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Substance Use Health Competencies for All Prescribers

Publicly Available Specification

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Conflict of Interest

The authors have no conflicts of interest.

Scope

The scope of the PAS focuses on health-care providers who are able to prescribe medications in Canada with specific emphasis on prescribers who do not consider themselves experts in substance use health. This was defined as nurse practitioners, physicians and physician's assistants working in family medicine or emergency care and registered nurses in jurisdictions where prescribing is part of practice (e.g., British Columbia).

This document will be submitted as a Publicly Available Specification (PAS) to the Standards Council of Canada. The PAS approach is an effective means of quickly introducing standardization and can serve as the basis for subsequent development towards more formal standardization.

This PAS outlines the skills a prescriber can utilize to improve substance use health care. How a provider acquires these skills, and the evaluation of those skills, is out of scope for the current document.

This PAS addresses technical competencies for certain substances (alcohol and opioids). We recognize that polysubstance use is common among individuals who use substances and that there are certain drug classes (e.g., stimulants) that are causing significant harms. Technical competencies were only included for those substances where there is currently a sufficient body of evidence to recommend best practices for medical management. Tobacco cessation pharmacotherapy was not included as it is present in many other aspects of health and medical competencies.

This document includes a Glossary before the Appendices that provides definitions and explanations of key terms and concepts that are used within it.

CCSA is committed to advancing the Truth and Reconciliation Commission's Calls to Action. CCSA recognizes that First Nations, Inuit and Métis communities experience substance use health concerns disproportionately. CCSA is an ally, advocate and champion in challenging these inequities. This PAS was informed by principles of anti-racism, anti-oppression and decolonization. While this document seeks to address interpersonal racism, it does not reflect the distinct needs or preferred approaches of First Nations, Inuit and Métis people of Canada. We acknowledge the limitations of these competencies in these contexts. For specific, distinctions-based competencies, CCSA respects and supports Indigenous communities to self-determine their specific considerations and needs in the context of substance use health.

Introduction

When used together, these behavioural and technical competencies will help providers meaningfully respond to the needs of people who use substances. The principles are not intended to be measured in an all-or-none manner, but rather continually assessed for trends in a strengthened practice and to identify opportunities for further growth. At a system level, implementation of these competencies will increase the availability of care by increasing the volume of non-expert prescribers providing substance use health care, and it will support the standardization of quality care across Canada.

Substance use health care in Canada is provided in a variety of contexts and settings by a wide range of providers. While care benefits from providers' diverse expertise, it can also be affected by disparities in the provision of equitable, quality services across the country.

The Government of Canada has committed to working towards improving the consistency and quality of services in mental health and substance use health care. As a part of this aim, the Standards Council of Canada has contracted the Canadian Centre on Substance Use and Addiction to lead the development of technical and behavioural competencies for prescribers who do not specialize in addiction medicine. These competencies will help address several workforce challenges, such as standardizing clinical practice and interpersonal approaches, ensuring evidence-informed care and increasing the base of providers who readily see substance use health as part of their scope of practice.

The CCSA is a national leader on substance use health and advancing solutions to address substance use health concerns. Its primary objective is to provide guidance to decision makers by harnessing the power of many forms of evidence and bringing together diverse perspectives to bridge the gaps between knowledge and practice. To this end, CCSA has a long-standing program of work focused on developing a competency framework and implementation tools for the substance use health workforce.

Workforce competencies outline the knowledge, skills, attitudes and behaviours to deliver evidence-based, compassionate, empathic care that promotes the dignity of each individual. Application of these competencies within a competency framework ensures consistent, humanistic, person-centred care across a wide range of roles, sectors, contexts and settings to ultimately improve the experiences and outcomes for people who use substances. This Publicly Available Specification (PAS) responds to an identified need to support providers who do not specialize in substance use health (e.g., family physicians, nurse practitioners) but who can play a key role in initiating and facilitating access to care for people with substance use health concerns. It was developed according to the PAS guidelines set out by the Standards Council of Canada.

The technical and behavioural competencies were informed by a comprehensive academic and grey literature review in conjunction with evidence gathered from consultations with individuals with lived and living experience of substance use, medical professionals and educators. The PAS includes guidance on incorporating best practices for providing care that is evidence informed, equitable and inclusive, and is grounded in reducing the stigma associated with substance use. It was further refined with input from policy makers, people with lived or living expertise, health-care providers, leaders, regulators and the public by way of technical committees, a review panel and public consultations. This PAS has been approved via consensus by a Steering Group comprised of representatives from all the relevant sectors mentioned above.

Technical Competencies

The relationships people have with substances can be complex and influenced by a variety of intersecting factors, including genetics, physical and mental health, life experiences including trauma, social factors and environmental factors, among others (Public Health Agency of Canada, n.d.; Ramsoondar et al., 2023). These intricacies speak to the need for prescribers to be competent in both a technical and behavioural manner.

