

# Educational Resource: Use of Opioid Agonist Therapies (OAT) for Opioid Use Disorder (OUD)

## Background

As we struggle with the COVID-19 pandemic, the opioid crisis continues to rage. The latest reporting from Alberta Health indicates:

- In the first six months of 2020, 449 people died from an apparent unintentional opioid poisoning.
- In the second quarter of 2020, 301 individuals died of an unintentional opioid poisoning.
- In the first six months of 2020, an average of 2.5 Albertans died every day in as a result of an unintentional opioid poisoning.
- In the most recent quarter, 284 people died from an apparent unintentional fentanyl-related poisoning, compared to 130 people in the previous quarter.<sup>1</sup>

The current pandemic has impacted all of us, but it has posed significant trials to those with substance use disorder.

While TPP Alberta analyses show increasing trends in the prescribing of opioid agonist therapies (OAT), particularly by practitioners outside opioid dependency programs, there continues to be an unmet need for people with an opioid use disorder (OUD). Clinical trial findings suggest that OAT prescribing and care of patients with OUD can be done successfully in primary care, with positive outcomes on OAT adherence, avoidance of use of street opioids and satisfaction of care.<sup>2</sup> The authors of [PEER Simplified Guideline: Managing Opioid Use Disorder in Primary Care](#) recommend “similar to other chronic diseases, management of OUD be performed in primary care as part of the continuum of care for patients with OUD.”

Fortunately, many guidelines and resources have been created to assist primary care practitioners in managing their patients with OUD. As well, policy and legislative changes have contributed to easier OAT prescribing, of buprenorphine/naloxone in particular. Remember that healthcare team members (e.g., nurses, pharmacist, addiction specialists and mental health care providers) can help you in providing patient care.

The following Q&As highlight resources and supports.

## Q&As

### 1. I haven't completed any OUD training. What are the latest requirements for OAT prescribing?

**Buprenorphine/naloxone** (Suboxone<sup>®</sup>) is recommended as the OAT of choice for a number of reasons.<sup>3</sup>

Although it's highly recommended, CPSA does not require completion of specific OUD training to prescribe buprenorphine/naloxone.

If you would like to enhance your knowledge (and get CME credits!), consider one or more of these courses:

- [CFPC Webinar: PEER Simplified Guideline: Managing OUD in Primary Care \(60 mins\)](#)
- [CFPC Webinar: Office-based Induction of Buprenorphine/naloxone using PEER Guideline \(25 mins\)](#)
- [Centre for Addiction and Mental Health \(CAMH\) Buprenorphine-Assisted Opioid Dependence Treatment course](#)
- [Alberta Opioid Dependence Treatment \(ODT\) Virtual Training Program \(Module 5\)](#)
- [University of Calgary's Alberta Opioid Dependency Treatment Virtual Training Course](#)

Registering with TPP Alberta or using TPP prescription pads to prescribe buprenorphine/naloxone is no longer required as of July 15, 2019.

**Methadone** prescribing for OUD continues to require completion of an opioid dependency course (e.g., ODT Virtual Training Program).

Additionally, Alberta physicians must apply to the CPSA for [OAT approval](#). Refer to [CPSA's website](#) for more details, including requirements for the prescribing or Sustained Release Oral Morphine (SROM) (Kadian®) and injectable OATs.

## 2. I want to help my patients with OUD but where and how do I start?

Becoming familiar with recent **treatment guidelines** and tools is a good first step:

- [PEER Simplified Guideline: Managing Opioid Use Disorder in Primary Care](#) helps simplify the complex management of patients with OUD in primary care.
- The [CRISM National Guideline for the Clinical Management of Opioid Use Disorder](#) is another excellent reference.
- The BC Centre of Substance Use's "A Guideline for the Clinical Management of Opioid Use Disorder" is [accessible online](#).
- A guideline was recently released regarding [opioid use disorder among older adults](#).
- Practice support tools provide stepwise clinical guidance. The Primary Care Clinic Buprenorphine/ Naloxone (Suboxone®) Initiation Pathway and Toolkit, developed by the [Edmonton Zone Primary Care Network](#), is an excellent resource. Included in the toolkit are appendices with helpful information on: screening for and diagnosing OUD, patient conversation suggestions, addictions and mental health resources (some province wide), sample OAT assessment and lab requisition forms and even tips on billing for OUD-related services.
- Key **educational resources** for developing competence in treating OUD also include:
  - [Alberta Opioid Dependency Treatment \(ODT\) Virtual Training Program](#)

- [BC Centre on Substance Use \(BCCSU\) Provincial Opioid Addiction Treatment Support Program](#)
- [The Concurrent Disorder Learning Series](#), a comprehensive inventory of academic videos from provincial, national, and international subject matter/clinical experts
- [CAMH's Opioid Use Disorder Treatment \(OUDT\) course](#)
- Additional [resources](#) and [information about OAT](#) can be found on CPSA's website.

### 3. What if I have challenges managing my patients on OAT? Who can I speak with for help?

Alberta's [Collaborative Mentorship Network](#) connects family physicians and multidisciplinary team members with colleagues who have experience and expertise treating pain and addiction.

The Virtual Opioid Dependency Program can be reached toll-free by calling 1-844-383-7688, faxing (403) 783-7610 or email [vodp@ahs.ca](mailto:vodp@ahs.ca).

The [Opioid Use Disorder Consultation Service](#) is a province-wide telephone and e-consult service for physicians and nurse practitioners seeking advice regarding the prescribing of opioid agonist therapy (OAT) on topics such as:

- Initiating and managing opioid agonist therapy
- Prescribing drugs like buprenorphine/naloxone, methadone or naloxone
- Treating patients with existing opioid use disorder
- Managing opioid withdrawal and consideration of opioid agonist therapy

The Consultation services can be accessed from 8 a.m. - 8 p.m. daily, including weekends and statutory holidays, by calling:

- Referral, Access, Advice, Placement, Information & Destination (RAAPID) North at 1-800-282-9911 or 1-780-735-0811 if you are north of Red Deer.
- RAAPID South at 1-800-661-1700 or 403-944-4488 if you are south of Red Deer.

