Addiction Medicine in BC

PRA-BC Orientation

Fall 2024

Dr. Steven Yau

Land Acknowledgement

We are on the unceded homelands of the Indigenous People of Canada, and here in Vancouver, we are on the traditional territories of the Coast Salish People, including the Sḵwx̱wú7mesh (Squamish), xʷməθkwəy̓əm (Musqueam), and Səl̓ílwətaʔ/Selilwitulh (Tsleil-Waututh) Nations.

Source: Beadwork by Amanda Laliberte, Ashley Copage, Ashley McKenzie-Dion, Didi Grandjambe, Jennelle Doyle, Joelle Charlie, Kyla Woodward, Lenore Augustine, Marissa Magneson, Mellz Compton, Monique Jolly, and Rena Laboucan. Graphic design by Justin Romero. (Kooteen Creations/Facebook)

Disclosure and Conflict of Interests

- No relationship to any commercial interests
- Professional roles:
  - Prescriber: opioid use disorder and chronic pain when it is appropriate
  - Preceptor: for BCCSU opioid agonist treatment program
  - Reviewer: Risk Mitigation Prescribing Guidelines in the Context of Dual Public Health Emergencies. 2020
- Views and opinions are not representative for the organizations I work for.

Learning Objectives

By the end of the session participants should be able to:

- Recognize the ongoing toxic drug deaths in BC/Canada since 2016
- Recognize the historic and current trends in opioid prescribing in Canada.
- Identify indications for opioids as appropriate pharmacological treatment
- Apply safe prescribing parameters to minimize the risk of harm to the patient and wider community
- Identify aberrant behaviours that could suggest opioid use disorder
- Explain current opioid use disorder pharmacological options in BC
- Understand the roles and responsibilities for PRA-BC candidates in the context of opioid prescribing
- Identify appropriate consultation options and community resources for patients who are suffering from substance use disorder

What we are not discussing today:

- Other substances use disorders: alcohol, tobacco, stimulants, sedatives, hypnotics, etc
- Non-substance use addiction: sex, food, gambling, etc
- Clinical assessment to diagnose opioid use disorder (OUD)
- Opioid agonist treatment details (initiation, titration, cessation)
- Treatment of acute/chronic pain in either acute vs community settings
- Solving the toxic drug supply problem
- History of drug prohibition and “War On Drugs”

Preamble

- You will encounter patients in your assessment and future practice with substance misuse, abuse or use disorder
- You will be presented with some statistics that may challenge your current clinical understanding, assumptions and judgements about substance use disorder, particularly opioids.
- You are encouraged to consider your own views, values, believes, assumptions and judgements to people who use substances.

Scenario 1

45yoF came in for medication refill near the end of the day. You noticed that patient was getting loud in the waiting room because you are running behind schedule. You have not met this patient before.

- She had suffered an obvious ankle injury yesterday but there is no fracture based on your exam.
- She is asking for pain medications and said she has a “high pain tolerance” and had already tried Acetaminophen and NSAID and they did not work. She is asking for “something stronger”
- On Pharmanet review, you noticed she is on Methadone daily.

Q: What goes through your mind and what would you do?

Scenario 2

You are working in the ER and a 55yoM came was brought by EHS after he was found overdosing from using fentanyl. Naloxone was administered 3 times in total on the scene and enroute.

- His vitals were reassuring, and you noticed he's no longer sedated and in fact displaying signs of opioid withdrawals.
- You found several other ER visits for the same reason.

Q: What goes through your mind and what would you do?

Scenario 3

You inherited a practice and your next appointment is a 65yoF for “refills”.

- Her medications include: Paroxetine 20mg daily, Clonazepam 1mg BID, Hydromrophone 4mg 1-2 tabs QID PRN, metformin 1000mg BID, Zopiclone 7.5mg HS
- This is your second time meeting this person, she suffers from anxiety/depression, chronic pain (known bilateral moderate/severe knee OA), obesity, diabetes. You noticed her A1c is relatively controlled, vitals were acceptable but her BMI is 40.
- She seems to be coming in a little earlier than you think she should based on her last refill amount.

Q: What goes through your mind and what would you do?

I) Opioids and Stimulants-related Harms in Canada

In Canada:

- between January 2016 and September 2024
  - 50,928 apparent opioid toxicity deaths
  - 46,835 hospitalizations for opioid-related overdoses
  - 237,809 EMS responses to suspected opioid-related overdoses (Jan 2017-Sept 2024)
  - the majority of deaths (84%) occurred in **British Columbia, Alberta, and Ontario**.

- Worrisome statistics (Jan-Sept 2024):
  - 72% were accidental
  - 72% were males
  - 28% age 30-39
  - 75% involved fentanyl
  - 81% involved opioids that were only **non-pharmaceutical**
  - 68% involved a stimulant

Source: Health Canada – Key Findings: Opioi- and Stimulant-related Harms in Canada. https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/ Accessed Oct 21, 2024.

I) Opioids and Stimulants-related Harms in Canada

Key updates

OPIOIDS | STIMULANTS

Reported in 2024 (January to September) in Canada

5,626

Apparent opioid toxicity deaths [1] [2] [3]

(12% lower than the same period in 2023)

21

Deaths per day on average

4,241

Opioid-related poisoning hospitalizations [8]

(13% lower than the same period in 2023)

15

Hospitalizations per day on average

19,599

Opioid-related poisoning Emergency Department (ED) visits [9]

(9% lower than the same period in 2023)

72

ED visits per day on average

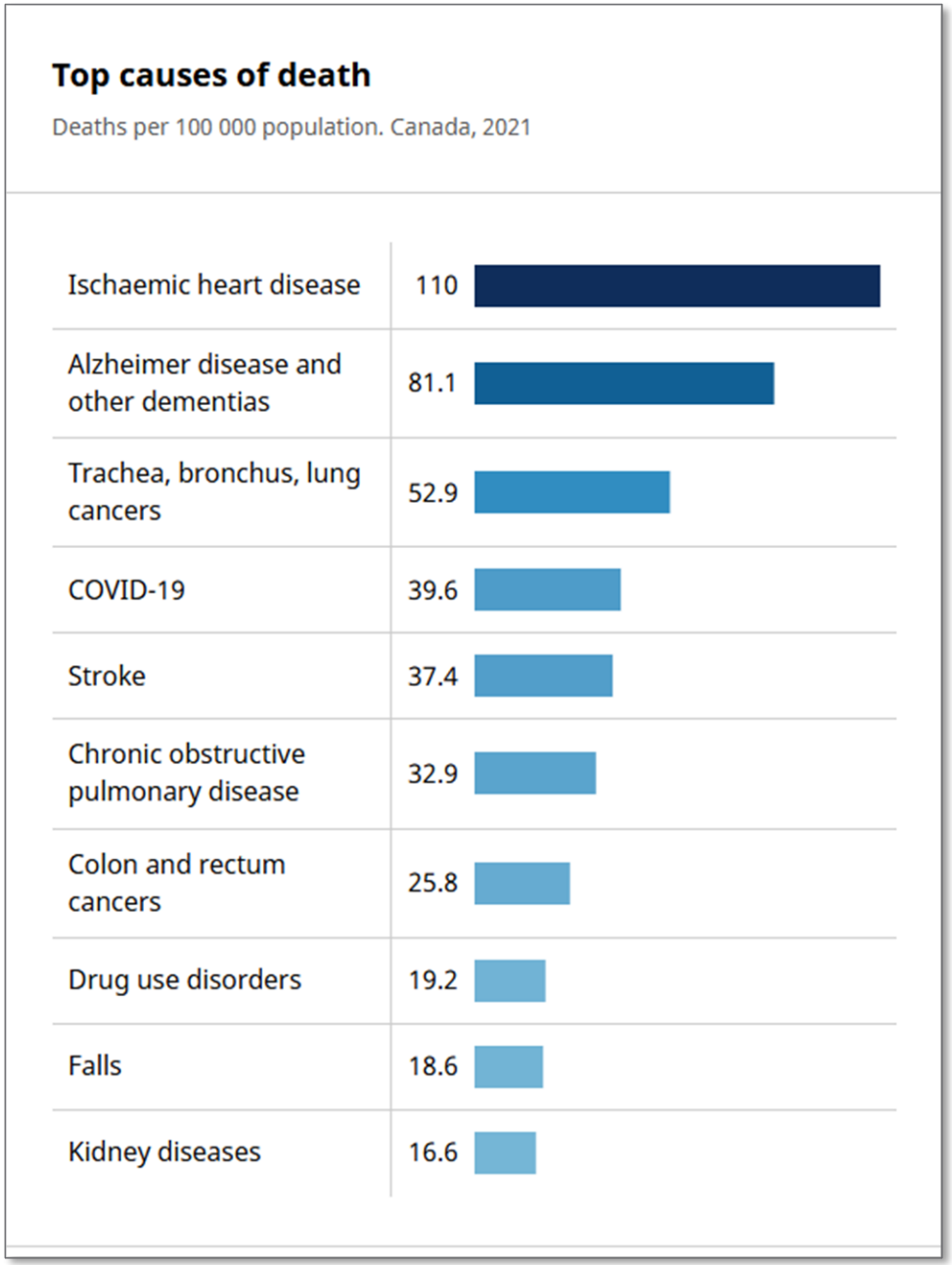
28,813

Emergency Medical Services (EMS) responses to suspected opioid-related overdoses [11]

(14% lower than the same period in 2023)

105

EMS responses per day on average



Source: WHO – Health data overview for Canada

Unregulated Drug Deaths – BC Summary

In BC:

- Public health emergency declared on BC April 14, 2016 under Public Health Act
- Primarily caused by imported synthetic opioids such as **fentanyl and its derivatives**, but also other contaminants.
- 17,401 illicit drug toxicity deaths in BC from 2014 – Jan 2025

So far in 2025:

- 152 deaths in Jan 2025, 30% decrease vs Jan 2024 (219);
- Common mode of consumption: smoking (57%); then nasal insufflation (14%), injection (13%), oral (4%); unknown (29%)
- 81% occurred indoor (46.1% private residence, 29.6% supported housing, SRO, shelters, etc); only 17.8% outdoor (street, parks, vehicles, sidewalks)

Source: BC Coroner Service – Unregulated Drug Deaths – Summary

Unregulated Drug Deaths - BC

Coroners Service

- Summary
- BC
- Age Group
- Sex
- HA (Year)
- HA (Month)
- HSDA
- LHA
- Township of Injury
- Place of Injury
- Drugs Involved
- Fentanyl Detected
- Fentanyl Concentration
- Expedited Tox 1
- Expedited Tox 2
- Mode of Consumption
- Income Assistance Day
- Notes

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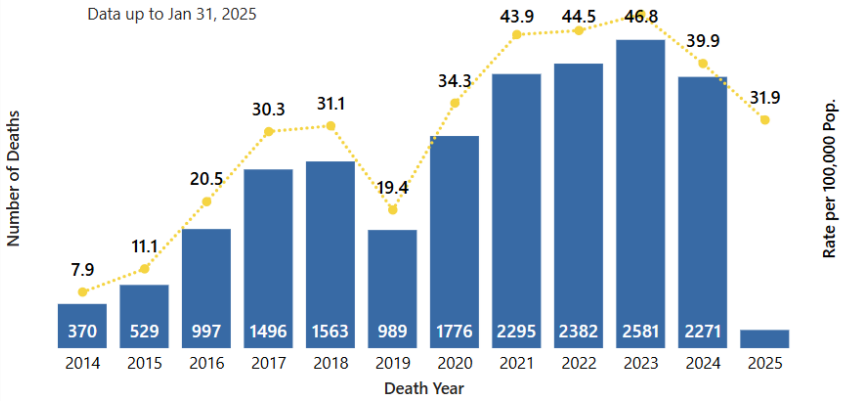
Data up to end of Jan 2025.

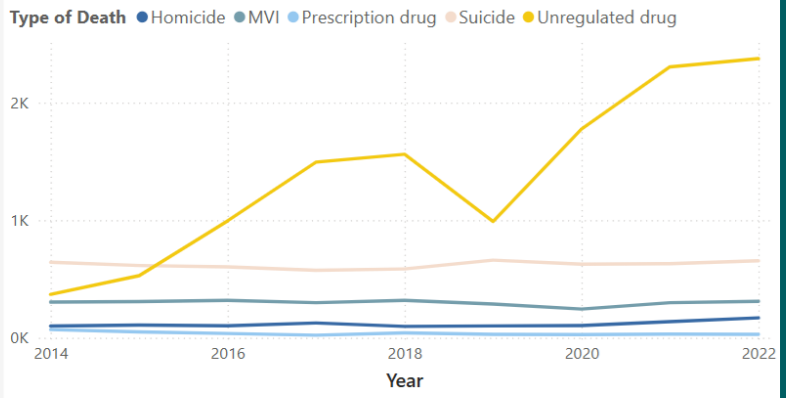
Unregulated Drug Deaths and Death Rate per 100,000 Population, 2014-2025

Data up to Jan 31, 2025



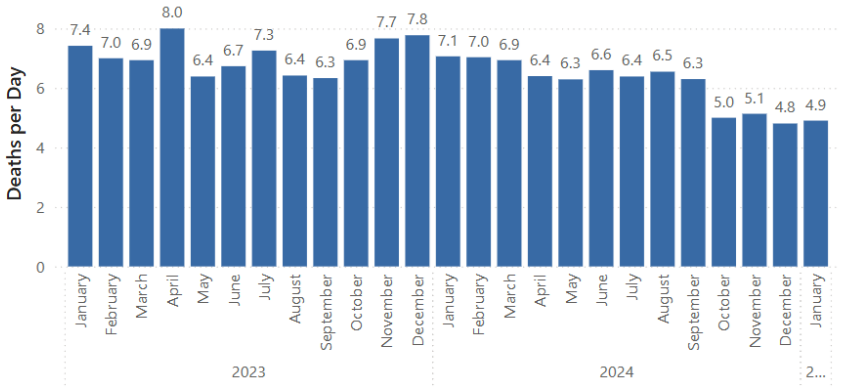
Note: 2025 rate is annualized for the year.

