

# PRINCIPLES OF CARE

Overarching principles for establishing positive partnerships with patients and families experiencing opioid-related harms

## Patient-centred Care

Strive to provide care respecting the unique needs, values, and preferences of each person receiving care. Individuals should be empowered as experts in their own care.

## Social Determinants of Health

Opioid use disorder should be viewed within a larger societal framework, which is shaped by inequities. Clinicians should address disparities by connecting people to relevant resources (e.g., housing, food, financial assistance).

## Anti-racist Practices

Challenging racist structures in health care and recognizing one's role in oppressive systems can enhance care engagement and health outcomes for communities experiencing racism.

## Indigenous Cultural Safety and Humility

Make a meaningful commitment to providing culturally safe care and practicing cultural humility.

## Trauma- and Violence-informed Practice

Be familiar with and incorporate the principles of trauma- and violence-informed practice with the goal to create a safe and respectful environment that minimizes the potential for harm and re-traumatization.

## Integrated Continuum of Care

Opioid use disorder is understood to be a chronic, relapsing, and remitting condition.

The guideline supports the use of a stepped and integrated approach, where treatment options are continually adjusted to meet changing individual needs, circumstances, and goals.

## Self-defined Recovery and Wellness

Clinicians should validate individual's goals in OUD treatment and care, which may include recovery and/or self-defined wellness.

## Comprehensive Health Management

Opioid use disorder requires comprehensive health care with regular medical, mental health, and psychosocial assessments.

## Harm Reduction

Acknowledge and support steps taken by people to improve their health and well-being. Clinicians should respect peoples' decisions and goals concerning substance use, and promote strategies to minimize opioid-related harms.

## Family and Social Circle Involvement in Care

Encourage family and social circle to be involved in treatment planning, when appropriate and preferred by the person.



BRITISH COLUMBIA  
CENTRE ON  
**SUBSTANCE USE**

# OPIOID USE DISORDER

## 2023 Guideline Key Updates



Scan or visit  
[www.bccsu.ca/opioid-use-disorder](http://www.bccsu.ca/opioid-use-disorder)

### Buprenorphine-specific Guidance

- Low-dose induction
- Higher maximum dose
- Guidance for extended-release buprenorphine
- Emergency department initiation
- Immediate take-home dosing possible

### Methadone and Slow-release Oral Morphine

- For individuals with higher opioid tolerance:
  - Higher starting doses
  - More rapid methadone dose escalation schedules
  - No defined maximum dose
- Updated missed doses protocol
- Less restrictive take-home dosing for full agonist medications

### Medication Selection

Select OAT medication based on individual circumstances, goals, and previous treatment experiences.

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