BC Centre for
Palliative Care

Facilitating Equitable Access to Palliative and End-Of-Life Care for Underserved Populations in British Columbia: Knowledge Exchange Series (2025)

Insights Specific to:

People Living with a Life-Limiting Illness and Experiencing Substance Use Disorder

How to Cite this Document

BC Centre for Palliative Care. (2025). Facilitating Equitable Access to Palliative and End-of-Life Care for Underserved Populations in British Columbia: Knowledge Exchange Series (2025). Insights specific to: People Living with a Life-limiting Illness and Experiencing Substance Use Disorder.

For More Information

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Knowledge Exchange Overview

In Spring 2025, the BC Centre for Palliative Care on behalf of the BC Palliative Care Research Collaborative hosted a three-part virtual **Knowledge Exchange Series** on *facilitating equitable access to palliative and end-of-life care for underserved populations in BC*.

Shaped by research, expert insights, and lived experiences, the series aimed to advance an equity-informed approach to palliative care by sharing stories, highlighting promising practices, strengthening connections between health and community systems, and identifying future directions for policy, practice, and research.

Discussions and activities focused on twelve underserved population groups with limited access to essential palliative and end-of life care services.

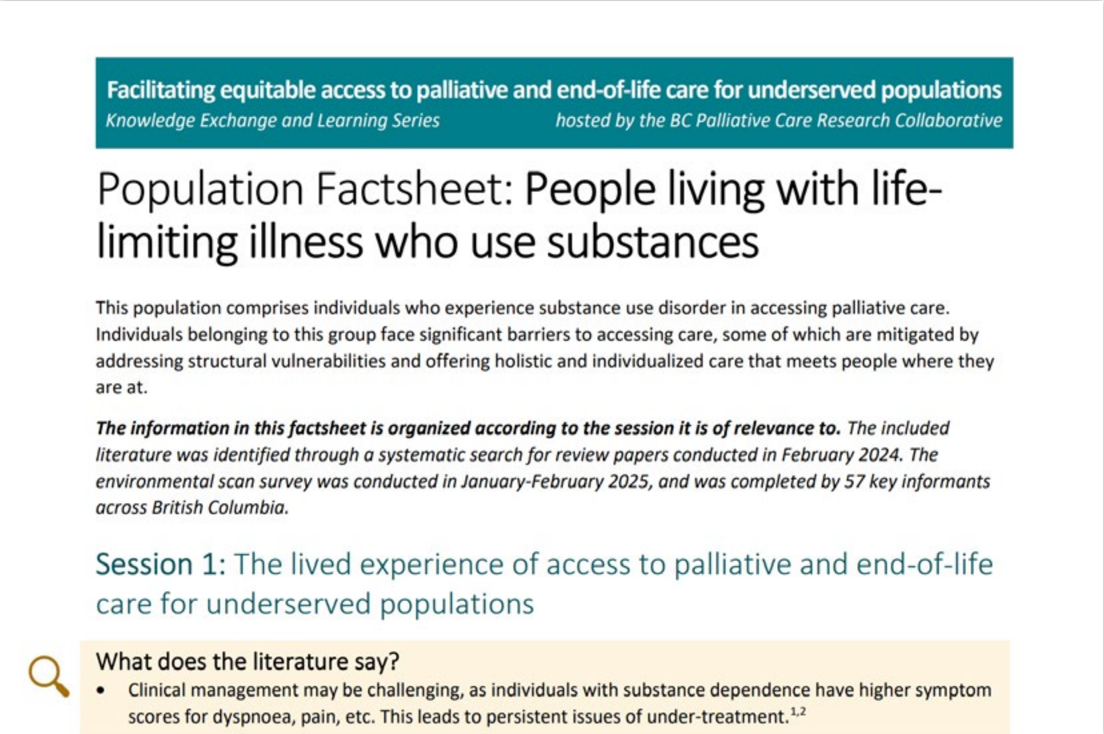
Read the full Summary Report here.

Insights Specific to People Living with a Life-limiting Illness and Experiencing Substance Use Disorder

Insights from the Literature and Key Informants

To inform discussions about **people living with a life-limiting illness and experiencing substance use disorder** during the Knowledge Exchange sessions, a population fact sheet was developed. The fact sheet summarizes key themes from a literature review and insights gathered from key informants through an online survey—highlighting experiences, opportunities, facilitators, and barriers to care.

View the population fact sheet here. A preview is shown below.



Facilitating equitable access to palliative and end-of-life care for underserved populations
Knowledge Exchange and Learning Series *hosted by the BC Palliative Care Research Collaborative*

Population Factsheet: People living with life-limiting illness who use substances

This population comprises individuals who experience substance use disorder in accessing palliative care. Individuals belonging to this group face significant barriers to accessing care, some of which are mitigated by addressing structural vulnerabilities and offering holistic and individualized care that meets people where they are at.

