

Addiction Medicine in BC

PRA-BC Orientation

Spring 2026

Dr. Steven Yau

Land Acknowledgement

We are on the unceded homelands of the Indigenous People of Canada, and here in Vancouver, we are on the traditional territories of the Coast Salish People, including the Skwxwú7mesh (Squamish), x^wməθkwəy̓əm (Musqueam), and Səlílwətaʔ/Selilwitulh (Tsleil-Waututh) Nations.



Source: Beadwork by Amanda Laliberte, Ashley Copage, Ashley McKenzie-Dion, Didi Grandjambe, Jennelle Doyle, Joelle Charlie, Kyla Woodward, Lenore Augustine, Marissa Magneson, Mellz Compton, Monique Jolly, and Rena Laboucan. Graphic design by Justin Romero. (Kooten Creations/Facebook)

Disclosure and Conflict of Interests

- No relationship to any commercial interests.
- Views and opinions are not representative for the organizations I work for.
- Professional roles:
 - Community-based longitudinal family physician – see patients who may have substance use disorder(s) and prescribe opioids, sedatives, as clinically indicated.
 - Consultative role for non-primary care services – embedded with community-based mental health teams providing substance use care and episodic primary care

Preambles

- You **will** encounter patients during CFA and in the future who may use substance appropriately, inappropriately or may have a use disorder.
- During this session, you will be presented with some statistics that may challenge your current clinical understanding, assumptions and judgements about substance use disorder, particularly opioids.
- **Self-reflect** your own views, values, beliefs, assumptions and judgements to people who use substances may help address potential unconscious or conscious biases towards people who use drugs.

Menti Activity



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Learning Objectives

By the end of the session participants should be able to:

1. Recognize the ongoing unregulated drug deaths in BC/Canada since 2016
2. Recognize the historic and current trends in opioid prescribing in Canada.
3. Identify indications for prescription opioids.
4. Apply safe prescribing parameters to minimize the risk of harm to the patient and wider community
5. Identify aberrant behaviours that could suggest opioid use disorder
6. List current opioid use disorder pharmacological options in BC
7. Understand the roles and responsibilities for PRA-BC candidates in the context of opioid prescribing
8. Identify appropriate consultation options and community resources for patients who are suffering from substance use disorder

What we don't have time to discuss today:

- Other substances use disorders: alcohol, tobacco, cannabis, stimulants, sedatives, hypnotics, etc
- Non-substance use addiction: sex, food, gambling, etc
- Clinical assessment to diagnose opioid use disorder (OUD)
- Opioid agonist treatment details (initiation, titration, cessation)
- Treatment of acute/chronic pain in either acute vs community settings
- Solving the toxic drug supply problem
- History of drug prohibition and “War On Drugs”

Scenario 1

Patient presents to clinic for medication refill near the end of the day. You noticed that patient was getting loud in the waiting room because you are running behind schedule. You have not met this patient before.

- She said she “broke” her ankle yesterday but there is no obvious fracture based on your exam.
- She is asking for pain medications and said she has a “high pain tolerance” and had already tried Acetaminophen and NSAID and they did not work. She is asking for “something stronger”
- On Pharmanet review, you noticed she is on Methadone daily.

Q: What goes through your mind and what would you do?

Scenario 2

You are working in the ER and a patient is brought in by EHS after he was found overdosing from using fentanyl. Naloxone was administered 3 times in total on the scene and enroute.

- His vitals were reassuring, and you noticed he's no longer sedated and in fact displaying signs of opioid withdrawals.
- You found several other ER visits for the same reason.

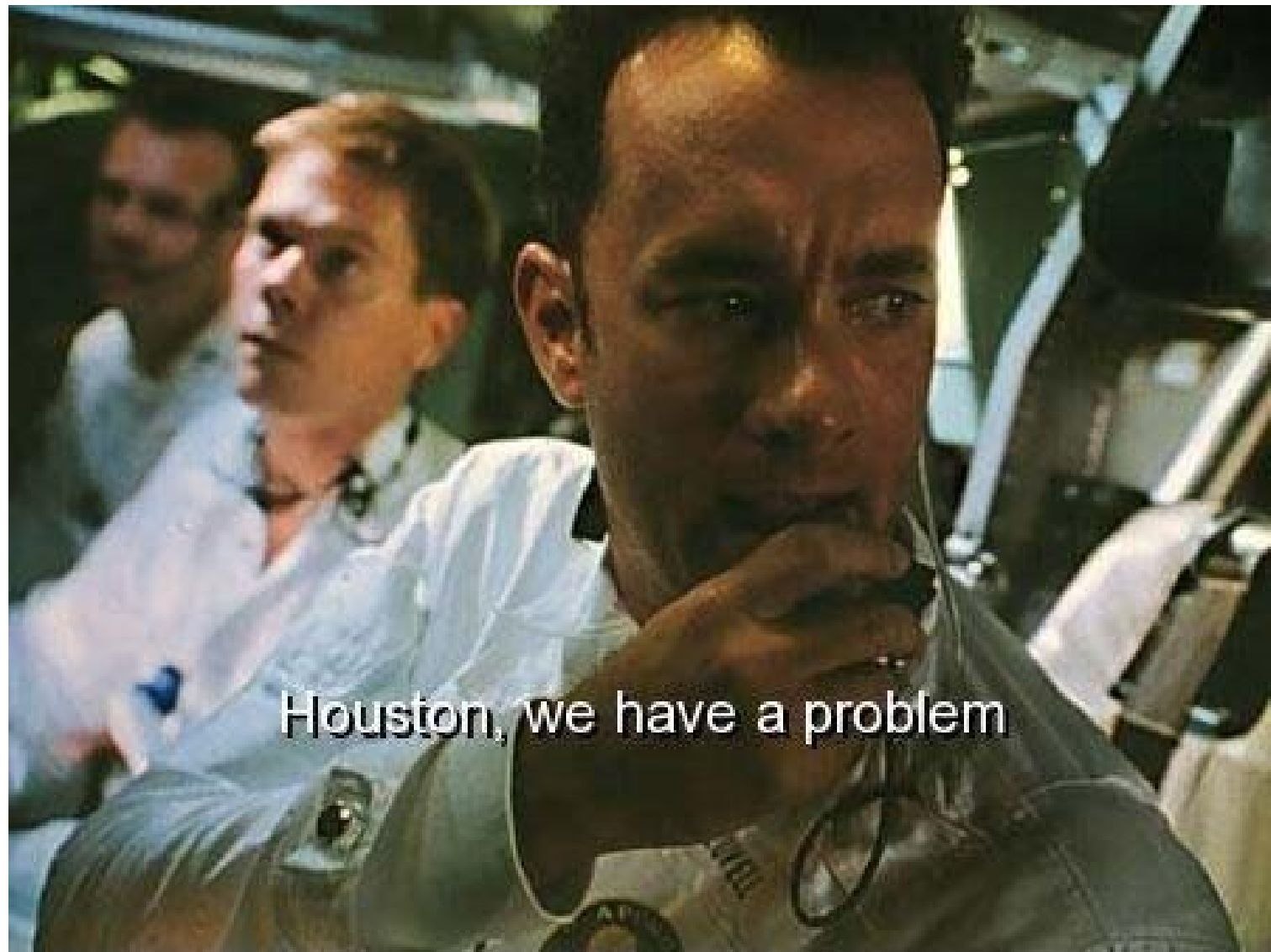
Q: What goes through your mind and what would you do?

Scenario 3

You inherited a practice and your next appointment is a elderly patient for “refills”.

- Her medications include: Paroxetine 20mg daily, Clonazepam 1mg BID, Hydromorphone 4mg 1-2 tabs QID PRN, metformin 1000mg BID, Zopiclone 7.5mg HS
- This is your second time meeting this person, she suffers from anxiety/depression, chronic pain (known bilateral moderate/severe knee OA), obesity, diabetes. You noticed her A1c is relatively controlled, vitals were acceptable but her BMI is 40.
- She seems to be coming in a little earlier than you think she should based on her last refill amount.

Q: What goes through your mind and what would you do?



Houston, we have a problem

I) Opioids- and Stimulants-related Harms in Canada

Health Canada

Since 2016 – 55,032 apparent opioid toxicity deaths (Jan 2016-Sept 2025)

In 2025 (Jan-Sept), of all apparent opioid toxicity deaths:

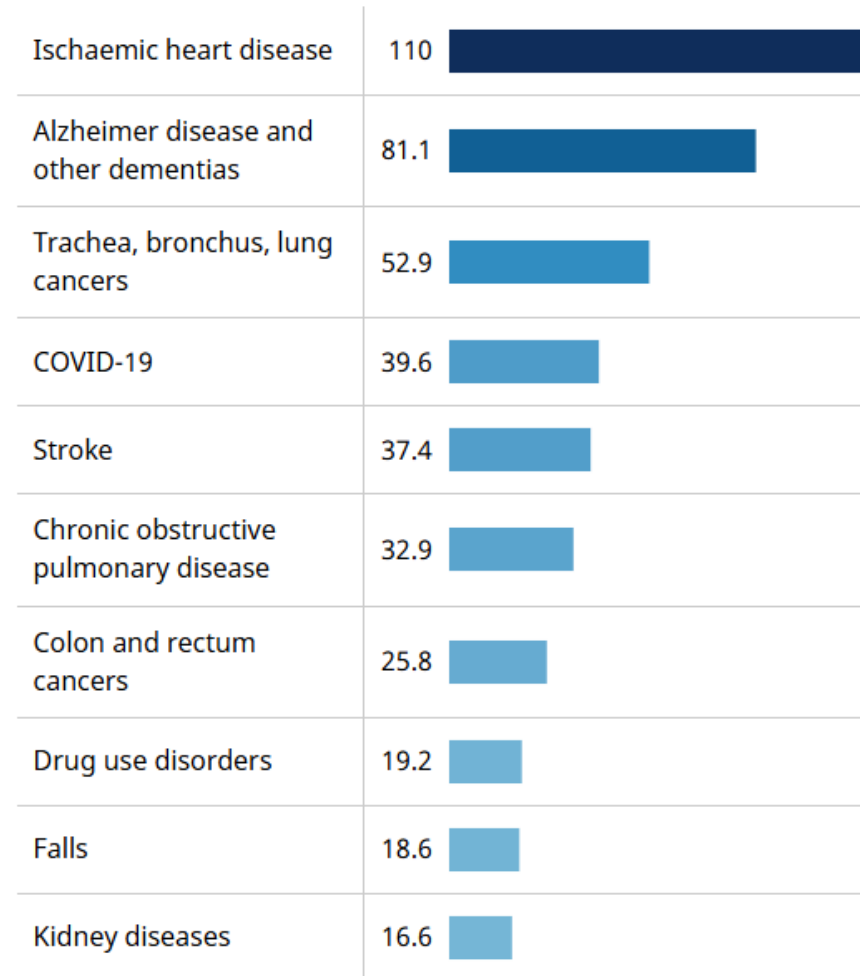
- 4162 deaths reported, 96% accidental
- 78% occurred in B.C., Alberta and Ontario
- 74% were males
- 26% age 30-39 and 25% age 40-49
- 81% involved **non-pharmaceutical** opioids
- 58% involved fentanyl
- 71% involved a stimulant also

[Source: Health Canada – Key Findings: Opioid- and Stimulant-related Harms in Canada. https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/](https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/) Accessed April 16, 2026



Top causes of death

Deaths per 100 000 population. Canada, 2021



[Source: WHO – Health data overview for Canada](#)

Unregulated Drug Deaths – BC Summary

In BC:

- Public health emergency declared on BC **April 14, 2016** under Public Health Act
- Primarily caused by imported synthetic opioids such as **fentanyl and its derivatives**, but also other contaminants.
- **>18,000 unregulated drug deaths in BC since 2016**

So far in 2026:

- 115 deaths in Feb 2026, average 4.1 deaths/day
- Common mode of consumption: smoking (71%); then nasal insufflation (9%), injection (9%), oral (2%)
- 81% occurred indoor (53% private residence, 28% supported housing, SRO, shelters, etc); only 18% outdoor (street, parks, vehicles, sidewalks)
- Most common occupation/industry of past and present:
 - Unknown (55%)
 - Trades, transport and equipment operators (21%)
 - Sales and service (10%)

Unregulated Drug Deaths - Age Group

Summary

BC

Age Group

Sex

HA (Year)

HA (Month)

HSDA

LHA

Township of Injury

Place of Injury

Drugs Involved

Drugs Detected

Fentanyl Concentration

Expedited Tox 1

Expedited Tox 2

Mode of Consumption

Income Assistance Day

Occupation Industry

Notes

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Data up to end of Feb 2026.

