



APPENDIX A

What We Heard: Stakeholder & Partner Engagement



Ministry of
Mental Health
and Addictions

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Introduction

As part of the *Pathway to Hope*, the Province has committed to creating a new policy framework to improve the adult substance use system of care. Beginning in Fall 2020, staff at the Ministry of Mental Health and Addictions (MMHA) have undertaken the groundwork required to develop a Substance Use System of Care Framework (the Framework). This has included: foundational policy work that comprised of a comprehensive evidence review and jurisdictional scan; the development of a Core Services Model detailing the principles and foundational elements of the ideal substance use system of care and defining of a set of core services all people in BC should be able to access; and now, an extensive process of engagement and consultation that has been summarized in this report. Ultimately, this work will come together to inform the development of the Framework that will be completed in 2022.

The engagement and consultation process sought to inform and support the development of the Framework by identifying current gaps in the existing system and providing concrete and practical opportunities for improvement. Over the course of the past year, the MMHA Framework project team has engaged with over 300 individuals from across the health and social sectors, gathering well over 600 data points detailing both the challenges and potential for developing a comprehensive substance use system of care. This included input from Indigenous partners, people with lived and living experience of substance use, family members, service providers, clinicians, social sector partners, cross-government partners, and health leaders from across the province.

This report summarizes the key themes of what we heard throughout our engagement on the Framework. The feedback and themes highlighted here reflect the dedicated contributions of our partners gathered through diverse activities and engagement opportunities, all with the shared

goal of informing a new policy Framework for a substance use system of care that works for everyone when and where they need it.

Methodology

Engagement

To ensure that the Framework development was meaningfully informed by the people who are most impacted by the current system of care, the project team at MMHA analyzed past feedback and reports to government to identify:

1. Who had been previously engaged;
2. Key themes in past recommendations to improve the substance use system of care;
3. What voices were underrepresented in past engagements despite having a vested interest in the state of substance use care in BC.

This approach ensured that the Framework development process honoured the significant work that had already been undertaken by advocates, community leaders, and health practitioners to support improvements to the provincial substance use system of care and avoid replication, while also addressing some of the knowledge gaps that would otherwise impede the development of a thoughtful and intersectional Framework that was inclusive of all those who would need it.

Using the outputs from this preliminary thematic analysis, the MMHA project team developed an engagement strategy with three streams through which to collaborate with key partners:

Expert advisory panel: A time-limited group consisting of over 30 members with significant expertise related to the substance use system of care, encompassing diverse forms of knowledge from lived

experience, practice-based, clinical, and traditional sources. This Panel provided key subject matter expertise on specific issues while also supporting the development of core Framework components such as the Core Services Model and the gaps analysis. The Expert Advisory Panel also identified system-level opportunities for improvement based on their experiences.

Targeted engagement: The MMHA project team engaged extensively in focused conversations with key partners with specific knowledge and expertise throughout the Spring and Summer of 2021. These conversations were focused both on highlighting the voices of people who are most impacted by the substance use system of care, such as people with lived expertise of substance use and frontline service providers, as well as those who have been historically excluded or underrepresented in these discussions, including the anti-violence sector and Indigenous housing services.

Policy spotlight sessions: Recognizing that there are certain complex and overarching policy issues that the Framework needs to consider, a series of seven facilitated policy spotlight sessions were hosted to gather input from key experts, including folks from the EAP and others who were engaged through more targeted conversations. These topics included: improving withdrawal management services; health sector coordination; social sector coordination; concurrent mental health and substance use conditions; youth and young adult transitions; redefining recovery; and Indigenous cultural safety.

Analysis

To support the analysis, the project team used a comprehensive content analysis process wherein each challenge and opportunity identified by partners during the engagement process was organized into overarching Framework themes, which included: Access; Integration and Coordination; and Cultural Safety. Using a collaborative process, the team then analyzed the data points within these larger themes to identify any subthemes, common threads, and interrelations between priority areas to develop an analytical framework that coded each gap and opportunity by subtopic (e.g.,

Knowledge Translation; Care Pathways; Counselling). This coding was then peer reviewed by the project team to ensure cohesion and appropriateness of the organizational structure.

Using the categorization developed through the content analysis process, the project team has highlighted key themes that emerged during the engagement process. These following sections describe common themes that were frequently shared across diverse audiences, as well as highlighting key emergent themes that reflect both the commitment from our engagement and the Framework development process to reflect an equity and intersectional lens, highlighting specific topics of significance to ensure that this work is inclusive of diverse voices and perspectives.

Executive Summary

Three broad over-arching themes emerged from our discussion with stakeholders: access, integration and coordination, and cultural safety. In addition to this, several key cross-cutting subthemes emerged. Generally, participants agreed that the substance use system of care is often inaccessible to clients, lacks integration and coordination among care providers and social sectors, and offers inadequate cultural safety in providing services to individuals from diverse cultural backgrounds, especially Indigenous peoples.

In addition to identifying many specific gaps relating to these themes, our partners also discussed a wide range of opportunities to address them. While these themes are addressed in separate sections of this report, they are not isolated from one another. Each of the three themes are integral components of a robust system and rely on one another to function properly.

Access

Partners and stakeholders consistently mentioned themes relating to access, describing the various ways in which people who use substances face difficulties in accessing substance use services. Several

service gaps were identified, with certain services standing out as lacking, including counselling, safe supply, and withdrawal management services (WMS). Additionally, there is a need for community-based services that allow individuals to seek support without uprooting their lives. Access barriers that disproportionately impact members of certain groups were another key issue. Challenges relating to access barriers included: long distances between rural communities and substance use services; a lack of supports appropriate to meet the needs of marginalized populations; and insufficient training among providers on topics like cultural safety, gender-affirming care, and trauma informed care. System capacity also presents challenges related to fragmented approaches to funding and system planning, training and workforce challenges, and the increasing complexity of clients' needs.

In describing opportunities to address these gaps, participants conceived of a system in which clients have low-barrier access to the services they need, when and where they need them.

Recommendations that specifically seek to enhance access to substance use services include:

- Targeted expansion and adaptation of services that were identified as lacking (e.g., counselling, safe supply, and WMS);
- Enhanced provision of community-based services;
- Taking measures to reduce access barriers, by prioritizing equity-based system planning and training initiatives.

Integration and Coordination

Threaded throughout our conversations were concerns about a lack of integration and coordination, both within the substance use system of care and across various sectors. Within the system, services are often isolated from one another, operating independently and with little to no coordination.

This results in inconsistent practices across providers and challenges navigating and transitioning

between available services. Similar challenges were identified across sectors, with several sectors being mentioned, including health, housing, and community services. People facing challenges with substance use are unable to access the wraparound services they require to secure their well-being. At a systems level, a general lack of coordinated system planning was highlighted as a major barrier to integration and coordination.

