



Let's Talk PAIN

Canadian Experts Virtually Visit Saskatchewan

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PRESCRIPTION REVIEW PROGRAM

education | collaboration

OATP Opioid Agonist Therapy Program

prp@cps.sk.ca
oatp@cps.sk.ca

The PRP and OATP are programs administered by the College of Physicians and Surgeons of Saskatchewan (CPSS).

cps.sk.ca

An Educational Presentation Series with nationally-recognized speakers!

One of the goals of the CPSS 2020-2025 Strategic Plan relates to optimal prescribing of opioids. As part of our work to date, we surveyed Saskatchewan physicians to determine what information about safe and effective opioid prescribing would be helpful. Based on the quantitative and qualitative data, we developed a virtual educational series.

Through the generous sponsorship by the College of Physicians and Surgeons of Saskatchewan, this accredited event is free and open to all health care providers.

A

Pain Management and Opioid Use



with

Dr. Andrea Furlan, MD, PhD
April 5, 2023
7:00 p.m. CST

B

Canadian Guideline for Opioids for Chronic Non-Cancer Pain



with

Dr. Jason Busse, DC, PhD
April 19, 2023
7:00 p.m. CST

C

Opioid-Induced Pain States



with

Dr. Launette Rieb,
MD, MSc, CCFP(AM), FCFP,
DABAM, FASAM
May 3, 2023
7:00 p.m. CST

D

Opioid Deprescribing



with

Dr. Rob Tanguay,
BSc(Hons), MD, FRCPC,
CISAM, CCSAM
May 10, 2023
7:00 p.m. CST

...cont'd...

FREE!
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1-hour
Webinar Sessions
Open to all Saskatchewan
health care providers

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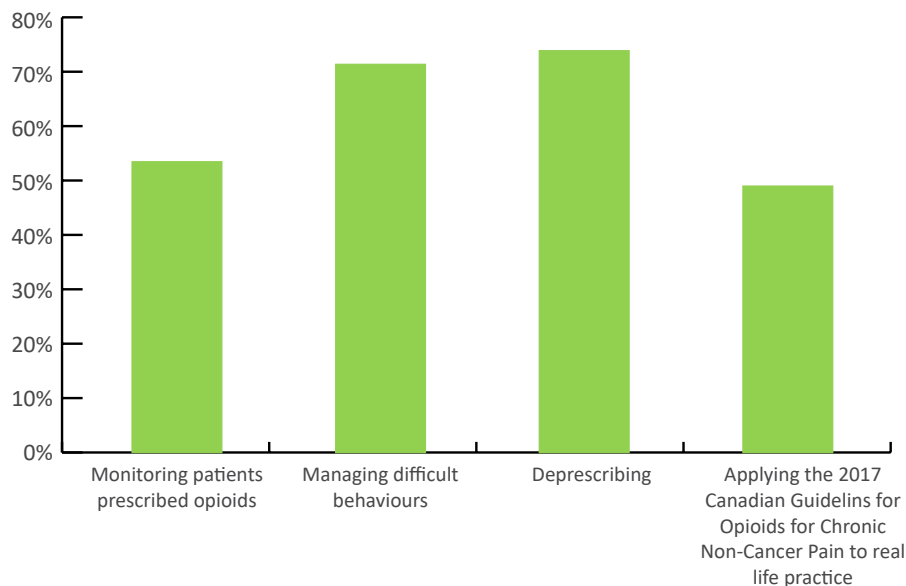
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This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Saskatchewan Chapter for up to four Mainpro+® Credits.

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Opioid Prescribing Survey Results

Of the physician respondents (208), what percentage reported wanting to learn more about the following opioid-related categories?



○ “Tranq Dope”: Are we prepared?

The U.S. and some areas of Canada are experiencing the devastating effects of “tranq dope” (also known as “tranq” or “zombie drug”). The illicit mix consists of fentanyl with the adulterant, xylazine. Xylazine, a clonidine analog, is used in animals such as horses and cattle for sedation and muscle relaxation. Because xylazine is not an opioid, naloxone does not reverse the effects (one small study suggested that high doses of naloxone might reverse the effects of a clonidine overdose; however, naloxone is still recommended to reverse the opioid respiratory depression). There is limited documented guidance for managing xylazine overdoses aside from supportive care.

