Improving Substance Use Care and Prevention in BC

A policy paper by Doctors of BC

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EXECUTIVE SUMMARY

Our 2009 policy paper, *Stepping Forward: Improving Addiction Care in British Columbia,* outlined Doctors of BC's position on substance use care. While many of the calls to action in that paper still apply, the substance use landscape has shifted dramatically since 2009. Widespread access to quality care remains limited, and health outcomes for harmful substance use continue to deteriorate. As such, this paper builds on our 2009 policy paper and expands on its recommendations to build a better substance use system of care that reduces stigma, prevents, or minimizes substance use harms, and enables all British Columbians to access the care and services they need when and where they need it.

In addition to our previous calls to action, Doctors of BC recommends that:

1. The provincial government, in collaboration with partners from across health and social sectors:

    a) Develop a concrete, actionable workplan with sufficient and sustainable funding and resourcing to implement the focus areas outlined in the Ministry of Mental Health and Addiction's (MMHA) *Adult Substance Use System of Care Framework*.

    b) Develop a complementary framework on child and youth substance use care, with an emphasis on ensuring that child and youth substance use care and prevention initiatives are evidence-based and seamlessly integrated with the adult substance use care system outlined in the MMHA's Framework.

    c) Meaningfully engage with physicians, other health care providers, and people with lived and living experiences to set goals and timelines to achieve the Framework's vision and to develop a complementary framework on child and youth substance use care.

2. Health care providers be better supported to provide effective care to people experiencing harms related to substance use, including supports for timely preventative care, treatment, and ongoing care by ensuring:

    a) There are adequate funding and supports for the provision of substance use care and services in primary care, specialist care, ER, and collaborative care contexts, with an emphasis on quality improvement and change management.

    b) There is meaningful engagement with physicians and other health professionals on the development of standards, education, and training associated with substance use care; and,

    c) Physicians and other health care providers, including those in training, are provided with funded educational/training opportunities to understand the role of trauma, social determinants of health, and mental health in harmful substance use.

3. The provincial government prioritize fostering evidence-informed prevention initiatives and addressing determinants of health associated with harmful substance use. This includes:

    a) Implementing and improving access to evidence-based substance use and mental health prevention programs in schools and communities.

    b) Preventing and mitigating adverse childhood experiences.

    c) Treating concurrent mental health disorders that are associated with substance use.

    d) Innovative clinical and regulatory interventions to reduce harms associated with substances.

4. Transparent monitoring, reporting, and robust evaluation of substance use related initiatives occur both during and after their implementation to better understand the public health burden of substance use and the impact of interventions.

Additionally, Doctors of BC commits to:

1. Continuing to work with the provincial government and other key stakeholders to ensure that physician perspectives are considered when developing policies and programs related to improving substance use care, such as implementation of the MMHA's *Adult Substance Use System of Care Framework.*

2. Continuing to engage with physicians on their perspectives on substance use care to identify where clinical supports and resources can be improved, and raising physician awareness of relevant clinical resources, policies, and education programs pertaining to substance use and preventative care.

INTRODUCTION

Impact of Harmful Substance Use in BC

As of 2023, harms related to substance use continue to be a major public health challenge. In 2016, a public health emergency was declared in response to the increasing number of overdoses in the province. Since the declaration, over 10,000 lives have been lost due to a toxic illicit drug supply (Government of British Columbia, 2022), and preliminary data from the BC Coroners Service shows that communities throughout the province continue to be devastated by deaths due to the toxic drug supply, with 814 lives lost in the first four months of 2023 (Government of British Columbia, 2023). It is now the top cause of death for those aged 10 to 59 years of age in the province (BCCDC, 2023); in all age groups combined, the toxic drug crisis is responsible for more years of potential lives lost than all other causes except cancer.

> Note: Doctors of BC acknowledges that not all substance use is problematic or leads to harm. In the context of this paper, "harmful substance use" is an umbrella term that refers to any form of substance use that leads to a significant risk of harm. This includes, but is not necessarily limited to, formal substance use disorders, high risk use of legal and illegal substances, and prescription drug misuse.

