

POLICY BRIEF:

Diversified Opioid Prescription Programs for Opioid Use Disorder Treatment

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Executive Summary

Opioid use disorder (OUD) is a significant worldwide public health concern that has reached crisis level in North America as potent toxic compounds in the unregulated drug supply continue to devastate individuals, families, and communities. Opioid Agonist Treatment (OAT) is internationally recognized as the most effective available treatment for OUD, with oral and injectable formulations available in Canada, and inhalable formulations available in Europe. Of the available OAT in Canada, few medications and formulations are consistently accessible across populations; those that are no longer meet many peoples' needs. When OUD is left untreated, the physiological and psychological need for opioids leaves people with no option but to resort to an increasingly toxic unregulated drug supply—this is a progressively deadly option that often involves methods of finding and using opioids that increasingly interfere with daily living.

Our fieldwork explored ways in which pharmaceutical-based OUD treatment meets the needs of people with OUD, and demonstrates how policies and regulations influence opioid prescription programs across Canada. This engagement highlights that:

- Provincial policies can restrict provision of best practice, evidence-based care for people with OUD
- Differences in treatment availability result in inequitable care
- People with OUD require a wide range of medications and formulations to meet their diverse needs
- Prescribers require access to a variety of available prescription opioids to provide collaborative, person-centered care
- Prescribing scope and prescriber availability need to be expanded to improve treatment access

“Everything we know about interventions for people who use opioids is based on an entirely different drug supply than what we have right now.”

—Service provider

These perspectives signal the need to diversify opioid prescription programs for OUD treatment to meet the evolved and evolving treatment needs of the people it is intended to help. This requires explicit, overarching national guidance that outlines the legitimacy of diversified approaches to opioid prescription programs, to validate and unify treatment approaches and support provinces to reshape policies that promote equitable access to effective OUD treatment. At minimum, this guidance must focus on 1) expanding availability of opioid medications and formulations, 2) upscaling prescriber scope and availability, 3) sanctioning equitable access to care, and 4) endorsing collaborative and individualized care.



Introduction

In addition to managing the neurobiological challenges associated with opioid use, people with OUD typically have a plethora of other unmet needs such as those related to social (housing), psychological (mental wellness), and emotional (feelings of safety and belonging) circumstances. To attend to these needs and work towards achieving overall wellness, these individuals must first reduce reliance on the toxic unregulated drug supply, which is done by achieving physiological stability on pharmacological treatment.

In Canada, oral OAT is the mainstay of pharmacological treatment for OUD, providing people with pharmaceutical-grade doses of opioids. While oral OAT medications have well-documented efficacy and safety, half of the people in need of OUD treatment are not reached by this form of care. For many people, the ubiquitous presence of new opioids such as the highly potent fentanyl in the unregulated drug supply and its subsequent widespread use renders these medications an inviable

option: they don't meet tolerance needs or response intensity, nor do they adequately manage cravings or withdrawal. Unlike other chronic conditions, few new OAT medications have been rolled out in the decades since OATs introduction despite evidence supporting their clinical utility. Although injectable OAT (iOAT) is licensed in Canada for the treatment of OUD, it faces extensive regulatory restrictions that limit its integration into the continuum of care. These collective challenges mean that people with OUD have three choices: receive insufficient healthcare treatment, hope for a prescriber who is willing to go off-label to adequately treat their disorder, or rely on the toxic unregulated drug supply to meet their needs.

Complex chronic conditions like OUD require individualized approaches that support retention in care. We sought to explore how OUD treatment retention is influenced by existing approaches to opioid prescription programs, and how service users and providers perceive these programs to be meeting the needs of people with OUD.

Approach and Results

Our fieldwork aimed to explore treatment engagement in OAT programs across Canada. We conducted visits to 11 sites with existing or planned OAT programs to interview key informants like service users and providers. Strengths-based conversations were structured around four distinct areas of each program: strengths, areas for development, exciting opportunities, and threats.

In our fieldwork across Canada, service users and providers identified beneficial practices that allow for successful diversification of opioid prescription programs for OUD treatment. These findings align with BC's recent [report from the Office of the Provincial Health Officer](#) that recommends expanding opioid medications, delivery, and prescriber capabilities. Our fieldwork suggests that opioid prescription programs for OUD treatment require an accepting and personalized lens that acknowledges the rapidly evolving and dangerous unregulated drug context, and that supports people to navigate recovery, achieve wellness, and connect with the system of care. It also underscores how pharmaceutical-based treatment approaches must be updated if they are to meet the needs of people with OUD.

