



BCCSU Acronym List

ACCESS	AIDS Care Cohort to Evaluate Exposure to Survival Services
ACTOC	Addiction Care and Treatment Online Certificate
ADM	Assistant Deputy Minister
AMCS	Addiction Medicine Consult Service
AMCT	The Addiction Medicine Consultation Team
AMF	Addiction Medicine Fellow/Fellowship
ANF	Addiction Nursing Fellow/Fellowship
ANPF	Addiction Nursing Practitioner Fellow/Fellowship
APF	Addiction Pharmacy Fellow/Fellowship
APRU	Applied Policy Research Unit
ARYS	At- Risk Youth Study
ASAM	American Society of Addiction Medicine
BC-CfE	BC Centre for Excellence in HIV/AIDS
BCANDS	BC Aboriginal Network on Disability Society
BCAPOM	BC Association for People on Methadone
BCCDC	BC Centre for Disease Control
BCCSU	BC Centre on Substance Use (avoid using CSU)
BCEHI	BC Ethics Harmonization Initiative
BCEHS	BC Emergency Health Services
BCYADWS	BC Yukon Association of Drug War Survivors
CACME	Committee on Accreditation of Continuing Medical Education
CAPUD	Canadian Association of People who Use Drugs
CAT	Community Action Team
CCAP	Carnegie Community Action Project
CCSA	Canadian Centre on Substance Use and Addiction
CDSA	Controlled Drug and Substance Act
CFRI	Child and Family Research Institute
CHEOS	Centre for Health Evaluation Outcome Sciences
CIHR	Canadian Institutes of Health Research



CLS	Consultation Liaison Service
CoP	Community of Practice
COWS	Clinical Opiate Withdrawal Scale
CPA	Collaborative Prescribing Agreement
CRISM	Canadian Research Initiative in Substance Misuse
CRNBC	College of Registered Nurses of British Columbia
CPSBC	College of Physicians and Surgeons of BC
CPBC	College of Pharmacists of BC
CSAM	Canadian Society of Addiction Medicine
CST	Clinical and Systems Transformation Project
CTMS	Clinical Trial Management System
DMO	Deputy Minister's Office
DWI	Daily Witnessed Ingestion
EAG	Expert Advisory Group
ED	Emergency Department
EEG	External Expert Group
EIDGE	Eastside Illicit Drinkers Group for Education
FFS	Fee For Service
FGTA	From Grief to Action
FHA	Fraser Health Authority
FNHA	First Nations Health Authority
FTIR	Fourier-transform infrared spectroscopy
GCP	Good Clinical Practice
GIS	Geographical Information Science
HSSBC	Health Shared Services of BC
ICAMRF	International Collaborative Addiction Medicine Research Fellow/Fellowship
iCON	Intercultural Online Network
IHA	Interior Health Authority
IME	Independent Medical Exam
iOAT	Injectable Opioid Agonist Treatment
ISAM	International Society of Addiction Medicine



LCA	Low Cost Alternative
MCFD	Ministry of Children and Family Development
MMHA	Ministry of Mental Health and Addictions
MoH	Ministry of Health
MSTH	Moms Stop the Harm
NHA	Northern Health Authority
NIDA	National Institute on Drug Abuse
NOWS	Neonatal Opioid Withdrawal Symptoms
NRAC	National Recovery Advisory Committee
OAT	Opioid Agonist Treatment
OERC	Overdose Emergency Response Centre
OPAC	Outcomes for Patients Assessed for Addiction Care
OPS	Overdose Prevention Site
OPTIMA	<u>Optimizing Patient Centered-Care: A Pragmatic Randomized Control Trial</u> Comparing Models of Care in the Management of Prescription Opioid Misuse
ODU	Opioid Use Disorder
PASU	Psychiatric Assessment and Stabilization Unit
PHC	Providence Health Care
PHCRI	Providence Health Care Research Institute
PHS	Portland Hotel Society
PHSA	Provincial Health Services Authority
PI	Principal Investigator
POATSP	Provincial Opioid Addiction Treatment Support Program
PRA	Peer Research Assistant
PSBC	Perinatal Services BC
PTC	Permission to Contact
PVN	Patient Voices Network
PWID	People Who Inject Drugs
PWLE	People with Lived Experience
PWUD	People Who Use Drugs
RA	Research Assistant
RAAC	Rapid Access Addiction Clinic
RCT	Randomized Controlled Trial
RDP	Reference Drug Program



