Addiction Medicine in BC

Practice Ready Assessment (PRA-BC) Centralized Orientation
F2026

Dr. Steven Yau
UBC CPD

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 Sḵwx̱wú7mesh (Squamish), xʷməθkwəy̓əm (Musqueam), and Səl̓ílwətaʔ/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. (Kooteen 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, believes, assumptions and judgements to people who use substances may help address potential unconscious or conscious biases towards people who use drugs

Poll Activity

Menti.com
CODE: 7604 8479

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

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, Hydromrophone 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?

I) Opioids- and Stimulants-related Harms in Canada

Health Canada

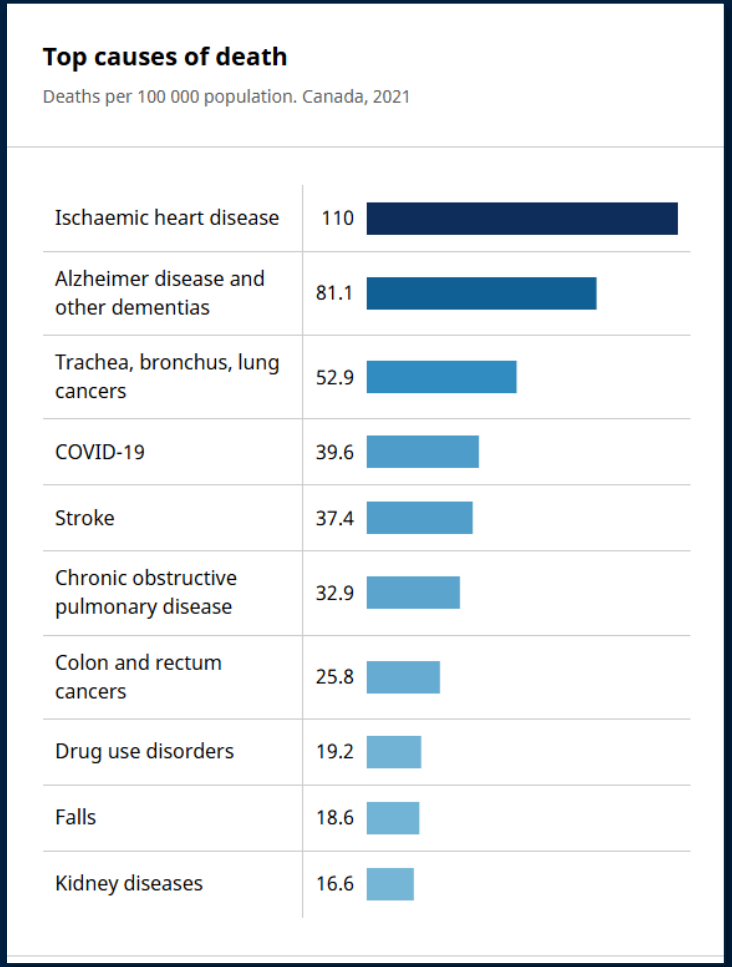
Since 2016 – 55,032 apparent opioid toxicity deaths (Jan 2016-Sept 2025)

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: Opioi- and Stimulant-related Harms in Canada

WHO
Health Data Overview



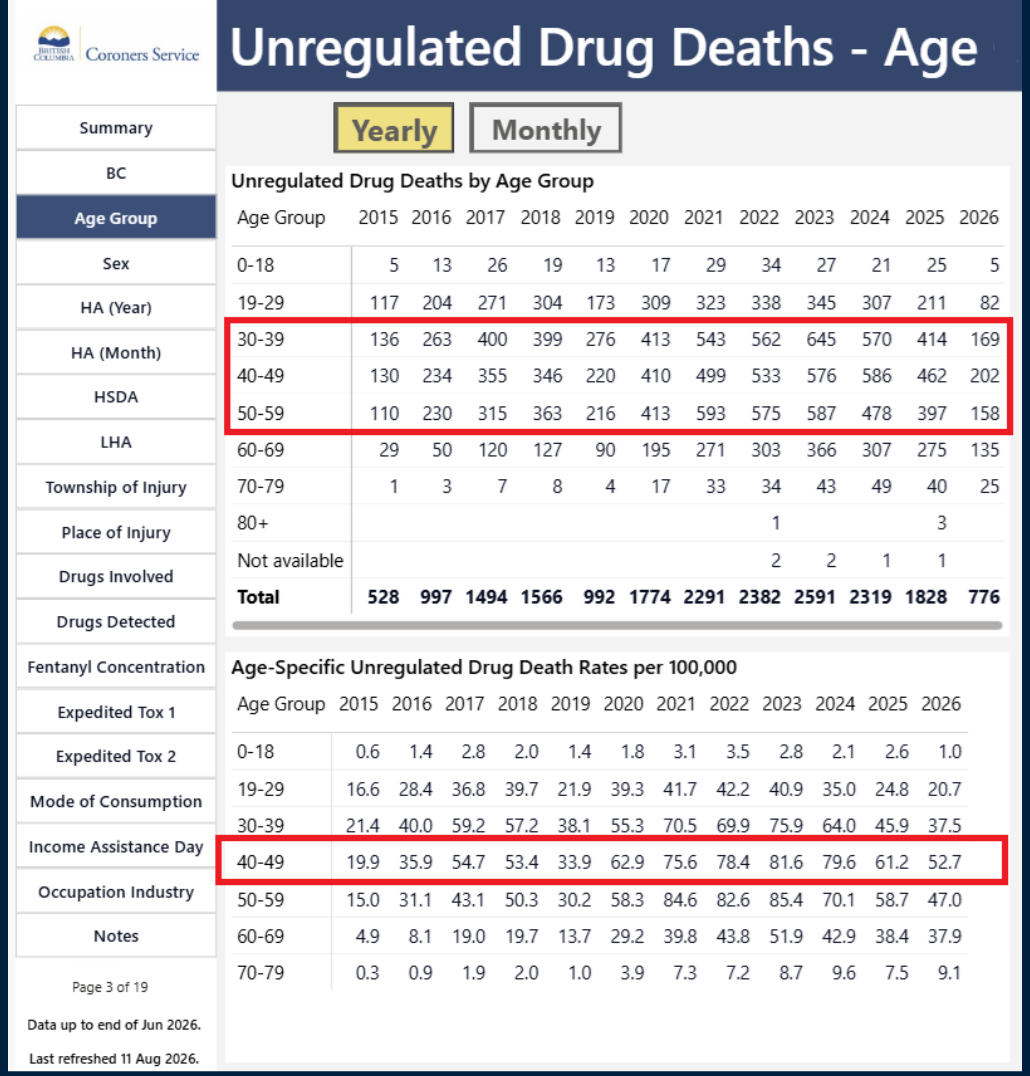
Source: WHO – Health data overview for Canada

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 as of June 30, 2026:
  - 776 deaths in 2026, average 4.6 deaths/day
- Common mode of consumption: smoking (68%); then nasal insufflation (11%), injection (8%), oral (3%)
- 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%)

Source: BC Coroner Service – Statistical Reports on Deaths in British Columbia



Coroners Service

Unregulated Drug Deaths - Age

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 Jun 2026.

