

IN COLLABORATION WITH THE
DEPARTMENT OF ADDICTION
MEDICINE AND SUBSTANCE USE
SERVICES, FRASER HEALTH

ADDICTION MEDICINE

What Can **You** Do To Help?

WHAT IS INSIDE

HOW TO ENGAGE AND PROVIDE
CARE FOR PEOPLE WITH
SUBSTANCE USE DISORDER.

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RESOURCES

Access To Addiction Medicine Support

24/7 Addiction Medicine Clinician Support Line
778-945-7619 | bccsu.ca/24-7/

RACE: raceconnect.ca/
604-696-2131 | Toll-Free at 1-877-696-2131

Access To Harm Reduction Resources

Toward the Heart | towardtheheart.com/site-finder

Fraser Health | fraserhealth.ca/harmreduction

Access To Fraser Health Clinical Services

Fraser Health Rapid Access to Addiction Care
Clinics | fraserhealth.ca/raac

Fraser Health OAT Clinics | fraserhealth.ca/oat

TRAUMA-INFORMED CARE

Trauma is an experience that overwhelms an individual's ability to cope. Many of your patients have some history of trauma.



Sweating



Flood of strong emotions



Muscle stiffness
Difficulty relaxing



Change in breathing
(breathing quickly or holding breath)



Shaking



Becoming disconnected from present conversation



Startle response, flinching



Rapid heartbeat



Inability to speak



No visible symptoms



Inability to concentrate or respond to instructions

Disclosure of trauma is **NOT REQUIRED** for providing trauma-informed care. Rather services are provided in ways that recognize the need for **physical** and **emotional safety**, as well as **choice** and **control** in decisions affecting one's treatment.

Possible Signs of a Trauma Response

IMPORTANT TO REMEMBER!!!

In some cases, **trauma** may have been experienced within the healthcare system. It is important to recognize that:

- A hospital may not feel like a safe place for certain patients because any institutional setting may trigger the memory of other traumatizing institutional settings.
- Patients may not want to engage with you because you remind them of other health care workers who may not have treated them well.

TRAUMA-INFORMED CARE

HOW TO PRACTICE TRAUMA-INFORMED CARE

Physical + Emotional Safety

Attend to the patient's immediate needs

Consider food, transportation, child care, medical concerns, housing, and clothing. What does the patient feel is important? You might not be able to address all the needs, but you can validate what a patient feels is important.

Be as transparent, consistent and predictable as possible

Follow through on promises in a timely manner, explain why before doing something.

Limit trauma-related information to a need-to-know basis

Do not ask for details out of curiosity, only if needed for current care.

Obtain informed consent and explain limits to confidentiality

Explain how the information would be shared, and with whom.

Collaboratively develop grounding strategies

Use open questions to develop a plan together. "What have you found helpful to calm down and get focused when you're feeling anxious?"

Choice + Control

Work through details together

How to contact the patient, the time of appointments/meetings, how and whether messages can be left.

Explore and problem-solve barriers to participation and attendance

Brainstorm ideas together to remove or reduce barriers such as childcare, transportation, language, etc.

Elicit the patient's priorities and expectations for treatment

Find out what is the most pressing for them and what their hopes are for treatment.

Use statements that make collaboration and choice explicit

"I'd like to understand your perspective", "Let's work through this together".

Work in a feedback-informed way

Purposefully elicit feedback from patients and family e.g. "What was it like for you to get here today?".

HARM REDUCTION

Harm reduction is a philosophy of inclusion, respect, collaboration, and choice. Harm reduction seeks to reduce the harms associated with drug use, without necessarily eliminating substance use. Harm reduction benefits the person who uses drugs, their family, and the community.

OBSERVE

1

Does the patient look comfortable? How is their physical/emotional state?

What can you do to immediately help the patient feel more comfortable?

EXPLORE SAFETY

4

Ask the patient whether they currently practice any harm reduction strategies.

Simple questions might be:

- How are you keeping safe?
- Is there something we could do to help keep you safe?

It is important to understand what the patient does on an individual level, as well as which harm reduction services they access.



ASK

2

Ask about substance use in a non-judgemental way. Explain the medical relevance of knowing about substance use to the patient. Make it clear that you are asking out of concern for their well-being.

“This is something I ask all my patients to provide the best care possible.”

If appropriate, ask about frequency and amount of use.

On an individual level, patients may practice reducing the amount/frequency of use, always using with a friend, never mixing drugs, practicing safe injection strategies, etc.

They may also access harm reduction services, such as needle distribution, safe injection sites, drug testing, etc.

ALLOW FOR SPACE

3

The patient may not be ready to talk and that's okay.

Try to revisit the topic once rapport has been built, as it takes time to build trust.

MEET THE PATIENT WHERE THEY ARE

5

It is still normal for patients to alternate between cycles of abstinence and substance use during treatment.

Abstinence focused discussions may impact the therapeutic relationship by causing shame and furthering stigma.

Ask the patient what their goals are, and how they would want to change their relationship with substance(s).

Once you have an understanding of what substances a patient uses, the harm reduction strategies they currently practice, as well as their own beliefs and goals regarding their substance use, you can talk to the patient about harm reduction interventions that can help achieve their goals.

Harm Reduction Specific to Overdose Risk

TAKE HOME NALOXONE (THN)

- **Naloxone** is a drug that can temporarily **reverse opioid overdose**. All patients who use opioids are at potential risk for overdose, and should have access to naloxone.
- **THN kits** and training are **free** for community members who use substances, have a history of using substances, or who are likely to witness and respond to an overdose (including friends and family of people who use substances).

Find a distribution site near you through the [Toward the Heart site finder](#).