Last refreshed 31 Mar 2026.

Yearly

Monthly

Unregulated Drug Deaths by Age Group

Age Group	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
0-18	5	13	26	19	13	18	29	34	28	21	25	1
19-29	117	204	271	304	173	309	324	340	344	307	212	26
30-39	136	263	400	399	276	413	543	564	646	573	416	59
40-49	130	234	355	345	220	410	499	535	576	586	456	63
50-59	110	230	315	364	216	413	594	575	587	476	397	60
60-69	29	50	120	127	90	195	272	304	364	307	275	48
70-79	1	3	7	8	4	17	33	34	44	49	42	8
80+								1			2	
Not available								2	2	1	1	
Total	528	997	1494	1566	992	1775	2294	2389	2591	2320	1826	265

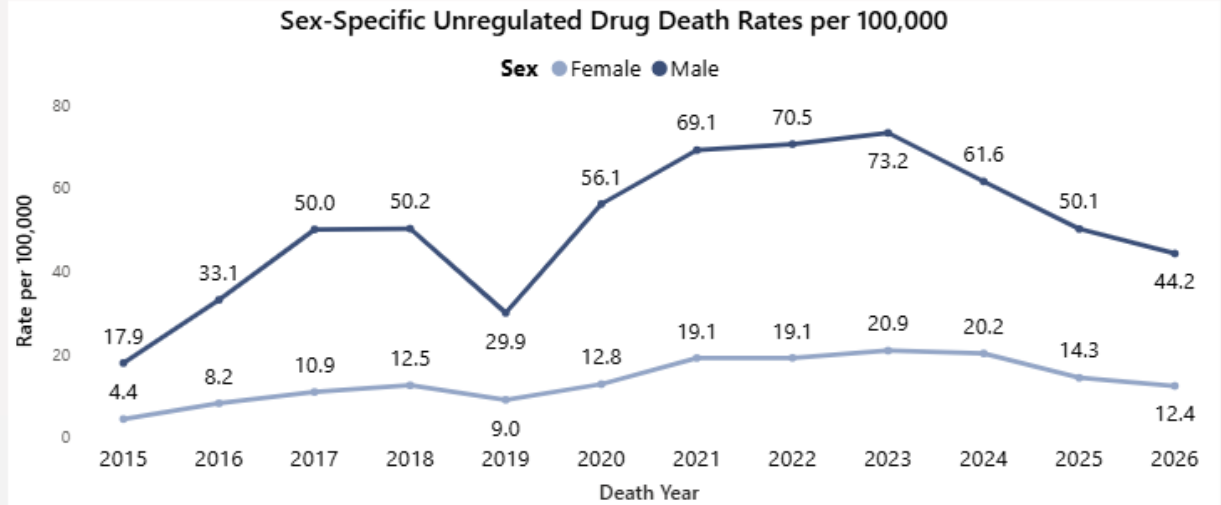
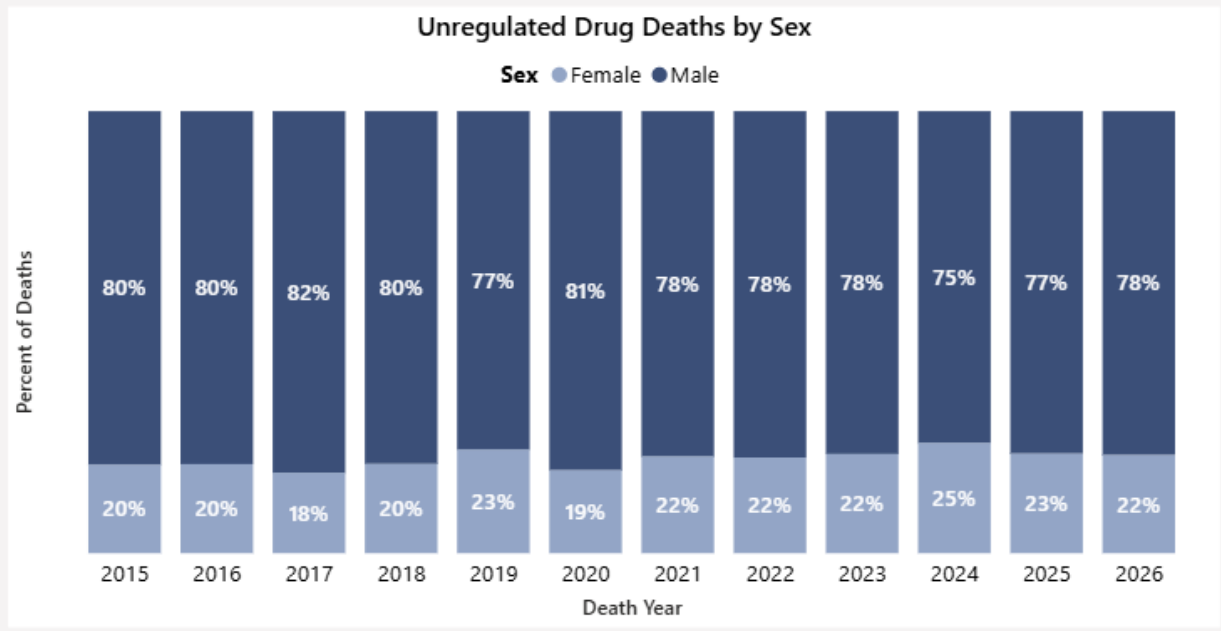
Age-Specific Unregulated Drug Death Rates per 100,000

Age Group	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
0-18	0.6	1.4	2.8	2.0	1.4	1.9	3.1	3.5	2.9	2.1	2.6	0.6
19-29	16.6	28.4	36.8	39.7	21.9	39.3	41.9	42.5	40.4	34.5	25.0	19.6
30-39	21.4	40.0	59.2	57.2	38.1	55.3	70.5	70.1	75.6	63.7	46.1	39.2
40-49	19.9	35.9	54.7	53.3	33.9	62.9	75.6	78.7	81.4	79.2	60.4	49.3
50-59	15.0	31.1	43.1	50.4	30.2	58.3	84.7	82.6	85.3	69.6	58.7	53.6
60-69	4.9	8.1	19.0	19.7	13.7	29.2	40.0	43.9	51.6	42.9	38.4	40.4
70-79	0.3	0.9	1.9	2.0	1.0	3.9	7.3	7.2	8.9	9.6	7.9	8.7

Unregulated Drug Deaths - Sex

Summary
BC
Age Group
Sex
HA (Year)
HA (Month)
HSDA
LHA
Township of Injury
Place of Injury
Drugs Involved
Drugs Detected
Fentanyl Concentration
Expedited Tox 1
Expedited Tox 2
Mode of Consumption
Income Assistance Day
Occupation Industry
Notes

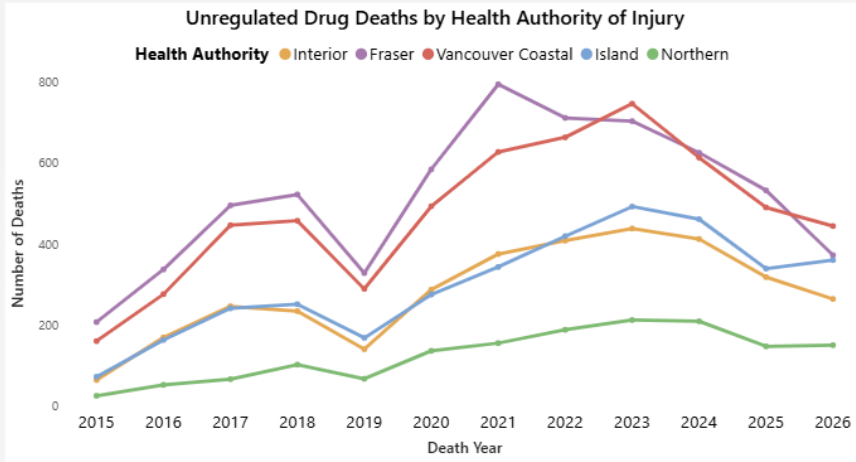
Yearly
Monthly
British Columbia
Interior



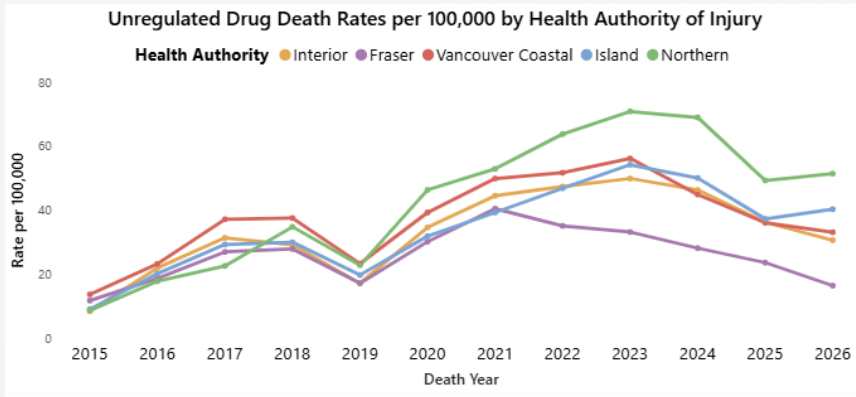
Note: In the table and figure, 2026 rates are annualized for the year.

Unregulated Drug Deaths - Health Authority of Injury (Year)

- Summary
- BC
- Age Group
- Sex
- HA (Year)**
- HA (Month)
- HSDA
- LHA
- Township of Injury
- Place of Injury
- Drugs Involved
- Drugs Detected
- Fentanyl Concentration
- Expedited Tox 1
- Expedited Tox 2
- Mode of Consumption
- Income Assistance Day
- Occupation Industry
- Notes



HA_Name	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Interior	64	169	246	234	140	287	375	408	438	412	318	44
Fraser	207	337	495	522	328	584	794	711	703	625	532	62
Vancouver Coastal	160	276	446	457	289	493	627	663	746	613	490	74
Island	72	163	241	251	168	275	343	419	492	461	339	60
Northern	25	52	66	102	67	136	155	188	212	209	147	25
British Columbia	528	997	1494	1566	992	1775	2294	2389	2591	2320	1826	265



Health Authority	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Interior	8.5	22.0	31.4	29.2	17.2	34.6	44.5	47.4	49.9	46.3	36.2	30.6
Fraser	11.7	18.7	27.0	27.9	17.2	30.2	40.5	35.1	33.2	28.2	23.6	16.4
Vancouver Coastal	13.7	23.2	37.2	37.5	23.3	39.3	49.9	51.7	56.2	44.9	36.1	33.1
Island	9.1	20.2	29.3	30.0	19.7	31.9	39.3	46.9	54.2	50.1	37.3	40.3
Northern	8.6	17.8	22.6	34.8	22.8	46.3	52.9	63.8	70.9	69.0	49.3	51.4
British Columbia	11.1	20.5	30.3	31.2	19.4	34.3	43.9	44.6	46.8	40.7	32.0	28.1

Note: In the figures, 2026 numbers and rates are annualized for the year.

