

Background - Substance Use & Addictions Management in Hospitals

In May 2024, the Ministry of Health released a new provincial policy called [Substance Use & Addictions Management in Hospitals](#). The purpose of this policy is to enhance and standardize a series of practice requirements related to substance use care in acute settings. This Frequently Asked Questions (FAQ) document was created to support frontline healthcare staff in their provision of care in alignment with these new directives.

What are the changes in hospitals regarding substance use care?

The Province tasked the British Columbia Centre on Substance Use (BCCSU) with developing acute care resources to ensure patients have timely access to evidence-based substance use care. Additionally, a robust education framework and series of PowerPlans were developed to support with the implementation of these protocols. Specific areas of focus include screening, withdrawal management, initiation of opioid agonist treatment, and linkages to care.

Are patients allowed to use substances on healthcare sites?

In British Columbia, the use (e.g. inhalation/smoking, injection, or other means) of non-prescribed substances at healthcare sites is prohibited outside of a designated Overdose Prevention Site (OPS). OPS are defined as “sites and services where the consumption of substances, including illegal substances, is monitored and rapid medical intervention is available in case of need...”ⁱ

In some hospitals, an OPS may be available, and patients should be directed to those services as needed. When available, please connect with a Person with Lived/Living Experience (PWL\LE) to facilitate ongoing care. If these services are not available at your site, please direct patients to use the closest OPS or provide support accessing substance use treatment in the ED to manage their withdrawal.

[Supervised Consumption, Overdose Prevention and Drug Testing Sites](#)

Where can patients get harm reduction supplies?

In the ED, nurses can distribute safer use supplies by locating the harm reduction kits available at their site. Please ask the educator or manager to order them if not yet available. Materials are available to post in the ED and inform patients that these services are available.

[VCH Harm Reduction Kits Poster for Clinical Areas](#)

My patient wants their substances tested. What do I do?

Drug checking is a harm reduction service that allows people to determine what is in their substances, and potentially take action to reduce certain risks associated with the toxic drug supply. In collaboration with community partners, free, anonymous drug checking services are available in Vancouver and other communities across the VCH region.

[Drug Checking Services](#)

While in the ED, my patient has some substance use needs (e.g. symptoms of withdrawal, requires a new prescription, and/or requesting a referral to resources) What do I do?

Please follow the steps outlined below:

1. If your site has an internal process to support people who use substances, please refer and implement
2. If the patient has more complex needs or the provision of care is beyond your scope, please contact the internal substance use assessment team and refer to a PWL\LE
3. If these services do not exist at your site, please call the BCCSU or the Rapid Access to Consultative Expertise (RACE) Lines for support from a clinician.

BCCSU Addiction Medicine Clinical Support Line

Available seven days a week, 24 hours a day

T: (778) 945-7619

[Addiction Medicine Clinician Support Line – BCCSU](#)

Rapid Access to Consultative Expertise (RACE)

Available Monday to Friday, 9am-5pm

T: (604) 696-2131

[RACE | Divisions of Family Practice](#)

What if a patient's ongoing substance use interferes with their medications/treatment?

Within the [Harm Reduction Practice](#) policy, abstinence is not a requirement to receive healthcare services unless otherwise clinically indicated. Consult with a physician regarding any concerns about contraindications.

My patient would like to stabilize their substance use (e.g. reduce, change, abstain upon discharge). What services are available?

For a robust clinical assessment and support connecting to the most appropriate service, please call Access Central. If the patient is being discharged, please provide the contact information to Access Central and refer them to the Overdose Outreach Team (OOT).

ACCESS Central

Available seven days a week, 9am-7:45pm

T: 1 (866) 658-1221

[Access Central - Detox Referral Line | Vancouver Coastal Health](#)

Overdose Outreach Team (OOT)

Available Monday to Friday, 8am-8pm

T: (604) 360-2874

[Overdose Outreach Teams | Vancouver Coastal Health](#)

**OOT is a regional service with staff available in Vancouver, North Shore, Sea-to-Sky, Sunshine Coast and qathet (Powell River).*

Do I need an order to administer Narcan?

No. There is a nurse initiated PowerPlan to support with this work.

When I am administering Narcan, how much Narcan do I start with?

Please review the [Opioid Overdose \(Suspected\): Management, Including Naloxone Administration without a Provider](#) protocol. If the patient is experiencing a loss of consciousness (LOC), please consult with the attending physician as this could be due to other medical factors that require further intervention.

My patient would like to self-initiated discharge. What do I do?

Please follow the steps outlined below:

1. Ask for permission before inquiring about their substance use
2. Try and have a conversation with the patient in a confidential and discrete space
3. Provide counselling and emotional support (refer to a PWL\LE if available)
4. Check in regarding their reasons for leaving. Are their needs being met? Has treatment been initiated to support withdrawal?
5. Address and expedite any immediate needs (e.g. food, water and/or clothing)
6. Review the [Trauma Informed Practice](#) guideline for more information.

How can I best support the patient if they are indeed leaving hospital early?

Please follow the steps outlined below:

1. Ask for permission before inquiring about their substance use
2. Provide them a Take Home Naloxone (THN) kit, harm reduction supplies/resources, and refer them to the Overdose Outreach Team (OOT) for community follow-up
3. Ensure overdose safety planning has been reviewed (see [Toxic Drugs: Ideas to Stay Alive](#))
4. Refer to the [Emergency Department: Discharge of a Vulnerable Patient](#) guideline
5. Collaborate with their MRP and local pharmacy for continuity of care
6. Review the [Harm Reduction and Safety Planning in Acute Care](#) guideline for more information.

Some of my personal values, morals and/or opinions conflict with best practices in substance use care. What do I do?

If you are hesitant to provide care to the patient and/or have any additional questions regarding evidence-based best practices, consult with a manager. For more information, please review [Professional Standards](#) from the British Columbia College of Nurses & Midwives (BCCNM).

Are patients allowed to possess non-prescribed controlled substances on healthcare sites?

As per the [Harm Reduction and Safety Planning in Acute Care](#) guideline, patients are not permitted to possess non-prescribed substances at a hospital unless at a designated OPS.

However, "...It is a patient's right that their belongings and room are not searched unless there are reasonable grounds. Confiscating and destroying patients' substances can damage the therapeutic relationship, be stigmatizing, and may lead to patients leaving hospital before they complete their medical treatment".

Frequently Asked Questions in Substance Use Care



Where can I find additional information online?

Please review the resources below:

[*British Columbia Centre on Substance Use--Clinical Resources*](#)
[*SURKit: Substance Use Response Kit | Vancouver Coastal Health*](#)

ⁱ “Where Decriminalization Applies.” *Province of British Columbia*, 31 Dec. 2024, www2.gov.bc.ca/gov/content/overdose/decriminalization.