Vancouver
Division of Family Practice
An FPSC initiative

Next Steps Towards a Substance Use Strategy

November 2023

A Commitment to Support Substance Use Care within Vancouver Primary Care Settings

Substance use disorders are a significant concern in primary care. The Vancouver Division of Family Practice (Vancouver Division or Division) is committed to supporting members to best meet this need in their practices. With a variety of mental health quality improvement activities well underway and increased interest from members and healthcare partners on ameliorating substance use care in the city, the Vancouver Division's Mental Health and Addictions (MHA) Committee is committed to developing a substance use strategy. By taking the time now to engage the right voices and gather and analyze the information, we can invest time and resources with intention and rally appropriate collaborators for future efforts.

As Vancouver is experiencing an opioid crisis, it should go without saying that opioids will be considered in our current efforts and future strategies. Our goal in the next steps outlined in this document and for the future strategy is NOT to solve the opioid crisis. Solving the opioid crisis will take a societal effort. As an organization and a community of Family Doctors, we do have a role to play. In these next steps, our goal is to take the time to identify what that role is and what it will take to best meet that responsibility.

Context and Initial Thinking for Our Next Steps

An Evolving Context Within Primary Care

The primary care context in which Family Physicians (FPs) are working is evolving. The emergence and evolution of Primary Care Networks are changing how primary care providers are connected to new resources in the community and each other. The impacts of the new Longitudinal Family Practice (LFP) payment model are still being felt and monitored. In particular, we are curious to see how the model impacts the capacity of the system to attach more patients and provide substance use care.

Our next steps towards a substance use strategy are designed to gather the relevant baseline information and feedback while we give more time for some of these evolving factors to further settle.

Challenges Facing Vancouver Family Doctors

Challenges faced by community-based FP regarding patients suffering from problematic substance use include:

1. Many physicians can feel uneasy or unequipped to take on patients with problematic substance use, both in terms of knowledge (e.g., limited experience or training) and practice settings (e.g., staff are untrained to de-escalate situations, concerned about the impact to clinic workflow).

2. In general, physician practices are at capacity or nearing-capacity to take on additional patients
3. Resources to support patients requiring additional care beyond their FP are limited or hard to access.
4. Many physicians are not aware of existing resources and education available to support their care for patients with problematic substance use.
5. Physicians in general are at capacity to do and learn more due to the ongoing impacts from the COVID-19 pandemic and the continuing pressures on the primary care system with the lack of FPs in the system.

The Landscape of Substance in Vancouver

Any substance use strategy requires thinking about substances in relation to each other. An ecosystem requires intentional interventions that would impact multiple issues in an interconnected way.

Prioritizing Substances to Inform a Strategy

The strategic next steps outlined here are based on the MHA Committee's current understanding of how substance use disorders are presenting within the community and the interaction between:

1. Harm (to society and self);
2. Prevalence; and
3. The degree of impact a strategy could provide.

Our next steps are informed by considering the following:

- **Alcohol:** While we have resources and information to support care for Alcohol Use Disorder, the average family doctor is not aware of all of the possible resources and medication that they can offer patients.
- **Opioids:** Most overdose deaths involve opioids. There is a lack of clarity on the current opioid crisis and average patient's journey within Vancouver.
- **Benzodiazepines:** It is often a companion substance for opioids that can complicate treating opioid misuse.
- **Stimulants:** Treatment is difficult for stimulants and less widely known by FPs. Repeated and long-term use of stimulants can exacerbate mental health symptoms.
- **Tobacco and Vaping:** Tobacco is the leading preventable cause of premature death. There are many studies and publicly known resources available to support care for both tobacco and vaping.
- **Cannabis:** There is less information available on Cannabis' long-term effects and how it affects youth.

Alcohol Use Disorder as a Logical Starting Point

While opioids are of high concern, it can be a much more complex issue to be a first substance to have a quality improvement impact on. It may be better to build capacity in a substance that FPs have to manage in any patient panel they take on and already have basic knowledge in. It may also be best for this substance to be prevalent in the average FP's patient panel and have existing resources (i.e., more educational tools and community resources etc.).