Causes of Unnatural Deaths in BC



Note: Numbers are preliminary and subject to change as investigations are completed.

Unregulated Drug Deaths per Day by Month

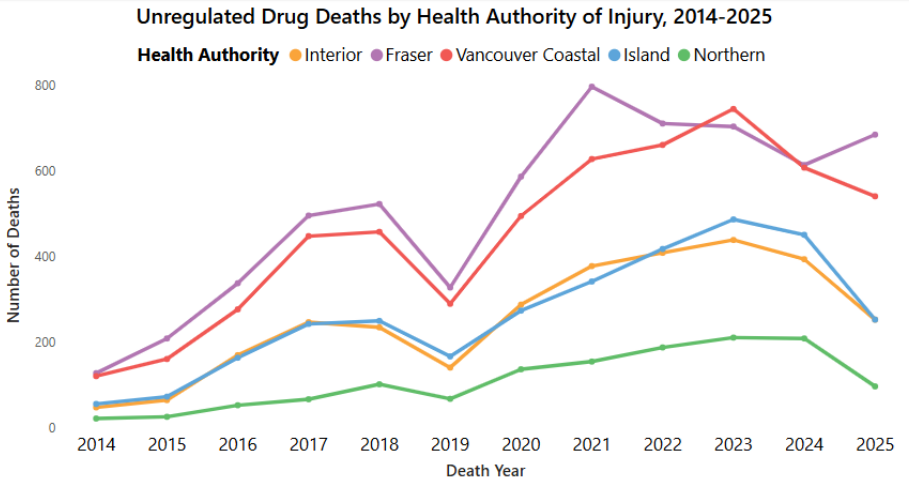


Unregulated Drug Deaths by Month, 2014-2025

Month	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
January	23	43	86	148	134	93	79	188	217	230	219	152
February	38	31	58	125	108	86	79	176	203	196	204	
March	28	32	76	130	158	120	120	173	185	215	215	
April	29	34	73	155	137	81	130	188	176	240	192	
May	40	41	51	149	118	94	176	174	214	198	195	
June	29	34	72	130	116	75	189	178	156	202	198	
July	26	40	74	122	150	72	187	197	202	225	198	
August	37	53	65	127	126	83	163	202	191	199	203	
September	32	50	63	97	139	63	143	161	193	190	189	
October	35	53	77	98	119	79	174	214	209	215	155	
November	28	52	140	111	131	81	169	215	202	230	154	
December	25	66	162	104	127	62	167	229	234	241	149	
Total	**370**	**529**	**997**	**1496**	**1563**	**989**	**1776**	**2295**	**2382**	**2581**	**2271**	**152**

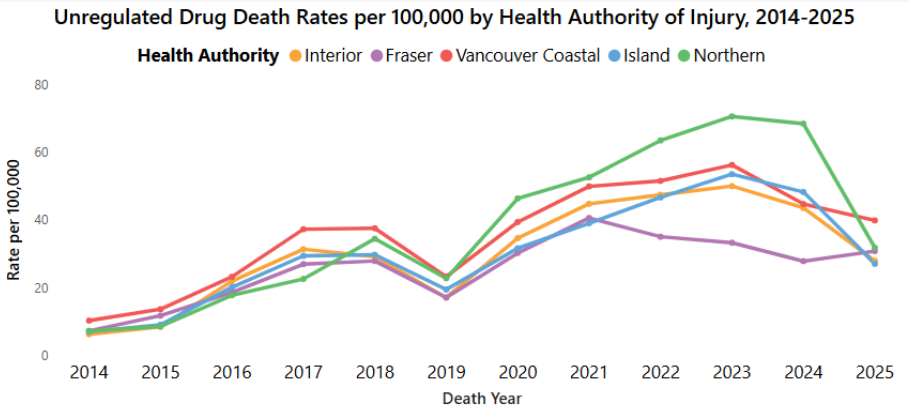
[Source: BC Coroner Service – Unregulated Drug Deaths – BC.]

Unregulated Drug Deaths - Health Authority of Injury (Year)



Unregulated Drug Deaths by Health Authority of Injury, 2014-2025

HA_Name	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Interior	47	64	169	246	234	140	287	377	408	438	393	21
Fraser	127	208	337	495	522	327	586	796	710	703	613	57
Vancouver Coastal	120	160	276	447	457	289	494	627	660	744	607	45
Island	55	72	163	242	249	166	273	341	417	486	450	21
Northern	21	25	52	66	101	67	136	154	187	210	208	8
British Columbia	370	529	997	1496	1563	989	1776	2295	2382	2581	2271	152



Unregulated Drug Death Rates per 100,000 by Health Authority of Injury, 2014-2025

Health Authority	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Interior	6.3	8.5	22.0	31.4	29.2	17.2	34.6	44.8	47.4	50.0	43.5	27.9
Fraser	7.3	11.8	18.7	27.0	27.9	17.1	30.3	40.6	35.1	33.3	27.9	30.8
Vancouver Coastal	10.3	13.7	23.2	37.3	37.5	23.3	39.4	49.9	51.5	56.2	44.7	39.9
Island	7.1	9.1	20.2	29.4	29.7	19.5	31.6	39.0	46.6	53.5	48.2	27.1
Northern	7.3	8.6	17.8	22.6	34.5	22.8	46.3	52.6	63.4	70.5	68.4	31.8
British Columbia	7.9	11.1	20.5	30.3	31.1	19.4	34.3	43.9	44.5	46.8	39.9	31.9

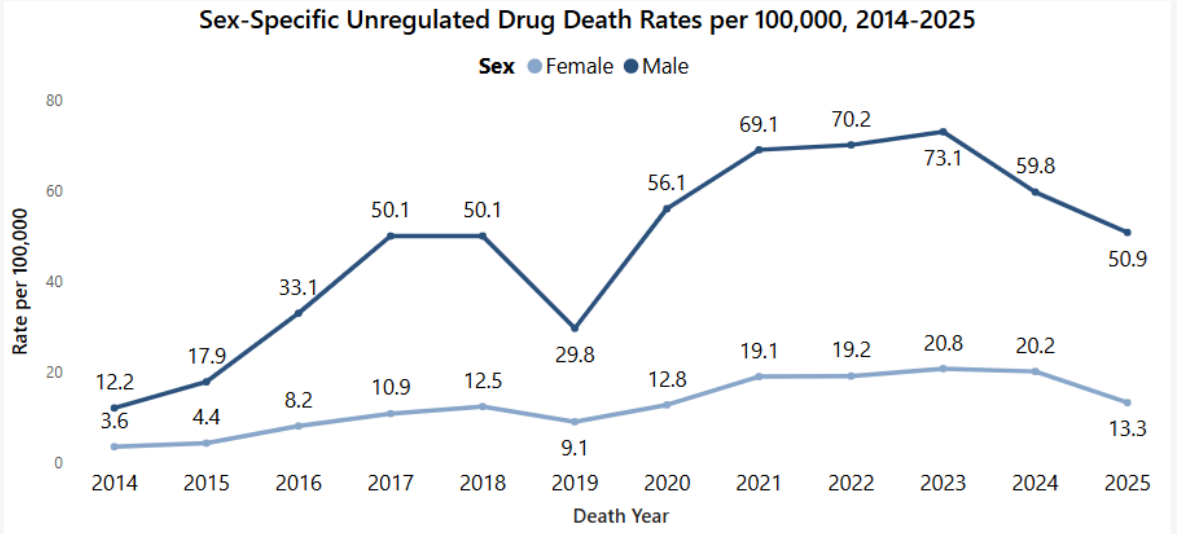
Note: In the figures, 2025 numbers and rates are annualized for the year.

Unregulated Drug Deaths - Sex

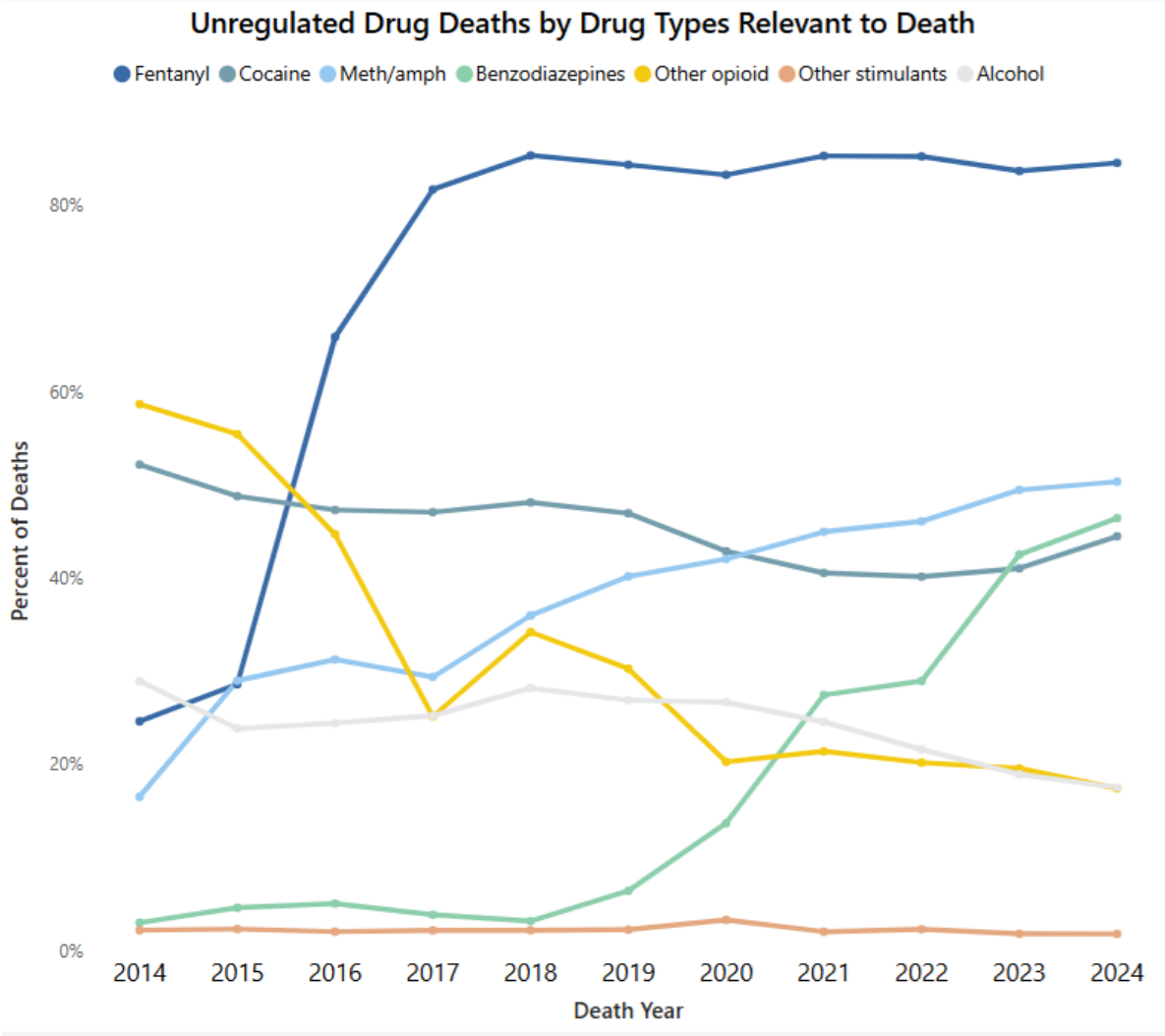
Yearly | Monthly | British Columbia | Interior