Last refreshed 11 Aug 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	17	29	34	27	21	25	5
19-29	117	204	271	304	173	309	323	338	345	307	211	82
30-39	136	263	400	399	276	413	543	562	645	570	414	169
40-49	130	234	355	346	220	410	499	533	576	586	462	202
50-59	110	230	315	363	216	413	593	575	587	478	397	158
60-69	29	50	120	127	90	195	271	303	366	307	275	135
70-79	1	3	7	8	4	17	33	34	43	49	40	25
80+								1			3	
Not available								2	2	1	1	
Total	**528**	**997**	**1494**	**1566**	**992**	**1774**	**2291**	**2382**	**2591**	**2319**	**1828**	**776**

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	1.8	3.1	3.5	2.8	2.1	2.6	1.0
19-29	16.6	28.4	36.8	39.7	21.9	39.3	41.7	42.2	40.9	35.0	24.8	20.7
30-39	21.4	40.0	59.2	57.2	38.1	55.3	70.5	69.9	75.9	64.0	45.9	37.5
40-49	19.9	35.9	54.7	53.4	33.9	62.9	75.6	78.4	81.6	79.6	61.2	52.7
50-59	15.0	31.1	43.1	50.3	30.2	58.3	84.6	82.6	85.4	70.1	58.7	47.0
60-69	4.9	8.1	19.0	19.7	13.7	29.2	39.8	43.8	51.9	42.9	38.4	37.9
70-79	0.3	0.9	1.9	2.0	1.0	3.9	7.3	7.2	8.7	9.6	7.5	9.1

Unregulated Drug Deaths - Sex

Coroners Service

- 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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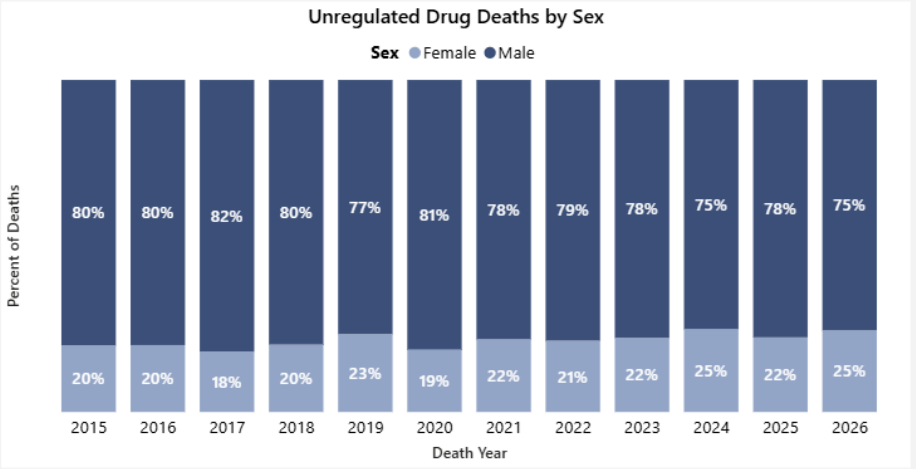
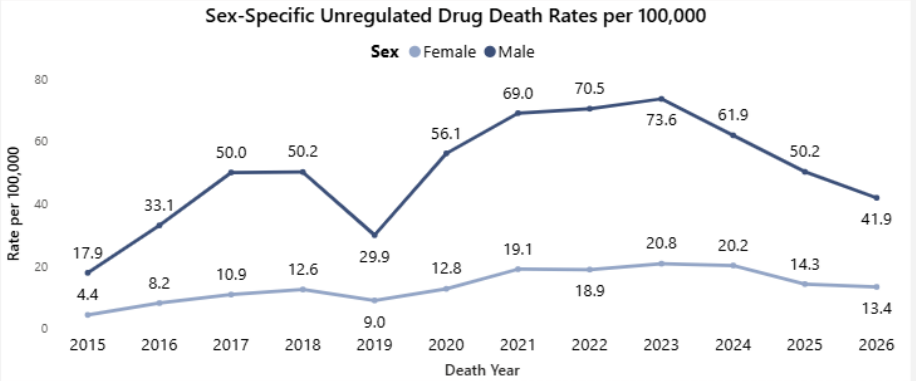
Data up to end of Jun 2026.

Last refreshed 11 Aug 2026.

Yearly | Monthly

British Columbia | Interior





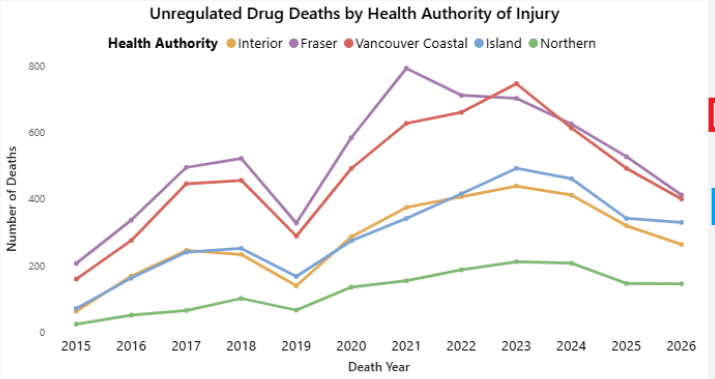
Note: In the table and figure, 2026 rates are annualized for the year.

Unregulated Drug Deaths - Health Authority of Injury (Year)

Coroners Service

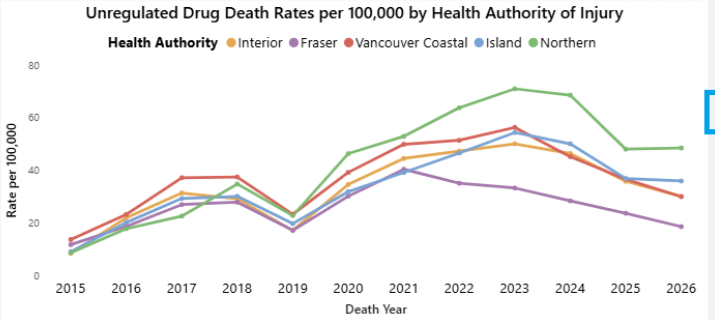
- Summary
- BC
- Age Group
- Sex
- HA (Year)
- HA (Month)
- HSDA
- LHA
- Township of Injury
- Place of Injury
- Drugs Involved
- Drugs Detected
- Fentanyl Concentration
- Expedited Tox 1
- Expedited Tox 2
- Mode of Consumption
- Income Assistance Day
- Occupation Industry
- Notes

Data up to end of Jun 2026.