These challenges allow many people to fall through the cracks with no safety net to offer support to them. In contrast, participants envisioned a well-integrated system in which a range of highly coordinated services ensure that clients consistently have the support they need throughout their recovery journey, regardless of their individual paths. Stakeholders and partners identified several opportunities to enhance integration and coordination, such as:

- The development of consistent standards and quality measures;
- System-wide recognition of the importance of client choice and an expanded definition of “recovery”;
- Collaborative policy development and cross-sector partnerships;
- Centralized or co-located service offerings;
- Multi-disciplinary training initiatives;
- Knowledge mobilization.

Indigenous Cultural Safety

Partners repeatedly shared that Indigenous cultural safety was both a critical gap in the current system of care, as well as a key principle and opportunity in moving forward. Indigenous partners identified several challenges in delivering culturally safe services for Indigenous people across the

system of substance use care, from gaps in substance use-specific services as well as the broader health and social sectors. Anti-Indigenous racism compounding with substance use-related stigma¹ is pervasive and impedes Indigenous peoples' ability to access supports. Additionally, colonialism and its continued impacts directly contribute to trauma for many Indigenous peoples, privileging Western, biomedical ways of knowing, and preventing Indigenous peoples from accessing culturally safe and appropriate care that aligns with their traditions and beliefs.

In consultation with our Indigenous partners, several opportunities relating to cultural safety were highlighted as promising methods to enhance cultural safety in the system and improve Indigenous experiences when seeking substance use supports. These include:

- Recognizing the validity of Indigenous knowledge and worldviews;
- Promoting Indigenous self-determination of health;
- Providing training in anti-racism and cultural safety to care providers.

Cross-Cutting Subthemes

Before delving into the main areas of focus outlined in this report, there are several important subthemes that span across all three main themes (access, integration and coordination, and cultural safety). The most prominent cross-cutting subthemes are trauma, stigma, and the social determinants of health. Participants agreed that acknowledgement and enhanced understanding of the role these factors play in substance use is required to provide high quality care for those who experience challenges relating to their substance use. These subthemes are not organized into sections in the same way as the three main themes; rather, they appear in various ways throughout this report. To highlight their importance, a summary of feedback relating to these subthemes has been brought together here.

¹ Stigma in these discussions was described both as that which is experienced within the health and social care systems but also internalized stigma and shame. All forms of stigma need to be addressed to support fostering cultural safety.

Trauma – Trauma is closely linked with substance use in many cases, as substances are often used to cope with past and ongoing experiences of trauma. Additionally, there must be recognition that some individuals may experience unique forms of trauma, such as Indigenous peoples who have experienced trauma relating to colonialism and anti-Indigenous racism in the health care system.

Participants noted that an effective system of care must acknowledge the role of trauma and offer services and supports that specifically address it, including:

- The expansion of specific services and supports, such as trauma-informed and trauma-specific counselling;
- Training on trauma-informed practice, both for substances use care providers and others across social sectors who may interact with people who use substances;
- Training on cultural safety and anti-Indigenous racism as well as the inclusion of Indigenous care providers, to ensure that services, supports, and training are delivered in a manner that ensures cultural safety for Indigenous peoples who have experienced trauma.

Stigma – Stigma surrounding substance use serves is a major barrier for clients in accessing services. The most straightforward example of this is when people experiencing substance use-related challenges struggle seeking help due to shame associated with stigma; however, it can also operate in many other ways. For example, the belief that all substance use is inherently bad can limit the availability of certain services, such as medication assisted treatment, like opioid agonist treatment (OAT). It can also impact the ways in which service providers interact with their clients, as if they are incapable of making their own decisions.

This can impede integration and coordination efforts as different care providers and sectors vary in the degree to which they perpetuate substance use stigma. Across the system of care, providers hold conflicting beliefs about substance use which results in inconsistent approaches to care. In some

cases, providers will not provide services to people using substances with stigma playing a significant role in this.

Stigma can also differentially impact members of various communities, such as those who come from religious or cultural backgrounds that view substances more negatively and thus may be afraid to ask for help. Similar to the situation with trauma, discussed above, Indigenous peoples may experience different forms of stigma due to racist stereotypes and myths surrounding Indigenous peoples and substance use.

Opportunities to address challenges relating to substance use stigma span across our three key themes, and include strategies such as:

- Providing training to healthcare professionals and staff in other social sectors on stigma to better inform their understanding of substance use;
- Public education initiatives to improve awareness of the negative impacts of stigma.

Social determinants of health – Social factors such as age, race, gender, ability, income level, housing security, and employment status are social determinants of health that play a central role in the health outcomes of an individual, including their likelihood of experiencing harms related to substance use. Acknowledging the central role of the social determinants of health allows for the provision of a broad range of supports for clients that can assist them in achieving their goals related to managing substance use.

Based on this understanding of social determinants of health, social indicators can also be used to measure outcomes of substance use supports. Considering a client's ability to secure and maintain housing and employment, the quality of their relationships with community and family, and their mental, social, and physical well-being, can often provide more insight into the effectiveness of

“The worst thing you could do [in our culture] was to banish people, but we banish people all the time”

substance use supports than simply knowing details about their substance use following treatment.

This subtheme emerged most centrally in relation to integration and coordination and was mentioned in a wide number of opportunities, including:

- Supporting people to identify their diverse and holistic needs throughout their recovery journeys, including those beyond traditional substance use services;
- Providing housing supports that meet the needs of people who use substances and acknowledging the important role of stable housing;
- Providing transportation to enable access to substance use services;
- Promoting community and social connection, facilitating community-based care.

Theme 1: Access

A functioning substance use system of care requires that appropriate core services be available to all who require them. Not only should there be a broad range of services capable of meeting population needs, all individuals in BC must also have equitable access to these services with minimal barriers. Many of our partners identified gaps and opportunities regarding access to substance use services.

Gaps Surrounding Access to Substance Use Services

We repeatedly heard about existing gaps impacting access to substance use services and the system of care. People identified several specific services as lacking or missing, barriers to access what services are available, and issues with system capacity. Some service gaps related to the insufficient availability of existing services that have proven to be successful under our current system (e.g., OAT, Managed Alcohol Programs (MAPs), and community-based care). Ultimately, partners agreed that lack of access to services, for various reasons, was a major obstacle to having a robust substance use system of care.

NEED FOR COUNSELLING

Members of the Aboriginal Housing Management Association (AHMA) identified challenges with securing predictable and permanent funding to support addictions counselling, noting some difficulties in working with regional health authorities to get these supports funded.

While all members expressed gaps in services, northern and rural members identified challenges in accessing basic supports, including counselling. Due to the lack of affordable and accessible transportation, many struggle to get to appointments.

Similarly, non-profit housing providers noted that there are no counsellors - particularly for alcohol.