Given the extent of toxicity deaths and other substance use harms in Canada, there is an overwhelming need to increase access to quality substance use health care. Prescribers in community settings are well placed to respond as they are often one of the first points of entry to services and may be the only option to receive care, particularly in rural or remote areas. Thus, it is imperative that more prescribers see substance use health as an accepted part of their scope of practice. To equip practitioners to address substance use health concerns, the technical competencies outline the clinical skills all prescribers can readily implement.

The technical competencies focus on six key practice areas: pharmacotherapy for opioid use disorder and alcohol use disorder, screening and assessment, referral, psychosocial supports, and understanding substance use health. They are aligned with current best practices and were further informed by clinicians with technical expertise and currently practising in the substance use health sector. Guidelines for the clinical management of opioid use disorder and alcohol use disorder in community settings are well defined and well within scope of someone in general practice or new to it. In recent years, substance use monitoring has revealed trends in polysubstance use and escalating harms from stimulants (Federal, provincial, and territorial Special Advisory Committee on the Epidemic of Opioid Overdoses, 2023). There remains a need to advance clinical practice and guidelines for general, family and emergency practitioners to address concerns surrounding stimulants. It is our hope that future versions of this PAS will include these considerations as practice continues to evolve.

Behavioural Competencies

While increasing the base of providers to respond to substance use health care may improve initial access, it will not address the stigma and discrimination that many individuals experience on multiple levels when they seek substance use health care.

Systemic oppression is embedded in legislation and exists in harmful policies and practices across structures such as government, education, economy and health (Braveman et al., 2022; Canadian Human Rights Commission, 2023). Systemic oppression maintains a hierarchy of power and privilege that perpetuates health disparities disproportionately experienced by targeted groups including First Nations, Inuit and Métis (FNIM) communities, racialized groups, individuals who identify as women and those who are ethnically, culturally, sexually and gender diverse (Hassen et al., 2021; Ramsoondar et al., 2023). For example, present-day legislation, such as the *Indian Act*, allows for the devaluation of First Nations people. The implications of systemic oppression continue cultural genocide, stymie socioeconomic status and obstruct psychosocial health (Native Women's Association of Canada, n.d.; Milloy, 2008). Further, racialized communities disproportionately experience harm related to substance use including justice involvement, morbidity and mortality (Farahmand et al., 2020; Public Health Agency of Canada, n.d.) or indifference (Ramsoondar et al., 2023). These subtle interpersonal dynamics can cascade into significant barriers to care, preventing

an individual from wanting to seek support for substance use health concerns such as reducing treatment retention (Hassen et al., 2021).

While it is not the sole responsibility of health-care professionals to fix entire systems that perpetuate stigma, oppression, racism and health disparities, prescribers are in a unique position to dismantle power dynamics, address health inequities, take an intentional anti-racist approach and actively work towards Truth and Reconciliation. This can be achieved by placing the individual seeking support for substance use health concerns at the centre of each interaction and valuing their unique intersections and narratives.

The behavioural competencies outline the qualities necessary to foster safe, trusting and healing environments when supporting individuals with substance use health concerns. They are divided into three sections: humanistic care, empathy and compassion, and humility and self-reflection. The behavioural competencies are intrinsically linked. They require a commitment to alleviate experiences of suffering with kindness and a dedication to humility and the life-long practice of self-reflection. The behavioural competencies have been informed by both the literature and individuals with lived or living experience of substance use.

Methodology

This Publicly Available Specification was developed through gathering and synthesizing various forms of evidence. This included literature reviews and consultations with experts with diverse expertise.

To inform the technical and behavioural competencies, CCSA conducted two literature reviews of academic and grey literature. The first literature review identified the national and international standardization documents that provided information on existing systems of training, education, licensing and other requirements for non-expert prescribers working in settings such as primary care, emergency care and hospitals. The second literature review focused on humanism in medicine and empathic and compassionate care. The articles retrieved were restricted to those published between 2019 and 2023.

CCSA also conducted consultations with clinicians with technical expertise and individuals with lived or living experience. All evidence gathered in these consultations informed the content in this PAS. Technical consultations identified the foundational clinical skills to practise substance use health care in nonspecialized settings (technical competencies). Lived and living experience consultations validated and refined the essential qualities and behaviours for providing nonstigmatizing, humanizing care (behavioural competencies). Consultation participants came from a diverse range of backgrounds and organizations that work with groups who are disproportionately oppressed including, but not limited to, people who identify as women and people who are African, Caribbean, Black, First Nations, Inuit, Métis, and 2SLGBTQ+.

In addition to representing intersectional diversity, participants also represented jurisdictions across Canada, including British Columbia, Saskatchewan, Northwestern and Central Ontario, Nova Scotia and Newfoundland.

A first draft of this document was made available online for a public review period from December 19, 2023, to January 15, 2024. Anyone living in Canada was eligible to respond. We received feedback from participants in Ontario, British Columbia, Quebec, Alberta, Nova Scotia and

Saskatchewan. An eight-member Steering Group that included three people with lived or living experience of substance use and five prescribers with expertise in addiction medicine also informed this PAS throughout its development and provided approval of the final version.

