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COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

STANDARDS OF PRACTICE

Safe Prescribing for Opioid Use Disorder

Under Review: ~~No~~Yes
Issued By: Council: April 1, 2019

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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.

PREAMBLE

Commented [CD1]: Preamble added for background.

Effective Oct. 5, 2022, the Government of Alberta introduced new requirements for narcotic transition services (NTS) through an amendment to the *Mental Health Services Protection Regulation* (Regulation). The amendment prohibits the use of full agonist opioid drugs (e.g. hydromorphone, fentanyl and diacetylmorphine), with the exception of methadone and slow-release oral morphine, for the treatment of opioid use disorder (OUD) outside of NTS facilities. The use of these medications for purposes other than OUD is not affected by the Regulations. Alberta Health Services (AHS) is the only service provider licensed by Alberta Health to provide NTS in the province. Regulated members are responsible for informing themselves and complying with the legislative requirements that apply to their practice.

OUD is one of the most challenging forms of addiction and a major contributing factor to the earlier rise in opioid-related morbidity and mortality. In recent years, the non-medical use of pharmaceutical opioids and the emergence of highly potent, illegally manufactured opioids have increasingly impacted the evolving landscape of opioid use.

Moderate to severe OUD is best conceptualized as a chronic, relapsing illness, which has the potential to be in sustained, long-term remission with appropriate treatment. OUD can involve misuse of prescribed opioid medications, use of diverted opioid medications or use of illicitly manufactured heroin, fentanyl/fentanyl analogues and other opioids. For more information, refer to the Diagnostic and Statistical Manual (DSM-5) on Diagnostic Criteria for OUD.[1]

For the purpose of this standard, Opioid Agonist Treatment (OAT) refers to full opioid agonist therapies for opioid use disorder treatment. This standard **does not** apply to the

[1] DSM-5 Clinical Diagnostic Criteria for Opioid Use Disorder

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partial opioid agonist or antagonist treatment options for OUD (e.g., buprenorophine/naloxone (Suboxone®), Sublocade, Probuphine, naloxone, etc.).

~~1. This standard **does not** apply to the partial agonist/antagonist buprenorphine/naloxone (Suboxone®).~~

Commented [CD2]: Clauses moved to preamble as these are not expectations of members.

The intention of the standard is to provide physicians with clear requirements that allow for safe and responsible management of OUD with evidence-supported, full opioid agonist treatments. The standard is deliberately nonprescriptive in requiring use of specific treatment guidelines, as the treatment modalities for OUD are changing rapidly. It is our expectation that physicians provide care based on current legislation, guidelines and recommendations available, as well as evidence-based best practices.

For more information and guidance, please see the "Companion Resources" at the end of this document.

STANDARD

~~2.~~1. A regulated member who prescribes OAT **must** do so in accordance with recognized, evidence-based guidelines and best practices for OUD treatment.

~~3.~~2. 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;

ii. access to at least one other prescriber who is trained and approved to

provide OAT, ~~to ensure continuity of care~~in accordance with the *Continuity of Care* standard of practice 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. transfer care in accordance with the *Transfer of Care* standard of practice;

~~i.~~ii. 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.~~iii. collaborate with the maintaining prescriber, other regulated health professionals and multidisciplinary team members involved in the patient's care.

~~4.~~3. 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 in accordance with the *Continuity of Care* standard of practice if the maintaining

Commented [CD3]: Added to ensure clarity and link to *Continuity of Care* standard for ease of access.

Commented [CD4]: Deleted for simplicity in the event of new/different systems in the future.

Commented [CD5]: Added to ensure clarity and link to *Transfer of Care* standard for ease of access.

Commented [CD6]: Language differs from clause 4(a), as it refers to initiation approval, while the education requirements for maintenance approval differ: they are two different requirements.

Commented [CD7]: Added to ensure clarity and link to *Continuity of Care* standard for ease of access.

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prescriber is absent or suspends their practice;

f. collaborate with the initiating prescriber or appropriate delegate, other regulated health professionals and multidisciplinary team members involved in the patient's care;

g. have access to medical laboratory services and pharmacy services; and

h. have access to Alberta prescription databases ~~(i.e., Alberta Netcare, and Pharmaceutical Information Network)~~.

~~5.~~4. 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. only provide a prescription to the patient after discharge/release up to the first 120 hours for the purposes of transition of care;

~~b.~~c. restrict OAT prescribing to daily, witnessed doses and not provide take-home doses for unwitnessed use;

d. notify the patient's community prescriber of discharge/release or, if the patient does not have a community prescriber, make appropriate arrangements for transfer of care to another health care provider;

~~c.~~e. 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.~~f. collaborate with the community prescriber, other regulated health professionals and multidisciplinary team members involved in the patient's care at transitions between treatment settings in accordance with the *Continuity of Care* standard of practice.

~~6.~~5. Notwithstanding ~~subclause 6 (~~subclause 4(e)), regulated members **may** proceed without consulting the current prescriber if patients require urgent or emergent care.

~~7.~~6. A regulated member who prescribes ~~INJECTABLE OAT (iOAT)~~ full agonist opioids other than methadone or slow-release oral morphine for OUD treatment **must**:

Commented [CD8]: Deleted for simplicity in the event of new/different systems in the future.

Commented [CD9]: Separated for clarity.

Commented [CD10]: Added to address situations where patients may not have community prescriber.

Commented [CD11]: Edited to clarify legislated requirements under *Mental Health Services Protection Regulation.*

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a. hold an active CPSA approval to initiate or maintain OAT; and

b. do so in accordance with current legislative requirements[2].

RELATED STANDARDS OF PRACTICE

- *Continuity of Care*
- *Prescribing: Administration*
- *Prescribing: Drugs Associated with Substance Use Disorder or Substance-Related Harm*
- *Transfer of Care*

COMPANION RESOURCES

- Alberta Health's fact sheet on Narcotic Transition Services (NTS)
- *Mental Health Service Protection Regulation*
- 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
- CPSA's Opioid Agonist Treatment Program

Commented [CD12]: Resources added.

[2] For more information, please refer to the Safe Prescribing for Opioid Use Disorder Advice to the Profession document.

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