



BRITISH COLUMBIA
CENTRE ON
SUBSTANCE USE
Networking researchers, educators & care providers

BCCSU ANNUAL EDUCATION REPORT

2019/2020

Table of Contents

<u>Executive Summary</u>	4
<u>Introduction</u>	5
<u>Addiction Care and Treatment Online Certificate</u>	7
Course Content and Format	7
Accessibility	8
Registration and Engagement	8
Key Developments	10
Impact and Feedback	10
Next steps	11
Summary	11
<u>Provincial Opioid Addiction Treatment Support Program</u>	12
Course Content and Format	12
Opioid Agonist Treatment Training	12
Accessibility	13
Registration and Engagement	14
Program Completion	15
Preceptor Network	15
Prescriber Network and Capacity	16
Patients on OAT	17
Prescriber Density Mapping	17
Key Developments	18
Impact and Feedback	18
Next Steps	20
Summary	20
<u>BC ECHO on Substance Use</u>	21
Program Format	21
Project ECHO Sessions	21
Monthly Program Newsletters	22
Registration	22
Next Steps	23
Summary	23

<u>British Columbia Centre on Substance Use Seminar Series</u>	<u>24</u>
<i>Provincial Opioid Use Disorder Guideline Seminar Series</i>	25
Purpose	25
Outcomes	25
Feedback	26
Next Steps	26
<i>High-Risk Drinking and Alcohol Use Disorder Seminar Series</i>	27
Purpose	27
Outcomes	27
Feedback	28
Next Steps	28
Summary	28
<u>Addiction Medicine Fellowship Programs</u>	<u>29</u>
Interdisciplinary Clinical Addiction Fellowship Program	29
International Collaborative Addiction Medicine Research Fellowship	30
Lecture Series: “What’s New in...”	31
Impact and Feedback	31
Next Steps	32
<u>UBC Enhanced Skills Addiction Medicine Training Program</u>	<u>33</u>
Purpose	33
Program Format	33
Program Completion	33
Next Steps	33
<u>The Flexible and Enhanced Learning Projects Program</u>	<u>34</u>
Purpose	34
Program Format	34
Program Completion	35
Impact and Feedback	35
Next Steps	36
<u>Conferences</u>	<u>37</u>
Annual BC Substance Use Conference	37
Adaptations Due to COVID-19	37
External Conferences	38
<u>Final Remarks</u>	<u>39</u>

Executive Summary

The BC Centre on Substance Use (BCCSU) is a provincially networked organization with a mandate to develop, help implement, and evaluate evidence-based approaches to substance use and addiction. The BCCSU seeks to improve the integration of best practices and care across the continuum of substance use through the collaborative development of evidence-based policies, guidelines, and standards. In addition to taking significant strides in substance use research and clinical care guidance, the center has firmly established itself as a leading organization in evidence-based education and training for addiction and substance use in Canada. This has involved the development of valued relationships with academic institutions, regional health authorities, professional organizations, a wide range of health care professionals, and key stakeholders, such as people with lived and living experience, recovery, family members, and community members.

In the context of the ongoing overdose crisis, the provincial government has identified the need to enhance the capacity of health care providers to better support patients and families in their practice. In order to support providers with clinical care guidance and educational activities, the BCCSU has developed innovative and flexible training models to better engage clinicians. A multitude of health care professionals from various disciplines have benefited from each of the below educational programs, including family physicians, nurses, pharmacists, social workers, and other allied health care professionals. A thorough review of the successes and challenges of these training programs are contained within this report, but as a high-level summary, the following results have been achieved across our programming:

Online Training

- Over 13,000 people have registered in the free CME-accredited **Addiction Care and Treatment Online Certificate** (formerly called the Online Addiction Medicine Diploma Program) and 3,850 have received their certificate of completion since launching in February 2019. Two new modules have been launched this fiscal.
- Since the free CME-accredited **Provincial Opioid Addiction Treatment Support Program** was launched in July 2017, 4,389 people registered for the program and more than 500 new proof of completion authorizations have been processed to prescribe opioid agonist treatment (OAT). Of these new authorizations, 107 are nurse practitioners.
- There are 50 prescribers who have completed their training in injectable opioid agonist treatment (iOAT).
- A total of 492 individuals have registered for the **BC ECHO on Substance Use**. There were 14 ECHO sessions delivered across two cycles.

Seminars

- Over 3,200 clinicians have been reached through 83 **Provincial Opioid Use Disorder Guideline Seminars** across BC.
- Over 588 clinicians have been reached through 29 **High-Risk Drinking and Alcohol Use Disorder Seminars** across BC.

Clinical Training

- The **Interdisciplinary Addiction Fellowship Program** trained 25 new clinicians that will help to lead the treatment of substance use disorders in their communities in 2019–2020.
- Three family physicians have completed their **Enhanced Skills Addiction Medicine Training** program in 2019–2020
- The **FLEX Project** program has trained 19 undergraduate medical students in 2019–2020.

Conferencing

- The **Annual BC Substance Use Conference** continues to be a vital networking, advocacy, and education opportunity for diverse stakeholders across BC.

Introduction

With the support of the Province of BC, the BCCSU aims to transform substance use policies and care by translating research into education and care guidance, thereby serving all British Columbians. The BCCSU seeks to achieve these goals through integrated activities of its three core functions:

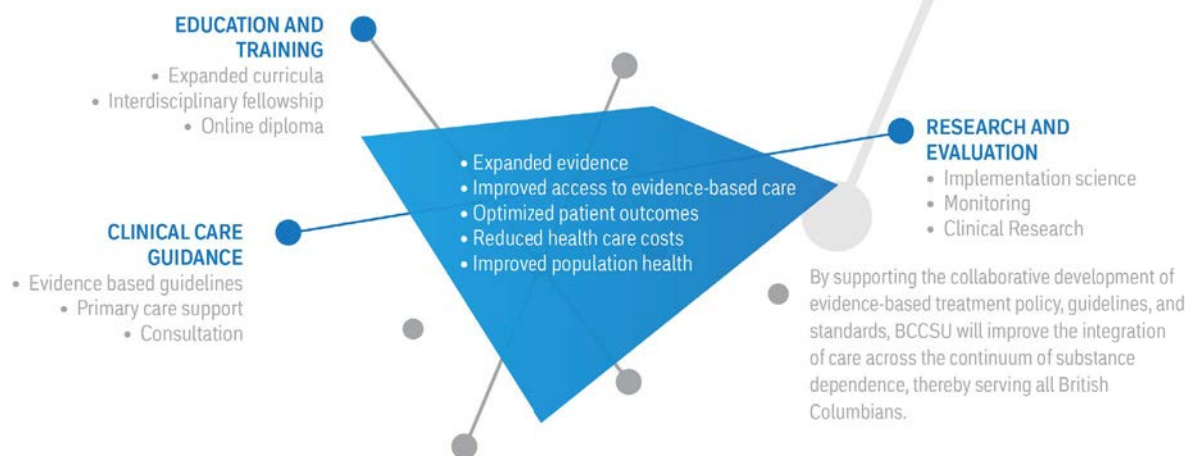
Research — Leading an innovative multidisciplinary program of research, monitoring, evaluation and quality improvement activities to guide health system improvements in the area of substance use.

Education and Training—Strengthening addiction medicine education activities across disciplines, academic institutions and health authorities, and training the next generation of interdisciplinary leaders in addiction medicine.

Clinical Care Guidance—Developing and helping implement evidence-based clinical practice guidelines, treatment pathways, and other practice support documents.

The BCCSU is committed to develop and offer a diverse range of education programs for health care professionals across the province based on evidence-based clinical care guidance. This includes accessible learning tools and resources, online and in-person training, as well as trainee programs.

CORE FUNCTIONS



The BCCSU is committed to develop and offer a diverse range of education programs for health care professionals across the province based on evidence-based clinical care guidance. This includes accessible learning tools and resources, online and in-person training, as well as trainee programs.

This report highlights the following BCCSU training activities:

- The Addiction Care and Treatment Online Certificate;
- The Provincial Opioid Addiction Treatment Support Program;
- The BC ECHO on Substance Use;
- The Provincial Opioid Use Disorder Guideline Seminar Series;
- The High-Risk Drinking and Alcohol Use Disorder Seminar Series;
- The Interdisciplinary Addiction Fellowship Program;
- The Enhanced Skills Program;
- The FLEX Program, and
- The BC Substance Use Conference.

Specifically, this report provides detailed performance metric data for each program listed above, qualitative feedback from health care professionals who have completed the programs, and strategies moving forward to further expand and improve the educational programs offered by the BCCSU.

Addiction Care and Treatment Online Certificate



The Addiction Care and Treatment Online Certificate (ACTOC) is a free, self-paced, CME-accredited online certificate course that provides comprehensive substance use education for health care professionals at any level.

The course aims to strengthen competencies in the diagnosis and treatment of patients with substance use disorders using evidence-based treatments along a continuum of care and to help address the current lack of support for patients with substance use disorders by providing the education and tools required to implement change within clinical practice. Uniquely, ACTOC covers a full range of substance use disorders, including alcohol, tobacco, stimulants, cannabis, and opioids. The course can be found here: <http://www.bccsu.ca/about-the-addiction-care-and-treatment-online-certificate/>.

Course Content and Format

This comprehensive program consists of 22 different modules across the spectrum of substance use disorders. Each module draws from current literature, recommendations from evidence-based guidelines, and is created in collaboration with experts in the field. By leveraging a variety of multimedia types (e.g., video, sound bites, illustrations), the course appeals to a wide variety of learners. Case studies provide real-world examples and create an opportunity to apply knowledge gained from the course. To support the learning objectives of each module, knowledge testing questions in a multiple-choice format are included after each module. Analysis of 6,985 participants registered for the online course between May 2017 and February 2018 demonstrated that knowledge of participants increased significantly post-course versus pre-course.¹

There are two certificates available: a) Addiction Care and Treatment Online Certificate, and b) Substance Use and Addiction Nursing Certificate (Figure 1). While there is a nursing specific certificate available, many nurses also take the full ACTOC certificate as it is geared toward all health care professionals.

	ADDICTION CARE AND TREATMENT ONLINE CERTIFICATE	SUBSTANCE USE AND ADDICTION NURSING CERTIFICATE
AUDIENCE	Health care providers involved in addiction care and treatment	Nurses and nurse practitioners
NUMBER OF MODULES TO COMPLETE	20	8
TIME TO COMPLETE (HOURS)	16	6

Figure 1. Overview of the Addiction Care and Treatment Online Certificate and Substance Use and Addiction Nursing Certificate.