Technical Competencies

Understanding of Substance Use Health

Opportunity: To be equipped with the information and knowledge to respond to any substance use health concern an individual may be living with.

Substance use and substance use disorders (SUDs) are affected by biological, genetic, psychological and social factors, among others. Understanding substance use health and SUDs requires an appreciation for larger systems that shape individual experiences and impacts the ability to achieve well-being (Farahmand et al., 2020). Racism, gender-based discrimination and criminalization shape care encounters for people who use substances (Hassen et al., 2021).

Principles	Indicators
Substance use health care is informed by multiple forms of evidence, different ways of knowing, and the unique needs of an individual.	The prescriber providing care: • Incorporates substance use health care as part of their scope of practice and readily responds to the needs of an individual at any point along the spectrum of use. • Understands that biopsychosocial factors have a strong relationship to substance use health. • Understands the relationships between adverse childhood events, toxic stress and trauma and how they impact a person's health. • Recognizes that health, well-being and any related goals are subjectively defined by an individual. • Recognizes that substance use health occurs on a spectrum of use and that harms can be acute, chronic, or both. • Recognizes that an individual can move around the spectrum of use throughout their lifetime and adjusts their approach accordingly.

	For additional resources to support continuing education on substance use health, see Appendix A. For guidance on trauma-informed care, see Appendix B. For a visual representation of the substance use spectrum, see Appendix C.
Substance use health care is adapted to the needs of the individual while minimizing harm.	The prescriber providing care: • Recognizes that change takes time (potentially years) and celebrates all actions that align with an individual's goals and values. • Recognizes that every individual presents with their own needs and strengths and that no one will ever achieve "perfect" health behaviours. • Recognizes that an individual may perceive benefits of substance use and provides substance use health information and works alongside them to weigh the impact and balance the outcomes of related decisions. • Supports and encourages an individual to identify their goals and work towards improved well-being. • Works with an individual to plan responses to deviations in an individual's journey to their own definition of well-being. • Respects that individuals dictate care goals and that these may evolve over time (e.g., abstinence, harm reduction, maintenance). • Remains committed to the therapeutic relationship regardless of the individual's adherence to the care plan. • Shares information about potential benefits and risks and the responsibility of managing risk related to substance use and harm reduction.

Screening and Assessment for Substance Use Health Concerns

Opportunity: To create opportunities for health promotion, identify substance use health concerns, and determine the appropriate level of response.

Similar to routine screening for other health conditions (e.g., diabetes, heart disease) regular screening for substance use harms is a way to explore and include substance use health in general care plans. Screening tools can function as both a conversation starter and an opportunity to build trust between the prescriber and individual (Canadian Medical Association [CMA], 2017; Canadian Nurses Association [CNA], 2017). Screening tools can also help prescribers objectively assess risk for experiencing harms related to substance use and the benefits and risks to the individual. When an individual expresses that substance use is a concern, assessments may be valuable to determine the severity of harms, indicate the appropriate responses and offer insight into its impact on an individual's well-being (Hawk et al., 2017). Assessments can also support a formal diagnosis of substance use disorder, which are often necessary or helpful in gaining access to other services and supports related to substance use health.

Principles	Indicators
Evidence-informed screening, assessment tools and individual narratives are used to evaluate, discuss and identify substance use harms.	The prescriber providing care: • Universally screens for substance use health concerns, regardless of the provider's specific area of practice or setting and regardless of any characteristics of an individual in care. • Uses high-level broad questions for screening and utilizes long-form screeners or assessments as necessary based on substance use health concerns. • When necessary, uses additional diagnostic tools, such as the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), to support the determination of a formal diagnosis and to facilitate access-to-care options (e.g., pharmacotherapy, psychological therapy). • Recognizes that standardized screening and assessment tools may not be appropriate for use outside of the populations with which they were studied (e.g., people who are pregnant, people with sexual or gender diversity, people with diverse cultural backgrounds, people with language barriers) and adjusts their approaches accordingly.

	• Uses evidence-based tools and the individuals' symptoms and narrative to assess withdrawal symptoms, to evaluate the effectiveness of pharmacotherapy and to determine the most appropriate setting for care. For examples of resources for screening and assessment for opioid use disorder, see Appendix D. For examples of resources for screening and assessment for alcohol use disorder, see Appendix E.

Pharmacotherapy for Opioid Use Disorder

Opportunity: To provide life-saving treatment.

Opioid agonist treatment (OAT) is a safe, evidence-based pharmacological treatment for individuals with opioid use disorder to minimize risk of morbidity and mortality (British Columbia Centre on Substance Use, 2023b). It involves taking an opioid agonist (methadone, slow-release oral morphine) or partial agonist (buprenorphine-naloxone) medication to support someone living with opioid use disorder to achieve well-being goals. Evidence demonstrates that pharmacotherapy in conjunction with psychosocial supports can help further align a person's care with their needs and goals (George et al., 2022); however, adjunct counselling is not a prerequisite for initiating someone on OAT.

