrated Treatment Teams for Substance Use (ITT)

Integrated Treatment Teams (ITTs) are interdisciplinary teams operating in B.C.'s interior region that provide judgement free, discreet, and flexible services to people 19 and older who are struggling with substance use. ITTs offer a wide range of services, including online and in-person counselling, assessment, and support in developing personal treatment goals, education and self-management support, connection to prescription medications for treatment of substance use disorders, peer support, and other personal wellness offerings.

A Shared Vision – The Ideal System of Care

A functional substance use system of care is one where people feel safe, heard, and valued when they seek support for their substance use challenges. In the ideal system, people can access support when and where they need it and are empowered to make choices that align with their self-determined recovery goals. A functional system is also one that works for everyone and is designed to meet people where they are. While it is critical that the system provide care to those with the most severe needs, it must also identify and support people with mild to moderate substance use challenges, to stop harms before they occur. This section will review the foundational elements of a substance use system of care that works for the people who need it now and in the future. This includes both the services and supports that should make up the system, as well as how people should interact with and move through the system.

System Components – The What

Guiding Principles

Building this system of care requires a shared set of principles that guide the actions of policy makers and care providers. They describe the characteristics throughout the system that will help deliver services that meet the needs of people who use substances. The principles are goal-oriented and reflect the values and aspirations for the system that are integrated throughout the Framework.

Actively anti-racist – working to actively eliminate systemic racism from services, policies, and institutions that exist on colonial and racist foundations. This includes anti-Indigenous-specific racism, which is widespread, pervasive, and systemic in the B.C. health care system.^{xxvi}

Adaptable – Provincial, regional, and local contexts will impact the specific design, implementation, and evaluation of services. As such, services must be open to adaptation based on experience, context, and evolving evidence and practice, to meet local needs.

Collaboration-based (whole-of-government/whole-of-society) – Every person and every system have a role to play in the substance use system of care. Collaboration includes being intentional about the role of people with lived and living experience at all levels of the system, including planning, governance, and performance monitoring.

Cultural safety and humility – Ensuring that culturally safe substance use supports and services are available to everyone, particularly Indigenous peoples. This includes supporting cultural and spiritual healing by providing culturally appropriate services and supports. Development of these services should be led by members of the cultural group which it is intended to serve. It is particularly important for Indigenous peoples in B.C. to have access to culturally specific supports that incorporate traditional medicines and land-based healing, while members of other cultural groups may also require services that are specific to their cultural background.

Equity – The system, at all levels, provides an opportunity for health and wellness for all, regardless of age, gender, ethnicity, religion, sexual orientation, or socioeconomic status, and provides equitable access to all people, especially those in rural and remote communities.

Evidence-informed – The system and its services are delivered using the best available knowledge and are informed by ongoing monitoring and evaluation, including evidence generated from lived and living experience, stakeholder and partner expertise, conventional research processes, and traditional ways of knowing. This includes promoting and making accessible promising practices and innovations with strong evaluation and continuous improvement processes.

Person and family centered - The system is organized with and around the needs of people and their

families and centers the importance of respect, autonomy, and person-directed choice. This includes recognizing the role of the family in substance use care and ensuring that families are supported so they in turn can support their loved ones.

Recovery oriented – A recovery focus recognizes that people can and do recover, and that recovery is a unique and personal process. Recovery can include, but is not limited to, reducing or stopping all substance use (i.e., abstinence). A recovery-oriented system focuses on empowerment and informed, person-centered choice.

Reducing harms – Ensuring the prevention and reduction of harms associated with substance use, and overall promotion of wellness remains a key focus of the overall system and the system works to meet people’s individual goals, needs, and circumstances. This includes responsiveness to the immediate needs of people, such as life saving measures.

Stigma-free and discrimination-free – The substance use system is transparent, inclusive, and includes consideration of diverse perspectives. People can access substance use services and supports without shame, guilt, discrimination, or criminalization.

Healing-informed – A healing-informed approach, also referred to as a trauma-based approach, acknowledges the widespread impact of trauma; recognizes the signs and symptoms of trauma in clients, families, and staff; integrates knowledge about trauma into policies, procedures, and practices; and actively seeks to avoid re-traumatization.

Building Blocks

With the principles providing the overarching view for B.C.’s substance use system of care, the foundational building blocks are the practical elements required to support a well-functioning, integrated system that is grounded in these principles.

Evidence and knowledge translation – There is a continued commitment to research and evaluation as foundational to the system of care. As new evidence, practices, and innovation emerge, this information is readily translated into practice to ensure that people receive a high quality standard of care.

Accountability, evaluation, and monitoring – Regular evaluation and monitoring activities are undertaken across the system to assess the impact and effectiveness of services. Results are used to develop and inform accountability structures.

Workforce development – The substance use workforce is developed by capacity-building and planning activities to ensure access to core services and qualified practitioners, including building community capacity, cross-sector initiatives, training, and peer-led activities.

Resourcing – The system is adequately resourced to provide the services and supports of the substance use system of care.

Population health promotion and planning – System planning considers population-level health needs and supports community development and health promotion activities.

Information sharing and management – Clinical and system-level information sharing is supported across agencies and sectors to ensure knowledge mobilization and integrated service delivery.

Coordination and integration – Cross-sector collaboration, integration, and care pathways are well-established to ensure that people are supported in accessing and moving through the system of care.

System Functions

System functions describe what the substance use system of care is intended to do. Services provided in the system have basic functions that align with the needs of the population. Functions are broader categories into which services can be organized, recognizing that different services may serve multiple functions.

Prevention and education – Aims to prevent or limit the onset of substance use-related harms and inform the public about guidelines for the use of substances. Emphasizes stigma reduction and addressing harmful beliefs and attitudes around substance use and people who use substances.

Early identification and intervention – Seeks to screen and identify harmful substance use behaviours as early as possible. Paired with brief interventions and harm reduction education, this can prevent development of more serious substance use-related harms.

Screening, assessment, and care planning – Supports diagnoses, development of individualized treatment and support plans, and case management with non-stigmatizing and person-centered practices. Uses validated tools to determine substance use and broader health care needs of people when and where they enter the substance use system and throughout their care journey.

Substance use treatment and care – Helps people achieve their ongoing personal goals regarding their substance use (e.g., stopping or reducing use, separating from the illicit toxic drug supply, etc.). Includes evidence-informed medical and psychosocial interventions.

Health promotion and ongoing recovery – Supports people to improve their health and wellness, promote their own health capacity and autonomy, live self-directed lives, and strive to reach their full potential. Spans all areas of the social determinants of health and includes ongoing and longer-term supports.

Crisis response – Ensures that people do not lose their lives due to substance use through immediate and short-term supports that are available whenever people need them. This includes key interventions that seek to prevent illicit drug toxicity deaths.

Harm reduction – Seeks to reduce the negative consequences associated with substance use through practical, evidence-informed strategies and social justice philosophies. Takes an approach to care that is grounded in non-judgment and preserves the dignity, autonomy, and agency of people who

use substances. This includes decolonial approaches to harm reduction that centre holistic needs, relationships, and community.^{xxvii}

Core Services

The system functions identified in the previous section are fulfilled through core services. These services should be *accessible* – that is, services should generally be available in some form within all local health area regions. If they are provided at another location (some services are provided at a provincial level), there must be a process to ensure that individuals have access to the service (e.g., through transportation services, virtual options, or outreach capacity).

