



# **METHADONE PROGRAM**

**ANNUAL REPORT 2012**

**AND**

**BUSINESS PLAN 2013**

May 2013

## Table of Contents

<b>ANNUAL REPORT 2012 .....</b>	<b>3</b>
<b>BUSINESS PLAN 2013 .....</b>	<b>6</b>
<b>APPENDICES</b>	
A - Methadone Monthly Patient Statistics 2012 .....	8
B - Methadone Prescribers 2005-2012.....	9
C - Methadone Death Analysis .....	10
D - Saskatchewan Methadone Programs in 2013.....	12
E - Balance Sheet .....	14

## Annual Report 2012

The Methadone Program is managed by the College of Physicians and Surgeons of Saskatchewan on behalf of the Ministry.

The Methadone Program reviews the applications for physicians seeking a methadone exemption in the province of Saskatchewan and provides a recommendation to the Federal government.

The Program developed the Saskatchewan Methadone Guidelines for the treatment of Opioid Addiction/Dependence and coordinates the delivery of introductory workshops regarding this subject.

The Program carries out the following activities:

- Develops guidelines for safe prescribing of methadone for opioid addiction/dependency
- Provides education and workshops on prescribing methadone
- Conducts peer reviews of the medical practices of physicians involved in the program
- Maintains a central registry of methadone prescribers, which assists physicians and patients in locating methadone clinics

The Methadone Program works closely with and relies heavily on the Prescription Review Program at the College for statistical data. The PRP monitors for apparent inappropriate prescribing and inappropriate use of PRP drugs included in Regulatory Bylaw 18.1. This includes monitoring of these medications when used in combination with methadone for patients on the methadone maintenance program. The PRP also sends alert letters to methadone prescribers as a result of information received by the Program that an individual who has been prescribed PRP drugs may possibly be misusing and/or diverting their medication.

The Methadone Program hosted a methadone educational day that was held in La Ronge on July 28, 2012. The presenters included Dr. L. Loewen, Mr. Doug Spitzig, Dr. P. Butt and Dr. D. Stoll, who is a local La Ronge physician. Having local input about the issues discussed was very helpful to the community. The day was well received. Attendees included addiction workers, pharmacists and physicians (about 8 physicians from the local area attended).

The Methadone Program hosted the annual Methadone Educational Day in Regina on December 8, 2012. This educational day was very well received and was attended by approximately 44 participants. Its main focus was to improve knowledge about prescribing methadone for addiction/dependence and pain to enable physicians to achieve their methadone exemption.

There still remains a need for additional physicians willing to obtain a methadone exemption for dependence and pain in order to treat a growing number of patients who would benefit from this treatment.

The Program sent 16 packages to physicians in 2012 who have shown an interest in prescribing methadone. These packages include:

1. An application form to Health Canada;
2. Policies for Methadone Prescribing
  - a. Prescribing for Opioid Dependence (addiction)
  - b. Prescribing for Opioid Dependence (addiction) to Stable Patients
  - c. Prescribing Opioids for Pain;
3. List of physicians who prescribe methadone in Saskatchewan;
4. Saskatchewan Methadone Guidelines for the Treatment of Opioid Addiction (FYI);
5. Methadone for Pain Guidelines-CPSO;
6. "Evidence-Based Recommendations for Medical Management of Chronic Non-Malignant Pain";  
and
7. "Universal Precautions in Pain Medicine: A Rational Approach to the Treatment of Chronic Pain".

Ms. Meagan Fraser and Dr. Karen Shaw attended a meeting by teleconference December 21, 2012, with representatives of the four western provinces to discuss the possibility of a western province's collaboration on the Methadone Program work. The goal of this meeting was to consider harmonizing the following:

- i. Education requirements with reciprocity in recognizing other provinces' courses.
- ii. CPD requirements.
- iii. Self audit.
- iv. Suboxone requirements.

One of the challenges the Methadone Program has come across is the paucity and timing of the education being provided for our methadone prescribers and those interested in becoming methadone prescribers. We have offered this education in the past and do recognize courses run at the College of Physicians and Surgeons in British Columbia and by the Center for Mental Health & Addiction in Ontario (CAMH). Some physicians are at a disadvantage with respect to the timing of the required education in order to apply for their exemption to solve the lack of methadone prescribers in the province.