Principles	Indicators
Facilitates medical management of opioid use disorder (OUD) using opioid agonist treatment (OAT).	The prescriber providing care: • Recognizes OAT as a best practice and life-saving pharmacological treatment to manage OUD. • Initiates OAT in non-expert settings such as primary care, emergency departments and family health teams to remove barriers or delays in accessing substance use health care. • Works with an individual to identify the best medication option for OAT while considering medical factors, social factors (e.g., travel, occupation) and personal preferences.
Share evidence-based information about opioid agonist treatment (OAT) with individuals	The prescriber providing care: • Is aware of the medical safety profile and side effects for OAT medications and informs an individual of these attributes when discussing treatment options.

to help inform the individual and the care plan.	• Is familiar with the pharmacokinetics and contraindications related to buprenorphine/naloxone, methadone and slow-release oral morphine. • Is aware of different routes of administration and dosing options for OAT medication (e.g., daily observed oral dosing at a pharmacy, sublingual tablets, intramuscular injections) and discusses the approach that will best align with the lifestyle, work and social considerations of an individual. For examples of evidence-based tools for prescribing OAT, see Appendix D.
Understands the potential risks associated with discontinuing OAT and works with individuals to identify, manage and mitigate potential harms.	The prescriber providing care: • Discusses the possible risks of harm associated with abruptly tapering or discontinuing OAT. • Uses evidence-based approaches to encourage a slow taper if an individual requests to reduce or discontinue OAT. • Shares evidence-based information with an individual about how to reduce the risk of a toxicity event, how to use naloxone, and where and how to access naloxone within their community. • Uses population-specific approaches to pharmacotherapy for opioid use disorder (e.g., people who are pregnant). • Uses a strengths-based approach to support an individual to achieve their well-being goals. For guidance on population-specific approaches to OAT, see BC Centre on Substance Use's Guidelines in Appendix D.

Pharmacotherapy for Alcohol Use Disorder

Opportunity: To reduce cravings and mitigate the symptoms of withdrawal.

Pharmacotherapy for alcohol use disorder can reduce cravings and mitigate the symptoms of withdrawal (Canadian Research Initiative in Substance Misuse, 2023). Not everyone using medications for alcohol use disorder has the objective of cessation; therefore, it is imperative that the therapeutic benefits and medication-related goals are driven by and centred around the individual. Pharmacotherapy and substance use health care for alcohol use disorder can be well supported by specialist-led psychosocial treatment options in communities. Exploring these options with an individual as part of their pharmacotherapy care plan for alcohol use disorder is encouraged (Canadian Research Initiative in Substance Misuse, 2023).

Principles	Indicators
Shares accurate evidence-based information about pharmacotherapy options for alcohol use disorder (AUD).	The prescriber providing care: • Works with an individual to understand and identify treatment objectives related to AUD. • Works with an individual to identify the best medication option based on an individual's goals around managing or abstaining from alcohol use. • Is aware of the medical safety profile and side effects for AUD medications and informs an individual of these attributes when discussing treatment options. • Is familiar with the pharmacokinetics and contraindications related to craving and withdrawal management medication and communicates them to an individual. For examples of evidence-based tools for pharmacological management of AUD, see Appendix E.
Understands the potential risks associated with pharmacotherapy for alcohol use disorder (AUD) and works with individuals to identify and manage potential harms.	The prescriber providing care: • Refers an individual to community or specialized supports if or when intensity and acuity of withdrawal, cravings, or both have extended beyond a provider's scope. • Shares information about medical contraindications with an individual to manage risk related to respiratory depression and toxicity.

	• Uses population-specific approaches to pharmacotherapy for AUD care (e.g., for people who are pregnant). • Uses a strength-based approach to support an individual to achieve their well-being goals. For more guidance on withdrawal management for AUD, see the Canadian Research Initiative in Substance Misuse guidelines in Appendix E.

Psychosocial Interventions

Opportunity: To connect an individual to broader supports that facilitate movement towards their intended goal.

There are often significant psychological and social concerns that can negatively impact an individual's ability to achieve their substance use health goals. Developing relationships with allied health professionals and a knowledge of various in-person and virtual resources, services and supports (e.g., cultural, financial, psychological) can facilitate access, reduce system fatigue and contribute to improved health outcomes (England et al., 2015).

Principles	Indicators
Recognizes the crucial role that social environments and psychological supports play in experiencing positive substance use health care outcomes.	The prescriber providing care: • Assesses for psychosocial protective and risk factors during intake history and future conversations regarding their personal social circumstances. • Encourages an individual to maintain and focus on the protective factors they may already possess in their social circles and community. • Recognizes that gaps in protective factors are opportunities to open a conversation with an individual to determine where there may be levers to strengthen support for health and well-being. • Uses psychosocial interventions such as motivational interviewing to help an individual identify their well-being goals. • Is familiar with a wide range of psychosocial treatment options, recognizes the value of these services as a complement to any brief counselling or pharmacological treatment, and facilitates

	access to appropriate supports based on an individual's circumstances and needs (e.g., referral, co-ordinated care). For more information on motivational interviewing and brief counselling, see Appendix F.

