# It’s Our Lives


## People With Lived Experience

Identify priorities for ending harm related to substance use

# Background

The BC Centre on Substance Use (BCCSU) is a provincially networked organization with a mandate to develop, help implement, and evaluate evidence-based approaches to substance use and addiction. By supporting the collaborative development of evidence-based policies, guidelines and standards, the BCCSU seeks to improve the integration of best practices and care across the continuum of substance use, thereby serving all British Columbians.

The BCCSU prioritizes engagement with knowledge holders, seeking input from those directly impacted by substance use, family members, and recovery service providers. These groups are invaluable in providing their knowledge, experiences, and expertise, and in helping to set priorities for the BCCSU. In addition, the networks meet regularly to plan and implement initiatives that will advance their community's interests and address concerns.

The BCCSU Peer and Patient Stakeholder Network is comprised of representatives of people who use drugs and patients accessing substance use services across British Columbia who are affected by and want to change the existing system, including representatives from various support and advocacy groups (listed on the next page).

On August 15, 2017, representatives from the BCCSU presented this initial peer and patient engagement work to Judy Darcy, the Minister of Mental Health and Addictions. Following that meeting, the BCCSU Peer and Patient Stakeholder Network was tasked with identifying gaps in the substance use system of care and developing recommendations for the Ministry.

*It's Our Lives* details the challenges peers and patients face when seeking life-saving treatment and other supports, and outlines priorities and action steps for the BCCSU Peer and Patient Stakeholder Network, the Provincial Government, regional health authorities, and other health system partners.

# Participants

The Peer and Patient Stakeholder Network is comprised of community members with lived experience of substance use, as well as allies and advocates associated with relevant organizations. The following groups are represented:

- AIDS Network Kootenay Outreach and Support Society / Rural Empowered Drug Users Network
- BC-Yukon Drug War Survivors
- Salome and Naomi Association of Patients (SNAP)
- Drug Users Resource Centre
- Eastside Illicit Drinkers Group for Education (EIDGE)
- Karmik
- Compassion Clubs
- WISH Safety Patrol
- Aunt Leah's Place
- Downtown Eastside Women's Centre
- Inner City Youth Clinic
- Vancouver Area Network of Drug Users (VANDU)
- Western Aboriginal Harm Reduction Society (WAHRS)
- Women's Action Group
- VCH Downtown Eastside Peer Reference Group
- Women's Resource Society of the Fraser Valley
- Warm Zone
- PACE Society
- Mobile Overdose Prevention Services
- STOP Team
- British Columbia Association for People on Methadone (BCAPOM)
- Surrey Area Network of Substance Users (SANSU)

# Identified Challenges

People who use substances have consistently identified major problems with the existing substance use and addiction system of care, including poor accessibility to and availability of treatment, harm reduction and supportive services. Existing services were described as already at their maximum capacity, not available at all, and/or as being too restrictive. Moreover, peers and patients reported that health care providers are not consistent in their practice for substance use care, causing large disparities in patient experiences and outcomes.

Another major issue reported by peers and patients is stigma and discrimination against people who use drugs, particularly among marginalized groups. This often influences clinical practice and leads to disrespectful and potentially harmful treatment in the health care setting (e.g., misdiagnosis), discouraging peers from seeking support from health care providers. Peers and patients described that the public, media, and law enforcement officials continue to perpetuate misperceptions about substance use, harm reduction and treatment programs, which the group felt has contributed to the challenges of supporting more services.

People who use substances and peer and patient groups consistently reported that they are not adequately supported, nor are they allowed enough opportunities to collaborate with health authorities and policy makers.

# Priorities

Based on the above challenges, the Peer and Patient Stakeholder Network has identified the following priorities for substance use and addiction treatment in British Columbia.