Service Gaps

Many noted that the significant lack of services across the continuum of care prevents individuals from accessing the care they require. Some mentioned a general lack of supports available in a particular region or for a given population, while others referred to specific services that were missing or inaccessible due to a lack of capacity. Specific services that were mentioned most frequently include:

Counselling – Lack of counselling services in BC was one of the most frequently cited gaps. This includes a lack of general counselling, which serves more of a preventative role by offering general mental health support, and substance use specific counselling, which uses tools such as trauma-based approaches and cognitive behavioural therapy (CBT) to explicitly treat SUD. Additionally, long wait times for services and a lack of virtual options were specifically mentioned as barriers. There was also concern that some forms of counselling were not officially recognized, such as counselling provided by traditional healers.

Referral services – Not all care providers can offer referrals to substance use specific services, leaving many clients unable to access the support they seek out. For example, a client may have an established connection with an Elder that is not formally recognized as part of the substance use system of care and is thus unable to refer them to certain services. Restrictions on who can complete intakes and refer clients limits access to certain services (e.g.,

Spotlight:

Withdrawal Management Services

Partners flagged significant challenges with the current availability of and options for withdrawal management (e.g., detox).

Each health authority indicated that whatever types of withdrawal management services they provided (in-patient, mobile, daytox, etc.), they were not able to fully meet client needs due to a lack of culturally appropriate withdrawal management spaces, requirements that people abstain from substance use for a period of a few days prior, lack of in-community spaces, and no clear pathways into and out of withdrawal management.

People additionally noted that without clear aftercare and continuing care plans, including connection into additional treatment services, people who complete withdrawal management are at an extremely high risk of experiencing a fatal drug poisoning event and/or can be discharged from withdrawal management beds into homelessness.

treatment beds).

Assessment – Insufficient assessment services limit clients' ability to access appropriate care that matches their needs. The lack of a coordinated, systematic approach to providing assessments also leads to confusion and failure to identify the appropriate supports for an individual.

Early intervention – There are few early intervention and prevention initiatives for adults, such as education and public awareness campaigns about the risk of harms associated with substance use.

Addiction medicine services – A variety of services relating to addiction medicine are lacking, particularly in rural and remote communities. This includes medicine assisted treatment, such as opioid agonist treatment (OAT) or medications to address alcohol use disorders (e.g., naltrexone or acamprosate).

Harm reduction – Services are not equitably available across all regions and all populations, with many people experiencing significant barriers to accessing services such as prescribed safer supply or Managed Alcohol Programs (MAPs).

Withdrawal management services – There are insufficient spaces providing WMS, leaving many with nowhere to go, particularly in rural and remote areas where there may be no available services. In surveying health authorities this was the most frequently identified gap across regions.

Aftercare – Following treatment services, there is a lack of aftercare to provide clients with ongoing support. The absence of such services results in an increased likelihood of relapse.

TRAVEL DISTANCES

Treatment centres are hundreds of kilometres away for some communities and it can take many hours to get there.

Barriers to Accessing Services

While the lack of existing services poses a significant challenge for access to substance use care, there are also barriers to accessing the services that are available. These barriers disproportionately impact certain populations, resulting in inequitable access to substance use care.

Rural – Individuals living in rural and remote communities experience unique barriers to accessing substance use services. Overall, there is a lack of services located in these communities, both in terms of general health services as well as substance use-specific services. Additionally, broader service gaps that impact communities across BC may be disproportionately felt in rural and remote areas, where there are fewer treatment spaces and longer waitlists. For example, withdrawal management services were noted as being particularly lacking in these communities.

Consequently, people are often required to travel significant distances to access the services they require. Travel requirements were frequently mentioned as a barrier to accessing services in rural and remote communities. Not all individuals are able to travel to services based in larger urban centres, as it may require them to take time off work, access a vehicle, or finance their own transportation and accommodation costs. Even accessing services in nearby communities can present significant challenges, as public transit options may be limited or non-existent.

Equity – Certain populations disproportionately experience barriers to accessing services based on certain aspects of their identities, including race, gender, ability, income, or age. Stakeholders from diverse groups voiced concerns about the unique barriers faced by those who are gender diverse, have cognitive disabilities, immigrants and refugees, LGBTQ2S+ individuals, people who are experiencing poverty, and those who are Black, Indigenous, and other people of color (BIPOC). Participants noted that these individuals face additional difficulties accessing substance use supports.

It was noted that specific supports to meet the unique needs of marginalized populations are

significantly lacking, such as Indigenous Peer Supports or women-specific treatment spaces. Additionally, existing supports are often not appropriate in serving these populations. A lack of translation services, trauma-informed approaches, cultural safety, and gender-affirming care make existing services less suitable for marginalized people, further isolating them from accessing care.

Operational – Logistical barriers were also mentioned as contributing to an inflexible system that prevented access for some. This includes inconvenient hours of operation (e.g., banker’s hours-only services) or a lack of drop-in programming options. People also spoke to how services with rigid operational exclusion criteria often created inadvertent barriers for people who use substances who may need more flexible and dynamic approaches to getting connected and staying engaged in care.

System Capacity

Various challenges related to system capacity contribute to difficulties in accessing substance use services. The current substance use system of care lacks capacity to meet the existing need due, in part, to insufficient services in terms of availability, quality and appropriateness of care. This limits clients’ access to much needed services and contributes to high rates of employee burnout. Many participants working in the substance use system of care described how a lack of funding and appropriately trained staff play a major role in limiting system capacity.

***“There has to be support
for frontline workers.
This is hard work.
This is heart work”***

Funding and system planning – There are significant gaps in the funding available to the substance use system, both generally and for specific purposes, such as specialized substance use services and Indigenous-led substance use initiatives. Funding is also inconsistent, with some services receiving better funding than others, resulting in disparities along the continuum of care. In addition, funding is often unstable even within specific projects and programs, with a lack of continuous and annualized funding following initial commitments.

These funding gaps also increase competition among providers. Often, there is inequity in how funding is allotted, with community organizations and services in rural communities being overlooked. This exacerbates pressure between organizations to compete against each other in areas where resources are already stretched thin, rather than supporting collaboration and integration.

We also heard that a lack of system planning impedes efficient use of funding. Rigid terms often restrict how funding can be used, rather than enabling providers the flexibility to use funds in ways that best meet clients' unique and changing needs. Improvements are needed when deciding the basis upon which funds are granted to service providers, using approaches that rely on community involvement, needs-based planning, and attaching funding adjustments to population growth.

Training and workforce challenges – Staff retention and recruitment are major challenges that contribute to an understaffed and overburdened substance use system of care. The lack of qualified professionals to provide certain treatments such as counselling, withdrawal management or psychosocial supports, often results in long waitlists for these critical services. Providers often feel pressured to fill gaps by overextending themselves and offering services that are outside of their mandate, including acting as navigators and referral points on top of their regular responsibilities, significantly increasing their workload. Unsurprisingly, staff burnout is a significant problem for those working in the substance use sector, exacerbating staffing shortages.

Further, we heard that outdated practices with limited evidence continue to be delivered as part of the substance use system of care, with providers not having access to training for alternative, evidence-based approaches. Strategies aimed at supporting workforce development do not consistently include regular updates on emerging and promising approaches that enhance the quality of care and follow the evidence, such as strategies for trauma-informed practice, non-medicalized forms of care, and team-based approaches.

