

An introduction to supporting patients through the opioid crisis

PANELISTS

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WITH

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Ontario College of
Family Physicians 



Family & Community Medicine
UNIVERSITY OF TORONTO


**Mental Health
and Addictions**

August 28, 2024

Practising Well: Your Community of Practice

Please introduce yourself in the chat!

Your name,
Your community,
Your twitter handle



@OntarioCollege
#PractisingWell

Your Panelists: Disclosures

Dr. Jennifer Wyman

Relationships with financial sponsors (including honoraria):

- Dr. Wyman receives salary support from the Ministry of Health through META:PHI. She has received research grant funding from CCSA and CIHR and has received speaker fees from OCFP.

Andrew McLeod

Relationships with financial sponsors (including honoraria):

- Andrew McLeod has received honoraria from META:PHI and has received speaker fees from OCFP.

Disclosures

Dr. Stephanie Zhou @stephanieyzhou

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well Scientific Planning Committee
- Canadian Medical Association – Honoraria for practice management lectures
- Habitat for Humanity GTA – Board of Directors member
- Toronto Public Health – Board of Directors member

Disclosure of Financial Support

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Potential for conflict(s) of interest:

N/A

Mitigating Potential Bias

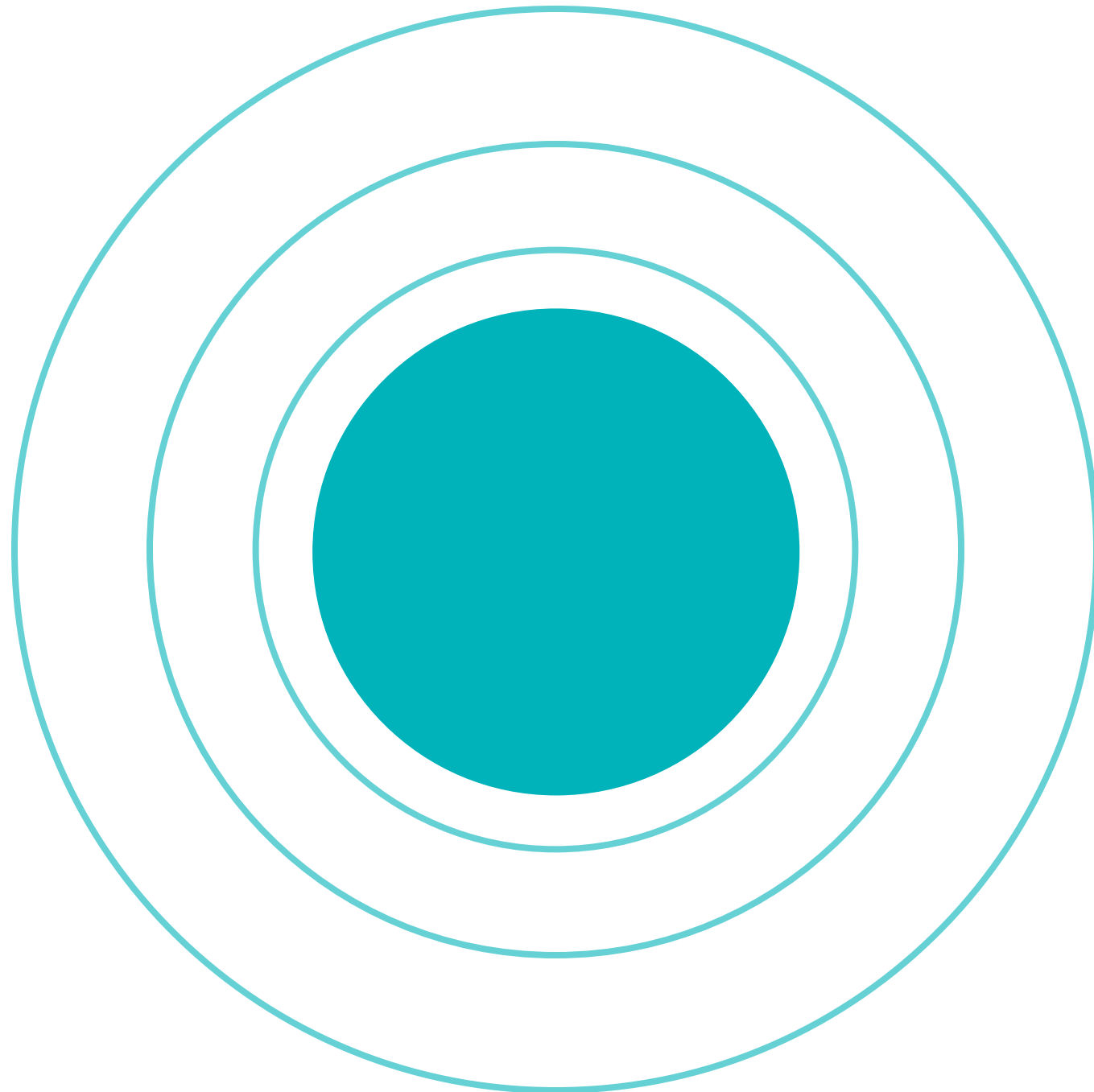
- The Scientific Planning Committee (SPC) has control over the choice of topics and speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by the SPC.

Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognizes that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respects that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.



An introduction to supporting patients through the opioid crisis

You raised important questions we'll try to work through together today:

1. What are the benefits of OAT? Are there any risks?
2. How to communicate with families of patients with OUD?
3. What are the best harm reduction strategies for primary care?
4. Are there any resources for patients with OUD that are covered by OHIP?

And other questions you add in the Q&A box...



Objectives

1. Discuss current issues in treatment of opioid use disorder
2. Build capacity to provide safe and comprehensive primary care for persons who use drugs
3. Develop an approach to prescribing buprenorphine in primary care

Terms used throughout

- OUD – opioid use disorder
- OAT – opioid agonist therapy
- PWUDs – people who use drugs
- RAAM – rapid access addiction medicine clinic

Treatment of OUD

Not recommended:

Withdrawal Management (alone)

Oral Naltrexone

Psychosocial Interventions Alone

Recommended first-line therapies: Opioid Agonist Therapy (OAT)

Buprenorphine

Methadone

Slow Release Oral Morphine (SROM)

Recommended second-line therapies:

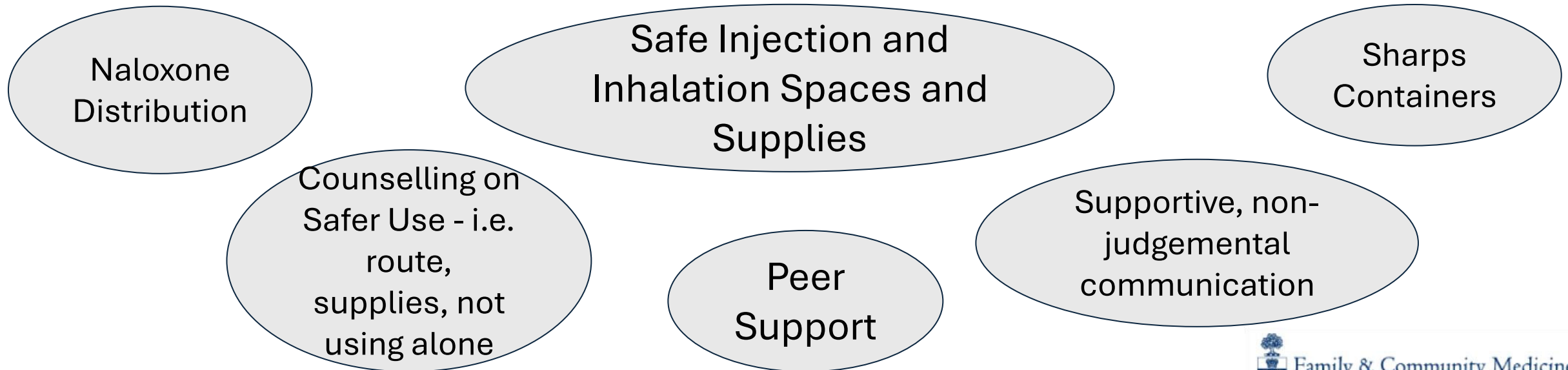
iOAT
diacetylmorphine (heroin) or hydromorphone
**beyond today's scope*

***Harm Reduction Strategies (regardless of approach)**

Harm Reduction

Harm reduction refers to the evidence-based policies, programs and practices that aim to minimize the negative impacts of drug use, and focuses on working with people without judgment or requiring that they stop using drugs in order to receive support.