Referral to Services and Consultation

Opportunity: To build a network of resources that support responses to substance use health concerns.

The acuity and complexity of substance use health concerns may require additional consultation and supports from health, social services and person-to-person supports (Canadian Medical Association 2017, Canadian Nurses Association [CAN], 2017; Health Standards Organization, 2021). In the context of substance use health care, it is valuable for prescribers to be embedded in a community network to understand the support options and admission criteria for additional programs and services for individuals addressing their substance use health.

Principles	Indicators
Develops and maintains a network of referral services, supports and resources related to substance use health.	The prescriber providing care: • Establishes and maintains knowledge of programs offering pharmacological, psychological and social supports and peers who are available to supplement care for an individual's substance use health concerns, including within their own care team and through virtual supports. • Considers wait times, costs, service locations and admission criteria (e.g., services requiring abstinence or evidence that mental health concerns are resolved or addressed first) to make informed referrals that reflect individual needs and preferences.
Recognizes the limits of their own expertise and embraces a collaborative interdisciplinary approach to care.	The prescriber providing care: • Seeks expertise of addiction specialists, allied health professionals and social supports and collaborates with them to provide holistic care. • Recognizes the limits of their own knowledge, expertise or scope of practice, and with the consent of an individual who is receiving care, makes referrals to specialized services when needed.

Behavioural Competencies

Humanizes Substance Use Health Care

Opportunity: To validate the human experience while reconciling power differences through relationship building.

Humanizing care involves a dedication to nurturing the therapeutic relationship by placing the individual at the centre of each interaction and connecting to the shared human experience (Tomaselli et al., 2020; Kaleka, 2021). It requires an understanding of the individual and systemic factors that shape each person's experience and sharing power thoughtfully and equitably (Chou et al., 2017). Prescribers can offer a humanizing care experience through a commitment to promoting the dignity and autonomy of each individual in a way that validates the humanity of the individual receiving care for substance use health concerns.

Principles	Indicators
Commits to creating a therapeutic alliance with the individual and recognizes that each person and their life circumstances are unique and they will respond differently to care at different times.	The prescriber providing care: • Recognizes that each individual brings an array of life experiences and intersections (e.g. race, culture, religion, gender identity, income, other co-occurring health concerns) all of which interact to influence presentation and response to care. • Recognizes how intersections and life experiences shape a sense of physical and psychological safety. • Values an individual's perspective and reality and works in a nonjudgemental manner to engage in shared decision making.
Understands that power dynamics and systemic barriers negatively impact care and health outcomes.	The prescriber providing care: • Acknowledges that the degree to which someone can achieve health outcomes is largely predicated on systemic oppression in health care and social systems and further influenced by individual power dynamics.

	• Understands that medical and social systems place prescribers in a position of power and place prescribers as gatekeepers to health care. • Recognizes interactions as an opportunity to support the individual's agency and autonomy and that not doing this may further experiences of oppression and discrimination. • Understands that stigma, racism and systemic barriers can negatively impact an individual's ability to seek substance use health care and that these can occur unknowingly and passively. • Understands how power dynamics show up in the way we communicate verbally and nonverbally and strives to embody relational communication that disengages from them (see Practises Empathy and Compassion). • Recognizes an individual's intersections and demonstrates intentional efforts to avoid interactions that enhance power dynamics and amplify paternalistic approaches.
Promotes autonomy and dignity for individuals who use substances or experience a substance use disorder.	The prescriber providing care: • Promotes psychological safety and comfort with an individual in a way that upholds their dignity, such as asking permission to touch. • Respectfully interacts with an individual in a way that supports, facilitates and promotes autonomy and agency, such as respecting care decisions.

Practises Empathy and Compassion

Opportunity: To strengthen the relationship by developing connection.

Empathy and compassion are fundamental qualities for prescribers to understand and validate the human experience of others (Chou et al., 2017), and individuals' experiences with substance use health. Empathy is about having an awareness of another's emotions and how various situations may make them feel (Riess, 2017). Empathy can help support the development of a therapeutic relationship. Compassion is the action in response to that understanding (Riess, 2017). When empathy and compassion are put into practice in a therapeutic relationship, an individual is more likely to feel heard and understood (Riess, 2017).

Principles	Indicators
Seeks to connect with the feelings that underpin an individuals' experiences to humanize and better respond to their needs.	The prescriber providing care: • Listens actively to an individual's narrative without judgment by using skills like engaging with curiosity, asking clarifying questions and summarizing what they hear. • Accepts an individual's perspective and narrative as their truth to validate the individual's lived realities. • Observes an individual's body language and tone to understand how they may be feeling when they are sharing their experiences. • Listens for experiences and emotions they can identify with to facilitate connection to shared humanity. • Is sensitive to the impacts of sharing and repeating experiences with trauma and respects an individual's boundaries of disclosure. • Recognizes and identifies signs of adaptation and dysregulation associated with adverse childhood experiences, toxic stress and trauma, and understands that these reactions can present as harmful or challenging behaviours.

