

OATP

Opioid Agonist
Therapy Program

ANNUAL REPORT 2022

April 1, 2022, to March 31, 2023

Respectfully submitted by:

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June 30, 2023



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OPIOID AGONIST THERAPY PROGRAM

ANNUAL REPORT 2022

Program Overview

The Opioid Agonist Therapy Program (OATP) is administered by the College of Physicians and Surgeons of Saskatchewan (CPSS) on behalf of the Ministry of Health, Community Care Branch and is responsible for educating, monitoring, supporting and recommending physicians for CPSS approval to prescribe opioid agonist therapy (OAT) for opioid use disorder. Staff from the OATP are also responsible for the Prescription Review Program (PRP). The OATP Clinical Manager provides clinical expertise on a contract basis.

Licensed and qualified clinical staff, including the Pharmacist Manager PRP/OATP, Pharmacist, Analyst (Pharmacy Technician) and the OATP clinical Manager (licensed medical physician) are authorized to provide clinical advice, information, and analysis for the program. Operations oversight including human resources, reporting and administrative support are provided by the Operations Manager and the Administrative Assistant.

OAT Education and Training

Virtual Case Study and OAT 101 Sessions

These competency-focused, small group sessions, which are accredited by the College of Family Physicians of Canada (CFPC), continued to be a well received and attractive option for physicians to meet the education and mentoring requirements for approval consideration to prescribe OAT for opioid use disorder.

Six Virtual Case Study sessions were facilitated in the fiscal year with 16 physicians attending. Fifteen of the physicians (94%) proceeded to obtain approval to prescribe OAT and one continued to work through the remaining administrative requirements.

These sessions have proven to be an effective way to provide focused education and mentorship in comparison to the yearly OAT Conference previously hosted by the OATP.

Only seven of the 75 physicians who attended the 2020 Conference, (the last time the conference was held), completed the approval process, compared to 50 of 57 physicians who attended an OAT 101 and/or Virtual Case Study sessions held since June 2020.

Post session survey comments continued to be positive in this fiscal year:

"I will feel more confident to initiate methadone. I will introduce more people to Suboxone."

"Paying more attention into individual as every case is different than others and also try to listen to what patient choice is in term of OAT."

"Real life case examples with strategies for management from an experienced provider. Very non-judgemental environment which made it great for learning."

The Pharmacist Manager, PRP/OATP and the OATP Clinical Manager submitted a successful abstract to present at the 2022 Canadian Society of Addictions Medicine (CSAM) Conference. 'The Saskatchewan Road Show' highlighted the successes of both the Virtual Case Study Sessions and the OAT 101 in-person sessions held to date. The Pharmacist Manager, PRP/OATP also served as the 2022 Conference Co-Chair and is a current CSAM Board member. These roles allowed for excellent networking and learning opportunities from across the country.

Existing OAT providers and those working through the approval process were offered a fee subsidy through the Emergency Treatment Fund to attend the 2022 CSAM Conference. Thirty physicians were approved for the subsidy and attended the conference in person. OAT providers are encouraged to join CSAM to keep updated on the latest findings related to addictions medicine.

To assist with concerns in the Kamsack and Yorkton communities around opioid misuse and the local opioid agonist therapy clinics, the Pharmacist Manager, PRP/OATP and the OATP Clinical Manager were invited by First Nations Inuit Health Branch (FNIHB) to lead discussions in the communities. The presentations highlighted how the OATP and PRP worked and discussed the benefits of OAT.

OAT/OUd educational sessions continued to be offered via the Extension for Community Healthcare Outcomes (ECHO®) Platform and were well attended once again. Funding for the sessions was provided through the opioid Emergency Treatment Fund (ETF), as approved by the Ministry of Health, Community Care Branch. Sessions included:

- Trauma Informed Care: Motivational Interviewing during Pre-Contemplation (88 attendees)
- Pregnancy and Substance Use Disorder (72 attendees)
- Back to Basics SUD Treatment and Management (69 attendees)

Enquiries, Collaboration and Outreach

Staff logged 282 calls related to the program between April 1, 2022 – March 31, 2023, which was on par with the previous year. The nature of the calls varied from pharmacists confirming OAT approval for physicians, physicians seeking pharmaceutical advice regarding a specific patient, pharmacists asking for clarification/support for prescriptions they were filling, to the public reporting possible misuse of medications.

