2021 Approach to Opioid Use Disorder

Plenary Session- McGill Refresher Course 2021

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Director of the Herzl Addiction Program

Disclosures

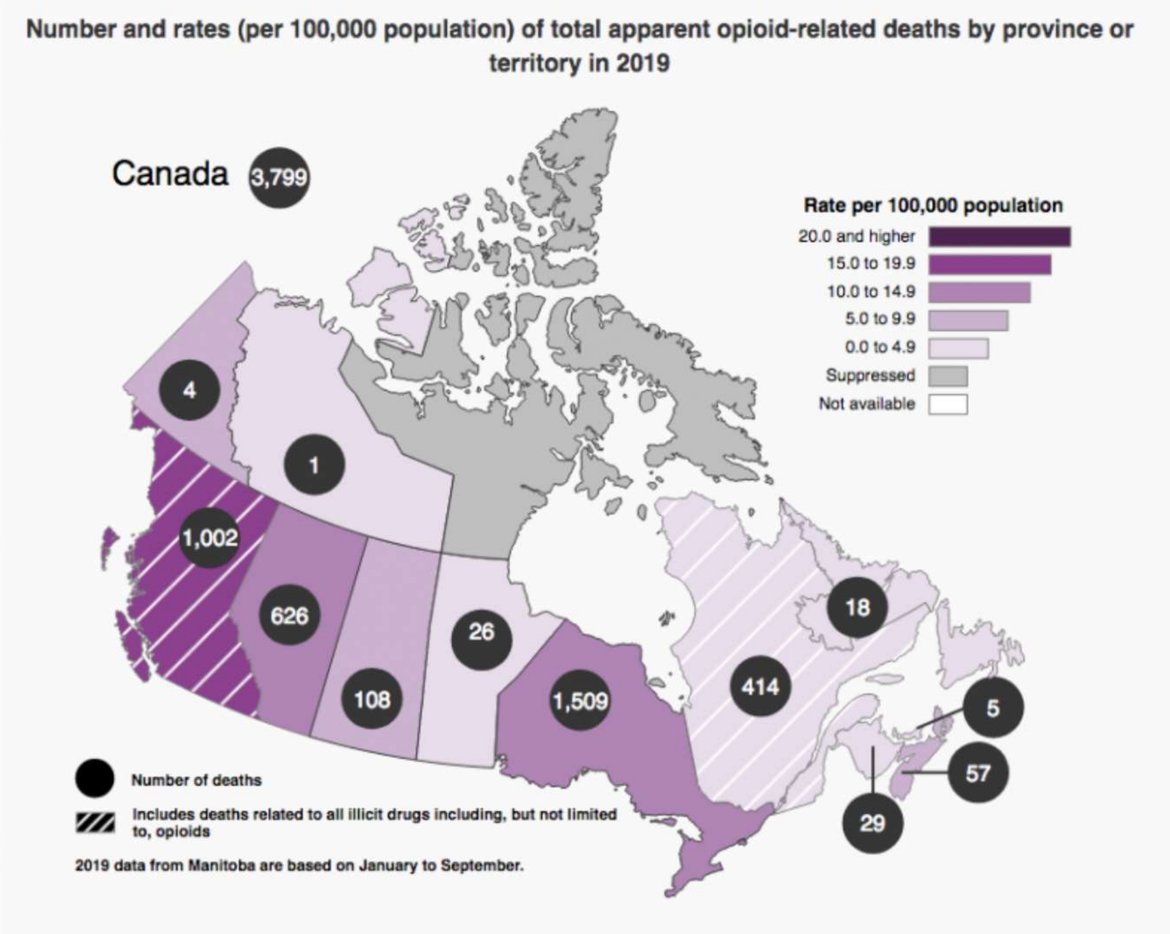
I have no disclosures

- I have worked with Abbvie and Gilead for Hepatitis C treatments for this patient population.
- I have worked with Indivior and participated in an advisory board for their products in May 2021.

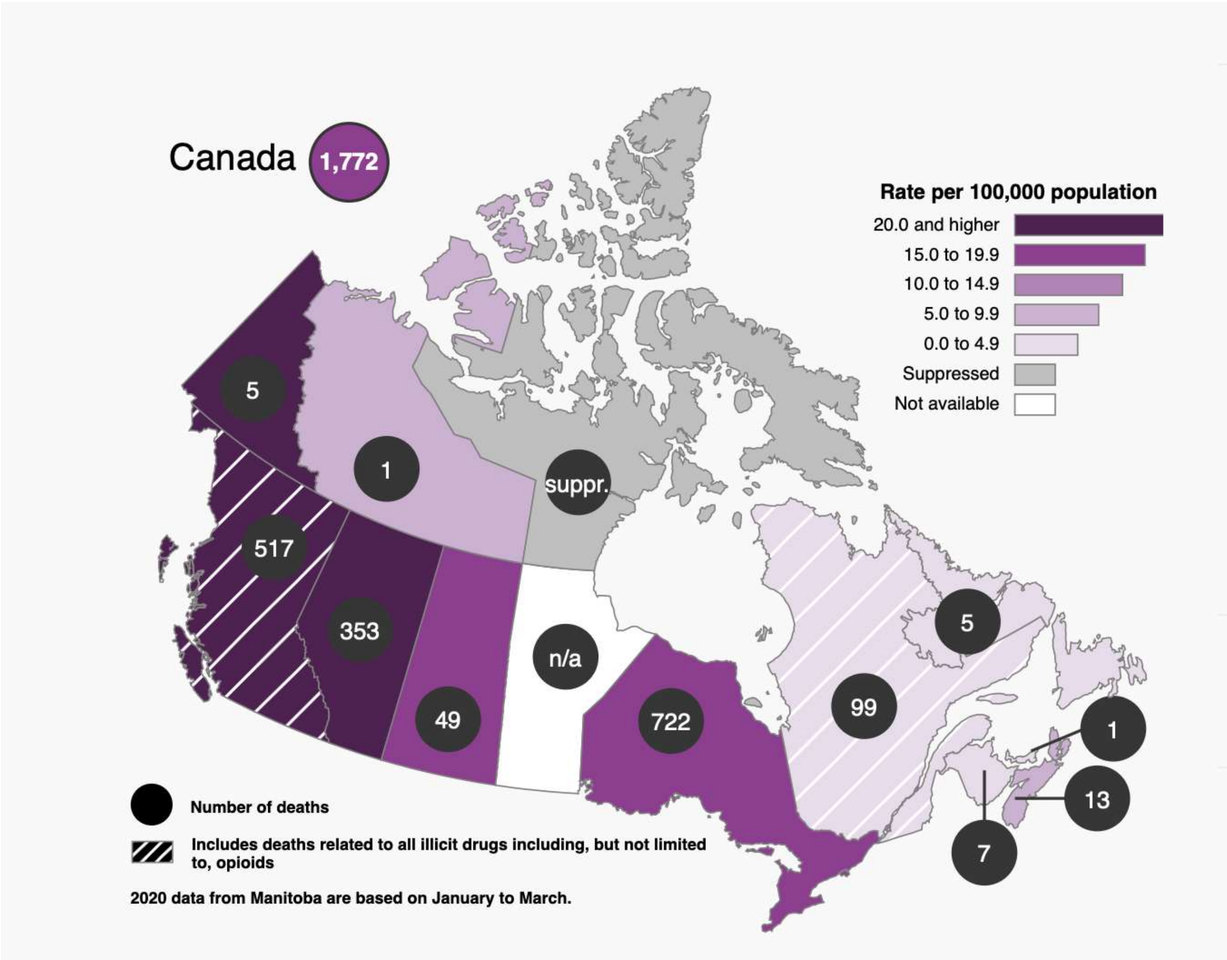
Learning Objectives

- To be able to describe the importance and impact of the opioid crisis currently.
- To understand the different types of opioid agonist treatments and how they work.
- To be able to initiate patients on buprenorphine/naloxone.
- Feel comfortable speaking to patients about harm reduction strategies.