Unregulated Drug Deaths by Health Authority of Injury

HA_Name	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Interior	64	169	246	234	140	287	375	407	439	412	320	132
Fraser	207	337	495	522	328	584	792	711	702	625	527	206
Vancouver Coastal	160	276	446	456	289	492	627	660	746	613	492	200
Island	72	163	241	252	168	275	342	416	492	461	342	165
Northern	25	52	66	102	67	136	155	188	212	208	147	73
British Columbia	528	997	1494	1566	992	1774	2291	2382	2591	2319	1828	776



Unregulated Drug Death Rates per 100,000 by Health Authority of Injury

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	47.3	50.1	46.4	35.8	30.0
Fraser	11.7	18.7	27.0	27.9	17.2	30.2	40.4	35.1	33.3	28.4	23.7	18.6
Vancouver Coastal	13.7	23.2	37.2	37.5	23.3	39.2	49.9	51.4	56.3	45.2	36.6	30.0
Island	9.1	20.2	29.3	30.1	19.7	31.9	39.2	46.6	54.3	50.1	36.9	35.9
Northern	8.6	17.8	22.6	34.8	22.8	46.3	52.9	63.8	71.0	68.6	48.0	48.5
British Columbia	11.1	20.5	30.3	31.2	19.4	34.3	43.8	44.4	47.0	40.9	32.1	27.5

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

How socio-economic factor affect deaths

Coroners Service

Unregulated Drug Deaths - Income Assistance Day

- 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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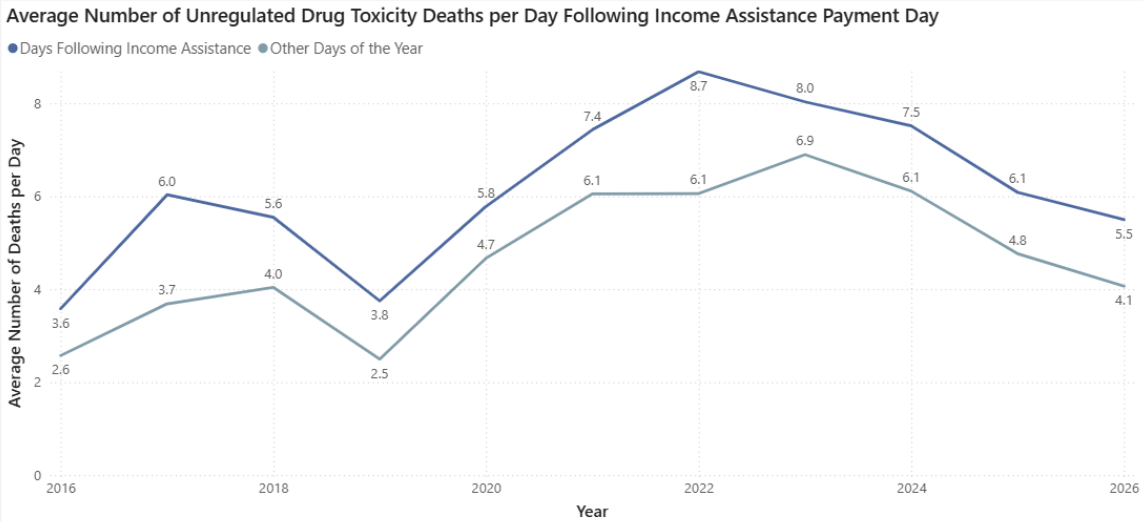
Data up to end of Jun 2026.

Last refreshed 11 Aug 2026.

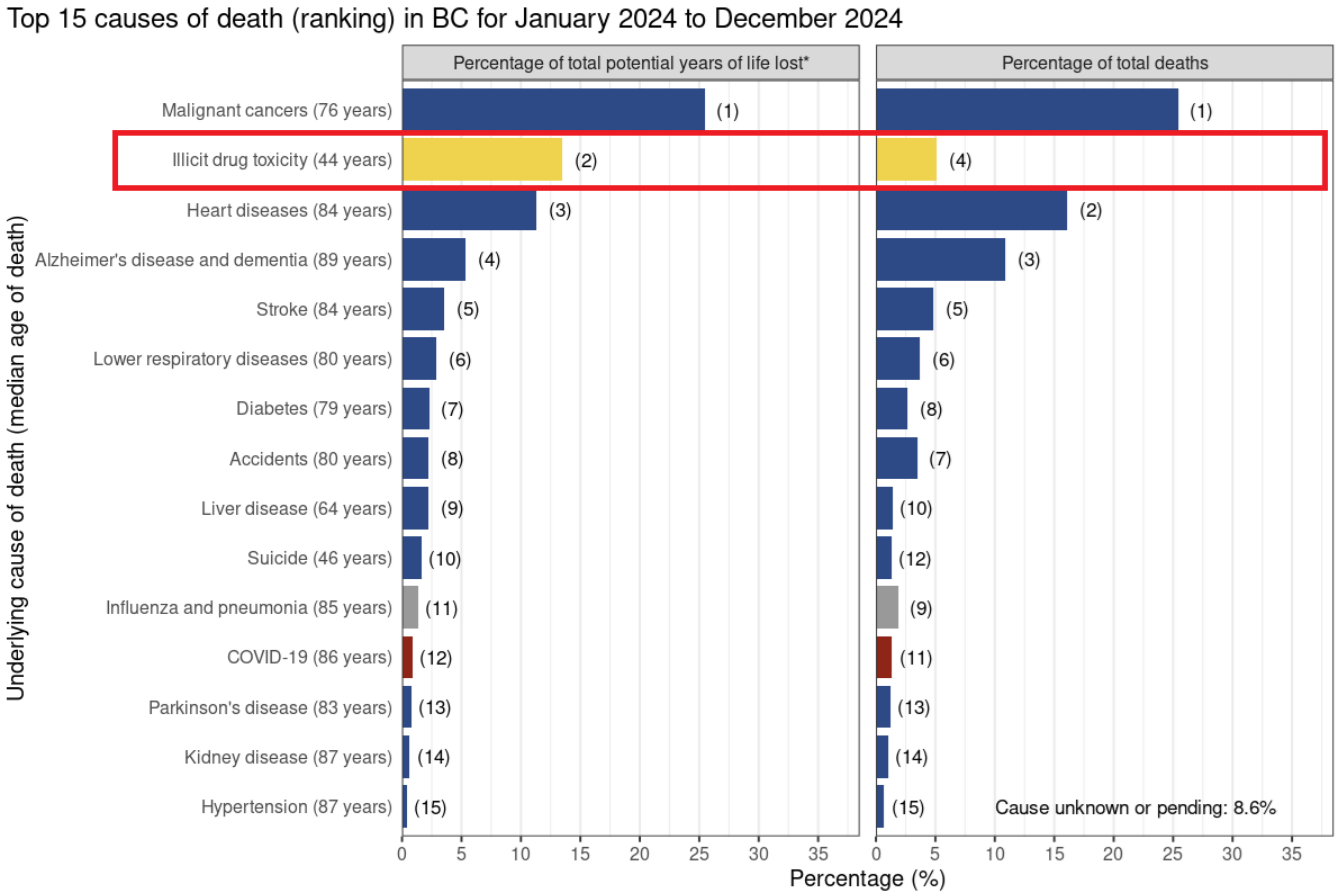


Notes:

The days following income assistance payment day include the payment day (Wednesday) to the Sunday. Income assistance payment dates can be found at https://www2.gov.bc.ca/gov/content/family-social-supports/income-assistance/payment-dates.