¹ Gorfinkel LR, Giesler A, Dong H, Wood E, Fairbairn N, Klimas J. Development and evaluation of the online addiction medicine certificate: Free novel program in a Canadian setting. JMIR Med Educ. 2019;5(1):e12474.

Accessibility

To address the lack of accessible, specialized training in addiction medicine, this course is available free to all participants. Specialized training programs are often limited due to space, location, participant availability. The online format of ACTOC allows a large number of participants to be reached, no matter their location nor scheduling challenges. This is particularly important in underserved areas of the province, such as rural and remote communities that may not have access to in-person opportunities in urban areas.

Registration and Engagement

Across the diverse educational offerings at the BCCSU, the ACTOC program engages the highest number of clinicians. This is due to the breadth of topics available within the course as well as applicability across several disciplines. Figure 2 outlines the registration and completion numbers for this program.

	Fiscal 2019/2020	Since launch (Feb 2019)
Registered	8,480	13,097
Completed	1,635	3,850

Figure 2. ACTOC registration and completion numbers for fiscal 2019/2020 and since launch in 2019.

Full completion of the certificate is not the goal of every clinician. This course encourages learners to select modules according to the areas that they need support with in practice. They may choose one or many, but the importance lies in having the flexibility to choose the modules that are needed at a particular time and the ability to progress based on their own schedules. This is highlighted by the module completion percentages as shown in Figure 3.

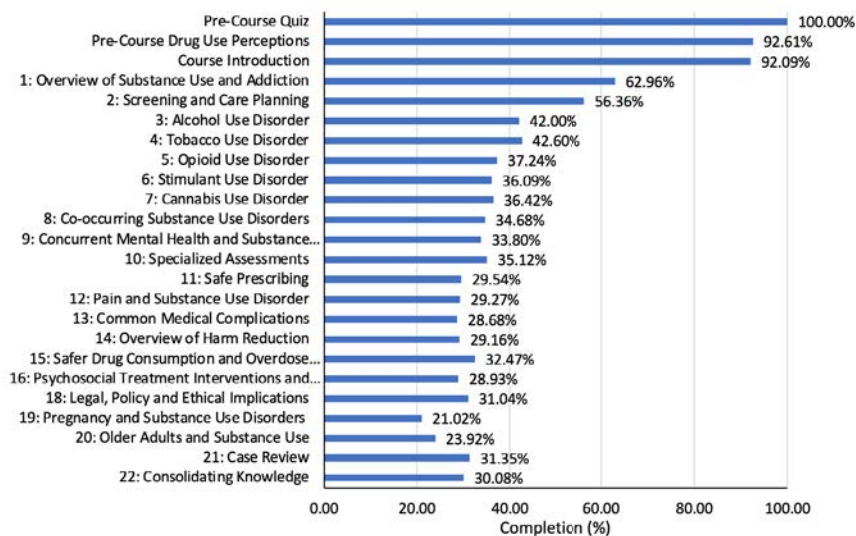


Figure 3. Module completion for all ACTOC registrants.

When in development, ACTOC was designed to be an introductory course that would serve as a “one-stop shop” for an overview of the major clinically relevant topics in substance use and addiction, and to attract learners with little to no previous experience with substance use disorder education. In the past fiscal year, this trend has been demonstrated. As highlighted by Figure 4 below, almost 35% of course participants have never participated in substance use disorder education and less than 6% have taken more advanced education in this field.

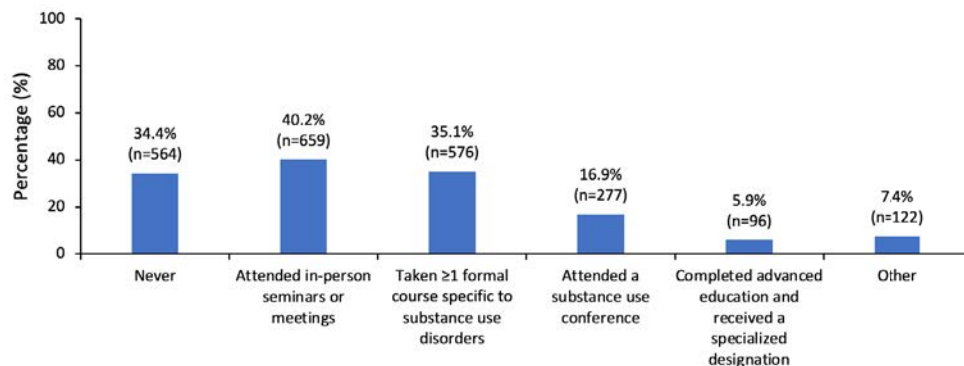


Figure 4. Learner previous experience with substance use disorder education for fiscal 2019/2020.

ACTOC has a rich diversity of health care professionals as highlighted below in Figure 5. There is also representation from every health authority in BC, as represented by Figure 6.

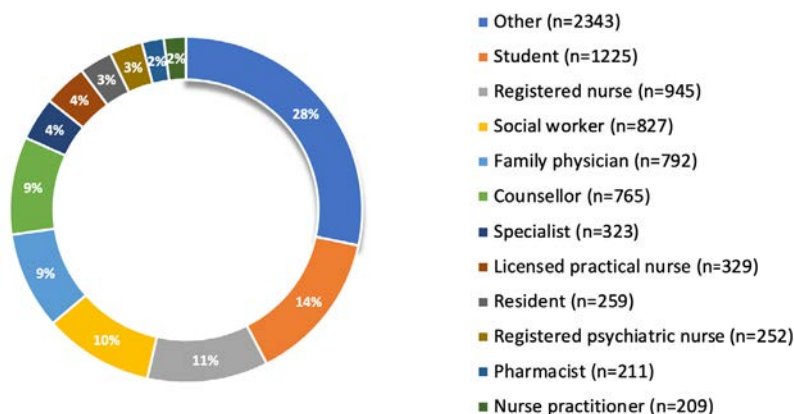


Figure 5. Registrant demographics by profession: April 1, 2019 to March 31, 2020. The “other” category includes paramedics, recovery and support workers, occupational therapists, youth workers, peer workers, and withdrawal management workers.

Figure 6. ACTOC registration by health authority from April 1, 2019 to March 31, 2020.

Health Authority	%	Number of registrants
Not Applicable	55	4,973
Provincial Health Services Authority	10	890
Vancouver Coastal Health	7	632
Island Health	7	593
Interior Health	6	548
Fraser Health	6	495
Northern Health	4	316
Providence Health Care	3	264
First Nations Health Authority	2	186

Key Developments

Since ACTOC was launched in February 2019, a number of new modules and course improvements have been integrated into this program. For the 2019/2020 fiscal, the BCCSU has launched two new modules:



Module 16: Psychosocial Treatment
Interventions and Recovery-
Oriented Supports

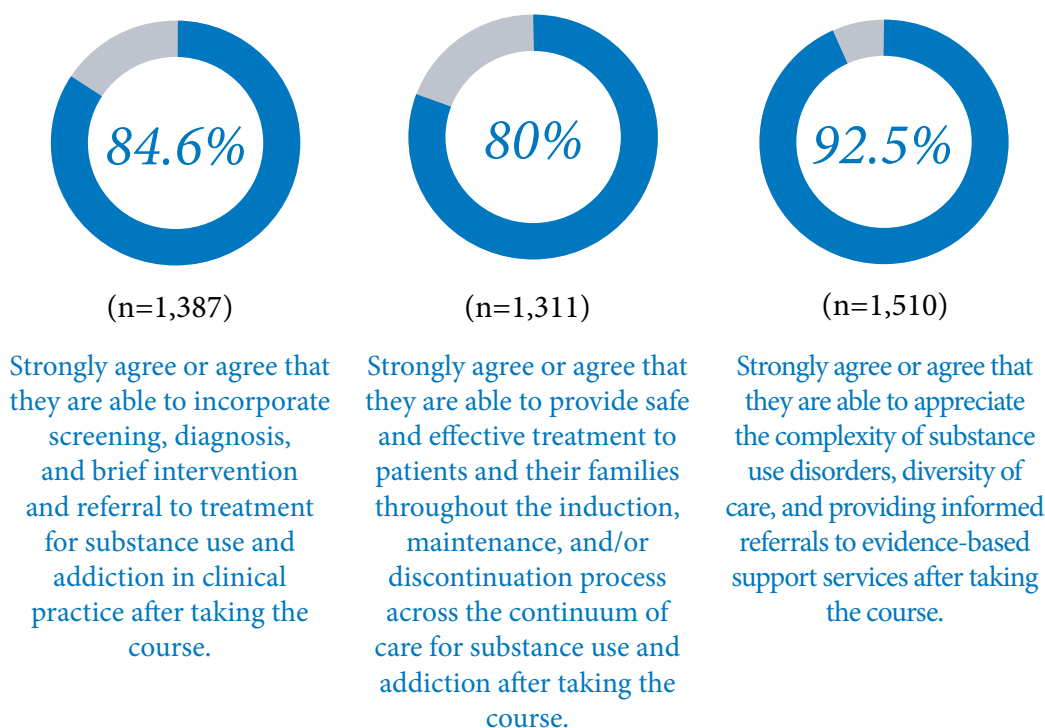


Module 19: Pregnancy and
Substance Use Disorders

Impact and Feedback

Registrant feedback and evaluation is an important aspect to the educational programming at the BCCSU. As such, the quarterly learner experience report is actively reviewed and opportunities for course improvements and adjustments are made throughout the year.

Course participants are able to incorporate learnings into clinical practice by providing safe and effective treatment that is patient-centered. Of 1,639 survey respondents:



Course participants strongly agree or agree that the modules are accessible (94.6%; n=1,552), interactive (82.6%; n=1,355), and credible (96.2%; n=1,577).

Furthermore, there was significant uptake of the key resources hosted on the platform, as highlighted in Figure 7 below.