Opioid Crisis- Canada

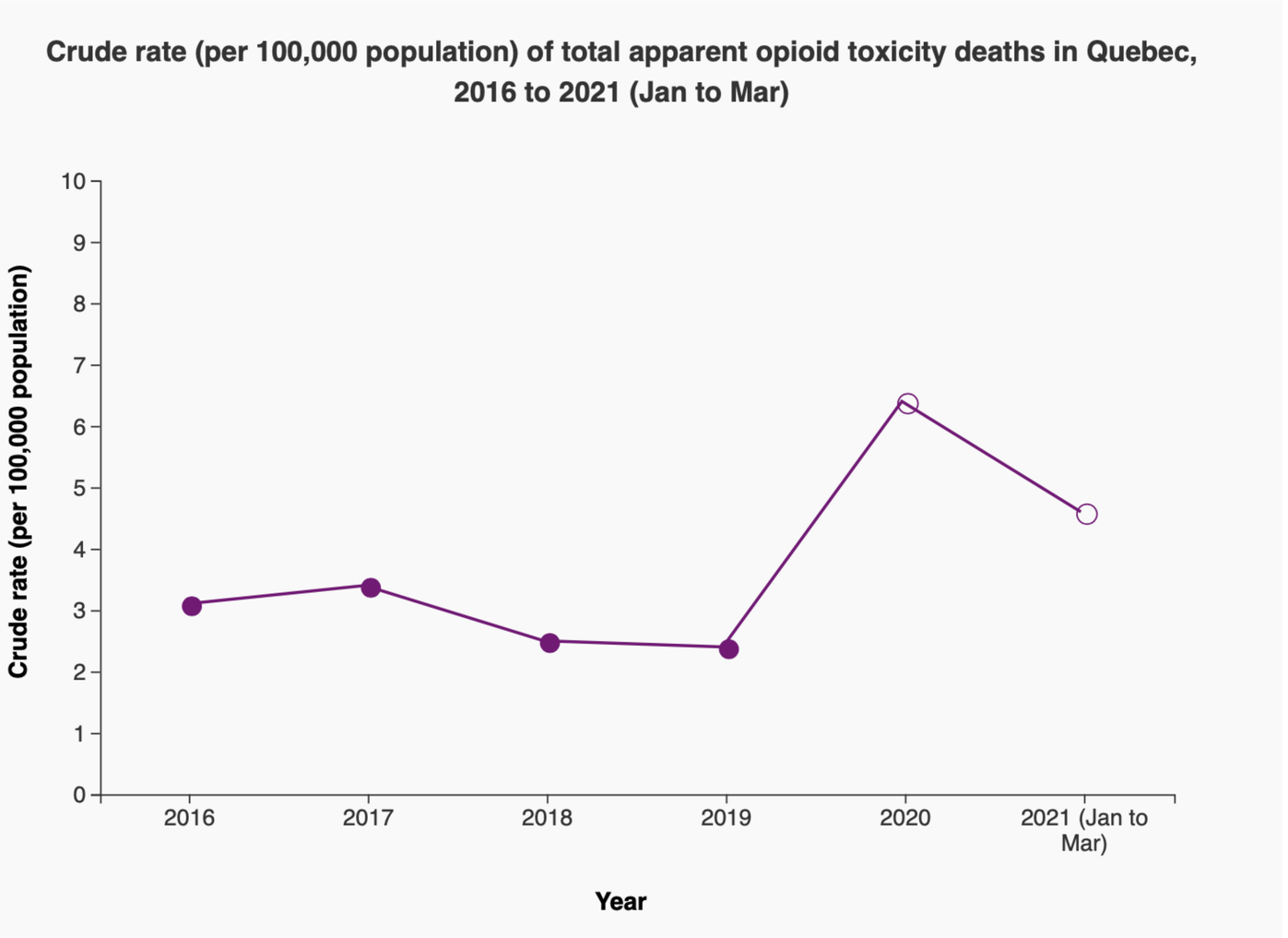


Rate of apparent opioid-related death per 100,000 population across Canada in 2019. Photo PHAC screenshot



https://www.nationalobserver.com/2020/10/01/news/new-data-shows-extent-opioid-crisis-across-canada

Opioid Crisis- Québec



https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/graphs?index=477

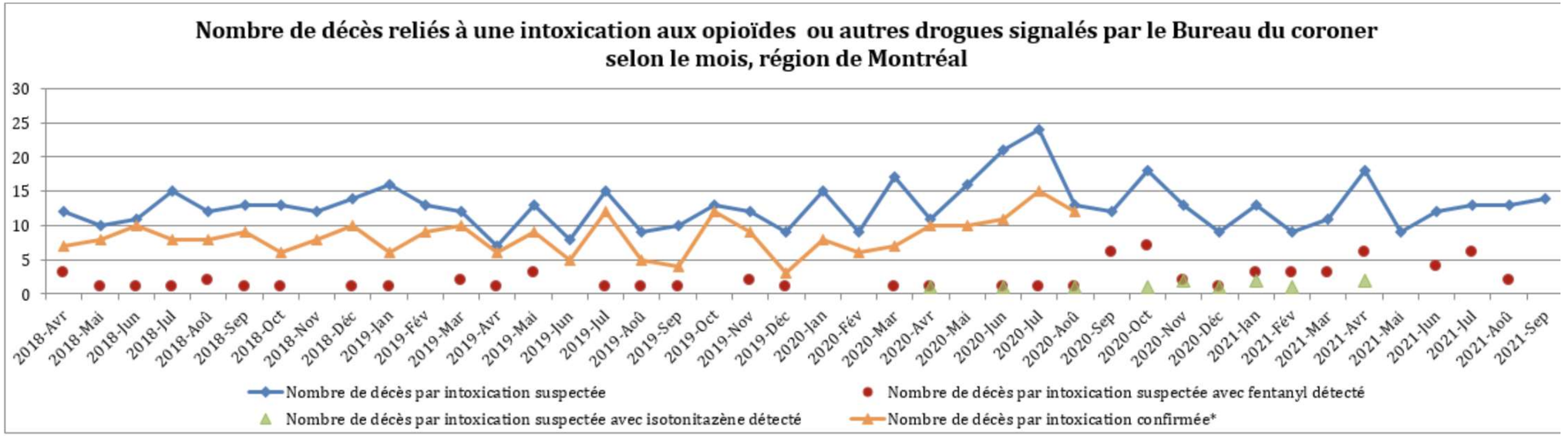
Opioid Crisis- Montréal

Centre intégré universitaire de santé et de services sociaux du Centre-Sud-de-l'Île-de-Montréal
Québec
Direction régionale de santé publique

