# Be the Change! Caring for people using substances







## Learning objectives

What can be changed in my office?

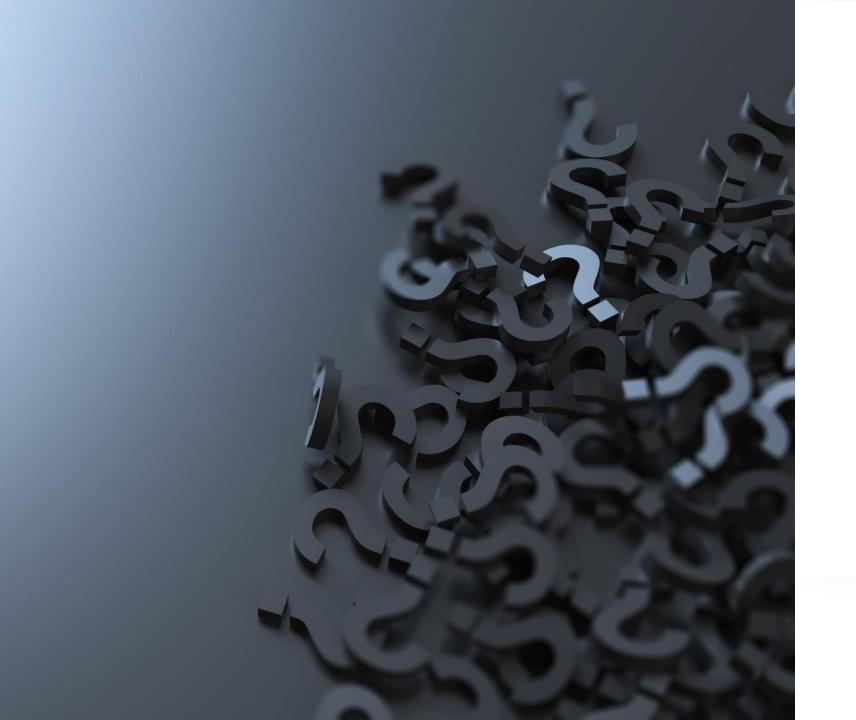
What can we change in the system?

- 1. Understand stigma & bias in caring for patients with SUD
- 2. Understand the barriers in the healthcare system and the private practice
- 3. Understand the goals of the patients (recovery/use)
- 4. Provide practical tools and resources to support FPs in being comfortable and empower them to provide care for people using substances

Make the change, be the change

Identify system limitations that hinder these goals

Meet the patients where they are at



## Unpacking stigma & bias

When respondents were asked whether they would be interested in attaching patients that present with substance use in emergency, if they received mentorship, training, and PCN support and more than half (61%, 43 of 70) indicated that they would not be interested. Respondents indicated that they anticipated experiencing the following barriers:

- Limited capacity to attach more patients to their panel (n=16)
- Limited time to provide care to patients with substance use disorder (n=6)
- Complexity of care for this population (n=5) and poor remuneration despite complexity (n=2)
- Their office is unprepared for this population, including a lack of staff training and experience (n=4) as well as a lack of additional clinical support such as nurses (n=3)

Half of the respondents (51%, 35 of 68) indicated that they do not know where to refer their patients to receive naloxone kits and training in their neighbourhood. Finally, while 59% of respondents indicated that their clinical setting is "somewhat" or "well prepared" to provide care to patients with substance use disorders, 41% of respondents indicated that their clinical setting is "not at all prepared".

When asked to indicate **what strategies would be most effective in reducing or preventing fatal overdose** in Surrey North Delta, respondents indicated the following:

- OAT treatment (83%, 59 of 71)
- After-hour addiction medicine coverage FPs, and addictions experts (84%, 59 of 70)
- Attachment to a primary care providers (FP/NP) (62%, 44 of 71)
- Stigma reduction (54%, 38 of 71)
- Safer supply programs (51%, 36 of 71)
- Decriminalization of drugs (30%, 21 of 71)

Other strategies suggested included longer treatment times, (i.e., 'more than a few weeks'), supervised safer supply programs, housing programs, and more education.

Based on their overall ratings, respondents appear to be **most confident in working with patients who use alcohol** (average overall rating of 3.6 out of 5) as compared to the other substances, and **least confident in working with patients who use stimulants and those who use several substances** (i.e., polysubstance use) (average overall rating of 3 out of 5). (Table 1)

Table 1. Provider average confidence working with patients who have substance use disorders out of a score of 5 (extremely confident) (n=75)

|                   | Average Confidence Score |            |                  |                                      |         |
|-------------------|--------------------------|------------|------------------|--------------------------------------|---------|
|                   | Screening                | Diagnosing | Engaging in care | Supporting<br>with harm<br>reduction | Overall |
| Alcohol Use       | 3.9                      | 3.8        | 3.4              | 3.3                                  | 3.6     |
| Opioid Use        | 3.6                      | 3.4        | 3.1              | 3.1                                  | 3.3     |
| Polysubstance Use | 3.3                      | 3.2        | 2.8              | 2.7                                  | 3.0     |
| Stimulant Use     | 3.3                      | 3.2        | 2.8              | 2.7                                  | 3.0     |
| Benzo             | 3.5                      | 3.4        | 3.3              | 3.1                                  | 3.3     |
| Overall           | 3.5                      | 3.4        | 3.1              | 3.0                                  |         |

Respondents were also asked to indicate whether they have reservations towards providing care for people who use substances; just over half (55%, 39 of 70) of provider respondents indicated that they did not have reservations, and the remaining respondents indicated they had reservations. (Figure 4)

**Figure 4.** Please indicate your level of agreement with the following statement: I have reservations towards providing care for people who use substances. (n=70)

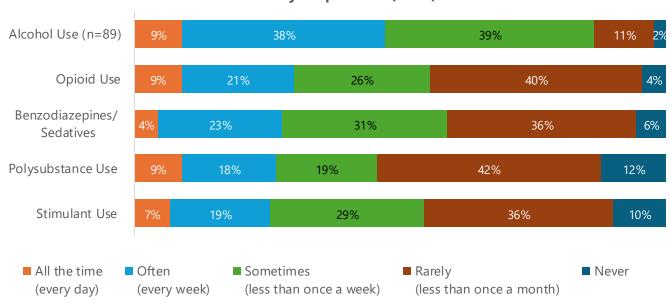


#### **Current Practice**

Respondents were asked to indicate how often they support patients with specific substance use disorders. The substance that respondents reported supporting patients with most frequently was alcohol with nearly half (47%, 42 of 89) of respondents indicating that they support patient with their alcohol use every day or every week. Over half of respondents (54%, 49 of 90) indicated that they 'rarely' or 'never' support polysubstance use as part of their practice. (Figure 2)



Figure 2. How often do you support patients with the following substance use disorders in your practice? (n=90)



#### Video

Stigma and Substance Use (youtube.com)

#### Video

Standing in the Gap: Stories of Experience (UNITE Project - Video 2) - YouTube



#### Break out rooms

1. In your practice, what do you find difficult when working with people using substances?

2. What would be helpful? What would make it easier?



## Patient partner story sharing

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- 1. When addressing a Family Physician or other healthcare provider, what helped you the most in recovery?
- 2. What made it difficult for you to get treatment?

3. What are some concrete suggestions to improve healthcare for people using substances?

#### **Practical tools**

#### Conclusions



#### Thank you!

Please complete the evaluation form to receive the CMEs & sessional payment