In addition to the fentanyl potentiated effects including respiratory depression, bradycardia and hypotension, xylazine also causes incredibly painful skin ulcers which individuals may continually inject into to alleviate the pain (taking advantage of the decreased pain perception via α 2-adrenergic agonism).

References

Kacinko SL, Mohr ALA, Logan BK, et al. Xylazine: Pharmacology Review and Prevalence and Drug Combinations in Forensic Toxicology Casework. *Journal of Analytical Toxicology*. 2022;46(8):911-917. doi:10.1093/jat/bkac049. PMID: 35770859.

Johnson J, Pizzicato L, Johnson C, et al. Increasing presence of xylazine in heroin and/or fentanyl deaths, Philadelphia, Pennsylvania, 2010-2019. *Injury Prevention*. 2021;27(4):395. doi:<https://doi.org/10.1136/injuryprev-2020-043968>

Tobias S, Shapiro AM, Wu H, et al. Xylazine identified in the Unregulated Drug Supply in British Columbia, Canada. *The Canadian Journal of Addiction*. 2020;11(3):28-32. doi:10.1097/CXA.0000000000000089

Thangada S, Clinton HA, Ali S, et al. Notes from the field: Xylazine, a veterinary tranquilizer, identified as an emerging novel substance in drug overdose deaths - Connecticut, 2019-2020. *MMWR Morbidity and Mortality Weekly Report*. 2021;70(37):1303-1304. doi:10.15585/mmwr.mm7037a5

Did you know?

- Xylazine has been found in Puerto Rico’s illicit opioid supply since the early 2000s.
- Xylazine-containing fentanyl lengthens the euphoric effect.

If you would like to write an article and/or have any ideas for topics that you and your colleagues might be interested in, please let us know.

○ Stay Smart with Sharps: Improving Needle Return Rates and Reducing Needle Litter in Saskatchewan

Whether you are prescribing injectable therapies or encouraging your patients to access needle exchange programs as a harm reduction approach, please consider discussing safe needle disposal.

- 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.
- Know the needle disposal sites in your area (e.g. pharmacies, needle drop boxes, needle exchange programs, clinics, etc.) and consider offering to write prescriptions for sharps containers as some programs (e.g. NIHB) will cover the cost of containers.

Thank you for encouraging your patients to stay smart with sharps!

○ Potential Benefits of Specifying Indications on Prescriptions

It takes a bit of extra time BUT it may also...

- Increase medication safety – avoids wrong-drug errors and ensures dosing accuracy
- Improve communication between health care teams (physicians, pharmacists, home care nurses), preventing unnecessary calls/faxes
- Enable the pharmacist to make specific recommendations when a drug change is required (e.g. allergy)
- Educate and empower patients – especially when the pharmacy professional also includes the indication on the prescription label which is preferred by >90% of patients
- Facilitate medication reconciliation and deprescribing
- Improve appropriate prescribing – reduces prescribing of “never-indicated” drugs
- Enhance documentation of medical conditions
- Streamline drug coverage (e.g. EDS, prior authorization)

References

Schiff GD, Seoane-Vazquez E, Wright A. Incorporating Indications into Medication Ordering--Time to Enter the Age of Reason. *New England Journal of Medicine*. 2016;375(4):306-309. doi:10.1056/NEJMp1603964

Gordon G, Mirica MM, Dhavle AA, Galanter WL, et al. A Prescription for Enhancing Electronic Prescribing Safety. *Health Affairs*. 2018;37(11):1877-1883. doi:<https://doi.org/10.1377/hlthaff.2018.0725>

The image shows a screenshot of the 'med access' Administration interface. On the left, there is a sidebar with 'My Profile' and 'USER ADMINISTRATION' (User List, User Groups, RESOURCES, Reports). The main content area is titled 'User Settings:' and has tabs for General, Groups, Passwords, Macros, Signing Options, and Preferences (which is highlighted with a red box). Under 'User Settings', there are several dropdown menus for 'Highlight Updates Since', 'Pulse Icons/Tabs', 'Tasks Calendar', 'Bills Calendar', 'Visit Tab Default', and 'Import Pool Filter Group Default'. Below these are checkboxes for 'Use imported by "me" by default' and 'Turn task count on'. At the bottom, there is a 'Prescription Preferences' section (also highlighted with a red box) with checkboxes for 'Include Pharmacy on Rx' and 'Include Indication on Rx' (which is checked and highlighted with a red box). Other options include 'Default Search Only Generic Drugs', 'Paper Type', 'Default Drug Use Type', and 'Default Drug Monograph'.