BCCDC Mortality Context App

Introduction | Top 15 causes of death | All-cause mortality rates | Disclaimer



Source: BCCDC Mortality Context App

Trending in the right direction?

Unregulated Drug Deaths - BC

Coroners Service

- Summary
- BC
- Age Group
- Sex
- HA (Year)
- HA (Month)
- HSDA
- LHA
- Township of Injury
- Place of Injury
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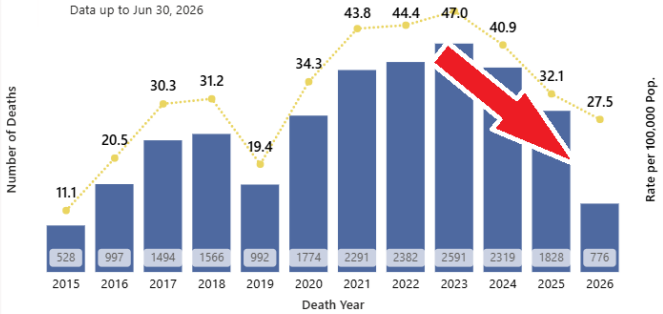
Data up to end of Jun 2026.

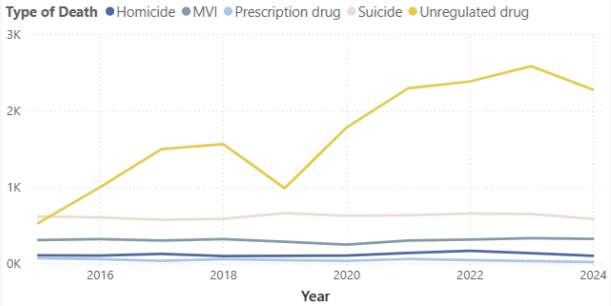
Last refreshed 11 Aug 2026.

Unregulated Drug Deaths and Death Rate per 100,000 Population



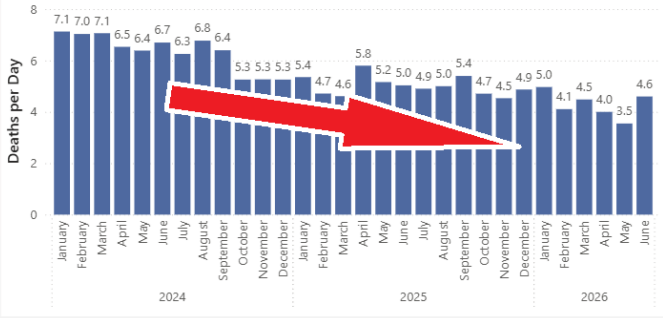
Note: 2026 rate is annualized for the year.

Causes of Unnatural Deaths in BC



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

Unregulated Drug Deaths per Day by Month



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	215	231	221	166	154
February	31	58	125	108	87	79	177	203	198	204	132	115
March	32	76	129	158	122	120	173	185	216	219	143	139
April	34	73	156	136	81	130	187	174	240	196	174	120
May	41	51	149	119	93	175	173	213	200	198	160	110
June	34	72	130	117	73	189	177	159	204	201	151	138
July	40	74	122	151	72	186	199	200	224	194	152	
August	53	65	126	126	83	161	202	192	199	210	155	
September	50	63	97	139	63	142	161	192	191	192	162	
October	53	77	98	119	79	176	212	212	217	163	146	
November	52	140	110	132	81	170	216	203	230	158	136	
December	65	162	104	127	64	166	226	234	241	163	151	
Total	**528**	**997**	**1494**	**1566**	**992**	**1774**	**2291**	**2382**	**2591**	**2319**	**1828**	**776**

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 hear about substance use and toxic drug supply 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 week. (CBC)

The Economist

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The Americas | High stakes

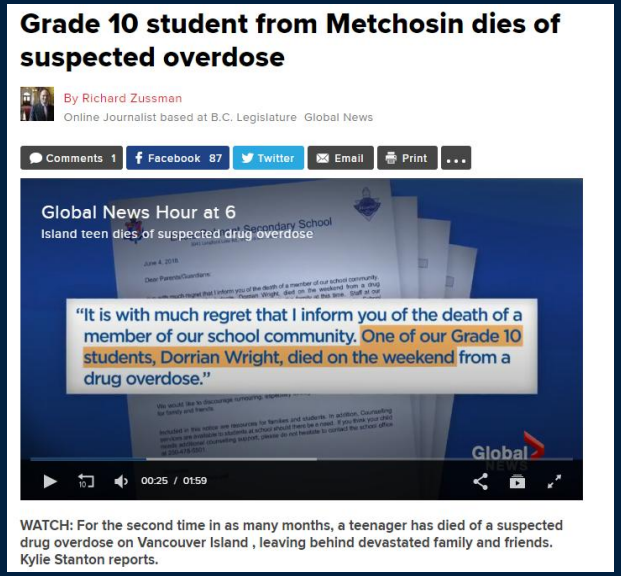
Vancouver wants to decriminalise possession of many hard drugs

But how to supervise such a policy?

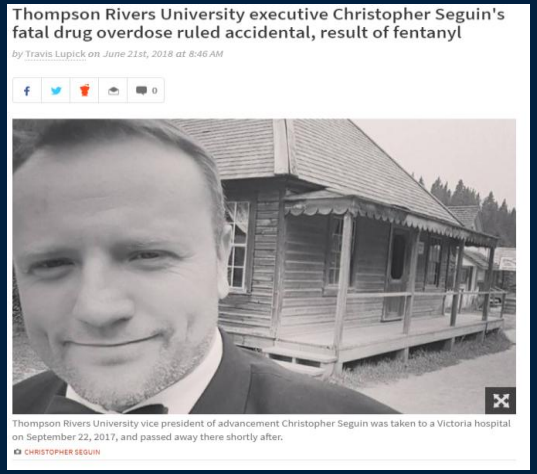
Jul 24th 2021

Share

Is it just a Vancouver problem?