Casey House and Harm Reduction International



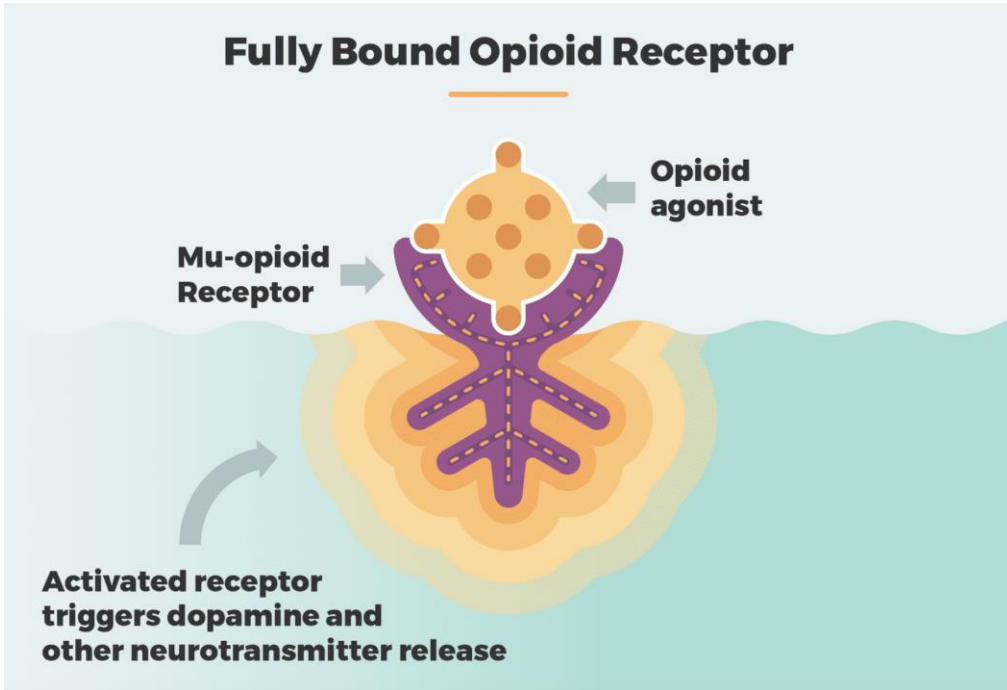
A Personal Perspective on Being on OAT

- Advice for family doctors on:
 - Stigma
 - Making the environment feel safe
 - Language
 - Worries
 - Harm reduction