The information in this factsheet is organized according to the session it is of relevance to. *The included literature was identified through a systematic search for review papers conducted in February 2024. The environmental scan survey was conducted in January-February 2025, and was completed by 57 key informants across British Columbia.*

Session 1: The lived experience of access to palliative and end-of-life care for underserved populations

What does the literature say?

- Clinical management may be challenging, as individuals with substance dependence have higher symptom scores for dyspnoea, pain, etc. This leads to persistent issues of under-treatment.[1,2]

Insights from the Knowledge Exchange Series

Key barriers, potential solutions and recommended actions that emerged from discussions on improving palliative and end-of-life care access for *people living with a life-limiting illness and experiencing substance use disorder.*

Insights Specific to People Living with a Life-limiting Illness and Experiencing Substance Use Disorders

Barriers

- **Inadequate systems:** Without a public guardianship system, people without family support lack help in decision-making and healthcare navigation.
- **Limited mobile care:** Access to mobile palliative care is limited, despite clear demand (people may not want to leave their homes, may be afraid of hospitals, etc).
- **Insufficient training:** Few cross-training or hands-on opportunities for providers to gain skills in caring for people who use substances.
- **Stigma limits care:** Ongoing substance use can block access to care, especially in acute settings.

Solutions

- **Integrate services:** Connect substance use care with broader healthcare systems.
- **Strengthen primary care:** Promote consistent, long-term support to individuals who use substances via primary care system.
- **Combat stigma:** Use education and training to address and reduce stigmatizing care practices.

Recommended Action

Adopt a people-centred approach by meeting individuals where they are and ensuring services are accessible, rather than requiring them to navigate complex systems on their own. This would require enhancing education across the healthcare system and exploring ways to support individuals through public guardians or care navigators.

Insights from the Knowledge Exchange Series

After the Knowledge Exchange Series, participants completed a survey to prioritize the most important research questions and promising solutions for each underserved population.

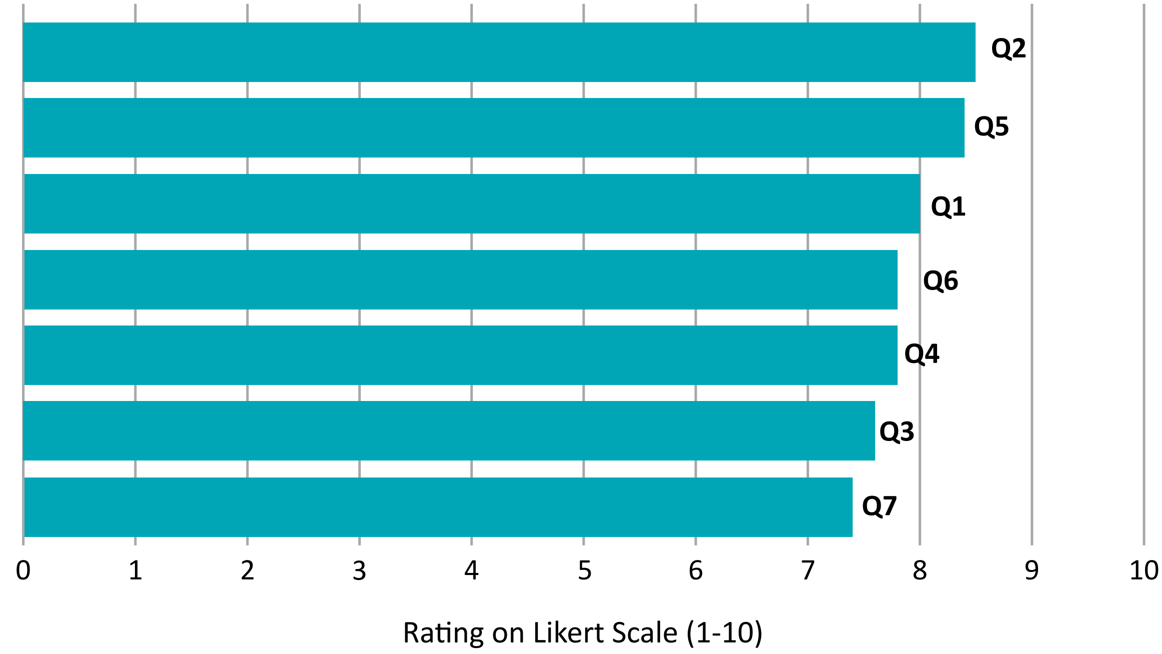
Top three rated research questions and promising solutions for *people living with a life-limiting illness and experiencing substance use disorder.*

	Top 3 Questions to Answer	Top 3 Solutions to Consider
1	**Practice/Care** How can we bridge silos and gaps between hospice and earlier approaches to palliative care?	**Education/Training** Knowledge sharing and facilitating dialogue on gaps and best practices.
2	**Policy** How do we ensure palliative care is not denied due to substance use, and how can policies evolve to reflect this?	**System/Program Planning** Pilot a program placing a nurse practitioner with palliative care expertise on an overdose outreach team to identify clients with life-limiting illness early.
3	**Community Engagement** How can we cultivate communities that truly meet people where they are?	**Community Engagement** Community partnerships, for example building supportive networks, leveraging local centres, cultivating presence and capacity in the community.