Overlaid on the bottom left is a clipboard with a prescription form. The form is for 'Dr. John Smith, M.D.' and 'Smith Medical Associates'. It includes a handwritten prescription: 'Hydromorph Contin 3 mg i BID for 1 week Give 14 capsules every 7 days Indication: palliative pain management'. The total quantity approved is 14 (fourteen) capsules. The refills are 1, 2, 3, 4. The prescriber signature is 'Dr. John Smith'.

Individuals who received an Opioid Prescription*		
Year	# Saskatchewan residents who received an opioid prescription	% change
2018-2019	98,947	-
2019-2020	94,260	(-4.7%)
2020-2021	85,131	(-9.7%)
2021-2022	97,788	(14.9%)
2022-2023 (April-December)	64,739	

* Includes beneficiaries and non-beneficiaries.

Quick Facts - Opioids

Note: In 2021-22, the DPEBB added tapentadol and tramadol as well as the partial opioid agonists pentazocine and butorphanol to the list of opioids, which accounts in part for the higher number of prescriptions and patients on opioids seen in 2021-22 compared to previous years.

Thank you to the Drug Plan and Extended Benefits Branch for providing the updated data.

Drug Spotlight: Oxybutynin

Oxybutynin misuse is becoming significant in Saskatchewan. Because of the lipophilic structure, oxybutynin crosses the blood brain barrier and causes hallucinogenic and anticholinergic-muscarinic effects. The blockage of cholinergic receptors enhances striatal dopamine release which is believed to be responsible for the euphoria and elevated mood experience. Tolerance to the desired effects can develop rapidly, contributing to dependence. Patients have reported taking 80-100 tablets per day.

Oxybutynin may be used to overcome depression and social anxiety or to reduce the withdrawal symptoms from other substances. Adolescents are particularly susceptible to the psychotic adverse effects of oxybutynin, including auditory hallucinations due to the period of continued neuronal development in this population.

Often referred to as “Smurfs”, a single oxybutynin tablet can sell for \$5.

References:

Kardas O, Kardas B. The Oxybutynin abuse in adolescent case. *Sanamed*. 2019;14(1):91-94. doi:10.24125/sanamed.v14i1.300

Cousins C. medSask. medSask.usask.ca. https://medsask.usask.ca/documents/mednews-docs/36.6.1%20Oxybutynin%20Misuse_Clinical%20Short%20Snapper.pdf. Published April 2018. Accessed November 28, 2022.

Sonkurt HO, Altınöz AE. Oxybutynin Addiction: Two case reports. *Journal of Substance Use*. 2020;26(5):455-457. doi:10.1080/14659891.2020.1851404

Çobana ÖG, Tulacıb ÖD, Adanır AS. Oxybutynin addiction of 3 cases. *Psychiatry and Clinical Psychopharmacology*. 2019;29:146-.

Amendments to the Opioid Agonist Therapy Standards and Guidelines/ Policy re Buprenorphine/naloxone prescribing for MAINTAINING (Non-Initiating) Physicians for Opioid Use Disorder

In response to a request for urgent review, Council amended the educational requirement for buprenorphine/naloxone maintenance prescribing for the treatment of opioid use disorder. The previously required OAT course/workshop is now strongly recommended rather than mandatory.

For more details, see **DocTalk Volume 9 Issue 4 - Amendments to the OAT Standards and Guidelines/ Policy re Buprenorphine/naloxone prescribing for MAINTAINING (Non-Initiating) Physicians for Opioid Use Disorder**

Since the amendment, no physicians have requested maintenance authorization for buprenorphine/naloxone. For clarification and/or assistance with the approval process, please contact the Opioid Agonist Therapy Program at the CPSS by phone at (306) 244-7355 or via email at oatp@cps.sk.ca.

Concerned about Prescription Drug Misuse and/or Trafficking?

Call the Prescription Review Program to report misuse of prescription drugs in your community at

1-800-667-1668

and/OR call your local Law Enforcement.

*The Prescription Review Program will accept anonymous calls if there is a reason the caller does not want to be identified.