We would like to provide the option for an online course module that is easily accessible and recognized as part of our educational process for methadone exemptions. We also plan to develop annual education days that have set agendas that become a regular part of the Program.

Arrangements for further discussion on the Western Provinces Discussion about Methadone Exemption Process with the College of Physicians and Surgeons of Alberta will be set in 2013.

As part of the Saskatchewan Methadone Program, physicians are required to complete a patient cessation treatment form when a patient is no longer on the Methadone Maintenance Program. This assists both the Methadone and Prescription Review Program in monitoring the use of PRP drugs and methadone.

The Methadone Program collaborates regularly with the College of Pharmacists, mainly through Lori Postnikoff, field officer, to identify apparent inappropriate dispensing of methadone as the Program has no authority to deal with concerns that methadone may have been inappropriately dispensed.

The Methadone Program works closely with the Chief Coroner. He continues to forward final reports of all deaths if methadone was found by toxicology. This allows the Program to interact with the physician who prescribed the methadone by providing educational advice. The Program continues to provide the Chief Coroner with patient DUR profiles to confirm whether the deceased was on the methadone program at the time of death or had been a patient on the methadone program for the five year period prior to the date of death.

The Methadone Program and Prescription Review Program facilitate quarterly meetings of the College's Opioid Advisory Committee meetings. This committee was formerly the Methadone Committee but was expanded after March 2011 to include chronic pain specialist Dr. M. Opdahl, pharmacist representative Lori Postnikoff in addition to the 3 addictions specialists Dr. P. Butt (Chair), Dr. B Fern and Dr. L. Lanoie, Dr. C. Johnson plus College support staff Dr. L. Loewen, Doug Spitzig, Laurie Van Der Woude and Meagan Fraser. This committee is responsible for not only the provincial Methadone Program but also implementation of the Canadian Guideline for the Safe and Effective Use of Opioids for Non-Cancer Pain. The Methadone Program utilizes physician members of this committee for peer review and prescribing guidance when required.

The Opioid Advisory Committee and the Methadone Program updates the standards and guidelines on an ongoing basis while reviewing other jurisdictions standards and guidelines (US/Canada and others).

The Opioid Advisory Committee would like the Saskatchewan Methadone Guidelines for the Treatment of Opioid Addiction/Dependence be combined with the Methadone Guidelines for Saskatchewan Pharmacists and the Methadone Assisted Recovery Guideline for Saskatchewan Addictions Counselors. This will promote an optimal collaborative engagement among physicians, pharmacists and counselors.

Originally onsite audits were conducted; however, this proved impractical because of the time required away from an auditor's practice to perform the audit and the overall cost of each audit. Over the past year a tool has been devised to assist with a trial of self audits. The information gained by these audits hopefully will inform where an onsite audit would be helpful.

The audit tool has recently been piloted; Pilot audits were conducted on three prescribers by mailing copies of patient records and completion of a one page form. The feedback on all of these audits has not yet been received. This process has not allowed us to meet our target number of audits. We however will continue to evaluate the pilot.

The Methadone Program is also currently reviewing other provinces self-audit tools to determine how we will proceed with future audits.

One of many challenges the Methadone Program faces, one of which has been ongoing, is the geographical challenges of recruiting physicians willing to participate in a methadone program, especially in the Sunrise Health District, as there seems to be reluctance in providing a harm reduction program to patients with opioid addictions.

There are programs in Prince Albert Parkland, Saskatoon, Regina Qu'Appelle, and Mamawetan Churchill River and limited programs in the Five Hills, Sunrise and Prairie North. Currently no MMT programs are available in the Kelsey Trail, Heartland, Sun Country, Cypress and Keewatin Yatthé regions. Kamsack MMT does not receive support services such as addiction counseling and case workers. Please refer to Appendix D to view the Saskatchewan Map of MMT programs.

This is an indication that patients with addictions in rural Saskatchewan are at a disadvantage.