Alerte surdose

29 octobre 2021 - Pour diffusion

Risque de surdoses sévères et de décès liés à la consommation d'un mélange de fentanyl et d'étodesnitazène présent dans les drogues de rue à Montréal



https://santemontreal.qc.ca/en/professionnels/drsp/sujets-de-a-a-z/surdoses/donnees-de-vigies-des-surdoses/#c52833

Diagnosis of Opioid Use Disorder

Chronic and Relapsing Condition

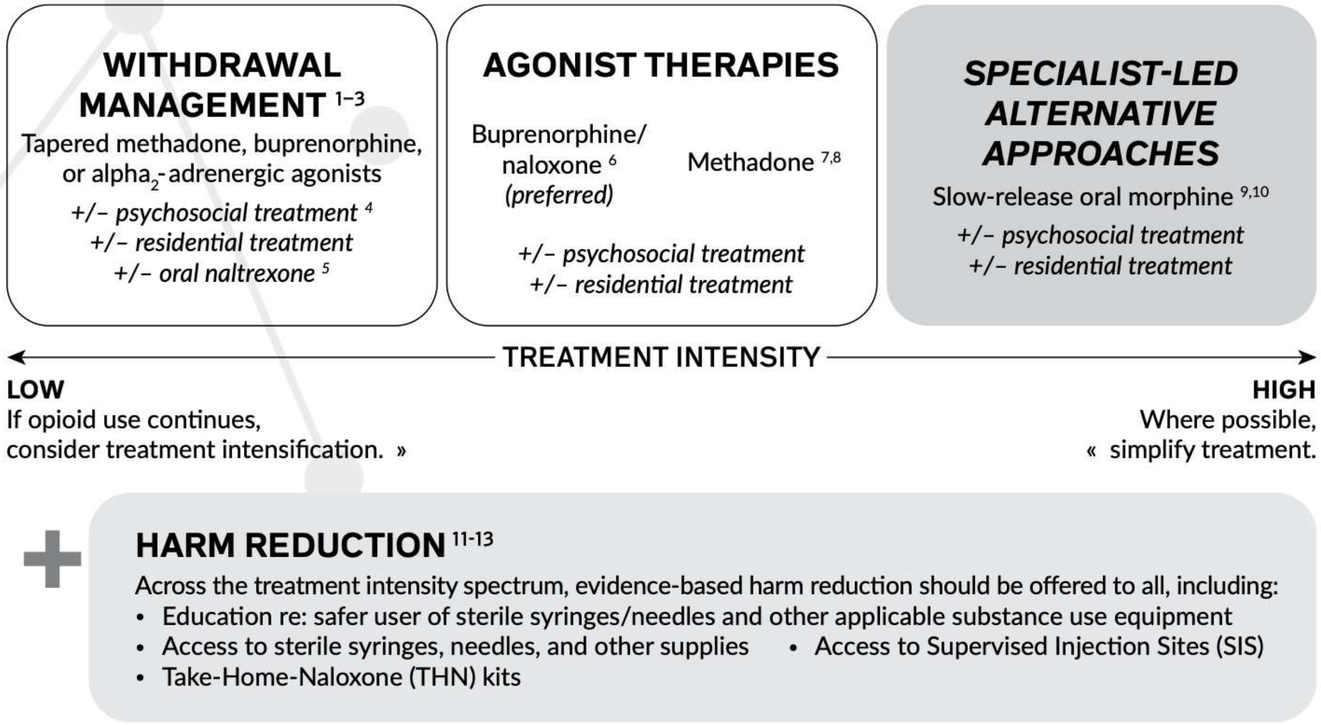
1. Taking the substance in larger amounts or for longer than you meant to
2. Wanting to cut down or stop using the substance but not managing to
3. Spending a lot of time getting, using, or recovering from use of the substance
4. Cravings and urges to use the substance
5. Not managing to do what you should at work, home or school, because of substance use
6. Continuing to use, even when it causes problems in relationships
7. Giving up important social, occupational or recreational activities because of substance use
8. Using substances again and again, even when it puts you in danger
9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance
10. Needing more of the substance to get the effect you want (tolerance)
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.

Mild: 2-3 criteria
Moderate: 4-5 criteria
Severe: More than 5 criteria

Treatment

Opioid Agonist Treatment

Table 1. Clinical management of opioid use disorder



How does opioid agonist therapy work?

Methadone and buprenorphine are long-acting opioid drugs that are used to replace the shorter-acting opioids the person is addicted to. Long-acting means that the drug acts more slowly in the body, for a longer period of time. By acting slowly, it prevents withdrawal for 24 to 36 hours without causing a person to get high. OAT also helps to reduce or eliminate cravings for opioid drugs.

Treatment works best when combined with other types of support, such as individual or group counselling.

https://www.camh.ca/-/media/files/oat-info-for-clients.pdf

https://www.bccsu.ca/wp-content/uploads/2017/06/BC-OUD-Guidelines_June2017.pdf

OAT- Does it work?

Medication-assisted treatment with buprenorphine: assessing the evidence

Cindy Parks Thomas, Catherine Anne Fullerton, Meelee Kim, Leslie Montejano, D Russell Lyman, Richard H Dougherty, Allen S Daniels, Sushmita Shoma Ghose, Miriam E Delphin-Rittmon

PMID: 24247147 DOI: 10.1176/appi.ps.201300256

Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence

R P Mattick [1], C Breen, J Kimber, M Davoli

Affiliations + expand

PMID: 12804430 DOI: 10.1002/14651858.CD002209

Free article

Multiple studies have shown that patients on OAT have:

- Decreased HIV, Hepatitis C infection rates.
- Increased Hepatitis C treatment rates.
- Decreased mortality by about 34% compared to patients not on OAT.
- Increased socialization, decreased criminality and increased retention rate in health care settings.
- Sublocade (SC form of buprenorphine) seems to have a retention rate of 70%.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6387681/

https://pubmed.ncbi.nlm.nih.gov/12804430/

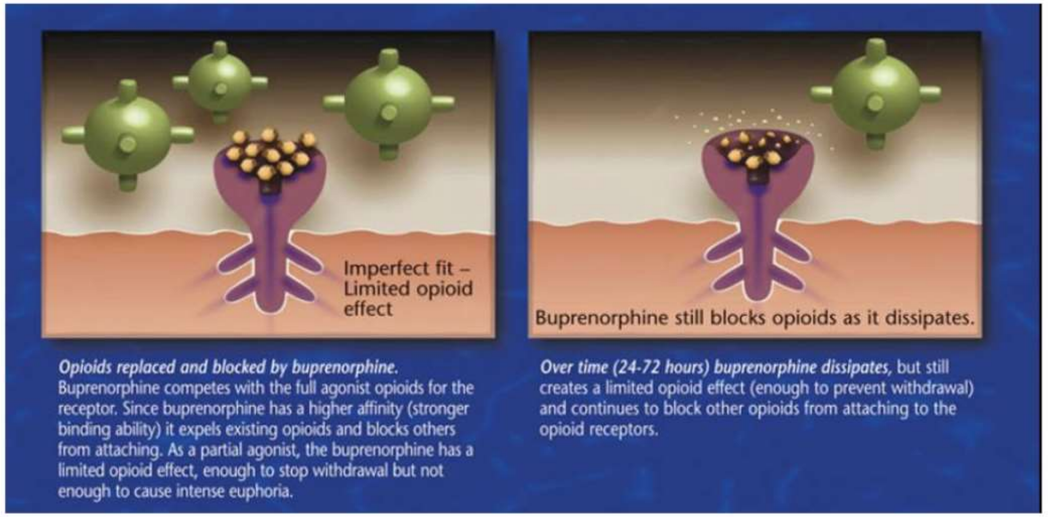
Opioid agonist therapy options approved in Canada

- **Buprenorphine/naloxone (Suboxone)**
- Methadone
- Slow release oral morphine (Kadian)
- Injectable OAT- iOAT (not readily available in Québec)
- Safe Supply?

Buprenorphine/naloxone (suboxone)

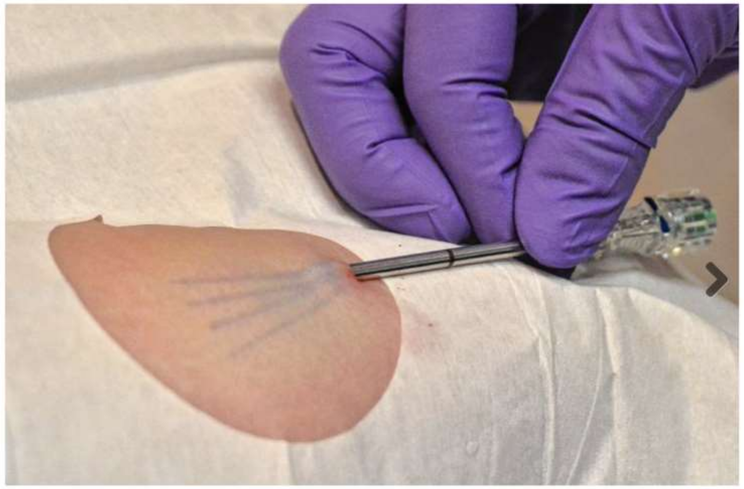
What is it and how does it work?

- Semi synthetic molecule.
- Mixture of buprenorphine (partial agonist at the mu opioid receptor) and naloxone (opioid receptor antagonist).
- Naloxone is not made available when the tablet is taken SL. It is added to decrease the risk of diversion of the molecule.
- Dosing is in the ratio of 4:1.
- Average dosing is about 12/3-16/4mg SL die.

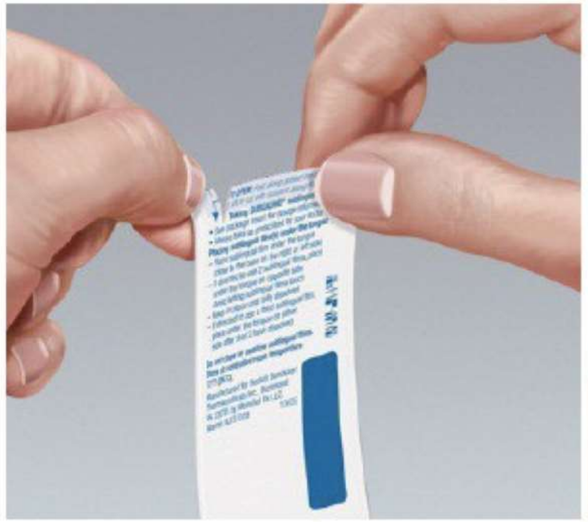


http://www.mddcsam.org/images/2018-conference-resources/3-Buresh_MDDCSAM-OBOT-09_22_18.pdf

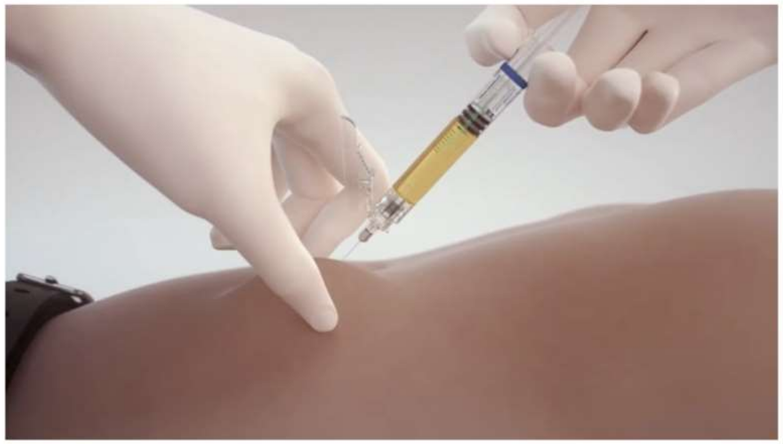
Various forms of buprenorphine/(naloxone)



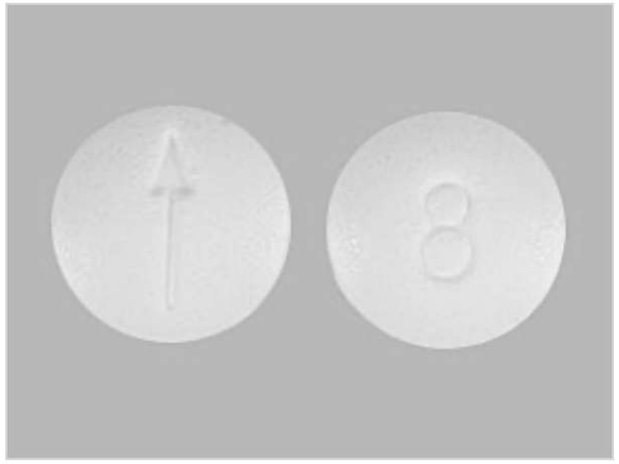
Prophubine- buprenorphine implants which last up to 6 months.
Can only go to a maximum of 8mg.



Sublingual or buccal films of buprenorphine/naloxone.