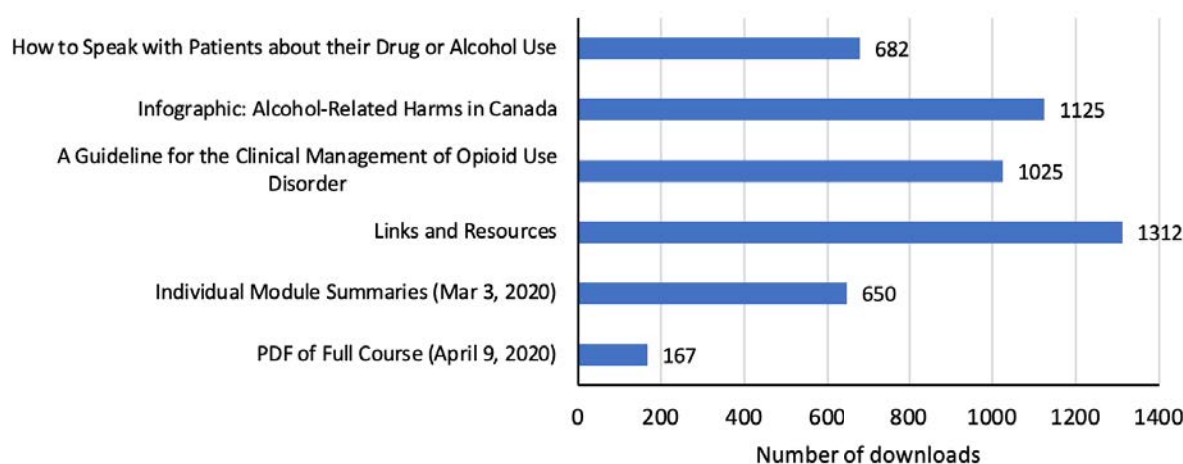


Figure 7. ACTOC resource page engagement assessed by number of downloads for fiscal 2019/2020.



I feel much more comfortable discussing substance use with my patients given that **I now have some knowledge on how to best address these concerns in a patient-focused manner.**

For my practice as a primary care paramedic, there is little I can do to help treat these individuals other than take them to an emergency department. But I feel **now I can better understand the addiction and offer them understanding and compassion.** I spent years working in the downtown eastside, and saw first-hand the systemic problems of addiction. Overall **a well-designed course and full of information for all levels of care providers.**

Thank you making this program available for anyone to participate in. It has great **information that can be shared to those in need, from those they can trust.**



Next steps

As substance use and addiction care in BC evolves and new guidelines are updated or released, the course will be reviewed and updated accordingly. Course participant feedback will continue to be collected and reviewed to update certain course aspects, such as learner interactivity, content streamlining, and content simplification. To encourage continuing education for previous course participants, additional modules (as identified by program participants and clinical experts) will be added. New additions for the upcoming fiscal year will focus on vulnerable populations (such as older adults).

Summary

During the 2019/2020 fiscal year, ACTOC has continued to attract a high volume of registrants to the course, including many people who have not previously accessed continuing education focusing on substance use. Feedback from course participants emphasized that they found the course valuable and were able to change their practice after completion.

Provincial Opioid Addiction Treatment Support Program



In 2017, the British Columbia Centre on Substance Use (BCCSU) became responsible for the educational and clinical care guidance activities for all health care professionals who prescribe medications to treat opioid use disorder. As a result, the Provincial Opioid Addiction Treatment Support Program (POATSP) was developed with an aim to address gaps in the provision of evidence-based treatment options and care for individuals with opioid use disorders across the province. This comprehensive, free, self-paced, and CME-accredited program includes the education needed to prescribe oral opioid agonist treatment (i.e., buprenorphine/naloxone, methadone, and slow-release oral morphine) and injectable opioid agonist treatment (i.e., hydromorphone and diacetylmorphine). The course can be found here: <http://www.bccsu.ca/provincial-opioid-addiction-treatment-support-program/>.

Course Content and Format

This comprehensive program consists of 25 different modules across the continuum of opioid use and addiction care. Each module draws from current literature, recommendations from evidence-based guidelines, and is created in collaboration with experts in the field of addiction medicine. To enhance learning experience and active learning, the online program includes multimedia features such as videos and sound bites. Real-world examples have also been included in case studies to encourage participants to analyze and apply the lessons learned. Course participants are able to solidify their learnings through the knowledge testing quizzes at the end of each module. Overall, the course takes around 8–10 hours to complete.

Opioid Agonist Treatment Training

Completion of the online POATSP program is the first step in the proof of completion authorization to prescribe opioid agonist treatment (OAT) in British Columbia. When all steps are completed, the BCCSU issues a signed proof of completion letter, indicating that the prescriber has successfully completed the provincial education and training requirements. Prescribers may then order their prescription pads from their regulatory body and provide this letter when requested. The letter is authorized in perpetuity (i.e. no expiration date) unless investigation and actions are taken by the appropriate regulatory bodies. There are two training pathways: oral OAT and injectable OAT (iOAT). Both training courses are complimented by a workbook and in-person preceptorship to ensure patient and case exposure, hands-on learning, and the ability to create mentorship relationships with expert prescribers in their area. The training requirements to prescribe oral OAT and iOAT are outlined in Figure 1.

The development of the POATSP online education platform helped modernize the training and process for methadone prescribing, and, more broadly, has provided comprehensive and accessible education on the full continuum of care available for the treatment of opioid use disorder to health care providers across the province. With the development and release of the [Guidance for Injectable Opioid Agonist Treatment for Opioid Use](#), an iOAT education and training pathway was integrated to support the expansion of iOAT throughout the province. It is tailored for experienced oral OAT prescribers and was developed in close collaboration with the regional health authorities and the Ministry of Health. For iOAT training, clinicians must have previously completed the oral OAT pathway through POATSP or have previously completed requirements for the issuance of a section 56(1) methadone exemption (which has now been removed as a federal requirement). Upon completion of the iOAT pathway, the prescriber will receive a signed and authorized Collaborative Prescribing Agreement (CPA) from the BCCSU and Ministry of Health.

	OAT	iOAT
NUMBER OF CORE POATSP MODULES	20	11
WORKBOOK	Hospital-based or community-based	iOAT
PRECEPTORSHIP (NUMBER OF DAYS)	2 x 0.5	1 x 0.5
OTHER REQUIREMENTS	Signed authorization letter from the BCCSU	Complete a Collaborative Prescribing Agreement (CPA) provided by the BCCSU. Once the CPA is approved by the Ministry of Health, PharmaNet activation occurs.

Figure 1: Overview of the training and requirements for OAT and iOAT.



Since iOAT this was a newer treatment option in BC, the BCCSU also created two iOAT communities of practice to support clinicians as new challenges arose. The first was designed for prescribers and has a rotating chair structure, driving diversity in the selection of papers, presentations, and cases. The second is specific to nursing and is inclusive of nurses from other provinces across the country. Both of iOAT communities are designed to be a low-barrier solution to help build supportive networks for discussing iOAT prescribing, challenges and ideas together. These are also two key groups the BCCSU engages for clinical care guidance updates, tools, and other supports relating to iOAT. Any clinician that would like to join either of these groups can request to be added through bccsu_education@bccsu.ubc.ca.

Accessibility

Specialized training programs are often limited due to space, location, participant availability, and cost. In response to these barriers, the POATSP course is offered online at no cost to the course participants and provides the flexibility to be completed remotely and at their own pace. For preceptorship time, the BCCSU has widely expanded the network of preceptors through all health authorities to ensure mentorship opportunities and important expert linkages are found closer to their own practice setting (see preceptor section below). With this format, POATSP is able to build capacity in underserved areas of the province, such as rural and remote communities.

Registration and Engagement

POATSP is an integral part of physicians' and nurse practitioners' training to prescribe oral and injectable OAT. Although the target audience are those who wish to become OAT prescribers, such as physicians and nurse practitioners, all health care providers can benefit from the free and accessible online education modules. Figure 2 outlines the number of people who registered and completed this program. It is important to recognize that full completion of the program may not be the goal of every course participant. Course participants have the flexibility to choose topics they are interested in and to progress through the program at their own pace, which is highlighted in Figure 3.

	Fiscal 2019/2020	Since launch (2017)
Registered	2,471	4,839
Completed	952	2,052

Figure 2. Number of people who registered and completed POATSP (fiscal 2019/2020 and since launch in 2017).

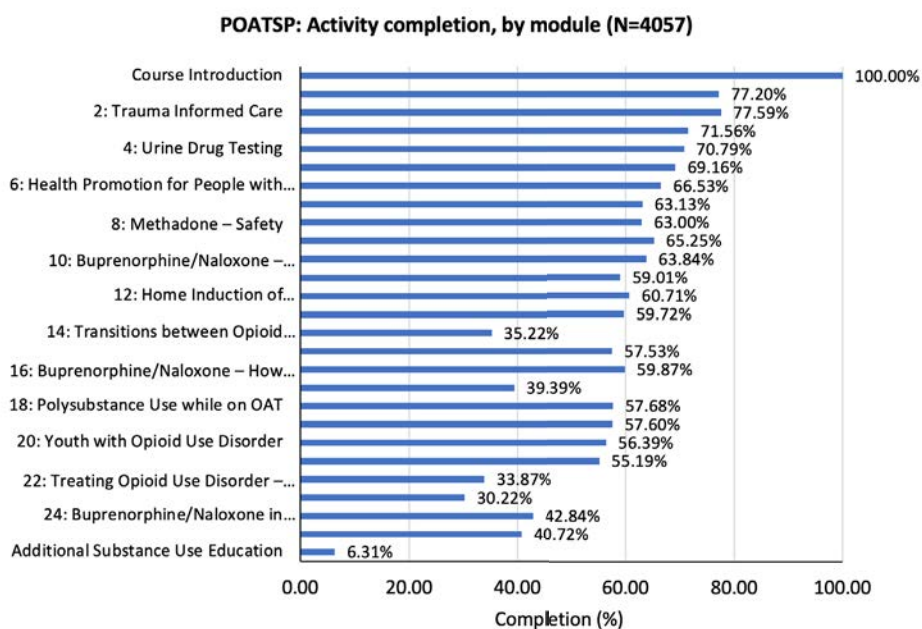


Figure 3. Module completion for all POATSP registrants (since launch).

The program attracts a diverse group of health care professionals from different health authorities as shown in Figures 4 and 5 below.

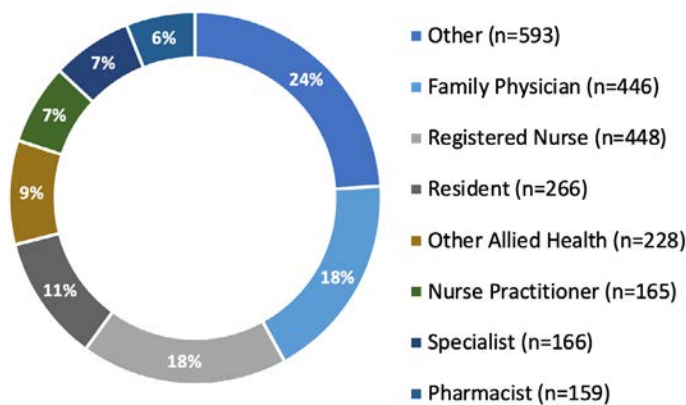


Figure 4. Registrant demographics by profession (April 1, 2019 to March 31, 2020). The “other” category includes LPN’s, social workers, students, paramedics, RPN’s, counsellors, and MOA’s.