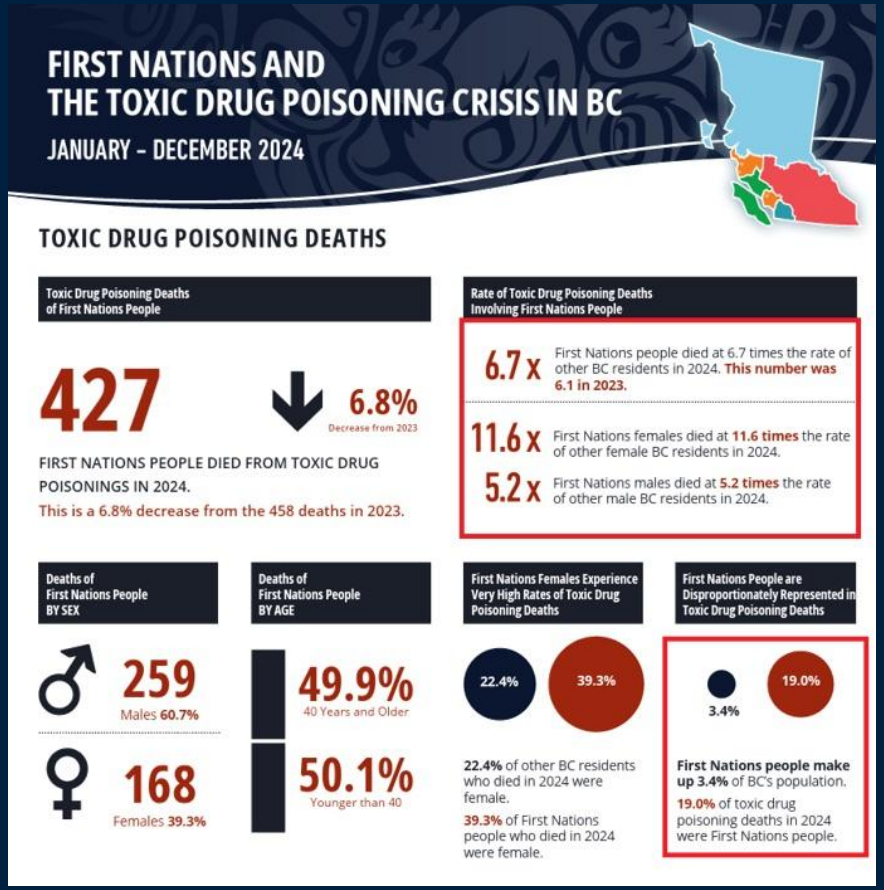
Zussman R. Grade 10 student from Metchosin dies of suspected overdose. Global News June 7, 2018. https://globalnews.ca/news/4259989/grade-10-student-from-metchosin-dies-of-suspected-overdose/. Accessed August 14, 2018.



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-seguins-fatal-drug-overdose-ruled. Accessed August 14, 2018.

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

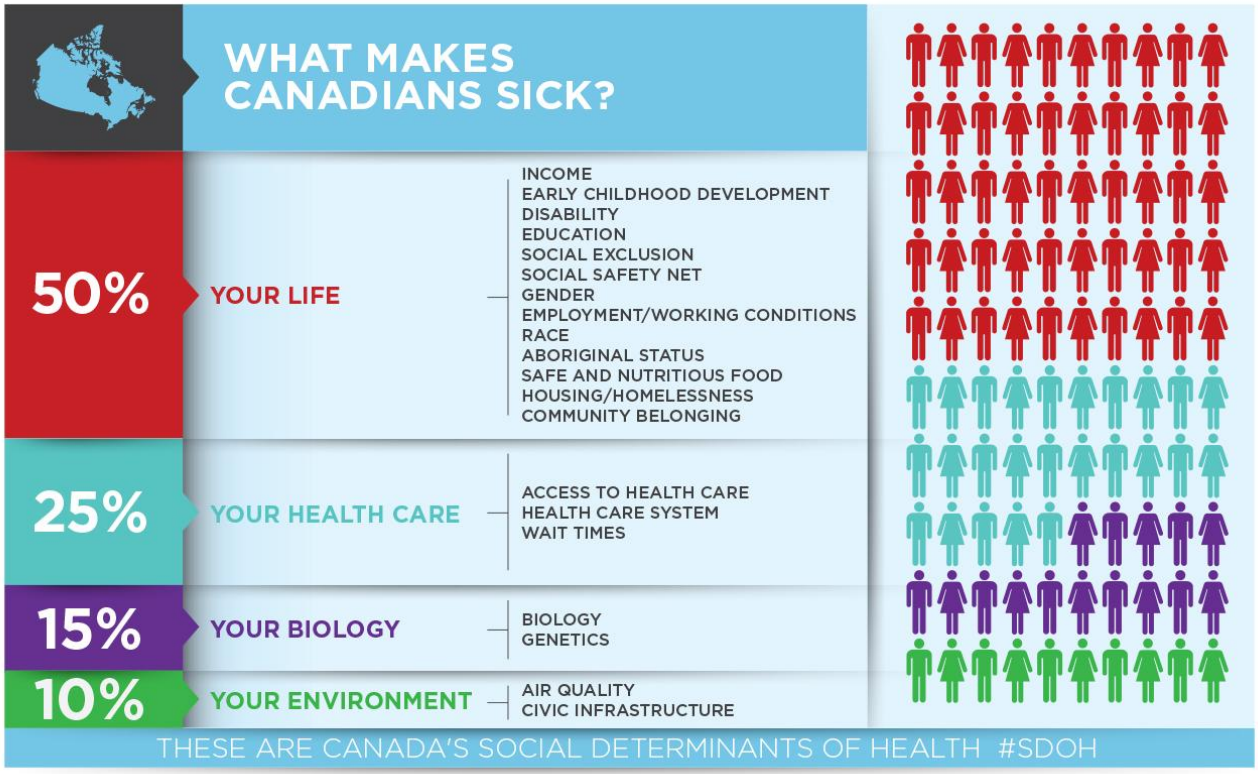


https://www.fnha.ca/Documents/FNHA-First-Nations-and-the-Toxic-Drug-Poisoning-Crisis-in-BC-Jan-Dec-2024.pdf

So what do all these info tell us?

- It is a serious problem, and likely complex
- But some patients are dis-proportionally affected:
  - Indigenous
  - Male
  - Young(er) Age
  - Lower socioeconomic statuses
- And it is an urban AND rural problem
- Most substance users (92%) are not 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 for 10 years?

Air France Flight 447 (2009): 228 deaths — An Airbus A330 flying from Rio de Janeiro to Paris crashed into the Atlantic Ocean after ice crystals blocked the pitot tubes, leading to temporary airspeed discrepancies, autopilot disconnection, and an unrecoverable aerodynamic stall.