Gaps in staff training limit care providers' ability to successfully serve diverse clients. Training is often

inconsistently available across regions, with limited opportunities for staff in rural and remote areas. There are also gaps in the kinds of training available, with many important topics and approaches being overlooked such as culturally safe care, harm reduction, stigma, gender competency, and many other factors that play a significant role in providing quality substance use care. What opportunities are available are also frequently limited to certain health care roles, such as physicians or nurses, at the exclusion of other health care and allied professionals who support clients as part of the substance use system of care.

Complexity – The increasing complexity of clients’ needs, exacerbated by the COVID-19 health emergency has exposed gaps in the substance use system’s ability to provide the care required to meet diverse service needs. Clients with complex care needs relating to concurrent substance use and mental health or other disorders often lack access to the specialized care required to meet their needs. Increasing complexity provides a significant challenge for those working in the other sectors serving people struggling with substance use as well. In particular, housing sector staff are not always equipped with the resources or expertise required to serve individuals with complex needs, often resulting in their inability to secure housing and cycles of homelessness.

EAP Gap Analysis

We heard consistently from our health authority partners that there are multiple and persistent service gaps across each region, with certain core services being entirely unavailable in some regions and others being inaccessible to key populations, such as women or people living in rural and remote communities. When we asked health authorities to identify where they saw the most problematic gaps in their core substance use services, the most noted service gaps include:

- Withdrawal management services;
- Acute intoxication services (e.g., sobering centres);

- Multi-functional substance use transition services; and
- Bed-based intensive (tertiary) services.

In some cases, new investments through Budget 2021 have helped to address some of these gaps. For example, the Red Fish Treatment Centre in Burnaby will add new tertiary services. However, many gaps persist, and not every community will equitably benefit from new service investments. Health authorities noted that there were very few bed-based services that allow people with children to come into treatment with their family, and other bed-based services are not inclusive of or safe for gender-diverse and trans individuals.

Opportunities to Expand Access

Throughout our conversations, participants discussed potential opportunities to improve access to the substance use system. Some called for a general expansion of services; however, others identified more specific opportunities that would address known existing gaps. These specific opportunities fell into two general categories: expanding and adapting substance use services; and reducing barriers to access.

Expand and adapt substance use services

In response to the existing service gaps, many suggested increasing service capacity across the substance use system of care. Within this general need for additional services, several were mentioned particularly frequently, such as counselling and early intervention and prevention services. Other opportunities discussed in this section involve adapting the ways in which services are currently provided and ensuring that clients have access to community-based services.

Expand counselling services – There is a strong demand for additional counselling services available to those experiencing substance use-related challenges. Counselling is a treatment option that

Spotlight:

Anti-Violence Sector

People who have experienced violence are more likely to use substances. Many services that are available to survivors of violence do not have the capacity to support clients who are fleeing violence and actively using substances which can result in people staying in unsafe and potentially deadly situations.

Violence prevention services need to incorporate harm reduction and substance use counselling services into existing programming.

This could include:

- Having dedicated, separate harm reduction spaces in shelters and transition housing for clients to use substances
- Reform policies for clients who are using substances are not barred from anti-violence services while also keeping spaces safe for other clients and their children
- Provide substance use-specific training for the anti-violence workforce and violence-informed training for the substance use workforce.

can offer substantial benefits to clients but is often overlooked, due in part to stigma and a lack of understanding of the role and forms of counselling. There is need for the expansion of not only conventionally accepted forms of counselling according to a Western, biomedical model of health care, but also more diverse options such as traditional healers, Knowledge Keepers, and Elders. These expanded roles should also be validated and recognized as key counselling services.

There is also a need for more diverse approaches to counselling, including general counselling available to the public to support prevention efforts, as well as substance use specific services that use evidence-informed practices such as CBT to address existing substance use challenges. Counselling services that are trauma informed, culturally safe, offered virtually, and are community-based should also be expanded. Some of these options require enhanced training, discussed in greater detail below.

Enhance early intervention and prevention activities - Raising awareness through public education campaigns can effectively build understanding about substance use disorders and the treatments and supports available to those who use substances. Enhancing these activities can help people in identifying substance use disorders, reducing stigma surrounding substance use, and connecting people with the supports they need. Such efforts could be integrated within other sectors, such as workplaces, to better reach people throughout BC.

Adapt crisis response – An improved response to individuals that are in crisis and using substances could better connect people to the services they need instead of being criminalized for their behavior. Currently, law enforcement responds to many mental health and substance use crisis calls, and they typically do not have the ability to respond appropriately. Rather, their presence often leads to the criminalization of people who are in crisis, resulting in further harm.

An alternative crisis response model could include, or be entirely comprised of, individuals working in the substance use and mental health sectors, such as outreach workers and nurses. These teams could be community-based and would help connect people with appropriate supports rather than perpetuating harm.

Increase virtual services – Further expansion of virtual services presents a major opportunity to tackle the lack of available substance use supports in many communities, especially counselling. Providing virtual services can allow for individuals to access a more diverse range of supports. This may be particularly helpful for people living in rural and remote communities, as well as those who are experiencing marginalization and would benefit from access to care providers with similar lived experience as them (e.g., Indigenous clients may prefer to receive support from Indigenous peers) or who are skilled in providing care to diverse clients (e.g., training in cultural safety or gender-based competencies).

Provide community-based services – An opportunity to both expand services and reduce access barriers is to provide additional community-based services. Rather than having clients leave their home communities to access treatment

“Mobile crisis response units and other regional crisis supports are often not very responsive, and in some cases, take hours or even days to follow up. Varying levels of service across the province challenge access and result in emergency service involvement.”

and other substance use services, offering a range of supports in community was identified as a significant opportunity to better serve clients. In expanding and adapting services, offering a range of options in community should be prioritized.

Reduce Barriers to Accessing Services

Expand equitable services – In many instances, it is not necessary to establish entirely new services for those experiencing structural barriers to care. Rather, there is a need to improve and integrate existing services to provide safe, accessible, and appropriate care for all. This is a theme that emerged across many engagement activities and addresses multiple gaps outlined in this report. As previously noted, certain groups experience disproportionate barriers to accessing substance use care due to systemic and structural marginalization. This includes people who are 2SLGBTQIA+, have cognitive disabilities, recent immigrants and refugees, people experiencing poverty, and those who are Black, Indigenous, and people of color (BIPOC).

Ensuring equitable services for everyone in BC requires expanding measures to reduce barriers across the substance use system of care. Supports, programming, and care planning need to be individually tailored to the needs of clients. This could include translation services for those who would prefer services in languages other than English; the creation of culturally specific

CONSIDERING CITIZENSHIP

People who are applying for citizenship or permanent residency status are often unable to safely access substance use services delivered by health and/or social care organizations due to the risk that service utilization would count against them in their application for residence.