Core services should also be *available* to all B.C. residents – that is, there must be adequate capacity of services for individuals who need this type and level of support, while also maintaining service quality.

Table 2 – Core Services	
Core Services	Examples (not an exhaustive list)
Acute Intoxication Services	Sobering centres
Harm Reduction Services	Supervised consumption services; overdose prevention services; safer supply; drug checking services
Substance Use Outreach Teams	Overdose outreach teams (VCH); integrated treatment teams (IHA)

Table 2 – Core Services

Substance Use Counselling Services	Counselling, psychotherapy, or other evidence-informed psychosocial treatment interventions (e.g., DBT, CBT, etc.); case management; cultural counselling supports.
Peer and Family Support Services	Community support groups; co-counseling, mentoring, or befriending; peer navigation; recovery community centres
Withdrawal Management Services (Detox)	Home and mobile withdrawal management services (WMS); community bed-based WMS; hospital bed-based WMS
Supportive Housing	Supportive housing with Housing Overdose Prevention Services (HOPS); Complex Care Housing (CCH)
Outpatient Day and Evening Treatment Services	Intensive day treatment programs; Day, Evening, Weekend (DEW) program
Addiction Medicine Services	Medication assisted treatment, such as OAT, iOAT, or alcohol relapse prevention medications; Rapid Access to Addictions Care (RAAC); managed alcohol programs (MAPs)
Navigation and Transition Services	Bed-based transition services such as Short-Term Access to Recovery (STAR) beds; consultation and liaison services, such as Addictions Medicine Consult Teams (ACMTs)
Intensive Case Management	Intensive case management (ICM) teams that provide a team-based model of care, serving individuals with complex needs
Supportive Recovery Services	Stabilization and Transitional Living Residences (STLRs); supportive recovery residences; relapse prevention services; community recovery services

Table 2 – Core Services	
Bed-based Stabilization and Treatment Services	Community treatment bed-based services, bed-based intensive (tertiary) substance use treatment, concurrent substance use and mental health treatment
Note: See Appendix B for full descriptions of core services.	

Table 2 provides a high-level overview of these core services, but each service type includes a wide array of supports with diverse options to meet peoples’ needs. For example, Indigenous-specific supports can be found across all categories, while also extending beyond the substance use-specific services listed here and into other areas of wholistic wellness. These services and supports are critical in providing culturally specific and distinctions-based care to First Nations, Métis, Inuit, and urban Indigenous peoples that are grounded in Indigenous ways of knowing and healing and are an essential component of the substance use system of care.

Collaborating service providers

Collaborating service providers are often the entry point through which most people access services related to substance use, including where they may access assessment, treatment, and harm reduction services, even if they are not substance-use specific service providers. Examples of collaborating service providers, including key connections to mental health supports, are included in Table 3. Efforts to build the substance use system must consider and account for these diverse providers.

As a core collaborating partner, primary care has a unique and critical role in the substance use system of care. While primary care services are not substance use-specific, they are a critical entry point for people living with, or who are at risk for, substance use harms. Primary care plays an important role in early intervention and is the appropriate place for most treatment, including substance use screening and assessment and/or accessing medication-assisted treatments.

Many people experiencing mild-to moderate substance use harms may only need to interact with primary care providers. Moreover, this population is often best treated in primary care settings and may not require specialized services.

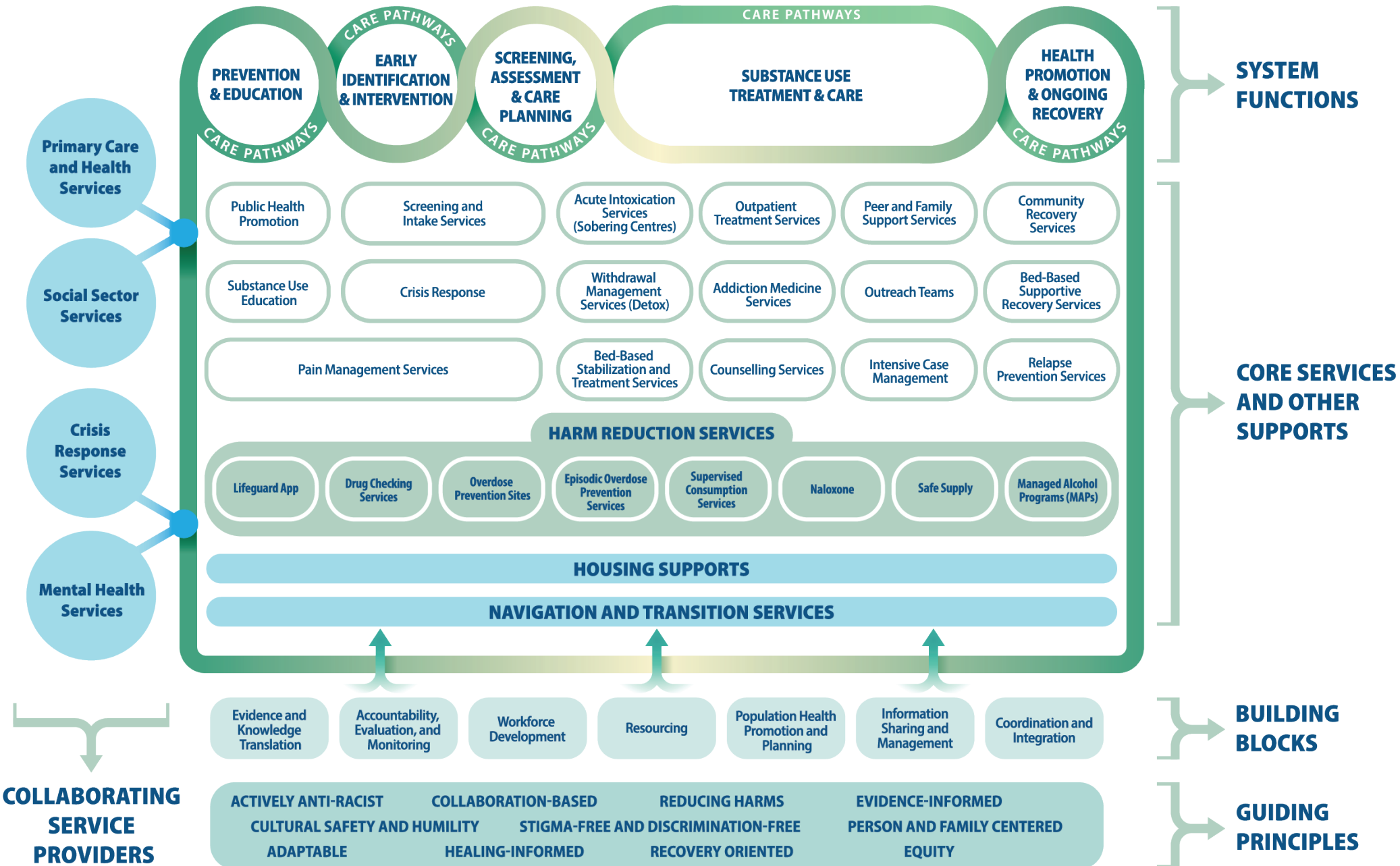
Table 3 – Examples of Core Collaborating Service Providers