REAP	Rural Education Action Plan
RN	Registered Nurse
ROSC	Recovery-Oriented System of Care
RPN	Registered Psychiatric Nurse
SAMHS	Substance Abuse and Mental Health Services
SCS	Supervised Consumption Services/Site
SIS	Supervised Injection Site
SEOSI	Scientific Evaluation of Supervised Injecting
SIS	Supervised Injection Services/Site
SOS	Secular Organization for Sobriety / Save Our Selves
SPH	St. Paul's Hospital
SPOR	Strategy for Patient Oriented Research
SRO	Single Room Occupancy
SROM	Slow Release Oral Morphine
SUAP	Substance Use and Addictions Program
SW	Social Work/Worker
TC	Therapeutic Communities
THN	Take Home Naloxone
TORO	Tenant Overdose Response Organizers
UBC	University of BC
UBC FoM	University of British Columbia Faculty of Medicine
UDS	Urine Drug Screen
UDT	Urine Drug Test
VANDU	Vancouver Area Network of Drug Users
VCH	Vancouver Coastal Health Authority
VCHRI	Vancouver Coastal Health Research Institute
VIDUS	Vancouver Injection Drug Users Study
VIHA	Vancouver Island Health Authority (re-named Island Health Authority)
WAHRS	Western Aboriginal Harm Reduction Society
WN	What's New
WNAM	What's New in Addiction Medicine
WNAN	What's New in Addiction Nursing

Glossary of Terms

Abstinence is when you do not take any substances. Abstinence-based detox means to quit substances “cold turkey” or without any medication.

Addiction treatment: refers to ongoing or continued care for substance use disorder(s) delivered by a trained care provider. For opioid use disorder, this could include evidence-based pharmacological treatment (opioid agonist or antagonist treatment), evidence-based psychosocial treatments, residential treatment, or combinations of these treatment options. Addiction treatment may be provided in outpatient or inpatient settings. In isolation, withdrawal management, harm-reduction services, low-barrier

Agonist is a drug that binds to and activates the receptors in your brain. Opioids can either be classified as full agonists – such as heroin, fentanyl, codeine – meaning they bind tightly to the receptors and therefore can produce a maximal effect, or they can be partial agonists – such as buprenorphine – meaning they bind to the receptors but only have partial effect on your brain compared to a full agonist.

Antagonist is a drug that blocks or reduces the effectiveness of agonist drugs by binding to the receptor in its place. Naloxone is an example of an antagonist, as it reverses the effect of an overdose by binding to the opioid receptors.

Benzodiazepines are a class of drug used primarily to reduce anxiety, insomnia, seizures, and agitation. Examples include alprazolam (Xanax) or diazepam (Valium).

Buprenorphine/Naloxone (or Suboxone) is the recommended first-line treatment for opioid use disorder in BC. It prevents withdrawal symptoms and cravings in people with opioid use disorder (or opioid dependence). Suboxone is buprenorphine combined with naloxone. The naloxone does not have effects unless it is injected, in which case it will cause withdrawal symptoms.

Carries refers to measured daily doses of your OAT medication that you are allowed to take home with you. The number of doses you will be allowed to carry will depend on several factors. Carries for Suboxone are available for more than one week. Carries for other medications are usually available only for a few days up to a week.

Colonization/Colonialism is the action or process of settling among and establishing control over Indigenous peoples. In Canada, this included dispossession of lands and resources and the establishment and perpetuity of racist Federal Government policies with the sole purpose of attempted cultural genocide. These policies and practices set out by the Government of Canada include the Residential School System, 60's Scoop, [forced and coerced] Sterilization of Indigenous women, Millennial Scoop (happening today) and many others.

Cultural Safety is an outcome based on recognizing and addressing the power imbalances and discriminations inherent to academic and health care institutional structures. It is defined by the experiences of those who receive it to feel safe and respected in an environment free of racism.

Cultural Humility is a long-term developmental process requiring commitment from the individual to practice self-reflection and confront personal biases. It requires acknowledging oneself as a learner, being open to learning about the life experiences of others, and actively incorporating this practice in daily life.

Diacetylmorphine is the generic (scientific) name for heroin. It is used as an injectable opioid agonist treatment medication.

Diversions: Any non-intended or non-medical use of a prescribed opioid (including prescribed opioid agonist medication), or use by any individual other than the individual for whom it was prescribed.

Dope sick (or withdrawal) refers to the group of symptoms that occur when you stop or decrease your use of a drug. In order to experience the symptoms of withdrawal, you must have first developed a dependence on the drug. Long-acting medications like methadone or Suboxone help avoid withdrawal symptoms while on OAT. Tapering is required in order to minimize symptoms when attempting to get off of opioid medications.

Kadian is a brand name of slow-release (24-hour) morphine. It is taken by mouth once per day to prevent withdrawal symptoms and cravings in people with opioid use disorder.

