

PHARMACEUTICAL ALTERNATIVES AND OPIOID AGONIST THERAPY: COMMUNITY CONSIDERATIONS

There are unique challenges in supporting individuals with Opioid Use Disorder (OUD) living in community, including not always having easy access to a prescriber or a pharmacy, making it difficult to either initiate and/or maintain treatment.

During crisis situations such as the COVID-19 pandemic, individuals who struggle with OUD may face additional challenges impacting their regular pattern of opioid use, such as a sudden or unexpected shortage of supply and/or a reduction in available treatment options. The need to physically distance and isolate could also add further complications in accessing supports.

It is important for the health professional to collaborate with the client regarding their treatment plan and to understand their goals and expectations to ensure the correct supports are available and accessible.

BC Centre on Substance Use (BCCSU) has created a number of documents, including:

- a comprehensive [Guideline for the Clinical Management of Opioid Use Disorder](#) and
- information regarding prescribed or regulated alternatives during COVID-19 for legal and illegal substances [Risk Mitigation in the Context of Dual Public Health Emergencies](#)

Some key areas to consider when supporting individuals with OUD who are living in rural and remote communities:

<p>Brief Overview of Opioid Use Disorder (OUD)</p>	<p>OUD is a highly complex chronic illness with high rates of relapse affecting many people living in rural and remote First Nations communities in British Columbia. Treatment options for OUD can include different types of medical and psychosocial interventions to achieve spiritual, emotional, mental and physical healing and wellness including:</p> <ul style="list-style-type: none"> • withdrawal management, opioid agonist therapy (OAT), • culturally based traditional healing practices • live-in or day substance use treatment, and • counseling, education, family therapy, and support groups.
<p>Opioid Agonist Therapy (OAT)</p>	<p>OAT is considered the gold standard for the treatment of OUD, providing structured access to long acting opioids. OAT is most beneficial when it is provided in conjunction with other types of support, such as the ones listed above.</p> <p>OAT has been shown to be superior to withdrawal management alone in terms of:</p> <ul style="list-style-type: none"> • harm reduction • retention in treatment • sustained abstinence and/or reduction of illicit opioid use, and • reduced mortality <p>The choice of agonist treatment depends on several patient-specific factors such as:</p> <ul style="list-style-type: none"> • initial presentation, • comorbidities, drug–drug interactions, and

PHARMACEUTICAL ALTERNATIVES AND OPIOID AGONIST THERAPY: COMMUNITY CONSIDERATIONS

	<ul style="list-style-type: none"> • treatment preference, response, and available options <p>Please refer to section below for information on OAT options. Note: not all options are available outside of urban settings; however, it is helpful to understand the range of OAT available across the spectrum of care.</p>
<p>Oral Opioid Agonist Therapy (OAT)</p>	<p>Oral OAT Buprenorphine/Naloxone (brand name Suboxone), Methadone and Slow Release Oral Morphine (brand name Kadian) represent the most common method of treating people living with Opioid Use Disorders.</p> <ul style="list-style-type: none"> • Buprenorphine/Naloxone is the recommended first treatment option and the safest because the medication does not cause respiratory depression as other opiate medications do. Buprenorphine/naloxone is fully covered by First Nations Health Benefits and is the most available option for individuals living in remote and rural First Nations communities as it can be safely managed, dispensed and supervised in the community. The FNHA Buprenorphine/Naloxone Guideline can be found on the Gathering Space Site. • Methadone comes in a liquid form and is also effective at reducing illicit opioid use, but it can be challenging to maintain someone on Methadone in rural and remote communities. • Slow Release Oral Morphine (SROM) is a long-acting morphine medication that prevents a person from experiencing opioid withdrawal. This medication is usually taken once a day and is initiated at a low starting dose and titrated up to a therapeutic level with a healthcare provider’s supervision.
<p>Injectable OAT</p>	<p>Injectable OAT (iOAT) iOAT is injectable medical opioid medication for people with severe OUD who have been unsuccessful in reducing or stopping their opioid use through trials of oral OAT. People on iOAT come to a supervised environment up to three times per day to inject their dose of either hydromorphone or diacetylmorphine. Currently, iOAT is not available outside of any urban centres in BC and therefore is not a viable option for individuals living in rural and remote communities. Guidance for Injectable Opioid Agonist Treatment for Opioid Use Disorder.</p>
<p>Tablet Injectable</p>	<p>Tablet Injectable OAT (TiOAT) TiOAT is an option for people who have not benefitted from being on any form of OAT, and who are at high risk of overdose or have had multiple overdoses. Patients take Hydromorphone tablets “as needed” either orally or crushed for injection either at home or in a safe, supervised environment such as an Overdose Prevention Site. This is not currently an easily accessible option for individuals living in rural and remote communities. Please ask local primary care practitioners if this is available in your region.</p>