In considering residency applications, citizenship authorities can deny people due to high utilization of health and social services which prevents people from seeking support even when they may need it. However, agencies that have agreements to provide settlement services can provide substance use supports to clients without having it negatively impact their applications, in tandem with other culturally appropriate services for their clients.

wellness plans; integrating Indigenous peer outreach workers into care plans; and mandatory training on gender competency, cultural safety, and other topics as required to meet client needs.

Other opportunities include improving provision of services to those who live in rural and remote communities. This could look like expanding recruitment efforts and incentivizing clinicians and other care providers to relocate to these communities; providing transportation to facilitate the use of substance use services; and delivering services outside of traditional medical settings.

Expand reach – Supporting more flexible operational models within the substance use system of care could expand the reach of services. This includes expanding drop-in services and hours of operation to support clients' access to services at any time of day. This can help accommodate individuals seeking service outside of regular business hours, including those who have non-traditional or unpredictable work schedules. Reach can also be expanded through the inclusion of additional outreach activities and peer-led initiatives, helping to reach clients who may not feel comfortable or safe seeking services otherwise.

Theme 2: Integration and Coordination

An efficient and responsive substance use system of care requires significant integration and coordination across sectors and systems to best serve clients. This includes the provision of wraparound services, information sharing between care providers, and a consistent standard of care across services.

In the current state of the substance use system of care, services are provided across a range of settings and providers, including public, non-profit, and private organizations. Building an integrated and coordinated system is integral to ensuring consistent access to high-quality care across BC.

Gaps in System Integration and Coordination

The lack of integration and coordination is a significant barrier to care for people struggling with substance use challenges. Integration and coordination represent a gap at three levels:

1. Substance Use Services – Coordination among core substance use services such as withdrawal management, treatment, and aftercare;
2. Health and Social Sector Services – Integration between sectors such as primary care and housing;
3. Systems Level – Integration and coordination that includes policy collaboration and information sharing.

Substance Use Service Integration

Within the substance use system itself, services are often delivered in silos and isolated from one another. Clients may struggle due to inconsistent approaches from various care providers, uneven standards of care across the system, and difficulties with navigating and transitioning between services.

Inconsistency across care providers – Across the range of care providers involved in the substance use system of care, there is widespread variation in treatments, approaches, and standards, resulting in inconsistent quality of care. Other gaps include inconsistent evaluation and monitoring practices across the services.

Navigation – Navigating the system is a major challenge for clients and care providers alike. Many report difficulties in knowing what services are available, what kind of supports they deliver, and how they can be accessed, making it difficult for people to access the support they require.

KNOWING WHAT'S AVAILABLE

Service providers and people with lived experience of substance use consistently spoke to not only the difficulties in finding and accessing services, but also in learning more about what each service offered and whether they would be a good fit to meet individual client needs.

What works for one client may not work for another, and people may not be successful in some programming which can make people feel ashamed or that they failed. Services need to be clear with respect to what they offer and whether they will be able to provide a good fit based on individual client needs and goals, and people need to be supported to be matched to the services of the best fit.

Transitions – Within the substance use system of care, transitioning between services is often a challenge. Transitional supports can be critical for clients when moving away from services they are

familiar with. Transitioning out of treatment services and into aftercare is a particularly high-risk period where the potential for relapse is elevated. Another particularly challenging transition occurs when youth age into adult substance use systems. More support is needed to provide clients with smooth transitions throughout the system.

Health and Social Sector Integration

The substance use system of care lacks coordination with other sectors, despite considerable overlap with respect to the clients served and service goals. Rather than creating accessible wraparound supports through collaboration with healthcare, housing, and community sectors, services are instead fragmented and delivered in isolation from one another.

Health service coordination – A lack of coordination in between the substance use system of care and other healthcare services results in many missed opportunities to provide clients with more comprehensive care. Often, clients require support from both health care and substance use services and would benefit from integration between these sectors. For example, those who use opioids to cope with chronic pain may seek support in reducing their opioid use while simultaneously accessing pain management services from a healthcare provider. However, due to a lack of coordination, clients may not be appropriately matched to the services they require.

Social service coordination – Individuals who require substance use services may also access supports from other social service providers (e.g., housing, community services). However, staff in these sectors have limited ability to connect their clients with health-delivered substance use services due to a lack of coordination. People who use substances may also face barriers in accessing services from other social sectors because of their substance use. For example, housing facilities may turn away individuals who are using substances, leaving many without access to stable housing. This lack

“The biggest issue is not being able to get coordinated help for mental health and substance use. If someone has mental health and substance use, mental health doesn’t touch them”

of collaboration between the substance use system of care and other social services leads to people falling through the cracks.

Other service coordination – Failure to coordinate with other sectors such as post-secondary institutions and workplaces results in lost opportunities for integrated training and workforce development. These sectors could benefit from working together to develop curriculum for those working in health and social services. This also contributes to a missed opportunity to partner with workplaces and educational institutions in delivering opportunities for early intervention efforts aimed at reducing substance use-related harms.

There is also a lack of coordination with emergency services who often interact with people who are using substances and may be in crisis. Law enforcement typically responds to such situations despite not being well-suited to managing these crises, due to the absence of coordinated, cross-sector crisis response. This results in safety concerns and the potential for the unnecessary criminalization of people experiencing a crisis.

Navigational and transitional support – Within this fragmented system, navigating what services are available and how to access them is challenging. Yet, there is a lack of specific navigational and transitional supports available to assist people in moving across services and sectors. Navigators should be available to support people in accessing and transitioning between various

Spotlight: Concurrent Disorders

Many who are struggling with substance use have at least one co-occurring mental health disorder. Unfortunately, the current health care workforce is not equipped to properly identify and support concurrent conditions, resulting in people becoming disconnected from care and experiencing significant harms.

Developing a concurrent capable mental health and substance use workforce requires a culture change whereby substance use services are equipped to support clients with varying mental health diagnoses, and vice versa. Training to support concurrent capacity in the system of care is needed for all practitioners, including education on how to recognize the ways that substance use can impact mental health needs and how mental health can impact substance use behaviours.

It is important that there is low barrier access to assessment and screening to help diagnose concurrent disorders early on to prevent issues from becoming more severe due to lack of support and appropriate care.

supports, providing clients with a consistent contact point throughout their journey. People with lived experience also called for navigator roles to be designed in a way that empowers client choice, rather than assuming that they need to follow a particular care trajectory. Transitional care for Indigenous people also requires the system to understand and include aspects of Indigenous cultural safety, including delivery of services on and off reserves.

Systems Level Integration

The absence of cross-system efforts to address substance use limits our ability to enhance collaboration and integration. Each sector has its own variety of policies and technologies, resulting in the inconsistent use of tools and approaches to substance use. Foundational work at the system level is needed to establish common ground and facilitate collaboration between sectors and service providers.

Cross-sector policy collaboration – People struggling with substance use often require an integrated approach to care; however, the current system is not well-structured to support this. Fragmentation and inconsistent policies across sectors play a significant role in constraining system integration.