## *Harm reduction, treatment, and recovery*

- The provincial government and regional health authorities must increase funding for and scale up effective treatment and recovery programs.
- The provincial government and regional health authorities must advocate for evidence-based addiction medicine within the health care system. The harms of forced-patient switching to Methadose (from the previous compounded generic formulation of methadone) should be acknowledged and patients must be given the choice to switch back to a generic form of oral methadone.
- The provincial government and regional health authorities must rapidly implement innovations to ensure a safer drug supply, including drug-checking technologies and the public health-based distribution of pharmaceutical-grade opioids.
- Health authorities must prioritize patient autonomy with respect to choice of treatment, including options for patients to taper off of long-term opioid agonist treatment when safe and appropriate.
- The provincial government must improve confidentiality practices and ensure that breaches of confidentiality by practitioners are properly identified and addressed.
- While there are many effective treatments for opioid use disorder, there is an urgent need for research on treatments for stimulant use disorders. In addition, the provincial government should fund and support scientific research on the potential use of psychedelic substances (e.g., psilocybin, LSD, ayahuasca) for the treatment of addiction.

## *Education and advocacy*

- The provincial government must prioritize public and media education focused on reducing discrimination against and stigmatization of people who use drugs. Part of this education must convey the effectiveness and the cost-savings of harm reduction and other evidence-based services in a stronger manner. Peers and patients must be involved in these education efforts.

## *Healthcare provider education*

- Health authorities must ensure that addiction medicine is incorporated into both clinical training and practice for current practitioners, medical and nursing students, and trainees, and must also be available to those practitioners located in remote and rural areas. This includes staff delivering mental health services, as patients are often misdiagnosed or prescribed medications that can be harmful (e.g., antipsychotics). Part of this education should focus on awareness, implementation, and enforcement of BCCSU clinical care guidelines.
- Health authorities should ensure consistent application of evidence-based standards of practice.

## *Barriers to employment*

- Health authorities and other employers must address the many barriers peers and patients face to employment, including wage disparities between peer and non-peer outreach workers, restrictions due to criminal records (e.g., pardons are expensive). The Ministry of Health and Ministry of Mental Health and Addictions must end the policy that allows private OAT clinics to charge monthly patient fees (which for patients who are not on income assistance, must paid out of pocket and thus are a major barrier to seeking employment).

Lived experience must be recognized as a skill and competency level equal to formal education. Job training, education, and other supports are needed to facilitate people who use drugs to become ready for employment.

## *Law enforcement and correctional systems*

- The provincial government must prioritize the health and well-being of people who use drugs, rather than the impulse to punish that is implicit in much of contemporary drug control policy. Rather than criminalization and incarceration, people who use drugs must be offered treatment and other options for healing. The Portuguese model and Seattle's Law Enforcement Assisted Diversion (LEAD) program model must be explored and applied to regions in BC. The practice of red zoning must end.
- The Provincial Health Services Authority and the federal government, through Correctional Services Canada, must support and make accessible evidence-based treatment in correctional environments. They must work with regional health authorities to plan seamless transitions into health care, housing and social services for patients leaving a correctional facility.
- The Ministry of Public Safety and Solicitor General must ensure that those working in the criminal justice system are educated on substance use and addictions from a public health perspective, and endeavour to discourage stigma and discrimination against people with substance use disorders involved in the criminal justice system.
- The provincial government must engage the federal government to explore options for the decriminalization of drug use.

## *Peer and Patient involvement and advocacy*

- Health authorities must recognize and prioritize peer and patient involvement in public education, addiction treatment and harm reduction efforts. This should include opportunities and meaningful involvement of peers at the decision-making table, rather than in tokenistic positions.

- Health authorities must fund and support peer and patient organizations so that they can advocate for themselves, build the capacity to address health, social and legal issues, and support travel to conferences and meetings.
- Healthcare providers who advocate strongly for people who use substances and harm reduction should not be marginalized and reprimanded by regulatory bodies.

### *Support for people who use drugs*

- Health authorities and other employers must provide peer and patient workers the same access to health and social supports that non-peer frontline workers receive (e.g., counselling).
- Health authorities and community partners must provide support services for peers and patients to address the trauma experienced with non-fatal overdoses (e.g., psychotherapy, counselling).

### *Language*

- The provincial government, health authorities, and community partners should ensure that all language used in all communications around substance use must be sensitive to issues of stigma and discrimination. For example, terms such as “addict”, “abuse” and “misuse”, “clean” and “dirty” not only convey moral judgment, but can also influence health care providers’ perceptions of their patients and clients.

