

CONSULTATION OUTCOMES

Consultation 014

Oct. 1-Dec. 1, 2018

Safe Prescribing for Opioid Use Disorder Issued April 1, 2019

Alberta MMT Standards & Guidelines for Dependence Rescinded April 1, 2019

Removing barriers to improve patient care

“It was really important to us to hear from physicians if we got this right.”

- Dr. Monica Weller, CPSA Senior Medical Advisor

Reason for introducing the new [Safe Prescribing for Opioid Use Disorder](#) standard: A new standard is needed to better support physicians in using current, evidence-based guidelines to treat opioid use disorder (OUD) and ensure safe patient care. The language used in the new standard also reflects our evolving understanding of OUD and the need to reduce stigma so more Albertans can access this care.

The clinically-oriented Methadone Maintenance Treatment standard has become less relevant as OAT evolves; it has been rescinded now that the new standard is in effect (April 1, 2019).

CPSA is also streamlining its OAT approval process. In developing the standard, we worked with medical experts in OUD treatment in order to accommodate changes as OAT evolves; identify the education and experience necessary to ensure safe patient care; and align requirements with the type of care being provided (e.g., initiating, maintaining or temporarily prescribing OAT; prescribing injectable OAT or prescribing methadone for analgesia).

[**READ THE ADVICE TO THE PROFESSION**](#)

[**READ THE PATIENT FAQs**](#)

YOUR FEEDBACK MADE A DIFFERENCE

In all, we received feedback from 56 regulated members, 5 stakeholder organizations, 3 other healthcare professionals, and 42 survey responses on the [first draft of the standard](#).

Several themes were evident:

- Respondents felt the *Opioid Agonist Treatment* title may be confusing: the title was changed to more accurately portray the scope of the standard.
- Clarity was needed around the exclusion of Buprenorphine/Naloxone.
- Methadone for analgesia was removed from the standard, as feedback indicated it was irrelevant to the standard.
- "Services" added to "pharmacy" (clause 4(e)(i)) to clarify this does not refer to a specific pharmacy, nor that pharmacy and lab services need to be available at the same location.
- "Ability to refer" added to clause 4(e)(iv) to clarify team support does not need to be on premises, nor that a physician must have a direct, established relationship with same.
- The time from to temporarily prescribe OAT for an inpatient/patient in a correctional facility extended to allow for weekends, statutory holidays, etc.

The profession, stakeholders, other organizations and public members were invited to provide feedback from October 1-November 30, 2018. Council considered non-nominal feedback when approving the final amendments to the standard at its March 2019 meeting.

If you have any questions or require further assistance, please contact Chantelle.Dick@cpsa.ab.ca.