Some existing policies act as barriers to providing effective care to those who use substances. For example, children may be removed from their parents care due to substance use. The fear of losing their child is a barrier to parents who require services such as housing or substance use-specific supports as they risk losing their children if their substance use is discovered. Other policies in the social sector do not account for unique difficulties faced by those struggling with substance use and thus result in disproportionate service barriers. For example, rent subsidies while a person is in treatment for substance use disorder are often insufficient to meet actual costs, resulting in loss of housing for those who depend on it.

Funding is also inconsistently and inefficiently being distributed from government agencies to diverse organizations. Rather than having joint funding opportunities to address certain strategic priorities,

organizations often have to apply to multiple funding opportunities simultaneously, despite potential overlap in service design and outcomes. This creates a high administrative burden for organizations and uncertainty around where to best source funding support to offer key programming.

THE VALUE OF COMMUNITY BASED SERVICES

Community-based services are undervalued and under resourced in comparison to similar services being delivered in clinical settings. There is significant innovation happening in communities, but they are not being resourced to offer sustainable programming or to scale up models that are working well.

The lack of consistent policies and system planning specifically addressing integration and coordination is another significant gap. The system is currently organized in a way that makes it challenging for various organizations to work together. Policies that specifically promote and facilitate collaboration are needed to address this issue. For example, policies that clarify the roles and responsibilities of different actors involved in providing care and social services. This can alleviate confusion surrounding overlapping service mandates and a lack of clearly defined roles and jurisdictions.

Information sharing – Key information is not consistently and effectively shared between providers across health and social sectors. This includes client data and service records to support improved referrals. The absence of system-wide information management standards results in a range of inconsistent practices. Differences in communication style, records-keeping, and data standards also serve as a barrier to effective information sharing.

Insufficient information sharing concerning available services and resources is another significant gap. Many providers report not knowing what options are available for clients or where to direct them

to access support. There is a need for greater shared awareness among providers and clients of the variety of services available, what needs they best suit, and how to access them.

Information management and technology – Insufficient information management and technology infrastructure makes it difficult to collect, organize and share client data. Improved infrastructures are required to enable collaborative data collection, such as electronic medical records (EMRs). Access to appropriate technology can improve treatment and assessment practices. To enable the provision of high-quality care in all settings, information management and technology infrastructures need to be available to a broad range of care providers, not only those working in a clinical setting. In addition, providers in remote communities where high-speed internet access is limited must also have equitable access.

Inadequate technological infrastructure also limits communication and information sharing between sectors. The absence of a centralized database containing relevant client information was noted as a specific gap. Technological barriers prevent providers from accessing a complete history of clients' use of various health and social services, potentially allowing them to miss key information that can improve care outcomes.

Knowledge mobilization – There are few mechanisms in place to ensure that knowledge is being effectively mobilized across sectors. A lack of system level processes to facilitate knowledge mobilization prevents effective implementation of evidence-informed practices. There are delays in implementing changes based on emerging evidence, such as the use of new medication-assisted treatments, resulting in missed opportunities to improve the provision and quality of care.

Concepts and practices that may be well understood in certain sectors or by certain providers may not be widely applied in others. For example, many providers who specialize in substance use care are aware of the relationship between trauma and substance use. This understanding informs how they work with clients with substance use disorder and can greatly impact their recovery journeys. When

this kind of knowledge is not widely circulated, it can result in lost opportunities to provide clients with appropriate care.

Opportunities for Integration and Coordination

There are many opportunities to improve integration and coordination both within the substance use system of care and with other sectors. More integration and coordination will support a system that can provide higher quality services and better account for the diverse experiences of those who face challenges relating to their substance use.

Substance Use Services Opportunities

Improve substance use system planning – System planning efforts should seek to address the needs of clients and service providers across the continuum of care. Alternative approaches to system planning, such as needs-based planning, can help to fill existing gaps in the system. Communities and peers can be invited to participate in system planning activities by asking them directly what their needs are and working with key health partners such as the First Nations Health Authorities (FNHA).

Planning efforts should prioritize equitable funding allocation by providing adequate funding to substance use services in rural settings and directly to communities. This funding needs to be sustainable and consistent to enable long-term staffing and continuous programming and supports for clients. It also needs to account for population growth and increases in service demand. One possibility would be to attach funding amounts to population growth.

When considering funding decisions, we need to include the various components required for sufficient administrative support and infrastructure to enable the provision of services. There is also a need for dedicated funding to support measuring of outcomes and service impacts.

Redefine recovery – People with lived experience of substance use called for a redefinition of recovery that emphasizes choice and agency in seeking individual wellness journeys, recognizing that this will look different for each person. A broader understanding of recovery presents a major opportunity to increase integration and access while also minimizing the stigma surrounding substance use. While many partners agreed with a basic concept of recovery as being client-centred and individually determined, people spoke to a profound disconnect between this shared vision and the reality of practice for many people. This creates inconsistency and inaccessibility for those whose needs and goals might not align with a service provider’s particular understanding of recovery.

“Even though it starts with me, I don’t stand alone”

Recovery needs to include a broader range of experiences, allowing providers to meet clients where they are at and match them to services based on their own goals and capabilities at the time that they are seeking support. This may or may not include abstinence from substances, use of pharmacotherapies, prescribed safer supply, or other treatments. Care providers can support this by ensuring clients are empowered to co-develop their care plans, centering their needs and voices, and providing a broad range of services and types of care, including non-medicalized treatment options and culturally safe care.

RECOVERY AS RELATIONAL

Recovery is a relational process. People with lived experience spoke to how their recovery journeys were successful when they were empowered to make choices that met their unique needs, but only when they were also uplifted through loving and positive relationships and connections.

Develop standards – A consistent set of quality standards should be available and applied across all services provided in the substance use system of care to ensure that all clients have equitable access to high-quality care across the province. Participants specifically recommended the development of standards for services in key areas including treatment centres; recovery services; and aftercare supports. Such standards need to be evenly applied across regions and to all providers along the continuum of care, both public and private. They should be developed using the best available evidence and training should be provided to support implementation.

Establish quality measures – In addition to developing clear standards, there is also a need for established quality measures to ensure that providers are meeting expectations to enhance integration, quality of care, and accountability. Any established quality measures should clearly define outcomes for various services. Moving forward, measurement should be embedded in service design and co-developed by the people involved in delivering those services, including care providers and clients. Providers must also be held accountable to these standards, and when there is a lapse or issue with practice, there must be clear resolution mechanisms to ensure that people are kept safe and that services are fulfilling their commitments.

Develop collaborative policy – There are many opportunities for policy to address gaps in the system, including the development of shared policy between service providers, health authorities, and provincial ministries pertaining to the strategic opportunities previously discussed. Collaborative policy development ensures a strong and consistent foundation for the substance use system of care by identifying shared principles, defining key terms, outlining responsibilities, and determining core services.