Treatment must be flexible and adaptable

Within the post-pharmaceutical fentanyl landscape that people with OUD now navigate, even offering hydromorphone—at 12 times the strength of what's routinely found on the street—is objectionable: it's not strong enough to treat a disorder dominated by toxic synthetic opioids. Offering medications that match a person's substance use needs, allow for fluid dose increases and dosing schedules, and have the option for take-home dosing can provide opportunities for people to achieve and sustain wellness.



“Now they prescribe Dilaudid™ (iOAT). It would have had to happen 10 years ago. It's too late. It does nothing for anyone anymore. It's not strong enough anymore.”

—Service user

Treatment must be collaborative and person-centered

Prescribers require manageable licensing processes and prescribing conditions that promote autonomy alongside collaborative relationship-building with service users. Person-centered approaches include individualized assessments and joint decision-making over medications, rather than prescriptive approaches that require initial treatment with a less desirable inferior medication despite clinical indications otherwise. This also means adapting provincial formularies to allow access to additional formulations, such as inhalable fentanyl, so offered treatment matches each person's consumption needs. This approach will promote trust in the system of care and allow clients to work towards achieving overall wellness.

“It’s just a treatment-intensive program that works really well for people who are close by and can do that, but for people [further afield] it’s almost impossible to get them to attend to you regularly... I’d like to have... an embedded iOAT in a couple of these [supportive housing] places... I’m sure there would be people who would avail themselves of iOAT if they could just get it downstairs and wouldn’t have to come all the way here. They have a MAP [Managed Alcohol Program] like that, and if we could decide on an injectable opioid agonist treatment program there I think that would be really helpful.”

–Service provider

“It’s just mind-boggling to me that, given the number of deaths that we see, that every Canadian doesn’t have access to this, there’s still such huge, massive gaps. There’s really only a handful of programs across the country. But can you imagine if we just had a handful of vaccine clinics for COVID?”

–Service provider

Treatment must be equitable and accessible

People receiving opioids for OUD require universal availability of and access to their medication, regardless of where in a provincial healthcare system they are receiving care. This can support a person's recovery, prevent psychological distress, and help ensure people with OUD seek and sustain necessary medical treatment.

Modifying drug dispensing regulations so opioid prescriptions can be accessed at a wider range of locations—such as pharmacies and community-based locations—means geographic distance from an OAT prescriber won't restrict treatment options for people living in rural or remote communities, nor require full-time daily commitment to receiving medication that leaves no space for a job, school, or activities that support recovery. Expanding access options to include those outside of triggering and traumatizing environments—where most OAT clinics are located—helps support recovery by allowing people the opportunity to access their medication in a safer environment.



Recommendations

Service users and providers across Canada have expressed the need to provide best practice person-centered OUD care. To do this, we call on federal policymakers to shift the paradigm of pharmaceutical-based OUD treatment to one that encourages diversification of opioid prescription programs. This can be done by enacting national standards and oversight of OUD treatment that is based in recent and relevant knowledge and experience from provincial, national, and international sources, to ensure equitable access to pharmaceutical treatment. By way of federal legislation or bilateral agreements with provinces, these standards should guide provinces to:

Expand availability of pharmaceuticals and formulations through the National Pharmacare plan

- Expand the universal availability of a wide range of opioid medications and formulations that meet individual tolerance and route of administration needs, align with harm reduction philosophies (e.g., formulations that are designed to be ingested by their prescribed route), and allow for flexible and individualized dosing maximums that can fluctuate alongside the toxic unregulated drug supply. Offering options that people need and want can increase treatment engagement and sustain retention as tolerance evolves, and can decrease the risk of diversion as people will want to take a medication that meets their needs.
- Offer the spectrum of pharmaceutical options under one opioid prescription program instead of placing differing medications and formulations in opposing categories (e.g., OAT vs prescribed alternatives). This will allow prescribers to fluidly care for people across the continuum of substance use care.
- Promote the manufacturing of medications and formulations that match the needs of people with OUD. In particular, medications that meet tolerance needs so people don't have to administer multiple simultaneous doses of a substance to achieve their prescribed dose (e.g., large volume injections, numerous patches), and that match a person's route of consumption needs (e.g., inhalable formulations).