Health Authority	n
Not Applicable	936
Provincial Health Services Authority	172
Vancouver Coastal Health	404
Island Health	199
Interior Health	249
Fraser Health	382
Northern Health	143
Providence Health Care	148
First Nations Health Authority	98

Figure 5. POATSP registration by health authority (April 1, 2019 to March 31, 2020).

Program Completion

From the program launch (July 10, 2017) to March 31 2020, the BCCSU has provided the following new authorizations to prescribe OAT and iOAT to physicians and nurse practitioners:



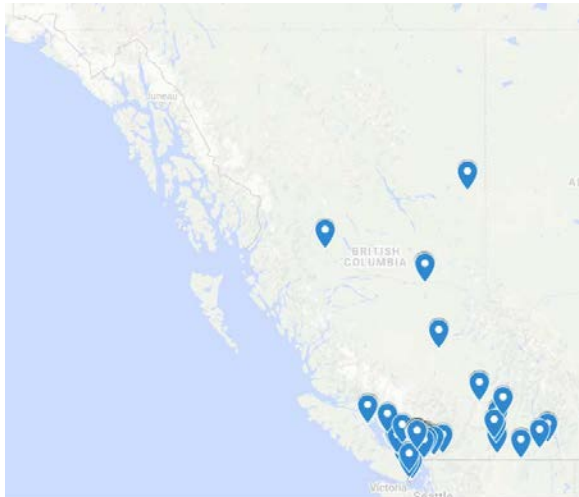
500 new authorizations to prescribe OAT, 107 of these are for nurse practitioners.



50 authorizations to prescribe iOAT, 6 of these are for nurse practitioners.

Preceptor Network

A network of **135** expert mentors in opioid use disorder care has progressively been expanded since the creation of the POATSP program. As shown in Figure 6, these mentors are in diverse geographic regions and are able to support new prescribers as well as encourage adoption and expansion of new clinical practices and guidelines across the province. Experts are located in different health authorities to solidify learning outcomes from POATSP foundational online program, answer complex clinical case questions, and build relationships with the new prescribers.



Health Authority	Number of Preceptors
Vancouver Coastal Health Authority	59
Fraser Health Authority	26
Vancouver Island Health Authority	22
Interior Health Authority	22
Northern Health Authority	6
TOTAL	135

Figures 6 and 7. POATSP preceptor network to support new prescribers as of March 31, 2020.

Prescriber Network and Capacity



With consent to contact, prescribers who have completed POATSP are added into the provincial OAT network, where they receive the latest OAT developments through monthly prescriber blast emails. Prescribers are centrally engaged with BCCSU to ensure that guideline and practice changes are communicated directly from the source. Communication can also be provided for urgent situations, including medication shortages, emergence of fatal compounds in fentanyl supply, and system decisions that affect access to care.

The number of OAT prescribers in BC has consistently been increasing since 2017, as shown in Figure 8. In July 2017, there were 912 active prescribers in BC, compared to an increase to 1,487 as of April 1, 2020. This represents a 63% increase in prescriber capacity from when the BCCSU assumed responsibility of the education and training pathway.

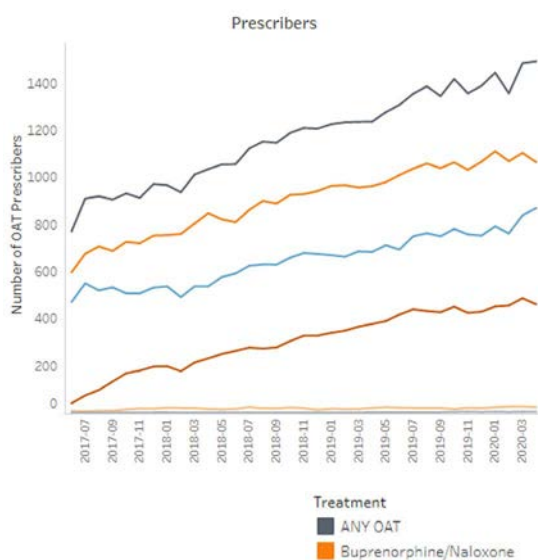


Figure 8. OAT prescribers (2017–2020).

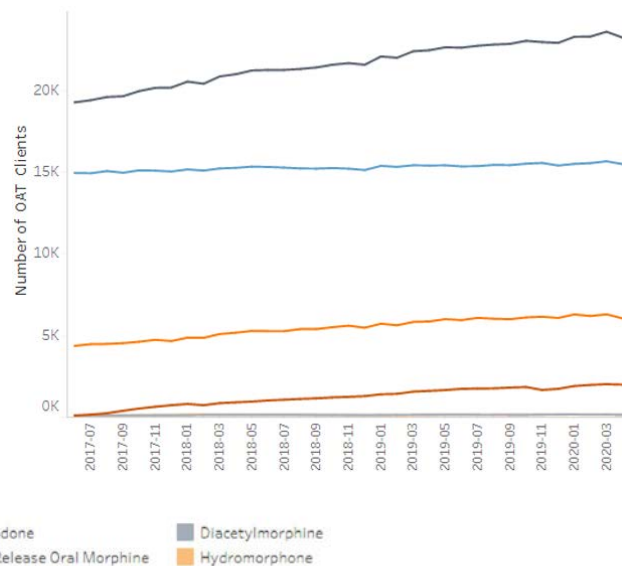


Figure 9. Patient access to OAT.

Patients on OAT

As the prescriber capacity to provide these medications has been increasing, the number of patients on OAT has increased as well. In July 2017, there were 19,567 active patients on OAT, compared to an increase to 23,561 patients as of April 1, 2020. This represents a 20% increase in patients on OAT during this time period.

Prescriber Density Mapping

The BCCSU has partnered with the BCCDC on the development of prescriber density maps, which enables targeted education in areas with the lowest prescriber densities. This ensures equitable efforts and resource management on a provincial level. In Figures 10 and 11 below, colour indicates prescriber density based on April 2019 and December 2019 prescriptions, though patients must have filled at least one of their prescriptions for that to count as an active prescriber. Numbers within local health areas (LHA's) represent the absolute number of active prescribers in those same months. A comparison of these density maps reveals increases (as represented by deeper shades) in parts of the province, highlighting increased access to OAT prescribers in those local health areas. These maps are informing BCCSU's on-going prescriber and preceptor recruitment activities, which are supported by the province using resources from Health Canada's Emergency Treatment Fund.

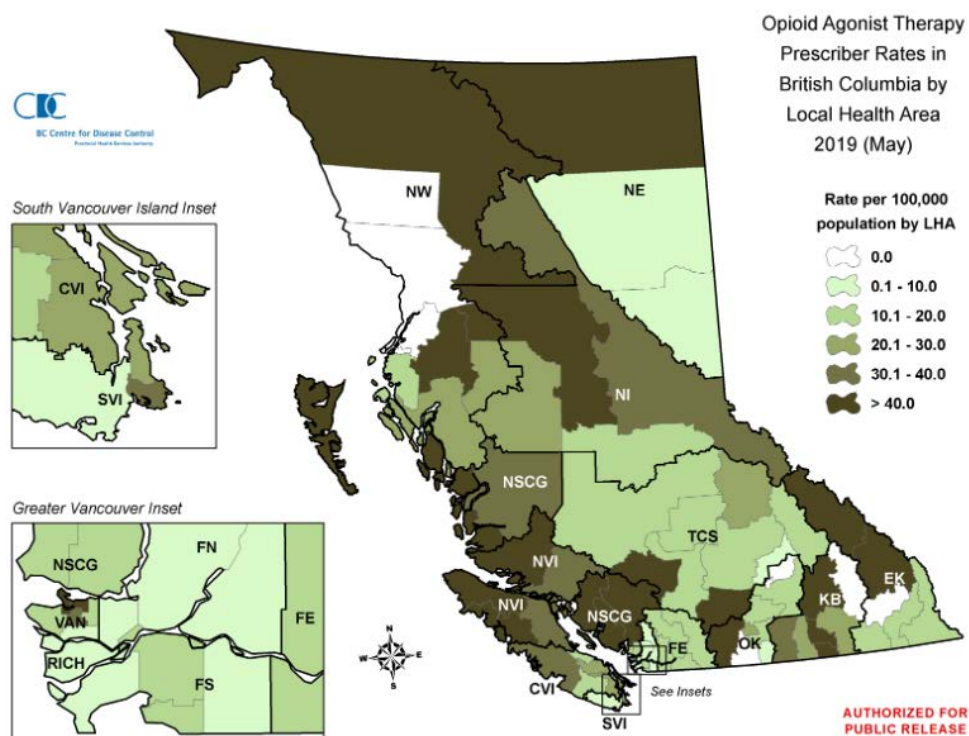


Figure 10. Density mapping for OAT prescribers (May 2019).

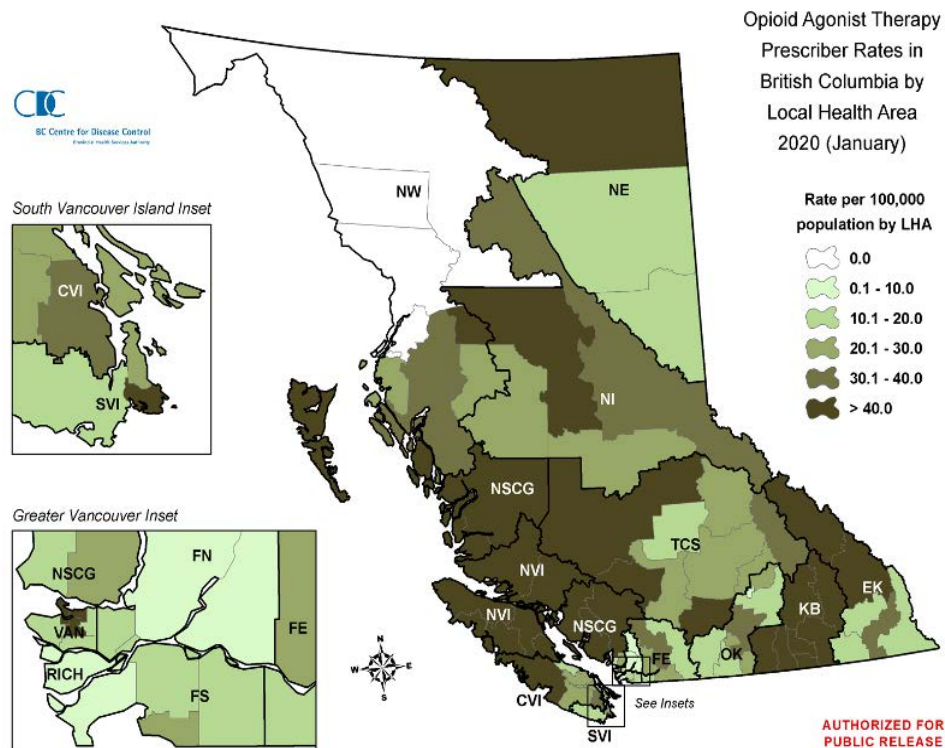


Figure 11. Density mapping for OAT prescribers (January 2020).