The team also communicated with **seventy-three** physicians who expressed interest in the OAT approval process. Those conversations can span several months or longer depending on the physicians' readiness to proceed with approval. Not all physicians who contact the program for information complete the approval process.

The Pharmacist Manager, PRP/OATP and the OATP Clinical Manager continued to provide expertise to the core working group of Advancing Interprofessional Management of Substance Use Disorders in Saskatchewan (AIMS-SK). The AIMS-SK program is included in the OATP's list of approved courses for physicians working towards approval to prescribe OAT. Staff followed up with five program participants who had indicated interest in completing the approval process or were already working through the process before completing the AIMS-SK program.

After external consultation and a review of policies across the country, a recommendation was put forward to the CPSS Council to approve a revision to the OAT Standards and Guidelines and Policy for buprenorphine/naloxone *maintaining* providers. Registrar approval is still required but education is now strongly recommended instead of required.

OAT providers were invited to provide feedback regarding the transition to commercially available methadone products in Saskatchewan (**Appendix A**). Feedback was collected and provided to the Drug Plan and Extended Benefits Branch including recommendations to enable a smoother transition. The program assisted with disseminating the information to all Saskatchewan OAT providers.

To assist with improving needle return rates in Saskatchewan communities, a letter was sent to all OAT providers in January 2023. The letter encouraged physicians to talk to patients about the importance of needle return as a community safety issue (**Appendix B**).

The Pharmacist Manager, PRP/OATP and the OATP Clinical Manager began quarterly meetings with the Minister of Mental Health & Addictions, Seniors and Rural and Remote Health to discuss potential collaboration related to Saskatchewan's Mental Health and Addictions Services and the OATP.

The team from the Alberta Virtual Opioid Dependency Program (VODP) invited the Pharmacist Manager, PRP/OATP and the OATP Clinical Manager to observe their program and spend the day shadowing their staff. Findings and learnings were brought back to Saskatchewan to inform potential future opportunities.

Until this year, Saskatchewan naloxone kits did not include a list of provincial resources available to people dealing with opioid use disorder. After consultation with the Ministry, the list was created and is now ready for distribution in kits (**Appendix C**).

Audits

Nine new audits were initiated and nine audits were also finalized during this period. Audits allow new providers to self assess their skills and can also be informative for experienced providers. The audits allow OATP clinical staff to offer advice and suggestions for improved care and can also highlight potential concerns early on. It has become challenging for staff to keep pace with the number of new audits required as the number of approved providers continues to increase year over year.

The submitted patient charts and physician self audit require a thorough review by the program pharmacists and feedback and recommendations were provided back to the physician. Pharmacy practicum students worked with program clinical staff on several OAT audits as part of their placements with the OATP.

Monitoring and Referrals

Methadone and buprenorphine/naloxone are included in the provincially designated panel of prescription medications with known misuse and potential diversion by patients. This list is monitored by the Prescription Review Program. There are several reasons correspondence may be sent to a physician including potential diversion, multiple prescribers, potential unapproved prescribing for opioid use disorder, or to understand the physician's prescribing rationale, even if a particular issue was not identified.

Eleven Explain letters related to prescribing methadone and/or buprenorphine/naloxone were sent to physicians requesting prescribing rationale along with various other patient specific questions depending on the situation. Physician responses were required within 14 business days and after review from a program pharmacist, a response was provided which most often included recommendations and resources to support good prescribing practices.

Seventy-three physicians were sent correspondence regarding potential unapproved prescribing of methadone and/or buprenorphine/naloxone for opioid use disorder.

- Five (7%) of these physicians proceeded to be approved to provide OAT.
- Another eighteen (25%) requested information on the approval process.

Follow up was done each month to ensure unapproved providers did not continue prescribing. In many cases prescribing was related to chronic pain for which no CPSS approval is required.