Health Services	<p>Primary care, including primary care networks, walk-in clinics, and rapid access centres^{xxviii}</p> <p>Services offered through the First Nations Health Authority</p> <p>Emergency departments</p> <p>Hospital bed-based acute and tertiary care</p> <p>Disorder-specific/complex tertiary care</p> <p>Other specialist service providers</p> <p>Forensic inpatient care</p> <p>Pharmacies</p> <p>PHSA Corrections Health Services</p>
Social Sector Services	<p>Housing providers</p> <p>BC Corrections</p> <p>Legal advocacy service providers</p> <p>Education-based service providers (including post-secondary)</p> <p>Private social sector providers</p> <p>Community integration services</p>
Crisis response services	<p>Crisis response teams</p> <p>First responders (fire department, EMS, etc.)</p> <p>Police</p>

Table 3 – Examples of Core Collaborating Service Providers

Mental Health Services	Community mental health teams Intensive case management Intensive day/evening services Mental health-focused peer and family support providers Mental health-supported housing (e.g., Housing First) E-mental health digital service providers Private mental health care providers
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Figure 3: B.C.'s Ideal Substance Use System of Care



Care Pathways – The How

Investments and expanded approaches are helping close many service gaps by increasing the availability of evidence-informed supports for communities across B.C. However, there are persistent challenges with access to these core services in part due to a need to better focus on how these distinct services are organized for people to move through them.

Care pathways describe the ways that people are able move between and across services, both within the substance use system of care and across other sectors (e.g., housing, corrections), in well-coordinated and integrated processes that are aligned to people's self-determined goals and that consider what services or supports are needed to achieve them. Care pathways ensure that people can transition seamlessly by aligning key infrastructures such as shared information systems, navigation supports, and centralized screening and assessment to match people to the right type of service. What each care pathway will look like for an individual will vary depending on their unique goals and needs, but there are some overarching attributes that define integrated care pathways:

- Clear intake and access points, where every door is the right door (e.g., connections through core collaborating service providers).
- Screening tools that enable care providers to identify and support people at risk.
- Clear, consistent referral processes that enable strong care pathways from entry points in the system to the services and supports people need.
- Centralized organizing structures that connect multiple services across the continuum of care and provide overarching oversight, evaluation, and governance.
- Person-driven goal setting and planning based on what a person wants to achieve and the best available evidence on what services will best support their goals.

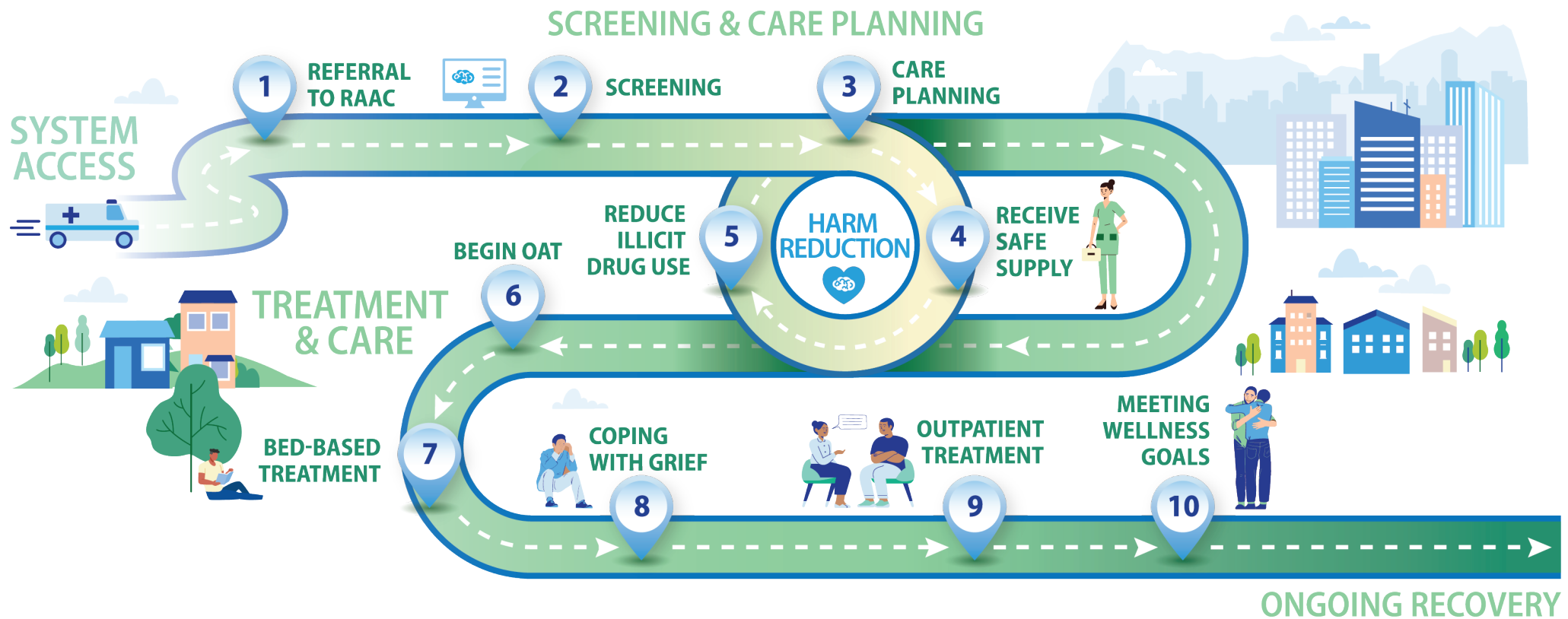
- Seamless transitions with warm handovers across services that are supported by shared information based on client consent, particularly when people are moving between public, non-profit, and private substance use services.
- Integrated harm reduction services throughout the process so that if people become disconnected from a service, they retain a connection to support.
- System monitoring to support continuous quality improvement of pathways and services.

Building on these attributes, defined care pathways will require clear descriptions and expectations of the services within them, as well as where and how these services connect to clinical care. Acknowledging that there will need to be regional variations between Health Authorities, care pathways must prioritize a consistent approach that clearly outlines the roles and responsibilities of each partner within the system.

Levi's Journey – Accessing the System of Care

At the individual level, everyone's care pathway can – and should – look different, depending on each person's social location, physical location, lived experience, and self-determined goals. However, certain overarching features of the system remain the same: the ability to self-identify appropriate goals, a robust array of service options, strong individual services linked seamlessly by referral pathways, mechanisms to support multiple rounds of treatment, comprehensive wraparound supports, and ongoing aftercare. Figure 4 provides an example of how the system of care may work for one individual, describing Levi's journey through a defined care pathway as he accesses this system of care.

Figure 4 – Levi's Journey



1 Levi is a 33-year-old man who uses opioids. He's casually employed and can't afford a place to rent, so he stays with friends and family members. After a toxic drug poisoning lands him in the emergency department, Levi receives a same-day referral to a rapid access to addictions clinic (RAAC) through an overdose outreach team.

2-5 At the clinic, Levi speaks to a peer worker about how he can avoid another drug poisoning. The peer worker connects him with a registered nurse at the RAAC who conducts an SUD screening and begins care planning with Levi. He is diagnosed with an OUD and is offered OAT. He decides that will not meet his needs and is instead prescribed with a safer supply.

6 Levi attends regular appointments at the clinic to reassess his health and substance use. After several months he feels like life is stabilizing and begins to think more about his future. Levi works with clinic staff to create a plan to meet his new goals, which are to stop using opioids, become an electrician, and re-connect with his father. He decides to start OAT.

