



IN THIS TOGETHER:

A collective framework for strengthening
Substance Use Care across Interior Health



WE'RE TAKING A COLLECTIVE APPROACH.

In any given year, approximately 150,000 people across Interior Health will experience a mental illness or problematic substance use (Smetanin et al., 2011). Estimates indicate that 21.6% of people within Interior Health will meet the criteria for a substance use disorder at some point within their lifetime (Statistics Canada, 2012). Substance use touches all of us in Interior Health: our patients, staff, leaders, families and communities.

While specialty treatment programs are essential, many people affected by harmful substance use do not access these services. They do, however, access other healthcare. Having a substance use disorder doubles the odds of developing a chronic illness, such as heart disease (Scott, et al., 2016). It is associated with an increased risk of acute needs, such as injuries and respiratory infections (Cherpitel et al. 2012). An estimated 30-60% of people with problematic opioid use report having chronic pain (Center for Substance Abuse Treatment, 2012). Improving care for people who use substances and reducing the detrimental cost on lives, families and our system, requires a collective approach.

In Interior Health, we have divided accountability for care planning and delivery into distinct portfolios. Patients, however, often do not perceive these distinctions. We recognize that stigmatizing, unhelpful or dismissive experiences in one program, may impact an individual's engagement and treatment outcomes in others. If a provider omits a screen for problematic substance use, they miss an opportunity to understand a critical disease factor and engage patients in potentially

life-saving treatment. If a person leaves services feeling dismissed, discriminated against or disrespected, we have failed to live up to our values of respect and integrity and fallen short in achieving our goals of improving health and wellness.

Guided by the Substance Use System of Care model (figure 1) and the Interior Health Substance Use system analysis, and grounded in the voices of people with lived experience and Interior Health partners and staff, this framework outlines a clear path to creating:

A comprehensive, connected healthcare system whereby all people affected by substance use can receive safe, effective, and compassionate person-centred care and treatment when and where they need it.

The Interior Health Mental Health and Substance Use (MHSU) Network is providing leadership to achieve this vision and catalyzing change across the system. We are taking a collective approach to ensure success. Leadership and staff from across Interior Health are collaborating to coordinate efforts and streamline activities. By aligning actions across the system, prioritizing this work, and delivering a consistent message, services are transforming into an integrated, accessible, and safe care system that addresses the needs and promotes the wellbeing of our patients and staff.

