



Saskatchewan



SASKATCHEWAN METHADONE PROGRAM

ANNUAL REPORT 2015

AND

BUSINESS PLAN 2016

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PROGRAM OVERVIEW

The Ministry of Health has been contracting with the College of Physicians and Surgeons of Saskatchewan (CPSS) since 2001 to operate the Methadone Program on its behalf.

The Methadone Program assists physicians in the following ways:

- Develops guidelines for safe prescribing of methadone and buprenorphine/naloxone (Suboxone) for opioid addiction/dependency
- Provides education and workshops on prescribing opioid substitution therapy
- Conducts peer reviews of the medical practices of physicians involved in the program
- Maintains a central registry of methadone prescribers, to assist physicians and patients in locating methadone clinics

The object of the Program is to administer the methadone exemption process for Saskatchewan physicians. In order to standardize the process and help provide better, more efficient service, the Program created the *Saskatchewan Opioid Substitution Therapy Guidelines and Standards for the Treatment of Opioid Addiction/Dependence* (recently updated in April 2016) and coordinates the delivery of introductory workshops regarding this subject. Four additional methadone policies are also available to better guide physicians in the prescribing of opioid substitution therapy. These include:

1. Methadone Prescribing for Initiating Physicians for Opioid Dependence (Addiction)
2. Methadone Prescribing for Initiating Physicians for Pain
3. Methadone Prescribing for Maintaining (Non-Initiating) Physicians for Pain
4. Methadone Prescribing for Maintaining (Non-Initiating) Physicians for Opioid Dependence (Addiction)

MONITORING METHADONE PRESCRIBING AND POSSIBLE MISUSE

Several methods of monitoring methadone prescribing and use have been developed by the Methadone Program in order to better intercept potential inappropriate prescribing and misuse. Among these, collaborative partnerships with various organizations and programs have been put in place to ensure the effective implementation of the Program's guidelines within the bounds of its available resources.

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

THE PRESCRIPTION REVIEW PROGRAM

The Methadone Program works closely with the Prescription Review Program (PRP) at the College. The PRP monitors for potential inappropriate prescribing and inappropriate use of PRP drugs that are included in Regulatory Bylaw 18.1. Methadone is one of the medications monitored by the PRP program. The PRP provides data pertaining to the prescribing of methadone to patients on methadone maintenance treatment, to the Methadone Program. This includes information about the methadone prescribed or any other PRP medication that may be being prescribed to the patient. This information is analyzed to determine whether the prescribing appears appropriate and consistent with the Opioid Substitution Therapy Guidelines and Standards.

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 his/her medication.

METHADONE DISPENSING

The Methadone Program collaborates regularly with the College of Pharmacy Professionals, through Lori Postnikoff, field officer, when there may be potentially inappropriate dispensing of methadone. This allows the Saskatchewan College of Pharmacy Professionals to review whether methadone may have been inappropriately dispensed.

METHADONE-RELATED DEATHS

The Methadone Program works with the Chief Coroner, Mr. Kent Stewart. The Chief Coroner's Office continues to forward final reports of all deaths if methadone was reported on the toxicology screen. This allows the Methadone Program to identify those patients who were on the program and if appropriate, interact with the physician who prescribed the methadone to provide educational advice.

The Methadone Program continues to provide the Chief Coroner with patient Drug Utilization Review (DUR) profiles to confirm whether the deceased was on the Methadone Program at the time of death or if the patient has been registered on the Methadone Program for the five year period prior to the date of death. The majority of "methadone-related deaths" involve patients who were not registered on the Methadone Maintenance Treatment Program.

ANNUAL REPORT 2015

April 1, 2015 to March 31, 2016

ACCESS TO TREATMENT AND PHYSICIAN RECRUITMENT FOR EXEMPTION

In Saskatchewan, 32 physicians received a methadone exemption in 2015, bringing the total number of physicians in the province with a methadone prescribing exemption to approximately 128.

There currently are 65 physicians with an exemption to prescribe methadone for addiction in Saskatchewan, treating 2855 patients.

Currently in Saskatoon (as of May 2016), the wait time to enter a methadone program is two weeks, a significant decrease from the previous year (waiting period of up to six months for patients entering the program in Saskatoon).

The Methadone Program continues to seek physicians interested in addictions medicine and in the treatment of chronic pain, and encourages them to access additional training and to apply for a methadone exemption for the treatment of dependency and chronic pain. The Methadone Program sends the following information to those who show interest in receiving an exemption. 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 Opioid Substitution Therapy (OST) Guidelines and Standards for the Treatment of Opioid Addiction/Dependence;
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".