7 After several months on OAT, Levi goes to a 3-month bed-based treatment program. There he receives counselling and begins an electrical training program offered in partnership with a local trades school. Levi works with staff to develop a recovery plan. He is referred to a community-based program where he will access cultural supports and attend weekly virtual peer meetings. He completes the bed-based program and continues with electrical courses.

8 Four months later, Levi's best friend passes away from a drug poisoning. To cope, Levi turns to illicit opioids for the first time in a year. When he misses a weekly peer meeting, several of his peers reach out to him to offer support.

9 Levi decides to seek additional support to stop using opioids. He chooses to attend an outpatient treatment program, so that he can continue with his electrical courses. Levi attends the program three nights every week where he accesses grief counselling to cope with the loss of his friend. Levi finishes the program and stops using illicit opioids, continuing with OAT.

10 A year later, Levi is following his recovery plan and hasn't used illicit opioids since the death of his friend. He is working as an apprentice electrician and has begun to re-connect with his father. Levi feels confident and well supported, knowing that if he struggles in the future he is surrounded by a community of peers, friends, family, and care providers that he can rely on.

Moving Forward – Building the System of Care

Although articulating a shared vision of an ideal system of care is critically important, more is required to make this vision a reality. This section discusses how we can bring our shared vision of an ideal system of care from policy into practice.

Designing and Building Care Pathways

Services and supports across the province are already having a positive impact on the lives of people struggling with substance use, and care providers throughout the substance use system of care have much to be proud of. However, these services do not always function at their full potential, because they are not integrated into a comprehensive, system-wide network. Past efforts to improve the system have generally taken an incremental approach. This approach to change is not enough to achieve the transformation that is needed.

A Pathway to Hope reflected the need for higher-level, system-wide infrastructure that enables the development and design of care pathways connecting services and supports to form a unified, cohesive whole. This need was reaffirmed by our partners and stakeholders, who throughout the consultation process indicated the need for a centrally coordinated, integrated system of care. This does not mean that services must be centralized, but rather that access and coordination between services is centralized, ensuring people can easily engage with and move between the services they need. Moving forward, the most critical step will be applying this system level thinking to planning and investment.

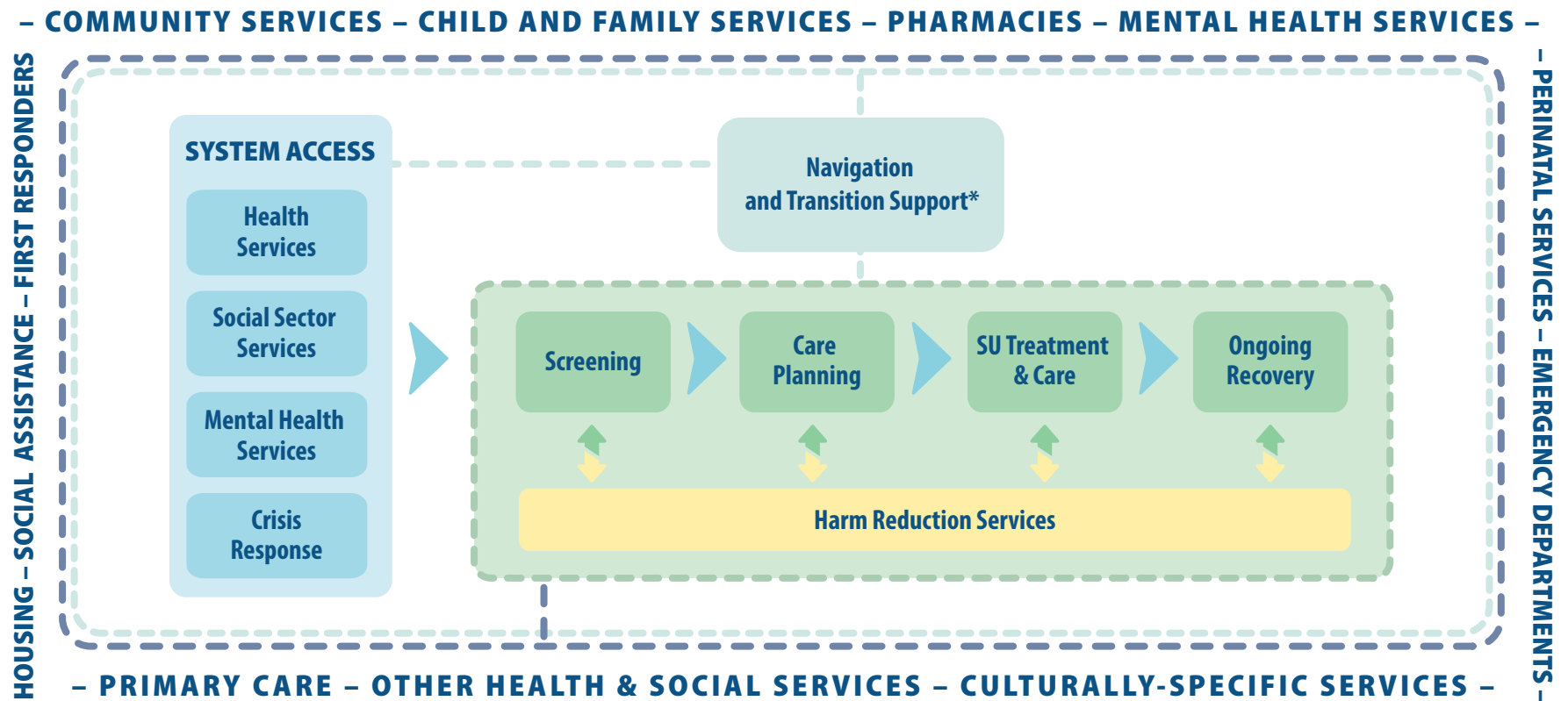
Designing successful care pathways requires (re)investment, dedicated effort, and purposeful system design in both the health and social sectors. In some cases, system design may mean

strategic reorganization of existing services to work in different, more effective ways, ensuring new investments are made strategically in areas where the need is greatest. The health sector and health authorities play a critical role in both delivering high quality and evidence-informed substance use services as well as supporting people as they move across these core services.

There are existing models in the B.C. healthcare system that demonstrate the possibilities of integrated care pathways when they are fully resourced and supported. For example, the provincial health system supports regular screening for cancer across populations and once someone receives a positive diagnosis, they can access the system of care and move through diverse services and treatment options (e.g., radiation therapy, surgical interventions) without becoming disconnected from care. People may require multiple episodes of treatment or may wish to try diverse options, but the care pathways are set up in such a way that clients remain connected and supported as they move forward.

Our ideal system of care for substance use should provide similar care pathway options for clients, supporting them to stay connected to care as they move across services (see Figure 5), no matter how many times they may need those supports. Work is already underway across health authorities to coordinate and integrate services, but building these care pathways will require creative thinking, and perhaps, rethinking, action, and design. Health authorities and collaborating partners need to be supported to define care pathways that consider what services are available, what services are needed, how people can access core services within the system, and how the various components of the system can work together to transition clients seamlessly from one service to another.

Figure 5 – Substance Use Care Pathways



* Navigation and transition support can be provided by a range of health and allied health professionals, including physicians, nurses, social workers, peer navigators, and case managers.