Illicit drugs are not the only substances that are contributing to substance use harm. The number of deaths attributed to alcohol in Canada in 2021 reached 3,875, excluding the significant contribution of alcohol on cancer mortality, hypertension, and injuries (Statistics Canada, 2023); from 2019 to 2020, alcohol-related deaths increased by 18%, the highest increase in more than 20 years. In 2021–2022, the rate of hospitalizations due to alcohol in BC was 409 per 100,000 people—the second highest rate of all Canadian provinces (Canadian Institute for Health Information, 2021) and the 2019 Canadian Alcohol and Drugs Survey found that 21% of the Canadian population over 15 experienced at least one type of harm from their alcohol use in the past year (Statistics Canada, 2019).

Doctors of BC's Policy on Harmful Substance Use

Doctors of BC recognizes that harmful substance use is a persistent challenge, and we appreciate that there has been significant progress over the last decade towards improving care for people experiencing harmful substance use. We commend the provincial government for their willingness to explore innovative action on this issue, including decriminalization and safer supply programs. The *Adult Substance Use System of Care Framework* developed by the MMHA is also an important step in the right direction.

While progress is welcome, more can be done and change is urgently needed. Supports for those experiencing substance use harms are still fragmented, difficult to access, and often insufficient to meet the diverse needs of people across the province. Additionally, stigma towards people who use substances remains pervasive in the health system, and prevention and early intervention initiatives are often lacking and undervalued.

This policy paper builds on the recommendations from our 2009 policy paper, *Stepping Forward: Improving Addiction Care in British Columbia* and our 2021 policy statement on the illicit drug toxicity and overdose crisis. Together, these policies advocate for:

- recognizing addiction as a chronic disease;
- creating new addiction-treatment beds;
- expanding training and supports for physicians;
- expanding community addiction programs;
- decriminalization of simple possession;
- more programs to address social determinants of health; and,
- access to safer pharmaceutical alternatives.

This policy paper reaffirms and adds to these recommendations. New recommendations reflect current research and an expanded view of substance use to include both legal and illegal substances. They also speak to the current substance use landscape in BC, including how to achieve the vision outlined in the MMHA's *Adult Substance Use System of Care Framework.*

THE IDEAL SUBSTANCE USE SYSTEM OF CARE

Effectively tackling harmful substance use requires applying a holistic lens. Individuals seeking care should be able to seamlessly access an integrated system of services, providers, service settings, and service levels.

The MMHA's *Adult Substance Use System of Care Framework* outlines a laudable vision for what an ideal substance use care system looks like (Figure 1). This visual includes several key elements, such as embedding harm reduction, health promotion, and housing supports into the system itself. It also includes important guiding principles as a foundation, such as anti-racism, and includes building blocks centred around coordination, workforce planning, and evaluation/monitoring, among others.