Unregulated Drug Deaths - Drugs Involved

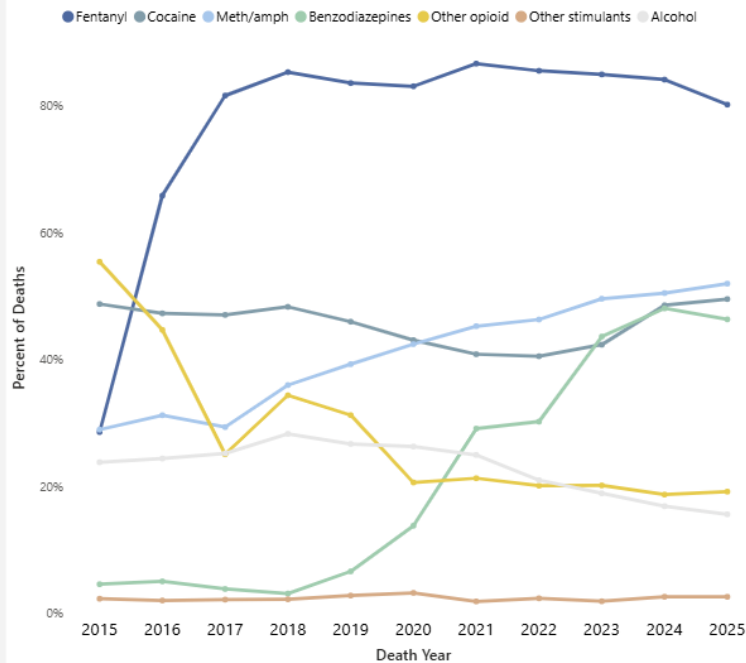
Click to filter by health authority (HA) or ctrl + click to filter by multiple HAs. Click again on a highlighted HA to remove it from the selection.

Select all	Interior	Fraser	Vancouver Coastal	Island	Northern
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Unregulated Drug Deaths by Drug Types Relevant to Death

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Fentanyl	28.6%	65.9%	81.6%	85.3%	83.6%	83.1%	86.7%	85.5%	85.0%	84.2%	80.2%
Cocaine	48.8%	47.3%	47.1%	48.3%	46.0%	43.1%	40.8%	40.5%	42.3%	48.6%	49.5%
Meth/amph	29.0%	31.2%	29.4%	36.0%	39.3%	42.4%	45.3%	46.3%	49.6%	50.5%	52.0%
Benzodiazepines	4.6%	5.0%	3.8%	3.1%	6.6%	13.8%	29.1%	30.2%	43.6%	48.1%	46.3%
Other opioid	55.4%	44.7%	25.1%	34.4%	31.2%	20.6%	21.3%	20.1%	20.2%	18.7%	19.2%
Other stimulants	2.3%	2.0%	2.1%	2.2%	2.8%	3.2%	1.9%	2.4%	1.9%	2.6%	2.6%
Alcohol	23.8%	24.4%	25.2%	28.3%	26.7%	26.3%	25.0%	21.0%	18.9%	16.9%	15.6%

Unregulated Drug Deaths by Drug Types Relevant to Death



Notes:

This data is only available for completed unregulated drug toxicity death investigations. Drugs involved are noted by the coroner as being relevant to the death. Data does not indicate when a substance was taken.

- **Fentanyl & analogues** includes fentanyl, acetylfentanyl, 3-methylfentanyl, furanylfentanyl, carfentanil, cyclopropyl fentanyl, methoxyacetylfentanyl, 4-fluoroisobutanyl fentanyl, and norfentanyl.
- **Meth/amph** includes methamphetamine and amphetamine.
- **Other opioids** include heroin, codeine, oxycodone, morphine, hydromorphone, methadone, etc but excludes fentanyl and analogues.
- **Other stimulants** include MDMA, MDA, paramethoxymethamphetamine, paramethoxyamphetamine, pseudophedrine, methylbenzodioxylbutamine, methylone, methylphenidate, caffeine, and ephedrine.

Unregulated Drug Deaths - Mode of Consumption

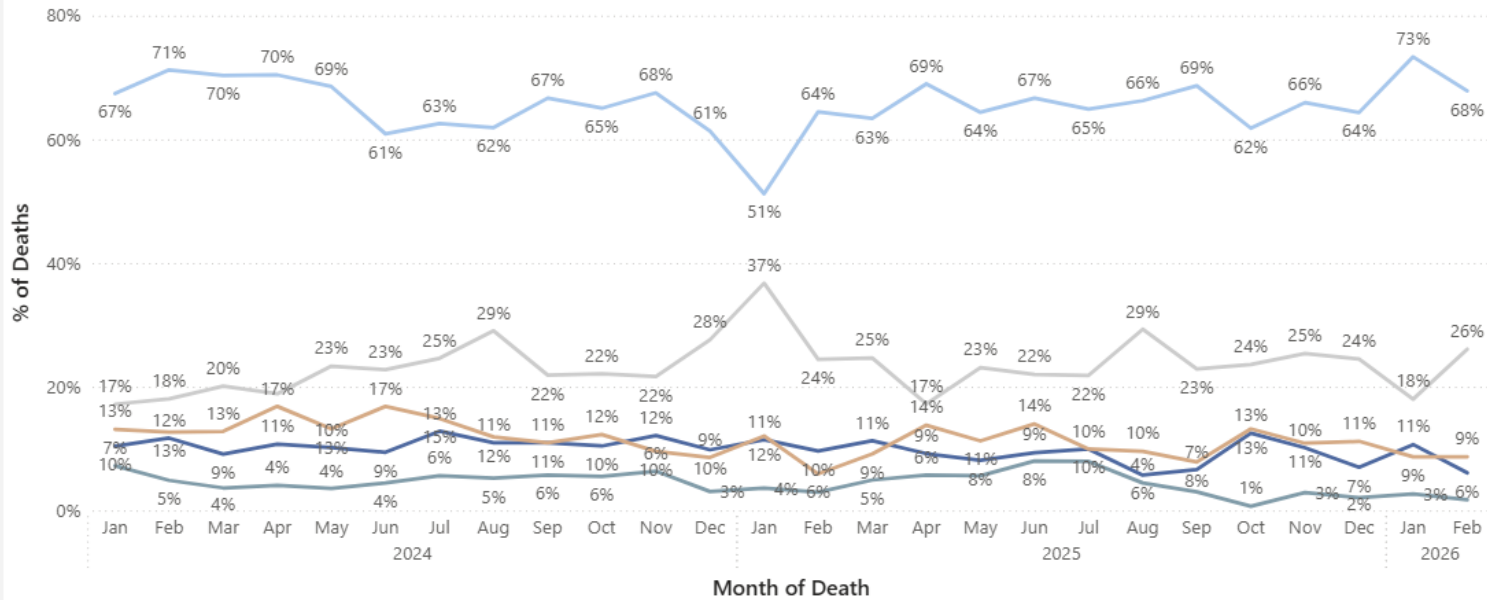
Click to filter by health authority (HA) or ctrl + click to filter by multiple HAs. Click again on a highlighted HA to remove it from the selection.

Select all	Interior	Fraser	Vancouver Coastal	Island	Northern
------------	----------	--------	-------------------	--------	----------

Summary
BC
Age Group
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Expedited Tox 2
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Occupation Industry
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Mode of Consumption Among Unregulated Drug Deaths

Mode of Consumption ● Injection ● Nasal insufflation/snorting ● Oral ● Smoking ● Unknown/Unavailable



Notes:

Percentages can add up to more than 100% as individuals could have had multiple modes of consumption. Data is based on information gathered by the coroner which may include scene investigation, witness interviews, or a review of circumstances. Data is preliminary and subject to change.