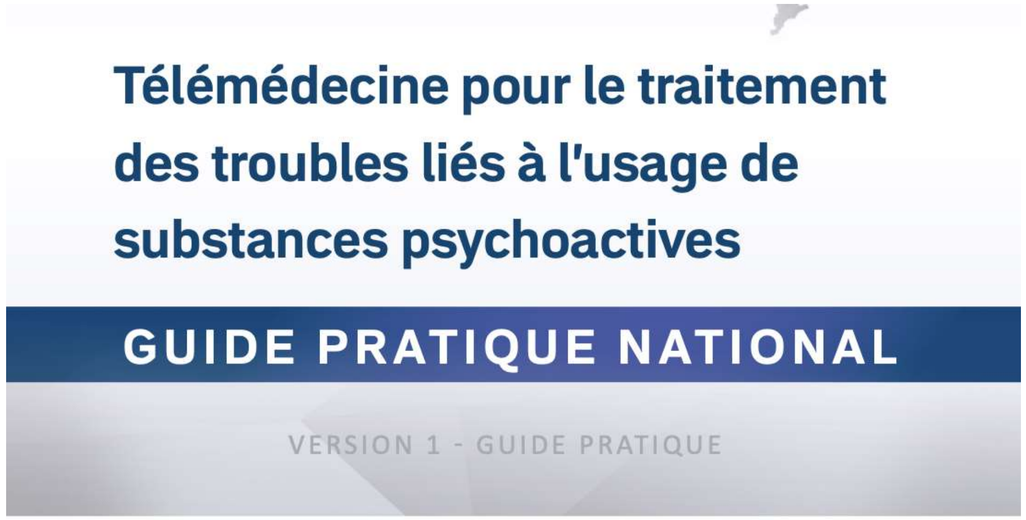
Sublocade- SC injection which is given once per month. This injection contains only buprenorphine.
Medicament d’exception.



SL tablets. The classic form of buprenorphine/naloxone.

Where and how to start OAT (specifically buprenorphine/naloxone)

- In the office
- In the ER
- At home
- By telemedicine



JAMA Network Open™

CRISM-ICRAS
Canadian Research Initiative in Substance Misuse
Initiative Canadienne de Recherche en Abus de Substance

CIHR IRSC
Canadian Institutes of Health Research
Instituts de recherche en santé du Canada

Original Investigation | Substance Use and Addiction

High-Dose Buprenorphine Induction in the Emergency Department for Treatment of Opioid Use Disorder

Andrew A. Herring, MD; Aidan A. Vosooghi, MS; Joshua Luftig, PA; Erik S. Anderson, MD; Xiwen Zhao, MS; James Dziura, PhD; Kathryn F. Hawk, MD, MHS; Ryan P. McCormack, MD, MS; Andrew Saxon, MD; Gail D'Onofrio, MD, MS

https://crism.ca/wp-content/uploads/2020/08/COVID19-LDPN-Telemedecine-01072020.pdf

https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2781956

COWS- Clinical Opioid Withdrawal Score

Wesson & Ling, J Psychoactive Drugs. 2003 Apr-Jun;35(2):253-9.

COWS Clinical Opiate Withdrawal Scale

Resting Pulse Rate: _____beats/minute *Measured after patient is sitting or lying for one minute* 0 Pulse rate 80 or below 1 Pulse rate 81-100 2 Pulse rate 101-120 4 Pulse rate greater than 120	GI Upset: *over last 1/2 hour* 0 No GI symptoms 1 Stomach cramps 2 Nausea or loose stool 3 Vomiting or diarrhea 5 Multiple episodes of diarrhea or vomiting
Sweating: *over past 1/2 hour not accounted for by room temperature or patient activity.* 0 No report of chills or flushing 1 Subjective report of chills or flushing 2 Flushed or observable moistness on face 3 Beads of sweat *on* brow or face 4 Sweat streaming off face	Tremor *observation of outstretched hands* 0 No tremor 1 Tremor can be felt, but not observed 2 Slight tremor observable 4 Gross tremor or muscle twitching
Restlessness *Observation during assessment* 0 Able to sit still 1 Reports difficulty sifting still, but is able to do so 3 Frequent shifting or extraneous movements of legs/arms 5 Unable to sit still for more than a few seconds	Yawning *Observation during assessment* 0 No yawning 1 Yawning once or twice during assessment 2 Yawning three or more times during assessment 4 Yawning several times/minute
Pupil size 0 Pupils pinned or normal size for room light 1 Pupils possibly larger than normal for room light 2 Pupils moderately dilated 5 Pupils so dilated that only the rim of the iris is visible	Anxiety or irritability 0 None 1 Patient reports increasing irritability or anxiousness 2 Patient obviously irritable anxious 4 Patient so irritable or anxious that participation in the assessment is difficult
Bone or Joint aches *If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored* 0 Not present 1 Mild diffuse discomfort 2 Patient reports severe diffuse aching of joints/ muscles 4 Patient is rubbing joints or muscles and is unable to sit still because of discomfort	Gooseflesh skin 0 Skin is smooth 3 Piloerrection of skin can be felt or hairs standing up on arms 5 Prominent piloerrection
Runny nose or tearing *Not accounted for by cold symptoms or allergies* 0 Not present 1 Nasal stuffiness or unusually moist eyes 2 Nose running or tearing 4 Nose constantly running or tears streaming down cheeks	Total Score _____ The total score is the sum of all 11 items Initials of person completing Assessment:_____

Score: 5-12 mild; 13-24 moderate; 25-36 moderately severe; more than 36 = severe withdrawal

https://www.grepmed.com/images/1565/withdrawal-diagnosis-addiction-opiate-scale

Initiation of buprenorphine/naloxone (approved)- IN OFFICE/ER/TELEMEDICINE

Buprenorphine- naloxone (suboxone induction orders)

Advise the MD right away if abrupt change in the consciousness of the patient or RR< 10 or SBP <90 mmHg or DBP<60 mmHg or HR <60 or saturation of O2< 92%.

☐ When COWS score is greater than 12, then:
Patient can be administered buprenorphine- naloxone 2mg- 0.5mg 1 tablet sublingual x1 dose
Assess COWS 30-60 minutes after the dose

IF COWS INCREASES, NOTIFY THE PRESCRIBER IMMEDIATELY
(please see below for details on how to manage- BOX 2 precipitated withdrawal)

☐ If COWS remains the same, or decreases by 1 or 2 points:
Administer another buprenorphine- naloxone 2mg-0.5mg 1 tablet sublingual Q2H PRN
Maximum: buprenorphine- naloxone 16mg-4mg in first 24 hours