NORTH BATTLEFORD OPIOID ADDICTION TREATMENT PROGRAM

Battle River Treaty 6 (BRT6) Health has supported the development of an opioid addiction treatment (OAT) program at their integrated primary health clinic in North Battleford. They have adequate staff to support their family physician, Dr. Erin Hamilton, and two mental health & addiction outreach counsellors who work with the member First Nations (including Ms. Jose Pruden who is one of the representatives that sits on the CPSS – FNIHB Prescription Drug Abuse Strategy). This is the first OAT program in the region, exclusively developed and supported by the First Nations.

In order to support the development and understanding of this program, Dr Peter Butt has presented on Methadone and Suboxone to the Battle River Treaty 6 board on February 1st, 2016. Dr Butt returned for a second presentation on Substance Use Disorders to over 100 BRT6 staff on April 14th, 2016.

Dr. Hamilton started the OAT program with transferred, stable patients before progressing to new patients. This seems to be progressing well with no problems.

THE OPIOID ADVISORY COMMITTEE

The Opioid Advisory Committee is an interdisciplinary committee with an advisory role to the Methadone Program. It is involved in the 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 also assists the Methadone Program in updating the standards and guidelines on an ongoing basis. Review of other jurisdictions' standards and guidelines (US/Canada and others) helps inform the program on updates for the Guideline.

Its quarterly meetings are facilitated by the Methadone Program and Prescription Review Program.

The committee members for 2015-2016 were:

- SRNA representative: Leland Sommer
- Addictions specialists: Dr. Peter Butt (chair), Dr. Brian Fern and Dr. Leo Lanoie, Dr. Carmen Johnson, the Methadone Program Manager Dr. Morris Markentin, and
- College support staff Doug Spitzig, Laurie Van Der Woude, Meagan Fraser, Nicole McLean and Julia Bareham

SASKATCHEWAN METHADONE AND SUBOXONE OPIOID SUBSTITUTION THERAPY CONFERENCE 2015

The 2015 Opioid Substitution Therapy Conference was held on April 17 and 18, in Saskatoon at the Park Town Hotel. The conference offered 18 educational sessions presented by 11 different speakers. One-hundred and twenty-five health care providers registered for the conference with a breakdown of:

- 25 physicians (\$225 registration fee)
- 20 pharmacists (\$125 registration fee)
- 70 counsellors, students, and residents (\$75 registration fee)

The event had a revenue of \$13,375 from conference registrations. The cost to run the event resulted in expenses of \$22,170 (costs included equipment rental, food for registrants, speakers' fees, etc). Funding in the amount of \$8795 was provided from the Methadone Program to cover the difference in cost incurred by the running of this event.

SASKATCHEWAN OPIOID SUBSTITUTION THERAPY GUIDELINES AND STANDARDS FOR THE TREATMENT OF OPIOID ADDICTION/DEPENDENCE

There was further development and refinement of the *Saskatchewan Opioid Substitution Therapy Guidelines and Standards for the Treatment of Opioid Addiction/Dependence* to be more inclusive of buprenorphine/naloxone (Suboxone) as a treatment option. Of note, all Saskatchewan prescribers are expected to be complying with the standards by September 1, 2016.

BUSINESS PLAN 2016

April 1, 2016 to March 31, 2017

EDUCATION AND GUIDANCE

- 1) Continue to update and maintain the Methadone Program information on the CPSS website. Provide general information and information for educational purposes, including resources required for safe and effective methadone prescribing.
- 2) Continue with verbal and written interaction with methadone prescribers to gain insight with respect to the rationale for their prescribing patterns and provide guidance to modify those patterns through focused education and guidance. This work may increase if resources allow.
- 3) Continue to provide the necessary information on how to access an exemption to physicians who have requested or shown an interest in prescribing methadone for the treatment of opioid dependence/addiction and/or pain.
- 4) To implement educational outreach by arranging quarterly interdisciplinary educational sessions focused on opioid substitution therapy, each lasting approximately two hours. This will entail a case-based discussion to help identify ways to optimize therapy, as well as highlight the role that various members of the health care team play in substance use disorder. WebEx technology will be used to help engage health care providers in more remote areas.
- 5) To offer another interdisciplinary conference on the prescribing of opioid substitution therapy in the southern portion of the province (Regina), and explore smaller group sessions for health care providers in the northern part of the province.

MONITORING

- 1) 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.
- 2) Continue to receive methadone statistics for patients on methadone in the province. Continue to ensure statistics are separated by the following categories: NIHB, addiction, pain and Metadol

patients.

- 3) Organize and facilitate four meetings of the Opioid Advisory Committee (OAC) at the College to address issues to support the appropriate prescribing of methadone in Saskatchewan. Areas of focus for the OAC in 2016 will include advocating for chronic pain services and resources, as well as approving the methadone audit process for prescribers.