PHARMACEUTICAL ALTERNATIVES AND OPIOID AGONIST THERAPY: COMMUNITY CONSIDERATIONS

<p>Upcoming Treatment Options</p>	<p>Upcoming Treatment Options Sublocade™ is a subcutaneous injection of buprenorphine that releases medication slowly over a one month period, which means people do not have to remember to take medication every day. It requires induction and stabilization for at least seven days on a Buprenorphine product (like Suboxone) prior to starting the monthly injections. It has recently been approved by Health Canada and PharmaCare Plan W. Prescribers can submit a Special Authority request directly to PharmaCare.</p> <p>Pharmaceutical Alternatives and Risk Mitigation Prescribing Pharmaceutical alternative prescribing is a novel way to reduce the risk of overdose death caused by the fentanyl-contaminated illicit drug supply. Risk Mitigation Prescribing is a way to support people who use illicit opioids to self-isolate and social distance during COVID-19. A prescriber who is comfortable with the medications will start someone on short-acting hydromorphone tablets +/- a long-acting morphine medication that reduces the risk of a person using illicit opioids. This approach is not substance use treatment, it is a harm reduction approach to reduce the risk of fatal opioid overdose.</p>
<p>Identification of Community Needs</p>	<p>Often communities are not aware that individuals in their community struggle with OUD due to stigma, a cluster of negative attitudes and beliefs that motivates the general public to fear, reject, avoid and discriminate against people with mental illness or substance use.</p> <p>Using a trauma-informed approach and asking all clients who are accessing care about their substance use in an open and caring way and sharing treatment options can help clients feel safe to reach out for support.</p> <p>If there is an identified need for OUD treatment support for individuals in community, it would be beneficial to complete an initial environmental scan to see what supports are currently available.</p>
<p>Considerations</p>	<p>Community Health Facility: Is there a health facility in the community? Does the facility have capacity to offer OAT to individuals? Are they currently open or on an appointment only basis?</p> <p>Safety and Security: Is there appropriate secure space to store patient's own supply of OAT in the community health facility?</p> <ul style="list-style-type: none"> Controlled Drug and Substances Act (CDSA) Exemption subsection 56(1) states: nurses are to take necessary steps to protect controlled substances against loss and theft, both in a community health facility and during transportation. It also states nurses must restrict access to any location where controlled substances are stored (condition #8 and #10).

PHARMACEUTICAL ALTERNATIVES AND OPIOID AGONIST THERAPY: COMMUNITY CONSIDERATIONS

	<ul style="list-style-type: none"> • Equipment suggestions: locked cabinet, lock box for transport, self-locking door. • Home safety: is it out reach of children? Where can it be stored safely? Is a lock box needed in the home? <p>Nurse:</p> <ul style="list-style-type: none"> • Is there a nurse who is able to work with the prescriber and pharmacist to support clients taking OAT? • Does the nurse have capacity to support Daily Witness Ingestions (DWI) and ongoing care? • Is the appropriate assessment equipment available (vitals monitor, Urine Drug Screen kits, thermometer)? • If the client is in isolation or unable to get to a pharmacy or health care facility, is OAT medication delivery directly to the client an option, either by the nurse, pharmacist, or pharmacy employee? <p>Prescriber: Is there a local prescriber who is able and willing to prescribe OAT? If not, is there a prescriber that can be connected through a virtual care platform such as Virtual Doctor of the Day Program or the new Virtual Substance Use and Psychiatry Service?</p> <p>Pharmacist: Is there a pharmacy nearby and are they able to dispense OAT? If client is unable to easily access a pharmacy, can clients have medication delivered to either their homes or to the community health facility, by either the pharmacist, pharmacy employee or a nurse?</p> <p>Wrap Around Supports:</p> <ul style="list-style-type: none"> • Are there additional treatment supports available in community and through the Regional Health Authority, such as: <ul style="list-style-type: none"> • peer support or mobile support team • Intensive Case Management • MHSU worker, counsellor, social worker? • Are there spiritual and cultural healing practices available in community that could support the client's healing journey?
<p>Roles and Responsibilities</p>	<p>Once it is determined that there is a need for OAT to be available in community, it is important to clarify the roles and responsibilities of everyone involved in the health planning and service delivery of OAT.</p> <p>These care partners could include but might not be limited to: band council, health director, community members, prescriber, nurse, community wellness worker, pharmacist and the client. It is important to clearly outline and document the</p>