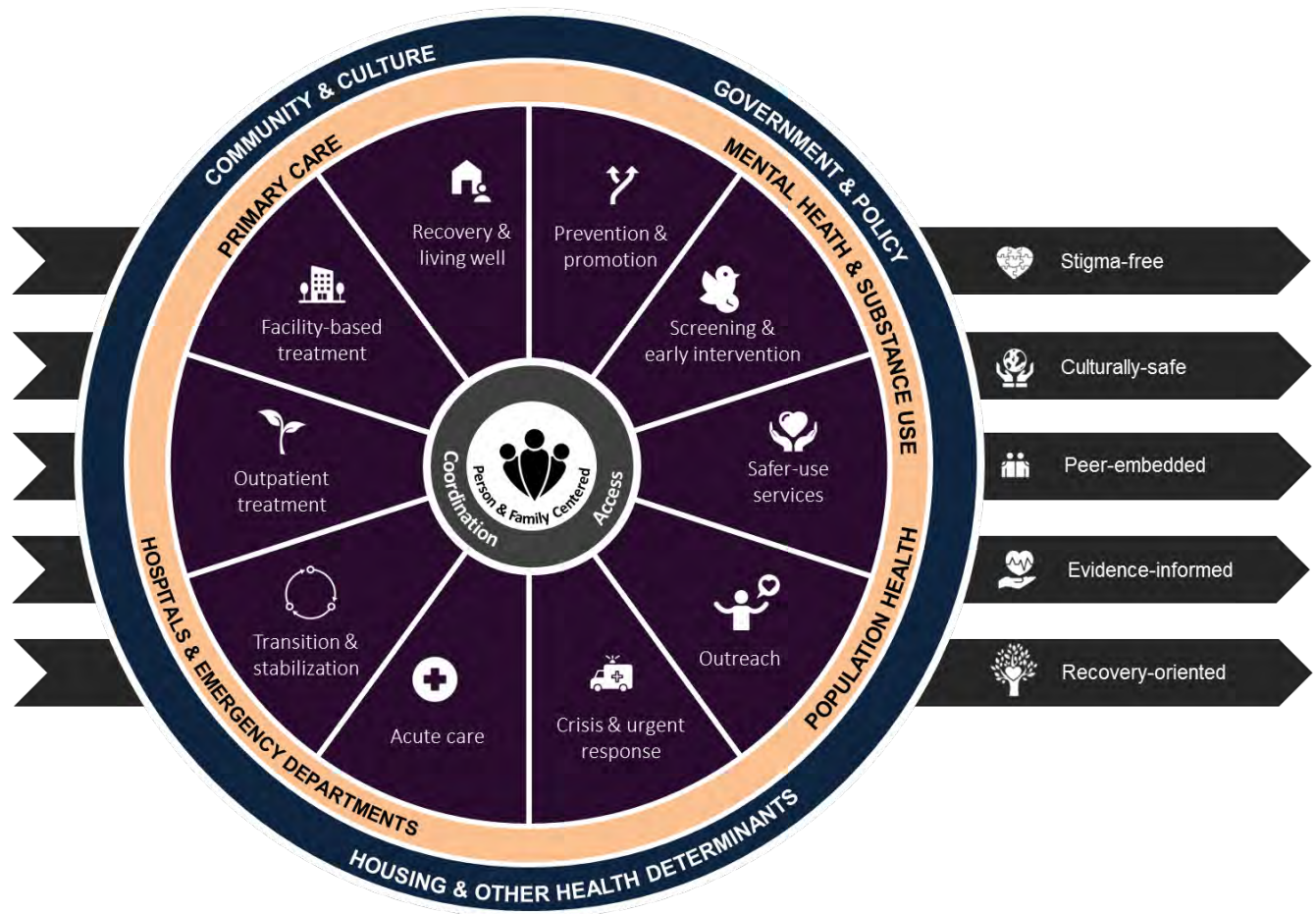


FIGURE 1: MENTAL HEALTH AND SUBSTANCE USE SYSTEM OF CARE MODEL

IH SUBSTANCE USE SYSTEM OF CARE MODEL

Grounded in current evidence and best practices, this model describes a comprehensive substance use system. From the inside working outwards it highlights:

- A focus on person and family-centred care
- Essential support mechanisms
- Core functions required to deliver a comprehensive system of care
- Health portfolios involved in delivering care
- External forces influencing the system
- Characteristics necessary to provide low-barrier, person-centred care

By clearly identifying and communicating the components of a comprehensive system of care, this model helps to inform system planning and transformation.

A FRAMEWORK FOR ACTION.

To achieve this vision and transform our system of care, the following six priority areas of action will guide our work for the next 5+ years. These actions and more detailed tactics to achieve them are described in the following pages.



ACCESS

Increase access to specialized substance use treatment by expanding current services and introducing new, evidence-informed models of care.



EFFECTIVENESS

Enhance care effectiveness by integrating standardized and evidence based approaches to substance use care throughout Interior Health.



SAFE SERVICES

Create safer services for people who use substances by reducing stigma and discrimination throughout the system, and ensuring that services are culturally-safe and trauma-informed.



PRIMARY CARE

Build system capacity by supporting enhanced integration of substance use care, treatment and ongoing support into primary care settings.



YOUTH

Increase youth wellness by improving access to a range of appropriate, youth focused substance use services and supports.



ABORIGINAL

Recognize community assets and support the wellness of Aboriginal people by increasing the availability of appropriate, relevant, and accessible supports.

ACCESS

Increase access to specialized substance use treatment by expanding current services and introducing new, evidence-informed models of care.

The recent system analysis along with patient and client feedback demonstrate that Interior Health is challenged to consistently meet population treatment needs. Patients experience treatment delays and inconsistent access to services. Many have to travel long distances to receive care. To address the compounding harms of problematic substance use, it is essential that we increase access to services by addressing gaps in the continuum of treatment, ensure that current services are accessible, and introduce innovative, evidence-informed models of care. Priority actions include:

- 1.1 **Expand services to the ‘estimated level appropriate for meeting community / region needs.’**

- 1.2 **Implement and expand innovative models of care, such as digitally enabled services, and mobile services for populations not well served within current programming.**

- 1.3 **Expand access to safer-use services, such as Naloxone, episodic overdose prevention and others across our system.**

- 1.4 **Review current services to determine core MHSU services. Integrate and align contracted services with IH services, and when in the best interested of client care, make our contracted services internal.**

- 1.5 **Streamline access processes to align with ‘every door is the right door’ access principles across IH.**

EFFECTIVENESS

Enhance care effectiveness by integrating standardized and evidence-based approaches to substance use care throughout Interior Health.