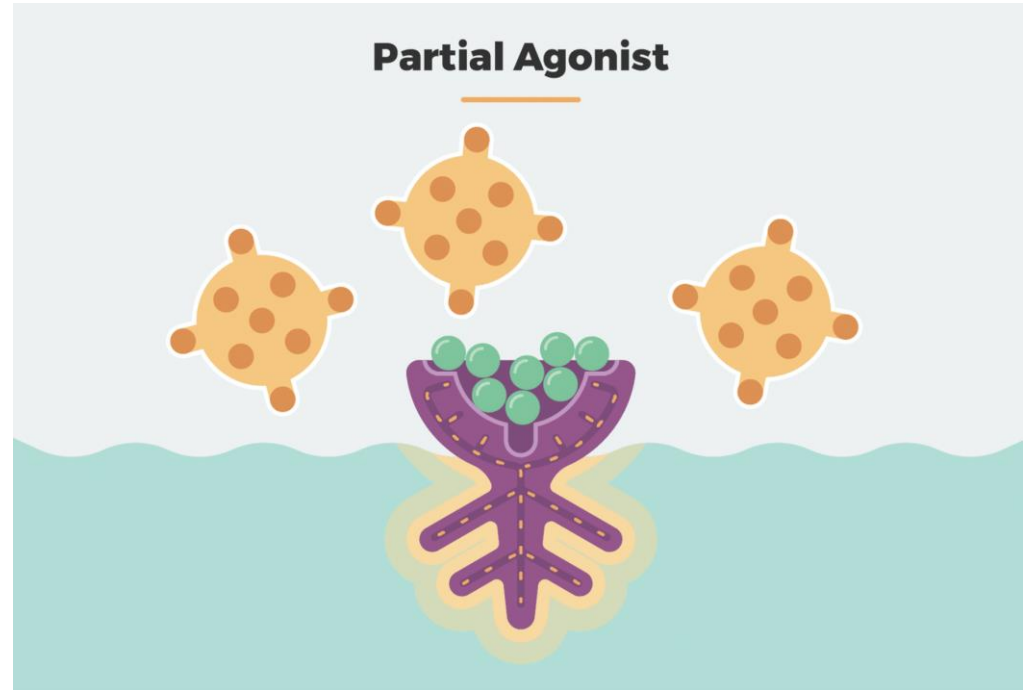
What is Suboxone™

- *Buprenorphine: a long-acting partial opioid agonist with ceiling effect on respiratory depression*
- Buprenorphine/naloxone tablets for SL use
- Common tablet strengths 2/.5mg and 8/2mg
- Suboxone™ Film for SL use
- Long-acting injectable (Sublocade™)
- Buprenorphine patches (BuTrans™)

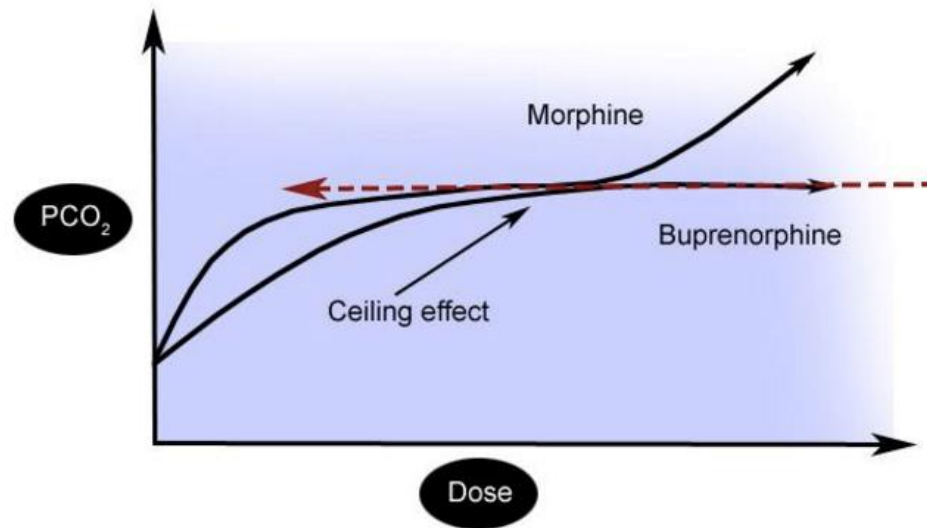
Fully Bound Opioid Receptor



Partial Agonist



Ceiling Effect on Respiratory Depression



Thank you for taking over the prescription of buprenorphine for your patient. They started on buprenorphine in February through the RAAM clinic and have been on 16mg daily for the past 2 months, taken as 8mg BID. They have been picking up medications every 2 weeks. They have no ongoing opioid use and no other problematic substance use. Their current prescription ends May 31.

What do I do???

- How long will they be on bup?
- How often do I need to see this patient?
- What are “observed doses” and “carries”?
- Will I have to do urine drug testing? How, how often, what are the implications?
- Do I need to work with a specific pharmacy? How do I write prescriptions?
- When would I need to adjust doses? (acute pain, slip, taper)
- Where do I get help if I don’t know the answer to these questions??

Frequency of Visits

- Trajectory of OAT care
 - Early stabilization
 - Late stabilization
- Frequency of visits is proportionate to level of stability/needs
 - Weekly-> bi-weekly -> monthly -> q3/12

What happens at a visit?

Each visit is an opportunity to review:

- Substance use, thoughts, urges and cravings
- Mood and function
- Health issues
- Psychosocial update
- Medications
- Any test results
- Goals

Assessing the dose

- Withdrawal symptoms
- Thoughts, urges or cravings
- Substance use (opioids, other prescription/unregulated substances, alcohol, cannabis)
- Sedation
- Side effects
- Mood and function

Dosing

- Usual range 2-32
- Usually taken once daily, but sometimes divided BID, especially for patients with chronic pain and OUD
- The “correct” dose is the dose at which the person feels “normal” over 24h (no sedation, no withdrawals, ideally no cravings)
- For patients with pain – focus on function

Indications for a dose increase

- Withdrawal symptoms: sweats, chills, restless legs, upset stomach, poor sleep, all starting before 24 h
 - Resumption of opioid use or difficulty stopping/reducing opioids
 - Cravings, thoughts and urges
 - Increase in non-opioid substance use
 - Acute pain
-
- Usually increments of 2-4mg, with planned follow up in 1-2 weeks