Advice around specific substances can be found here

fraserhealth.ca/harmreduction



TRY TO AVOID USING ALONE

- Ask the patient if they ever **use alone**, and if they do, encourage them to **let someone know** before using, leave the **door unlocked**, and have someone **check on them**.
- If the patient uses substances with someone else, advise them to **not use at the same time**.
- Ensure the patient is familiar with the signs of an overdose, found [here](#).

LIFEGUARD APP

- The lifeguard app is designed to **prevent overdoses**, and automatically contacts emergency services if someone becomes unresponsive while using.
- It also offers **quick access** to a crisis line. This can be especially helpful for patients who **use alone**.

lifeguarddh.com

SUPERVISED CONSUMPTION SITES

- Supervised consumption services provide **clean, safe** environments where people can use substances under the supervision of trained staff **without the risk** of arrest for drug possession.
- To find supervised consumption sites, refer to your health authority: [Fraser Health](#), [Vancouver Coastal Health](#), [Interior Health \(Kamloops & Kelowna\)](#), [Interior Health \(Vernon\)](#), [Island Health](#)

OVERDOSE PREVENTION SITES

- Overdose prevention sites provide **on-site monitoring** for people at risk of overdose, and allow for rapid response when **overdose occurs**.
- These sites provide a range of services such as **naloxone training/distribution, sterile supplies, drug checking**, and **referral** to mental health/substance use services.

To find an overdose prevention site near you, use the [Toward the Heart](#) site finder.

USE A TEST DOSE

- Using a test dose (small amount at first) in order to see the response can be helpful, **especially** if obtaining their substances from a **new source**.

DRUG CHECKING

- Drug checking is a harm reduction service that allows people to **check** what is in their substances **prior** to use.
- Only a very **small sample** is needed to run the test. There is **considerable contamination** of today's street drug supply.
- Drug checking gives people information about their substances and often will allow people to **adjust their use** based on that information.
- Drug checking is available at **various locations** around the region. For the most up-to-date information, please refer to the relevant health authorities: [Fraser Health](#), [Vancouver Coastal Health](#), [Interior Health](#), [Island Health](#)

DON'T MIX SUBSTANCES

- Encourage and advise patients **not to mix** substances (including alcohol)
- Mixing substances **increases** risk of overdose.

OPIOID USE DISORDER

How can you help your patient with opioid use disorder?

Opioid Agonist Treatment (OAT)

If you have a patient who uses opioids, offering OAT can be a **vital strategy in preventing** fatal overdoses and improving quality of life.

OAT is effective at **preventing withdrawal** symptoms and **reducing cravings**. OAT can help settle the cycle of use driven by excruciating withdrawal. Engage in a conversation with your patient to see if OAT aligns with their goals.

If you are a **physician or a nurse practitioner**, you can prescribe OAT in BC. Learn how:

[UBC CPD – Provincial Opioid Addiction Treatment Support Program \(POATSP\)](#).

Other helpful resources/learning opportunities include: [BC Echo Series – OUD](#)

[BCCSU Addiction Care and Treatment Online Certificate \(CME Credit Activity\)](#).

OAT

If the patient is **on OAT** (methadone, suboxone or kadian) in the community, ensure it is **reordered** and **restarted** in the hospital. If you do not prescribe OAT, refer the patient to someone who can. You can speak to an Addiction Medicine Specialist through the 24/7 Addiction Medicine Clinician Support Line or RACE (see Resources).

In Fraser Health, patients can be directed to:
www.fraserhealth.ca/raac
www.fraserhealth.ca/OAT

Other Opioid Options

If the patient **doesn't want OAT**, check-in with the patient to see if they are **experiencing opioid withdrawal** or **cravings**. They may need other opioids prescribed to help manage their opioid use disorder.

Patients with opioid use disorder who do not have access to opioids **may lose opioid tolerance** very quickly, which places them at an **elevated risk** of overdose if they resume use.

Dosage

If the patient is prescribed opioids and/or OAT, **check in** with them to ensure their **doses feel adequate**. If admitted to the hospital with acute pain, patients with OUD may require higher doses of opioids to manage pain.

Withdrawal

If your patient presents with **agitation** or **aggression**, consider that withdrawal may be one of the reasons for this presentation.

Naloxone

Ensure your patient has a **Take Home Naloxone Kit**.

Discharge

Ensure the patient has a **plan for ongoing treatment** after discharge.

WORDSMATTER

When we use labels rather than person-centered language to refer to people, we **risk dehumanizing** our patients.

When we dehumanize others, we can begin to think of them as less deserving of care and treat them in ways that we would normally not treat other human beings.

We can break this cycle of stigmatization and dehumanization by using **person-centered language**.

Here are some definitions of the terminology we use to talk about substance use:

Dependence – The person needs to take the drug to prevent withdrawal; also called “physical dependence”.

Tolerance – The person needs to take more of the drug to achieve the same effect, or the normal dose doesn’t work as well as it used to.

Avoid terms with negative connotations and try to use neutral language instead

USER	PERSON WHO USES SUBSTANCES
ADDICT/JUNKIE /DRUGGIE	PERSON WITH SUBSTANCE USE DISORDER
EX-ADDICT	PERSON LIVING IN RECOVERY
DRUG OFFENDER	PERSON ARRESTED FOR A DRUG VIOLATION

SUBSTANCE ABUSE	SUBSTANCE USE
ADDICTION	SUBSTANCE USE DISORDER
CLEAN/DIRTY	NEGATIVE/POSITIVE TEST RESULT
LAPSE/RELAPSE/ SLIP	RESUMED SUBSTANCE USE OR EXPERIENCED A RECURRENCE
UNMOTIVATED/ NONCOMPLIANT/ PROBLEMATIC	PERSON EXPERIENCING BARRIERS TO ACCESSING SERVICES

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