Unregulated Drug Deaths by Sex, 2014-2025

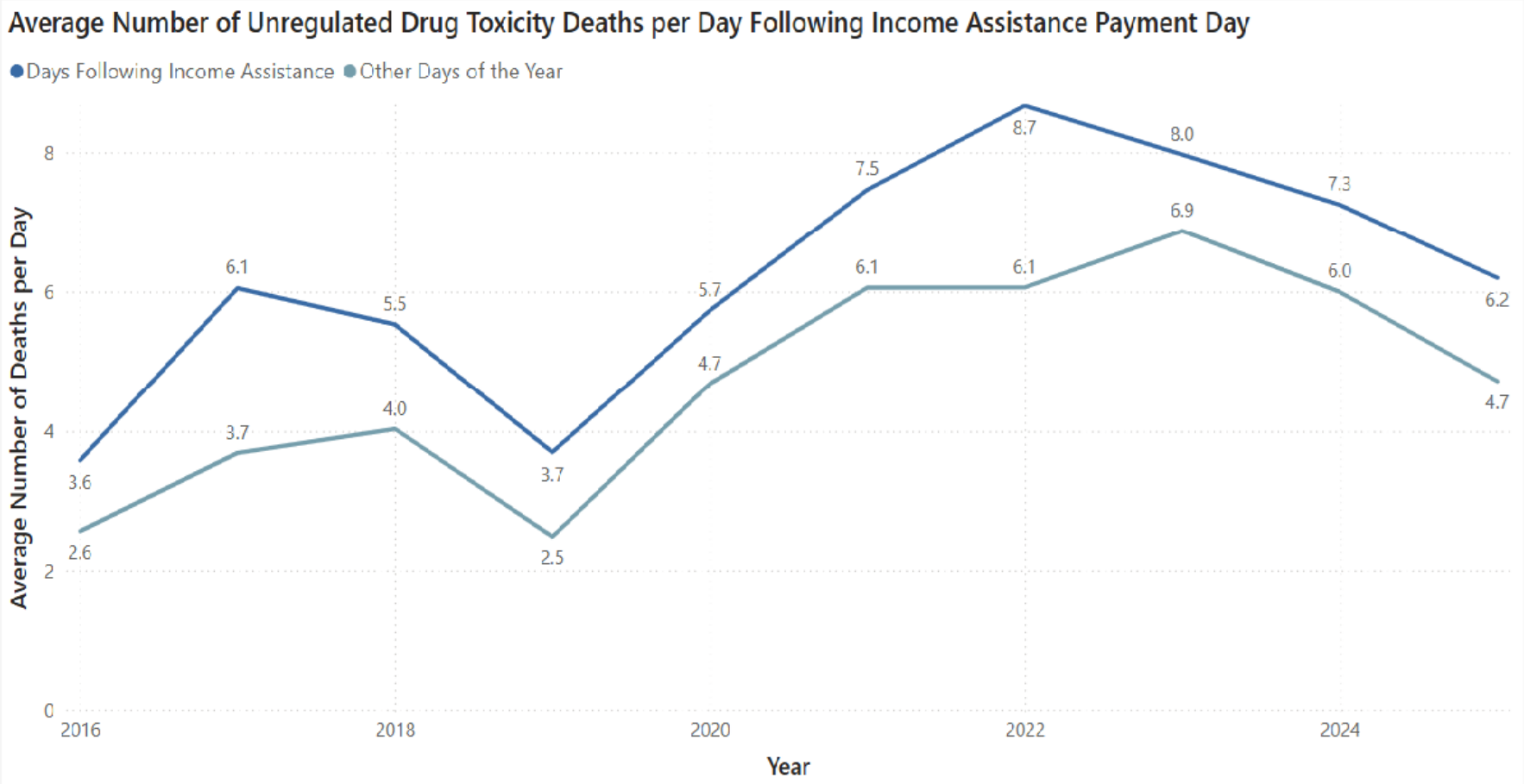
Sex	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Female	86	106	201	272	316	235	335	503	519	580	581	32
Male	284	423	796	1224	1247	754	1441	1792	1863	2001	1690	120
Total	**370**	**529**	**997**	**1496**	**1563**	**989**	**1776**	**2295**	**2382**	**2581**	**2271**	**152**



Unregulated Drug Deaths - Drugs Involved



Unregulated Drug Deaths - Income Assistance Day

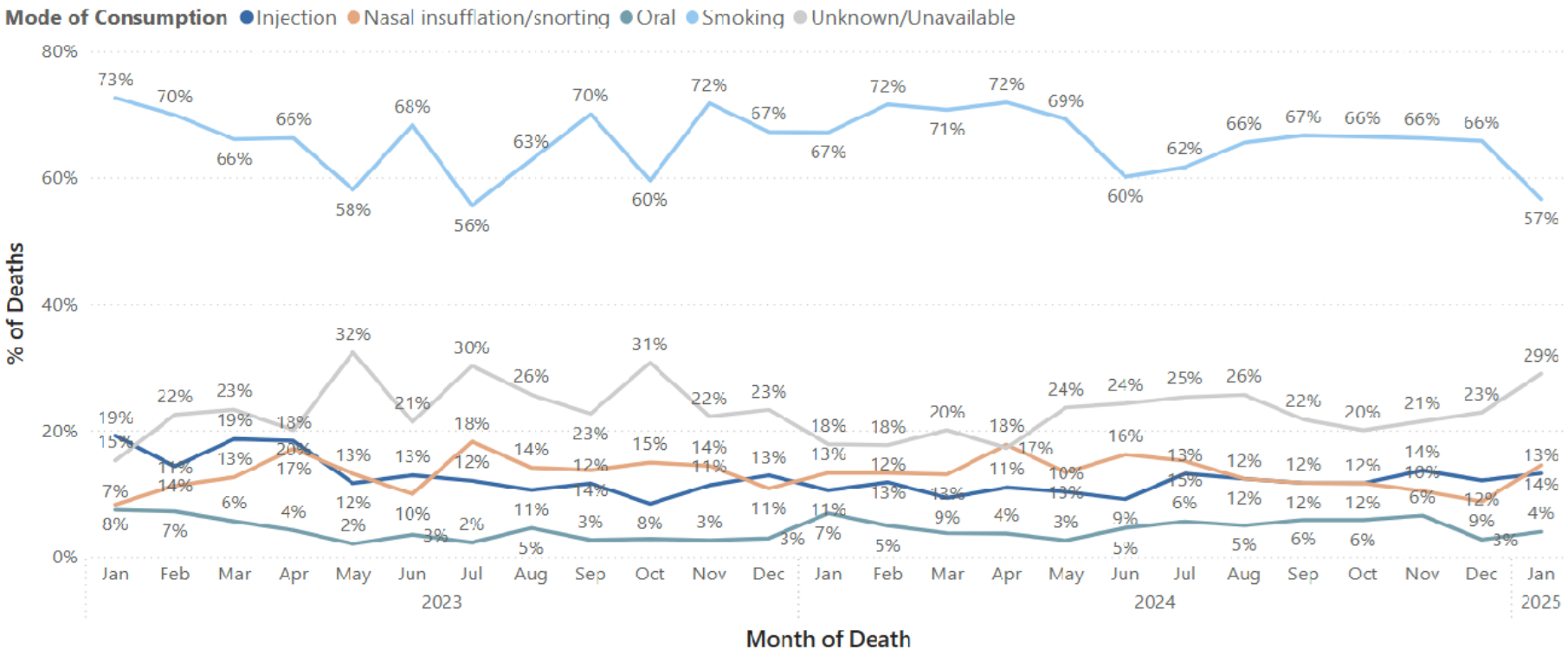


Notes:

The days following income assistance payment day include the payment day (Wednesday) to the Sunday. Income assistance payment dates can be found at https://www2.gov.bc.ca/gov/content/family-social-supports/income-assistance/payment-dates.

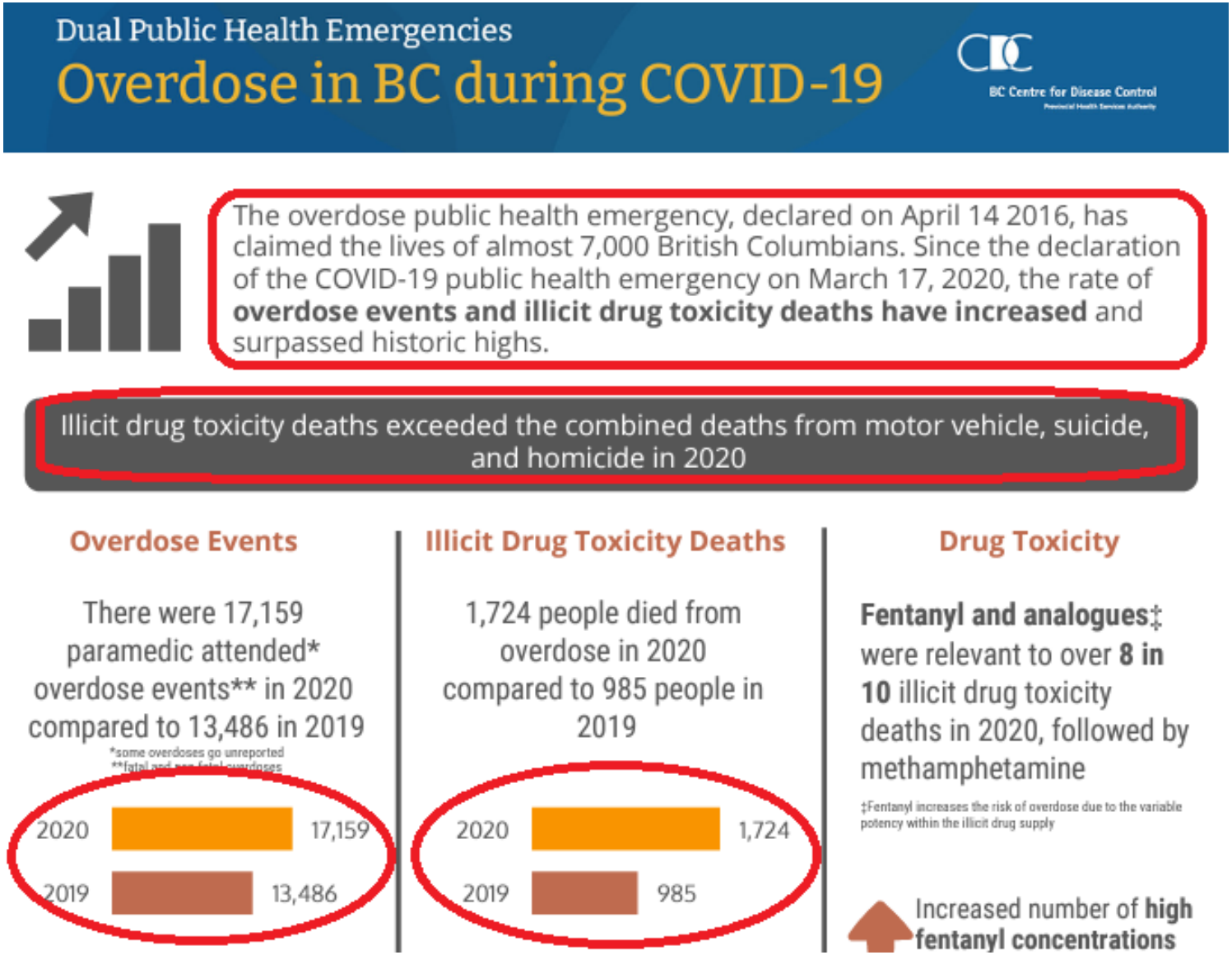
Unregulated Drug Deaths - Mode of Consumption

Mode of Consumption Among Unregulated Drug Deaths



Notes:
Percentages can add up to more than 100% as individuals could have had multiple modes of consumption. Data is based on information gathered by the coroner which may include scene investigation, witness interviews, or a review of circumstances. Data is preliminary and subject to change.