○ Put into Practice: Case Discussion

You inherit the following 50–60-year-old female after her family physician retires and she visits you for prescription renewals.

She reports that she has been on the same medication regimen for the past 5 years which corresponds with the information available on PIP.

While not every concern can be addressed during the first visit, identify some concerns with the available information.

Medical Conditions

Moderate severity clinical insomnia
(Insomnia Severity Index, 3 months ago: 17)

Moderate generalized anxiety
(GAD-7, 3 months ago: 13)

Medication Profile

Alprazolam 0.5mg TID for generalized anxiety

Temazepam 30mg HS for insomnia

Venlafaxine XR 37.5mg OD for generalized anxiety

Urine Drug Screen (Completed 3 months ago)

Oxazepam	Positive
Benzoyllecgonine	Positive
Alprazolam	Positive

Insomnia

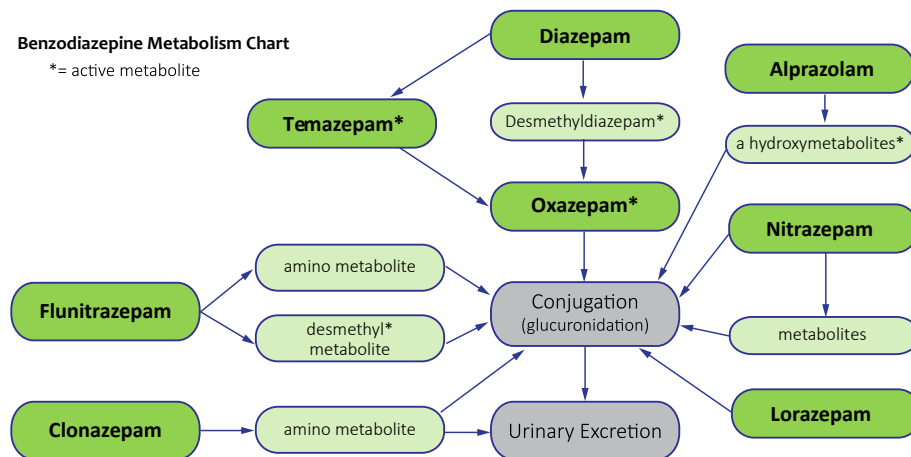
- Potential drug causes: cocaine (benzoyllecgonine is the metabolite of cocaine), venlafaxine
 - Time of venlafaxine dosing may be helpful to revisit
- Temazepam doses >15mg lack benefit and may increase harm
- Benzodiazepines may be an option for short-term insomnia; if required long-term, clonazepam is preferred for co-morbid anxiety and insomnia

Generalized Anxiety

- Venlafaxine's usual dose range for generalized anxiety: 75 to 225mg OD
- Alprazolam is intended for short-term relief until the preferred therapy (e.g. SSRI) is effective (4-6 weeks)
- Rebound anxiety is possible with alprazolam (intermediate-acting benzodiazepine)
- Non-pharmacological approaches are more effective than medication

Illicit Stimulant Use

- The patient should be educated about the contaminated illicit supply and provided with harm reduction strategies (e.g. drug checking services, take-home naloxone (in case of opioid contaminants), not using alone, etc.)



- If the patient screens positive for stimulant use disorder, psychological, behavioural and psychosocial interventions (e.g. motivational interviewing, contingency management, CBT, etc.), along with harm reduction strategies, are currently 1st line strategies

Chronic Dual Benzodiazepines

- It is inappropriate to prescribe one benzodiazepine to manage daytime anxiety and a different benzodiazepine as a bedtime hypnotic for the same patient
- Note: oxazepam is a metabolite of temazepam

References

- Regier L, Jensen B. Sleep/Insomnia: Overview. Comparison Chart. RxFiles 13th ed. Saskatoon, SK: RxFiles; 2021.
- Jensen B. Benzodiazepine (BZ). Comparison Chart. RxFiles 13th ed. Saskatoon, SK: RxFiles; 2021.
- Jensen B, Regier L. Anxiety Disorder Medication. Comparison Chart. RxFiles 13th ed. Saskatoon, SK: RxFiles; 2021.
- Regier L. Stimulant Use Disorders – Addressing Treatment Challenges (e.g. Cocaine, Methamphetamine). RxFiles 13th ed. Saskatoon, SK: RxFiles; 2021.