BCCDC Mortality Context App

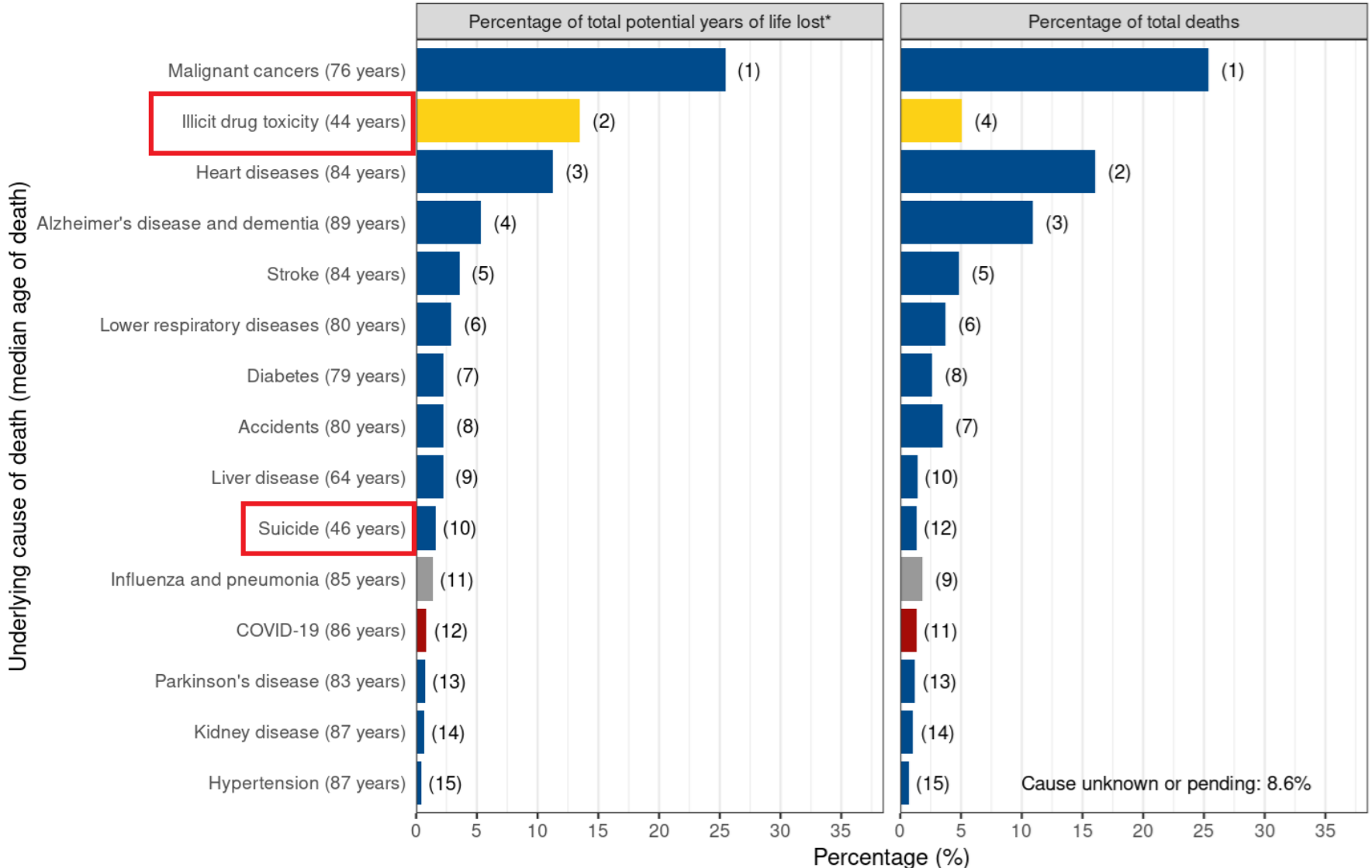
Introduction

Top 15 causes of death

All-cause mortality rates

Disclaimer

Top 15 causes of death (ranking) in BC for January 2024 to December 2024

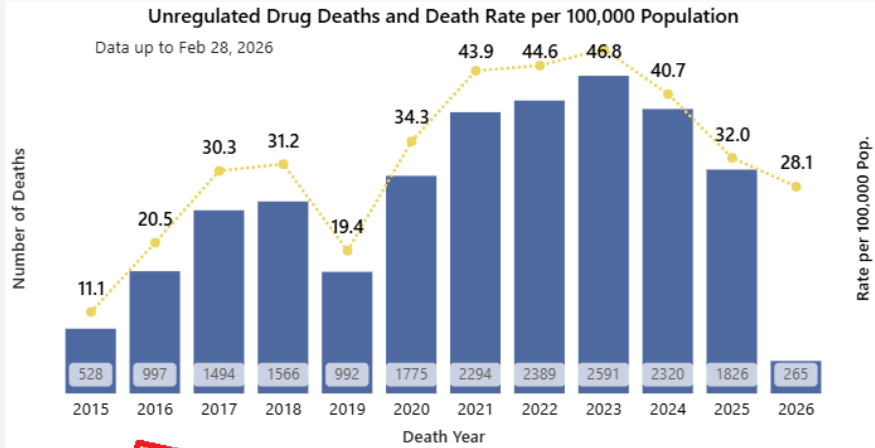


*Potential years of life lost due to accidents and suicide are incomplete due to reporting delay and the ranking by this measure may change as data become complete.

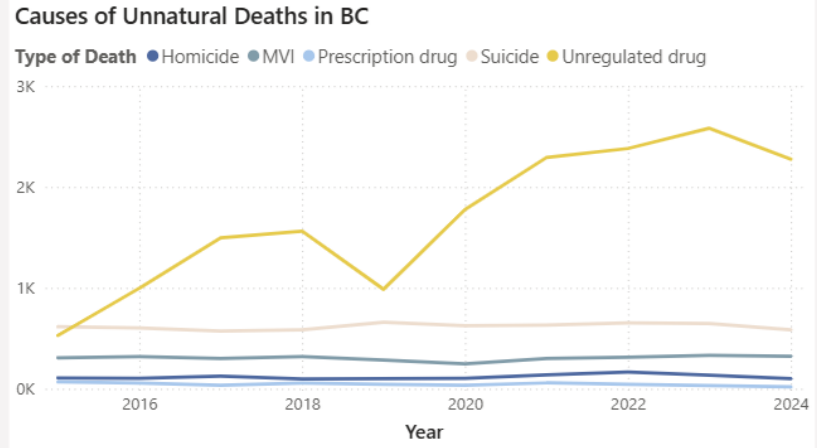
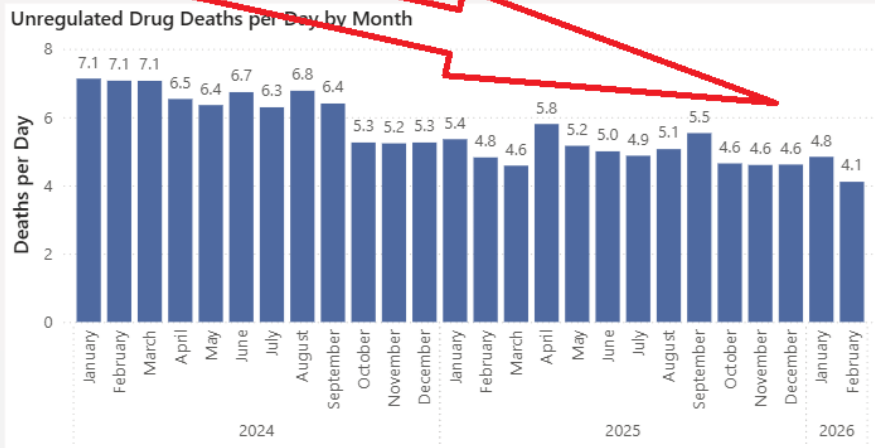
But...finally trending in the right direction?

Unregulated Drug Deaths - BC

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Data up to end of Feb 2026.
Last refreshed 31 Mar 2026.



Note: 2026 rate is annualized for the year.



Note: Numbers are preliminary and subject to change as investigations are completed.

Unregulated Drug Deaths by Month

Month	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
January	43	86	148	134	94	80	188	217	230	221	166	150
February	31	58	125	108	87	79	177	205	197	205	135	115
March	32	76	129	158	122	120	173	184	216	219	142	
April	34	73	156	137	81	130	188	174	240	196	174	
May	41	51	149	119	93	175	174	214	201	197	160	
June	34	72	130	117	73	189	177	158	203	202	150	
July	40	74	122	150	72	187	199	202	224	195	151	
August	53	65	126	126	83	161	202	192	199	210	157	
September	50	63	97	139	63	142	161	193	191	192	166	
October	53	77	98	119	79	176	212	212	217	163	144	
November	52	140	110	132	81	170	216	204	231	157	138	
December	65	162	104	127	64	166	227	234	242	163	143	
Total	528	997	1494	1566	992	1775	2294	2389	2591	2320	1826	265

How does this make you feel?



- As a physician?
- As a new Canadian?
- As a person? As a parent?

What are your thoughts?

- What conclusion(s) can you draw from these data?
 - What about the people who use drugs?
 - Who do you think they are?
 - Why do you think they use drugs?
 - What should they do?
 - What should we (as physicians) do?
 - What should society do?
-
- What assumptions did you think you made?
 - Did/do you think you have a bias opinion?



When you encounter this in the media...what do you think of?

Health officials advise people not to panic if they've accidentally stepped on a needle

CBC News · Posted: Jan 11, 2018 12:45 PM PT | Last Updated: January 11, 2018



A three-year-old child was pricked by an uncapped syringe at a park on Vancouver Island earlier this year (CBC)

The Economist

Menu Weekly edition Search

The Americas | High stakes

Vancouver wants to decriminalise possession of many hard drugs

But how to supervise such a policy?

Jul 24th 2021

24

Share

Not just a “big city”/BC problem

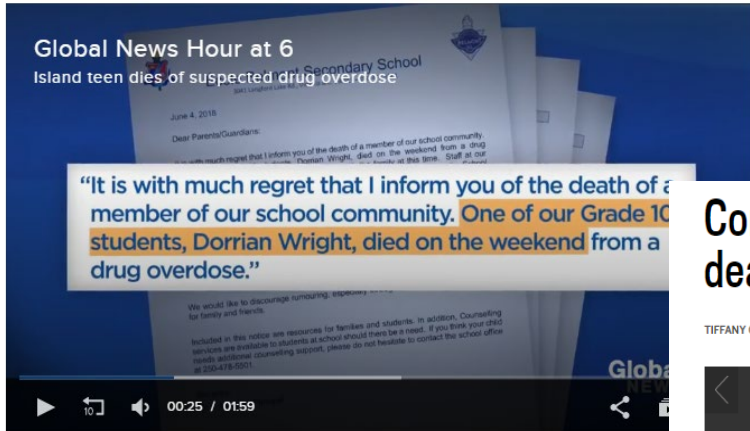
Grade 10 student from Metchosin dies of suspected overdose



By Richard Zussman

Online Journalist based at B.C. Legislature Global News

Comments 1 Facebook 87 Twitter Email Print ...



WATCH: For the second time in as many months, a teenager has died of a suspected drug overdose on Vancouver Island, leaving behind devastated family and friends, Kylie Stanton reports.

Zussman R. Grade 10 student from Metchosin dies of suspected overdose. Global News June 7, 2018. <https://globalnews.ca/news/4259989/grade-10-student-from-metchosin-dies-of-suspected-overdose/>. Accessed August 14, 2018.

Thompson Rivers University executive Christopher Seguin's fatal drug overdose ruled accidental, result of fentanyl

by Travis Lupick on June 21st, 2018 at 8:46 AM



Thompson Rivers University executive Christopher Seguin's fatal drug overdose ruled accidental, result of fentanyl. The Georgia Straight. June 21, 2018. <https://www.straight.com/news/1093116/thompson-rivers-university-executive-christopher-seguin-fatal-drug-overdose-ruled>. Accessed August 14, 2018.

Lupik T. Thompson Rivers University executive Christopher Seguin's fatal drug overdose ruled accidental, result of fentanyl. The Georgia Straight. June 21, 2018. <https://www.straight.com/news/1093116/thompson-rivers-university-executive-christopher-seguin-fatal-drug-overdose-ruled>. Accessed August 14, 2018.

Coroner confirms fentanyl linked to deaths of young North Vancouver couple

TIFFANY CRAWFORD, VANCOUVER SUN 07.31.2015 |



The B.C. Coroners Service has confirmed the deaths of a North Vancouver couple earlier this month are linked to fentanyl, a powerful but deadly synthetic opiate. Hardy and Amelia Leighton, both in their early 30s, were found dead in their North Vancouver home on July 20. The coroner said investigators believed at the time that the deaths may be linked to the use of drugs. [YOUARE.COM / .](http://www.vancouversun.com/Coroner-confirms-fentanyl-linked-deaths-young-North-Vancouver-couple/11254498/story.html)

Crawford T. Coroner confirms fentanyl linked to deaths of young North Vancouver couple. Vancouver Sun. July 31, 2015. <http://www.vancouversun.com/Coroner-confirms-fentanyl-linked-deaths-young-North-Vancouver-couple/11254498/story.html>

Overdose in Indigenous Population



FIRST NATIONS AND THE TOXIC DRUG POISONING CRISIS IN BC

JANUARY - DECEMBER 2024

TOXIC DRUG POISONING DEATHS

Toxic Drug Poisoning Deaths of First Nations People

427

↓ 6.8%
Decrease from 2023

FIRST NATIONS PEOPLE DIED FROM TOXIC DRUG POISONINGS IN 2024.

This is a 6.8% decrease from the 458 deaths in 2023.

Rate of Toxic Drug Poisoning Deaths Involving First Nations People

6.7x First Nations people died at 6.7 times the rate of other BC residents in 2024. **This number was 6.1 in 2023.**

11.6x First Nations females died at **11.6 times** the rate of other female BC residents in 2024.

5.2x First Nations males died at **5.2 times** the rate of other male BC residents in 2024.

Deaths of First Nations People BY SEX



259
Males **60.7%**



168
Females **39.3%**

Deaths of First Nations People BY AGE

49.9%
40 Years and Older

50.1%
Younger than 40

First Nations Females Experience Very High Rates of Toxic Drug Poisoning Deaths

22.4%

39.3%

22.4% of other BC residents who died in 2024 were female.