These pathways will require thoughtful development of governance structures to ensure that the diverse needs and perspectives of various partners within the system are respected, and to coordinate activities, set expectations and standards, and monitor performance and outcomes. Further work is needed to determine the appropriate governance structure to support the ideal system of care.

In addition to building these pathways within the health system, we also need to support the social determinants of health in ways that mitigate potential barriers that would otherwise obstruct people's wellness journey. Even when core health services are available, there may be other gaps that require cross-sector responses, such as supporting people to secure and maintain housing while undergoing withdrawal management and residential treatment or ensuring that parents have safe and affordable childcare while accessing treatment. Substance use-specific care must be fully wrapped around by all the health and social supports that facilitate health and wellness, such as housing, primary care, child and family services, and community connections.

Moreover, people who use substances need to be empowered to define what wellness and recovery look like for them, recognizing that this will be different for every individual, family, and community. Taking a holistic approach to building care pathways necessitates building connections with services and supports that are delivered outside of the health system (such as those delivered by community-based organizations) to support people in developing a sense of belonging and purpose.

Moving forward, the priority focus must be to design and develop these consistent care pathways within each health authority and across the continuum of care, to ensure that as we address other needs and gaps in the system, we are doing so in a way that supports the system as a whole.

What We Heard – Opportunity Areas

Although the primary goal of this Framework is to address system-level change required to build a unified system of substance use care, we also heard about gaps and challenges in component parts of the system. Through extensive consultation summarized in our What We Heard Report (see Appendix A), several key themes emerged that identify specific barriers and gaps preventing the system from functioning in an effective way. This section summarizes these opportunity areas identified by our partners.

The system components outlined here do not represent an exhaustive list, and modifications will inevitably be needed as circumstances change, available evidence grows, and new challenges emerge.

The following ‘suggested opportunities’ provide examples for how the health system overall may look to move forward in addressing some of these priority areas of focus, alongside many other opportunities that may arise as we continue to move forward.

Service Gaps

In order for care pathways to effectively connect people to services, there must be services to connect them to. Although significant progress has been made, the system still lacks a sufficient range and availability of services to meet people’s needs across the province, especially in rural and remote communities.

Focus Areas

Service gaps in the substance use system of care – The substance use system of care needs to provide access to a wide array of options to support diverse needs and goals including all the core services defined in this Framework. The system must also ensure that people do not become disconnected from the system at critical points, such as when transitioning from bed-based services to other services and supports, or at the conclusion of treatment. Suggested opportunities include:

- Expand the availability of and access to core services starting with those where there are the biggest gaps including treatment services: counselling, withdrawal management (detox) services, prescribed safer supply, medication-assisted treatments, and trauma specific care.
- Ensure that people living in remote and rural communities can access various services by being flexible about who can provide certain services, where services can be provided, providing transportation to services in larger communities, enhancing virtual availability of services, and investing in local workforce development.
- Ensure that people living in rural and remote First Nations community have access to specific resources to address inequitable service reach and unique community considerations, including enhancing family and community healing supports.

Service gaps in social services and supports – People who experience poverty, lack appropriate housing, or have experienced personal or intergenerational trauma and violence are much more likely to experience substance use harms. To be effective, substance use supports and interventions must be accompanied by other services that address people's needs for housing, mental health supports, employment services, or other social services. Suggested opportunities include:

- Continue to support people who are experiencing substance use challenges to find housing options that match their needs, receive mental health supports, or connect to other social services.
- Enhance access to tailored education and employment and skills training supports for people who are struggling with substance use.
- Establish clear cross-sector and cross-agency care pathways, information sharing agreements, and privacy protocols to ensure that people who are accessing services through the substance use system of care can seamlessly connect with social services to meet their health needs.
- Connect people who have experienced trauma with trauma-specific supports such as trauma-specific counselling, cultural supports, and peer support.

Aftercare and ongoing recovery – Aftercare and ongoing support following engagement with services is a significant gap in the current system. This is particularly challenging for people who are discharged from bed-based treatment services or other treatment programs with no support, as they are at increased risk of experiencing a drug poisoning. There is often a lack of aftercare planning and ongoing recovery supports for people following treatment, such as sober living facilities. In addition to enhanced planning, transitional support is needed to connect people with appropriate supports that align with their recovery goals. Suggested opportunities include:

- Ensure that care providers are proactively engaging in aftercare planning with people early in their treatment.
- Invest in aftercare and ongoing recovery services for people who have completed a treatment program, including family and community health and recovery supports.

Choice and Autonomy

The system of substance use care is often inflexible and does not meet people's individual goals, needs, and circumstances. People engaging with the system need the autonomy to make choices that align with their own needs and circumstances, without fear of being penalized for refusing care options that don't align with their needs or goals.

Focus Areas

Empowering autonomous choices – The substance use system of care must recognize and respect peoples' right to make choices that best fit their needs. People must have the freedom to try multiple options to determine what works for them. Additionally, a person's choice not to pursue treatment for an SUD must also be respected as a valid option. They should be supported in accessing supports and services that meet their needs and address their wellness goals regardless of their desire to pursue treatment. Suggested opportunities include:

- Ensure that care providers in the health and social sectors understand and are prepared to support different definitions and expectations for recovery, emphasizing that each individual should make their own decisions when accessing substance use supports.

Enhancing service equity – For some, access barriers are related to a lack of options for diverse populations, particularly those who experience marginalization. Centrally, Indigenous partners indicated that culturally safe supports for Indigenous peoples on and off-reserve are not broadly accessible, and existing supports are often actively racist. To reduce services barriers, supports must be trauma-based, culturally safe, gender-affirming, and appropriate for the diversity of people accessing the system. Suggested opportunities include:

- Support peers and members of marginalized communities to receive training and obtain credentials needed to work in various roles and professions in the substance use system.
- Prioritize funding and capacity building for Indigenous-led organizations to provide services to Indigenous peoples, especially culturally specific services such as land-based healing.
- Increase capacity in Indigenous run residential treatment centers to include other health practitioners.

Prevention and Early Intervention

Substance use challenges are often not identified until significant harms have occurred. Currently, most efforts in the areas of prevention and early intervention are directed at children and youth, recognizing the tremendous evidence on the successes of upstream and early years interventions. However, this has left a significant gap in continuing to support prevention and early intervention efforts for the adult population.

Focus Areas

Education and awareness – Substance use education and awareness campaigns targeting the adult population are needed to address stigma and educate the public about substance use, empower people to make informed decisions about their own use, including recreational or occasional use, and support them to identify problematic behaviors early on. Suggested opportunities include:

- Develop and deliver adult-oriented awareness campaigns that provide information relating to substances such as opioids, stimulants, and alcohol. Include information about the risks of use, the effects of stigma, relevant harm reduction strategies, and identifying signs of SUD.
- Provide non-stigmatizing and evidence-informed information about specific substance use-related harms across the lifespan, including the potential risks of substance use during pregnancy and options for reducing harms.

Workplaces and post-secondary partnerships – Workplaces and post-secondary institutions are uniquely positioned to deliver education and early intervention to adults. Partnerships targeting high-risk populations (e.g., young adults, people working in the trades and heavy industry) will help establish school and work environments where people who are struggling with substance use can seek support. Suggested opportunities include:

- Partner with unions and employers in industries and workplace sectors that are associated with high risks related to substance use to ensure that people who are using substances can access services without judgment or persecution.
- Partner with post-secondary institutions and student unions to support the delivery of prevention and early intervention initiatives (e.g., awareness campaigns, screening and assessment at post-secondary healthcare facilities) on campuses.