Harm reduction is a practical response that helps keep people safe and minimize death, disease, and injury when engaging in high-risk behaviour. It includes policies, programs, and practices that aim to reduce health, social, and economic harms (e.g., transmission of HIV,

overdoses) associated with drug use, for those unable or unwilling to stop using. Examples include: needle and syringe exchange programs, take-home naloxone kits, supervised injection or consumption services, and outreach and education programs for high-risk populations. Additional information on harm reduction and sites to access take-home naloxone kits can be found at www.towardtheheart.com.

Hydromorphone is an opioid, commonly known as Dilly's or Dilaudid. It can come in a liquid or a tablet. It is used as an injectable opioid agonist treatment medication.

Illicit means illegal or disapproved of by society. Illicit drug use includes both illegal and non-medical substance use. For example, using street heroin is illegal, while OxyContin may be medical (and licit) if used as prescribed or illicit if used by someone it wasn't prescribed for or used in larger amounts than was prescribed.

Injectables are OAT medications that are given to a person and they inject themselves with it. These drugs are not widely available, but where they are, they are tightly controlled. You will have to go to a medical center several times a day to be given your dose. These drugs are reserved for people who have tried other forms of OAT several times and have had not have success with this.

LGBT2Q+: Lesbian, gay, bisexual, trans, Two-Spirit, queer, and other gender and sexually diverse individuals.

Lesbian: A woman whose enduring physical, romantic, and/or emotional attraction is to other women. Some lesbians may prefer to identify as gay (adj.) or as gay women.

Gay: The adjective used to describe people whose enduring physical, romantic, and/or emotional attractions are to people of the same gender.

Bisexual: A person who has the capacity to form enduring physical, romantic, and/or emotional attractions to those of the same gender and those of another gender. People may experience this attraction in differing ways and degrees over their lifetime.

Trans: Trans is an umbrella term that describes a wide range of people whose gender and/or gender expression differ from their assigned sex and/or the societal and cultural expectations of their assigned sex.

Queer: An adjective used by some people, particularly younger people, whose sexuality is not heterosexual. Once considered a pejorative term, queer has been reclaimed by

some LGBT2Q+ people to describe themselves; however, it is not a universally accepted term even within the LGBT2Q+ community.

Two-Spirit: A term used by some North American Indigenous societies to describe people with diverse gender identities, gender expressions, gender roles, and sexual orientations. Dual-gendered, or 'two-spirited' people have been and are viewed differently in different Indigenous communities.

Maintenance is when you stay on OAT until you feel ready to end treatment. Some people on maintenance are on it for years or even for the rest of their lives.

Medical management: Medical management for opioid use disorder is medically focused, unstructured, informal counselling provided by the treating clinician in conjunction with pharmacological treatment. Medical management includes but is not limited to: performing health and wellness checks, providing support and advice, assessing motivation and identifying barriers to change, creating a treatment plan, fostering medication adherence, optimizing dosing, supporting treatment adherence and relapse prevention, and providing referrals to appropriate health and social services.

Methadose is a brand name version of methadone that is used in BC as OAT. It comes in two formulations: cherry-flavoured and a sugar-free, dye-free form. Both are 10 mg/ml.

Methadone is a form of opioid agonist treatment. In BC, it comes in two forms: Methadose, and Metadol-D.

Metadol-Dis is a brand name version of methadone. It is covered under special authority and may be useful for those who find that Methadose wears off and is not effective for you. It comes in 10 mg/ml form.

Microdosing is the action of taking very small amounts of a drug/medication. It is used to prevent precipitated withdrawal when initiating Suboxone treatment.

Mutual-support/peer-support programs: Support that is provided through a network of peers through meetings, open discussions of personal experiences and barriers to asking for help, sponsorship, 12-step programs, and other tools of recovery. Examples include Alcoholics Anonymous, Narcotics Anonymous, SMART Recovery®, and LifeRing® Secular Recovery.

Narcan is the brand name of naloxone, an injectable or inhalable drug that will reverse the effects of an opioid overdose.

Opioids are substances (natural or synthetic) that behave like our bodies' own natural painkillers (endorphins) to reduce pain signals and create pleasurable feelings. This includes street drugs like heroin as well as medications such as hydromorphone, oxycodone, morphine, codeine, and related drugs.