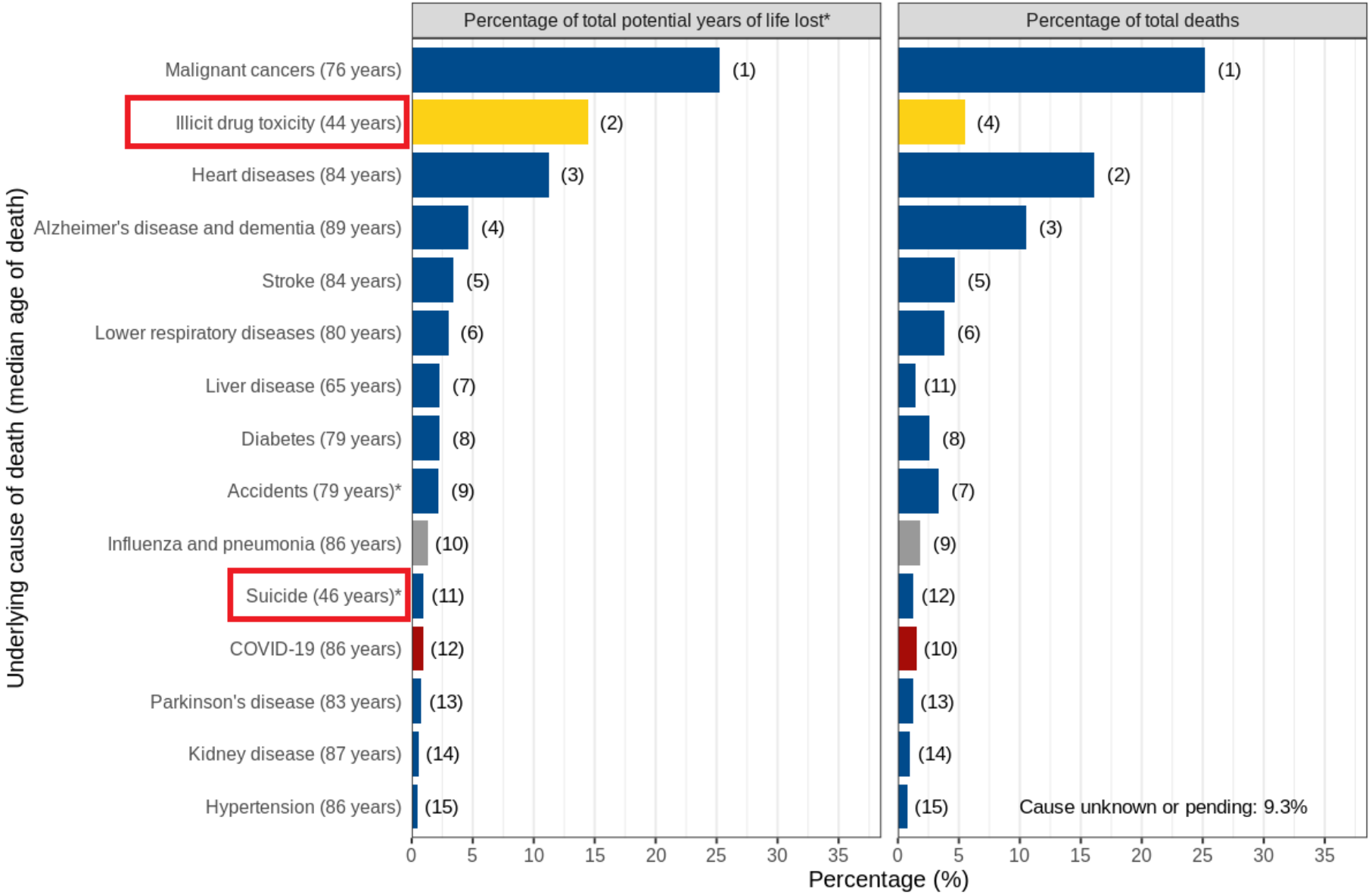
Dual emergencies: COVID-19 and Fentanyl



- http://www.bccdc.ca/resourcegallery/Documents/Statistics%20and%20Research/Statistics%20and%20Reports/Overdose/2021.04.16_Infographic_OD%20Dashboard.pdf

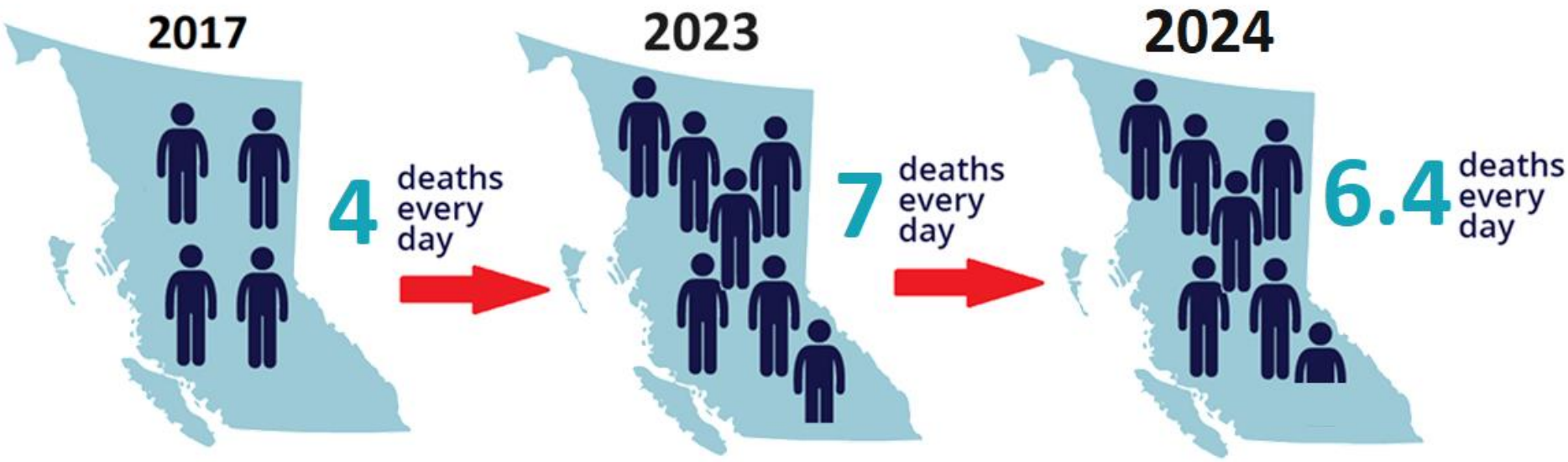
Top 15 causes of death | All-cause mortality rates | Data notes

Top 15 causes of death (ranking) in BC for July 2023 to June 2024



Source: BCCDC Mortality Context App

Finally tending in the right direction?



For comparison, COVID deaths in 1 year = 1391 or **3.8** deaths every day. (Jan 2020 – Mar 8, 2021)

Source: http://www.bccdc.ca/Health-Info-Site/Documents/CovidBriefing_20210311.pdf

How does this resonate with you?

- As a physician?
- As a new Canadian?
- As a person?

What are your thoughts?

- What conclusion(s) can you draw from these data?
- What about the people who use drugs?
  - Who do you think they are?
  - Why do you think they use drugs?
- What should they do?
- What should we (as physicians) do?
- What should society do?

- What assumptions did you think you made?
- Did/do you think you have a bias opinion?

When you hear about this…what do you think of?

Health officials advise people not to panic if they've accidentally stepped on a needle

CBC News · Posted: Jan 11, 2018 12:45 PM PT | Last Updated: January 11, 2018

A three-year-old child was pricked by an uncapped syringe at a park on Vancouver Island earlier this v
(CBC)

The Economist

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Vancouver wants to decriminalise possession of many hard drugs

But how to supervise such a policy?

Jul 24th 2021

Share

Drug overdose among the top 10 causes of death in B.C.

By Leslie Young
Senior National Online Journalist, Health Global News

Comments | Facebook | Twitter | Email | Print | ...

A man walks past a mural by street artist Smokey D. about the fentanyl and opioid overdose

CBC | MENU

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British Columbia

2020 was B.C.'s deadliest year ever for drug overdoses, coroner says

1,716 people died due to illicit drug use last year, equating to 4.7 deaths a day — a 74% increase over 2019

Andrea Ross · CBC News · Posted: Feb 11, 2021 10:04 AM PT | Last Updated: February 11

Opioid-related deaths soar in British Columbia, Alberta

CARLY WEEKS
PUBLISHED JUNE 19, 2018

An anti-fentanyl advertisement is seen in Vancouver in 2017. In British Columbia, there were 523 deaths attributed to illegal-drug overdoses in 2015. A year later, the number rose to 974 and increased further to 1,399 in 2017.

JONATHAN HAYWARD/THE CANADIAN PRESS

The number of opioid deaths is accelerating in the hardest-hit provinces of British Columbia and Alberta, with Canada's top doctor describing the growing crisis across the country as "devastating."

VANCOUVER SUN NEWS BUSINESS SPORTS ARTS & LIFE HOMES TRAVEL CAREERS OBITS CLASSIFIEDS

B.C. to ban pill presses in fight against drug overdose deaths

ROB SHAW Updated: April 26, 2018

The B.C. government is moving to ban pill presses in the province with new legislation. THE ASSOCIATED PRESS

SHARE

VICTORIA — B.C. is moving to ban the use of pill presses as it continues to try and curb the province's fentanyl overdose crisis.

Solicitor General Mike Farnworth introduced legislation Wednesday that would forbid the sale and

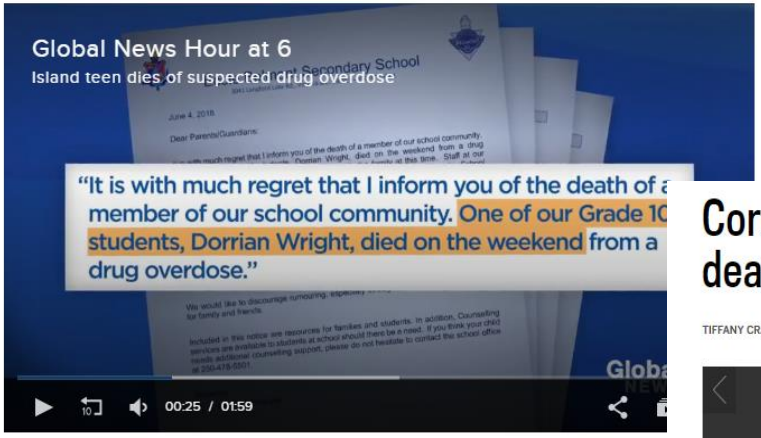
1. .

Not just a “big city”/BC problem

Grade 10 student from Metchosin dies of suspected overdose

By Richard Zussman
Online Journalist based at B.C. Legislature Global News

Comments 1 | Facebook 87 | Twitter | Email | Print | ...



WATCH: For the second time in as many months, a teenager has died of a sus drug overdose on Vancouver Island , leaving behind devastated family and fri Kylie Stanton reports.

Zussman R. Grade 10 student from Metchosin dies of suspected overdose. Global News June 7, 2018. https://globalnews.ca/news/4259989/grade-10-student-from-metchosin-dies-of-suspected-overdose/. Accessed August 14, 2018.

Thompson Rivers University executive Christopher Seguin's fatal drug overdose ruled accidental, result of fentanyl

by Travis Lupick on June 21st, 2018 at 8:46 AM

a Victoria hospital

Lupik T. Thompson Rivers University executive Christopher Seguin's fatal drug overdose ruled accidental, result of fentanyl. The Georgia Straight. June 21, 2018. https://www.straight.com/news/1093116/thompson-rivers-university-executive-christopher-seguins-fatal-drug-overdose-ruled. Accessed August 14, 2018.

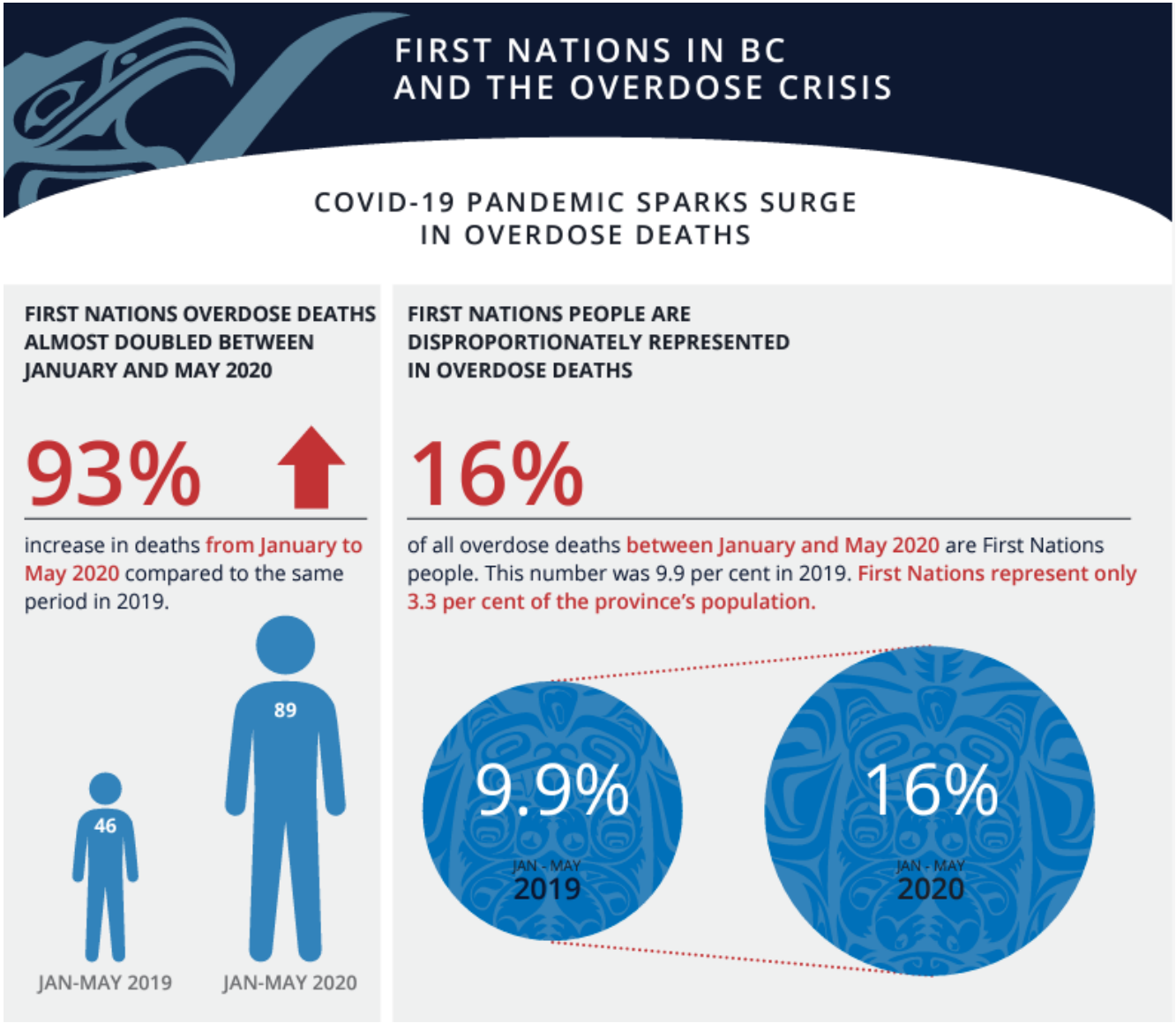
Coroner confirms fentanyl linked to deaths of young North Vancouver couple

TIFFANY CRAWFORD, VANCOUVER SUN 07.31.2015 |

The B.C. Coroners Service has confirmed the deaths of a North Vancouver couple earlier this month are linked to fentanyl, a powerful but deadly synthetic opiate. Hardy and Amelia Leighton, both in their early 30s, were found dead in their North Vancouver home on July 20. The coroner said investigators believed at the time that the deaths may be linked to the use of drugs. YOUCARE.COM /.