Key Developments

Since POATSP was launched in July 2017, a number of course improvements have been integrated into this program. For this past fiscal year, the BCCSU was proud to integrate the following enhancements:



Update of “Module 14: Transitions
Between Opioid Agonist Treatments”

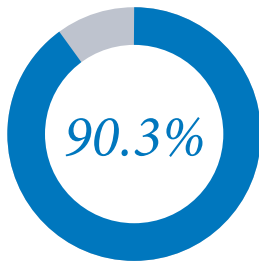


Case studies for “Module 25:
Injectable iOAT”

Updates were made to “Module 14: Transitions Between Opioid Agonist Treatments” in response to the urgent need for new protocols to address the opioid crisis. These protocols are based on those used in clinical practice today, replacing outdated methods that may be more uncomfortable and riskier for patients when transitioning between OATs.

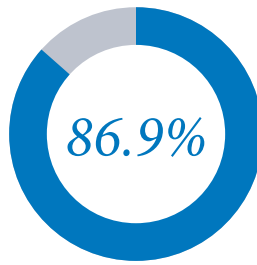
Impact and Feedback

Offering opportunities to reflect on learning outcomes is a vital component of the education pathways at the BCCSU. Learners complete an evaluation form upon completion of the online training and of 955 survey respondents:



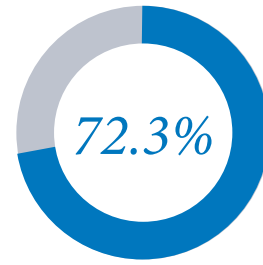
(n=862)

Strongly agree or agree that they are able to define and establish a diagnosis opioid use disorder.



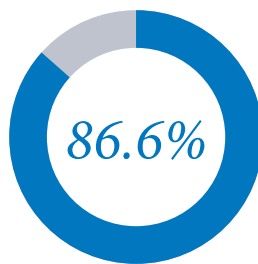
(n=830)

Strongly agree or agree that they are able to evaluate a patient with opioid use disorder and create a patient-centred care plan.



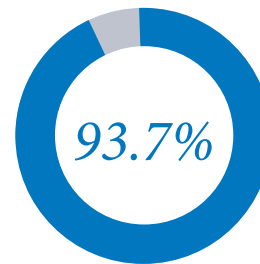
(n=666)

Strongly agree or agree that they are able to write a safe and clear prescriptions for methadone, buprenorphine/naloxone, slow-release oral morphine, and iOAT.



(n=827)

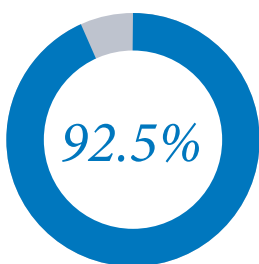
Strongly agree or agree that they are able to provide trauma-informed care to people with opioid use disorder.



(n=895)

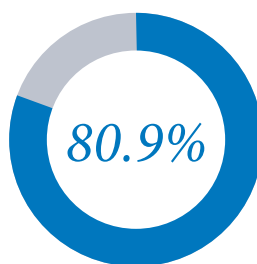
Strongly agree or agree that they are able to educate patients about harm reduction and integrate harm reduction provision into clinical care.

Of the course participants:



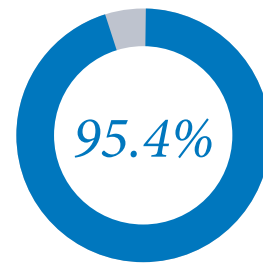
(n=884)

Strongly agree or agree that the modules are accessible.



(n=773)

Strongly agree or agree that the modules are interactive.



(n=911)

Strongly agree or agree that the modules are credible.

Figure 12 below highlights the uptake of key clinical resources hosted on the platform.

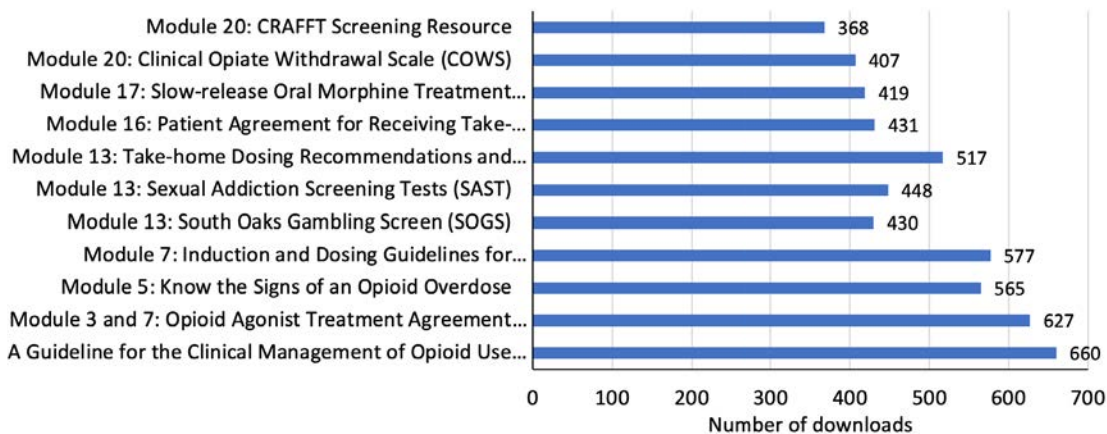


Figure 12. POATSP resource page engagement assessed by number of downloads since launch.

Feedback from course participants demonstrate that the content of POATSP provides education across the continuum of opioid use disorder and facilitates patient-centered care. A few of the direct comments submitted through course evaluations from participants are highlighted below.



I appreciated the “**real life scenarios**” and also the **discussion** of what is done despite limited protocols and knowledge gaps. I also appreciated the **repetition of important information** throughout the modules.

I loved how the modules were divided up into sections with tests at the end of each one. **It made the course very do-able. I loved the patient cases and interactive sections. I found the content VERY useful** in my work as a hospitalist in Nanaimo, where I treat opioid-addicted patients frequently. **I now feel much better equipped** to deal with the issues that arise in these patients.

I thoroughly enjoyed completing this entire course and **I learned a tremendous amount** of valuable information. **This course will certainly help myself and my family medicine patients in the community.** Thank you very much for the opportunity. Much appreciated.



Next Steps

As part of the clinical guideline process, the provincial [Guideline for the Clinical Management of Opioid Use Disorder](#) will undergo a review and update process for the 2020/2021 fiscal period. The online POATSP program will be updated to ensure alignment and that participants are receiving the most up-to-date education for opioid use disorder. As care for those with opioid use disorder includes a range of people that work in the health care system, new content will be added, including important information for medical office assistants and a stream for clinicians who work in emergency department settings. In response to course participant feedback, interactivity will be added to specific modules, particularly real-world case studies, animations, and videos.

Summary

The Provincial Opioid Addiction Treatment Support Program is a provincial program that has shown to increase the number of prescribers and connect more patients to OAT in British Columbia. Despite existing provincial guidelines that recommend effective treatments for opioid use disorder, numerous challenges have been identified in the overall scale-up of addiction care and recovery services accessibility, including the number of providers trained through interdisciplinary education and training programs.

BC ECHO on Substance Use



In collaboration with regional stakeholders in British Columbia (BC) and Yukon, and funded by Health Canada Substance Use and Addiction Program and the General Practice Services Committee (a partnership of the Government of BC and Doctors of BC), the British Columbia Centre on Substance Use (BCCSU) initiated the BC ECHO on Substance Use in June 2019. This innovative program aims to develop a community of practice to improve access to addiction medicine education, training, and support among primary care providers and their teams.

The aim of BC ECHO on Substance Use is to improve substance use disorder care by supporting primary care providers and their teams to gain competence and confidence in implementing evidence-based substance use care in their practice.

Program Format

The program offers accessible and interactive learning opportunities that are tailored toward primary care providers and their teams:

1. Project ECHO sessions
2. Monthly program newsletters

Project ECHO Sessions

A central component of the program utilizes the Project ECHO (Extension for Community Healthcare Outcomes) model. This is an evidence-based, low-cost, high-impact intervention that links interdisciplinary content experts with a group of primary care clinicians through Zoom video conferencing, in order to increase capacity within primary care to support patients with complex, chronic health conditions. Each ECHO session includes a didactic presentation led by a clinical expert, a case presentation by one of the health care provider participants, and a collaborative case discussion to develop recommendations for care. ECHO sessions are free and CME-accredited.

The ECHO series on opioid use disorder funded by Health Canada was launched in June 2019. The first cycle included 10 ECHO sessions, which took place from June-November 2019. The second cycle began in February 2020. Each ECHO session focuses on specific aspects of opioid use disorder care in primary care settings. Notably, through the flexibility of the Project ECHO model, the program rapidly shifted an ECHO session topic at the end of March 2020 to address the urgent topic of 'Caring for patients on opioid agonist treatment during the COVID-19 pandemic.' Other topics in the 2019/2020 fiscal year included:

- Strategies for buprenorphine/naloxone induction.
- Transitions across pharmacotherapies for opioid use disorder.
- Special considerations for opioid use disorder in youth and during pregnancy.



A live ECHO session

ECHO sessions take place from 12:00–1:00pm Pacific Standard Time on a rotating biweekly schedule of Tuesdays and Thursdays. Primary care providers and their teams are welcome to register for ECHO sessions at any time; there is no commitment to attend a certain number of sessions. This enables registrants to attend the ECHO sessions most relevant to their clinical practice.

Monthly Program Newsletters

Since January 2020, monthly program newsletters have been circulated to BC ECHO on Substance Use registrants. These newsletters highlight key information for substance use care, such as provincial and regional substance use education and training initiatives and the latest clinical guidance. In addition, the newsletters aim to foster provider connections across the province by spotlighting ECHO session participants and case presenters.