How does this make you feel?

As a physician?

As a new Canadian?

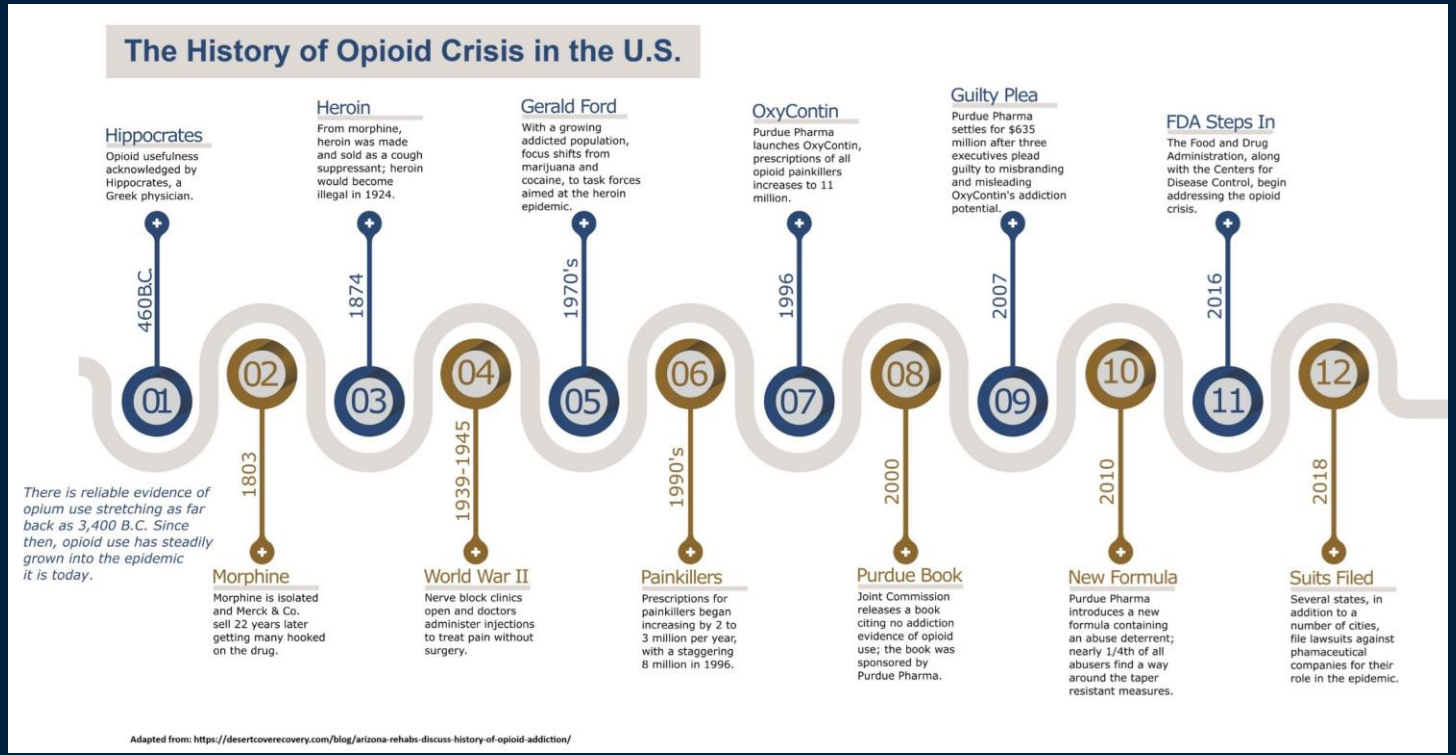
As a person? As a parent?

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 loosing 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.

Jones MR, Viswanath O, Peck J, Kaye AD, Gill JS, Simopoulos TT. A Brief History of the Opioid Epidemic and Strategies for Pain Medicine. Pain Ther. 2018 Jun;7(1):13-21

This History of Opioid Crisis in the U.S.



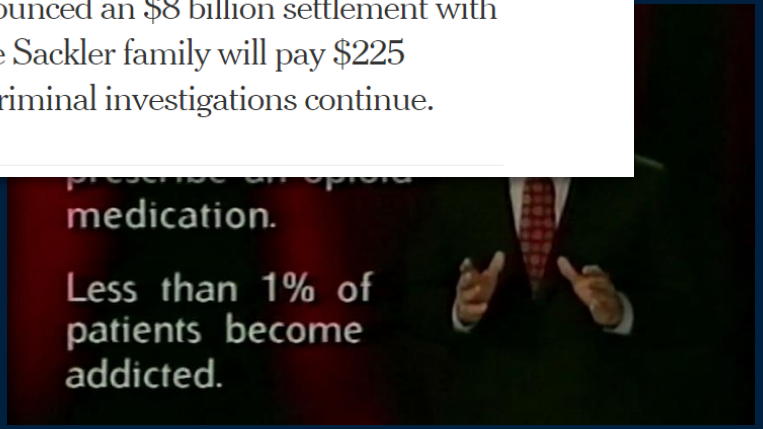
Prescriptions Opioids Marketing in the 80/90's

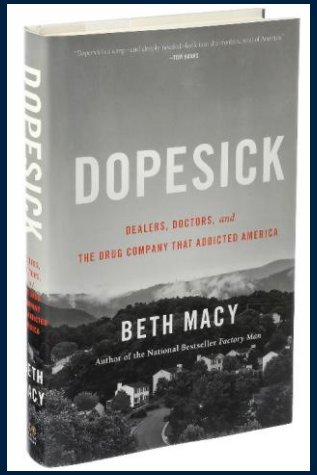
Small print at the bottom of the ad states 'Drug abuse is not a problem in patients with pain for whom the opioid is appropriately indicated. (Source: CBC NEWS)

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.





TED Ideas change everything

Apr 2018

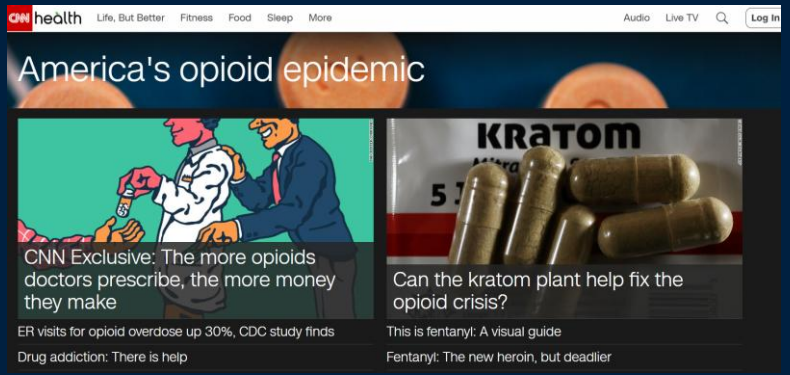
The harm reduction model of drug addiction treatment

Mark Tyndall

Nov 2014

Why we need to end the War on Drugs

Ethan Nadelmann



https://www.youtube.com/watch?v=ONMq8WITAlc

https://www.youtube.com/watch?v=PY9DcIMGxMs

https://www.youtube.com/watch?v=6ZKZ-GmgpzQ

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

Source: Canadian Institute for Health Information

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 abstinent 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

VANCOUVER SUN

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.