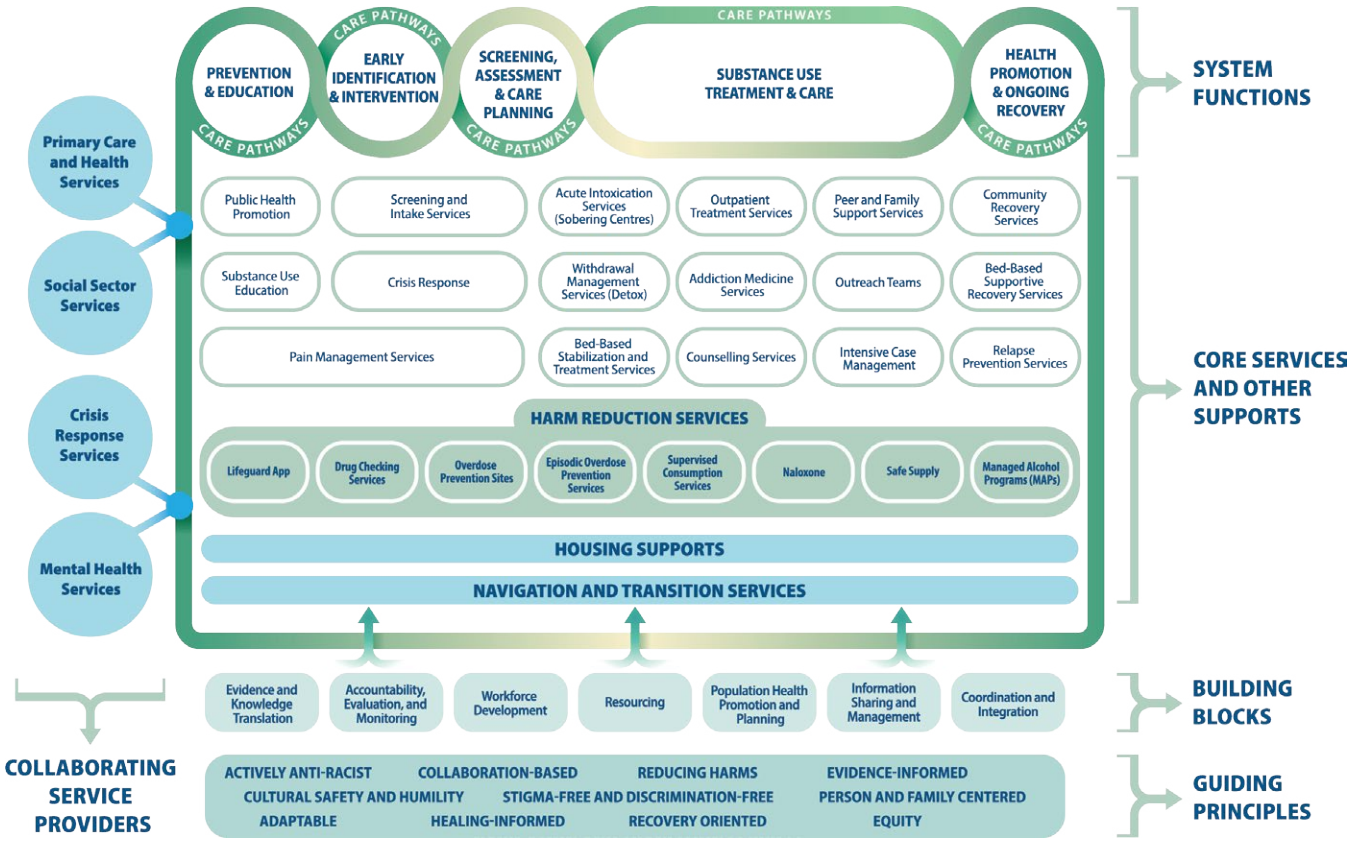

Figure 1: MMHA's Vision of BC's Ideal Adult Substance Use Care System. From "Adult Substance Use System of Care Framework: A Technical Policy Document to Support Health Systems Planning." Ministry of Mental Health and Addictions. 2022.

At its core, this system is centred around the concept of care pathways, which are often used to describe the ways that people can move between and across services in integrated processes that are aligned with people's self-determined goals. The MMHA describes effective care pathways as such:

- Clear intake and access points, where every door is the right door (e.g., connections through core collaborating service providers).
- Screening tools that enable care providers to identify and support people at risk.
- Clear, consistent referral processes that enable strong care pathways from entry points in the system to the services and supports people need.
- Centralized organizing structures that connect multiple services across the continuum of care and provide overarching oversight, evaluation, and governance.
- Person-driven goal setting and planning based on what a person wants to achieve and the best available evidence on what services will best support their goals.
- Seamless transitions with warm handovers across services that are supported by shared information based on client consent, particularly when people are moving between public, non-profit, and private substance use services.
- Integrated harm reduction services throughout the process so that if people become disconnected from a service, they retain a connection to support.
- System monitoring to support continuous quality improvement of pathways and services.

Doctors of BC supports this vision of integrated substance use care. However, outlining this vision is only a first step; achieving this vision requires significant planning, resourcing, coordination, and collaboration. Beyond improving care integration, improving the timeliness of care must be another key goal. Long wait lists for substance use supports and care services are endemic in the current substance use care system, which prevents people from getting support and care when they need it. Stakeholders, including those with lived or living experience, should be engaged extensively to ensure that the implementation of this framework is successful and achieves its aims. Physicians play a key role in substance use care and should also be consulted as part of the planning, implementation, and evaluation of substance use care pathways processes.

Recommendation #1: Doctors of BC recommends that the provincial government, in collaboration with partners from across health and social sectors:

a) Develop a concrete, actionable workplan with sufficient and sustainable funding and resourcing to implement the focus areas outlined in the Ministry of Mental Health and Addiction's *Adult Substance Use System of Care Framework*.

b) Develop a complementary framework on child and youth substance use care, with an emphasis on ensuring that child and youth substance use care and prevention initiatives are evidence-based and seamlessly integrated with the adult substance use care system outlined in the MMHA's Framework.

c) Meaningfully engage with physicians, other health care providers, and people with lived and living experiences to set goals and timelines to achieve the Framework's vision and to develop a complementary framework on child and youth substance use care.