The hope is that strategizing around this substance will be impactful on a family physician's practice (in turn alleviating stress on specialty clinics). Alcohol use disorder meets these criteria and may be the first step in building overall confidence and interest in other substances. According to Statistics Canada, in 2021, **1 in 5 Canadians over the age of 15 met the criteria for alcohol use disorder or dependence** over their lifetime and there were approximately **3,875 alcohol-induced deaths**. In 2017, there were over **105,000 hospitalizations and 700,000 visits to the emergency department in Canada due to conditions related to alcohol.**

A Theory of Change That Requires Investigation

An underlying hope is that supporting primary care providers in Vancouver to increase their capacity in one ne area of substance use care (alcohol-use disorder) will help the system cope with other areas of substance use care. Research needs to be done to find data on whether this assumption has proven true or likely in the past or in other areas. As we continue our support around AUD, we need to monitor the following question: **Does increasing provider capacity, awareness, and comfort with Alcohol Use Disorder affect or improve how providers can offer care (prescriptions, supports, and services) with other substances, in particular opioids?**

Our Strategic Next Steps

These steps are not listed in priority order and likely activities in each area may happen concurrently.

1. **Provide and facilitate supports for FPs around Alcohol Use Disorder.** This step involves bringing membership's awareness to existing community resources and increasing their knowledge around AUD treatment. Part of this work includes learning how to make resources more accessible to the average FP by evaluating existing resources and their approaches to assess whether the content is digestible and if the sessions were easy to incorporate in a family physician's day.

    a. Continue collaboration BC ECHO's sessions on Substance Use. BC Echo is a community of practice that holds a series of 1-hr sessions on AUD to increase the competency of health care professionals. As we continue to offer CME learning to members, we continue to evaluate the accessibility of these opportunities for our busy membership and always contemplate ways in which to offer meaningful content in digestible formats.

    b. Consider the question "Does AUD education translate into clinical practice?" in assessments. This can be done through follow-up surveys after the educational opportunity or through EMR-data collection (what resources are FPs accessing the most for their patients?) or exploring other areas of clinical practice workflows that could benefit from supports.

2. **Monitor the theory of change outlined in this document** - Does increasing provider capacity, awareness, and comfort with Alcohol Use Disorder affect or improve how providers can offer care (prescriptions, supports, and services) with other substances, in particular opioids?

    a. Consider ways to measure increased capacity, comfort, and awareness in AUD as well as increased capacity for other substances

    b. Find data to support the theory of change framework.

3. **Acknowledge the current climate in Vancouver to bring membership's awareness to current efforts and the rising concern of substance use.** This involves providing a statement to membership around the current climate in Vancouver and the Vancouver Division's commitment to developing a strategy.

    a. Use existing avenues within VDoFP (i.e., via Fast Facts, Coffee with Colleagues, social media) to bring GP awareness to existing resources.

    b. Monitor how the new payment model relieves or doesn't relieve the challenges outlined in this document.

4. **Connect with and support key stakeholders (i.e., PHSA, VCH, REACH FPs, BCCSU, etc.) to support current Opioid Agonist Treatment (OAT) prescribers in the community.** This involves identifying all potential stakeholders and describing the current toxic drug poisoning crisis.

    a. Map a patient's journey through the healthcare system from moderate to severe to hospitalized to stable. Particular attention needs to be placed on the transition points between these stages.

    b. Describe and current and possible future state of an optimal transition process for stabilized patients who are re-entering society.

    c. Gather relevant quantitative and qualitative data to support the need for implementing a substance use strategy. This includes data around the typical patient profile and the quantity of patients with substance use disorder. Additionally, we would want data around the prevalence of people, who are attached to a family physician, with opioid use disorder or Alcohol use disorder. We want to know how many people are getting treatment, and of those people, how many are getting opioid therapy from their FP and how many are getting treatment from a specialist or other healthcare provider.