Crawford T. Coroner confirms fentanyl linked to deaths of young North Vancouver couple. Vancouver Sun. July 31, 2015. http://www.vancouversun.com/Coroner+confirms+fentanyl+linked+deaths+young+North+Vancouver+couple/11254498/story.html

Overdose in Indigenous Population



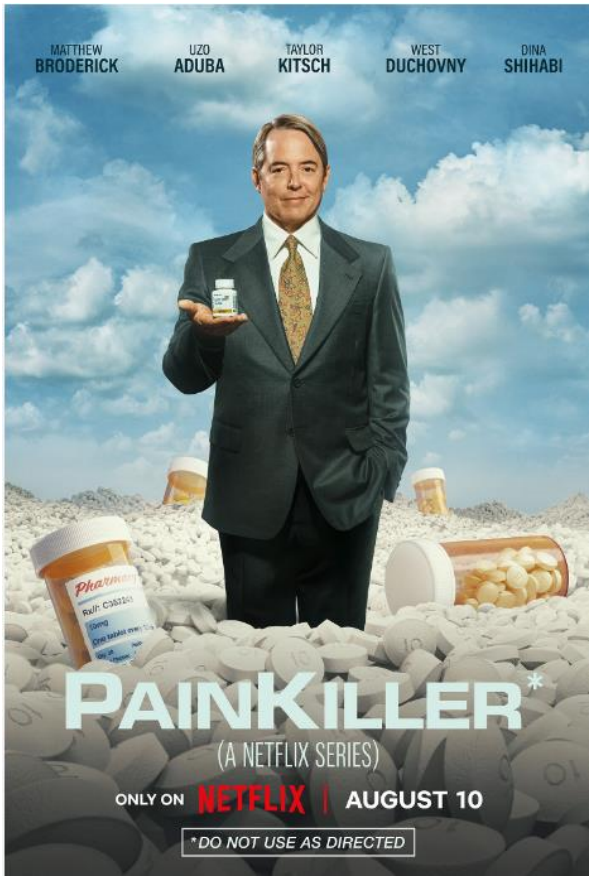
https://www.fnha.ca/Documents/FNHA-First-Nations-in-BC-and-the-Overdose-Crisis-Infographic.pdf

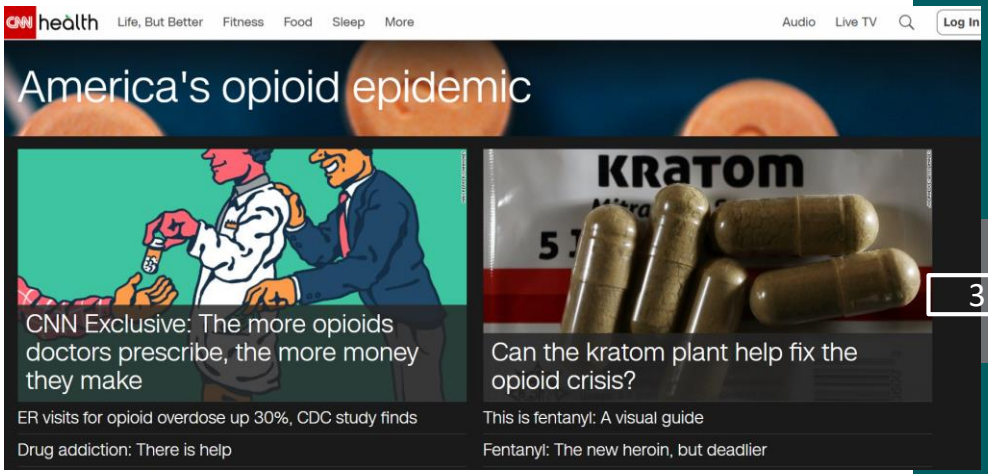
So what do all these info tell us?

- It is a serious and complex problem
- But some patients are dis-proportionally affected:
  - Indigenous
  - Male
  - Young(er) Age
  - Lower socioeconomic statuses
- Stigma associated with substance use disorder and those who died from
  - It is an urban AND rural problem
  - It is not just associated with IVDU

What do you think the responds would be if this happens month after month…

What about prescription opioids?





**Not endorsement of these materials

A Brief History of Prescriptions Opioids

- 1914 US Harrison Narcotic Control ACT
- Reports of “under-treatment” of pain in late 1980s and early 1990s
- 1986 – WHO Cancer Pain Monograph re: under-treatment of post-op and cancer pain
- 1995 – pain as “5th vital sign” campaign by American Pain Society
- 2000 – standards for pain management based on recommendations by Institute of Medicine
  - Regulators promised less scrutiny
- Physicians are mandated/expected to provide adequate pain control → heavy reliance on opioid
- Fear of loosing federal funding due to not meeting pain treatment standards and dis-satisfied patients
- Prescriptions of pharmaceutical opioids increased in the last 2-3 decades until 2012 in Canada
- 90% in “advanced” markets such as Canada and U.S.

Prescriptions Opioids

Small print at the bottom of the ad states 'Drug abuse is not a problem in patients with pain for whom the opioid is appropriately indicated. (Source: [CBC NEWS](#))

The New York Times

Purdue Pharma Pleads Guilty to Criminal Charges for Opioid Sales

The Justice Department announced an $8 billion settlement with the company. Members of the Sackler family will pay $225 million in civil penalties but criminal investigations continue.

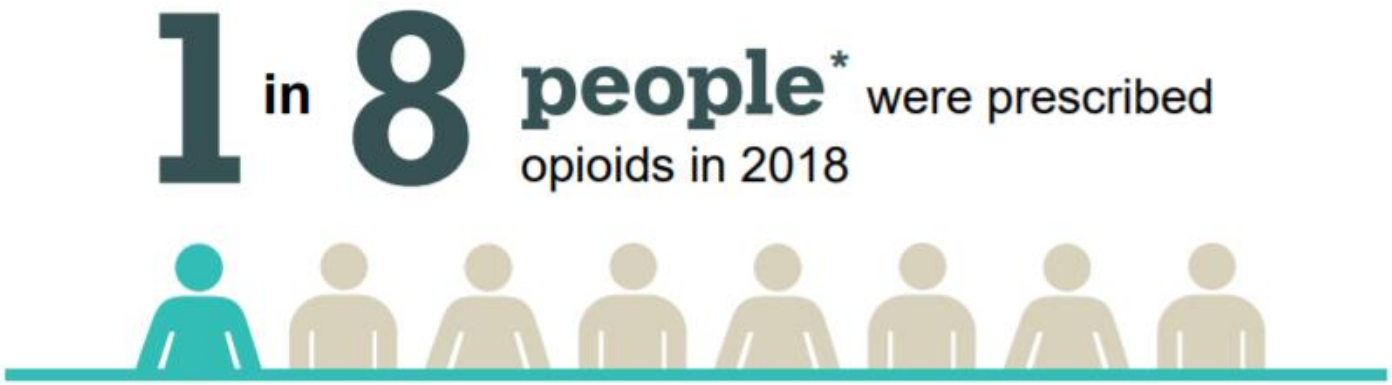
Source: [New York Times](#)

Current Opioid Prescribing in Canada

- How are practices changing?
- **2019 Canadian Institute for Health Information**
  - Key findings:
    - Fewer people being prescribed opioids
    - Fewer people have started opioids
    - Dose/duration remained stable
    - Fewer people are prescribed on long-term basis
    - People on long-term therapy being prescribed smaller doses
    - More people are stopping long-term opioid therapy

In 2018 – BC/Ont/Man/Sask

How many people are prescribed opioids?



Note

* Reflects people who filled prescriptions at community pharmacies in Ontario, Manitoba, Saskatchewan and British Columbia.

In 2018 – BC, Ontario and Saskatchewan

How many people are starting opioids?

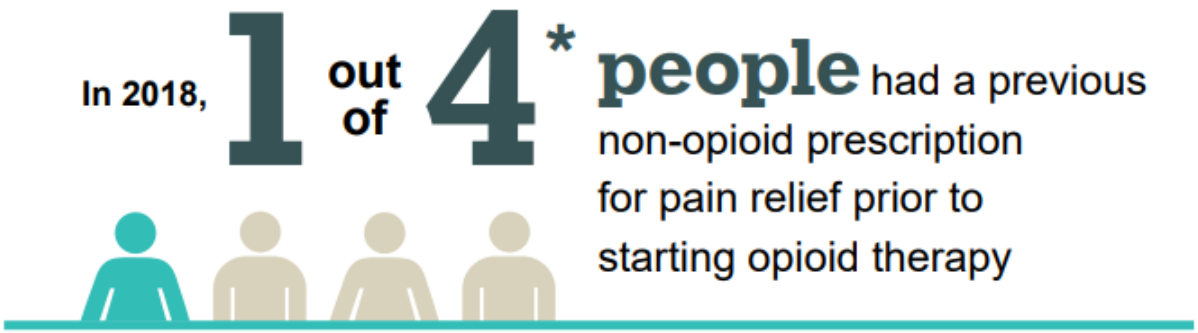
Fewer people are starting new prescribed opioid therapy*

Note

* Reflects people who filled prescriptions at community pharmacies in Ontario, Saskatchewan and British Columbia.

About 3 in 4 people starting opioid therapy began on a weak opioid, while 1 in 4 started on a strong opioid. This finding was consistent over the study period. Of the weak opioids, codeine was prescribed to over half of those who started opioid therapy (55.1%), followed by tramadol (12.3%) and hydrocodone (7.8%). Hydromorphone (11.7%) was the most commonly prescribed strong opioid, followed by oxycodone (10.1%) and morphine (4.1%).

In 2018 – BC, Manitoba and Saskatchewan



Note

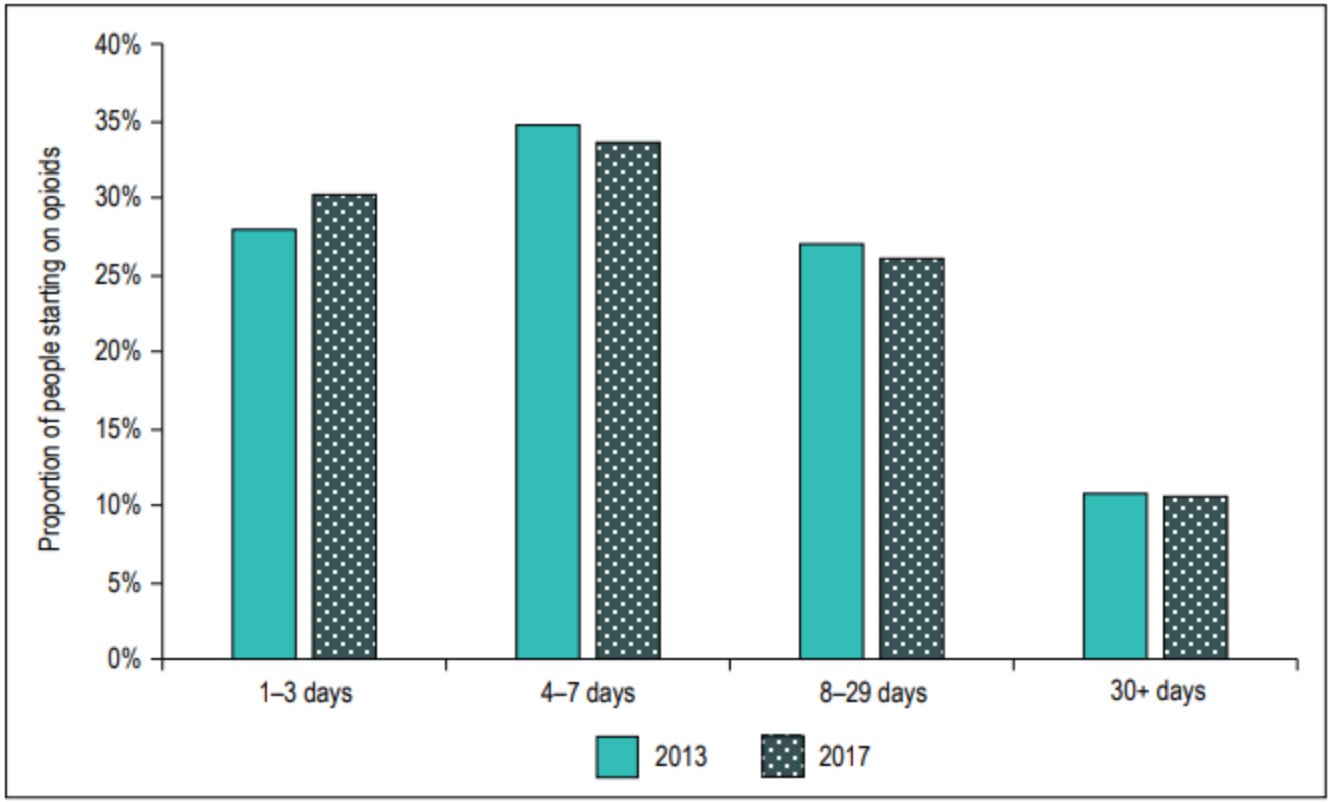
* Reflects people who filled prescriptions at community pharmacies in Manitoba, Saskatchewan and British Columbia. This excludes Ontario because the Narcotics Monitoring System data does not include all non-opioid pain medications.