As previously noted in this report, another challenge for the Methadone Program is access for our methadone prescribers and those interested in becoming methadone prescribers. We occasionally offer education; however we do recognize courses run at the College of Physicians and Surgeons in British Columbia and by the Center for Mental Health & Addiction in Ontario (CAMH). Access to this education is limited and not timely for those wishing to receive their exemption quickly.

Our goal is to provide the option for an online course module that is easily accessible and recognized as part of our process for methadone exemptions.

## **Business Plan 2013**

**April 1, 2013 to March 31, 2014**

- 1) Collaborate with the College of Physicians and Surgeons of Alberta on the development of an online methadone course. The College of Physicians and Surgeons of Alberta is working with CAMH and the CPD departments of both their medical schools to explore offering a virtual real-time interactive module to replace the in-person workshop required in Ontario, Nova Scotia and possibly Saskatchewan. We have the opportunity to collaborate with adding province specific modules, use this as ongoing CPD for those holding exemptions and having these courses recognized in Saskatchewan to improve access to training.
- 2) Verbal and written interaction with methadone prescribers to gain insight with respect to the rationale for their prescribing patterns and modifying those patterns through very focused education and guidance. This work will also increase due to increased resources.
- 3) Develop and maintain a Methadone Program location on the new CPSS website for general information and educational purposes, including resources required for safe and effective methadone prescribing.
- 4) Continue to work closely with the Prescription Review Program to ensure appropriate prescribing and use of methadone and other PRP drugs for those individuals on the Methadone Program.
- 5) Continue to receive methadone statistics for patients on methadone in the province. These statistics are separated by NIHB, addiction, pain and metadol patients.
- 6) Organize and facilitate four meetings of the Opioid Advisory Committee at the College to address issues for the appropriate prescribing of methadone in Saskatchewan.
- 7) Continue to receive and work closely with Chief Coroner, Kent Stewart, to receive data on all opioid related deaths.
- 8) The Methadone Program will continue to send and provide the necessary information to physicians who have requested or shown an interest in prescribing methadone for the treatment of opioid dependence/addiction and/or pain. Determine other supports that would be helpful.
- 9) Review other provinces self-audit tools to inform us before we determine how we will proceed with future audits or create a new tool of our own.
- 10) The Program hopes to engage a clinician who has an interest in the program to serve as Medical Director and assist with management of the program.
- 11) No plans have been made for an educational day in 2013. We would like to engage the Medical Director before firm plans are made for an educational day.

- 12) The Methadone Program has noticed a need to have more physicians trained to prescribe methadone for the management of chronic pain. This will be addressed by the Opioid Advisory Committee.



## Appendix A: Methadone Monthly Patient Stats 2012

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
<b>Addiction</b>	1324	1358	1377	1385	1392	1408	1413	1441	1489	1539	1586	1606
<b>Pain</b>	6	10	12	8	9	6	8	9	11	9	8	5
<b>NIHB</b>	955	949	957	956	965	964	934	943	937	930	943	971
<b>Metadol</b>	104	104	111	120	121	137	138	166	168	169	150	190
<b>Total # Meth Pts</b>	<b>2389</b>	<b>2421</b>	<b>2457</b>	<b>2469</b>	<b>2487</b>	<b>2515</b>	<b>2493</b>	<b>2559</b>	<b>2605</b>	<b>2647</b>	<b>2687</b>	<b>2772</b>

- In June of 2006 there were approximately 1200 patients on MMT
- At the end of 2012 there were approximately 2600 patients on MMT
- In most Regions there is a minimum 6 month waiting period for patients to start MMT
- In Saskatoon at the end of 2012, the requirement for a patient to be accepted for MMT was that the patient was either pregnant or HIV positive. This is a concerning situation, as a significant number of patients appear not to have the option of MMT for harm reduction.