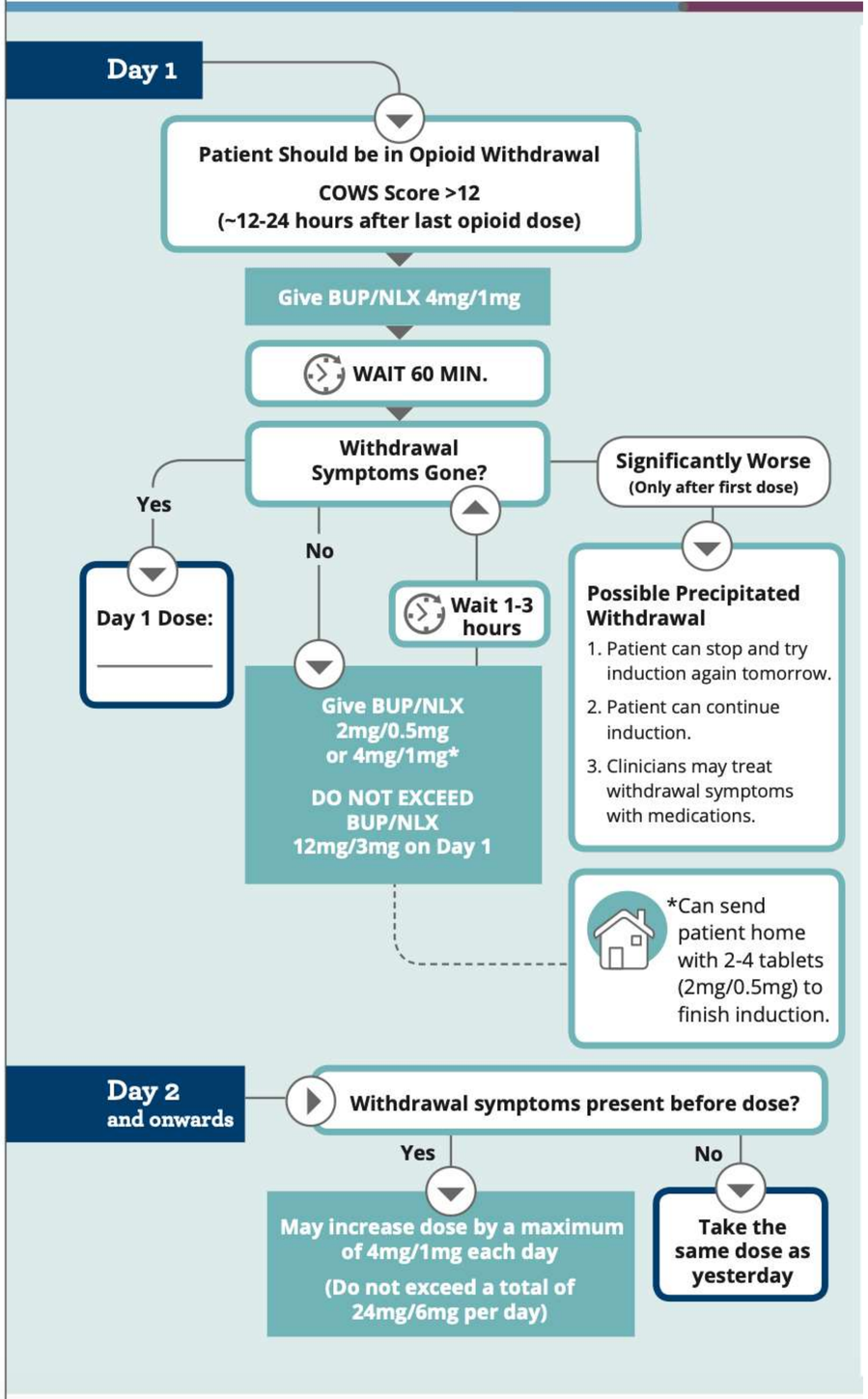
☐ If COWS decreases by 3 or greater points:
Administer another buprenorphine- naloxone 2mg- 0.5mg 1 tablet sublingual Q1H PRN
Maximum: buprenorphine- naloxone 16mg-4mg in first 24 hours

Assess COWS Q1H for all subsequent doses

Advise patients to dissolve tablet completely under tongue which can take up to 10 minutes.
DO NOT swallow saliva or tablet, talk or drink during this time.

Day 2:
On day 2, the dose that was given the day before should be given to the patient again. Before the dose is given, the COWS should be reassessed.
Suboxone is approved for a maximum dose of 24-6mg SL per day.

- OFF LABEL CAN BE INCREASED TO 32MG/ 8MG SL DIE



- Can do one or two test doses in the office and then give rx to go home.
- Day 2: Start them at their total from day 1 with some additional PRNs.
- Pharmacists are able to help with this given the new laws in place since COVID 19.
- Importance of the patient being in adequate withdrawal before starting buprenorphine/naloxone.

https://acfp.ca/wp-content/uploads/2019/05/OUD-Guideline-CFP.pdf

Initiation of buprenorphine/naloxone (approved)- AT HOME/ER/TELEMEDICINE

BRITISH COLUMBIA CENTRE ON SUBSTANCE USE
Networking researchers, educators & care providers

SUBJECTIVE OPIATE WITHDRAWAL SCALE (SOWS)[1]

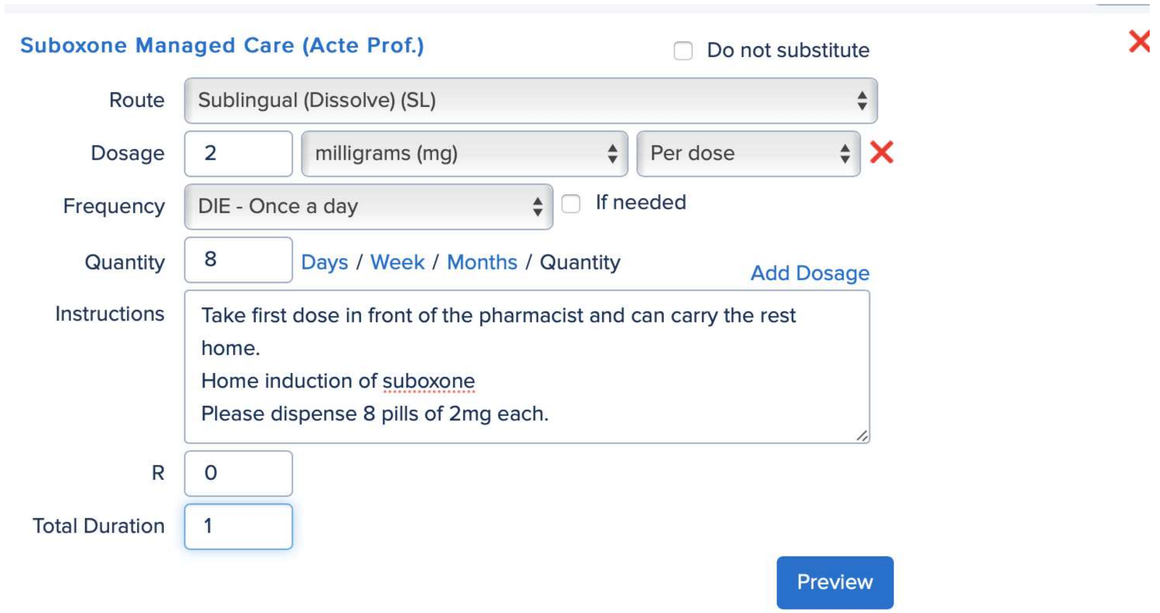
The SOWS is a self-administered scale for grading opioid withdrawal symptoms. It contains 16 symptoms whose intensity the patient rates on a scale of 0 (not at all) to 4 (extremely), and takes less than 10 minutes to complete.