NSAIDs were the most common type of non-opioid pain medication prescribed to people prior to starting opioids. Of those who were prescribed a non-opioid pain medication, 82.5% were prescribed an NSAID within the 6 months before starting opioids. This finding was consistent over the study period.

It is important to note that the data sources used for this analysis did not include information on over-the-counter pain relievers obtained without a prescription, such as acetaminophen or ibuprofen, or non-pharmacological treatments, such as physiotherapy. Therefore, it was not possible to examine other treatments for pain, which may have been tried prior to starting opioids. For information on additional limitations, see Appendix B.

In 2017 – BC, Ontario and Saskatchewan

Figure 4 Duration of use for people starting opioids (in days),* 2013 and 2017



Note

* Includes data from Ontario, Saskatchewan and British Columbia. Manitoba is excluded from trends because data prior to March 2015 is unavailable.

Sources

National Prescription Drug Utilization Information System, Canadian Institute for Health Information; Ontario Narcotics Monitoring System.

In 2018 – BC, Ontario, Manitoba and Saskatchewan

Note

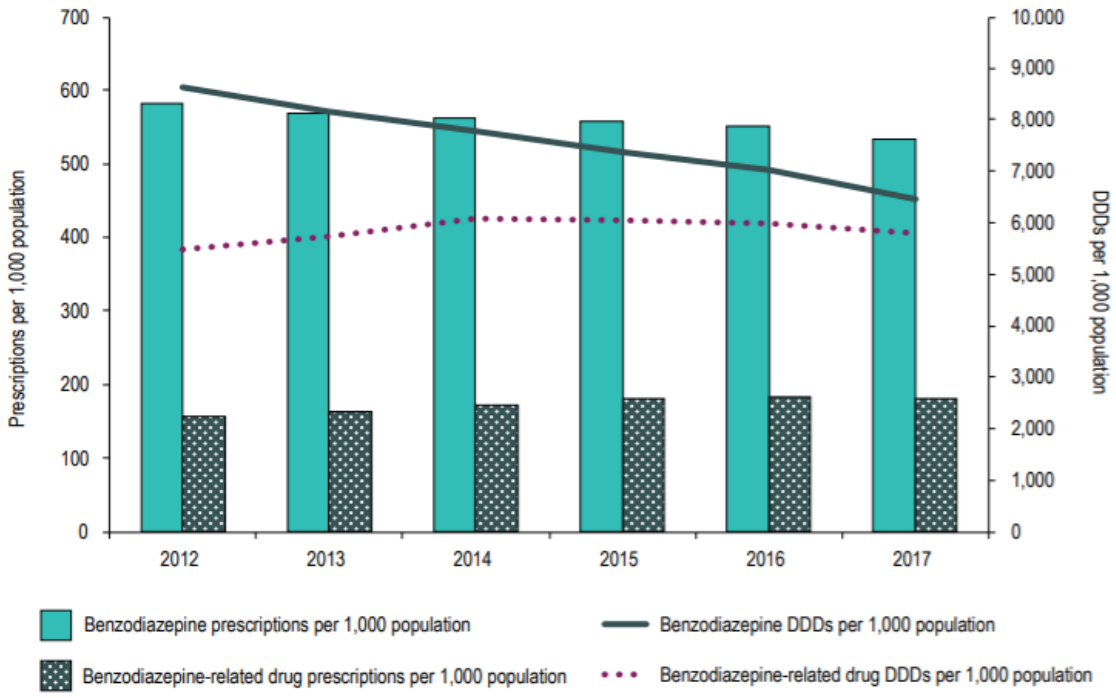
* Reflects people who filled prescriptions at community pharmacies in Ontario, Manitoba, Saskatchewan and British Columbia.

In 2018, 17.6% of people prescribed opioids were using them long term, a decrease from 19.8% in 2013. About two-thirds of people on long-term therapy (62.8%) were prescribed strong opioids.[vii] The most common strong opioids prescribed to the study population on long-term therapy in 2018 were oxycodone (32.7%), hydromorphone (25.6%), morphine (9.4%) and fentanyl (3.7%). There was some variation by province (Figure 7).

Benzodiazepines prescribing also reduced

Pan-Canadian Trends in the Prescribing of Opioids and Benzodiazepines, 2012 to 2017

Figure 4 Benzodiazepines and benzodiazepine-related drugs, prescribing trends, Canada,* 2012 to 2017



Both the number of prescriptions and the amount of benzodiazepines and benzodiazepine-related drugs prescribed per 1,000 population decreased between 2016 and 2017.

Source:https://www.cihi.ca/sites/default/files/document/opioid-prescribing-june2018-en-web.pdf

Individual/public harms - Opioids

- **Individual**
  - **Short-term**: nausea/vomiting, constipation, loss of appetite, sweating, sleep apnea, insomnia, mood disorder, premature delivery, NAS, HIV/HepC, drowsiness, respiratory depression, coma, death
  - **Long-term**: dependence, tolerance, withdrawal symptoms, addiction; sexual dysfunction, abnormal menstruation/amenorrhea

- **Public/System**
  - Increased ER visits – withdrawals, intoxications, psychosis, complications from drug use
  - Increases neonatal abstinent syndrome – tripled between 2003-2014 (1.8-5.4/1000births)
  - Increased accidental deaths
  - Increase in crime associated w/ activities to secure drugs
  - Pressure on system and institutional resources
  - Loss of human potential

- https://www.ccsa.ca/sites/default/files/2020-07/CCSA-Canadian-Drug-Summary-Prescription-Opioids-2020-en.pdf

VANCOUVER SUN

News / Local News

UBC study finds drivers on prescription drugs like benzodiazepines have higher risk of crashing

The study found people on commonly prescribed benzodiazepines like Valium or Xanax increase their risk of crashing by 25 to 30 per cent.

Tiffany Crawford

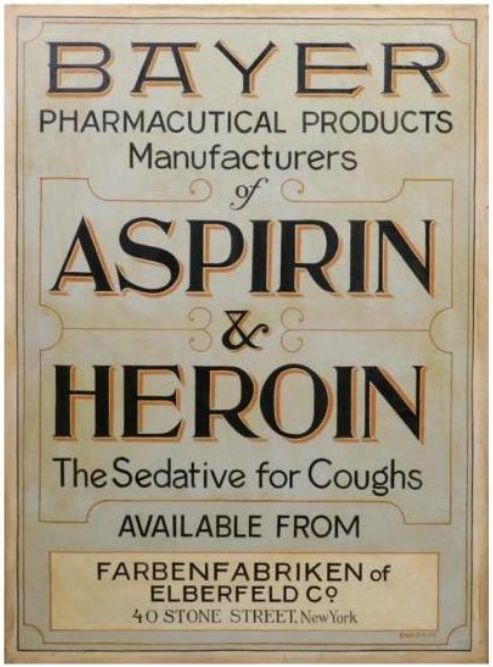
Apr 22, 2021 • 6 days ago • 2 minute read • Join the conversation

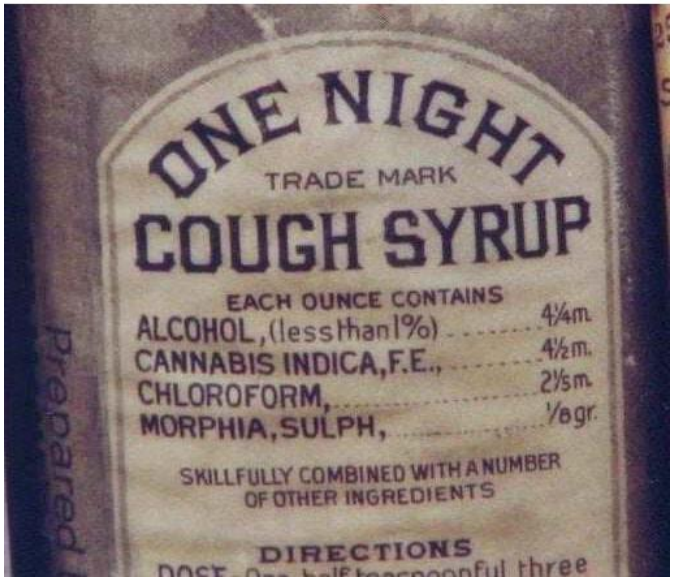
Back up….so why are we prescribing ANY opioids?

Better yet, let's just not prescribe any opioids?!

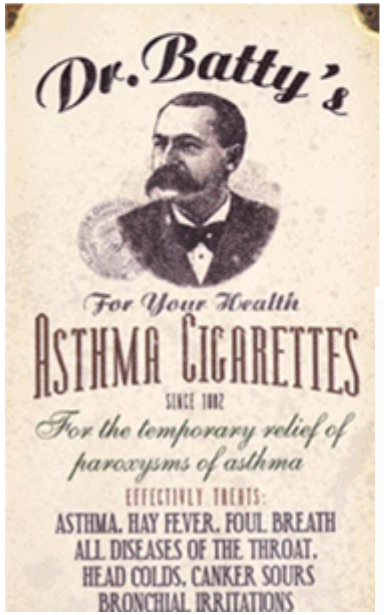
- What are some indications for opioids?
- When is it appropriate?
- How long should you keep someone on opioids?
- When should patients be tapered off opioids?
- When it is time, how do you help patients come off/stop using opioids?
  - Prescribed
  - Illicit
- When should you be concerned for substance use disorder (SUD), or specifically opioid use disorder (OUD)?

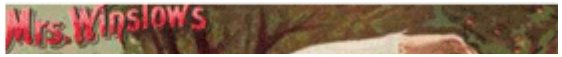
Roles of opioids in medicine – over the years

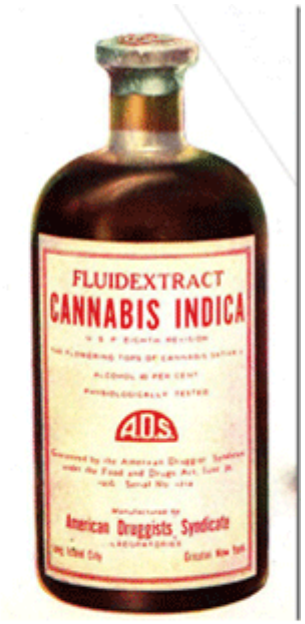




Roles of other substances in medicine







if chronic fatigue and mild depression make simple tasks seem this big...

Ritalin® (methylphenidate CIBA) relieves chronic fatigue that depresses and mild depression that fatigues

Roles of opioids in medicine

- Long established as effective analgesics for:
  - Acute vs Chronic
    - Malignant vs non-malignant
    - Pre-/Post-op
- Use for dyspnea/coughing
- Palliative/End of Life symptoms management
- Opioid use disorder
- Other conditions?

Tips of Safe(r) Opioid Prescribing

1. Evaluate the role of opioids used in pain management
2. Recognize the risks of long-term opioid use
3. Recognize factors that increase unintentional overdose (OD) risks
4. Incorporate pharmacovigilance during patient assessment.
5. Safety at forefront of any treatment planning
6. Strategy for patients with chronic pain who have challenges w/ using prescribed opioid safely
7. Mitigate harms to patient, their families and the community.

Risk factors for OD:

- >65yo
- Respiratory disease
- Depression
- Renal/liver dysfunction
- Increase BMI
- Sleep-related breathing disorder
- Hx of OUD and other illicit substance use

* Acknowledgement to Dr. Rashmi Chadha for sharing her previous slides for this session. They were adapted and updated for this presentation.

Some good practice tips

1. Before you start prescribing, ensure you have exhausted other non-opioid options and has enough evidence to support its use.
2. Discuss with patients rationale, how/when to reassess, what is the ultimate goal(s)
3. Monitoring compliance/adherence
   - Pharmanet checks with every visit that requires *any* prescription
4. Discuss how to taper/stop, when? Who? Why?
5. Holidays/missed doses strategies?
6. Patient travel plans?
7. Carries?
8. Documentation
   - What about “opioid contract”?

