



# Ministry of Health Policy Instrument

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<b>Policy Name</b>	Substance Use and Addictions Management in Hospitals

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Deputy Minister  
Ministry of Health

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## Rationale

When people seek the care of our hospitals, they want to receive that care in an environment that prioritizes their health needs and safety. It is the responsibility of the health system to provide a safe environment and care for all patients and for health workers.

Addiction (substance use disorder) is not put on hold when people are in hospitals nor is there a simple treatment for individuals with substance use disorder. Individuals struggling with substance use, including the use of illicit drugs, need effective medical treatment of the illness that has led them to seek hospital care as well as compassionate, effective clinical care to help them manage their substance use while in hospital, and stabilize their substance use with options for longitudinal recovery and treatment after leaving hospital.

It is possible for people of all ages, backgrounds, and socioeconomic status to develop serious substance use disorders. In BC, the use of illicit drugs has had a significantly disproportionate impact on Indigenous people and communities with the mortality rate being nearly six times higher than any other population. In recognition, providing appropriate clinical care and culturally safe care, free of Indigenous-specific racism and discrimination must be a key element of hospital and community care.

When patients use illicit substances in hospitals, other patients, visitors, and health care workers are potentially impacted by exposure or feel unsafe through witnessing or experiencing behaviours that occur while under the influence of an illicit substance. Patients who use illicit substances also risk their own safety while under care in a hospital through adverse health outcomes including overdose, infection, adverse medication interactions, delirium, and cardiovascular events.

Navigating the management of substance use disorders and use of illicit substances while a patient is receiving hospital care requires clearer guidance for patients, healthcare providers, visitors, and others that support meeting the medical and safety needs of everyone in the

hospital. This must balance the care of individuals struggling with addiction, with the needs of other patients, health care workers and visitors.

The Ministry of Health is committed to implementing a provincial policy and practice requirements across all hospitals in BC. Transitioning to a universal policy, practice requirements, and appropriate enforcement approach will not occur overnight and will require collaborative and sustained action in partnership and consultation with First Nation and indigenous partners; health care providers, professional associations, health care unions, people with lived experience, patients and communities.

The set of actions set out below provide the framework for this work that will be implemented across all hospitals.

## **POLICY OBJECTIVE**

The policy is focused on bringing clarity and consistency to better support people with substance use disorders and manage associated behaviours in hospitals across BC.

The objectives of the policy are:

1. A consistent approach in all BC hospitals that prohibits the self-management (injection, inhalation/smoking or other means) by patients, outside of a designated overdose prevention service site.
2. Improve how patients who are using illicit drugs or living with serious substance use disorders are supported in managing their addiction while in hospital and provide more effective support towards stabilization, withdrawal management, treatment and recovery services both while in hospital care and post-discharge into the community.
3. Standardize the way pre-existing Overdose Prevention Sites function at Hospital Sites.
4. Expand and add in-person addiction medicine specialists, psychosocial and clinical teams and provincial virtual clinical consultation support to hospitals.

5. Provide a Culturally Safe approach to care in hospitals free of Indigenous-specific racism.
6. Increase security in hospitals to support clinical teams by responding to problematic behaviours, aggression, drug use, and illicit drug dealing in hospitals.
7. Provide improved education and training to better equip hospital support and medical staff to develop care plans and work effectively and safely with patients that use illicit drugs.

## SCOPE

The policy applies to all hospitals, with hospitals being defined as a nonprofit institution that:

- a) has been designated as a hospital by the minister responsible for the Hospital Act, and
- b) is operated primarily for one or both of the following purposes:
  - (i) the reception and treatment of persons suffering from the acute phase of illness or disability;
  - (ii) the treatment of persons convalescing from or being rehabilitated after acute illness or injury.

## POLICY DIRECTION

**The self-management (injection, inhalation/smoking or other means) of illicit drugs in hospitals or hospital sites is prohibited outside of a designated overdose prevention service site.**

- This will be made explicit to all patients in Emergency Departments, and on admission to inpatient care.
- This will be made explicit to all visitors.

- Non-compliance will be addressed by hospital relational and other on-site security, in consultation with the patient's clinical team, through an escalation process that ultimately could include the discharge of the patient and/or police involvement.
  - Where non-compliance results in discharge options will be developed for community health care in collaboration with community providers.
- All breaches will be documented in the Patient Safety and Learning System (PSLS) and inform the development of further actions.

**All patients with substance use disorders will be supported in managing their addiction while in hospital and provided more effective support as needed towards stabilization, withdrawal management, treatment and recovery services both while in hospital and post-discharge into the community.**

- All patients will be asked to tell their healthcare team about any potential substance use and what substance they use. This ensures that the clinical team can consider any possible drug interactions with the patient's other therapies and provide appropriate care and medical support to help the patient manage their addiction while in the care of the hospital and help prepare for discharge planning. This information is otherwise confidential.
- Patients will receive active clinical oversight and support to manage their addiction while in hospital care including in the Emergency Department. Hospitals will expand their capacity to better manage patients who have a substance use disorder while the patient is in hospital and discharge planning for post discharge treatment in the community.
- Patients will be provided with appropriate post-discharge care and ongoing support and treatment. Hospitals will establish expedited referral to community-based addictions care and treatment.