Commitment #1: Doctors of BC commits to continuing to work with the provincial government and other key stakeholders to ensure that physician perspectives are considered when developing policies and programs related to improving substance use care, such as implementation of the MMHA's *Adult Substance Use System of Care Framework.*

ADDRESSING STRUCTURAL STIGMA, DISCRIMINATION, AND RACISM

Structural stigma refers to policies or institutional actions that restrict—whether intentionally or not—the opportunities of targeted groups (Wogen & Restrepo, 2020). Stigmatization, discrimination, and racism embedded in substance use care prevents people from seeking the care that they require and presents a barrier to recovery. Stigma is pervasive throughout substance use care; 80% of Canadians with a substance use disorder say they experienced barriers to recovery, including stigma (Canadian Centre on Substance Use and Addiction, 2019).

Stigma manifests itself as discrimination. In Canada, African, Caribbean, Black, and Indigenous peoples were more likely to report being unfairly treated in health care settings than the general population, as were lesbian, gay, and bisexual people (Chief Public Health Officer, 2019). Those experiencing substance use harms and who are part of a marginalized community often face multiple layers of stigma that prevent access to quality care, leading to poorer health outcomes. For example, Indigenous peoples have been disproportionately impacted by substance use harms and toxic drug deaths in BC (First Nations Health Authority, 2021). This is driven by legacies of colonialism, racism, and inter-generational trauma coupled with stigma attached to substance use. Discrimination in health care can also include sexism, ageism, and other forms of discrimination.

Eliminating stigma and discrimination in substance use care requires an approach that is trauma-informed, anti-racist, and culturally safe. Meaningful dialogue between health care providers, government, the public, and those who use substances is needed; this includes multidirectional conversations committed to mutual listening and aimed at gaining understanding of diverse experiences and perspectives.

Doctors of BC recognizes the important role that physicians play in addressing and eliminating structural stigma and discrimination in the health care system, and this is especially true in substance use and mental health care. However, there are gaps in training and supports available to physicians, medical students, and residents on anti-racism, cultural safety, and trauma informed care. Adequate supports for physicians are needed to enable them to provide care that is stigma-free, healing-informed, anti-racist, and culturally safe in all clinical settings.

SUPPORTING INTEGRATED CARE PATHWAYS

Integrated care pathways are critical to ensuring people can receive the care that they determine they need when they need it. There is widespread acknowledgement, including in the MMHA's Framework, that the current substance use care system suffers from a significant degree of fragmentation, causing many who interact with it to fall through the cracks. Children and youth in particular are often inadequately supported and experience fragmented care and support networks. While the MMHA's Framework includes important recommendations around substance use care for adults, children and youth care must also be a top priority.

Supporting Collaborative Care

Research shows that collaboration among mental health/substance use and primary care providers can benefit individuals seeking care (Canadian Centre on Substance Abuse, 2019), and that integration and collaboration between providers should scale proportionally to the complexity of a person's needs (Ministry of Health, 2012). Case managers, social workers, physicians, psychologists, and other providers all provide touchpoints for individuals with harmful substance use. Supported collaboration and integration can help ensure individuals are guided through their care journey and don't slip through the cracks on their way to recovery; this is particularly important when dealing with severe or persistent substance use (Ministry of Health, 2012). Collaboration with patients themselves is also necessary, as there is no one-size-fits-all treatment approach; an individual's care journey should be tailored to suit their unique needs.

Primary care is a key access point for people to engage with the substance use care system. However, family physicians and other primary care providers may need additional training and support to best help patients and collaborate effectively. For example, family physicians and other primary care providers should be provided with adequate training and supports needed to identify harmful substance use, diagnose substance use disorders, provide motivational counseling, prescribe appropriate medication when needed, and develop follow-up strategies. As primary points of contact, primary care physicians and providers need up to date information on evidence-based resources or supports to refer a patient to the supports and services that best suit their needs. Increasing cross-disciplinary education is recommended to equip providers with the expertise and tools they need to provide high quality team-based care.

Specialist care, particularly in ER contexts, must also be adequately supported with tailored training to provide quality care to substance use patients. In cases where a substance use patient is being treated in acute care contexts, physicians should be provided with training and resources to ensure they know how to effectively care for the patient. Greater integration between acute care and primary care settings is also needed to support the patient as they transition from one care context to the next.