39.3% of First Nations people who died in 2024 were female.

First Nations People are Disproportionately Represented in Toxic Drug Poisoning Deaths

3.4%

19.0%

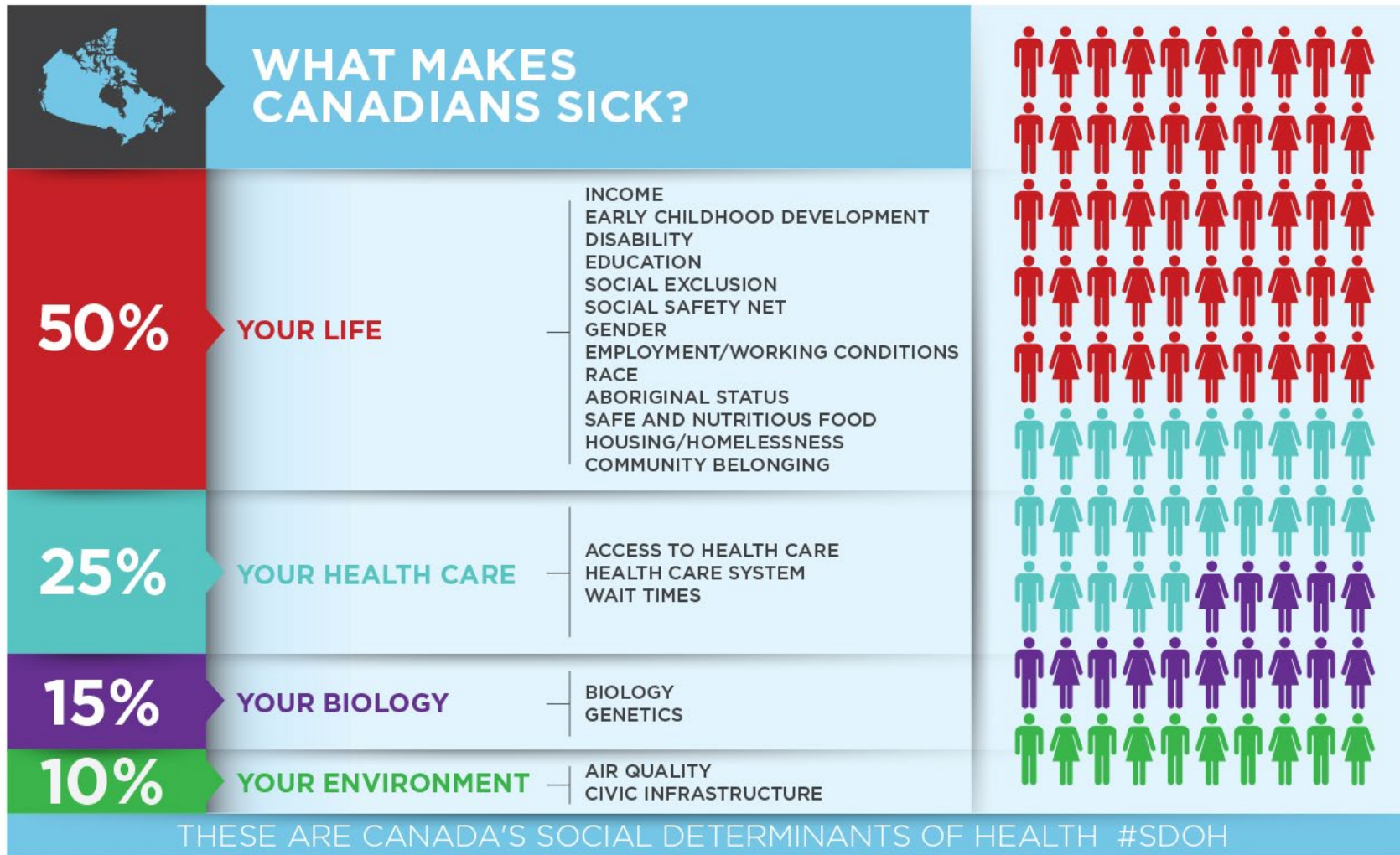
First Nations people make up 3.4% of BC's population.

19.0% of toxic drug poisoning deaths in 2024 were First Nations people.

So what do all these info tell us?

- It is a serious and complex problem
- But some patients are dis-proportionally affected:
 - Indigenous
 - Male
 - Young(er) Age
 - Lower socioeconomic statuses
- Stigma associated with substance use disorder and those who died from
 - It is an urban AND rural problem
 - It is not just associated with IVDU

Canadian Medical Association (2013) Healthcare in Canada: What makes us sick?



What do you think the responds would (should) be if this happens month after month...



AIRBUS A320

SMARTLYNX
TRAINING CENTRE

range up to
6,150 km

wingspan of
35,8 m

maximum payload of
16,6 tones

575
buttons

340,000
parts

140-180
passengers

37,57 m
long

A318 Shortened fuselage
variant of A320
90 and 110
passengers

A319 Largest commercial
aircraft certified to land at
steeper-than-usual gradients
110 and 160
passengers

A321 Stretched fuselage
variant of A320
170 and 220
passengers

2) A Brief History of Prescriptions Opioids

- 1914 US Harrison Narcotic Control ACT
- Reports of “under-treatment” of pain in late 1980s and early 1990s
- 1986 – WHO Cancer Pain Monograph re: under-treatment of post-op and cancer pain
- 1995 – pain as “5th vital sign” campaign by American Pain Society
- 2000 – standards for pain management based on recommendations by Institute of Medicine
 - Regulators promised less scrutiny
- Physicians are mandated/expected to provide adequate pain control → heavy reliance on opioid
- Fear of losing federal funding due to not meeting pain treatment standards and dis-satisfied patients
- Prescriptions of pharmaceutical opioids increased in the last 2-3 decades until 2012 in Canada
- 90% in “advanced” markets such as Canada and U.S.

The History of Opioid Crisis in the U.S.

Hippocrates

Opioid usefulness acknowledged by Hippocrates, a Greek physician.

460 B.C.

01

Heroin

From morphine, heroin was made and sold as a cough suppressant; heroin would become illegal in 1924.

1874

03

Gerald Ford

With a growing addicted population, focus shifts from marijuana and cocaine, to task forces aimed at the heroin epidemic.

1970's

05

OxyContin

Purdue Pharma launches OxyContin, prescriptions of all opioid painkillers increases to 11 million.

1996

07

Guilty Plea

Purdue Pharma settles for \$635 million after three executives plead guilty to misbranding and misleading OxyContin's addiction potential.

2007

09

FDA Steps In

The Food and Drug Administration, along with the Centers for Disease Control, begin addressing the opioid crisis.

2016

11

There is reliable evidence of opium use stretching as far back as 3,400 B.C. Since then, opioid use has steadily grown into the epidemic it is today.

Morphine

Morphine is isolated and Merck & Co. sell 22 years later getting many hooked on the drug.

1803

02

World War II

Nerve block clinics open and doctors administer injections to treat pain without surgery.

1939-1945

04

Painkillers

Prescriptions for painkillers began increasing by 2 to 3 million per year, with a staggering 8 million in 1996.

1990's

06

Purdue Book

Joint Commission releases a book citing no addiction evidence of opioid use; the book was sponsored by Purdue Pharma.

2000

08

New Formula

Purdue Pharma introduces a new formula containing an abuse deterrent; nearly 1/4th of all abusers find a way around the taper resistant measures.

2010

10

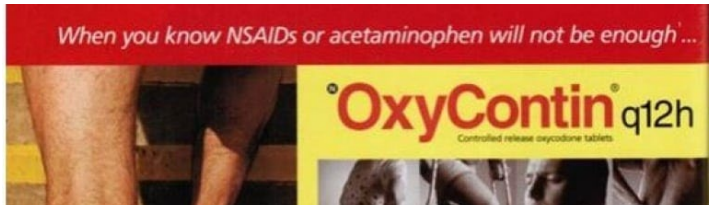
Suits Filed

Several states, in addition to a number of cities, file lawsuits against pharmaceutical companies for their role in the epidemic.

2018

12

Prescriptions Opioids Marketing in the 80/90's



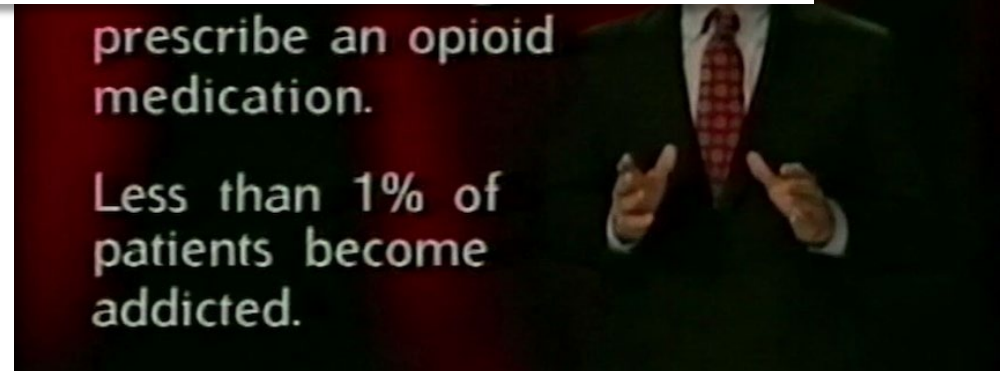
The New York Times

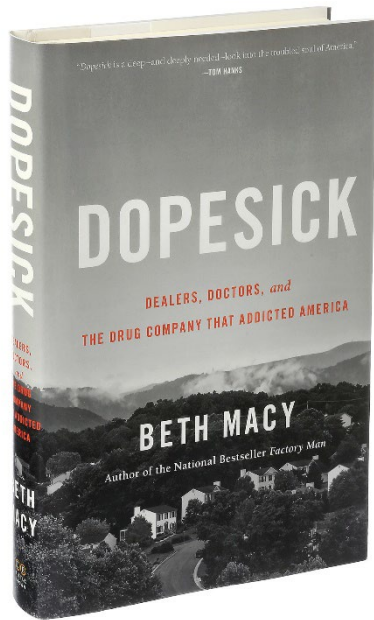
Purdue Pharma Pleads Guilty to Criminal Charges for Opioid Sales

The Justice Department announced an \$8 billion settlement with the company. Members of the Sackler family will pay \$225 million in civil penalties but criminal investigations continue.



Small print at the bottom of the ad states 'Drug abuse is not a problem in patients with pain for whom the opioid is appropriately indicated. (Source: [CBC NEWS](#))





Apr 2018

The harm reduction model of drug addiction treatment

Mark Tyndall



Nov 2014

Why we need to end the War on Drugs

Ethan Nadelmann

America's opioid epidemic



CNN Exclusive: The more opioids doctors prescribe, the more money they make

ER visits for opioid overdose up 30%, CDC study finds

Drug addiction: There is help

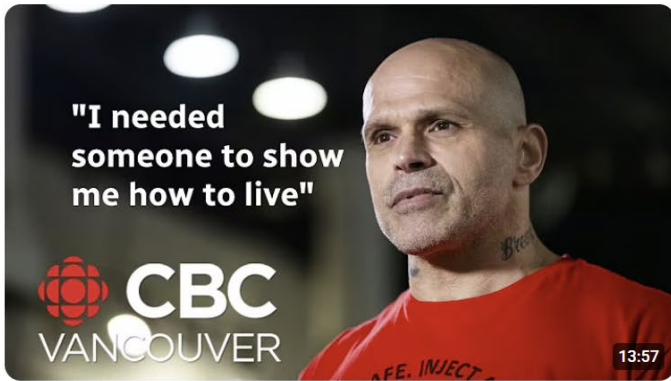


Can the kratom plant help fix the opioid crisis?