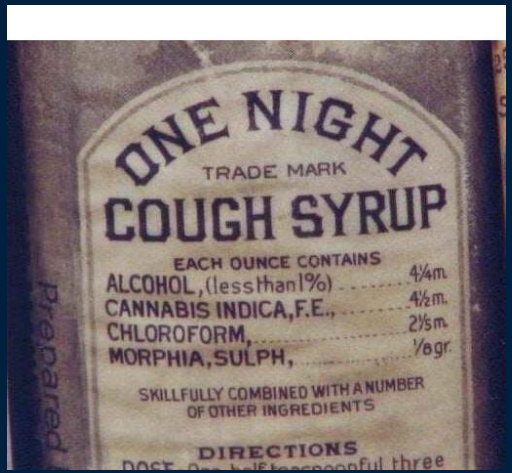
Tiffany Crawford
Apr 22, 2021 • 6 days ago • 2 minute read • Join the conversation

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



It's not just opioids…

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

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	• 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	• 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	• 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	• 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**

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

Key Skills/Tips

- Do not avoid uncomfortable or ”difficult” conversations but do not become confrontational
- Role as physician is to help patients and “do no harm”
- Self-reflection and recognize conscious and unconscious biases
- Remain neutral and avoid judgmental statements
- Focus on patient safety and functional capacity
- 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

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

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

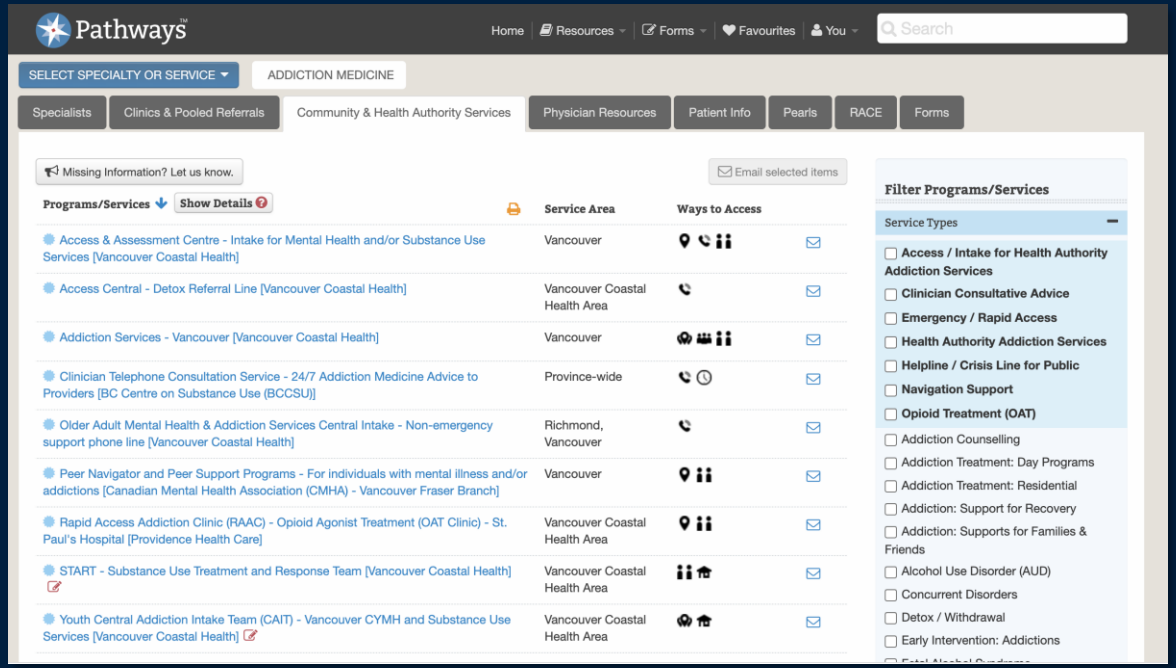
- BCCSU - Rural Education Action Plan (REAP) https://www.bccsu.ca/rural-education-action-plan/

Resources: PathwaysBC.ca

You will get have a session on Pathways this week.

Access will be granted for you.