It is important to emphasize the role of engagement with physicians when developing any tools, supports, training, or practice standards. While often well-intentioned, development of these without input from physicians can lead to unintended negative consequences. For example, mandatory training, practice standards, or additional administrative tasks that do not consider impact on the overall burden

on physicians can lead to reduced access to care, as these can levy demands on physicians' already strained time and lead to increased rates of burnout, as noted in our Cumulative Impact policy paper on physician burdens.

Recommendation #2: Doctors of BC recommends that health care providers be better supported to provide effective care to people experiencing harms related to substance use, including supports for timely preventative care, treatment, and ongoing care by ensuring:

a) **There are adequate funding and supports for the provision of substance use care and services in primary care, specialist care, ER, and collaborative care contexts, with an emphasis on quality improvement and change management.**

b) **There is meaningful engagement with physicians and other health professionals on the development of standards, education, and training associated with substance use care; and,**

c) **Health care providers, including those in training, are provided with funded educational/ training opportunities to understand the role of trauma, social determinants of health, and mental health in harmful substance use.**

Ongoing Care

Ongoing care and supports are also required to support those struggling with harmful substance use and those at risk. This includes strengthening assessment for those at risk of harm from substance use in primary care and specialty settings, better access to ongoing care, with better linkages and transition between community-based and inpatient treatment programs, and between less intensive and more intensive treatment programs. The literature shows that the transition from active substance use disorder to recovery through aftercare/ongoing services is associated with improvements across many areas of life affecting individuals, families, and communities (Canadian Centre on Substance Use and Addiction, 2017). However, ongoing care should also be viewed holistically as a range of supports that focus on increasing overall wellness, not just promoting abstinence.

In a survey of Canadians in substance use recovery, 82% reported experiencing barriers to initiating ongoing supports, with reasons including "not knowing where to go for help" and "long delays for treatment," among others (Canadian Centre on Substance Use and Addiction, 2017). Additionally, 47% identified system-related barriers to accessing ongoing care, including a lack of professional help for mental health problems, cost of recovery services, and a lack of programs/supports in their community. As mentioned earlier, many care providers themselves may be unaware of the wide array of substance use care supports available, particularly in the context of ongoing supports. These forms of supports should also not be forgotten, and efforts should be made to expand ongoing care services for people who seek them.

REDUCING HEALTH INEQUITIES AND PRIORITIZING PREVENTION

Doctors of BC strongly advocates for addressing health inequities and investing in prevention as a critical part of an effective substance use care system. Prioritizing promotion of well-being and prevention for all age groups will have a tremendous impact in terms of preventing negative mental health outcomes, decreasing harmful substance use, and improving overall health and well-being for all British Columbians. There is a particular window of opportunity to prevent harm from substance use by targeting children and youth, including addressing and mitigating adverse childhood experiences (ACEs) and also by implementing evidence-based prevention programs for school-age children and youth (Children's Health Policy Centre, 2019). While not expanded on in this paper, there are a variety of touchpoints where substance use care/prevention initiatives can and should be implemented, such as in prisons and long-term care settings.

Social Determinants of Health

Structural inequities across different demographic groups have been shown to influence the likelihood of engaging in harmful substance use. Income, education, racism, and housing are key social factors that predict harmful substance use. The BC Coroners Service 2022 report found that 44% of those who died of toxic drugs received income assistance in the month prior to their death and 31% were experiencing homelessness or living in shelters. This is why efforts to reduce poverty and address social determinants is crucial to preventing harmful substance use and helping those living with substance use challenges. Doctors of BC recognizes that *TogetherBC*, the provincial government's poverty reduction strategy, is a promising step in addressing some of the factors that can contribute to harmful substance use (Government of British Columbia, 2019). However, adequate funding and resourcing are required to operationalize the action plan and ensure its target of a 25% reduction in poverty by 2024 is met. Furthermore, since stigma is a barrier to housing for those with substance use disorders, specific support services to facilitate access to housing are needed above and beyond housing affordability.