This is fentanyl: A visual guide

Fentanyl: The new heroin, but deadlier





How Guy Felicella stopped using drugs | Full interview

917 views • 1 year ago



Harm reduction and recovery advocate Guy Felicella speaks to BC Today host Michelle Eliot about his recovery from ...

3 chapters How Guylla stopped using drugs | The road to success | Lessons learned



Everything you think you know about addiction is wrong | Johann Hari |

TED

13M views • 10 years ago



Visit <http://TED.com> to get our entire library of TED Talks, transcripts, translations, personalized talk recommendations and more.

CC



Is addiction a choice? | Big Questions with Gabor Maté

725K views • 3 years ago



Dr Gabor Maté joins us at Penguin to answer some Big Questions on addiction, 'normality', and becoming your true s...

CC

5 chapters Intro | The myth of normal | Our physiology is bound up | People change who they a...

Opioid Prescribing in Canada

2019 Canadian Institute for Health Information

- Key findings:
 - Fewer people being prescribed opioids
 - Fewer people have started opioids
 - Dose/duration remained stable
 - Fewer people are prescribed on long-term basis
 - People on long-term therapy being prescribed smaller doses
 - More people are stopping long-term opioid therapy



Opioid Prescribing in Canada

How Are Practices Changing?

Individual/public harms - Opioids

- **Individual**

- **Short-term:** nausea/vomiting, constipation, loss of appetite, sweating, sleep apnea, insomnia, mood disorder, premature delivery, NAS, HIV/HepC, drowsiness, respiratory depression, coma, death
- **Long-term:** dependence, tolerance, withdrawal symptoms, **addiction**; sexual dysfunction, abnormal menstruation/amenorrhea

- **Public/System**

- Increased ER visits – withdrawals, intoxications, psychosis, complications from drug use
- Increases neonatal abstinence syndrome – tripled between 2003-2014 (1.8-5.4/1000births)
- Increased accidental deaths
- Increase in crime associated w/ activities to secure drugs
- Pressure on system and institutional resources
- Loss of human potential

- <https://www.ccsa.ca/sites/default/files/2020-07/CCSA-Canadian-Drug-Summary-Prescription-Opioids-2020-en.pdf>

News / Local News

UBC study finds drivers on prescription drugs like benzodiazepines have higher risk of crashing

The study found people on commonly prescribed benzodiazepines like Valium or Xanax increase their risk of crashing by 25 to 30 per cent.

Tiffany Crawford

Apr 22, 2021 • 6 days ago • 2 minute read • [Join the conversation](#)

Back up....so why are we prescribing **ANY** opioids?



Better yet, let's just not prescribe any opioids?!

- Are opioids ever indicated, or even required?
- When is it appropriate?
- How long should you keep someone on opioids?
- When should patients be tapered off opioids?
- When it is time, how do you help patients come off/stop using opioids?
 - Prescribed
 - Illicit
- When should you be concerned for substance use disorder (SUD), or specifically opioid use disorder (OUD)?

Roles of opioids in medicine – over the years

Even 5095

MRS WINSLOW'S SOOTHING SYRUP

GOOD WITH MRS WINSLOW'S SOOTHING SYRUP

OLDEST AND SAFEST REMEDY FOR CHILDREN TEETHING

SOOTHES THE CHILD GIVES REST TO THE MOTHER

PRICE 1/12 PER BOTTLE

PEACE WITH

WAKING!

If you don't give him Mrs. Winslow's Syrup you'll see, By holding this up, what the sequel will be.

SLEEPING!

Mrs. Winslow's Syrup has soothed him, His troubles are o'er, —

Lift this up, And then note what the child did before.

ANGLO-AMERICAN DRUG CO., L.L.C. registered design.

BRITISH LIBRARY



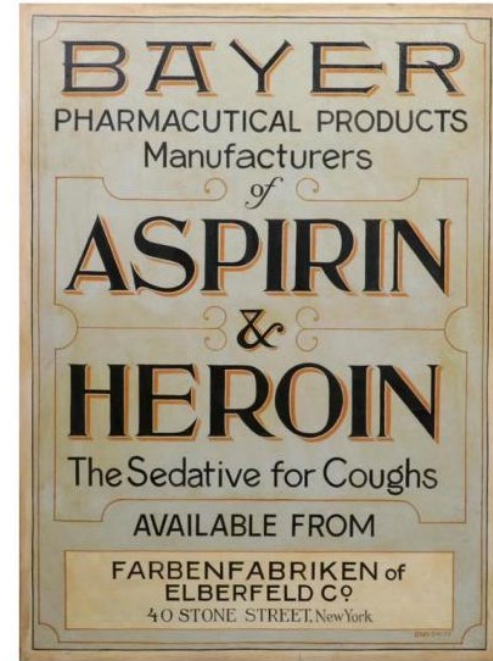
BAYER PHARMACUTICAL PRODUCTS Manufacturers of

ASPIRIN & HEROIN

The Sedative for Coughs

AVAILABLE FROM

FARBENFABRIKEN of ELBERFELD C^o
40 STONE STREET, New York



ONE NIGHT TRADE MARK COUGH SYRUP

EACH OUNCE CONTAINS

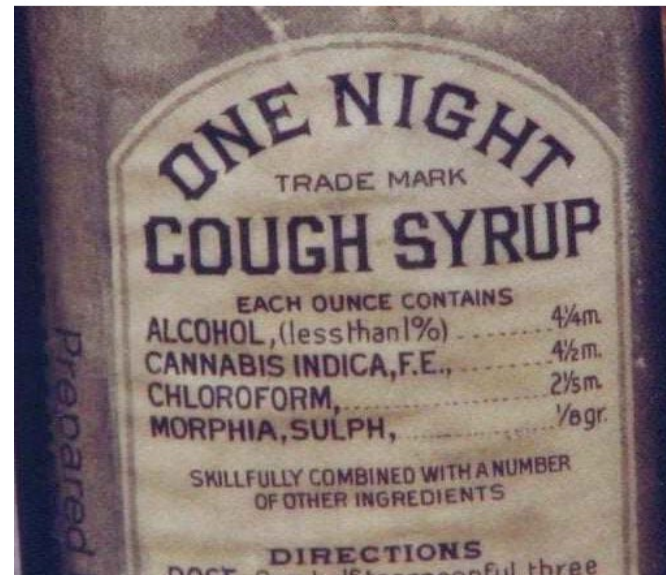
ALCOHOL, (less than 1%)	4/4m
CANNABIS INDICA, F.E.,	4 1/2m
CHLOROFORM,	2 1/2m
MORPHIA, SULPH,	1/8gr.

SKILLFULLY COMBINED WITH A NUMBER OF OTHER INGREDIENTS

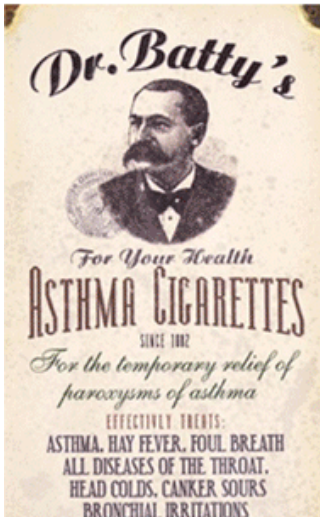
DIRECTIONS

DOSE One-half teaspoonful three

Prepared



It's not just opioids...



now she can cope...

thanks to
Butisol
(SODIUM BUTYRBARBITAL)

"daytime sedative" for everyday situational stress

When stress is associated with hormonal pressure, worry over illness, the menopause offers relief for an individual's every stress which has a primary and predictable relaxing action and is immediately well tolerated. Butisol (Sodium Butyrbarbital) soothes the individual mind.

After 35 years of clinical use... still a first choice among many physicians for depressants and sedatives in mild to moderate cases of: **Contraindications:** Pregnancy or sensitivity to barbiturates.

Precautions: Excessive use may lead to severe respiratory distress. Tablets are habit-forming and may require daily medical supervision or direction. **Adverse Reactions:** Drowsiness or dizziness, nausea, dizziness, double vision, "hangover" and various disturbances of the nervous system.

Warnings: May be habit forming. **Usual Adult Dosage:** As a hypnotic sedative, 100 mg. 1 1/2 and 200 mg. 1 1/2 and 3 and 4 and 5 and 6 and 7 and 8 and 9 and 10 and 11 and 12 and 13 and 14 and 15 and 16 and 17 and 18 and 19 and 20 and 21 and 22 and 23 and 24 and 25 and 26 and 27 and 28 and 29 and 30 and 31 and 32 and 33 and 34 and 35 and 36 and 37 and 38 and 39 and 40 and 41 and 42 and 43 and 44 and 45 and 46 and 47 and 48 and 49 and 50 and 51 and 52 and 53 and 54 and 55 and 56 and 57 and 58 and 59 and 60 and 61 and 62 and 63 and 64 and 65 and 66 and 67 and 68 and 69 and 70 and 71 and 72 and 73 and 74 and 75 and 76 and 77 and 78 and 79 and 80 and 81 and 82 and 83 and 84 and 85 and 86 and 87 and 88 and 89 and 90 and 91 and 92 and 93 and 94 and 95 and 96 and 97 and 98 and 99 and 100 and 101 and 102 and 103 and 104 and 105 and 106 and 107 and 108 and 109 and 110 and 111 and 112 and 113 and 114 and 115 and 116 and 117 and 118 and 119 and 120 and 121 and 122 and 123 and 124 and 125 and 126 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McNELL

McNell Laboratories, Inc., New York, N.Y.



if chronic fatigue and mild depression make simple tasks seem this big...



Ritalin (methylphenidate CIBA) relieves chronic fatigue that depresses and mild depression that fatigues

3) Indications for opioids

- Long established as effective analgesics for:
 - Acute vs Chronic
 - Malignant vs non-malignant
 - Pre-/Post-op
- Use for dyspnea/coughing
- Palliative/End of Life symptoms management
- Opioid use disorder
- Other conditions?

4) Steps for safe(r) Opioid Prescribing

1. Evaluate the role of opioids used in pain management
2. Recognize the risks of long-term opioid use
3. Recognize factors that increase unintentional overdose (OD) risks
4. Incorporate pharmacovigilance during patient assessment.
5. Safety at forefront of any treatment planning
6. Strategy for patients with chronic pain who have challenges w/ using prescribed opioid safely
7. Mitigate harms to patient, their families and the community.

*** Acknowledgement to Dr. Rashmi Chadha for sharing her previous slides for this session. They were adapted and updated for this presentation.**

Some good practice tips

1. Before you start prescribing, ensure you have exhausted other non-opioid options and has enough evidence to support its use.
2. Discuss with patients rationale, how/when to reassess, what is the ultimate goal(s)
3. Monitoring compliance/adherence
 - **Pharmanet** checks with every visit that requires *any* prescription
4. Discuss how to taper/stop, when? Who? Why?
5. Holidays/missed doses strategies?
6. Patient travel plans?
7. Carries?
8. Documentation
 - What about “opioid contract”?