## Appendix B: Methadone Prescribers 2005-2013

	<b>2005</b>	<b>2008</b>	<b>2012</b>	<b>2013</b>
<b>Addiction</b>	11	11	10	14
<b>Pain</b>	14	17	22	23
<b>Both</b>	10	20	28	28
<b>Total</b>	<b>35</b>	<b>48</b>	<b>60</b>	<b>65</b>

## Appendix C: Methadone Death Analysis

### Methadone Deaths Physician Stats (Jan 2007 – Oct 2011 Coroner's Report) Number of Patients (Oct 1 – 31, 2010)

At Time of Death	
Total # Opioid Naïve	55
Total # on Methadone Program	35
# Out of Province	2
Total # Deaths	92

Total # Deaths	92
Total # Methadone Patients in SK	2245

	# of meth pts	Total # meth pts (city)	% of meth pts (city)	# of deaths	Total # deaths (City)	% of deaths (City)	# SK deaths (pts on meth program)	% of SK deaths	# meth pts in SK	Dr's % meth pts in SK
<b>Community#1</b>										
Dr. 1	383	861	44.5%	8	15	53.3%	8/35	22.9%	2245	17.1%
Dr. 2	49	861	5.7%	1	15	6.70%	1/35	2.9%	2245	2.2%
Dr. 3	152	861	17.7%	3	15	20.0%	3/35	8.6%	2245	6.8%
Dr. 4	95	861	11%	3	15	20.0%	3/35	8.6%	2245	4.2%
<b>Community#2</b>										
Dr. 5	138	806	17.1%	2	13	15.4%	2/35	5.7%	2245	6.1%
Dr. 6	345	806	42.8%	9	13	69.2%	9/35	25.7%	2245	15.4%
Dr. 7	103	806	12.8%	1	13	7.7%	1/35	2.9%	2245	4.6%
Dr. 8				1	13	7.7%	1/35	2.9%	2245	
Community #3										
Dr. 9	34	34	100%	1	1	100%	1/35	2.9%	2245	1.5%
<b>Community#4</b>										
Dr. 10	131	406	32.3%	2	5	40%	2/35	5.7%	2245	5.8%
Dr. 11	95	406	23.4%	2	5	40%	2/35	5.7%	2245	4.2%
Dr. 12	0	0	0%	1	5	20%	1/35	2.9%	2245	
<b>Community#5</b>										
Dr. 13	137	137	100%	1	1	100%	1/35	2.9%	2245	6.1%
								100.3%		74.0%

\* At time of death 2 patients were currently prescribed opioids but not methadone.