Screening and assessment – Screening for substance use challenges should occur consistently and regularly in health care settings to identify challenges early on and connect people with the supports needed to prevent more serious harms. Suggested opportunities include:

- Incorporate routine substance use screening practices for adults as part of primary care using validated assessment tools.
- Enhance targeted efforts to screen and identify substance use challenges in populations who are at a higher risk of harms.
- Develop and implement screening and assessment tools that are tailored to meet the needs of diverse populations (e.g., people living with concurrent disorders, perinatal population).
- Empower and enhance the role of allied health professionals in delivering screening and brief intervention for substance use.

Illicit Drug Toxicity

The illicit drug supply in B.C. is increasingly toxic, with extreme concentrations of substances such as fentanyl becoming more prevalent. Illicit drug toxicity deaths are on the rise, with 2021 being the deadliest year in B.C.'s history. Responsive measures need to be taken to address illicit drug toxicity deaths. The Province has rapidly implemented services and supports to prevent deaths; however, further expansion and adaptation of these services is needed.

Focus Areas

Medication assisted treatment – There are a range of evidence-based and effective medications available to help people treat and manage SUD. For example, Opioid Agonist Treatment (OAT) is the first-line recommended option for treatment of Opioid Use Disorder (OUD) and is usually the first medical treatment prescribed for someone diagnosed with OUD. OAT medications work to prevent withdrawal and reduce cravings for opioid drugs. OAT is an effective means to help people stabilize and reduce their reliance on the toxic drug supply. Expanding and optimizing access to all forms of OAT will help more people benefit from this treatment option. Suggested opportunities include:

- Expand SUD screening, initiation on medication assisted treatment, and retention in mental health, psychiatry, emergency, and corrections settings and other key transitions points and upon discharge/release from these settings to support continuity of care.
- Leverage primary care networks and Urgent Primary Care Centres to increase screening, initiation, access, and retention on all forms of OAT or medications for other SUDs (e.g., alcohol use disorder).
- Expand access to OAT and increase workforce capacity through nurse prescribing and training of existing prescribers.
- Expand diacetylmorphine access across medication assisted treatment programs.

Harm reduction services – As the illicit drug supply has become increasingly toxic, harm reduction services play an increasingly important role in preventing drug toxicity events. Supports such as the Lifeguard app, developed to help protect people who use illicit drugs alone, are making a difference, but more work is needed. Expanding and enhancing these services in collaboration with health authorities and other health system partners will reduce toxic drug-related harms for people who use illicit substances and help prevent illicit drug toxicity deaths. Suggested opportunities include:

- Expand access to advanced and comprehensive drug checking technologies across a range of settings, beyond drug testing strips for limited types of substances available only at overdose prevention and supervised consumption sites.
- Continue to develop and support supervised consumption and overdose prevention services, including sites that can accommodate inhalation, so they are available across B.C., including in remote and rural communities.
- Work with regional and municipal partners to remove local-level barriers and restrictions preventing or delaying implementation of harm reduction services.
- Develop harm reduction supports that target known populations who don't use current services due to stigma and personal risks, including parents who fear losing their children or professionals who may lose their employment (e.g., doctors, lawyers, tradespeople, etc.).

Safer supply – We consistently heard from our partners that providing a safer supply is critical to helping people separate from the increasingly toxic illicit drug supply. In collaboration with health partners, the system should provide more options for safer supply. Suggested opportunities include:

- Expand access to safer supply through innovative enhanced, low-barrier prescriber-based models and services, including diacetylmorphine.
- Support prescribers and care teams with expanding safer supply, including through protocol development, educational resources, and increased workforce opportunities, such as recruitment of additional prescribers.
- Support an evidence-gathering process and robust evaluation of prescribed safer supply.^{xxix}

Indigenous Cultural Safety

Indigenous peoples come from strong, resilient communities; however, due to the historical and

continuing impacts of colonization, Indigenous peoples in B.C. are over-represented among those experiencing substance use harms. In many cases, available services are not safe or appropriate for their needs, due to systemic anti-Indigenous racism and colonialism which permeate health care and social service systems. Addressing the inequities experienced by Indigenous peoples is critical and requires significant action to ensure that they are safe when accessing supports.

Focus Areas

Self-determination – Gaps in Indigenous cultural safety and the system's recognition of self-determination exist across the substance use system of care, as well as in the broader health and social sectors. To address the damage done by historic and ongoing racism and colonialism and to ensure cultural safety in substance use care, the system must make room for diverse understandings of health and ensure that care providers are well-equipped to provide culturally safe, trauma-based care. System planning and policy development must involve Indigenous partners at all levels and across all steps and must ensure that Indigenous organizations are equitably resourced, as compared to non-Indigenous organizations, to provide culturally specific programming and supports. Suggested opportunities include:

- Support Indigenous organizations and communities to develop Nation- and community-specific substance use programming and support knowledge sharing and translation of wise practices.
- Continue to support the development of Indigenous-led primary care centres to ensure access to culturally safe care for Indigenous people.
- Ensure that Indigenous people are actively involved in all work being done to improve Indigenous health outcomes in the substance use system.

Cultural safety and humility – It is important that all care providers, both within the substance use system and across partnering sectors, understand how our current systems are rooted in colonialism and anti-Indigenous racism, and the importance of decolonizing existing systems. Our systems

must have clear accountability structures to ensure that if harm occurs, there are clear restorative pathways for Indigenous people to report their experiences and ensure that their concerns are meaningfully and respectfully addressed. Suggested opportunities include:

- Implement clear, culturally safe, accessible reporting pathways and accountability structures to ensure that Indigenous people can share their experiences if they received unsafe care and have their concerns meaningfully addressed.
- Provide ongoing and comprehensive cultural safety training to people who work in the substance use system of care.
- Eliminate policies that prohibit Indigenous peoples from using cultural healing practices in key care settings (e.g., traditional foods, ceremony, medicines).

Indigenous ways of knowing – The system must recognize the importance and validity of Indigenous ways of knowing and healing, respecting these are evidence-based and informed practices. First Nations, Métis, and Inuit-specific healing traditions and knowledge should be supported and integrated across the substance use system of care. Care providers should work with individuals to understand their cultural needs and practices, and culturally based healing practices should be widely available and accessible. Suggested opportunities include:

- Ensure that cultural knowledge and Indigenous evidence is included and fully integrated in the development of care standards and guidelines.
- Work with local First Nations, Métis, and/or Inuit communities to provide culturally specific supports and services that are grounded in local knowledge and healing practices, prioritizing Indigenous collaboration at decision-making and governance levels.

System Navigation and Transitions

In the current system, moving between services can be difficult due to insufficient navigational and transitional support. There is a lack of centralized, comprehensive information about what services and treatment options exist, who they serve, and how they are accessed, and people risk becoming disconnected from care as a result. Additionally, challenges in information sharing and coordination between service providers prevent client information from being shared as people move through the system. In an ideal system of care, clearly defined care pathways ensure that people can easily and seamlessly move through the system of care and access treatment when and where they need it. This process is guided by skilled and knowledgeable navigators that ensure people are guided and supported through transitions.