5) Patient behaviours that may raise concerns

- Not following agreed-upon prescribing instructions: taking more and/or more frequently
- Unexplained lost/stolen medications
- Opposition to requested urine drug screen (UDS)/random pill-count
- Requesting specific opioids, or specific formulation
- Multiple prescribers
- Evidence of borrowing/sharing of medications
- Current use of other substances including alcohol
- Requesting other psychotropic medication without clear indication(s)
- Seems to focus on medications and not the illness

* These signs alone **are not diagnostic** for Substance Use Disorder, but rather should serve as opportunities to discuss with patients of behaviours observed.

Reference: James J. Dealing with drug-seeking behaviour. Australian prescriber. 2016;39:96-100

Legacy patients

- If patient has good biopsychosocial functioning and on opioid dose <90 MME (mg Morphine Equivalent)
 - Continue current regiment but make prescribing contingent on ongoing re-evaluation and risk mitigation, pharmacovigilance
- If patient is on >90 MME
 - Consider to continue current regiment in the short-term, but inform patients that thorough longitudinal evaluations needed and taper maybe considered/required.
- It is unethical to “fire” or “screen out” patients who have a substance use disorder in your practice.
- **Do not “abandon” patient, unsafe rapid taper or “cut off”.**
 - **Refer to CPSBC Professional Standard on Safe Prescribing of Opioids and Sedatives**

DSM-V Criteria for Opioid Use Disorder

Summarized DSM-5 diagnostic categories and criteria for opioid use disorder: (≥ 2 or more to fit criteria)

This can be applied to those who use illicit opioids and those who use pharmaceutical opioids that are prescribed.

Note: **“Criminality” is no longer a criteria for substance use disorder.**

DSM-5 recognizes “substance use disorder”, and does not use the term “drug addiction” or “drug abuse”.

Category	Criteria
Impaired Control	<ul style="list-style-type: none">• Opioids used in larger amounts or for longer than intended• Unsuccessful efforts to or desire to cut back or control opioid use• Excessive amount of time spent obtaining, using, or recovering from opioids• Craving to use opioids
Social Impairment	<ul style="list-style-type: none">• Failure to fulfill major role obligations at work, school, or home as a result of recurrent opioid use• Persistent or recurrent social or interpersonal problems that are exacerbated by opioids or continued opioids despite these problems• Reduced or given up important social, occupational, or recreational activities because of opioid use
Risky Use	<ul style="list-style-type: none">• Opioid use in physically hazardous situations• Continued opioid use despite knowledge of persistent physical or psychosocial problem that is likely caused by opioid use
Pharmacological Properties	<ul style="list-style-type: none">• Tolerance as demonstrated by increased amounts of opioids needed to achieve desired effect; diminished effect with continued use of the same amount• Withdrawal as demonstrated by symptoms of opioid withdrawal syndrome; opioids taken to relieve or avoid withdrawal

6) Current OUD Treatment Options in BC

- Access to resources maybe challenging for many rural, or even urban, communities

Many evidence-based treatment options:

1. Harm reduction strategies:

- Naloxone Kits
- Safer Consumption Site
- Harm reduction supplies
- Drug testing kits
- Hydromorphone – Risk Mitigation during COVID-19 pandemic

2. Oral opioid agonist treatment (OAT)

- Methadone; Slow-Release Oral Morphine (SROM); Buprenorphine/Naloxone

3. Others:

- Injectable (diacetylmorphine, fentanyl, Buprenorphine), fentanyl patch, fentanyl tablets, antagonist (Naltrexone)

4. **Withdrawal management “detox” – no longer recommended as only treatment due to high relapse and mortality rate**

5. **Non-pharmacological treatment: counselling, in-patient/residential treatment, 12-steps, addressing social determinants of health**

Key Skills/Tips

- Do not avoid uncomfortable or “difficult” conversations but do not become confrontational
- Remain neutral and avoid judgmental statements
- Focus on patient safety and functional capacity
- **Self-reflection and recognize conscious and unconscious biases**
- Role as physician is to help patients and “do no harm”
- Definitely possible to be collaborative and empathetic while maintaining a rational treatment plan with patients
- Be the change to destigmatize:
 - **Avoid terms: “addicts” (person who use drugs), “dirty urine” (urine with ___ present), “high” (intoxicated); “drug seeking”, etc**
- If you are stuck – talk to another colleague, call R.A.C.E, BCCSU, CPSBC, CMPA

7) Addiction Medicine for PRA-BC Candidates

- You **WILL** encounter patients who have a substance use problem at some point during your CFA and ROS
 - During your 12-week CFA, all prescriptions, including opioids, sedatives and other psychoactive medications, will be signed off by your assessors.
 - However, screening, assessment and treatment for patients presenting with substance use disorders are part of your assessments but likely opportunistic
 - The DSM 5 recognizes substance-related disorders resulting from the use of 10 separate classes of drugs: **alcohol**; caffeine; **cannabis**; hallucinogens (phencyclidine or similarly acting arylcyclohexylamines, and other hallucinogens, such as LSD); **inhalants; opioids; sedatives, hypnotics, or anxiolytics; stimulants** (including amphetamine-type substances, cocaine, and other stimulants); **tobacco**; and other or unknown substances
- **Focus on the patient assessment, ultimate prescribing decision from assessor**

8) Further training and education

Online learning

- BCCSU Opioid Use Disorder
 - Provide and support education and training in addiction care for opioid use disorder
 - Online modules, OAT preceptorship

<https://www.bccsu.ca/education-training/>

Guidelines

- A Guideline for the Clinical Management of Opioid Use Disorder. 2023 Update
https://www.bccsu.ca/wp-content/uploads/2025/09/BC-OUD-Treatment-Guideline_2023-Update2.pdf
- 2017 Canadian Guideline for Opioids for Chronic Non-cancer Pain. (Full)
https://files.magicapp.org/guideline/dc12d4fe-5df9-46ce-9eae-4b266c70e89a/published_guideline_2849-4_10.pdf
- 2024 Canadian Opioid Prescribing Guideline for Chronic non-Cancer Pain (Summary)
[2024-Opioid-Prescribing-Guideline-Web.pdf](https://www.bccsu.ca/wp-content/uploads/2024/09/2024-Opioid-Prescribing-Guideline-Web.pdf)

Professional Standards

- Practice Standards – Safe Prescribing of Opioids and Sedatives. College of Physicians and Surgeons of BC. <https://www.cpsbc.ca/files/pdf/PSG-Safe-Prescribing.pdf>

Rural Providers

- BCCSU - Rural Education Action Plan (REAP)
- <https://www.bccsu.ca/rural-education-action-plan/>

Resources: PathwaysBC.ca

- You will get have a session on Pathways this week.
- Access will be granted for you.
- You should try it during CFA

The screenshot shows the PathwaysBC.ca website interface. At the top, there is a navigation bar with the Pathways logo, a search bar, and links for Home, Resources, Forms, Favourites, and You. Below the navigation bar, there is a dropdown menu for 'SELECT SPECIALTY OR SERVICE' currently set to 'ADDICTION MEDICINE'. A horizontal menu below that includes 'Specialists', 'Clinics & Pooled Referrals', 'Community & Health Authority Services', 'Physician Resources', 'Patient Info', 'Pearls', 'RACE', and 'Forms'. The main content area features a table of services with columns for 'Programs/Services', 'Service Area', and 'Ways to Access'. A sidebar on the right titled 'Filter Programs/Services' allows users to filter by 'Service Types' with various checkboxes.

Programs/Services	Service Area	Ways to Access
Access & Assessment Centre - Intake for Mental Health and/or Substance Use Services [Vancouver Coastal Health]	Vancouver	📍 📞 🏠
Access Central - Detox Referral Line [Vancouver Coastal Health]	Vancouver Coastal Health Area	📞
Addiction Services - Vancouver [Vancouver Coastal Health]	Vancouver	📞 🏠 🏠
Clinician Telephone Consultation Service - 24/7 Addiction Medicine Advice to Providers [BC Centre on Substance Use (BCCSU)]	Province-wide	📞 🕒
Older Adult Mental Health & Addiction Services Central Intake - Non-emergency support phone line [Vancouver Coastal Health]	Richmond, Vancouver	📞
Peer Navigator and Peer Support Programs - For individuals with mental illness and/or addictions [Canadian Mental Health Association (CMHA) - Vancouver Fraser Branch]	Vancouver	📍 🏠
Rapid Access Addiction Clinic (RAAC) - Opioid Agonist Treatment (OAT Clinic) - St. Paul's Hospital [Providence Health Care]	Vancouver Coastal Health Area	📍 🏠
START - Substance Use Treatment and Response Team [Vancouver Coastal Health]	Vancouver Coastal Health Area	🏠 🏠
Youth Central Addiction Intake Team (CAIT) - Vancouver CYMH and Substance Use Services [Vancouver Coastal Health]	Vancouver Coastal Health Area	📞 🏠

Filter Programs/Services

Service Types

- Access / Intake for Health Authority Addiction Services
- Clinician Consultative Advice
- Emergency / Rapid Access
- Health Authority Addiction Services
- Helpline / Crisis Line for Public
- Navigation Support
- Opioid Treatment (OAT)
- Addiction Counselling
- Addiction Treatment: Day Programs
- Addiction Treatment: Residential
- Addiction: Support for Recovery
- Addiction: Supports for Families & Friends
- Alcohol Use Disorder (AUD)
- Concurrent Disorders
- Detox / Withdrawal
- Early Intervention: Addictions
- Fatal Alcohol Poisoning

Consultation – Addiction Specialists

Rapid Access to Consultative Expertise (RACE) – Addiction Medicine and Perinatal Addiction

- **Online request** via www.raceapp.ca (or mobile app “RACEapp+” [iOS](#) and [Android](#)). The Specialist will call you back on the direct line listed in your profile.
- Note that not all specialties are available via the direct telephone request method.
- For MDs and NPs

The screenshot shows the RACE website homepage. At the top left is the RACE logo, which consists of the letters 'RACE' in a bold, orange font with a stylized 'o' above the 'A'. To the right of the logo is the text 'RAPID ACCESS TO CONSULTATIVE EXPERTISE'. Further right, contact information is listed: 'Monday to Friday 0800-1700', 'Local Calls: 604-696-2131', and 'Toll Free: 1-877-696-2131'. A Twitter icon is also present. Below the header is a navigation menu with links for 'About RACE', 'BC & YK Family Physicians / Nurse Practitioners', 'Specialists', 'eCASE', 'Contact Us', and 'Links'. The main content area features a large orange banner with a white background. On the left side of the banner, there is a testimonial in orange text: '“the app is awesome...CLICK, CLICK, CLICK – I got a call back within a couple of minutes!”'. Below the testimonial is a call to action: 'Download the RACEapp+ today'. On the right side of the banner is an image of a smartphone displaying the RACE app interface, which includes the RACE logo and a large hand icon with a finger pointing to a button.

Consultation – Addiction Specialists

- To call the 24/7 Addiction Medicine Clinician Support Line and speak to an Addiction Medicine Specialist, call 778-945-7619.
- For MDs, NPs, nurses, midwives, pharmacists



The screenshot shows the website for the British Columbia Centre on Substance Use (BCCSU). The header includes the BCCSU logo and navigation links: ABOUT, RESEARCH, EDUCATION, CARE GUIDANCE, PUBLICATIONS, and NEWS. The main heading is "24/7 Addiction Medicine Clinician Support Line". Below this, the breadcrumb "BCCSU > 24/7 Addiction Medicine Clinician Support Line" is visible. The main content area features the "24/7 ADDICTION MEDICINE CLINICIAN SUPPORT LINE" logo, which includes a telephone handset icon. To the right is the logo for the First Nations Health Authority, with the tagline "Health through wellness". Below these logos, the text reads "Call to speak with an Addiction Medicine Specialist" followed by the phone number "778-945-7619" in large, bold blue font.