“The drugs are so potent it's like you need something that's equivocal, right? So, even with OAT I see if I give Kadian or if I give methadone, they're still using because they're using a lot, so the highs—what they get there has to be something that's going to equate to what they're getting on the street and it's like, we can't [do that]... but their tolerance is so high that—the reason why they continue using is because they're not getting the full high [from prescriptions].”

—Service provider

“One of our doctors is really great at analogies and he said if you had diabetes we wouldn't be like, oh, it's not covered. Instead of giving you the insulin that you need we're going to give you something else.”

—Service provider

Upscale provider scope and availability

- Expand OUD prescribing to encompass the range of regulated professions already working within the OUD continuum of care, such as nurses and pharmacists. This can increase treatment access and retention—particularly in rural and remote communities, reduce programs costs, alleviate scheduling challenges (e.g., having to adjust dosing schedules to account for weekend closures), and diminish staff burnout and turnover (e.g., due to physician workload).
- Develop and implement strategies to support practice changes in OUD care, such as standardized training requirements, resources to promote provider self-care, and protection of prescriber autonomy to allow collaborative, dynamic decision-making and individualized assessment-based dosing.

“I have a client right now who lives rurally and can’t access an [opioid prescription program]. I’d like them to be able to dose hydromorphone at a pharmacy, that would be helpful.”

—Service provider

Promote equitable access to care

- Require all prescription opioids to be offered and accessible to all people regardless of geographic location, and in ways that allow individuals to pursue work, school, or other recovery-supportive activities. This means ensuring provincial policies allow for flexible medication access at locations other than specialized service settings (e.g., an OAT clinic), and allow for take-home dosing. This also means supporting mobile, outreach, or home-based alternatives, which are established methods of effectively providing care to diverse populations.

“I think what would work would be more outreach of iOAT programs... I think a mobile iOAT program would be more successful than any brick and mortar.”

—Service provider

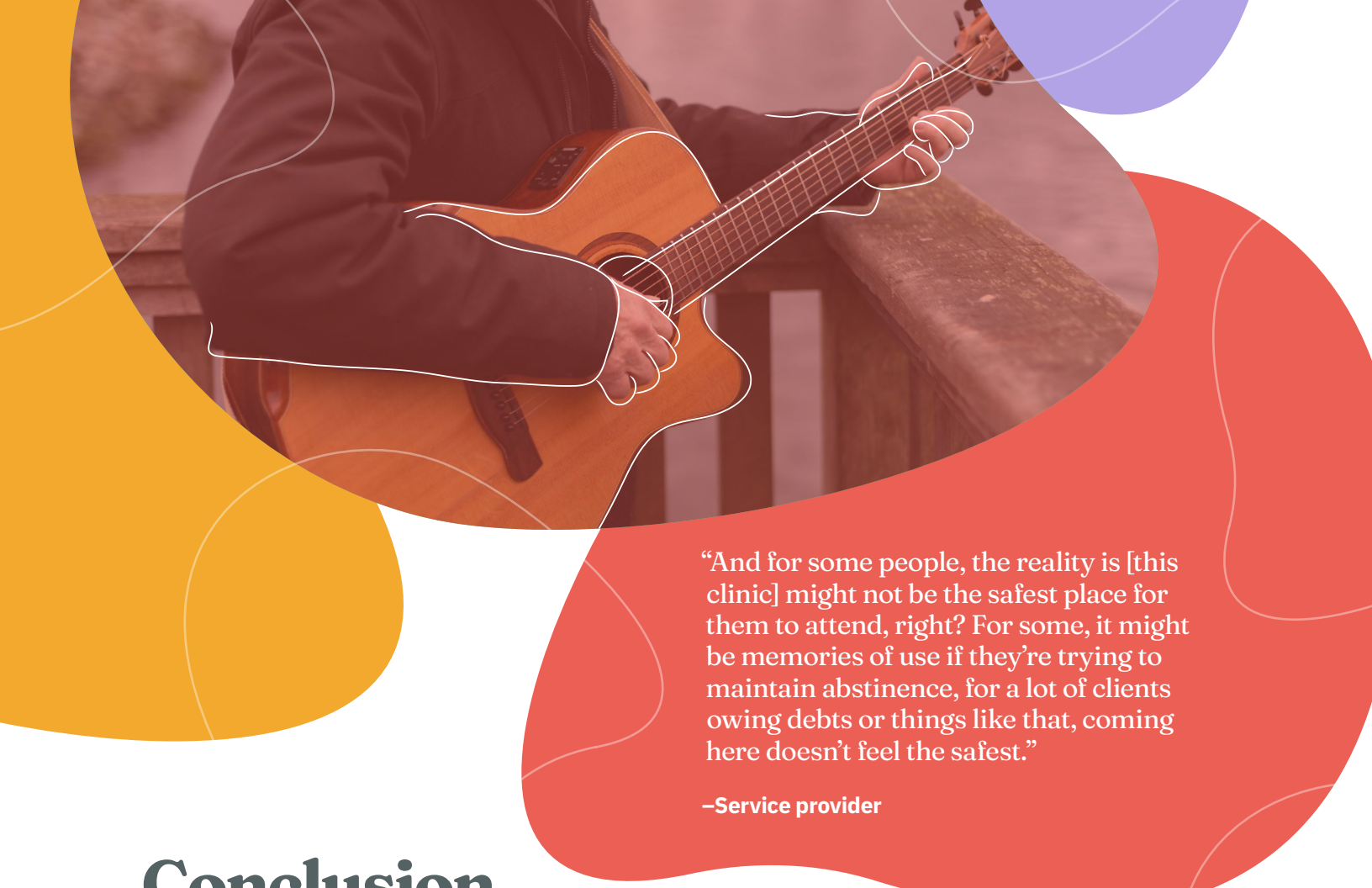
- Allocate funds to support the implementation of integrated care models in underserved areas to streamline OUD treatment access and prescribing.
- Develop and implement rapid approval mechanisms that facilitate low-barrier access to all approved medications.