Four Alert letters were sent to physicians regarding potential diversion, early fills, or other concerns. Alerts included recommendations specific to the individual situation. A physician response was required within 14 business days including details for any past actions taken to prevent diversion and any additional steps the physician will put in place to prevent future occurrences.

Six requests for methadone and/or buprenorphine/naloxone prescribing data were received from law enforcement agencies to assist with active investigations. Program staff supported law enforcement by providing data as appropriate and in accordance with the Health Information Protection Act (HIPA) regulations.

Referrals

Referrals may be made to regulatory bodies related to the prescribing of methadone and/or buprenorphine by their members for opioid use disorder. There are a variety of reasons a referral may be made, such as potential inappropriate prescribing, prescribing for opioid use disorder without proper approval, not responding for requests for information (physicians only), and potential inappropriate dispensing (pharmacists only). The following referrals were made during the fiscal year:

- College of Physicians and Surgeons of Saskatchewan (CPSS) – 2
- Saskatchewan College of Pharmacy Professionals (SCPP) – 4
- College of Registered Nurses of Saskatchewan (CRNS) – 1

Each regulatory body follows up with their own members at their discretion using their own internal processes.

Saskatchewan OAT Prescribers

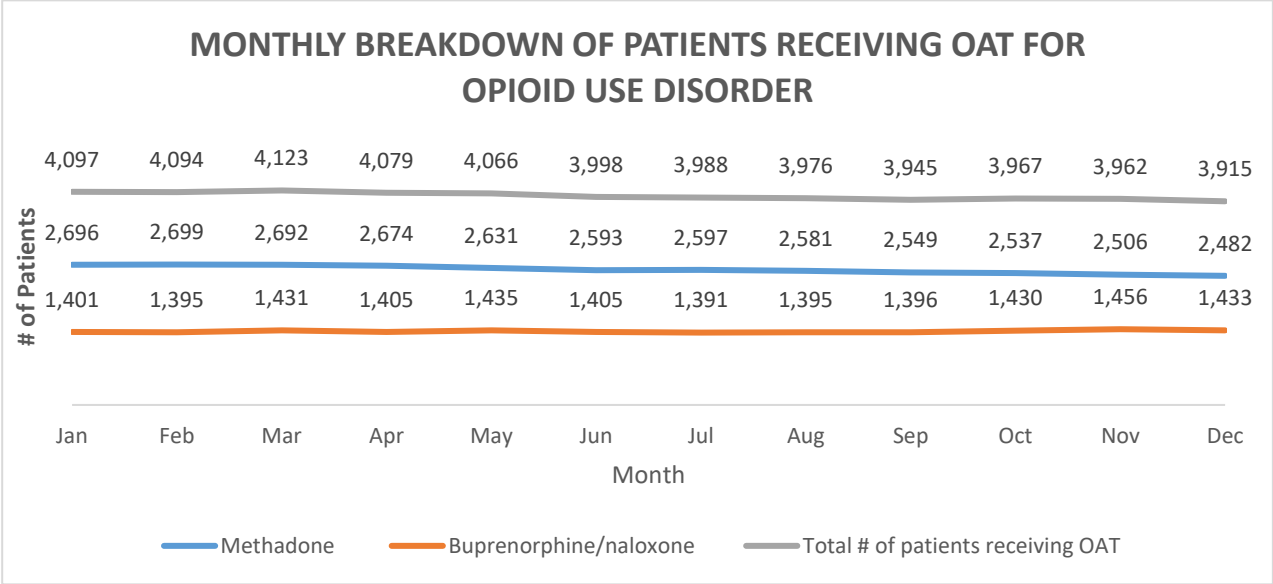
As of March 31, 2023, 172 physicians were approved to prescribe methadone and/or buprenorphine/naloxone for opioid use disorder. That is an increase of **twenty-one** providers over the same period last year. *This report captures physicians only.* Nurse Practitioners are also able to obtain prescribing authority through their regulatory body. In certain circumstances, pharmacists have also been granted OAT prescribing authority (e.g. Exemption 56)

A map of physicians authorized to prescribe OAT in Saskatchewan is contained in **Appendix D**.