Opioid agonist treatment (OAT): Opioid agonist medications prescribed for the treatment of opioid use disorder. OAT is typically provided in conjunction with provider-led counselling; long-term substance-use monitoring (e.g., regular assessment, follow-up, and urine drug tests); comprehensive preventive and primary care; and referrals to psychosocial treatment interventions, psychosocial supports, and specialist care as required. In this document, OAT refers to long-term (>6 months) treatment with an opioid agonist medication that has an evidence base for use in the treatment of opioid use disorder. "Opioid agonist treatment (OAT)" is the preferred terminology, representing an intentional shift from the use of "opioid substitution treatment (OST)", "opioid maintenance treatment (OMT)", and "opioid replacement therapy (ORT)".

Buprenorphine: A long-acting synthetic opioid that acts as a partial mu (μ) opioid receptor agonist with a half-life of approximately 24 to 42 hours. Buprenorphine has a high affinity for the opioid receptor, but as a partial agonist has a lower intrinsic activity or effect at the opioid receptor compared to full agonist opioids. These pharmacological properties create a "ceiling" on opioidergic effects—including respiratory depression—at higher doses. Buprenorphine's high affinity for the opioid receptor also confers an antagonistic effect on other opioids; it preferentially binds to the receptor and displaces other opioids if they are present, which can cause precipitated withdrawal (see below). In Canada, buprenorphine is available in a combined formulation with naloxone (see below). Buprenorphine implant and depot injections were recently approved by Health Canada, but have not yet been added to provincial formularies.

Buprenorphine/naloxone: A 4:1 combined formulation of buprenorphine and naloxone, available as a sublingual tablet in Canada. Naloxone is an opioid antagonist with poor oral bioavailability when swallowed or administered sublingually, and is included to deter non-medical injection and insufflation. When buprenorphine/naloxone is taken as directed sublingually, the naloxone component has negligible effects and the therapeutic effect of buprenorphine predominates. However, if diverted for use via insufflation, subcutaneous, intramuscular, or intravenous routes, sufficient naloxone is absorbed to induce some withdrawal symptoms in physically dependent active opioid users. Buprenorphine/naloxone is generally taken once daily, but due to its favourable safety

profile and pharmacological properties, it can also be prescribed at higher doses on alternate-day schedules.

Diacetylmorphine: A short-acting, semi-synthetic opioid, diacetylmorphine has a rapid onset of action and a short half-life. Injected diacetylmorphine avoids first-pass metabolism and crosses rapidly into the brain where it is deacetylated into an inactive 3-monoacetylmorphine and an active 6-monoacetylmorphine which is then deacetylated into morphine, which acts as a full mu (μ) opioid receptor agonist. Injectable diacetylmorphine is used as a treatment for severe opioid use disorder in Canada and several European jurisdictions.

Hydromorphone: A short-acting, semi-synthetic mu (μ) opioid receptor agonist. Due to regulatory barriers limiting access to diacetylmorphine, hydromorphone was studied as an alternative to diacetylmorphine for the treatment of severe opioid use disorder and found to be non-inferior.

Methadone: A long-acting synthetic opioid that acts as a full mu (μ) opioid receptor agonist. It has a half-life of approximately 24 to 36 hours and is well absorbed. In Canada, it is most frequently administered as an oral solution, generally given as a single daily dose. Methadone tablets are also available in a limited context (e.g., for travel) in some jurisdictions.

Slow-release oral morphine: A 24-hour slow-release formulation of morphine, a full agonist at the mu (μ) opioid receptor, that is taken orally once per day. In Canada, slow-release oral morphine is available as a capsule containing polymer-coated pellets (to slow absorption and release) of morphine sulfate. Its elimination half-life is approximately 11 to 13 hours. It is currently approved for pain management in Canada, and its use for treatment of opioid use disorder would be considered off-label.

Opioid dependence is described by the withdrawal syndrome (see dope sick) that occurs when opioid use is stopped. It is linked to opioid use disorder, which involves the compulsive use of opioids in spite of the negative consequences of continued use.

Opioid use disorder (OUD): A problematic pattern of opioid use leading to clinically significant impairment or distress that meets the DSM-5 Diagnostic Criteria for Opioid Use Disorder (see [Appendix 4](#)). OUD includes the use of synthetic and/or naturally derived opioids, whether prescribed or illegally obtained. The DSM-5 terminology represents a deliberate shift away from DSM-IV terminology of “opioid abuse” or “opioid dependence”, which may be considered pejorative and/or stigmatizing, to describe this condition.

Optimal dose is the dose of drug/medication that provides the highest level of positive health effects with the lowest level of side effects.

Overdose (or OD) describes the accidental or intentional use of a drug or medicine in an amount that is higher than recommended or normally used. An overdose may result in a toxic state or death.