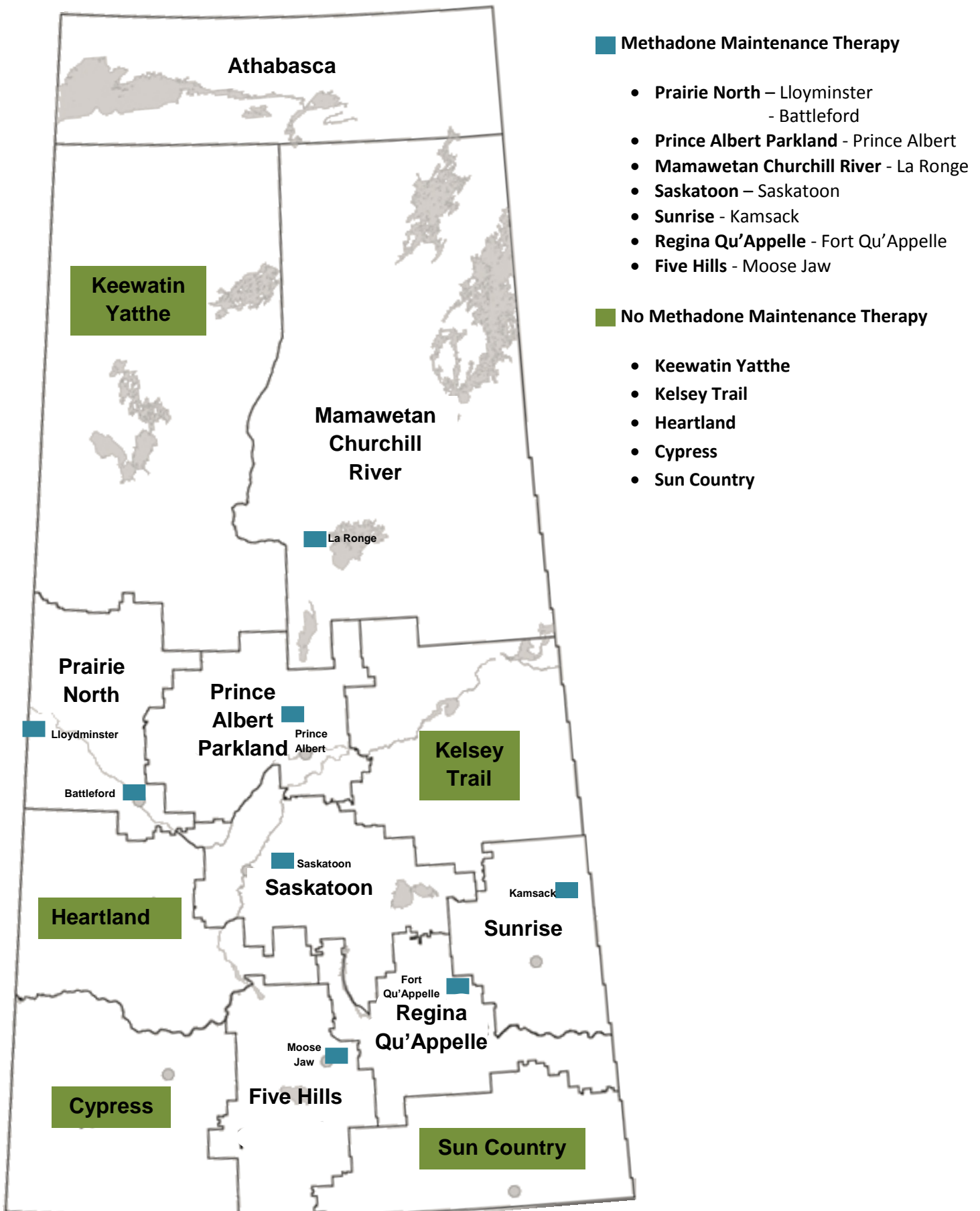
## Methadone Deaths City Stats

	City deaths vs total deaths	Total # meth pts in City	% meth pts in province (total SK = 2245)
<b>Community#1</b>	15/35 = 42.9%	861	38.4%
<b>Community#2</b>	13/35 = 37.1%	806	35.9%
<b>Community#3</b>	5/35 = 14.3%	406	18.1%
<b>Community#4</b>	1/35 = 2.9%	35	1.6%.
<b>Community#5</b>	1/35 = 2.9%	137	6.1%
<b>Total</b>		<b>2245</b>	<b>100.1%</b>

## Opioid Naive Deaths

<b>Community#1</b>	22
<b>Community#2</b>	20
<b>Community#3</b>	8
<b>Community#5</b>	2
<b>Community#4</b>	2
<b>Community#6</b>	1
<b>Total</b>	<b>55</b>

## Appendix D: Saskatchewan Methadone Programs in 2013



Kamsack MMT does not receive support services such as addiction counseling and case workers

## Appendix E: Balance Sheet

### The Methadone Program

#### Statement of Revenue and Expenditures Revenue and Expenses 2012

	Actuals to Dec. 31, 2012	Budget  2012
<b>DECEMBER 31, 2011 BALANCE</b>	\$ 170,841	<b>\$ 170,842</b>
<b>2012 REVENUE to date:</b>	0	
Saskatchewan Government Grant	33,063	<b>33,063</b>
Workshop registration fees	1,250	<b>700</b>
<b>Total Revenue to date:</b>	<u>\$ 34,313</u>	<u><b>\$ 33,763</b></u>
<b>2012 EXPENDITURES to date:</b>		
Education Seminars	19,301	<b>18,000</b>
Meetings	13,926	<b>7,700</b>
Continuing Professional Learning - CSAM	0	<b>2,900</b>
Admin Assistant payroll & benefits	18,338	<b>18,400</b>
Clinic Audits	1,500	<b>6,000</b>
Supplies	534	<b>500</b>
<b>Total Expenditures</b>	<u>\$ 53,599</u>	<u><b>\$ 53,500</b></u>
Remaining Funds allocated to Methadone Initiatives as at December 31, 2012	<u>\$ 151,555</u>	<u><b>\$ 151,105</b></u>