Saskatchewan Residents Receiving OAT

The table below outlines the breakdown of Saskatchewan patients who received either methadone or buprenorphine/naloxone as well as the total number Saskatchewan residents receiving OAT for *opioid use disorder (OUD)* in 2022¹:

Data in previous reports was pulled using drug identification numbers (DINs) and it was realized there may be some cases where patients could be double counted if they received different strengths of the same drug. The data below and in future reports will be pulled by drug groups which gives a more accurate patient count.



¹Bup/nx does not have separate DINs for OAT, so we are unable to provide separate data for opioid use disorder.

Appendix A: Commercially Available Methadone Solution – Stakeholder Consultation



101 - 2174 Airport Drive
SASKATOON, SK S7L 6M6
Business: (306) 244-7355
Fax: General: (306) 244-0090
Email: oatp@cps.sk.ca
www.cps.sk.ca

August 10, 2022

Janis Johnson, BSP, ACPR
Regional Pharmaceutical Consultant, Professional Practice
Drug Plan and Extended Benefits Branch
3475 Albert St
Regina, SK S4S 6X6

Sent via email: janis.johnson@health.gov.sk.ca

Dear Ms. Johnson,

RE: Commercially available methadone solution – stakeholder consultation

Thank you for the opportunity to provide feedback on the transition to commercially available methadone products in Saskatchewan.

Product Interchangeability

We have some concerns with the lack of interchangeability between products. Although the recommendation to pharmacies is to have availability of the two products (Metadol-D and Methadose Sugar Free), as products expire, we foresee pharmacies stocking the most commonly prescribed brand for the geographical area. This could be particularly problematic for “guest dosing” which often occurs due to unexpected circumstances (e.g. funeral, family emergency, rapidly changing living situations, etc.).

An additional concern is that when the prescriber selects the incorrect product or inadvertently neglects to specify the product (e.g. methadone instead of Metadol-D), we foresee potential for delayed treatment. Unforeseen delays can be extremely problematic for patients who are in opioid withdrawal with easy access to an illicit supply of opioids in most Saskatchewan communities.

While few pharmacies have access to MethaMeasure, changing between products will require machine recalibration. Hopefully, for pharmacies utilizing such equipment, prescribers will have a primary brand; however, there is no guarantee of this.

With the toxic illicit supply, we recommend that pharmacies have concrete strategies for managing the above situations.

Transition Period

During the transition period (until Nov 30, 2022), we anticipate that it will be extremely time consuming for Addiction Counsellors to know which pharmacies have switched to commercial products and which pharmacies are still transitioning (noting that some patients will likely request transfers to pharmacies still offering the compounded product until Nov 30, 2022). Our province is already in dire need of Addiction Counsellors and we are concerned about the additional workload during the transition.

Feedback from OAT Providers

As part of our review, we requested feedback from our OAT providers regarding the product transition; unfortunately, likely due to summer vacation, we received limited feedback. However, three physicians have offered their expertise:

Physician 1: This is very concerning regarding evidence of poor outcomes after switching from methadone to methadose (for example in BC in 2014) with peer reviewed literature which is now available showing increase rates of patients topping up with other opioids, poorer HIV management for those who were HIV positive, reduced half life of methadose compared to methadone. I am concerned this will have negative impacts for our patients in Saskatchewan.

Physician 2: Thanks for asking; no particular concerns. Everything went off the rails in BC because of the methadose, but from speaking with BC providers Metadol-D seems to be effective for all or close to all patients. I do have some patients that are terrified of switching formulations... we'll work through that as it comes.

I notice that the prescriber info document mentions that the brand and formulation need to be on the prescription; I'm not sure why when the concentration is the same? I would assume (as from the pharmacy information) that Metadol-D would be used unless a specific alternative is specified, same as all other prescriptions (i.e. pharmacist can substitute unless brand name specified).

***You will note confusion from Physician 2 after reviewing the informational documents provided.*

Physician 3: It will be better for patients in prisons to have their community providers do the switch to the new formulations.