PHARMACEUTICAL ALTERNATIVES AND OPIOID AGONIST THERAPY: COMMUNITY CONSIDERATIONS

	<p>responsibilities of everyone who will be involved in the care and delivery of OAT to the client.</p> <p>The roles and responsibilities of the care team for each community will vary to some degree, but nurses can expect to have a role in OAT program planning, treatment planning, program implementation and evaluation. Nurses are expected to have completed the necessary educational prerequisites (listed below) and to be working within the nursing scope of practice outlined by the BC College of Nurses & Midwives..</p>
<p>Documentation</p>	<p>Documentation expectations and forms will vary depending on your work environment. Key considerations to keep in mind when documenting OAT:</p> <ul style="list-style-type: none"> • Documentation standards of practice are aligned with the principles in the British Columbia College of Nurses & Midwives. • Since OAT is a controlled substance, there are special considerations to take into account. These are outlined in the Subsection 56(1) Class Exemptions of the Controlled Drug and Substance Act. For example, this includes the use of a chain of signature system that records signatures, full names, and dates of receipt for each shipment. For a list of what is required through the Subsection 56(1) Class Exemptions, please see links below in the exemption section. <p>Please contact the Four Directions Wellness Team if requiring support and guidance around developing documentation that aligns with exemption standards and college standards.</p>
<p>Education</p>	<p>BCCSU and UBC offer a free, self-directed online course called the Provincial Opioid Addiction Treatment Support Program (POATSP). This course is divided into 25 modules taking eight hours to complete, and is the recommended education and care guidance for all nurses and healthcare providers supporting individuals with OUD. It includes sections on Buprenorphine/Naloxone, Methadone, SROM, and iOAT.</p> <p>For more information and to start the course, click here.</p> <p>The BC Centre on Substance Use (BCCSU) and Foundry have co-organized a webinar series on Sublocade. The series is intended to give prescribers, nurses, pharmacists, and other allied health care professionals an overview of Sublocade administration and its practical applications through case-based learning. Check out the recorded sessions here.</p> <p>In addition to this, it is recommended that nurses complete an in-person preceptorship at a program where OAT is being offered.</p> <p>Please contact FNHA Provincial Substance Use Nursing Services if requiring support and guidance around preceptor opportunities.</p>

PHARMACEUTICAL ALTERNATIVES AND OPIOID AGONIST THERAPY: COMMUNITY CONSIDERATIONS

	<p>Other educational opportunities offered by BCCSU include:</p> <p>Addiction Care and Treatment Online Certificate (ACTOC) ACTOC is a free, self-directed online certificate course targeted at health care professionals providing care to patients with various substance use disorders. This course will take 15-16 hours to fully complete. For more information and to start the course, click here.</p> <p>BC ECHO on Substance Use (Opioid Use Disorder) BC ECHO on Substance Use (Opioid Use Disorder) aims to help primary care teams build capacity in the treatment and management of OUD. Through interactive, online, case-based presentations, health care providers will learn how to incorporate evidence-based practices into their care setting to improve outcomes for clients and families. For more information and to register, click here.</p>
<p>Harm Reduction and Naloxone</p>	<p>Harm reduction is a public health approach that saves lives by minimizing harm and potential danger. People who struggle with addiction need to be supported, not judged.</p> <p>A harm reduction approach meets people where they are with open arms, acceptance, and compassion – not judgment or shame, recognizing that every life is valuable and that substance use and addiction are complex and challenging.</p> <p>Stigma around drug use can actually cause more deaths, as shamed people can become more reluctant to discuss their challenges with addiction or seek medical help.</p> <p>With a harm reduction approach to care, drug use is seen as a health issue rather than a moral issue. It is important for health care providers to be aware of their own biases or values when caring for someone who uses substances.</p> <p>Harm reduction information:</p> <ul style="list-style-type: none"> • FNHA Harm Reduction • Indigenous Harm Reduction Principles and Practices Fact Sheet • FNHA Substance Use – Harm Reduction and COVID-19 • Toward the Heart Harm Reduction • BC CDC Harm Reduction <p>When accessing OAT it is important for individuals to have a naloxone kit, either injectable or nasal.</p> <p>Naloxone</p> <ul style="list-style-type: none"> • Take Home Naloxone - Becoming a distribution site • Take Home Naloxone - Training & Resources