Indications for a dose decrease

- Sedation or side effects
- Planned taper: consider the following when helping people to decide on their goals
 - Client choice
 - How long have they been on buprenorphine?
 - Is there any other problematic substance use?
 - What are their social supports like?
 - Is there ongoing exposure to people, places and things that were associated with substance use in the past?
 - Are there other factors that could be challenging: chronic pain, stressors, mood/mental health issues

Sample Rx

BUPRENORPHINE 2MG / NALOXONE 0.5MG TABLET

2MG SL DAILY SEPTEMBER 1 - 28 INCLUSIVE

OBSERVED DOSES MONDAYS, PICK UP 6 CARRIES

TAKE HOME DOSES TUES - SUNDAY

Quantity: 28 days Repeats: 0

DIN: 02424851

NOTES:

PLEASE DO NOT DOSE IF PATIENT APPEARS SEDATED.

PLEASE INFORM THE CLINIC IF THE PATIENT MISSES ANY DOSES.

PLEASE HOLD RX AND NOTIFY CLINIC IF THE PATIENT HAS MISSED MORE THAN 5 CONSECUTIVE DOSES.

Signature: _____

Jane Doe , MD, CCFP

CPSO #: 00000

Writing buprenorphine prescriptions

- Plan ahead: continuity is key
- Vacations, storms, weekend closures, long weekends
- Medications should always be stored somewhere safe and out of reach; locked boxes are a good idea for storing any opioids
- Plan the next appt to coincide with or before the end of the prescription

Urine drug testing in Primary Care

- Consider the need for urine testing with respect to clinical decision making – e.g. stable patients with take-home doses minimum 4/year
- No need for point of care tests if they are not being used in the office otherwise
- Provide the patient with a requisition form for “broad spectrum toxicology”; sample can be collected in the office or at the lab
- If the results are NOT as expected, schedule a follow-up call or in person visit to discuss

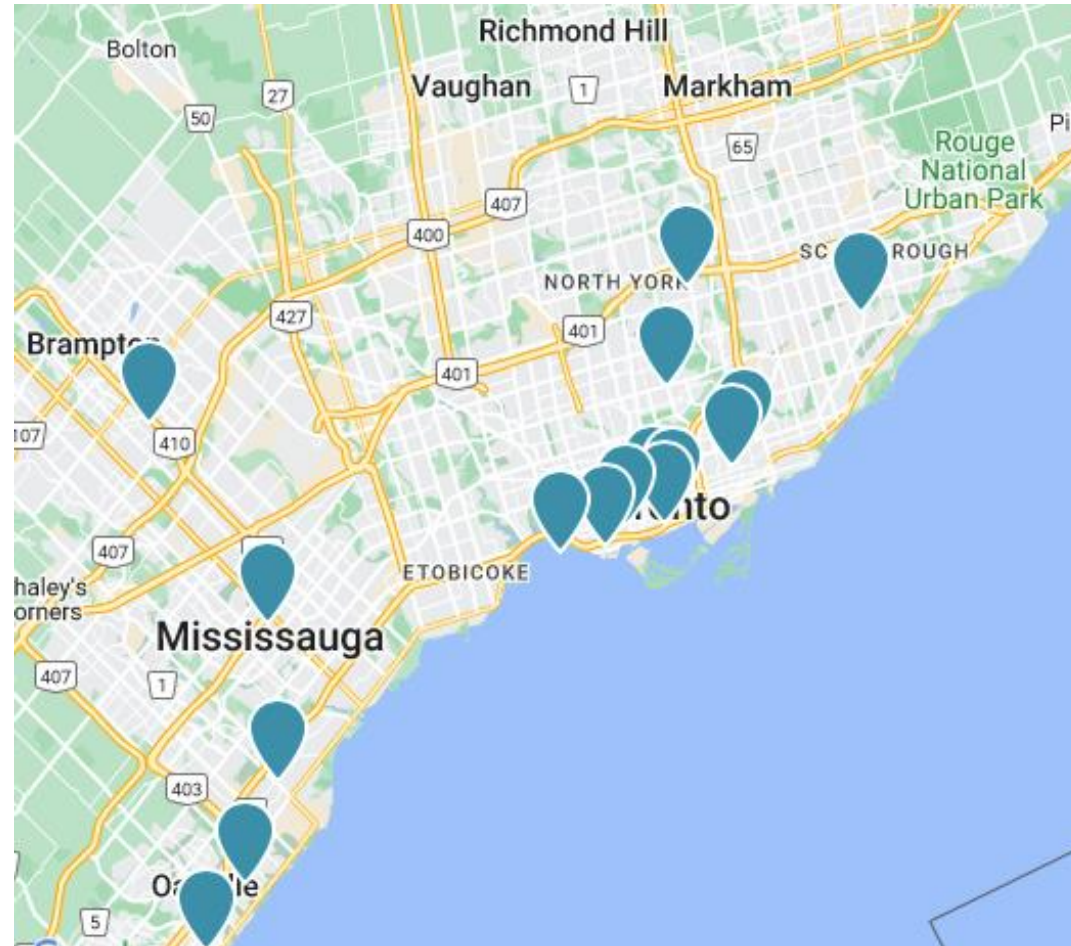
Management of missed buprenorphine doses