## *Services for underserved populations*

- Regional health authorities must work with the First Nations Health Authority and Indigenous peer and patient groups to ensure that the unique needs, barriers, and circumstances experienced by Indigenous people are addressed when designing and providing services. Treatment and patient care must be culturally appropriate, and health care providers need to be properly trained in cultural safety.

- Health authorities must address the unique barriers faced by marginalized groups, including women, sex workers, and youth.

## *Rural areas*

- Health authorities must address and mitigate barriers to treatment in rural areas, including limited access to evidence-based treatments, harm reduction programs, and injectable opioid agonist treatment. In addition, telehealth programs should be expanded to provide substance use treatment.

## *Chronic pain*

- Health authorities must provide primary care physicians with adequate clinical protocols for pain management within the context of illicit substance use. The potential conflict posed to physicians in light of prescription drug monitoring programs and the College of Physicians and Surgeons of British Columbia's new standards and guidelines, "Safe Prescribing of Drugs with Potential for Misuse/Diversion", must be considered and navigated, as some people with chronic pain are having difficulty accessing opioid medication for pain management due to these regulations.

# Summary of Peer and Patient Recommendations

| **Provincial government** (through the new Ministry of Mental Health and Addictions) | **Regional health authorities** |
|---|---|
| Increase funding for and scale up effective treatment and recovery programs. | Increase funding for and scale up effective treatment and recovery programs. |
| Consider switching back to methadone. | Prioritize patient autonomy with respect to choice of treatment. |
| Improve patient confidentiality practices. | Utilize BCCSU clinical care guidelines to incorporate addiction medicine into all clinical training and practice. |
| Fund research on treatments for stimulant use disorders. | Meaningfully include peers and patients at all planning tables. |
| Involve peers and patients in designing and implementing public education campaigns to reduce stigma. | Fund and support peer and patient organizations. |
| Prioritize treatment over incarceration. Explore the Portuguese model and Seattle's LEAD program model. | Provide peer and patient workers with equal access to health and social supports. |
| Ensure evidence-based addiction treatment is provided in correctional environments. | Provide support services for peers and patients to address trauma experienced with non-fatal overdoses. |
| Work with the federal government to decriminalize drug use. | Address wage disparities between peer and non-peer workers. |
| Ensure language around substance use is not stigmatizing or discriminating. | Ensure language around substance use is not stigmatizing or discriminating. |
| Provincial government needs to work with the federal government to ensure a sufe drug supply. | Address the unique needs and barriers of underserved populations in health care delivery, including Indigenous people, women, sex workers, and youth. |
| | Address the limited access to treatment in rural areas. |
| | Equip primary care physicians to adequately manage chronic pain within the context of illicit substance use. |

# Next Steps

In order to begin addressing these priorities, the Peer and Patient Stakeholder Network is calling on the Ministry of Mental Health and Addictions to take the following next steps:

1. Immediately commit to establishing an effective substance use system of care and involving people who use drugs in all development and planning. This includes peer and patient involvement in the new Overdose Emergency Response Centre (OERC), as promised at the OERC announcement on December 1, 2017.

2. Utilize established resources and tools available through the BCCSU to implement best practices, including practices for peer and patient remuneration and hiring, and involvement in clinical service planning and delivery.

3. Fund peer-led groups of people who use drugs who not only represent, but provide critical frontline support, to other peers. Support the development of new peer groups, particularly in rural areas where adequate treatment and peer support is lacking.

4. Rapidly implement innovations to ensure a safer drug supply, including drug-checking technologies that allow people who use drugs to make informed decisions, and public health-based distribution of pharmaceutical-grade opioids.

Based on the above priorities, and building on the strengths of the peer groups that have come together in British Columbia, the Peer and Patient Stakeholder Network will work with the Overdose Emergency Response Centre and other health system partners (e.g., BC Centre for Disease Control, First Nations Health Authority and regional health authorities) to advance health system improvements to address issues people with lived experience have identified as necessary for optimal care.

Special thanks to the Vancouver Foundation for their support of the BC Centre on Substance Use Peer and Patient Stakeholder Network.

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