Recommendations

- To avoid confusion and prevent potential barriers to treatment, we recommend that Metadol-D and Methadose Sugar-Free be interchangeable. Alternatively, the documents provided indicate a preference for Metadol-D so perhaps Metadol-D could be the primary formulary product and Methadose Sugar-Free/compounded methadone could require EDS.
- If Addiction Counsellors have not been included in the consultation process, we recommend including them as well.

We appreciate being included as part of the stakeholder consultation.

Sincerely,

Nicole Bootsman, BSc (Hons), BSP
Pharmacist Manager
Opioid Agonist Therapy Program

Appendix B: Improving Needle Return Rates – Letter to OAT Providers



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January 2023

Dear Opioid Agonist Therapy Provider,

RE: Improving needle return rates and reducing needle litter in Saskatchewan communities

Late in 2022, we met with a Saskatchewan community and heard numerous concerns related to used needle litter, believed to be the result of needle exchange programs. Understandably, the community's primary concerns included dangers to residents, particularly children, and reduced tourism due to the unappealing debris.

As one of our action items from the meeting, we committed to informing Saskatchewan OAT providers about this concern in hopes that you might incorporate conversations of safe needle disposal into your practice.

Likely, the most logical time to encourage needle return is during any harm reduction conversations, especially when educating patients about the importance of using sterile needles as a harm reduction approach. Remind patients not to throw sharps in the garbage/recycle bin, not to flush sharps down toilets and not to throw sharps in bushes, parks or streets. As an extension of this, you may consider providing patients who are interested with prescription for sharps container as some programs (e.g. NIHB) cover the cost of containers.

While we have offered some evidence-based strategies for safety and effectively reducing needle litter (collaboration with pharmacy partners, increase accessible disposal bins, promote a community clean-up, hire staff rather than relying on volunteers, create posters with safe disposal messaging, add stickers to needle packaging) to the concerned community, if you have any additional suggestions, we will gladly pass them along to the community.

Thank you for all you do for Saskatchewan residents.
Sincerely,

Dr. Morris Markentin MD, CCFP, FCFP
Clinical Manager
Opioid Agonist Therapy Program

Nicole Bootsman BSc(Hons), BSP
Pharmacist Manager
Opioid Agonist Therapy Program

References:

- Ralphs R, Gray P. Responding to Drug Related Litter, Public Drug Use and the Changing Profile of Injecting Drug Users: Developing Response. Research Report, 2019. Manchester Metropolitan University.
- Government of Canada. Pillars of the Canadian Drugs and substances strategy. Available from: <https://www.canada.ca/en/health-canada/services/publications/healthy-living/pillars-canadian-drugs-substances-strategy.html>.