≤ 5 missed doses \rightarrow maintain current dose

≥ 6 missed doses \rightarrow re-start

See machealth Buprenorphine Reference Guide, CAMH ODT guide or call RAAM

RAAM Clinics



<https://www.metaphi.ca/raam-clinics/>

Additional resources for learning

PRESCRIBER INFORMATION

Buprenorphine Macro dosing Primer

[DOWNLOAD](#) 

PDF, 86KB

PRESCRIBER INFORMATION

Methadone Initiation

[DOWNLOAD](#) 

PDF, 278KB

PRESCRIBER INFORMATION

Buprenorphine Macro dosing Initiation

[DOWNLOAD](#) 

PDF, 542KB

PRESCRIBER INFORMATION

Buprenorphine Quick-Start Guide

[DOWNLOAD](#) 

PDF, 614KB

PRESCRIBER INFORMATION

Buprenorphine Reference Guide for ED Providers

[DOWNLOAD](#) 

PDF, 303KB

PRESCRIBER INFORMATION

Buprenorphine FAQs

[DOWNLOAD](#) 

PDF, 158KB

Provincial Opioid Addiction Treatment Support Program

BCCSU > Provincial Opioid Addiction Treatment Support Program

POATSP and POATSP RN/RPN ONLINE COURSE UPDATE ×

A new version of this course, based on updates to *A Guideline for the Clinical Management of Opioid Use Disorder (2017)*, is anticipated in June 2023.

POATSP and POATSP RN/RPN Learners

- Learner progress will not be transferred from this course to the new course.
- It is recommended you complete this course by June to avoid losing your progress.

IN THIS SECTION

› Physicians and Nurse Practitioners' Education and Training Pathway

› Authorized RN and RPN



Opioid Use Disorder Treatment (OUDT) Course

REGISTER MAY



Home / Education / [Continuing Education Programs and Courses](#) / Continuing Education Directory / **Opioid Use Disorder Treatment OUDT Course**

[Education](#)[Continuing Education Directory](#)[Certificate Programs Course Requirements](#)

Course Overview

This course will prepare learners to effectively and safely manage the treatment of clients receiving methadone or buprenorphine for opioid use disorder. The course will also promote interprofessional collaboration among the health care team involved in the delivery of opioid dependence treatment

Course details

Date: Use the link below to register:

[May 15 - August 28, 2023](#)

Intended Audience: Physicians; nurse



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Resources

Education



Links to resources shared today will be sent to participants following the session.

Practising Well CoP – Self Learning Program

The Practising Well CoP is now certified for self learning credits!

Earn **1-credit-per-hour** for reviewing the recording and resources from **past CoP sessions**. The self learning program is certified for up to 50 Mainpro+ credits.



**Learn More and
Participate**

Peer Connect

Have questions about substance use? Or about caring for patients with their mental health, and/or chronic pain?

Connect with a Peer Guide for more individualized educational support.