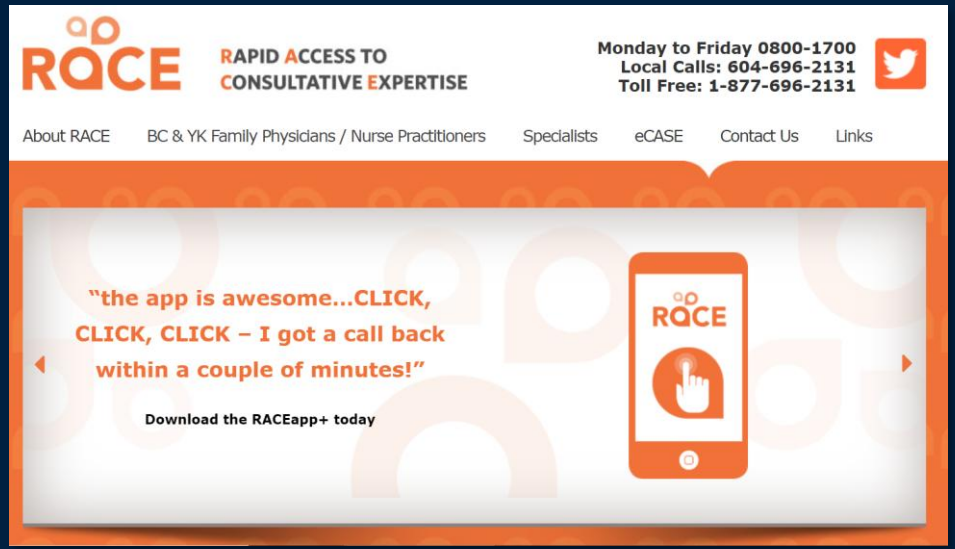
You should try it during CFA



Consultation – Addiction Specialists

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

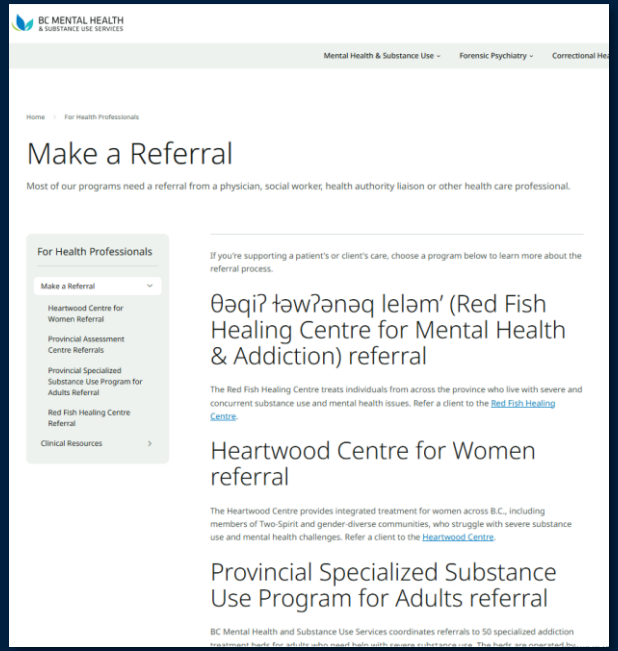
- **Online request** via www.raceapp.ca (or mobile app “RACEApp+” iOS and Android). The Specialist will call you back on the direct line listed in your profile.
- Note that not all specialties are available via the direct telephone request method.
- For MDs and NPs; not for patients



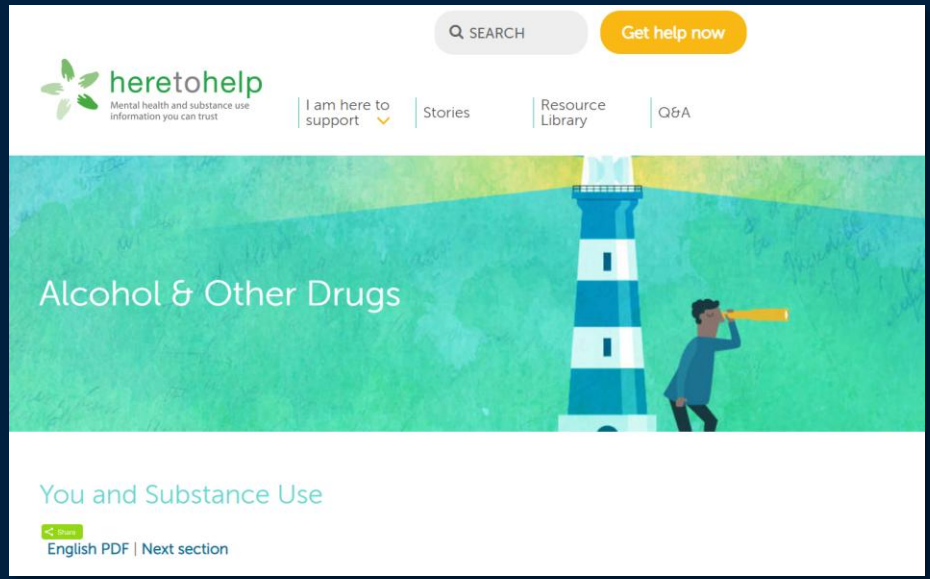
Consultation – Addiction Specialists

- 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; not for patients

Referral - Provincial Addictions Programs



BC Mental Health & Substance Use Services
https://www.bcmhsus.ca/health-professionals/make-referral



Project: Here To Help
https://www.heretohelp.bc.ca/infosheet/understanding-substance-use-a-health-promotion-perspective

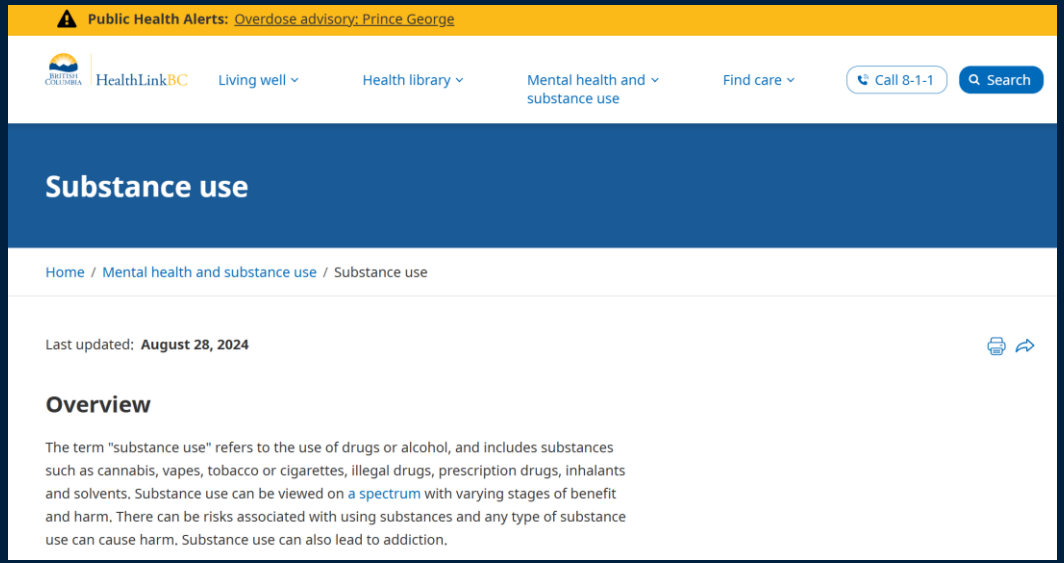
Referral – Ministry of Health

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.



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

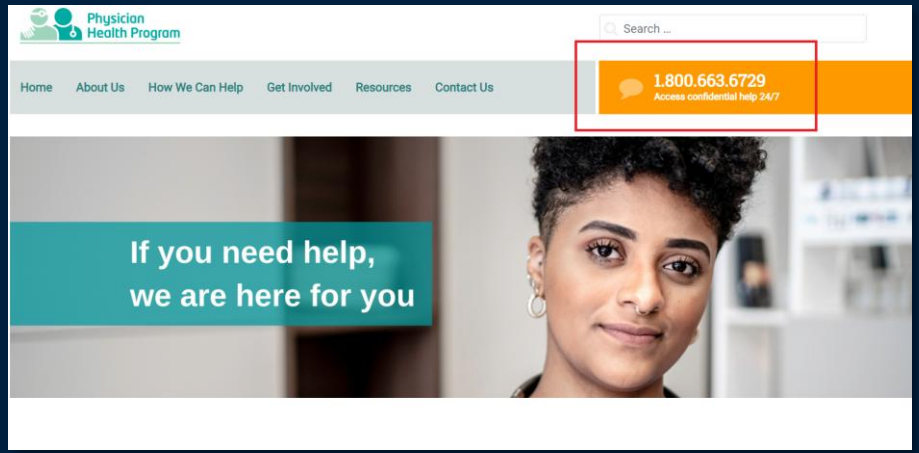
Resources – Regional Health Authorities

- 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



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

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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

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- 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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