The average importance rating for each priority research question related to *people living with a life-limiting illness and experiencing substance use disorder.*

Priority Research Questions: What do you want to know or solve? *(Session 3 Breakout 1)*

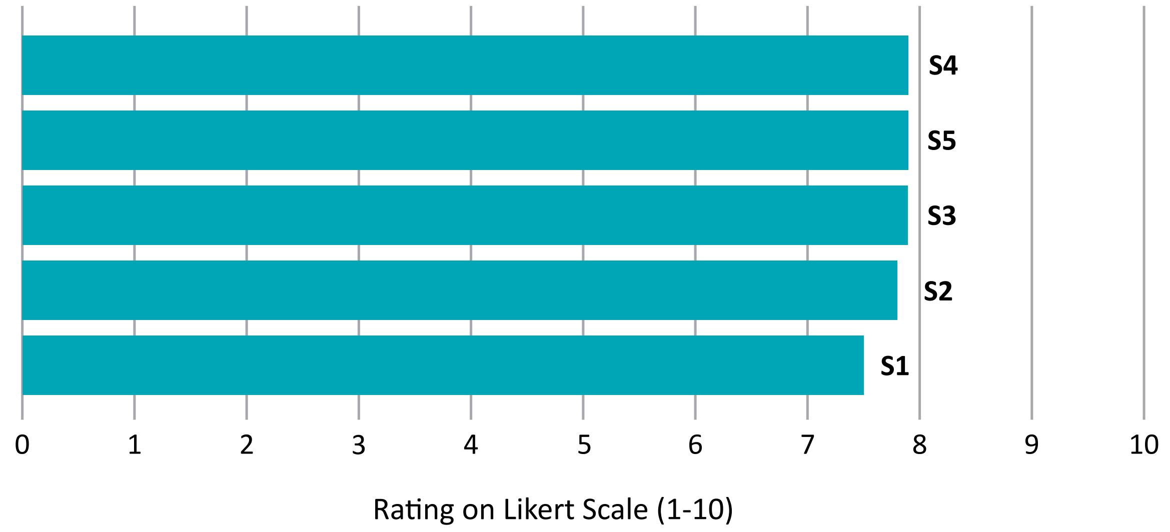
	Question	Average Rating
1	Community engagement: How can we cultivate communities that truly meet people where they are, such as the way Moms Stop the Harm supports parents who have lost children to substance use?	**8.0**
2	Practice/Care: How can we bridge silos and gaps between hospice and earlier approaches to palliative care *(Highest Rated)*	**8.6**
3	Practice/care: How can we make harm reduction an integrated part of the care environment? (For example, carrying naloxone, providing safe supply referrals, and offering end-of-life care.)	**7.6**
4	Education/training: Is current staff education (For example, training on pain management for people living with substance use) sufficient and effective? How can it be improved in terms of content and access?	**7.8**
5	Policy: How do we ensure palliative care is not denied due to substance use, and how can policies evolve to reflect this?	**8.5**
6	Policy: How can we develop clearer definitions and a comprehensive palliative care ecosystem framework that outlines both the required skill sets and the contexts in which care is delivered?	**7.8**
7	Research: How does substance use (especially ongoing or relapsing use) intersect with eligibility, access, and the quality of palliative care services in different settings (hospital, home, hospice)?	**7.4**



The average importance rating for each priority promising solution related to *people living with a life-limiting illness and experiencing substance use disorder.*

Priority Research Solutions: What can be done right now and by who? *(Session 3 Breakout 2)*

	Solution	Average Rating
1	Community engagement: Example: A hospice society partners with people with lived/living experience to deliver a staff and volunteer workshop titled Caring for People Who Use Substances at End of Life focusing on stigma reduction, pain management, and compassionate communication.	**7.5**
2	Community engagement: Peer connection and street outreach, such as providing direct support and getting to know the people we provide care to.	**7.8**
3	Community engagement: Community partnerships, for example building supportive networks, leveraging local centers, and cultivating presence and capacity in the community.	**7.9**
4	Education/training: Knowledge sharing and facilitating dialogue on gaps and best practices. *(Highest Rated)*	**7.9**
5	System/program planning: A health region could co-develop a pilot program placing a nurse practitioner with palliative care expertise on an overdose outreach team to identify clients with life-limiting illness early, offer advance care planning, and bridge to hospice services when needed.	**7.9**



For similar insights on other underserved populations, visit the BC Centre for Palliative Care website here.

BC Centre for Palliative Care

Advancing palliative care through best practices, innovation and collaboration.

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