Precipitated withdrawal is when an antagonist (i.e., naloxone) or partial agonist (i.e., buprenorphine) is taken by someone who is dependent on full agonist opioids (i.e., heroin) and has recently used. It causes you to feel very dope sick, very quickly.

Prescribers are health care professionals who can prescribe medications, including opioid agonist treatment (OAT). Doctors and nurse practitioners are both able to prescribe OAT if they complete required education and training.

Psychosocial supports: Non-therapeutic social support services that aim to improve overall individual and/or family stability and quality of life, which may include community services, social and family services, temporary and supported housing, income-assistance programs, vocational training, life-skills education, and legal services.

Psychosocial treatment interventions: Structured and/or manualized treatments delivered by a trained care provider that incorporate principles of cognitive behavioural therapy, interpersonal therapy, motivational interviewing, dialectical behaviour therapy, contingency management, structured relapse prevention, biofeedback, family and/or group counselling. Psychosocial interventions may include culturally specific approaches such as traditional healers, elder involvement, and Indigenous healing ceremonies.

Recovery is understood differently by different people. Generally, it can be understood as a process of change through which a person improves their health and wellness, lives a self-directed life, and strives to reach their full potential.

Relapse: May be defined differently by each person, however, a general definition would include a re-emergence of or increase in severity of opioid use disorder symptoms and/or harms related to opioid use following a period of stability.

Split dose refers to receiving part (usually half) of your prescribed dose of methadone in morning and the other part in the evening because the medication doesn't hold for the full 24 hours. Very commonly used in pregnancy.

Stigma refers to the beliefs and attitudes about people who use drugs, including those with substance use disorders, that lead to negative stereotyping and prejudice against them, their families, and communities. These beliefs are often based on ignorance, misinformation, moral judgment, and misunderstanding. Discrimination, which is often based on stigmatizing beliefs and attitudes, refers to the various ways in which people, organizations, and institutions unfairly treat people who use drugs. Stigma and discrimination can often act as barriers to accessing health care, housing, and treatment. Additionally, related discrimination like racism, classism, sexism, and colonization can add to and increase the stigma and discrimination experienced by people who use drugs, their families, and communities.

Suboxone is a brand name of buprenorphine/naloxone (see above).

Tapering refers to the gradual dose reduction needed to successfully get off OAT after long-term opioid treatment. The rate of reduction of the opioid dose depends on a number of factors and should only be done in close cooperation with your doctor.

Tolerance develops when the normal amount of a drug or medication no longer causes the same effects, requiring more to be taken to achieve the desired effect.

Titration (Stabilization) is the process of determining the lowest dose of a drug needed to achieve the desired effects. This involves starting out on a low dose and safely working up to the dose that provides a stable feeling of comfort and wellness with minimal side effects.

Trauma: Trauma can be understood as an experience that overwhelms an individual's capacity to cope. Trauma can result from a series of events or one significant event. Trauma may occur in early life (e.g., child abuse, disrupted attachment, witnessing others experience violence, or neglect) or later in life (e.g., accidents, war, unexpected loss, violence, or other life events out of one's control). Trauma can be devastating and can interfere with a person's sense of safety, sense of self, and sense of self-efficacy. Trauma can also impact a person's ability to regulate emotions and navigate relationships. People who have experienced trauma may use substances or other behaviours to cope with feelings of shame, terror, and powerlessness.

Intergenerational Trauma: The transmission of historical oppression and unresolved trauma from caregivers to children. The concept of intergenerational or historical trauma was developed by Indigenous peoples in Canada in the 1980s to explain the cycle of trauma they were seeing in their communities as a direct result of the residential school system and colonialism. May also be used to describe the emotional effects, adaptations, genetic effects, and coping patterns developed when living with a trauma survivor.

Trauma-Informed Practice: Health care and other services grounded in an understanding of trauma that integrate the following principles: trauma awareness; safety and trustworthiness; choice, collaboration, and connection; strengths-based approaches, and skill-building. Trauma-informed services prioritize safety and empowerment and avoid approaches that are confrontational.

Withdrawal (or dope sick) refers to the group of symptoms that occur when you stop or decrease your use of a drug. In order to experience the symptoms of withdrawal, you must have first developed a dependence on the drug. Long-acting medications like methadone or Suboxone help avoid withdrawal symptoms while on OAT. Tapering is required in order to minimize symptoms when attempting to get off of opioid medications.

Withdrawal management refers to the process of quitting or cutting down on drug use under the care of a qualified health professional. In the past (and sometimes still) words like “detox” or “detoxification” were used to refer to this process or the programs that provide this service.

Witnessed ingestion refers to the process of taking your medication in front of the pharmacist or service provider. Depending on your treatment, this could occur daily.