Adverse Childhood Experiences (ACEs)

Adverse childhood experiences, or ACEs, are experiences that can cause chronic stress and influence a child's neurological development over time, including potentially traumatic events that occur in childhood (Harvard University, n.d.). Examples of ACEs include experiencing or witnessing violence, abuse, or neglect. ACEs are a strong predictor for engaging in harmful substance use and developing physical and mental health conditions. In a study of adolescents, those who experienced 5 or more ACEs were 15 times more likely to report opioid misuse than those who did not experience ACEs, and over 70% of recent adolescent opioid misuse was attributable to ACEs (Swedo, et al., 2020).

Programs that prevent child abuse and neglect, increase family and community stability, and teach positive and effective parenting skills are examples of interventions that can reduce the occurrence of ACEs (Oral, et al., 2016). Early prevention and treatment of mental illnesses and addressing social determinants of health will help to reduce the likelihood of ACEs occurring, but early identification and tailored supports for individuals who have experienced ACEs are needed as well. Literature

suggests that psychological therapies such as cognitive behavioural therapy (CBT) are effective in improving mental health outcomes for people who have experienced ACEs (Lorenc, Lester, Sutcliffe, Stansfield, & Thomas, 2020). Trauma-informed care, trauma therapy, and psychological first aid should also be prioritized to reduce the impact of trauma (Oral, et al., 2016). Concurrent disorder programs can also benefit those who struggle with substance use and mental illness. Efforts should be made to ensure that those who are struggling from ACEs are connected with coordinated mental health supports in order to reduce the likelihood of harmful substance use occurring and improve overall mental wellbeing.

Substance Use, Mental Health, and Serious Mental Illness

Harmful substance use and mental illness are often linked. Many individuals who engage in harmful substance use also experience co-occurring and preceding mental health disorders, such as anxiety disorders, depression, attention-deficit hyperactivity disorder (ADHD), and post-traumatic stress disorder, among others (National Institute of Mental Health, n.d.). The vast majority of these conditions emerge in children, youth, and young adults, which means preventive interventions, early diagnosis and treatment, and other focused supports for these groups are of particular importance. Early prevention, diagnosis and treatment will have a cumulative long-lasting impact on the health, education, economic and wellbeing trajectories over the rest of their lifetime for those who receive evidence-based prevention programs and care.

The relationship between other mental health disorders and harmful substance use is not always causal, but substances can be used to self-medicate to alleviate symptoms of mental health disorders. In the case of serious mental illness, research shows that roughly 1 in 4 individuals with a serious mental illness also have a substance use disorder (National Institute on Drug Abuse, 2020).

While mental health supports are needed at every stage of life, adolescence is often seen as a critical juncture (National Institute on Drug Abuse, 2020), as this is when harmful substance use and the first signs of mental illness often appear (Solmi, et al., 2022). During the shift to young adulthood, people experiencing mental health disorders or harmful substance use require coordinated mental health supports to help them navigate stressful changes in education, work, and relationships. The transition from youth to adult-based care must also be seamless and safe.

There are effective prevention programs to prevent harm from substance use and the occurrence of substance use disorders, including for school age children, irrespective of ACEs (National Institute on Drug Abuse, 2020). There are also effective prevention programs for other mental illnesses among children and youth (Schwartz, Yung, Barican, & Waddell, 2020), which can help prevent the development of harmful substance use. For example, school-based prevention programs have been shown to be effective in mitigating symptoms of depression and anxiety (Schwartz, Yung, Barican, & Waddell, 2020). School settings can be a primary point of entry for effective substance use prevention and care.

Recommendation #3: Doctors of BC recommends that the provincial government prioritize fostering evidence-informed prevention initiatives and addressing determinants of health associated with harmful substance use. This includes:

a) **Implementing and improving access to evidence-based substance use and mental health prevention programs in schools and communities.**

b) **Preventing and mitigating adverse childhood experiences.**

c) **Treating concurrent mental health disorders that are associated with substance use.**

d) **Innovative clinical and regulatory interventions to reduce harms associated with substances.**

REDUCING HARMS

Harm reduction aims to keep people safe and minimize death, disease, and injury from high-risk substance use behaviour. Harm reduction involves a range of services and strategies to empower and support people to be safer and healthier. Ultimately, effective harm reduction initiatives should save lives and serve as a pathway into further treatment and support when it aligns with a person's care goals. Care pathways are often non-linear, and harm reduction services should aim to meet people where they are at to ensure that harm from substance use is minimized as much as possible so that additional care pathways remain open.