People with problematic substance use present for care across our healthcare system. While evidence, guidelines and best practices for providing care for people with problematic substance use exist, these have not always been consistently integrated throughout our services. Care quality and approaches vary across our region. Patients may not be receiving the most effective or efficient care we can deliver. Incorporating evidence-based practices throughout our system will support the reliable delivery of appropriate, effective and safe care. Actions to enhance system effectiveness are:

- 2.1 **Review and define the specialized knowledge, skills and abilities required to deliver high quality MHSU care. Build pathways to achieve and maintain these.**

- 2.2 **Expand and implement standards of practice and provincial guidelines for providing evidence-based care and treatment throughout MHSU and non-MHSU settings.**

- 2.3 **Normalize the appropriate prescribing of evidence-based pharmacotherapies for the treatment of substance use in Emergency Services, MHSU Services, and other primary care settings.**

- 2.4 **Implement standardized Screening, Brief Intervention and Referral to Treatment (SBIRT) protocols within Emergency Services and other general care locations.**

- 2.5 **Increase care continuity and person centeredness of care by expanding collaborative and team-based care approaches across MHSU and other care settings.**

SAFE SERVICES

Create safe services for people who use substances by eliminating stigma and discrimination and ensuring that services are culturally-safe and trauma-informed.

Stigma, racial prejudice, and other forms of discrimination exist in society and Interior Health care facilities. Neglecting to address these forces contributes to the exclusion and marginalization of people with substance use and increases health and social inequalities. While it is impossible for a single organization to eliminate the forces that underlie these behaviours, evidence demonstrates that consistent effort and targeted actions can reduce their frequency and help to lessen their impact (Nyblade, et al., 2019). Actively working to decrease barriers and create safer services will increase the quality of care and help ensure more equitable access. Actions to create safer services include:

- 3.1 Reduce stigma by implementing targeted actions, strategies and campaigns.**

- 3.2 Integrate the practices and principals of a trauma informed organizational culture throughout IH.**

- 3.3 Apply the IH Peer Inclusion Framework and increase hiring of people with lived experience into appropriate MHSU and Emergency Department roles.**

- 3.4 Enhance crisis services to ensure individuals experience integrated, person-centred, safe and care.**

- 3.5 Integrate harm reduction approaches to help address stigma and discrimination, and ensure that all IH services and settings are safe for staff and patients.**

PRIMARY CARE

Build system capacity by supporting enhanced integration of substance use care, treatment and ongoing support into primary care settings.

Primary Care has an essential and foundational role within a substance use system. It is the home of continuing healthcare, doorway to specialized services, and intended location for mild to moderate MHSU treatment. There is opportunity to support PCNs, Urgent Primary Care Centres (UPCCs) and other primary care settings as they expand their scope and ensure a seamless and accessible care system. Actions to integrate substance use care into primary care settings are:

- 4.1 Clarify referral patterns, clinical care pathways and protocols to continuity of care and support smooth transitions between PCNs and SCSPs.**

- 4.2 Engage with Primary Care Partners (Primary Care Planning, PCNs, UPCCs and others) to define opportunities and execute initiatives to integrate substance use care, treatment and support into primary care settings.**

YOUTH

Increase youth wellness by improving access to a range of appropriate, youth focused substance use services and supports.

Youth substance use services are dispersed across portfolios, organizations and Ministries. This separation has contributed to a fragmented patchwork of services that vary in treatment type, availability and quality. Youth services are challenging to access, understand and navigate. Working with partners, such as the Ministry of Children and Family Development, to collaboratively define a clear, youth focused system of care that is grounded in evidence, appropriate for the needs of this population and is integrated across portfolios would contribute to the wellbeing of youth experiencing or at risk of harmful substance use. Priority actions include:

- 5.1 Collaborate with partners to define and implement a system of substance use care for youth that is easily accessed and navigated, and considers the needs of specific populations, such as LGBTQ, Aboriginal and others.**

- 5.2 Establish clear person-centred pathways and protocols to support youth transitioning into adult services.**

- 5.3 Expand substance use outreach and prevention programs focused on youth (such as PreVenture).**

- 5.4 Increase access to youth friendly substance use services by expanding services and innovating new approaches to care.**

- 5.5 Enhance the integration of youth care and services, within IH services, and across the systems of care.**

ABORIGINAL

Recognize community assets and support the wellness of Aboriginal people by increasing the availability of appropriate, relevant, and accessible care.