Focus Areas

System navigation – People must know what services exist and how they can access them to benefit from an enhanced, universal substance use system of care. This information should also be available to families, friends, peers, correctional facilities, and social service providers. In the current system, a lack of defined care pathways and navigational services leads to difficulties connecting people with services and supports, and existing service providers often go beyond their service mandate by providing navigational services to ensure that people continue receiving support, despite having limited capacity to do so. There is a need for clearly defined care pathways and designated system navigators who are familiar with support options to address this. Peer-provided navigation services may be particularly beneficial, as peers can build a rapport with the people they serve and may better understand their needs and concerns.

In addition to dedicated navigation services, developing primary care providers' capacity to support system navigation is also critical as a key access point for many people. Navigation supports should extend across sectors given the likelihood of intersecting service needs and challenges (e.g., housing, legal, and victim services). Suggested opportunities include:

- Leverage existing and new investments in system navigation to better connect people to

substance use services, as well as collaborating services (e.g., supportive housing).

- Ensure that navigators, both within and outside the substance use system, have the resources, tools, and training required to access information regarding services in their regions and connect individuals to these resources.
- Develop specific training and supports for people with lived and living experience to deliver navigation services that empower person-centered choice.
- Ensure navigation supports are available and accessible to the people who need them to reduce barriers to access (e.g., eligibility criteria, supports in rural communities).
- Enhance online substance use resources for people seeking and accessing substance use services, by providing an online space to access comprehensive online information surrounding available substance use supports.

Transition support – Disconnects between care providers create challenges in transitioning between services. These challenges are compounded when people are simultaneously transitioning across systems in addition to services, such as youth aging into adulthood, people leaving correctional facilities, or people transitioning between communities as they seek services. When providers have shared access to high-quality, consistent client information, people can move through the system of care with greater certainty and assistance. Suggested opportunities include:

- Provide more support to service providers to dedicate time and resources to people as they transition into and out of services, including supporting flexible approaches for lengths of program participation.
- Expand essential transitional supports such as supportive housing, rental supplements, living allowances, or other financial assistance, when accessing substance use services.

- Develop and expand transition supports at critical points along the continuum (e.g., post discharge from bed-based services) and for people at high risk of harms (e.g., people who are exiting corrections to ensure a warm handoff to community-based health and social services).
- Improve information sharing and data integration to ensure that key information follows a person as they move between services and sectors.
- Develop referral pathways as well as training and other support required by front line staff.

Youth transitions – Navigation services and transitional supports are particularly critical for young adults aging out of the youth-serving system and into adulthood. Ongoing transitional supports and cross-sector communication can better connect people with appropriate services in the community, reducing the risk of people falling through the cracks and becoming disconnected. Developmentally appropriate supports for youth who are aging into the adult substance use system are critical during this challenging and unstable time. Suggested opportunities include:

- Enhance youth transition worker capacity to support youth aging into adulthood. Ensure they have the resources and capacity to assist youth in accessing adult health and social services.
- Support young people to locate and secure safe and appropriate housing.
- Support young adults to stay connected to youth providers with whom they have built trusting relationships until they determine they are ready to transition into adult services.

Stigma

There is a high degree of stigma surrounding substance use and addiction. Prevalent myths about substance use view it as inherently immoral and blame people who use drugs for harms they experience, failing to account for the complex range of factors that contribute to substance use harms. Stigma at all levels of the current system of care decreases peoples' likelihood of seeking

support and creates barriers to accessing services.

Focus Areas

Public awareness on the impacts of stigma – Educational and awareness campaigns to enhance public understanding of the diverse factors that play a role in creating and exacerbating harms relating to substance use, such as trauma and the social determinants of health, can decrease social and internalized stigma. Suggested opportunities include:

- Continue to deliver public awareness campaigns that address stigma.

Addressing structural stigma – There is an opportunity to work across sectors to develop a strategy to identify and eliminate the structural stigma embedded in institutions, policies, and processes. Addressing structural stigma requires analyzing and adapting existing policies and programs impacted by stigma to improve service access for people who use drugs. Such a strategy can also inform future policy development to minimize the impact of stigma moving forward. Suggested opportunities include:

- Develop a cross-government and multi-level approach to identify and address structural stigma that discriminates against people who use substances.
- Collaborate with other sectors to identify and address existing policies and practices that perpetuate structural stigma against people who use drugs.
- Ensure that all efforts to build the substance use system and its components consider the impacts of stigma and address stigma-related challenges.
- Ensure that when people raise concerns about inequitable or discriminatory care, there are transparent review and accountability processes.
- Continue to advance decriminalizing people who use drugs by ending the practice of arresting,

confiscating and charging of people for small amounts of illicit substances.

- Implement a robust monitoring and evaluation framework to address any unintended consequences of decriminalization and ensure that people are not being recriminalized.

Training and Workforce Development

A strong and capable workforce is foundational to the success of the substance use system; however, staffing shortages are a significant challenge. Additionally, there are clinical and practice knowledge gaps, including but not limited to cultural safety, recovery-oriented practices, safe supply prescribing, new trends in the toxic drug supply, and stigma. Limited training opportunities result in some providers being unequipped to effectively serve people with increasingly complex needs or implement evidence-informed practices. To be successful, the system of care must address these gaps and challenges.

Focus Areas

Recruitment and retention – There must be well-trained, qualified professionals available for people to access services when they need them. Enhanced recruitment and retention strategies should identify and target gaps and challenges in the current substance use workforce to anticipate future needs and inform recruitment and retention initiatives. Suggested opportunities include:

- Develop tools and strategies to map the network of professionals employed in substance use care, as well as those in adjacent roles, such as healthcare, education, and child welfare, where substance use competency is needed.
- Prioritize recruitment and retention in underserved communities (e.g., rural, culturally diverse) with mentorship opportunities and community and academic partnerships.

- Ensure supervisors in the substance use workforce are appropriately supported to reduce the impacts of burnout, vicarious trauma, and post-traumatic stress disorder among staff.

Training and knowledge mobilization – Care providers must be capable of delivering trauma-based and culturally safe care, serving people with complex needs, and implementing evidence-informed practices. Providers must do so with an awareness of how their own power and privilege may shape interactions with people seeking care. This is true both for professionals directly employed in the substance use system of care, as well as key partners in the health and social sectors, including primary care, housing, corrections, and the antiviolence sector, among others. It is critical to deliver training to providers on topics including substance use screening, pain management, concurrent disorders, recovery, and harm reduction, as well as intersectional topics like trauma, brain injury, past involvement with corrections, cultural safety, concurrent disorders, stigma, and the social determinants of health. Suggested opportunities include:

- Provide enhanced training on topics relating specifically to substance use, including substance use screening and assessment, medication and psychosocial assisted treatment, pain management, concurrent disorders, harm reduction, and recovery.
- Develop practice standards for health care providers to assess, screen, and diagnose patients for substance use disorders.
- Develop referral mechanisms to support health care providers in connecting patients with substance use services that best meet their needs.
- Partner with post-secondary institutions and professional associations to integrate key topics relating to substance use into medical, social work, and other relevant programs.
- Provide training for care providers on topics such as cultural safety, trauma-based care, and gender-competency to enhance the safety and comfort of people accessing services across the system.