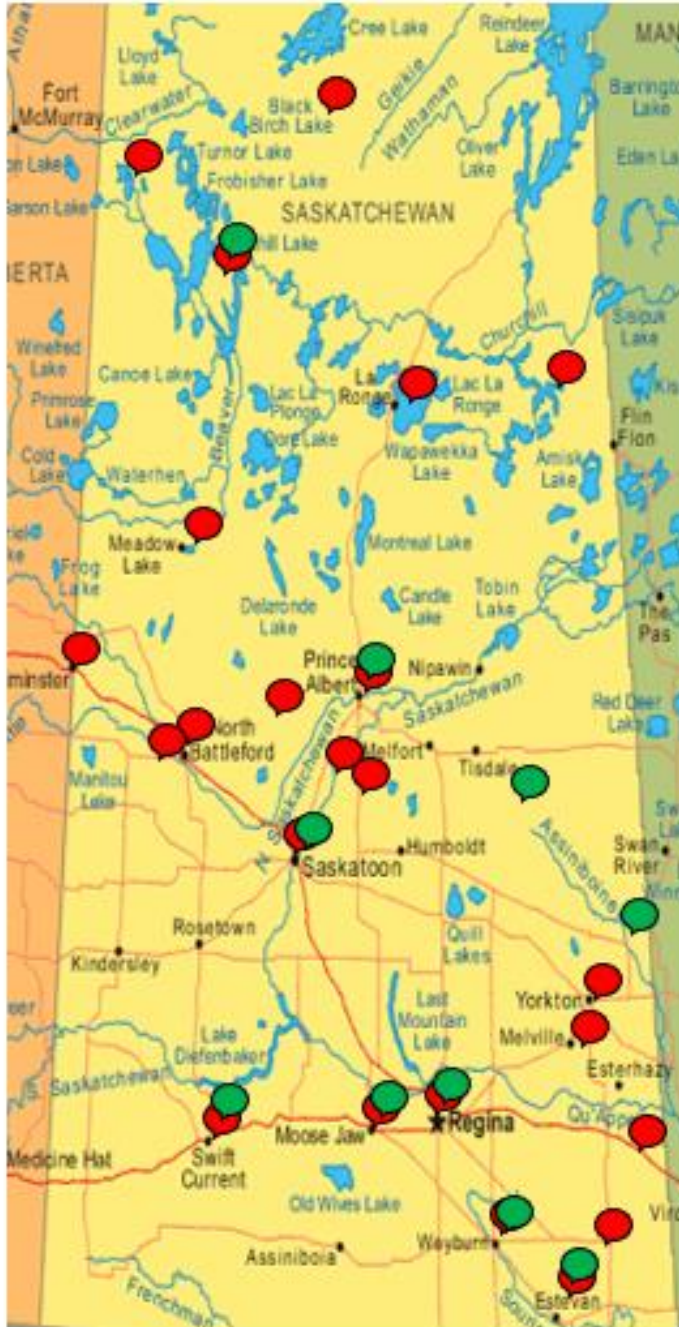
Appendix C: Naloxone Kits – List of Available Provincial Services (Insert)

Saskatchewan Services

Contact any of these services from anywhere in Saskatchewan – **recovery IS possible!** **OATP** Opioid Agonist Therapy Program

National Overdose Response Service <i>Confidential, 24/7 virtual safe consumption hotline</i>	1-888-688-6677 www.nors.ca
Adult Brief and Social Detox - 1200 24 th St W, Prince Albert	1-306-765-6700
Métis Addictions Council of Saskatchewan – 334 19 th St E, Prince Albert	1-866-722-2155
Addiction Treatment Centre - 1640 Victoria Ave, Regina	1-306-766-6600
Métis Addictions Council of Saskatchewan - 329 College Ave East, Regina	1-866-815-6515
Sexual Health Clinic - 2110 Hamilton St, Room M100, Regina	1-800-268-9888
Youth Detox Centre - 1440 14 th Avenue, Regina	1-306-787-1058
Brief Detox Unit - 201 Ave O South, Saskatoon	1-306-655-4195
Métis Addictions Council of Saskatchewan –335 Ave G South, Saskatoon	1-877-652-8951
Opioid Assisted Recovery Services - 1611 20 th St W, Saskatoon OR Mayfair Clinic - 504 33 rd St W, Saskatoon	1-306-655-0480 1-306-655-4006
Prairie Harm Reduction - 1516 20 th St W, Saskatoon	1-306-242-5005

Appendix D: 2022-2023 Saskatchewan Map of Physician OAT Providers



City	# of providers
Battleford	1
Black Lake	1
Carlyle	2
Estevan	6
Ile a la Crosse	6
Kamsack	2
La Loche	3
La Ronge	5
Lloydminster	1
Meadow Lake	2
Melville	1
Moose Jaw	9
Moosomin	1
North Battleford	3
Pelican Narrows	1
Porcupine Plain	1
Prince Albert	18
Regina	51
Rosthern	4
Saskatoon	29
Shellbrook	1
Swift Current	3
Wakaw	1
Weyburn	2
Yorkton	6
Out of Province	12
Total	172

LEGEND

- = existing locations where physicians are providing OAT
- = new locations where physicians are providing OAT

Both = the physician is approved to prescribe both methadone and buprenorphine/naloxone

*These numbers indicate the total number of physicians approved to provide OAT for addictions. This does not represent how many physicians may be prescribing at any given time.