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STANDARDS OF PRACTICE

~~Safe~~Safer Prescribing for Opioid Use Disorder

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

Under Review: ~~No~~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

~~The **scope of 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 ~~**Safe Prescribing for Opioid Use Disorder. Management for acute/chronic pain**~~intended to support treatment that is:

- delivered safely in accordance with current evidence-based guidance;
- provided within the regulated member's competence and ~~**/or palliative**~~ 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 ~~**are not included under this**~~ 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 ~~outside of NTS facilities. The use of full agonist opioid drugs for indications other than OUD (e.g., management of acute/chronic pain and/or palliative care) is not affected by the Regulation.~~

~~OUD is best conceptualized as a treatable chronic illness, which has the potential to be in sustained, long-term remission with appropriate treatment.~~, including OAT. For ~~more~~

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

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~~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)~~[G]OAT refers to full opioid agonist ~~drugs~~medications for OUD treatment.

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

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

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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;

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

d. continuity of care.

~~1.~~4. A regulated member who ~~prescribes OAT **must** do so in accordance with evidence-based guidelines and practices[2] for OUD treatment.~~provides OUD treatment **must**:

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

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

c. avoid abrupt discontinuation of treatment unless clinically necessary.

Initiating treatment for OUD

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

a. conduct an appropriate clinical assessment;

b. confirm the diagnosis of OUD;

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

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

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

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

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

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

Commented [CD9]: CPSBC

Commented [CD10]: CPSO

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

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

e. assess risks that may affect treatment safety.

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.

Prescribing for OUD

~~2.~~7. A regulated member who ~~INITIATES~~initiates OAT **must**:

a. prescribe only medications for which they have appropriate competence;

b. follow evidence-based initiation protocols; and

~~a. ensure have successfully completed an OUD workshop/course recognized by CPSA[2];~~

~~b. provide evidence of experiential training, supervision, mentorship and/or completion of an approved preceptorship-based course;~~

~~c. have CPSA OAT prescribing approval to initiate[6];~~

~~d. as a condition of CPSA OAT prescribing approval to initiate, 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~~ the patient ~~in an appropriate setting with:~~

Commented [CD11]: CPSBC, CPSO

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Commented [CD15]: Current clause 1

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i. can access ~~to medical laboratory services and pharmacy services;~~

~~ii. access to at least one other prescriber who is trained and approved to provide OAT, 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;~~

~~iv.~~ c. the ability to refer patients to appropriate~~, multidisciplinary team support (e.g., social worker, addictions counselling); and~~ monitoring and follow-up.

~~v. other resources and services appropriate to the specific OAT provided;~~

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

~~f. if transferring OAT maintenance to another prescriber with CPSA OAT prescribing approval:~~

~~i. transfer care in accordance with the *Transfer of Care* standard of practice;~~

~~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~~

~~iii. collaborate with the maintaining prescriber, other healthcare providers and multidisciplinary team members involved in the patient's care.~~

~~3.~~8. A regulated member who ~~MAINTAINS[G] patients on OAT~~provides ongoing OUD treatment **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. have CPSA OAT prescribing approval to maintain[G];~~

~~d. at minimum, complete an OAT educational module or course recognized by CPSA[2] within six months of acquiring CPSA approval;~~

~~e. ensure another prescriber approved to maintain OAT is available, in accordance~~

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with the *Continuity of Care* standard of practice, if the maintaining prescriber is absent or suspends their practice;

f. collaborate with the initiating prescriber or appropriate delegate, other healthcare providers 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.

4. A regulated member without CPSA OAT prescribing approval **may** prescribe OAT for a patient in an inpatient or correctional facility for a period no greater than:

a. the duration of the patient's stay or incarceration; and

b. five (5) days or 120 hours following the patient's discharge/release, for the purposes of transition of care.

5. When prescribing OAT for a patient under clause 4, a regulated member without CPSA OAT prescribing approval **must**:

a. specify in the OAT prescription that doses must be:

i. daily; and

ii. witnessed when administered to the patient (and not provided for take-home unwitnessed use);

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.

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Addressing safety concerns

9. If concerns arise related to diversion, misuse, safety or treatment adherence, a regulated member **must:**

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a. reassess the treatment plan;

b. address the underlying concern; and

~~modify treatment as clinically~~

~~b. ensure continuity of care by:~~

~~i. notifying the patient's community prescriber[6] of discharge/release; or~~

~~ii. if the patient does not have a community prescriber, make appropriate arrangements for transfer of care to another health care provider;~~

c. ~~consult with the patient's current prescriber or~~ appropriate ~~delegate before:~~.

~~i. making any changes to the OAT prescription; or~~

~~ii. introducing any new medications with the potential to interact with OAT; and~~

~~d. collaborate with those involved in the patient's care at transitions between treatment settings, in accordance with the *Continuity of Care* standard of practice, including:~~

~~i. the community prescriber;~~

~~ii. other regulated health professionals; and~~

~~iii. multidisciplinary team members.~~

~~6. Notwithstanding subclause 5(c), regulated members without CPSA OAT prescribing approval **may** proceed without consulting the current prescriber if patients require urgent or emergent care.~~

10. A regulated member **must** document:

a. assessment and diagnosis;

b. treatment planning and patient discussions;

c. prescribing decisions; and

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d. monitoring and reassessment.

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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~~ CPSA's Opioid Agonist Treatment Program
  - ~~*Mental Health Service Protection Regulation*~~
- *Mental Health Service Protection Regulation*
- OAT Information Checklist
- Prescribing Resources and Tools
- Sample Letter of Support
- U of C's Wise Prescribing & ~~Describing~~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).

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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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