There is a wide array of opportunities for actors across sectors, including ministries, crown corporations, municipalities, and service providers, to work together to produce mutually beneficial policies. Enhanced policy coordination can ensure that clients do not face disruption when accessing multiple services. For example, policy coordination between BC Housing, health authorities, and

MMHA can work to ensure that clients do not lose housing while accessing substance use treatment. Beyond focusing on substance use services alone, integrating supports provided by other provincial partners, such as income and rental assistance, may reduce barriers for those who face multiple challenges and thus require various services and supports.

Funding processes can also be improved by streamlining the applications process across social ministries and pursuing joint funding initiatives. Other areas in which policy collaboration could enhance integration and coordination include supporting the recognition of allied health providers such as outreach workers and peer support workers as qualified service providers in the substance use system of care where appropriate and developing a set of key terms relating to substance use to be applied consistently across the system of care.

Improved Health and Social Sector Integration

Integration across social sectors facilitates greater access to a range of services that can improve social conditions, giving people increased support when experiencing multiple challenges related to substance use. Access to diverse supports offers more comprehensive and coordinated care to clients, acknowledging the key role of the social determinants of health in substance use and related harms.

Facilitate contact with access points – Individuals must have ready access to support when they seek help with their substance use, no matter where or when they reach out. To ensure that there are a variety of access points readily available for clients, there should be a diverse range of referral agents. Allowing for referrals to occur in community-based settings, in locations such as community centres or Indigenous Friendship Centres would facilitate greater access to the substance use system of care. Referrals from traditional healers, community counsellors, and other care providers outside of the clinical sector would also help in reaching clients who may not otherwise access services.

Centralize services – There are several opportunities to centralize substance use services to increase service reach and reduce access barriers, including the development of service hubs, co-located services, and a centralized intake system. These approaches would increase client and provider awareness of available services, allow clients to access multiple services relatively quickly and with minimal effort, and promote collaboration between service providers. Navigating and transitioning between services, another established gap, would also be simplified through these service approaches.

Such strategies could also support more flexible service opportunities, such as offering health care and substance use services in community settings. This would enhance access to services, particularly for people living in remote and rural communities. There is also potential to support more flexible and diverse care options through service centralization, by facilitating team-based care and allowing for clients to connect with a range of providers in a single care setting.

Partner with housing sector – Connections between specific sectors, such as housing, may be particularly beneficial for the substance use system of care. Many people who are struggling with substance use experience parallel struggles with their housing. To address these gaps, partnerships with the housing sector may allow for the development of housing with on-site substance use services, including counselling, MAPs, and prescribed safer supply.

Coordinate within the health sector – Opportunities to enhance coordination between the substance use system and the health sector include offering health supports in treatment centres, providing harm reduction training to primary care providers to support prescribed safer supply, and building substance use service providers into Primary Care Networks (PCNs).

INDIGENOUS HOUSING PROVIDERS

The system should effectively integrate Indigenous housing providers into the system of care and planning at the local level and regional health authorities, recognizing that they play an essential role in supporting stability and should be included as a critical partner in decision-making processes and resource allocation.

Training and Knowledge Mobilization

A key component of a robust substance use system of care is ensuring a competent and qualified workforce that is well-trained in providing quality care using evidence-based practices.

Provide additional training – Care providers should receive training on a range of topics including substance use screening, pain management, concurrent disorders, and harm reduction. Beyond topics relating specifically to substance use, they should also receive training on how to provide care that is cultural safety, trauma-informed, free of stigma, and acknowledges the role of the social determinants of health.

Training initiatives should not be solely targeted at health care providers, but also across social sectors to include key partners in housing, corrections, and the anti-violence sector. It is particularly important that training be available to providers in remote and rural communities, who often do not have equal access to training.

Translate evidence into practice – There are currently discrepancies between the best available evidence on substance use and the way in which care is provided. Translating established evidence into practice will help address this issue and allow for the provision of evidence-based care to clients. This evidence should inform the types of therapies, treatments, and medications being used in providing substance use services. Accelerating the application of innovative, evidence-based practices can allow for higher quality services and improved outcomes.

In implementing evidence-based practices, it is important to keep in mind that various forms of knowledge and evidence are valid. By acknowledging diverse forms of evidence, including knowledge based on clinical data, lived expertise, traditional knowledge, and practice-based evidence, we can fully benefit from the broad range of information that is available.

Post-secondary partnerships – Partnerships with post-secondary institutions to integrate key topics relating to substance use care into the curriculums of medical, nursing, and social work programs can ensure that future members of the workforce receive consistent, comprehensive education on topics such as screening, pain management, concurrent disorders, harm reduction, cultural safety, trauma, stigma, social determinants of health, etc.

Workplace partnerships – Working closely with industry partners can expand reach and support early intervention efforts. Individuals in the workforce have a high degree of contact with their places of work and there is significant opportunity to partner with workplaces to explore how to best support employees and establish work environments where people can request support when they are struggling with substance use. This is particularly important when considering key sectors that experience a higher prevalence of substance use-related harms, such as the trades and heavy industry.

Information Management

Improving how information is shared within the substance use system of care is another opportunity through which integration and coordination can be enhanced. There is a desire among providers to work more closely together in order to better serve clients and reduce burnout. Developing strategies to facilitate information sharing is an important step forward in pursuing a fully integrated system of care.

Improve information management and information technology (IM/IT) infrastructure – Improved IM/IT infrastructure can aid in ensuring that client data is collected and stored so that it is accessible to service providers who need it, while maintaining privacy standards. Improved infrastructure can enhance data collection, including the collection of longitudinal data, to better inform needs assessments, treatments options, and assessment practices.

There is also desire for a centralized database of client information that is accessible across service providers. With access to a client's service history, a provider can better connect them with services and

supports that are appropriate for their needs across a range of sectors. Such a system would need to be structured so that providers can only see the information that they need to access to ensure a high standard of privacy for clients.

Strengthen information sharing practices - Beyond having the infrastructure required to facilitate information sharing, strong and cohesive information sharing practices are also needed across the continuum of care. Strengthening these practices can include the development of standardized assessments, data collection standards, and shared records-keeping practices. Standards should reflect the central values of the system, such as cultural safety, person-centred care, and the role of the social determinants of health. This can enable the collection and sharing of rich data, such as information about health as well as relevant environmental and social factors.

Navigation and Transition Support

There is a need for enhanced navigation and transition services to support clients as they move through the system. This can address difficulties reported by both clients and care providers when attempting to determine what kinds of services and resources exist and how to access them.

Strengthen navigation supports – Designated system navigators can support clients by connecting them with available and appropriate services. Having peers aid with navigation may be particularly beneficial as they can build a rapport with clients and may better understand their needs and concerns when seeking supports. Developing primary care providers' capacity to support system navigation would also offer significant value in promoting system navigation, as they are a key access point for many clients.

There is potential to integrate substance use system navigators into existing phone support services, for example ensuring that help line (e.g., 211 and 811) operators are trained in navigating the substance use system. An enhanced information system detailing available supports and how to access them would also help facilitate navigation.

