

STANDARDS OF PRACTICE

# Safe Prescribing for Opioid Use Disorder

Under Review: No

Issued By: Council: April 1, 2019

The **Standards of Practice** of the College of Physicians & Surgeons of Alberta (“CPSA”) are the **minimum** standards of professional behavior and ethical conduct expected of all regulated members registered in Alberta. Standards of Practice are enforceable under the *Health Professions Act* and will be referenced in the management of complaints and in discipline hearings. CPSA also provides **Advice to the Profession** to support the implementation of the Standards of Practice.

1. For the purpose of this standard, Opioid Agonist Treatment (OAT) refers to full opioid agonist therapies for opioid use disorder treatment.
2. This standard **does not** apply to the partial agonist/antagonist buprenorphine/naloxone (Suboxone®).
3. A regulated member who prescribes OAT **must** do so in accordance with recognized, [evidence-based guidelines and best practices](#) for Opioid Use Disorder (OUD) treatment.
4. A regulated member who INITIATES OAT **must**:
  - a. have successfully completed an OUD workshop/course recognized by CPSA;
  - b. provide evidence of experiential training, supervision, mentorship and/or completion of an approved preceptorship-based course;
  - c. hold an active CPSA approval to initiate OAT;
  - d. as a condition of CPSA approval, maintain competence in OAT through ongoing, relevant education as part of their mandatory [Continuous Professional Development](#) (CPD) cycle and provide evidence upon request;
  - e. only initiate OAT for a patient in an appropriate setting with:
    - i. access to medical laboratory services and pharmacy services;

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- “Must” refers to a mandatory requirement.
- “May” means that the physician may exercise reasonable discretion.
- “Patient” includes, where applicable, the patient’s legal guardian or substitute decision maker.

- ii. access to at least one other prescriber who is trained and approved to provide OAT, to ensure [continuity of care](#) if the initiating prescriber is absent or suspends their practice;
    - iii. access to Alberta prescription databases (e.g., [Alberta Netcare](#), [Pharmaceutical Information Network](#));
    - iv. the ability to refer patients to appropriate, multidisciplinary team support (e.g., social worker, addictions counselling); and
    - v. other resources and services appropriate to the specific OAT provided;
  - f. if transferring OAT maintenance to another prescriber trained and approved to provide OAT:
    - i. provide the maintaining prescriber with an [information checklist](#) and a [letter of support](#) for maintaining OAT for the patient, with a copy of the letter to CPSA; and
    - ii. collaborate with the maintaining prescriber, other regulated health professionals and multidisciplinary team members involved in the patient's care.
5. A regulated member who MAINTAINS OAT **must**:
  - a. have knowledge of OAT pharmacology before accepting OAT maintenance for a patient;
  - b. have a [letter of support](#) and [information checklist](#) from the initiating prescriber;
  - c. hold an active CPSA approval to maintain OAT;
  - d. at minimum, complete an OAT educational module or course recognized by CPSA within six months of acquiring CPSA approval;
  - e. ensure another prescriber approved to maintain OAT is available for [continuity of care](#) if the maintaining prescriber is absent or suspends their practice;

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- f. collaborate with the initiating prescriber or appropriate delegate, other regulated health professionals and multidisciplinary team members involved in the patient's care;
  - g. access to medical laboratory services and pharmacy services; and
  - h. access to Alberta prescription databases (e.g., [Alberta Netcare](#), [Pharmaceutical Information Network](#)).
6. A regulated member who TEMPORARILY prescribes OAT for a patient in an inpatient or correctional facility **must**:
- a. prescribe only for the duration of the patient's stay or incarceration, and **may** prescribe up to the first 120 hours after discharge/release after notifying the patient's community prescriber;
  - b. restrict OAT prescribing to daily, witnessed doses and not provide take-home doses for unwitnessed use;
  - c. consult with the patient's current prescriber or appropriate delegate before making any changes to the OAT prescription, or introducing any new medications with the potential to interact with OAT; and
  - d. collaborate with the community prescriber, other regulated health professionals and multidisciplinary team members involved in the patient's care at transitions between treatment settings.
7. Notwithstanding subclause 6 (c), regulated members **may** proceed without consulting the current prescriber if patients require urgent or emergent care.
8. A regulated member who prescribes INJECTABLE OAT (iOAT) **must**:
- a. hold an active CPSA approval to initiate or maintain OAT; and
  - b. supervise or provide iOAT only within a facility operated by government or a provincial health authority, or a community setting approved by CPSA.

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## RELATED STANDARDS OF PRACTICE

- [\*Continuity of Care\*](#)
- [\*Prescribing: Administration\*](#)
- [\*Prescribing: Drugs Associated with Substance Use Disorder or Substance-Related Harm\*](#)

## COMPANION RESOURCES

- [Advice to the Profession: Safe Prescribing for Opioid Use Disorder](#)
- [Patient FAQs: Safe Prescribing for Opioid Use Disorder](#)
- [Information Checklist](#)
- [Sample Letter of Support](#)
- [Prescribing Resources and Tools](#)
- [U of C's Wise Prescribing & Describing: Opioid Skills for the Frontline Clinician online learning course](#)

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