Concerning behaviours

- Running out of mediations early
- Not following agreed-upon prescribing instructions: taking more and/or more frequently
- Lost/stolen medications
- Opposition to requested urine drug screen (UDS)/random pill-count
- Prefers immediate release (IR) opioids rather than long-acting
- Multi-doctoring
- Evidence of borrowing/sharing of medications
- Current use of other substances including alcohol
- Requesting other psychotropic medication
- Seems to focus on medications and not the illness

* These signs alone **are not diagnostic** for Substance Use Disorder, but rather should serve as opportunities to discuss with patients of behaviours observed.

Reference: James J. Dealing with drug-seeking behaviour. Australian prescriber. 2016;39:96-100

Legacy patients

- If patient has good biopsychosocial functioning and on opioid dose <90 MME (mg Morphine Equivalent)
  - Continue current regiment but make prescribing contingent on ongoing re-evaluation and risk mitigation, pharmacovigilance
- If patient is on >90 MME
  - Consider to continue current regiment in the short-term, but inform patients that thorough longitudinal evaluations needed and taper maybe considered/required.

- It is unethical to “fire” or “screen out” patients who have a substance use disorder in your practice.

- Do not “abandon” patient, unsafe rapid taper or “cut off”.
  - Refer to CPSBC Professional Standard on Safe Prescribing of Opioids and Sedatives

DSM-V Criteria for Opioid Use Disorder

Summarized DSM-5 diagnostic categories and criteria for opioid use disorder: (≥ 2 or more to fit criteria)
This can be applied to those who use illicit opioids and those who use pharmaceutical opioids that are prescribed.
Note: "Criminality" is no longer a criteria for substance use disorder.
DSM-5 recognizes "substance use disorder", and does not use the term "drug addiction" or "drug abuse".

Category	Criteria
Impaired Control	• Opioids used in larger amounts or for longer than intended • Unsuccessful efforts to or desire to cut back or control opioid use • Excessive amount of time spent obtaining, using, or recovering from opioids • Craving to use opioids
Social Impairment	• Failure to fulfill major role obligations at work, school, or home as a result of recurrent opioid use • Persistent or recurrent social or interpersonal problems that are exacerbated by opioids or continued opioids despite these problems • Reduced or given up important social, occupational, or recreational activities because of opioid use
Risky Use	• Opioid use in physically hazardous situations • Continued opioid use despite knowledge of persistent physical or psychosocial problem that is likely caused by opioid use
Pharmacological Properties	• Tolerance as demonstrated by increased amounts of opioids needed to achieve desired effect; diminished effect with continued use of the same amount • Withdrawal as demonstrated by symptoms of opioid withdrawal syndrome; opioids taken to relieve or avoid withdrawal

OUD Treatment Options in BC

- Access to resources maybe challenging for many rural, or even urban, communities

- Many evidence-based treatment options:

1. Harm reduction strategies:
   - Naloxone Kits
   - Safer Consumption Site
   - Harm reduction supplies
   - Drug testing kits
   - Hydromorphone – Risk Mitigation during COVID-19 pandemic

2. Oral opioid agonist treatment (OAT)
   - Methadone; Slow-Release Oral Morphine (SROM); Buprenorphine/Naloxone

3. Others:
   - Injectable (diacetylmorphine, fentanyl, Buprenorphine), fentanyl patch, fentanyl tablets, antagonist (Naltrexone)

- Withdrawal management "detox" – no longer recommended as only treatment due to high relapse and mortality rate

- Non-pharmacological treatment: counselling, in-patient/residential treatment, addressing social determinants of health

Key Skills/Tips

- Do not avoid uncomfortable or ”difficult” conversations but do not become confrontational
- Remain neutral and avoid judgmental statements
- Focus on patient safety and functional capacity
- Self-reflection and recognize conscious and unconscious biases
- Role as physician is to help patients and “do no harm”
- Definitely possible to be collaborative and empathetic while maintaining a rational treatment plan with patients
- Be the change to destigmatize:
  - Avoid terms: “addicts” (person who use drugs), “dirty urine” (urine with ___ present), “high” (intoxicated); “drug seeking”, etc

- If you are stuck – talk to another colleague, call R.A.C.E, BCCSU, CPSBC, CMPA

Addiction Medicine for PRA-BC Candidates

- During your 12-week CFA, all prescriptions, including opioids, sedatives and other psychoactive medications, will be signed off by your assessors.

****Focus on the patient assessment, ultimate prescribing decision from assessor**

- The DSM 5 recognizes substance-related disorders resulting from the use of 10 separate classes of drugs: **alcohol**; caffeine; **cannabis**; hallucinogens (phencyclidine or similarly acting arylcyclohexylamines, and other hallucinogens, such as LSD); **inhalants; opioids**; **sedatives, hypnotics, or anxiolytics**; **stimulants** (including amphetamine-type substances, cocaine, and other stimulants); **tobacco**; and other or unknown substances

- So you **WILL** encounter patients who have a substance use problem at some point during your CFA and ROS

- However, screening, assessment and treatment for patients presenting with substance use disorders are part of your assessments but likely opportunistic

Further training and education

Online learning

- BCCSU Opioid Use Disorder
  - Provide and support education and training in addiction care for opioid use disorder
  - Online modules, OAT preceptorship

  https://www.bccsu.ca/education-training/

Guidelines

- A Guideline for the Clinical Management of Opioid Use Disorder. 2023 Update https://www.bccsu.ca/wp-content/uploads/2023/12/BC-OUD-Treatment-Guideline_2023-Update.pdf

- 2017 Canadian Guideline for Opioids for Chronic Non-cancer Pain. (Full) https://files.magicapp.org/guideline/dc12d4fe-5df9-46ce-9eae-4b266c70e89a/published_guideline_2849-4_10.pdf
- 2024 Canadian Opioid Prescribing Guideline for Chronic non-Cancer Pain (Summary) 2024-Opioid-Prescribing-Guideline-Web.pdf

Professional Standards

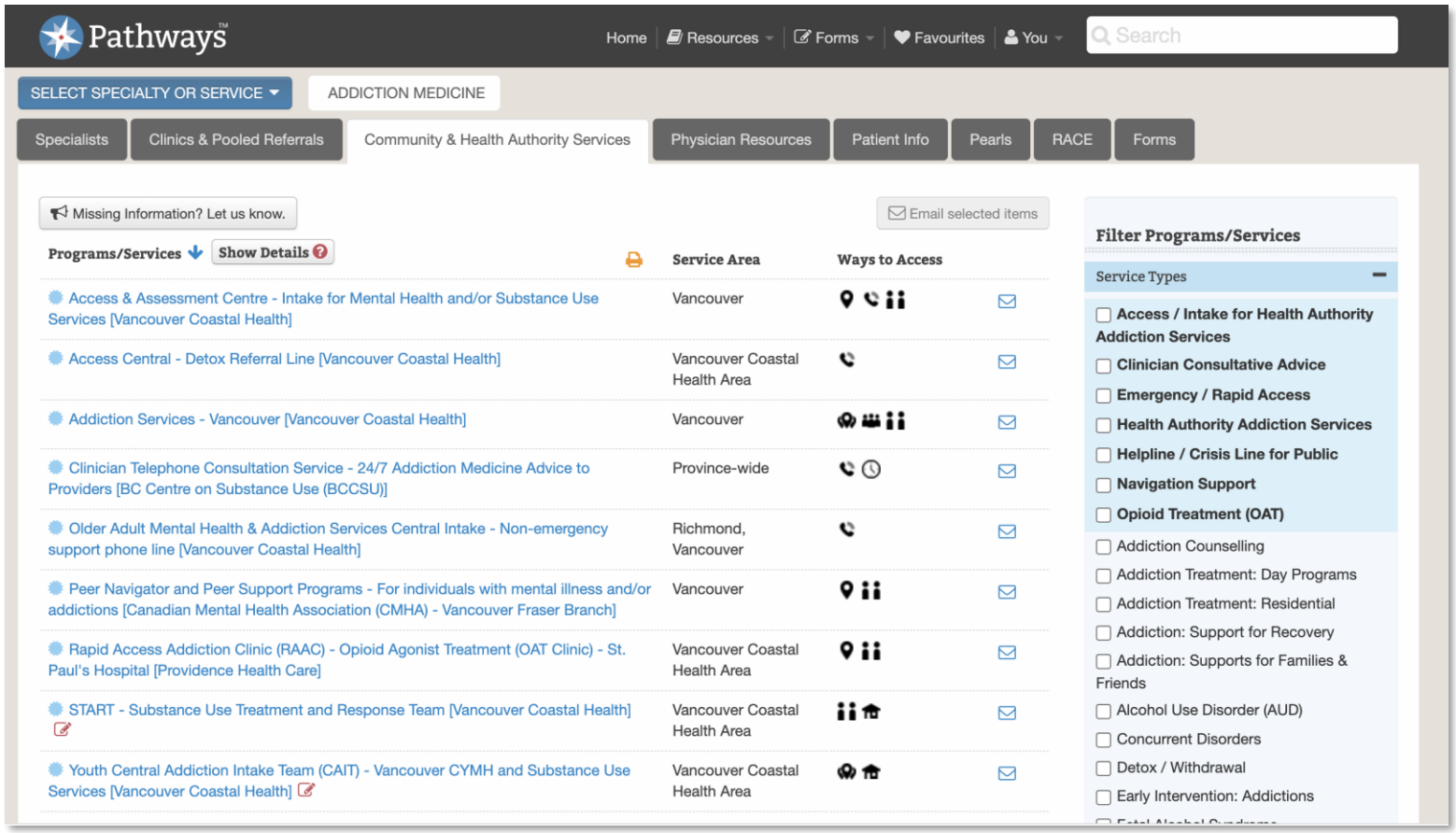
- Practice Standards – Safe Prescribing of Opioids and Sedatives. College of Physicians and Surgeons of BC. https://www.cpsbc.ca/files/pdf/PSG-Safe-Prescribing.pdf

Rural Providers

- BCCSU - Rural Education Action Plan (REAP)
- https://www.bccsu.ca/rural-education-action-plan/

PathwaysBC.ca - online resource for BC Family Doctors

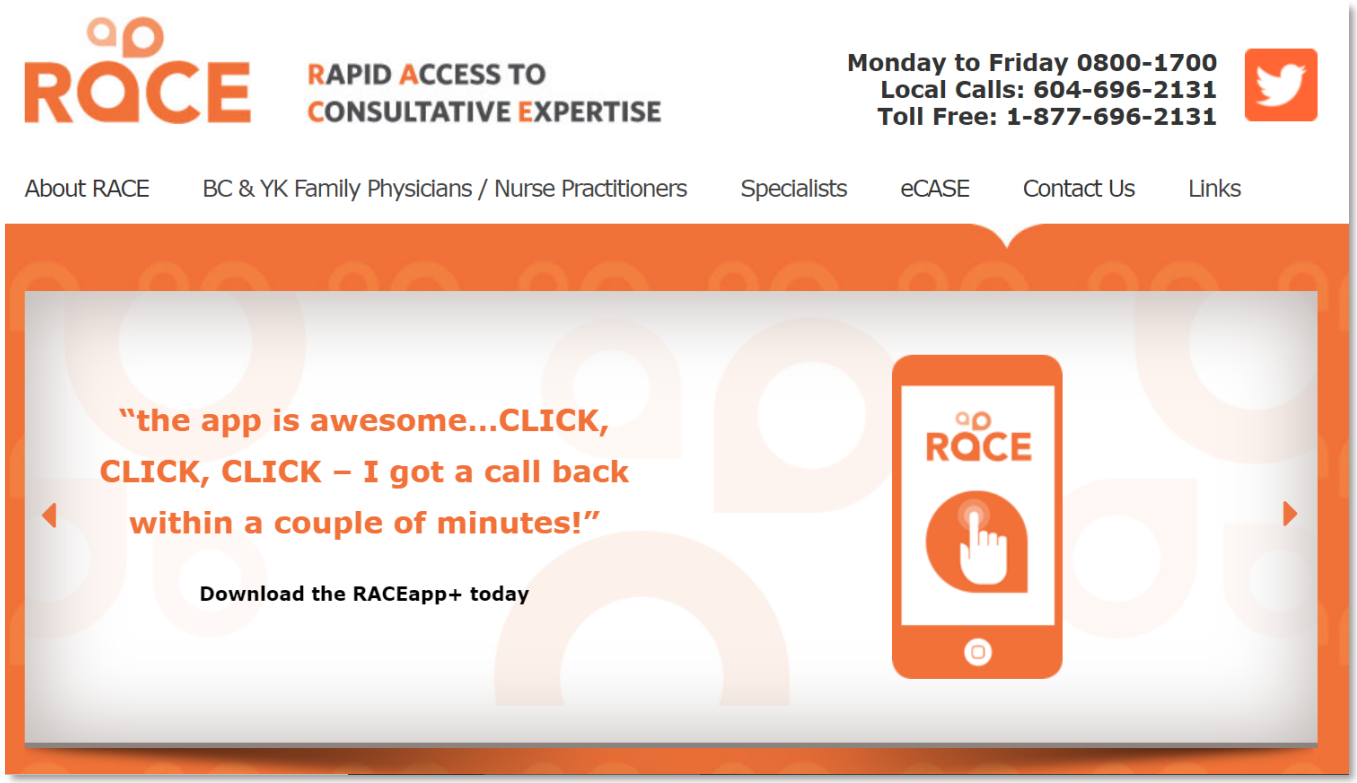
- You will get have a session on Pathways this week.
- Access will be granted for you.
- You should try it during CFA