STANDARD & GUIDELINE IMPLEMENTATION

Saskatchewan Opioid Substitution Therapy (OST) Guidelines and Standards for the Treatment of Opioid Addiction/Dependence – *The Alberta Methadone Guidelines and Standards that have been adopted by the governing council the CPSA have been reviewed and amended to fit in with Saskatchewan's programs. The governing council of the CPSS has adopted and passed the new OST Standards and Guidelines for Saskatchewan. This document has standards that put patient safety first and helps improve OST practices in the province. Ministry input was also sought and these Guidelines and Standards will be in effect as of September 1, 2016 at which time all prescribers will be expected to be compliant.*

- 1) Ensure all the methadone programs within the province are complying with these guidelines and standards, as of September 1, 2016. In cases where the standards are not being met the Methadone Program at the College will assist these programs to ensure that they will be able to meet all these guidelines and standards in the future through educational interventions.
- 2) On April 22 and 23, 2016 a two day educational program occurred bringing together 226 of the various stakeholders and members of methadone programs from across the province, and beyond, which included physicians, pharmacists, nurses, social workers, counsellors, and individuals responsible for mental health and addictions. This program will continue to be offered on an annual basis to ensure that prescribers have access to the education they require to meet the requirements of a methadone exemption.
- 3) The Methadone Program is developing an audit process. A self-audit tool is now being created to correspond to the updated OST Guidelines & Standards. The Methadone Program will send self-audit forms initially to the physicians prescribing methadone for addiction and those who hold an exemption to prescribe for addiction and pain, to assess the need for an on-site audit. This will include a mentoring checklist and methadone exemption expectations. The paper based audits will inform the Methadone Program how many on-site audits the Methadone

Program may need to undertake. On-site audits will occur withstanding the available resources and funding.

EXTERNAL RELATIONS

- 1) Continue to receive and work closely with Chief Coroner, Kent Stewart to receive data on all opioid-related deaths.
- 2) Engage the health regions to work collaboratively on standardizing methadone and addiction programming throughout the province. After the successful creation of an opioid addiction treatment program in North Battleford, the focus will be on supporting the creation of a similar program in Meadow Lake for 2016.
- 3) Collaborative partnerships with the Prescription Review Program and the Opioid Advisory Committee have also been put in place to ensure the effective implementation of the Methadone Program's guidelines within the bounds of its available resources. The PRP looks for potential inappropriate prescribing and inappropriate use of methadone as part of the medications it monitors, and provides the Methadone Program with data pertaining to the prescribing of methadone to patients on methadone maintenance treatment. This includes information about the methadone prescribed or any other PRP medication that may be being prescribed to the patient.
- 4) Engage with law enforcement to assist them in better understanding opioid substitution therapy, substance use disorder, and how the Methadone Program and Prescription Review Program can act as both a resource and a tool for law enforcement agents.
- 5) Collaborative with other provincial methadone programs to share both resources and ideas to help further optimize the Saskatchewan Methadone Program.

Appendix A: Balance Sheet

Methadone Program Development Statement of Revenue and Expenditures For the 12-month period ending December 31, 2015

	Actual 2015	Budget 2015		Budget 2016
DECEMBER 31, 2014 BALANCE	137,796	137,796	DECEMBER 31, 2015 BALANCE	121230
2015 REVENUE to date:			2016 REVENUE to date:	
Saskatchewan Government Grant	33,886	33,550	Saskatchewan Government Grant	33886
Workshop registration fees	0	600	OST Conference Registrations	39345.44
Total Revenue to date:	33,886	34,150	Total Revenue	73231.44
2015 EXPENDITURES to date:			2016 EXPENDITURES to date:	
Education Days	1,520	9,600	OST Conference Expenses	41353.29
Meetings	8,182	17,689	Professional Development - Methadone Manager & PRP Manager	
Medical Manager	9,035	10,000	CSAM	4000
Payroll & benefits	30,702	30,396	WCAF	3000
Clinic Audits & Chart Reviews	390	12,400	Other meetings/Online training	1000
Supplies	623	500		

Total Expenditures	<u>50,452</u>	<u>80,585</u>	Opioid Advisory Committee Meeting <i>Four annual meetings</i> <i>Eleven participants</i>	12600
Remaining Funds allocated to Methadone Initiatives as at December 31, 2015	<u>121,230</u>	<u>91,361</u>	Methadone Manager <i>One afternoon per month, for 3 hours</i> <i>3 hours per month for "out of office" duties</i>	4680 4680
			Educational Outreach <i>Four journal club sessions annually</i>	2080
			Payroll & Benefits	32800
			OST Screening & On-Site Audits	13450
			Supplies	700
			Total Expenditures	<u>78990</u>
			Remaining Funds allocated to Methadone Initiatives as at December 31, 2016	<u>115471.4</u>