**Addiction specialist care will be provided by on site clinicians or teams and/or through virtual clinical consultation.**

- Appropriately skilled clinicians and/or Addiction Consulting Services teams will be established for immediate response and engagement with patients with substance use disorders.
- These clinicians and teams will also support inpatient care management services related to managing substance use disorder while in care; developing behavioral care plans where needed and be responsible for enabling post discharge care coordination related to severe substance use disorder.
- A provincial virtual clinical addictions service will be established to support addictions care. This may include expansion of existing support like the BC Centre on Substance Use 24/7 Additional Medicine clinician Support Line and the The First Nations Virtual Substance Use and Psychiatry Service.
- Provincial clinical protocols and prescribing guidelines will be developed by the BC Centre On Substance Use to support clinicians and teams in supporting patients with substance use disorders in hospital settings.

**All health authorities will continue to work to provide culturally safe care, free of racism.**

- Transitioning to a universal policy must be undertaken in partnership and consultation with local and regional First Nations and Metis leadership along with First Nations Health Authority to ensure clear plans, processes and pathways are established to prevent Indigenous people from further harm and marginalization while ensuring critical supports for Indigenous patients accessing and receiving quality and culturally safe care throughout their recovery journey.
- Treatment services rooted in Indigenous ways of knowing, being and doing are critical, alongside harm reduction and mental health services that support individuals where they are at. The integration of cultural safety and humility and Indigenous-specific anti-racism into hospitals or hospital sites is essential to ensure Indigenous patients receive the care and wrap-around supports needed and should be reflective of the region and

work underway with Indigenous partners and local/regional communities since In Plain Sight was released. Close collaboration with the Vice-Presidents of Indigenous Health in each health authority as well as First Nations Health Authority will be key to this action.

**Noncompliance to the policy will not be tolerated and will be effectively addressed.**

- The safety of staff and patients is of utmost importance.
- Security will be responsible, as appropriate, to quickly respond to any incidents involving use of illicit drugs and aggressive or violent behavior.
- Non-compliance will be addressed by hospital relational and other on-site security, in consultation with the patient's clinical team, through an escalation process that ultimately could include the discharge of the patient and/or police involvement.
- Behavioral management care plans will be agreed to as needed and implemented in consultation with clinicians and/or ACS teams, with the objective of agreeing on reasonable boundaries and keeping patients and others safe in hospital. If, however, these care plans are not followed consequences may include discharge for escalating unsafe behaviour.
- Annual security capacity reviews will be completed for all hospital sites. Health Authorities are responsible for ensuring adequate security capacity including Relational Security, Perimeter and Site Security, and for working with local Police to ensure their availability (as needed and in consultation with local police departments) for rapid response and ensuring the safety of patients and health workers.
- Security capacity will be trained and equipped (appropriate access to PPE) to manage instances of exposure to illicit substances; with the necessary training to provide an immediate response to a patient overdose; and training in decontamination following an exposure.
- All breaches will be documented in the PSLs as and inform the development of further actions.

**Evidence based approaches to staff safety will be implemented with increased staff education.**

- While the intention of the work above is to eliminate exposure to illicit drugs, health care workers will have the necessary education and training and ready access to the necessary PPE to respond to suspected use of drugs for inhalation in hospitals.
- Increased staff education and training will include enhanced understanding of substance use disorder and addiction treatment; trauma-informed care; and cultural safety supports for Indigenous patients.
- Enhanced supports and training for staff for difficult conversations and de-escalation strategies when confronted with aggressive behaviours.

**Ensure Overdose Prevention Sites are working for people.**

- Existing Overdose Prevention Services and Sites will continue to operate.
- Minimum service standards for overdose prevention sites will be established, as recommended recently by the Auditor General to support consistent, quality care for people and a safe environment for workers. These standards will establish baseline operational and facility requirements for all provincially funded, fixed and mobile, overdose prevention services in BC.

**Performance Metrics**

The Ministries of Health and Mental Health and Addictions will consult with health authorities, First Nations Health Authority, the Doctors of BC, and health unions to develop metrics which will be used to report on the success of the policy to support a continuous quality improvement process. The performance metrics will be used to measure the expected outcomes of the service attributes of effectiveness, efficiency, safety, and quality environments. The Ministries will also consult with addiction medical specialists, psychiatrists, addiction researchers, and patients with lived experience to support continuous improvement of medical treatments.



## **Monitoring and Evaluation**

Compliance with the policy will be regularly monitored via pre-established reporting mechanisms and submitted to the Ministry for analysis and integration into the quality improvement process.

Information from quarterly evaluation reporting will be used to understand the performance of the policy, areas of success, and areas for continuous quality improvement.

## **Accountability**

Senior level health authority executives are accountable for their health authority's compliance with this policy.

## **Review**

The policy is subject to review as required and formally reviewed annually.