Practises Humility and Self-Reflection

Opportunity: To foster authenticity and engage curiosity.

Humility in the context of substance use health care is about understanding how personal biases, assumptions and attitudes affect care and the impacts of power and privilege at the individual and system level. Self-reflection is a process that facilitates humility. It requires that one considers their own abilities and limitations and seek opportunities to learn and improve their practice (American Psychological Association, 2018b). Humility and self-reflection go hand in hand to facilitate authentic connection between the individual and provider that is based on mutual respect and trust.

Principles	Indicators
Embraces continuous learning through multiple mechanisms.	The prescriber providing care: • Cultivates an understanding of their own abilities and limitations and their areas for growth and learning without judgment. • Demonstrates efforts to improve their skills related to managing implicit biases, power and privilege, and practises anti-racism. • Recognizes their own emotional or moral discomfort while providing substance use health care as an opportunity to learn from experience.
Engages with curiosity, appreciating a diversity of perspectives and the evolving nature of substance use health care.	The prescriber providing care: • Welcomes different perspectives, opinions and views and uses them as an opportunity to assess assumptions and improve practice. • Values the ways that others, including those in their care, can contribute to the prescribers' growth and reciprocal learning (e.g., expertise of individuals with lived or living experience of substance use and colleagues). • Recognizes the evolving nature of substance use health and integrates new evidence into care.

Engages in self-reflection to better understand how the provider's own experiences influence relationships and interactions with others.	The prescriber providing care: • Seeks to understand their biases, attitudes, beliefs and assumptions related to substance use and to mitigate their effect when engaging with an individual. • Regularly seeks feedback and welcomes insight from colleagues, individuals they care for, and peers to gain a better understanding of how their beliefs and assumptions show up in practice. • Demonstrates self-compassion by being kind, caring, patient and understanding with oneself, particularly when learning something new or when confronted with feelings of inadequacy or perceived failure.
Recognizes the impact personal beliefs have on relationships with individuals receiving substance use health care.	The prescriber providing care: • Identifies, learns from, and anticipates when they will be confronted with substance use health–related interactions that are morally challenging. • Prioritizes the need for care above and beyond any discomfort they may experience related to their personal opinions about substance use. • Recognizes that avoiding or choosing not to provide care due to personal opinions on substance use is an act of harm.

Glossary

Anti-oppression: "Strategies, theories, and actions that challenge social and historical inequalities/injustices that have become part of our systems and institutions and allow certain groups to dominate over others" (Canadian Race Relations Foundation, n.d.).

Anti-racism: "The active process of identifying and challenging racism by changing systems, organizational structures, policies and practices to redistribute power more equitably." Anti-racism uses education, activism and policy changes to dismantle systemic racism" (Calgary Anti-Racism Education [CARED], n.d.).

Adverse childhood experiences (ACEs): Traumatic events that occur in childhood, such as abuse, neglect or witnessing violence or growing up in a household with mental illness, substance use health concerns, or instability. ACEs can be linked to chronic health problems, mental illness and substance use health concerns in adulthood (Centers for Disease Control and Prevention, 2023).

Behavioural competencies: "The knowledge, skills and values required to perform effectively in a job function or role. They are the "how" of performing a job and are usually learned and developed through life experiences" (Canadian Centre on Substance Use and Addiction, n.d.-b).

Compassion: Having an awareness of another person's emotions and how a situation may make another feel (James, 2023). Acknowledging another person's suffering, coupled with a strong desire to alleviate it through action (American Psychological Association, 2018a).

Competencies: "The measurable knowledge, skills and values a person needs to perform effectively in a defined function or role"(Canadian Centre on Substance Use and Addiction, n.d.-a).

Discrimination: The unjust or prejudicial treatment of different categories of individuals, typically on the grounds of race, gender, sexual orientation, religion or age (American Psychological Association, 2023a).

Empathy: The ability to understand and share the feelings, thoughts and experiences of another individual (James, 2023). This involves not only recognizing someone else's emotions, but also, to a certain extent, experiencing or recognizing those emotions within yourself (American Psychological Association, 2023b).

Harm reduction: "Harm reduction incorporates a spectrum of strategies that includes safer use, managed use" and includes abstinence and addressing conditions of use along with the use itself (BC Centre on Substance Use, 2023a).

Humility: Having a modest or humble perception of your own importance, knowledge or abilities. Humility also means recognizing your own limitations and being open to new ideas, advice and criticism (American Psychological Association, 2018b).

Goals: In the context of an individual seeking substance use health care, goals refer to the outcomes the individual aims to achieve. They are not always solely focused on substance use health and can include objectives related to social determinants of health, such as community, culture or gender.