Spotlight:

Aging into Adulthood

People do not age out of needing relationships, but the current silos of youth and adult substance use services result in young people becoming disconnected from relational care at a time when they are particularly vulnerable.

Empowering choice for young people to determine what types of support they need as they age into adulthood can help people maintain healthy relationships to trusted caregivers as they build new connections into the adult system of care. This also ensures that the supports they were receiving in the youth system of care are matched as they become young adults.

This requires supporting young people as they make decisions around what they need to feel “ready” as they age into adulthood, and to ensuring that their needs are being fully met.

Developing an online navigation tool that clearly articulates what types of services are available, what issues they are best suited to address, and where they can be accessed would significantly improve navigation by making key information readily accessible for clients and care providers.

Increased support for navigation between sectors is also needed given the likelihood of intersecting service needs and challenges (e.g., housing, legal and victim services). Services delivered outside of the substance use sector do not always adequately accommodate people who use substances, and cross-sector navigators would help to support these individuals in accessing the diverse services to best meet their needs.

“We need to stand beside a person on their journey to wellness, not in front of them”

Provide transition support – Clients may require additional support when transitioning between services, particularly when leaving treatment centres. Having designated staff to provide ongoing transitional supports and enhancing communication between sectors to better connect clients with appropriate services in the community helps support their recovery journey following treatment and reduces the risk of people falling through the cracks and becoming disengaged.

It is also critically important that there are appropriate supports for youth who are aging into the adult substance use systems. This is a particularly challenging and unstable time, and it is critical to ensure that people have some degree of consistency and additional support during this transition to ensure that they retain a relationship to care and have access to the services they need to promote wellness in adulthood.

Theme 3: Indigenous Cultural Safety

In our current stage of the engagement process, we have heard several gaps and opportunities relating to cultural safety (see note for more information). In this context, cultural safety refers to care that is discrimination- and stigma-free and recognizes the importance of identity, culture, and community in healing. This is particularly salient with respect to services accessed by Indigenous peoples in BC, as colonization has impacted and shaped the way that Indigenous peoples interact with the health system.

While cultural safety is relevant to people from diverse cultures, this section focuses specifically on cultural safety for Indigenous peoples in BC.

Gaps in Cultural Safety

It is widely understood that health and social services in BC have not traditionally been culturally safe spaces for Indigenous peoples.

Anti-Indigenous racism – In the healthcare system, anti-Indigenous racism remains a significant problem that impedes Indigenous peoples' equitable access to integral health services, including substance use services. There are fears of discrimination, stigma, and in some cases violence, fears that are often heightened for those at the intersection of multiple marginalized identities, such as Two-Spirit Indigenous peoples.

Spotlight:

“We Take Care of Our People”

Many community-based partners spoke to the importance of funding Indigenous-led organizations to provide Indigenous programming, instead of funding services through non-Indigenous agencies. This could improve engagement with the system of care due to these organizations' existing relationships, and they are best equipped to provide culturally specific care grounded in the knowledge and traditions of their people.

This comment was shared across many marginalized groups, who noted that they already provided many supports to their community that addressed the social determinants of health but had limited and inequitable funding when it came to supporting people who use substances (e.g., gender diverse people, other racialized groups).

Ongoing impacts of colonialism – Closely tied to the racism experienced by Indigenous peoples in the healthcare system are the ongoing impacts of colonialism. The health sector is deeply rooted in Western, biomedical, and colonial definitions of health, medicine, and wellness that do not represent Indigenous understandings of these concepts. Indigenous peoples are often unable to access culturally safe care that aligns with their traditions and beliefs because of the dominance of colonial ideas in the health care and substance use systems. Colonialism has also created trauma for many Indigenous peoples, which is strongly linked with substance use. A lack of trauma-informed care is another notable gap related to colonialism.

Lack of Indigenous inclusion – Indigenous people who are accessing substance use care come from diverse backgrounds and experiences, but the current system often does not reflect these nuances by either taking a pan-Indigenous approach or by excluding Indigenous practices overall. Additionally, people spoke to the lack of representation of Indigenous peoples in the substance use workforce, particularly in clinical and leadership roles. This lack of representation and inclusion can compound experiences of being excluded from the substance use system of care.

Opportunities to Provide Culturally Safe Care

To address the damage done by racism and colonialism and to ensure cultural safety in substance use care moving forward, we must make room for more diverse understandings of health and ensure that care providers are well-equipped to provide culturally safe care. Some of these opportunities are similar to those discussed in previous sections, however they have been included here as well to highlight how they can be employed in ways that specifically seek to enhance cultural safety.

Provide training on cultural safety – Ensuring that care providers are equipped with the training and knowledge necessary to provide culturally safe care is essential to ensuring cultural safety for Indigenous clients. Training should be provided across sectors and be rooted in existing Indigenous-led work.

Recognize the validity of Indigenous knowledge and worldviews – Understanding that Indigenous knowledge is equally valid to biomedical knowledge. This can allow for the incorporation of culturally-based and holistic healing practices and medicines for Indigenous peoples. This includes land-based healing, medicine teachings, Elders, drumming, singing, and smudge. Services and systems need to be intentional in creating spaces to integrate these practices as consistent offerings for Indigenous clients.

Promote Indigenous self-determination of health – It is key to empower Indigenous peoples to make their own decisions surrounding their health. They should be able to make autonomous choices and have control over the services and treatments they receive. This includes providing Indigenous organizations with equitable funding to non-Indigenous organization to provide services and programming for their people wherever possible, rather than funding non-Indigenous organizations to provide Indigenous programming.

INDIGENOUS-SPECIFIC MODELS

For example, supporting AHMA to work across its membership to develop Indigenous-specific models and training of harm reduction that are culture-based and aimed at addressing stigma and discrimination.

It also includes supporting more Indigenous people to enter into the substance use services workforce in a range of positions, including culturally-specific and grounded roles (e.g., Elders, Knowledge Keepers) and dedicated Indigenous support roles (e.g., Indigenous Healthcare Liaison workers, Peer Support).

“Our strength is in our stories and teachings, in how we care for each other”



Conclusion

We gained many valuable insights from the hundreds of individuals who participated in the engagement and consultation process for the Framework. They came from diverse groups and had a range of experiences interacting with the substance use system of care, allowing them to offer critical perspectives on what is working in the current system and what is not. In constructing the Framework, we seek to address issues surrounding access barriers, inadequate integration and coordination, and a lack of cultural safety in the provision of services, as described by the stakeholders and partners we engaged with. Opportunities identified in this report will also be a key component that will inform the recommendations and strategies outlined in the Framework, guiding the future of BC's substance use system of care.

Ultimately, we aim to produce a Framework that is rooted in the diverse perspectives of those we engaged with, highlighting the importance of client choice and agency, acknowledging that every client's recovery journey will be unique, and describing a system that is capable of meeting people's diverse and holistic needs. The contributions of the stakeholders and partners that participated in this work will be critical as we seek to move away from our current challenges and towards a system that is accessible, integrated, and culturally safe.