PHARMACEUTICAL ALTERNATIVES AND OPIOID AGONIST THERAPY: COMMUNITY CONSIDERATIONS

	<ul style="list-style-type: none"> • FNHA Nasal Naloxone Factsheet • FNHA Overdose Prevention and Naloxone • Adapt Pharma Nasal Naloxone information
<p>Resources</p>	<ul style="list-style-type: none"> • OAT Clinics accepting new patients as of January 2020 • BC Centre on Substance Use – Opioid Use Disorder • FNHA Substance Use Resources for Community • FNHA Substance Use Resources for Health Care Providers <p>BCCSU electronic resources: Guideline for Clinical Management of OUD Pregnancy Supplement Youth Supplement FAQ: Buprenorphine/Naloxone Treatment Patients Helping Patients Understand OAT Gone Too Soon: Navigating Grief and Loss as a Result of Substance Use From Grief to Action Coping Kit: Dealing with Addiction in Your Family Opioids: A Survivor’s Guide</p> <p>BCCSU Addiction Medicine Clinician Support Line: https://www.bccsu.ca/24-7/</p>
<p>Subsection 56(1) Class Exemptions and Supplementary Information under the Controlled Drug and Substance Act</p>	
<ul style="list-style-type: none"> • Supplementary information for Subsection 56(1) exemptions • Subsection 56(1) Class Exemption for the Person in Charge of a Hospital and/or a Pharmacist who Supplies Controlled Substances to a Community Health Facility • Subsection 56(1) Class Exemption for Nurses providing Health Care at a Community Health Facility • Reporting of loss or theft of controlled substances, precursors and cannabis • Temporary Authorizations for The Delivery of Opioid Agonist Treatment by Non-Pharmacists • Health Canada Toolkit: COVID-19 and Substance Use : Resources that help to provide clarity regarding the rules that apply for substance use disorder treatment and information on safe supply 	

References

BC Centre on Substance Use. 2020. COVID 19. Retrieved from: <https://www.bccsu.ca/covid-19/>

BC Centre on Substance Use. 2020. Opioid Use Disorder. Retrieved from: <https://www.bccsu.ca/opioid-use-disorder/>

PHARMACEUTICAL ALTERNATIVES AND OPIOID AGONIST THERAPY: COMMUNITY CONSIDERATIONS

BC Centre on Substance Use. 2020. Risk Mitigation in the Context of Dual Public Health Emergencies. Retrieved from: <https://www.bccsu.ca/wp-content/uploads/2020/05/Risk-Mitigation-in-the-Context-of-Dual-Public-Health-Emergencies-v1.6.pdf>

BC Centre on Substance Use .2020. Training. Retrieved from: <https://www.bccsu.ca/>

College of Pharmacists of British Columbia. 2020. Temporary Authorizations for the Delivery of Opioid Agonist Treatment by Non-Pharmacists. Retrieved from: <https://www.bcpharmacists.org/news/bc%E2%80%99s-covid-19-response-temporary-authorizations-delivery-opioid-agonist-treatment-non>

First Nations Health Authority. 2020. Virtual Doctor of the Day Program. Retrieved from: <https://www.fnha.ca/what-we-do/ehealth/virtual-doctor-of-the-day>

Government of Canada. 2020. Policy Documents. Retrieved from: <https://www.canada.ca/en/health-canada/services/health-concerns/controlled-substances-precursor-chemicals/policy-regulations/policy-documents.html>

Interior Health. (2019). Opioid Agonist Treatment (OAT), Oral OAT, Injectable OAT and Tablet Injectable OAT. British Columbia

RACE Rapid Access to Consultative Expertise. 2020. About Race. <http://www.raceconnect.ca/about-race/>

Sublocade. 2019. Medication Guide. Retrieved from: <https://www.sublocade.com/Content/pdf/medication-guide.pdf>