Registration

Between June 2019 and March 31, 2020, a total of **492 individuals registered for the BC ECHO** on Substance Use. As shown in Figure 1, registrants span across various BC health authorities as well as Yukon.

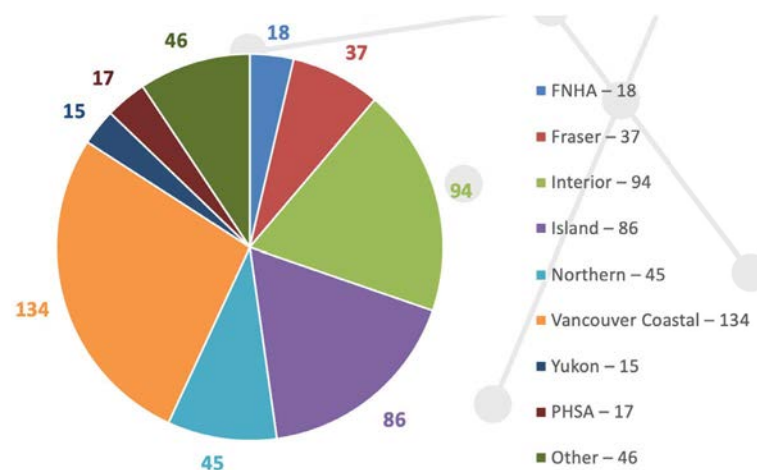


Figure 1. BC ECHO on Substance Use registrants by health authority (n=492) for 2019/2020 fiscal period.

Note: “Other” includes regions outside of British Columbia, regions outside of Yukon, and organizations not affiliated with a particular health authority.

Between June 2019 and March 31, 2020, 14 ECHO sessions were delivered across two cycles. These ECHO sessions have been attended by a range of health care professionals across British Columbia and Yukon, including primary care providers, pharmacists, registered nurses, and social workers, among others. The opioid use disorder (OUD) ECHO sessions have proved invaluable to health care providers. As a direct result of participating in the ECHO sessions, health care providers have:

- Stated that they feel better equipped to provide evidence-based approaches to care for people with OUD.
- Indicated that they will change their practice based on new information they have learnt.
- Indicated that they feel part of a network to access for ongoing advice on OUD care



I've taken a lot out of the BC ECHO on Substance Use. I appreciate that it is **made for and by BC practitioners** and **I can be sure that the relevant resources and guidance are right for me**. The program encourages a **multidisciplinary approach** to supporting patients with substance use disorder and is a great **opportunity to connect with various health care professionals** across our province. It has also reinforced my understanding of the different **options for patients** in terms of opioid agonist therapy.

-Pharmacy Coordinator and ECHO Session Participant

Addiction care in the North isn't quite as established as it is in other parts of the province, and so often **we face challenges related to limited resources**, geography, weather, and so on. When I have difficult cases, I often want to run things by an expert to make sure what I'm doing is likely to be **effective, patient-centred, and safe**. In situations like this, I use the Rapid Access to Consultative Expertise (RACE) line for complex substance use disorder cases. Participating in the BC ECHO on Substance Use program seemed like a natural extension of that – **a way of tapping into the amazing pool of expertise on substance use disorders across the province**.

-Nurse Practitioner and ECHO Session Case Presenter



Next Steps

In the 2020/2021 fiscal, the second cycle of the opioid use disorder ECHO series will conclude and the third cycle will commence. The success of the opioid use disorder series has set the stage for a parallel alcohol use disorder ECHO series, which will launch in August 2020. This series will be funded by the GPSC, a partnership of the Government of BC and Doctors of BC with the aim to improve screening, brief intervention, and treatment approaches to high-risk drinking and alcohol use disorder in primary care settings.

Production is underway for a new podcast series, 'Addiction Practice Pod'. In short 20–30 minutes episodes, primary care providers will gain key clinical pearls that they can implement in practice through interviews with clinicians, researchers, and people with lived experience. The Addiction Practice Pod is anticipated to launch in Fall 2020. For more information, and to register, visit: <https://bcechoonsubstanceuse.ca/>.

Summary

In June 2019, the innovative **BC ECHO on Substance Use** program was launched. In the 2019/2020 fiscal, there were nearly 500 registrants from across BC and Yukon. The ECHO sessions have focused on key areas of opioid use disorder care to help implement evidence-based primary care practice. By leveraging the latest technology, the BC ECHO on Substance Use program has enabled the BCCSU to provide support in response to the rapidly evolving substance use landscape. Feedback has indicated that registrants have found these sessions valuable for the care of complex patient cases and that registrants have been able to build connections across the province.

British Columbia Centre on Substance Use Seminar Series



One of the key pillars of the British Columbia Centre on Substance Use (BCCSU) is the development and implementation of clinical care guidance, including evidence-based clinical practice guidelines, treatment pathways, and other practice support documents. To ensure that this vital research is embedded into clinical practice, it is crucial to invest in knowledge translation, implementation, and education pathways. One of the key knowledge translation activities are UBC CME accredited seminars that are offered throughout the province.

The BCCSU, in partnership with the Divisions of Family Practice and regional health authorities, coordinated two main seminars series: the Provincial Opioid Use Disorder Guideline Seminars and the High-Risk Drinking and Alcohol Use Disorder Seminars. Each seminar is presented by an addiction medicine expert.

While each seminar is tailored to the specific audience, the purpose of the seminars is to support health care providers incorporate the clinical management of substance use disorders into practice by:

- Summarizing existing evidence.
- Reviewing guideline recommendations.
- Providing expert-led clinical pearls and the opportunity to “ask the expert”.
- Discussing clinical cases.

The in-person format and supportive environment of the seminars encourages attendees to build local networks and share challenges related to substance use disorder care.

Provincial Opioid Use Disorder Guideline Seminar Series

Purpose

The Provincial Opioid Use Disorder Guideline Seminar Series reviews the key recommendations from the provincial opioid use disorder guidelines.

Outcomes

A range of clinicians have attended the Provincial Opioid Use Disorder Guideline Seminar Series. In the past fiscal year, the majority of attendees were family physicians, as well as nurses, specialists, pharmacists, and allied health clinicians. Between April 1, 2019 and March 31, 2020, 8 seminars were hosted where 224 clinicians attended. From November 1st, 2016 - April 1st, 2020, **3,200 clinicians have attended training through 83 seminars** (Figure 1).

Regional health authority	Number of sessions (n=83)	Number of clinicians trained (n=3,200)
Island Health	13	493
Interior Health	20	558
Vancouver Coastal Health	22	991
Fraser Health	15	475
Northern Health	5	143
Other (webinars)	8	540

Figure 1. Number of Provincial Opioid Use Disorder Guideline Seminar sessions held by each health authority and number of clinicians trained between November 1, 2016 – April 1, 2020.

The seminars have been hosted at various locations across British Columbia, including rural and remote areas.



Feedback

Every seminar attendee has the opportunity to provide feedback on the seminar, which facilitates improvements in for future seminars. The seminars have proved invaluable for clinicians across British Columbia to provide opioid use disorder care.



“After having attended this session, I plan to look up the **OAT online training**”
– GP, Vancouver Coastal Health Authority

“**Suboxone** is **less scary** than I thought... (but still scary) and **worth overcoming** my apprehension.”
– GP, Rural and Remote

“**Suboxone and methadone are very effective** in treating opioid use disorder and we have **many resources available to us to help.**”
– GP, Vancouver Coastal Health Authority

“The key pearl I gained from this session is the **safety profile differences** between suboxone and methadone and **my role** when it comes to **OAT prescribing**”
– GP, Vancouver Coastal Health Authority



Next Steps

The BCCSU will continue to organize the Provincial Opioid Use Disorder Guideline Seminar Series in close partnership with provincial and regional health authorities, Divisions of Family Practice, hospitals and community clinics, particularly in high disease burden areas as informed through prescriber density mapping (page 17 of this report).

High-Risk Drinking and Alcohol Use Disorder Seminar Series

Purpose

The High-Risk Drinking and Alcohol Use Disorder Seminar Series provided education on implementing key clinical management strategies for alcohol use disorder from the Provincial Guideline for the Clinical Management High-Risk Drinking and Alcohol Use Disorder.

By participating in these seminars, health care providers were able to build competence in:

- Early identification and intervention of alcohol use to reduce harm and prevalence.
- Recognizing the symptoms of alcohol withdrawal and assessing the risk of complications.
- Comparing the efficacy and safety of treatments.
- Selecting the appropriate pharmacological and psychosocial treatment options.
- Participating in collaborative models of care.

Outcomes

A range of interdisciplinary clinicians attended the High-Risk Drinking and Alcohol Use Disorder Seminar Series, including family physicians, nurses, specialists, pharmacists, and allied health clinicians. **Between April 24, 2019 and March 31, 2020, 588 clinicians have attended training through 29 seminars** (Figure 2).

Regional health authority	Number of sessions (n=29)	Number of clinicians trained (n=588)
Island Health	10	233
Interior Health	9	147
Vancouver Coastal Health	7	139
Fraser Health	2	61
Northern Health	1	8

The seminars have been hosted at various locations across British Columbia, including rural and remote areas.

Figure 2. Number of High-Risk Drinking and Alcohol Use Disorder Seminar sessions held by health authorities in British Columbia and number of clinicians trained between April 24, 2019 and March 31, 2020.



Campbell River
Coquitlam
Courtenay
Cowichan
Delta
Golden
Grand Forks
Invermere
Kamloops
Kelowna
Kitimat
Nanaimo
Nelson
Port Alberni
Powell River
Revelstoke
Richmond
Salt Spring
Sechelt
Tofino
Trail
Vancouver
West Vancouver
Williams Lake

Feedback



“Fantastic presentations and updates for very relevant medications
I use for other indications but can now use for addiction medicine.”
— Prescriber, Island Health Authority

“One of my key learnings was the importance of setting treatment goals, which may not be abstinence. Even when people are keen to go to treatment, they often don’t follow through because it’s too daunting. **Setting intermediate or lesser goals can help get there.”**
— Clinician, Northern Health Authority

“The goals of treatment can simply be to reduce number of drinks or drinking days or to reduce harm. It **doesn’t necessarily need to be to stop drinking all together.** Also, **treatments** such as naltrexone and acamprosate **should be continued** even if the patient has a **relapse and starts drinking again.”**
— Pharmacist, Vancouver Coastal Health



“Better understanding of the **contradictions** and potential **side effects** of AUD pharmacological therapies. **This will be beneficial to my role** as a registered social worker as I will have **more insight** into **potential causes of symptoms** clients present with.”
— Registered Social Worker, Northern Health Authority

“Medications for decreasing alcohol cravings **were new to me”**
— Prescriber, Island Health Authority

Next Steps

The BCCSU will continue to work in close partnership with the regional health authorities, the First Nations Health Authority, Divisions of Family Practice, hospitals and community clinics to identify educational and training needs for their clinicians.