Referral – Addiction Specialists

Rapid Access to Consultative Expertise (RACE) – Addiction Medicine and Perinatal Addiction

- **Online request** via www.raceapp.ca (or mobile app "RACEApp+" iOS and Android). The Specialist will call you back on the direct line listed in your profile.
- Note that not all specialties are available via the direct telephone request method.
- For MDs and NPs

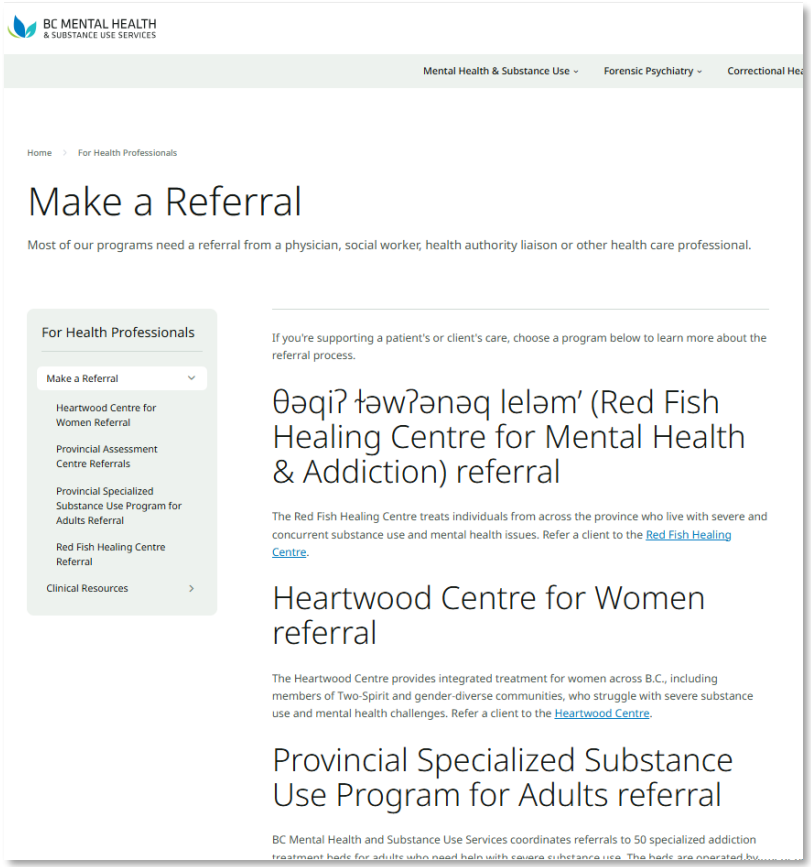


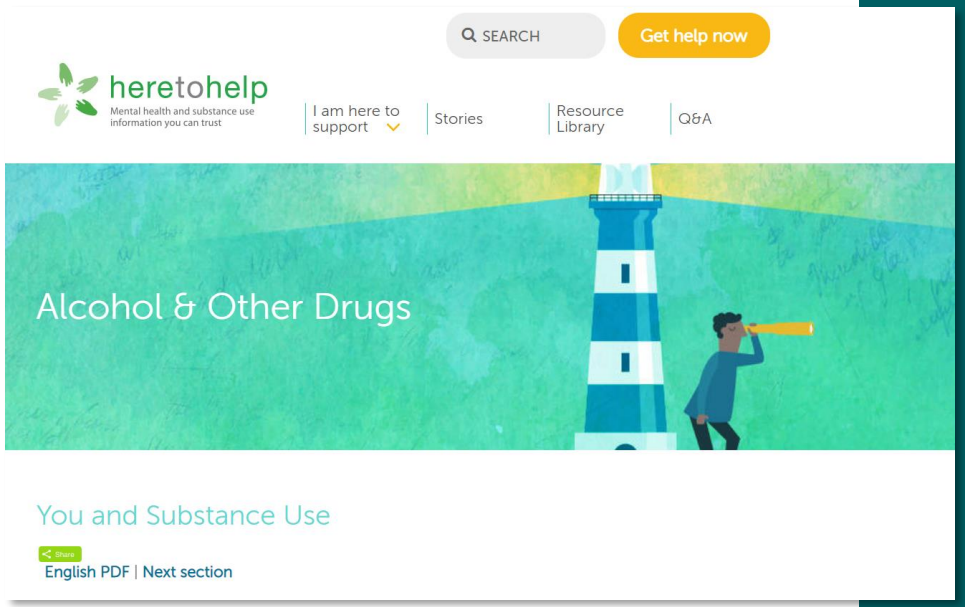
Referral – Addiction Specialists

- To call the 24/7 Addiction Medicine Clinician Support Line and speak to an Addiction Medicine Specialist, call 778-945-7619.
- For MDs, NPs, nurses, midwives, pharmacists

Referral - Provincial Addictions Programs

BC Mental Health & Substance Use Services
https://www.bcmhsus.ca/health-professionals/make-referral





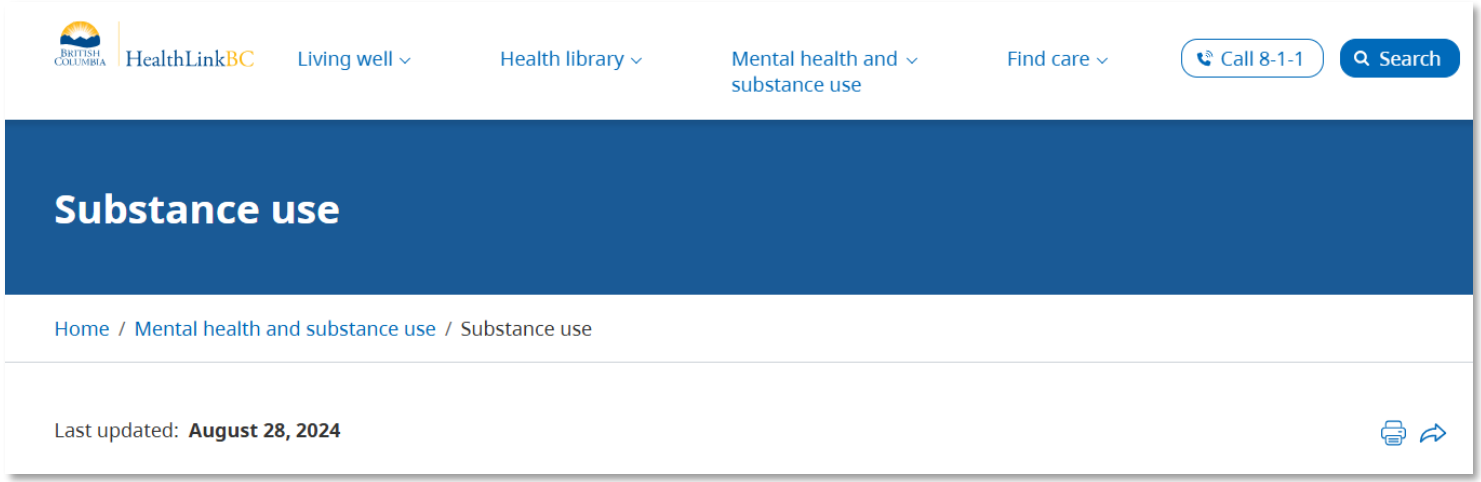
Project: Here To Help
https://www.heretohelp.bc.ca/infosheet/understanding-substance-use-a-health-promotion-perspective

Referral – Ministry of Health

Help lines - Alcohol & Drug Information Referral Service

- **Call toll-free at 1 800 663-1441**,
- **Call 604-660-9382** (Lower Mainland)

- Free, multilingual telephone assistance is available 24 hours a day, 7 days a week.



Resources – Regional Health Authorities

- Vancouver Coastal Health: http://www.vch.ca/your-care/mental-health-substance-use/substance-use-services
- Fraser Health: https://www.fraserhealth.ca/Service-Directory/Services/mental-health-and-substance-use/mental-health-centres/community-substance-use-services-clinics#.YIYFUdJKiUk
- Island Health: https://www.islandhealth.ca/our-services/mental-health-substance-use-services/access-referrals-mental-health-substance-use-services
- Interior Health: https://www.interiorhealth.ca/YourCare/MentalHealthSubstanceUse/Pages/default.aspx
- Northern Health: https://www.northernhealth.ca/services/mental-health-substance-use

Interior Health

Vancouver Coastal Health

fraserhealth

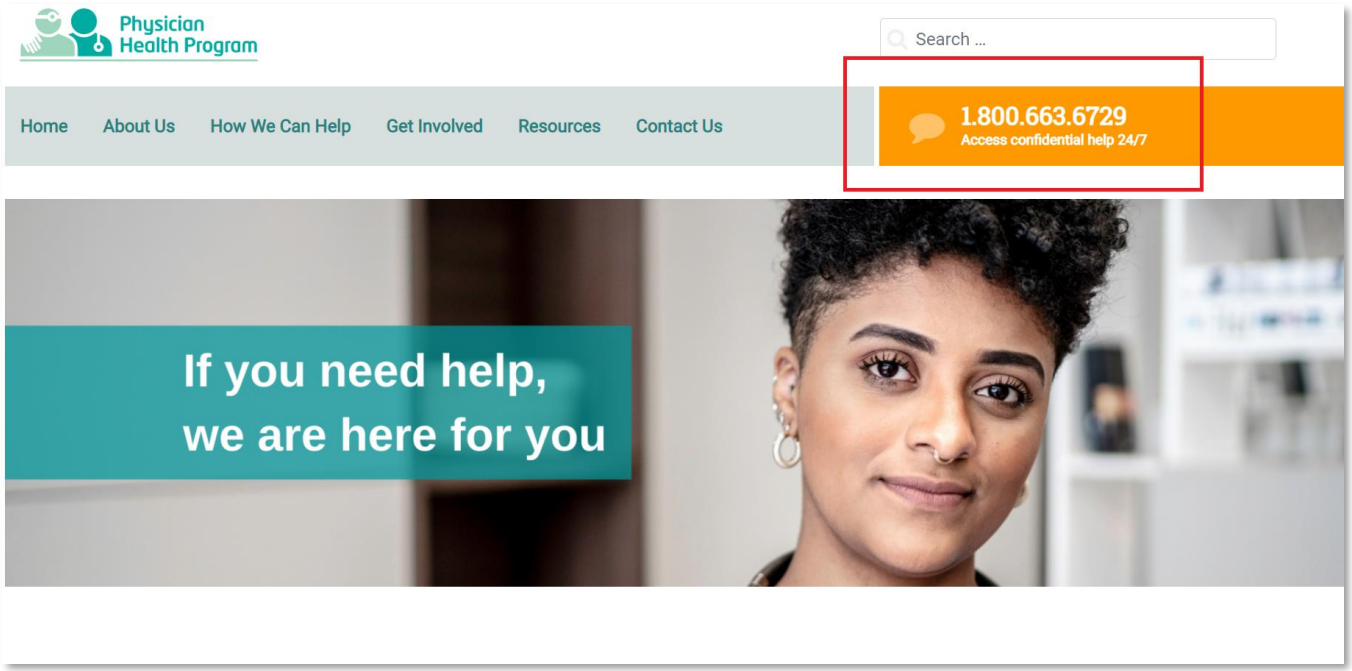
northern health
the northern way of caring

island health

Resources – Physicians who need help

Physician Health Program (PHP) is primarily funded by the Ministry of Health and governed by a steering committee composed of Ministry of Health and Doctors of BC representatives. PHP services are managed and delivered by a caring and diverse clinical team at Doctors of BC.

1-800-663-6729



Learning Objectives

By the end of the session participants should be able to:

- Recognize the ongoing toxic drug deaths crisis in BC/Canada since 2016
- Recognize the historic and current trends in opioid prescribing in Canada.
- Identify indications for opioids as appropriate pharmacological treatment
- Apply safe prescribing parameters to minimize the risk of harm to the patient and wider community
- Identify aberrant behaviours that could suggest opioid use disorder
- Explain current opioid use disorder pharmacological options in BC
- Understand the roles and responsibilities for PRA-BC candidates in the context of opioid prescribing
- Identify appropriate consultation options and community resources for patients who are suffering from substance use disorder

Additional Resources

Patients and Families

- HelpStartsHere.ca: https://helpstartshere.gov.bc.ca/substance-use/types-substance-use

Harm Reduction

- Toward the Heart: http://www.towardtheheart.com
- Lifeguard app: Lifeguard App | HelpStartsHere

Education/Training/Guidelines

- BC Centre on Substance Use: http://www.bccsu.ca
- UBC CPD Opioid Prescribing Online Module: https://ubccpd.ca/learn/learning-activities/course?eventtemplate=45-safe-prescribing

Data and Reports

- BC Centre for Disease Control – Unregulated Drug Poisoning Emergency Dashboard http://www.bccdc.ca/health-professionals/data-reports/overdose-response-indicators

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