Alternatively, you can contact the Alberta Health Services' (AHS) [Opioid Dependency Program](#) nearest you. AHS's Opioid Dependency Program (ODP) clinics are available in Edmonton, Calgary, Fort McMurray, Cardston, Grande Prairie, High Prairie and through the Rural ODP clinic, which serves patients from 60 central Alberta communities.

A listing of all OAT/ODP clinics in Alberta [can be found here](#).

If your need for assistance is not urgent (i.e., can wait for five calendar days) you can send an advice request via [www.albertanetcare.ca/ereferral.htm](http://www.albertanetcare.ca/ereferral.htm).<sup>4</sup>

### 4. Several of my patients with OUD have chronic pain. Are there resources to assist me?

Primary care providers may consult the following:

- Physicians seeking advice on the management of particular pain patients in their care may request a telephone consultation with a pain specialist from the [Multidisciplinary Pain Centre, University of Alberta](#).
- Consult with a pain specialist with the *Lifemark Chronic Pain Program* by calling 780-429-4761 on Tuesdays (10 a.m. to 12 p.m.) or Thursdays (2 p.m. to 4 p.m.), and ask to be connected to the meeting.
- Contact [HealthPointe](#) at (780) 453-5255 or [info@healthpointe.com](mailto:info@healthpointe.com).
- Contact the [Chronic Pain Centre](#), Calgary for a [teleconsult](#).
- Contact the [Collaborative Mentorship Network, Medical Mentoring for Chronic Pain and Addiction \(ACFP\)](#) at [mentorship@acfp.ca](mailto:mentorship@acfp.ca) or 780-701-9718.
- The Canadian Agency for Drugs and Technologies in Health (CADTH) has created a website with best evidence on the management of pain. See [Evidence Bundles](#).

**5. I practice in a rural and fairly remote area of Alberta and would like to assist my OUD patients but do not currently have the resources. Is there help for patients with OUD who live outside Alberta's major centres?**

[Alberta's Virtual Opioid Dependency Program](#) (VODP) is an Alberta Health Services program. Clients can be seen via telehealth (video conferencing) at AHS locations across Alberta. If required, OATs are accessible from the patient's local pharmacy. They can be reached by calling 1-844-383-7688.

Find a list of Opioid Dependence clinics in Alberta [here](#).

**6. How can I prevent my patients from developing an OUD or substance use disorder?**

Physicians and other clinicians, their patients, and pharmacists all can play a role in identifying and preventing non-medical use of prescription drugs.

Physicians are in a unique position to identify potential nonmedical use of prescription drugs by their patients and help to prevent escalation to a substance use disorder. AH's opioid reports show that a large percentage of Albertans who died as a result of an unintentional opioid overdose had received a health service in the 30 days prior to their death.

As a first step, follow the recommendations of [The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain](#):<sup>5</sup>

1. Optimization of non-opioid pharmacotherapy and non-pharmacological therapy, rather than a trial of opioids.

2. A trial of opioids rather than continued therapy without opioids at a low dose and short duration.
3. Restricting the dose and duration of opioid therapy (e.g., < 50 OME/day and generally three days of therapy when initiating opioids).

In addition to completing physical, social and psychological assessments, all patients who are prescribed opioids are at risk for addiction and should be screened to establish possible or already existing opioid risk. When in a situation of uncertainty or of moderate risk, urine drug testing may provide additional help.

The Prescription Opioid Misuse Index (POMI) "is a six-point questionnaire with strong predictive abilities for OUD."<sup>2</sup>

Other useful screening tools include the Opioid Risk, CAGE or COMM® (Current Opioid Misuse Measure) tools.<sup>2, 4, 6</sup>

**Review MD Snapshot** in your [Physician Portal](#), as it readily identifies patients who may be at high risk for OUD.

### **7. I hear there are new buprenorphine products on the Canadian market. Can these be used for OUD?**

In Canada, several formulations of buprenorphine are available for the treatment of OUD, including single-ingredient buccal film (currently only available through the Health Canada Special Access Program), buprenorphine extended-release injection and subcutaneous implant, as well as the combination product of buprenorphine with naloxone in a sublingual tablet.

CADTH completed some reviews of buprenorphine products. They found "No clear patterns emerged suggesting that one formulation of buprenorphine was superior to another for the treatment of opioid use disorder (OUD)." Additionally, drug costs need to be considered as newer products may not be benefits of public or private drug plans.<sup>7</sup>

## References

1. Health, Government of Alberta, September 2020, Alberta COVID-19 [Opioid Response Surveillance Report](#): Q2 2020
2. Korownyk, Christina, et al, Managing opioid use disorder in primary care PEER simplified [guideline](#), Vol 65: MAY 2019; Canadian Family Physician
3. Bruneau, Julie et al, Management of opioid use disorders: a national clinical practice guideline, *CMAJ* 2018 March 5; 190:E247-57. doi: 10.1503/cmaj.170958
4. Alberta Health Services; Programs and Services, Addictions and Mental [Health](#).
5. The 2017 [Canadian Guideline](#) for Opioids for Chronic Non-Cancer Pain.
6. Ducharme, James, Moore, Sean, Opioid Use Disorder Assessment Tools and Drug Screening, *Missouri Medicine*, 116:4, July/August
7. CADTH: In Brief: [Buprenorphine for Opioid Use Disorder](#), September 25, 2019, Project Number: RC1092-000