Intersections: The ways in which systems of inequality, including those based on gender, race, ethnicity, sexual orientation, gender identity, disability and class, result in interconnected dynamics and effects. Because these forms of inequality overlap and reinforce each other, they cannot be observed or addressed in isolation (Center for Intersectional Justice, n.d.).

Narrative: An individual's account of their health and social needs and their experiences that affect those needs. The individual shares their narrative with the care provider both verbally and nonverbally.

Opioid agonist treatment (OAT): "Opioid agonist pharmacotherapy is defined as the administration of thoroughly evaluated opioid agonists, by accredited professionals, in the framework of recognized medical practice to people with opioid dependence for achieving defined treatment aims" (World Health Organization, n.d.).

Oppression: "[The] use of power by one group to disempower, marginalize, or exert dominance over another group. Dominant groups can maintain their status, privilege, and power over others both intentionally and unintentionally as well as in obvious and subtle ways. Acts of oppression can become institutionalized or systemic, thus becoming hidden and seemingly 'normal'. They can also play out on the personal and interpersonal levels, influencing individual values, beliefs, and actions as well as interactions between people" (Ontario Association of Children's Aid Societies, n.d.).

Peer worker: "[An individual who] provides emotional and social support to others with whom they share a common experience. They focus on building a mutual relationship that fosters hope and optimism" (The National Centre of Excellence in Youth Mental Health, 2017). Other terms to describe similar roles include peer support worker, person-to-person support worker, peer community worker and community worker.

Power: "The ability to influence others and impose one's belief" (Canadian Race Relations Foundation, n.d.).

Power dynamics: "Power doesn't belong to one person, but exists in the relationships between people and groups of people … Power relationships can be visible and obvious, but are often hidden and covert … Power is also context specific, in that people can have a lot of power in some situations but they can be powerless in others" (Public Health Scotland, n.d.)

Psychosocial supports: "Interpersonal or informational activities, techniques, or strategies that target biological, behavioral, cognitive, emotional, interpersonal, social, or environmental factors with the aim of improving health functioning and well-being" such as social prescribing (England et al., 2015).

Racism: "Racism is a cultural and structural system that assigns value and grants opportunities and privileges based on race. Racism exists in all aspects of society including history, culture, politics, economics, institutions and social systems. Contemporary racism is pervasive and is often subtle and ordinary" (National Collaborating Centre for Determinants of Health, 2018).

Self-compassion: Treating oneself with kindness and understanding in difficult times and recognizing that making mistakes is part of being human (Neff, 2010).

Stigma: "Negative attitudes, beliefs or behaviours about or towards a group of people because of their situation in life. It includes discrimination, prejudice, judgment and stereotypes, which can isolate people who use [substances]" (CCSA & CAPSA, 2019).

Strengths-based approach: "Recognizing, mobilizing, capitalizing and developing an individual's strengths to promote health and facilitate healing … It redirects the focus from deficits, problems and weaknesses to use strengths that include assets and resources" that an individual has and may use to overcome challenges (Gottlieb, 2014).

Substance use health concerns: Use of a substance or substances that interferes with or has a negative impact on a person's overall health and well-being.

Substance use disorder (SUD): A medical condition characterized by continued use of a substance or substances despite negative impacts on many domains of a person's life including physical health, family and social relationships (Health Canada, 2023).

Substance use health: A person's condition regarding their substance use, which may fall on a spectrum of no use to substance use disorder, and which can change over time (Ottawa Public Health & CAPSA, 2021).

Systemic oppression: Structured societal mechanisms that discriminate against marginalized groups while benefiting privileged groups. These systems (e.g., racism, sexism) encompass individual, institutional, and societal levels, and are deeply rooted in historical and organized patterns of oppression. Societal institutions, such as government, education, and culture, contribute to systems of oppression (Raz, 2021).

Technical competencies: "Are the knowledge and abilities required to apply specific technical principles and information in a job function or role. They are usually learned in an educational environment or on the job and are the "what" of performing a job" (Canadian Centre On Substance Use and Addiction, n.d.-c)

Toxic stress: The prolonged activation of stress response systems in the body due to severe, frequent or chronic stressors, such as abuse or neglect. This type of stress can have detrimental long-term effects on health and development (Centre for Youth Wellness & Zero to Three, 2018).

Trauma: An experience that overwhelms an individual's capacity to cope with activities of daily life. Trauma can impact emotional, physiological, developmental, psychological, interpersonal and spiritual health and well-being (British Columbia Centre for Disease Control, n.d.).

Disclaimer

The resources in the Appendices are examples of practice approaches and tools that may be used in the context of substance use health. There may be organizational or jurisdiction-specific resources that are best suited to individual contexts. Inclusion of a resource on this page does not imply endorsement or authorization by the Canadian Centre on Substance Use and Addiction.