Dr. Gregory Hariton

[Connect Now!](#)



Dr. Paul Hoogeveen

[Connect Now!](#)



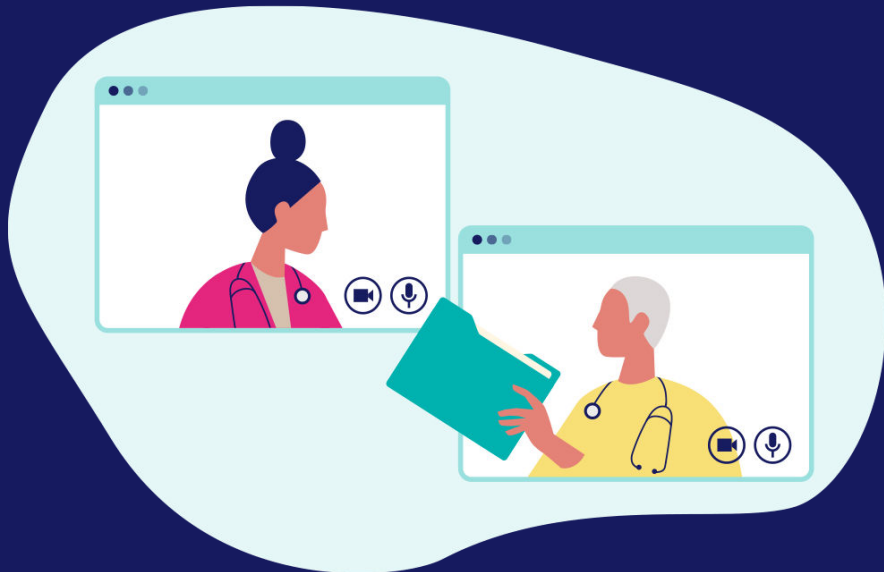
Dr. Rupa Patel

[Connect Now!](#)



Dr. Lori Regensteif

[Connect Now!](#)



Understanding Quality Standards in Primary Care Program

Opioid Use Disorder Quality Standard

This quality standard addresses care for people 16 years of age and older (including those who are pregnant) who have or are suspected of having opioid use disorder. The scope of this quality standard applies to all services and care settings, including long-term care homes, mental health settings, remote nursing stations, and correctional facilities, in all geographic regions of the province.

Earn **1.5 Mainpro+® credits** for reviewing the [Opioid Use Disorder quality standard package](#).

To learn more, or to enroll in the program, contact:
UnderstandQS@ontariohealth.ca

Quality
Standards

This one-credit-per-hour Self-Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 65.0 credits



Understanding Quality Standards in Primary Care Program

Opioid Prescribing for Chronic Pain Quality Standard

This quality standard provides guidance on the prescribing, monitoring, and tapering of opioids to treat chronic pain for people 15 years of age and older in all care settings. It does not address opioid prescribing for acute pain or end-of-life care, nor does it address the management of opioid use disorder in depth.

Earn **1.5 Mainpro+® credits** for reviewing the [Opioid Prescribing for Chronic Pain quality standard package](#).

To learn more, or to enroll in the program, contact:
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Understanding Quality Standards in Primary Care Program

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Earn **2.0 Mainpro+® credits** for reviewing the [Opioid Prescribing for Acute Pain quality standard package](#).

To learn more, or to enroll in the program, contact:
UnderstandQS@ontariohealth.ca

Quality
Standards

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Resources

Supports



Resources

Supports



OMA Physician Health Program

<https://php.oma.org>

Centre for Addiction and Mental Health
Health Care Provider (HCP) Resource
Site

<http://www.camh.ca/covid19hcw>

CMA Wellness Hub

<https://www.cma.ca/physician-wellness-hub>



- PARO 24/7 Helpline for Residents, Family Members, Medical Students
- 1-866-HELP-DOC



- <https://www.ontario.ca/#support-health-care-worker>
 - Self-led / With peers / Talk to a clinician
- [Ontario Shores Centre for Mental Health Sciences, Whitby](#)
- [St. Joseph's Healthcare, Hamilton](#)
- [The Royal Ottawa Mental Health Centre, Ottawa](#)
- [Waypoint Centre for Mental Health Care, Penetanguishene](#)
- [Centre for Addictions and Mental Health \(CAMH\), Toronto](#)



- ECHO Coping with COVID
 - for health providers (educational credits)
 - Fridays 2-3pm EST
- <https://camh.echoontario.ca/echo-coping-with-covid/>

Support for you and those you care about.

Upcoming Community of Practice

Best practices for treating and diagnosing ADHD in primary care
with Dr. Kyle Lee and Dr. Devon Shewfelt

September 18, 2024
8:00am – 9:00am

[Register Now](#)

practisingwell@ocfp.on.ca



This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 1 Mainpro+ credit. The Practising Well Community of Practice includes a series of planned live, interactive sessions. Each session is worth 1 Mainpro+ credits, for up to a total of 12 credits.