Endorse person-centered care

- Support recovery-oriented wellness by creating accessible pathways for people who can no longer access their prescriber’s clinic (e.g., someone who has moved into supported housing outside of the OAT clinic neighbourhood), or for those who have de-intensified treatment and require care in a psychologically safe environment.
- Support the autonomy of individuals choosing to access evidence-based OUD treatment as they make informed decisions about their wellness journey and assume their own risks.

Implement accountability measures

- Provinces and territories must be accountable to meeting the enacted national standards. This means establishing relevant and realistic implementation timeframes, regular reporting procedures that reflect implementation and outcome measures, evaluation and adjustment mechanisms that allow for evidence and practice contexts to evolve, and appropriate sanctions or penalties for inaction.



“And for some people, the reality is [this clinic] might not be the safest place for them to attend, right? For some, it might be memories of use if they’re trying to maintain abstinence, for a lot of clients owing debts or things like that, coming here doesn’t feel the safest.”

—Service provider

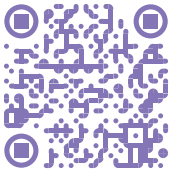
Conclusion

Despite its effectiveness for the treatment of OUD, currently licensed oral OAT in Canada inconsistently meets the needs of people who rely on opioids from the toxic unregulated drug supply. Our fieldwork across Canada identified the need for meaningful changes to opioid prescription programs for people with OUD to be engaged in care. Key informants identified smart practices to diversify opioid prescription programs, such as offering a range of medications and formulations, flexible dosing schemes, and expanded access options.

Based on this engagement, we recommend explicit national standards and oversight that acknowledges these beneficial practices as the foundation for informing and guiding provincial decision-making around opioid prescription program diversification. These standards should emphasize the importance of prioritizing individual wellness to achieve self-identified goals, and promote inter- and intra-provincial cohesiveness of OUD treatment.

Expanded opioid prescription programs grounded in the perspectives and needs of people with OUD and those providing OUD care can help decrease reliance on the toxic unregulated drug supply and promote positive individual- and population-level outcomes such as increased treatment retention and reduced diversion. When people with OUD are offered medications that meet their needs, are accessible, and effective, their quality of life can improve, diversion can be minimized, economic costs can decrease, and families and communities can begin to heal.

To all of our partners who shared their stories, photos, and time with us, thank you.



Interested in learning about the impact of diversified approaches to OUD care? Please visit: <https://ioat-research.med.ubc.ca/knowledge-products/> or scan the code.

To stay up to date with our recent academic work, please see our publications here: <https://ioat-research.med.ubc.ca/publications/>

For questions or to connect with us please email Dr. Eugenia Oviedo-Joekes: eugenia.joekes@ubc.ca

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