Appendix A: Resources for Substance Use Health Professional Development and Continuing Education

Addiction Care and Treatment Online Course: University of British Columbia, Continuing Professional Development

Association of Faculties of Medicine of Canada (AFMC) Response to Opioid Crisis

Atlantic Pain and Addiction Mentorship Network

British Columbia Centre on Substance Use and Addiction

Canadian Research Initiative in Substance Misuse (CRISM)

Centre for Addiction and Mental Health Continuing Education Programs and Courses

Mentoring Education and Tools for Addiction: Partners in Health Integration (META: PHI)

University of British Columbia, Substance Use and Addiction Education

Appendix B: Examples of Resources for Trauma-Informed Practice

Trauma-Informed Practice

Quick links

Six Guiding Principles to a Trauma Informed Approach (Centre for Disease Control)

Trauma- and Violence-Informed Care – EQUIP Health Care | Research to Improve Health Equity

Trauma-and Violence-Informed Care (TVIC) Tool – EQUIP Health Care | Research to Improve Health Equity

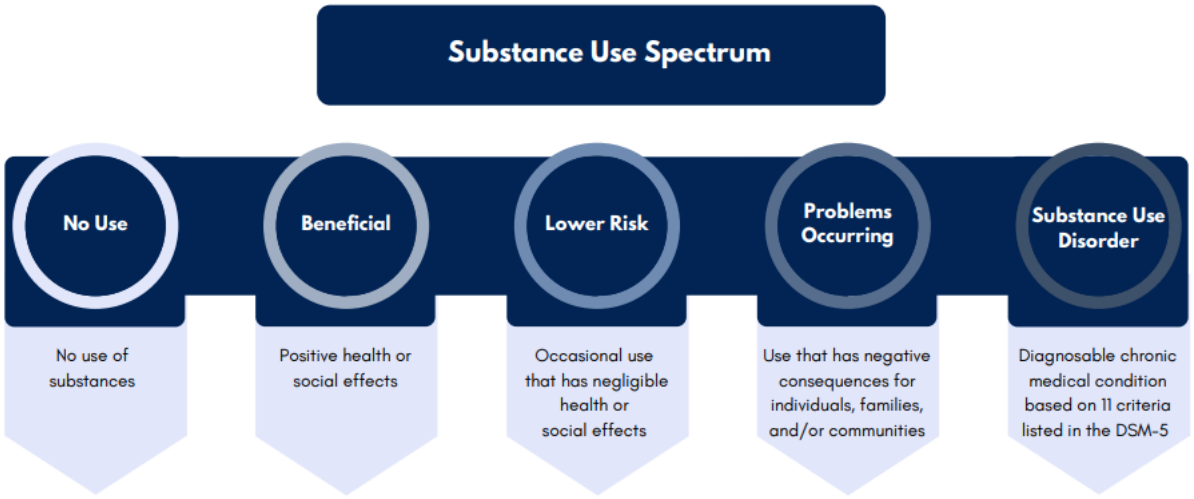
Trauma and Violence Informed Care Strategies for (Re)Establishing Safety in Care Encounters – EQUIP Health Care | Research to Improve Health Equity

Further reading

Trauma-Informed Practice (TIP) – Resources – Province of British Columbia (gov.bc.ca)

Trauma Informed Practice Guide – Centre for Excellence in Women's Health

Appendix C: Substance Use Spectrum



Ottawa Public Health & CAPSA, 2021

Appendix D: Examples of Resources for Opioid Use Disorder

Screening Tools

CAGE-AID Substance Use Screening Tool

CEP Opioid Use Disorder (OUD) Tool

Prescription Opioid Misuse Index (POMI)

Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)

Assessment Tool for Opioid Withdrawal

Clinical Opiate Withdrawal Scale (COWS)

CRISM-Withdrawal-Management-Guidance-Final.pdf

Pharmacotherapy for Opioid Use Disorder

Long Form

OUD Treatment Guideline 2023

Mobile Friendly/Interactive

OUD Guideline 2023 – Clinical Summary Resource

Appendix E: Examples of Resources for Alcohol Use Disorder

Screening for Alcohol Use Disorder

Alcohol Use Disorder Identification Test (AUDIT)

Alcohol Use Disorder Identification Test - Alcohol Consumption (AUDIT-C)

Single Alcohol Screening Question (SASQ) *Modified single alcohol screening questionnaire (M SASQ)*

CAGE Questionnaire

Assessment for Alcohol Withdrawal

Clinical Institute Withdrawal Assessment of Alcohol Scale, Revised (CIWA-AR)

Prediction of Alcohol Withdrawal Severity Scale (PAWSS)

Pharmacotherapy for Alcohol Use Disorder

Canadian Alcohol Use Disorder Guidelines

Alcohol Use Disorder (AUD) Tool

Practical Approach to Substance Use Disorders for the Family Physician

Canadian Guideline for the Clinical Management of High-Risk Drinking and Alcohol Use Disorder

Appendix F: Examples of Resources for Motivational Interviewing

Motivational Interviewing

Quick Links

Quick Guide for Clinicians Based on TIP 35 – Enhancing Motivation for Change in Substance Abuse Treatment (samhsa.gov)

Motivational Interviewing Quick Reference – University of Toronto

Further Reading

Enhancing Motivation for Change in Substance Use Disorder Treatment

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