Summary

This past fiscal year, the BCCSU has hosted over 110 seminars to educate clinicians in evidence-based care for opioid use and alcohol use disorders across the province. Reception to both seminar series has been positive and demand continues to grow as communities are building capacity to support patients. The BCCSU will continue to work with its partner organizations and health authorities to deliver these seminar series across the province.

In light of the recent COVID-19 outbreaks, the BCCSU will adapt virtual seminars and will expand its utilization of web-based training platforms through this year in order to disseminate the updated and newly released provincial guidelines.

Addiction Medicine Fellowship Programs



The British Columbia Centre on Substance Use (BCCSU) in partnership with the Faculty of Medicine at the University of British Columbia (UBC) offers two addiction medicine fellowship programs: the Interdisciplinary Clinical Addiction Fellowship Program and the International Collaborative Addiction Medicine Research Fellowship (ICAMRF).

Interdisciplinary Clinical Addiction Fellowship Program

The Interdisciplinary Clinical Addiction Fellowship Program is an academic and clinically focused program that provides specialty training in inpatient and outpatient addiction management to health care providers. There are four clinical streams available: medicine, nursing, nurse practitioner, and social work. It is a 1-year full-time program for physicians. For nurses, nurse practitioners, and social workers, the program can be taken part-time over 12 months or full-time over 6 months. The fellowship program provides valuable clinical skills and research-based opportunities through:

- Core and elective clinical rotations
- Introductory academic training consisting of lectures delivered by expert speakers
- Motivational interview training
- Monthly interdisciplinary journal clubs and study groups
- Conference attendance
- Presenting original research at the BCCSU conference
- Presenting a lecture as part of the “What’s New in..” lecture series

Fellows gain knowledge and expertise in the management of addiction in a variety of settings and across a number of populations with unique needs, such as youth and pregnant women. Upon completion, fellows are prepared to work as experts in the field of addiction medicine and take leadership roles in clinical, academic, and research settings.



The 2019/2020 Interdisciplinary Clinical Addiction Fellowship cohort has brought together 25 fellows from across the regional health authorities (Vancouver Island, Fraser, Vancouver Coastal, Interior) as well as Canada.

International Collaborative Addiction Medicine Research Fellowship

The ICAMRF is a US National Institute on Drug Abuse (NIDA) funded, 1-year part-time fellowship. The program trains interdisciplinary clinician–scientists who are involved in the care of patients with substance and/or alcohol use disorders (e.g., physicians, nurses, nurse practitioners, and social workers) to develop the important skills required for careers in addiction research.

The overall structure of the curriculum includes:

- Addiction research immersion training
- Training in longitudinal research
- Monthly journal clubs
- Peer-review teaching
- Academic seminars and presentation skills development
- Opportunity to present at the annual BC Substance Use Conference
- Developing first-author articles, including original research, systematic reviews, commentaries, and case reports

Lecture Series: “What’s New in...”

All fellows present a topic of their choice at the lecture series titled, “What’s New in Addiction Medicine/ Nursing/Social Work” at St. Paul’s Hospital. These academic lectures are open to hospital staff, trainees, and community members. As of 2018, the BCCSU has broadcast these lectures live through a webinar platform in an effort to reach more clinicians from around the province. Recordings of these lectures are hosted on the BCCSU website, so that learners can search and view any of these great lectures held throughout the year. Access past recordings at: <https://www.bccsu.ca/whats-new-lectures/>

Lecture topics from the 2019/2020 fiscal year included:

- Substance Use and Sex: Relations in Need of Discussion
- Rooming-in: Keeping Substance Using Mothers and their Babies Together
- Dual Crises: Thoughts on the Intersection of COVID-19 and the Opioid Overdose Crisis in BC
- Returning to Land, Returning to Wellness: Land Based Healing in Practice

Impact and Feedback

Since the launch of the fellowships from 2013, **89 clinical and research fellows** have graduated from both programs, with an additional 25 set to graduate in June 2020. The BCCSU welcomed the following fellows in the 2019/2020 fiscal year:

The Interdisciplinary Clinical Addiction Fellowship				
Medicine	Nursing	Nurse Practitioner	Social Work	ICAMF
Dr. Misha Bawa	Eric Eligh	Justina Doerksen	Kelsey Antifaeff	Dr. Sukhpreet Klaire
Dr. Patricia Caddy	Patti Johnson	Cammie Lewis	Ainslie Cook	Dr. Lindsay Mackay
Dr. Jitender Gill	Guido Thylmann	Heather Taylor	Elspeth Humphreys	Dr. Laura Mackinnon
Dr. Lingsa Jia	Maggie Tong		Erika McLaren	Dr. Andrea Ryan
Dr. Abhinav Joshi				
Dr. Allison Marmel				
Dr. Patrick McDonald				
Dr. Valerie Nicholls				
Dr. Kelsey Roden				
Dr. Ashley Smith				



“The Addiction Fellowship has **prepared me to be the subject matter expert** within my organization and has enhanced my current Clinical Nurse Coordinator role in **providing nursing leadership, education, and help support** various multidisciplinary teams in both our inpatient and outpatient setting. Doing the Fellowship overall has **enhanced our programs capacity** in providing evidenced based addictions care to children, youth, and their families presenting to our mental health programs.”

“Completing the Fellowship has been **the most professionally and personally rewarding experience** of my thirty-year career...**exposure to world class researchers, addiction medicine clinicians and policy advocates** during my Fellowship has enabled me to **develop an evidence informed, public health approach to substance use care** with clients, families and communities at the heart of decision-making.”

“The BCCSU addictions social work fellowship **provided me opportunities** to learn about and engage in **research**, to develop new clinical skills, to **develop my skills** as an educator, to be exposed to evidence-based best practices, and to **benefit from the perspectives and knowledge of professionals** in a variety of disciplines. I have since been able to **share this knowledge** with my interdisciplinary care team, **adapt new evidence-based interventions** like contingency management to my program and to other programs in my health authority, and **continue to develop as an educator** through guest lecturing opportunities at the UBC School of Social Work.”



Next Steps

The Interdisciplinary Clinical Addiction Fellowship program is gearing up to welcome the 2020–2021 fellows starting in July 2020. The fellowship will be kicked off with a virtual academic block bringing together experts in the field for didactic and case-based learning. In addition, exciting work is being done in partnership with the regional health authorities to expand the provincial reach of the fellowship program.

The ICAMRF was initially for physicians. However, in July 2020, the fellowship will be welcoming the first cohort of interdisciplinary research fellows including social work and nursing.

A new fellowship stream for pharmacists will be developed. In the 2018/2019 cohort year, the BCCSU successfully piloted a pharmacy fellowship and is looking to develop this as an official stream.

UBC Enhanced Skills Addiction Medicine Training Program

The British Columbia Centre on Substance Use (BCCSU) partnered with University of British Columbia (UBC) Department of Family Practice to offer the postgraduate program, Enhanced Skills Addiction Medicine Training, for family physicians to develop clinical skills in addiction medicine. As a Category 2 program, the training is tailored specifically to meet the objectives of individual physicians.

Purpose

The program aims to educate and train practicing physicians to identify and treat substance use disorders. As a Category 2 program, it offers family physicians residency positions that respond to community needs in an effective way.

Program Format

The Category 2 Addiction Medicine program consists of focused rotations over three months. This time is typically divided between high yield clinical settings that include inpatient and outpatient Addiction Medicine, withdrawal management facilities, residential treatment centres, and culturally focused substance use disorder treatment clinics. Enhanced Skills trainees enter with the goal of providing specialized care to a particular community by developing focused competencies within Addiction Medicine.

Program Completion

In the 2019/2020 fiscal year, 3 trainees completed the program, where the rotations were spread across Vancouver Coastal Health, Vancouver Island Health Authority, and Fraser Health.

Next Steps

More family physicians will participate in the Category 2 Addiction Medicine program. There are two physicians enrolled for the 2020/2021 fiscal year to complete rotations in Vancouver and Surrey. A new Category 1 Addiction Medicine program will be available for family physicians. The Category 1 Addiction Medicine program will adhere to the national standards for curriculum and training by the College of Family Physicians of Canada.



The Flexible and Enhanced Learning Projects Program

The British Columbia Centre on Substance Use (BCCSU) partnered with the Faculty of Medicine at University of British Columbia (UBC) to offer a variety of scholar activities to undergraduate medical students, named the Flexible and Enhanced Learning Projects (FLEX) Program. The program is designed to foster innovation, creativity, and critical thinking while preparing graduates for roles as scholars and life-long learners across the full trajectory of their medical careers.

The project is open to current medical students enrolled at UBC as a part of their FLEX curriculum in years 1, 2, and 4. Designed for highly motivated students, the project is geared toward medical students who are interested in potentially pursuing a career in addiction medicine or epidemiology research.

Purpose

Students who participate in the FLEX project gain research experience in urban health, addiction medicine, and substance use. The skills students gain include:

- Introductions to different types of scholarly activities
- Oral and written communication
- Principles of conducting research with vulnerable and underserved populations.

Program Format

There are three components to a FLEX Project as outlined in Figure 1. Depending on the curriculum year (1, 2 or 4), the didactic components can range from 4-24 hours. Figure 1 highlights the approximate hours for first year students to complete the program.



Figure 1. The three components to a FLEX Project.



The majority of the FLEX Project is dedicated to the completion of a scholarly research project. Students can choose one research area from six different topics that are offered by the BCCSU (Figure 2). To provide the opportunity to publish an original research article in a peer-reviewed journal, students are paired with an appropriate research mentor. This self-directed learning allows students to begin incorporating scholarly inquiry and social accountability into their future practice.

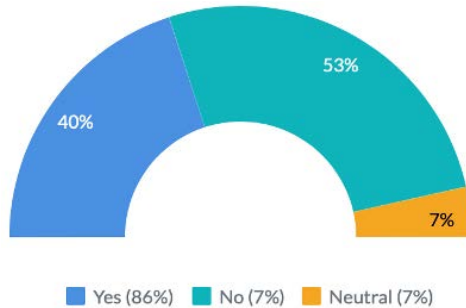
Figure 2. The six options that students can select from for the FLEX Project research project.

Program Completion



A total of 19 students completed FLEX projects with BCCSU in the 2019/2020 fiscal year across FLEX 419, 429 and 449.