The literature suggests many harm reduction initiatives are effective and have many benefits for people who use substances. Supervised consumption sites, for example, have been shown to reduce overdose mortality (88 fewer overdose deaths per 100,000 person-years) and reduce the number of emergency calls for treating overdoses (Ng, Sutherland, & Kolber, 2017). As the illicit drug supply has become increasingly toxic, continuing to support harm reduction services is an important measure in preventing drug toxicity injuries and deaths.

Separating People from the Toxic Drug Supply

In July 2021, the Government of BC launched Canada's first prescribed safer supply (PSS) policy, laying the foundation for broader access to pharmaceutical grade alternatives to illicit drugs with the intention to reduce drug toxicity events and death (Government of British Columbia, 2021). Doctors of BC's policy statement, Illicit Drugs Toxicity/Overdose Crisis, calls for increased efforts to separate people from the toxic, illicit drug supply in order to prevent unintentional drug poisoning/overdose and recognized access to pharmaceutical alternatives as an important life saving measure.

BC's current approach to safer supply is prescriber-based, but many physicians report feeling uncomfortable or unsupported in providing this (Doctors of BC, 2021). One common source of hesitancy among physicians when considering whether to participate in the PSS program is the lack of clinical data supporting safety and efficacy of such interventions. While there is early evidence that safer supply programs may reduce emergency department visits, hospital admissions, and health care costs (Gomes, et al., 2022), more evidence is needed to fully understand their downstream impacts. Participating in prescribed safer supply programs should remain voluntary and physicians who wish to participate should be supported with appropriate training and resources.

Commitment #2: Continuing to engage with physicians on their perspectives on substance use care to identify where clinical supports and resources can be improved, and raising physician awareness of relevant clinical resources, policies, and education programs pertaining to substance use and preventative care.

Additionally, while physicians can play an important role in safer supply initiatives, non-prescriber safer supply models should be explored to determine if they can be implemented safely and effectively to further remove barriers to access. Currently, the PSS program is not of a sufficient scale to meet the needs of all those who are at high risk of harm.

An alternative, non-prescriber model where people can access a safer supply using a co-op approach has been proposed—allowing members to access supply that is securely stored and monitored but can be accessed without a prescription (British Columbia Centre on Substance Use, 2019). Given the limited evaluation literature on non-prescriber models, robust evaluation on outcomes would be needed to ensure they have a net positive impact.

Regulation of Legal Substances

Harm reduction interventions are not just limited to the toxic drug supply; they can extend to other substances as well, including in regulatory contexts. For example, educational warning labels have been used on alcohol and cannabis products in many jurisdictions around the world, which are designed to educate the public about the health risks of consuming substances like alcohol. Regulations on the content of legal substance use products, like THC content limits in cannabis products, are also used to mitigate potential harms from substance use (Government of Canada, n.d.). Exploring the potential and efficacy of these types of regulatory interventions should be considered as part of a holistic approach to substance use harm reduction.

Person-centered Harm Reduction

Meeting people where they are at is crucial in ensuring that harm reduction programs are effective in mitigating harm and preventing death. Supervised consumption sites, safer supply programs, and other regulatory interventions for legal substances are important steps towards reducing the harms associated with substance use, but if they are not widely accessible or fail to provide what people are looking for, then their ability to mitigate harms will be limited. At a governance level, more consideration should be given to regulation, legislation, and policy that can support innovative programs like these while balancing potential harms with benefits. Furthermore, there should be extensive engagement with key stakeholders, such as physicians, other health care providers, and people with lived or living experience to ensure their perspectives and expertise are considered when designing and implementing substance use care programs/supports, including harm reduction strategies (Foreman-Mackey, et al., 2022).

Recommendation #4: **Doctors of BC recommends that transparent monitoring, reporting, and robust evaluation of substance use related initiatives occur both during and after their implementation to better understand the public health burden of substance use and the impact of interventions.**

CONCLUSION

Harmful substance use remains one of BC's most pervasive public health challenges with profound impacts on individuals, families, communities, and our health care system. The effects of substance use on society are impossible to ignore. While BC is adopting innovative strategies to tackle harmful substance use, all parties involved recognize that there is still a long way to go. Physicians play a key role in this dialogue and are equipped to contribute their expertise and guidance to make this shared vision a reality. Achieving a shared vision of a substance use care system that is integrated, seamless, evidence-based, person-centered, and stigma-free requires the full buy-in and collaboration of all of us.

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