Mental, physical, emotional, and spiritual balance is at the core of Aboriginal worldviews and ways of life. Canadian government policies of colonization and assimilation, and other structural forces such as systemic discrimination, result in a disproportionate number of Aboriginal people being affected by substance use and its associated harms. Positive contributions can be made by working side by side with Aboriginal partners to deepen the understanding across Interior Health of Aboriginal values and world views, and increase access to specialized substance use services that embody these perspectives. Priority actions to support the mental health and wellness of Aboriginal populations are:

- 6.1 Collaborate with Aboriginal partners to co-create and evaluate Aboriginal-focused services that align with Aboriginal peoples values and world views.**

- 6.2 Support the meaningful, appropriate and safe inclusion of Aboriginal Peers and Elders into services and programs.**

- 6.3 Partner to integrate evidence-supported traditional approaches to treatments such as land-based healing, cultural practices, narrative therapy, and others.**

- 6.4 Develop and execute a strategy to support Interior Health settings to be safe, welcoming and reflective of the Aboriginal people and unceded territories on which our services are delivered.**

- 6.5 Support targeted Aboriginal positions and/or teams to execute work and support programming.**

DRIVING SUCCESS.

Transforming our system requires attention to both what we do and how we do it. Adhering to the following drivers throughout the execution of this framework will ensure our work remains aligned, relevant and impactful.

- Integrate **multiple types of evidence**, including lived experience, service provider expertise, academic research evidence and traditional knowledge, in order to help make our system and services appropriate, effective and safe.
- **Respond to needs.** Every effort is taken to provide an expeditious and adaptive response to emerging circumstances and needs.
- Recognize that **one size does not fit all**. There is a need to balance standardized approaches with adaptation to the local community, cultural and individual needs.
- **Collaborate across portfolios, organizations, and communities** to create meaningful and lasting change. By creating strong partnerships, we aim to ensure a common vision, shared ownership, aligned efforts and sustained impact.
- **Provide clear, consistent, and frequent communication.** Change requires a shared understanding of what we are doing, why it's essential, and the impact it will have. Regular, clear messaging will create the momentum and alignment needed to achieve success.
- **Commit to change.** Successful transformation requires sustained effort, despite setbacks, detours and hurdles. By embedding this understanding into our work from its inception, we will build resilience into our strategy.



GUIDING CHANGE.

Transformational success requires commitment from leadership and organization-wide action. To guide the change and oversee this work over the years ahead, we need a powerful coalition consisting of senior leaders from affected Interior Health portfolios/networks and physician leadership and strong linkages to Aboriginal partners and people with lived experience.

Specifically this coalition will be needed to support strategic oversight and execution of the work, including:

- Future planning
- Alignment across portfolios
- Cascading the initiatives throughout the organization
- Communication and messaging
- Accountability
- Monitoring and evaluation
- Consistent application of the success drivers

ACKNOWLEDGEMENTS.

This framework is the result of a collaborative effort across portfolios, teams and partners. Without the commitment, input and direction, from the following groups we could not have created such a comprehensive and collaborative framework:

Interior Health Peer Advisory Group
Mental Health and Substance Use Network Substance Use Team
Mental Health and Substance Use Operations Directors
Mental Health and Substance Use Network Leadership Team
Partnership Accord Technical Table
Métis Nation British Columbia
Emergency Services Network

Artistic credits:

The photos and poem contained within this document were generously contributed by Arlene Howe from **Mom's Stop the Harm**. Arlene Howe lost her son in as a result of substance use related death. For more information on this organization please see <https://www.momstoptheharm.com/>

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Blurred vision

It is the most stigmatized condition
it is a shame based stain of disgrace, shame
disapproval and reproach
It is perpetuated by deeply ingrained prejudices
Ignorant beliefs. Fear.
Stereotyping.....
By blurred vision.
Words do matter
It's time to engage our community in healthy
conversations
Time for change
Time for solutions and action
Time to humanize what has been dehumanized.
Arlene Howe-



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