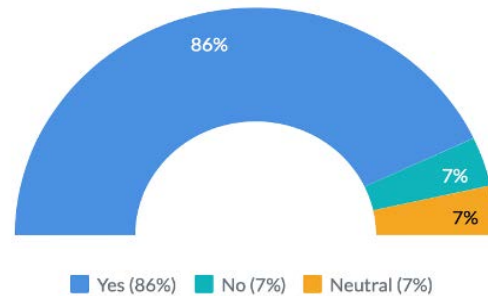
How often did you communicate with your supervisor ?



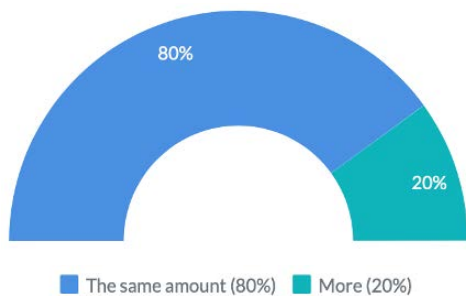
Impact and Feedback

The BCCSU is committed to enhance learning experience based on students' feedback. At the end of their FLEX Projects, students complete an evaluation of their overall experience to help improve the program.

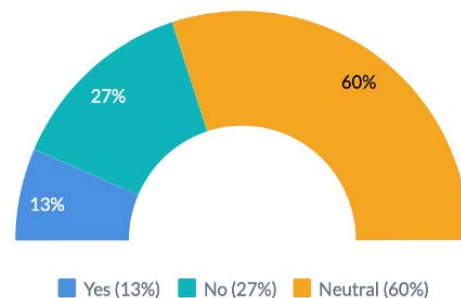
Did you find you had sufficient interaction with your supervisor?



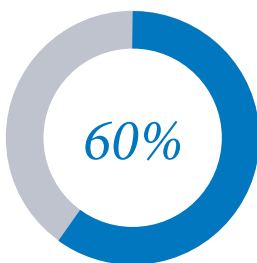
Would you like to interact with your supervisor more, less or about the same amount as you currently interact with them?



Do you wish there was additional training/ orientation sessions that were not offered?

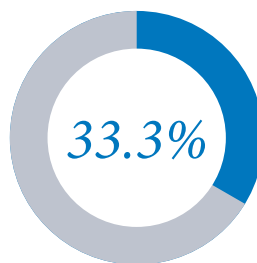


Students rated their overall experience with the FLEX Project on a scale of 1–5, where 5 was “high” and 1 was “low”.



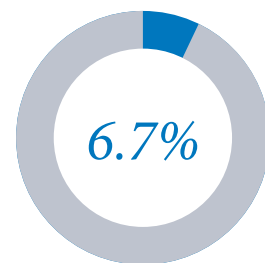
(n=9)

Rate their overall FLEX experience to be 5 (High)



(n=5)

Rate their overall FLEX experience to be 4



(n=1)

Rate their overall FLEX experience to be 3 (Neutral)

“

“I really liked the **freedom** to tackle the project by myself (of course being able to ask for help and guidance along the way). I was **able to learn how to do every step** of the data analysis and interpretation. I was able to **make mistakes and learn from them** along the way. I also had a **flexible schedule** to get my work done.”

“**Clear, well-rationalized, kind, and supportive feedback** on planning for manuscript composition, ongoing feedback and edits for each manuscript draft, and additional support through offering of additional supportive resources. As well, **my supervisor included me** on relevant email communication threads, and was kind enough to **extend opportunities** such as attendance at the Cannabis Science Symposium in Harm Reduction to me well in-advance.”

“**My supervisor provided a plethora of support** that allowed me to **take initiative at my own pace** and learn how to create data requests, data tables, literature reviews and how to start writing a manuscript.”

”

In addition to providing useful information for improving the FLEX Projects program, the evaluations also provided students with an opportunity to reflect on their own learning.

“

“Thank you! This program is so clearly dedicated to **fostering a positive learner experience** and, in my personal learning, has maintained the **focus on patients and communities** throughout. This is of paramount importance to me, and I felt buoyed by this demonstrated value in such a large and well-established institution as the BCCSU. My experience has been enjoyable over its longevity, and incredibly productive of a great abundance of valuable learning. The clear process and organization of the BCCSU in hosting learners is so very appreciated in the midst of a sometimes chaotic medical learning environment. Activity **Supervisors are approachable, highly knowledgeable, and equally supportive** of the specific endeavours of their learners. **I would highly recommend** this FLEX Activity to forthcoming years of UBC medical students.”

”

Next Steps

The FLEX program will continue to expand its capacity for training medical students as the network of research supervisors associated with the BCCSU grows. In addition, the didactic curriculum offered to our students is continuously being updated according to feedback received from previous cohorts, and will build in new educational experiences in the upcoming year such as an introduction to Indigenous cultural competency.

Conferences

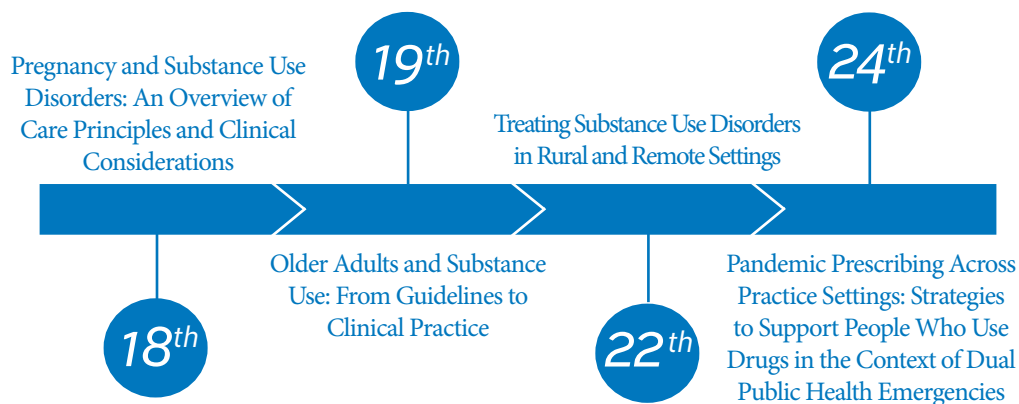
Annual BC Substance Use Conference

Building on the work of our first annual conference in 2019, the **BC Substance Use Conference** is intended to be an educational opportunity for physicians, nurses and nurse practitioners, allied healthcare professionals, and all other clinical and non-clinical personnel, with and without specialized training in addiction medicine, who are involved in the care and management of individuals and families affected by substance use. In addition, this conference is intended to be a medium for policy makers and healthcare administrators in the development of strategies and programs to seek input around unmet treatment and care needs within British Columbia in an evidence-based, cost-effective manner. Rural providers will be able to come to share ideas, learn from others, build new paradigms for practice, and contribute to the ongoing improvement of the public health and health care systems.

Adaptations Due to COVID-19

In accordance with the measures of the provincial health officer and recommendations to limit the spread of COVID-19, the BC Substance Use Conference shifted its format for 2020 from in-person to a virtual format. The BCCSU recognizes the importance of sharing guidance, experiences, and new evidence to protect communities, especially in light of the coronavirus and its impact on people who use substances or are in recovery. The 2020 virtual conference will take place June 18–24.

June 2020



More information on the virtual series can be found at <https://ubccpd.ca/course/bccsu2020>

External Conferences

The BC Centre on Substance Use is committed to strengthening addiction medicine education activities across disciplines, academic institutions, and health authorities, and training the next generation of interdisciplinary leaders in addiction medicine. As part of the promotion of addiction medicine education and training, the BCCSU attends conferences and career fairs across the province.

Between January 2019 and April 2020, the BCCSU attended 18 conferences and career fairs in BC as an exhibitor, and disseminated printed copies of OUD and AUD clinical guidelines, printed information in form of various handouts, educational and training resources, various handbooks targeted to patients, survivors or their family members, etc. Target audience of these conferences ranged from family physicians, nurses, nurse practitioners, pharmacists to other allied health care professionals. These conferences gave the BCCSU opportunity to interact with health care professionals and general public to learn about their informational and educational needs and connect them with available resources on the BCCSU website and update them on the upcoming new guidelines and educational and training programs.

List of conferences the BCCSU attended between January 2019 and April 2020:
BC Peers CE: Shoppers Drug
Vancouver Division of Family Practice Career Fair
Annual Post Graduate Review in Family Medicine
Workshop: The Paramedic Response to the Opioid Crisis
Canadian Mental Health Association - Bottom Line Conference
Provincial Overdose MRT
VGH 13th Family Education Forum “Who’s Recovery Is It?”
LD Pharmacy Managers Conference
Bevel Up Screening and Panel
BC Pharmacy Association
BC Substance Use Conference
BC Nurse Practitioner Conference
BCTF Wellness - Annual Leadership Conference
Pacific Psychopharmacology Conference
FNHA Nursing Education Forum
4th Annual Career Options & Networking Event, VDoFP
Healthy Mothers and Healthy Babies

Final Remarks

The British Centre on Substance Use (BCCSU) offers a diversity of education and training programs, aligned with evidence-based clinical guidance, for health care providers and individuals who are interested in substance use and addiction. As the needs of patients increases in complexity, so does the need for continued professional development in addiction medicine. The BCCSU recognizes the importance of an interdisciplinary and collaborative care models and is committed to providing opportunities for health care providers to advance their knowledge, skills, and expertise in addiction medicine.

In the 2019/2020 fiscal year, the BCCSU education and training opportunities have supported health care providers to improve their knowledge of substance use and addiction. In the upcoming 2020/2021 fiscal year, the BCCSU will work to:

- Increase the accessibility of these programs to build capacity across the province, particularly within rural and remote communities;
- Build upon existing education content and programs with the release of new clinical research and evidence-based guidelines;
- Adapt education and training programs to virtual platforming and learning where possible to mitigate the risks and spread of COVID-19.

While the number of active OAT prescribers in British Columbia has roughly tripled since the declaration of the public health emergency in 2016—with an increase in the number of patients engaged in treatment during this same time period—the lack of availability of a range of health professions and clinicians outside larger urban centres continues to be challenge. There is an opportunity to address these gaps by increasing program reach through rural and remote communities, through the provision of team-based care, and by expanding the scope of practice of other clinicians, including nurses and pharmacists.

As highlighted through this report, the BCCSU clinical education and training continues to be low-cost, high-impact, and supports the uptake of evidence-based clinical practice across British Columbia. The variety of education activities and ongoing support to clinicians is critical to ensure new evidence is disseminated and to increase access to lifesaving treatment for people with substance use and addiction, in their home communities.