Patient Instructions: please score each of the 16 items below according to how you feel right now. Circle one number only.

Item	Symptom	Not at all	A little	Moderately	Quite a bit	Extremely
1	I feel anxious	0	1	2	3	4
2	I feel like yawning	0	1	2	3	4
3	I am perspiring	0	1	2	3	4
4	My eyes are teary	0	1	2	3	4
5	My nose is running	0	1	2	3	4
6	I have goosebumps	0	1	2	3	4
7	I am shaking	0	1	2	3	4
8	I have hot flushes	0	1	2	3	4
9	I have cold flushes	0	1	2	3	4
10	My bones and muscles ache	0	1	2	3	4
11	I feel restless	0	1	2	3	4
12	I feel nauseous	0	1	2	3	4
13	I feel like vomiting	0	1	2	3	4
14	My muscles twitch	0	1	2	3	4
15	I have stomach cramps	0	1	2	3	4
16	I feel like using now	0	1	2	3	4

Total Score: _____

Start induction when score is 16 or greater



https://www.bccsu.ca/wp-content/uploads/2017/08/SOWS.pdf

Initiation of buprenorphine/naloxone- (Bernese method) IN OFFICE/TELEMEDICINE

Jour	Méthadone (mg)	Bup/nal (en comprimés de 2 mg)
1	75	0,5 mg (1/4 de comprimé) **DEUX FOIS** par jour
2	75	0,5 mg (1/4 de comprimé) **DEUX FOIS** par jour
3	75	1 mg (1/2 comprimé) **DEUX FOIS** par jour
4	75	1 mg (1/2 comprimé) **DEUX FOIS** par jour
5	75	2 mg (1 comprimé) **DEUX FOIS** par jour
6	75	2 mg (1 comprimé) **DEUX FOIS** par jour
7	75	3 mg (1 ½ comprimé) **DEUX FOIS** par jour
8	75	3 mg (1 ½ comprimé) **DEUX FOIS** par jour
9	75	4 mg (2 comprimés) **DEUX FOIS** par jour
10	75	4 mg (2 comprimés) **DEUX FOIS** par jour
11	75	6 mg (3 comprimés) **DEUX FOIS** par jour
12	75	6 mg (3 comprimés) **DEUX FOIS** par jour
13	75	8 mg (4 comprimés) **DEUX FOIS** par jour

https://liferay6.cess-labs.com/documents/69080/13043963/Microdosage+bup-nal+2.0.pdf/

Use of microdoses for induction of buprenorphine treatment with overlapping full opioid agonist use: the Bernese method

Robert Hämmig,[1] Antje Kemter,[2] Johannes Strasser,[2] Ulrich von Bardeleben,[1] Barbara Gugger,[1] Marc Walter,[2] Kenneth M Dürsteler,[2] and Marc Vogel[2]

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Suboxone Managed Care (Acte Prof.) mg SL DIE # ✕

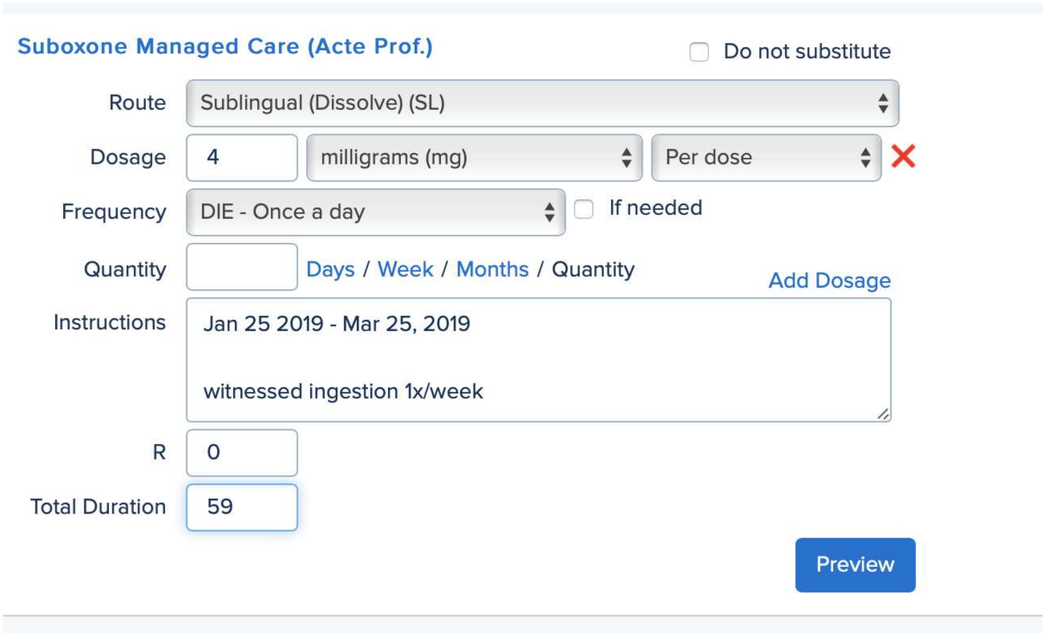
Day 1 (XXX) 0.5mg SL BID
Day 2 (XXX) 0.5mg SL BID
Day 3 (XXX) 1mg SL BID
Day 4 (XXX) 1mg SL BID
Day 5 (XXX) 2mg SL BID
Day 6 (XXX) 2mg SL BID
Day 7 (XXX) 3mg SL BID
Day 8 (XXX) 3mg SL BID
Day 9 (XXX) 4mg SL BID
Day 10 (XXX) 4mg SL BID
Day 11 (XXX) 6mg SL BID
Day 12 (XXX) 6mg SL BID
Day 13 (XXX) 8mg SL BID
Day 14 (XXX) 16mg SL DIE

Methadone (Liquide Oral) XX mg PO DIE # **NR** ✕

To take until day 13 inclusively of microdosing suboxone schedule below.
Do not give methadone on day 14

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4959756/

Maintenance of buprenorphine/naloxone



- No set minimum or maximum time to stay on buprenorphine/ naloxone.
- Very patient centred approach.
- However, typically do not suggest short term management.
- Should ensure at each visit, that the patient is not using illicit opioids and that they feel comfortable with their dose (no cravings and no withdrawal).
- Need to ensure privileges are clearly indicated on the prescription (anywhere from daily to once per month).

Utility of urine toxicology screen

Do I really need to do them?