BRITISH COLUMBIA
CENTRE ON
SUBSTANCE USE
Networking researchers, educators & care providers

ABOUT ▾ RESEARCH ▾ EDUCATION ▾ CARE GUIDANCE ▾ PUBLICATIONS ▾ NEWS ▾

24/7 Addiction Medicine Clinician Support Line

BCCSU > 24/7 Addiction Medicine Clinician Support Line

24/7 ADDICTION MEDICINE CLINICIAN SUPPORT LINE

First Nations Health Authority
Health through wellness

Call to speak with an Addiction Medicine Specialist
778-945-7619

Referral - Provincial Addictions Programs

BC Mental Health & Substance Use Services

<https://www.bcmhsus.ca/health-professionals/make-referral>

The screenshot shows the website header with the logo and navigation menu. The main heading is 'Make a Referral' with a sub-heading 'Most of our programs need a referral from a physician, social worker, health authority liaison or other health care professional.' A sidebar on the left lists referral options under 'For Health Professionals', with 'Make a Referral' selected. The main content area lists three referral programs: 'Heartwood Centre for Women Referral', 'Provincial Specialized Substance Use Program for Adults Referral', and 'Red Fish Healing Centre Referral'. Each program includes a brief description and a link to the referral page.

BC MENTAL HEALTH & SUBSTANCE USE SERVICES

Mental Health & Substance Use | Forensic Psychiatry | Correctional Health

Home > For Health Professionals

Make a Referral

Most of our programs need a referral from a physician, social worker, health authority liaison or other health care professional.

For Health Professionals

- Make a Referral
- Heartwood Centre for Women Referral
- Provincial Assessment Centre Referrals
- Provincial Specialized Substance Use Program for Adults Referral
- Red Fish Healing Centre Referral
- Clinical Resources

If you're supporting a patient's or client's care, choose a program below to learn more about the referral process.

ᑕᑦᑲᑦᑲᑦ ᑲᑦᑲᑦᑲᑦ ᑲᑦᑲᑦᑲᑦ (Red Fish Healing Centre for Mental Health & Addiction) referral

The Red Fish Healing Centre treats individuals from across the province who live with severe and concurrent substance use and mental health issues. Refer a client to the [Red Fish Healing Centre](#).

Heartwood Centre for Women referral

The Heartwood Centre provides integrated treatment for women across B.C., including members of Two-Spirit and gender-diverse communities, who struggle with severe substance use and mental health challenges. Refer a client to the [Heartwood Centre](#).

Provincial Specialized Substance Use Program for Adults referral

BC Mental Health and Substance Use Services coordinates referrals to 50 specialized addiction treatment beds for adults who need help with severe substance use. The beds are operated by...

The screenshot shows the heretohelp website header with the logo and navigation menu. The main heading is 'Alcohol & Other Drugs' with a sub-heading 'You and Substance Use'. A sidebar on the left lists navigation options: 'I am here to support', 'Stories', 'Resource Library', and 'Q&A'. The main content area features a large illustration of a lighthouse and a person looking through a telescope. Below the illustration, there are links for 'English PDF' and 'Next section'.

heretohelp
Mental health and substance use information you can trust

I am here to support | Stories | Resource Library | Q&A

Alcohol & Other Drugs

You and Substance Use

English PDF | Next section

Project: Here To Help

<https://www.heretohelp.bc.ca/infosheet/understanding-substance-use-a-health-promotion-perspective>

Referral – Ministry of Health

Help lines - Alcohol & Drug Information Referral Service

- Call toll-free at 1 800 663-1441,
- Call 604-660-9382 (Lower Mainland)
- Free, multilingual telephone assistance is available 24 hours a day, 7 days a week.

 **Public Health Alerts:** [Overdose advisory: Prince George](#)



HealthLinkBC

Living well ▾

Health library ▾

Mental health and
substance use ▾

Find care ▾

 Call 8-1-1

 Search

Substance use

[Home](#) / [Mental health and substance use](#) / [Substance use](#)

Last updated: **August 28, 2024**



Overview

The term "substance use" refers to the use of drugs or alcohol, and includes substances such as cannabis, vapes, tobacco or cigarettes, illegal drugs, prescription drugs, inhalants and solvents. Substance use can be viewed on [a spectrum](#) with varying stages of benefit and harm. There can be risks associated with using substances and any type of substance use can cause harm. Substance use can also lead to addiction.

<https://www.healthlinkbc.ca/mental-health-and-substance-use/substance-use>

Resources – Regional Health Authorities

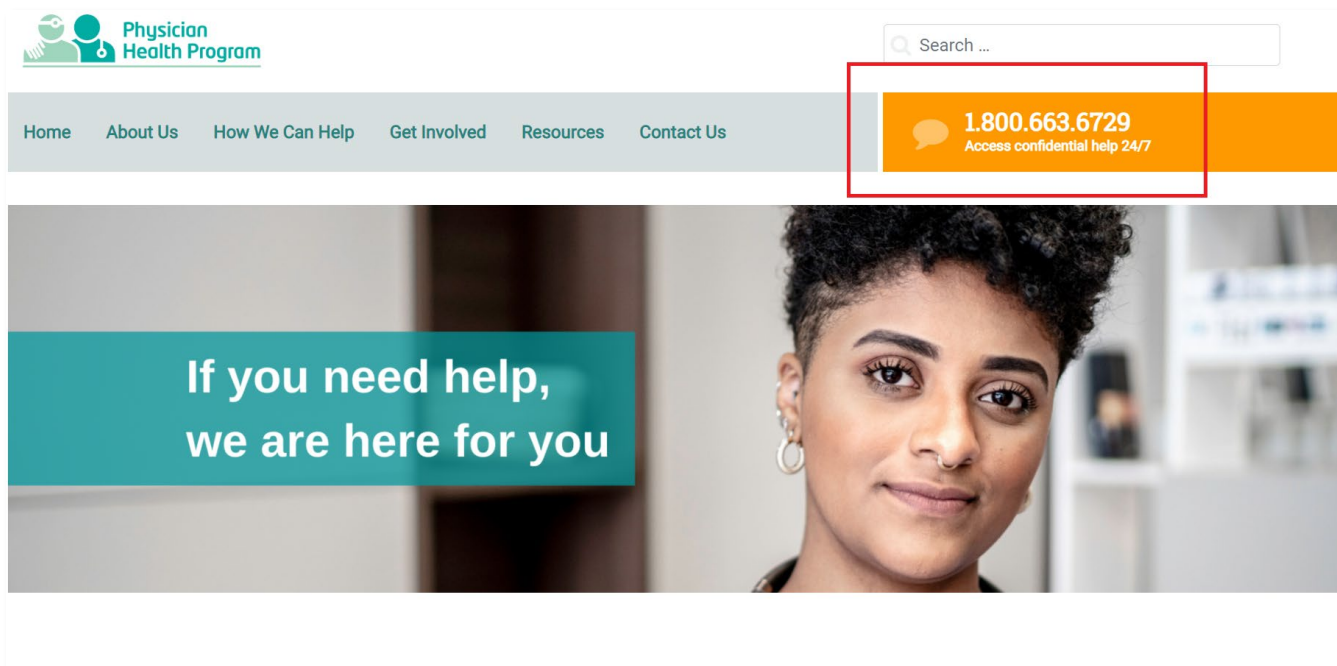
- Vancouver Coastal Health: <http://www.vch.ca/your-care/mental-health-substance-use/substance-use-services>
- Fraser Health: <https://www.fraserhealth.ca/Service-Directory/Services/mental-health-and-substance-use/mental-health-centres/community-substance-use-services-clinics#.YIYFUdJKiUk>
- Island Health: <https://www.islandhealth.ca/our-services/mental-health-substance-use-services/access-referrals-mental-health-substance-use-services>
- Interior Health: <https://www.interiorhealth.ca/YourCare/MentalHealthSubstanceUse/Pages/default.aspx>
- Northern Health: <https://www.northernhealth.ca/services/mental-health-substance-use>



Resources – Physicians who need help

Physician Health Program (PHP) is primarily funded by the Ministry of Health and governed by a steering committee composed of Ministry of Health and Doctors of BC representatives. PHP services are managed and delivered by a caring and diverse clinical team at Doctors of BC.

1-800-663-6729



The screenshot shows the top portion of the Physician Health Program website. In the top left corner is the logo, which consists of two stylized human figures in green and blue, followed by the text "Physician Health Program". To the right of the logo is a search bar with the placeholder text "Search ...". Below the logo and search bar is a horizontal navigation menu with the following items: "Home", "About Us", "How We Can Help", "Get Involved", "Resources", and "Contact Us". On the right side of this menu is a prominent orange button with a white speech bubble icon, the phone number "1.800.663.6729", and the text "Access confidential help 24/7". Below the navigation menu is a large banner image featuring a close-up portrait of a woman with dark curly hair and a nose ring. Overlaid on the left side of the banner is a teal-colored text box with the white text "If you need help, we are here for you".

Learning Objectives

By the end of the session participants should be able to:

1. Recognize the ongoing toxic drug deaths in BC/Canada since 2016
2. Recognize the historic and current trends in opioid prescribing in Canada.
3. Identify indications for prescription opioids.
4. Apply safe prescribing parameters to minimize the risk of harm to the patient and wider community
5. Identify aberrant behaviours that could suggest opioid use disorder
6. Explain current opioid use disorder pharmacological options in BC
7. Understand the roles and responsibilities for PRA-BC candidates in the context of opioid prescribing
8. Identify appropriate consultation options and community resources for patients who are suffering from substance use disorder

Additional Resources and References

Patients and Families

- HelpStartsHere.ca: <https://helpstartshere.gov.bc.ca/substance-use/types-substance-use>

Harm Reduction

- Toward the Heart: <http://www.towardtheheart.com>
- Lifeguard app: [Lifeguard App | HelpStartsHere](#)

Education/Training/Guidelines

- BC Centre on Substance Use: <http://www.bccsu.ca>
- UBC CPD Opioid Prescribing Online Module: <https://ubccpd.ca/learn/learning-activities/course?eventtemplate=45-safe-prescribing>. Updated 2025

References

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<https://www2.gov.bc.ca/gov/content/life-events/death/coroners-service/statistical-reports>
- Health Canada Infobase: Key findings The most recent available data on overdoses and deaths involving opioids and/or stimulants from January 2016 to December 2024 in Canada, where available. Last updated: 2025-06-25 <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/>
- First Nation and the Toxic Drug Poisoning Crisis in BC <https://www.fnha.ca/Documents/FNHA-First-Nations-and-the-Toxic-Drug-Poisoning-Crisis-in-BC-Jan-Dec-2024.pdf> Accessed September 21, 2025
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- Canadian Institute for Health Information. Pan-Canadian Trends in the Prescribing of Opioids and Benzodiazepines 2012-201. 2018 <https://www.cihi.ca/sites/default/files/document/opioid-prescribing-june2018-en-web.pdf> Accessed Oct 19, 2023
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- McLarnon M. Preventing Pharmaceutical Opioid-Associated Mortality in BC. BC Ministry of Health. July 17, 2017. <https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/pharmaceutical-opioid-associated-mortality-in-bc-july-17-2017.pdf> Accessed April 17, 2023.