- Develop and implement training programs on providing care that is stigma-free, person-centred, and evidence-informed across health and social sectors.
- Support the development and implementation of new training standards on the ongoing impacts of colonialism on Indigenous peoples' health and wellbeing and how to build actively anti-racist and culturally safe organizations.

Community-based workforce – Training should be available to providers in remote and rural communities, who often do not have equal access to educational and professional development opportunities. Where possible, community members and peers (people with lived and living experience of substance use who have been trained to support others) should be supported to receive the training and qualifications required to provide substance use services, rather than recruiting outside professionals. Suggested opportunities include:

- Build connections with educational institutions to support continuing training and specialized qualifications for community members, particularly in rural and remote communities.
- Provide funding and support to ensure that peers and community members have equitable access to training opportunities, including transportation and travel supports as needed.
- Create opportunities for peers to support and deliver community-based substance use services and peer supports.
- Provide greater support to Indigenous partners to develop and deliver culturally-specific and community-based substance use services.
- Explore new and innovative models for credentialling in the substance use workforce, such as the Provincial Peer Training Curriculum and Standards of Practice for Peer Support Workers.

Standards and Quality Measures

Diversity and choice are key components to the ideal system of care. People must be able to choose the services and supports most appropriate to meet their needs. Acknowledging that each person's journey is unique, the system must ensure that the diverse services people access share consistent standards and quality measures, regardless of when, where, or how they are accessed. There is significant variation in the standards and quality measures used across the substance use system. These inconsistencies can lead to substantial variation in the quality of care and types of support offered and can contribute to gaps in the evidence base to support policy and planning activities. In an ideal system of care, standardized and consistently available evidence will inform best practices, and quality standards and measures will ensure that people receive consistent, high-quality care regardless of their location within the system.

Focus Areas

Develop and implement standards – Consistent standards across the substance use system are needed to ensure that people can access high quality care with minimal disruption as they transition between services and providers. This could include standardized regulations, certification, and accreditation requirements. Standards need to be evenly applied across regions and to all providers along the continuum of care, both public and private. Treatment centres, recovery services, and aftercare supports are particularly in need of these standards. Consistent cross-sector information sharing and data integration standards are also needed to support providers in accessing relevant and comprehensive information about client history allowing them to provide appropriate care. Suggested opportunities include:

- Develop standards for bed-based care in areas where standards do not already exist, with close attention to standards developed at the national level.
- Develop standards to support primary care providers to provide effective and consistent substance use services, including harm reduction, recovery supports, medication options,

brief intervention, and relapse prevention.

- Develop or refresh standards for documentation, information sharing, and communication and collaboration across care providers and sectors.

Quality measures and progress monitoring – Quality measures are needed to ensure that services are achieving their intended outcomes and are delivered in a way that is safe for the person receiving them. Ongoing progress monitoring will provide valuable information on what treatments or initiatives are effective and whether current strategies are reducing substance use harms. Suggested opportunities include:

- Establish consistent quality measures and monitoring metrics, such as outcome monitoring, to evaluate performance of services across the continuum of care
- Work with diverse stakeholders to gather input on what key quality measures should include.
- Build implementation science capacity to develop, test, and evaluate innovative interventions, and support system-wide scale up of promising practices.
- Leverage existing data sources to better understand substance use and substance use services, including the intersections with other sectors, through integrated data projects.
- Monitor and report on the status of wait times and wait lists for services in the system, to ensure people can access the services they need when they need them.

System Planning and Funding Structures

The current system is organized in a way that makes it challenging for various organizations and sectors to work effectively together. There is a lack of cross-sector system planning, resulting in inconsistent policies, funding approaches, and lost opportunities for collaboration. In addition, there is a significant gap in data infrastructure and reporting mechanisms to allow for continuous

improvement. There are also significant funding challenges. Funding allocation can be inequitable in some cases, overlooking organizations and services in rural communities and promoting competition between providers in areas where resources are already stretched thin.

To build an integrated system where organizations can work together, system planning, data collection and reporting, and funding structures must be harmonized and aligned to ensure the entire system works together to achieve the best possible outcomes for people struggling with substance use.

Focus Areas

Collaborative system planning – System planning efforts should seek to address the needs of people accessing and providing services across the continuum of care. Collaborative policy development can support the alignment of priorities and efforts across sectors and address conflicting policies that serve as barriers to strategies being pursued in the substance use system. Suggested opportunities include:

- Develop collaborative policies that support other recommendations provided in the Framework (e.g., policies to implement consistent service standards).
- Leverage existing cross-government planning tables to align provincial strategic direction, identify joint policy opportunities, and establish new partnerships.
- Encourage the development and expansion of data infrastructure to support consistent monitoring, learning, and improvement across the system.

Funding structures – Partners highlighted the importance of equitable funding allocation in planning efforts to support services across communities, particularly in rural settings. Sustainable and consistent funding enables long-term staffing and continuous programming and supports. To sustain the system of care, funding structures should consider factors such as population growth, increases in service demand, and all costs relating to service provision, including administrative support, capital, and outcome

measurement. Suggested opportunities include:

- Promote funding structures and opportunities that support care pathways between services, leveraging existing system strengths and enhancing collaboration within the system.
- Build funding opportunities that are focused on outcomes rather than restrictive parameters on what communities and/or regions can fund.
- Ensure that funding opportunities are tailored to regional context. For example, for rural and remote communities consider transportation costs, higher costs for service, and other capital cost demands.
- Provide sustainable funding opportunities that allow for continued operation and account for changes in service demand.
- Provide core funding to build capacity within the not-for-profit service and community sector to deliver substance use services.

Joint funding opportunities – There is significant overlap between many health and social sectors in terms of policy direction, strategic priorities, and populations served. Throughout the engagement and consultation process, stakeholders and partners expressed significant challenges associated with competing policy direction and priorities of different funding streams. Exploring and pursuing joint funding opportunities across providers and sectors can take advantage of existing overlaps and enhance overall service integration and provide people with clear access to needed supports. Suggested opportunities include:

- Leverage current needs-based health planning activities to identify strategic priorities for investment.
- Inventory funding opportunities across the social sector with details on the target population(s), timelines, and scope to identify cross-over and support coordination.



Conclusion

We have consistently heard from people who use substances, family members, and care providers that B.C. needs a clear, easy-to-navigate, integrated, and holistic system of care. People who use substances should be able to access the services they need when they need them, and they should be supported in their wellness journey in whatever way works best for them. While there are many bright spots and promising practices in our current system, we know there is still a lot of work to do.

Building this system will take time and this Framework is a step in that process, providing the overarching vision for what our ideal system of care could and should be by guiding future policy and investment planning. This work describes the core elements that a functioning system of care should include and identifies a path forward to move towards that goal. It highlights where there are opportunities to build robust, cross-sector care pathways, recognizing that building our ideal state requires a strong network of partnership spanning all areas of the social determinants of health. These care pathways will enhance the collaborative work already underway in many areas of the system, and support connection and integration where there are further opportunities for cross-sector alignment and partnership.

People who use substances in B.C. have a right to equitable, stigma-free, and evidence-informed care in all areas of health and wellness. This Framework seeks to move us forward in creating a province where that is a reality, and as work continues it can be adapted to better meet the emerging needs and considerations for building that ideal system. Looking forward, MMHA remains committed to working alongside our partners to use this Framework to ensure that the system we are building realizes its vision of being integrated, coordinated, cross-sector, and responsive to the needs and experiences of people who need it.

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