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COLLEGE OF PHYSICIANS
& SURGEONS OF ALBERTA

STANDARDS OF PRACTICE

Safer Prescribing for Opioid Use Disorder

Commented [CD1]: Name changed to acknowledge potential risks associated with prescribing.

Under Review: Yes
Issued by Council: Apr. 1, 2019 (*Safe Prescribing for Opioid Use Disorder*)
Reissued by Council: Feb. 24, 2023

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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.

PURPOSE

This standard outlines minimum requirements for regulated members who prescribe medications for the treatment of opioid use disorder (OUD), including opioid agonist therapy (OAT).

It is intended to support treatment that is:

- delivered safely in accordance with current evidence-based guidance;
- provided within the regulated member's competence and training;
- focused on patient safety, harm reduction and continuity of care;
- respectful of the patient's dignity and autonomy; and
- designed to minimize the risks of diversion, misuse and overdose.

The standard is intentionally non-prescriptive about the use of specific treatment guidelines, as treatment modalities for OUD continue to evolve. Regulated members are expected to use current evidence-based guidance and apply independent clinical judgment to the patient's circumstances.

SCOPE

This standard applies to regulated members who prescribe medications for the treatment of OUD, including OAT. For the purpose of this standard, OAT refers to full opioid agonist medications for OUD treatment.

This standard also **does not** apply to the partial opioid agonist or antagonist medication options for OUD (e.g., buprenorophine/naloxone (Suboxone®), buprenorphine extended-release injection (Sublocade®) buprenorphine implant (Probuphine®), naltrexone (Revia®), etc.).

Commented [CD2]: Preamble replaced by "Purpose" and "Scope" sections to modernize and improve readability.

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Terms used in the Standards of Practice:

- "Regulated member" means any person who is registered or who is required to be registered as a member of this College. The College regulates physicians, surgeons and osteopaths.
- "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.

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This standard also **does not** apply to prescribing opioids for:

- acute pain;
- chronic pain;
- cancer-related pain; or
- palliative or end-of-life care.

Prescribing in these contexts is governed by the *Prescribing: Administration* standard of practice.

Regulated members must remain aware of and comply with all applicable legislation, regulations and Ministerial Orders, including amendments as they come into force. In the event of a conflict, those requirements take precedence over this standard.

The Safe Prescribing for Opioid Use Disorder Advice to the Profession document provides additional guidance to support regulated members in applying this standard in practice. Related standards and companion resources are listed at the end of this document.

STANDARD

Prescriber roles and practice settings

1. Where required by legislation, regulation or CPSA policy, a regulated member **must**:
   a. obtain appropriate CPSA approval and training before initiating OUD treatment; and
   b. comply with requirements associated with that approval.
2. Before prescribing TPP Type 1 medications, a regulated member must be registered and in good standing with the Tracked Prescription Program (TPP Alberta) and comply with TPP Alberta's program expectations for prescribers.
3. A regulated member providing OUD treatment **must** do so in a setting that allows for:
   a. appropriate patient assessment;
   b. monitoring and follow-up;

Commented [CD3]: Current clause 2(c) of *Safe Prescribing for Opioid Use Disorder*.

Commented [CD4]: Added for transparency: requirement for CPSA approval.

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c. communication with pharmacists and other members of the care team; and

d. continuity of care.

Commented [CD5]: From CPSS: modernizes current clause 2(e).

4. A regulated member who provides OUD treatment **must**:

a. make reasonable efforts to ensure continuity of treatment when transferring care;

Commented [CD6]: Current clause 5(b).

b. provide relevant clinical information to the receiving healthcare provider when transferring care; and

Commented [CD7]: Current clause 2(f).

c. avoid abrupt discontinuation of treatment unless clinically necessary.

Commented [CD8]: From CPSBC: formalizes existing expectation.

Initiating treatment for OUD

5. Before initiating treatment for OUD, a regulated member **must**:

a. conduct an appropriate clinical assessment;

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b. confirm the diagnosis of OUD;

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c. review the patient's medication and prescription history in the Pharmaceutical Information Network (PIN) or Netcare;

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d. assess co-occurring medical, psychiatric and substance-use conditions; and

e. assess risks that may affect treatment safety.

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6. A regulated member initiating treatment for OUD **must** discuss with the patient:

a. the proposed treatment approach;

b. the expected benefits, risks and alternatives;

c. the roles and responsibilities of both the regulated member and the patient; and

d. a treatment plan that includes monitoring and follow-up.

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Prescribing for OUD

7. A regulated member who initiates OAT **must**:
   a. prescribe only medications for which they have appropriate competence;
   b. follow evidence-based initiation protocols; and
   c. ensure the patient can access appropriate monitoring and follow-up.
8. A regulated member who provides ongoing OUD treatment **must**:
   a. monitor treatment effectiveness and patient safety;
   b. reassess treatment regularly;
   c. adjust therapy as clinically indicated; and
   d. address concerns related to diversion, misuse or treatment instability.

Addressing safety concerns

9. If concerns arise related to diversion, misuse, safety or treatment adherence, a regulated member **must:**
   a. reassess the treatment plan;
   b. address the underlying concern; and
   c. modify treatment as clinically appropriate.
10. A regulated member **must** document:
   a. assessment and diagnosis;
   b. treatment planning and patient discussions;
   c. prescribing decisions; and
   d. monitoring and reassessment.

Commented [CD14]: Current clauses 2(a)-(d) simplified based on ACP & CPSS

Commented [CD15]: Current clause 1

Commented [CD16]: Current clause 2(e)(i)-(v) simplified based on ACP & CPSS

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Commented [CD18]: ACP, CPSS

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RELATED STANDARDS OF PRACTICE

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

COMPANION RESOURCES

- Advice to the Profession:
  - Safe Prescribing for Opioid Use Disorder
  - Continuity of Care
  - Prescribing: Administration
  - Prescribing: Drugs Associated with Substance Use Disorder or Substance-Related Harm
- Advice to Albertans: Patient FAQs: Safe Prescribing for Opioid Use Disorder
- Alberta Health's fact sheet on Narcotic Transition Services (NTS)
- CPSA's Opioid Agonist Treatment Program
- *Mental Health Service Protection Regulation*
- OAT Information Checklist
- Prescribing Resources and Tools
- Sample Letter of Support
- U of C's Wise Prescribing & Deprescribing: Opioid Skills for the Frontline Clinician online learning course

REFERENCES

Alberta College of Pharmacy's Guidelines for pharmacists and pharmacy technicians: Opioid Agonist Therapy (OAT) – Medication-assisted treatment for opioid use disorder (Feb. 2025).

College of Physicians and Surgeons of British Columbia's *Safe Prescribing of Opioids and Sedatives* Practice Standard (May 2022 - retired).

College of Physicians and Surgeons of Ontario's Advice to the Profession: Prescribing Drugs (Dec. 2025 – retired).

College of Physicians and Surgeons of Saskatchewan's *Opioid Agonist Treatment Program* Standards and Guidelines for the Treatment of Opioid Use Disorder (Dec. 2022).

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