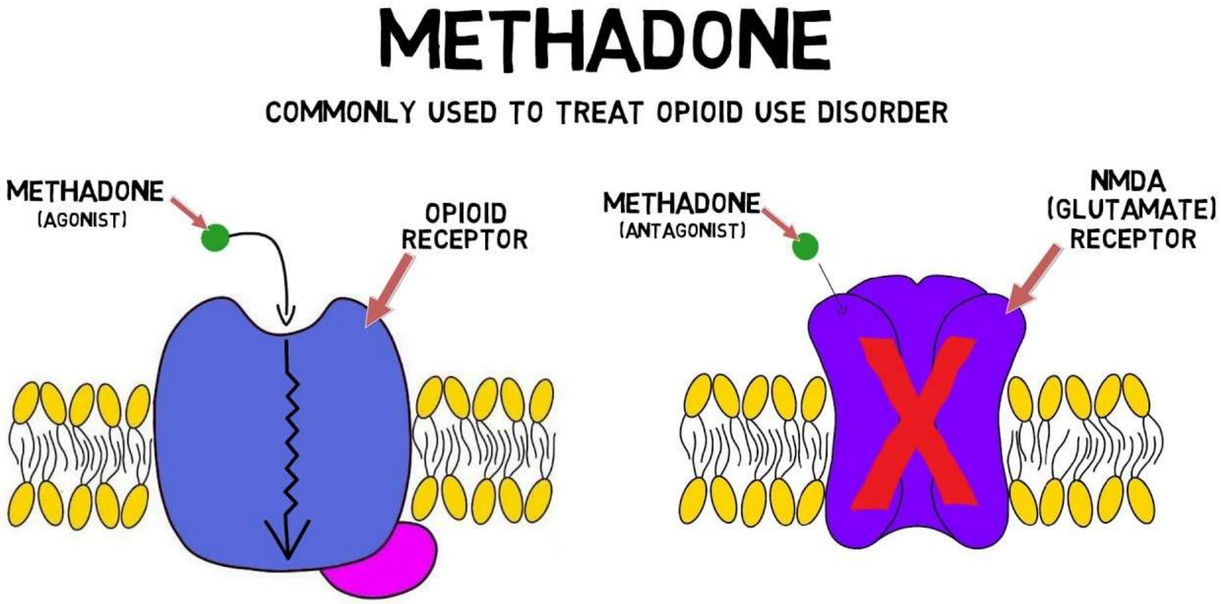
Table 1: Clinical Scenarios for UDT

Clinical scenarios in which UDT may be indicated	• To confirm opioid use at baseline screening • To help inform assessment of clinical stability before and during prescription of take-home doses • To ensure medications are being taken • To screen for illicit opioid use or other substances during treatment, if necessary, including substances the patient may not be aware they were exposed to
Clinical scenarios in which UDT may not be indicated	• To test without clinical rationale • To test when results will not impact clinical management of the patient • To screen for ongoing substance use by a patient who self-reports ongoing substance use, where confirmation of ongoing substance use will not change clinical management

https://www.bccsu.ca/wp-content/uploads/2021/07/Urine-Drug-Testing-Breakout-Resource.pdf

Methadone

What is it?



- Methadone is an opioid agonist (long half life) which is considered second line in OAT.
- Effective doses seem to be 60-80 mg po die.
- It is a liquid which is mixed with powdered juice to make it taste better and decreased risk of diversion.

Kadian and iOAT

- Molecule of slow release morphine in a capsule.
- Should not be chewed but either swallowed whole or opened and mixed in with apple sauce for example.

https://www.bccsu.ca/wp-content/uploads/2021/07/BC_iOAT_Guideline.pdf

Safe Supply- the need for more than OAT vs a type of OAT

Substance Replacement Therapy in the Context of the COVID-19 Pandemic in Québec

Clinical Guidance for Prescribers

RISK MITIGATION

IN THE CONTEXT OF DUAL PUBLIC HEALTH EMERGENCIES

http://dependanceitinerance.ca/wp-content/uploads/2020/10/Guide-Pharmaco-COVID_ANG-VF.19.10.20.pdf

https://www.bccsu.ca/wp-content/uploads/2020/05/Risk-Mitigation-in-the-Context-of-Dual-Public-Health-Emergencies-v1.6.pdf

Harm Reduction Strategies

- Use with other people
- Try to use test doses first
- Use fentanyl testing strips
- Always use clean needles
- Clean the area first
- Inject peripherally
- PRESCRIBE A NARCAN KIT!

Cactus Montreal

1244 Berger street
Tel.: 514-847-0067

Sunday to Thursday:
4 p.m. to 4 a.m.

Friday and Saturday:
4 p.m. to 6 a.m.

Neighbourhood served: downtown

Dopamine

4205 East Ontario street
Tel.:514-251-8872

Monday to Sunday:
8 p.m. to 1 a.m.

Neighbourhood served: Hochelaga-Maisonneuve

L'Anonyme

Tel.: 1 844 381 - 2455 (mobile unit)

Every night from 0:30 a.m. to 6:30 a.m.

Neighbourhoods served:

- Downtown
- South-central
- Hochelaga-Maisonneuve,
- West-central
- South-west

Spectre de rue

1278 East Ontario street
Tel.: 514 528-1700

Monday to Friday: 8:30 a.m. to 6:30 p.m.

Saturday and Sunday: 9:30 a.m. to 4:30 p.m.

Neighbourhood served: south-central

Take home points

- We are living through an opioid crisis.
- Opioid agonist treatment works and saves lives!
- Starting buprenorphine/naloxone can be easily done in clinic, ER or even when the patient is at home.
- Extremely important to discuss harm reduction with any patient with a substance use disorder.
- Do not forget to prescribe Narcan!

Thank you

Questions?

Can always contact me at:
vanessa.pasztor@mcgill.ca

Bibliography

1. https://www.nationalobserver.com/2020/10/01/news/new-data-shows-extent-opioid-crisis-across-canada
2. https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/graphs?index=477
3. https://santemontreal.qc.ca/en/professionnels/drsp/sujets-de-a-a-z/surdoses/donnees-de-vigies-des-surdoses/#c52833
4. https://www.camh.ca/-/media/files/oat-info-for-clients.pdf
5. https://www.bccsu.ca/wp-content/uploads/2017/06/BC-OUD-Guidelines_June2017.pdf
6. https://pubmed.ncbi.nlm.nih.gov/12804430/
7. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6387681/
8. http://www.mddcsam.org/images/2018-conference-resources/3-Buresh_MDDCSAM-OBOT-09_22_18.pdf
9. http://dependanceitinerance.ca/wp-content/uploads/2020/10/Guide-Pharmaco-COVID_ANG-VF.19.10.20.pdf
10. https://www.bccsu.ca/wp-content/uploads/2020/05/Risk-Mitigation-in-the-Context-of-Dual-Public-Health-Emergencies-v1.6.pdf
11. https://www.bccsu.ca/wp-content/uploads/2021/07/BC_iOAT_Guideline.pdf
12. https://www.bccsu.ca/wp-content/uploads/2021/07/Urine-Drug-Testing-Breakout-Resource.pdf
13. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4959756/
14. https://www.grepmed.com/images/1565/withdrawal-diagnosis-addiction-opiate-scale
15. https://crism.ca/wp-content/uploads/2020/08/COVID19-LDPN-Telemedecine-01072020.pdf
16. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2781956