

Addressing the Toxic Drug Supply Crisis: Diversifying OUD Treatment Options

Communities across the province face growing risks due to the potency and toxicity of the illegal drug supply. People are turning to leaders like you for actionable solutions. Recognizing the urgent need for diversified opioid use disorder treatment, our team engaged stakeholders to build on existing strengths and identify effective, actionable strategies. We conducted extensive fieldwork, collaborating with healthcare providers, clients, and other stakeholders, to uncover how injectable and oral OAT programs in BC engage and keep clients connected to care. We identified four core elements to diversifying opioid use disorder (OUD) care: 1) **flexible care delivery**, 2) **responsiveness to clients' needs**, 3) **supporting social capital**, and 4) **offering a spectrum of medications and formulations**. This document is provided as a distillation of our findings and should be interpreted in the context of the full report, available at: bit.ly/ioatKThub.

Here is what you can do. This checklist distills our findings and research into actionable steps that you can take today to create a system of care that supports everyone, everywhere:

Ensure Equitable Access to a Spectrum of Medications

- Facilitate pharmacist-initiated OAT prescribing or complex prescription adaptation, especially in rural and remote areas
- Allow pharmacists to modify doses and complete missing OAT prescription information to avoid treatment delays
- Develop a funding model with MoH, MMHA, and health authorities that remunerates pharmacists for person-centered OUD care delivery, including clinical support, medication administration (e.g., fentanyl transdermal patches), assessments, and medication deliveries

Facilitate Flexible Medication Dispensing

- Modify regulations to allow OUD opioid prescriptions to be dispensed and delivered in various locations, including community pharmacies, supportive housing, and community-based organizations
- Collaborate with NAPRA to establish guidance for injectable opioid prescriptions regarding syringe stability at room temperature and for powdered formulations
- Enhance EMR integration and establish protocols for medication transportation and shipping
- Allow take-home doses of injectable OAT formulations including diacetylmorphine and hydromorphone

Support Practice Change

- Develop practice standards for prescribed alternatives to support registrants with their practice and assess the ethical considerations
- Modify practice standards to incorporate BCCSU clinical practice guidelines and a broader range of evidence and resources (e.g., clinical protocols, international research, guidance documents) ensuring regulations are evidence-informed, practical, and responsive to evolving practice
- Collaborate with MoH, MMHA, the College of Physicians and Surgeons, and health authorities to create a guidance document for piloting diversified care approaches for OUD (e.g., iOAT deliveries, prescribed alternatives) including clear guidelines on acceptable practices, evaluation metrics, and reporting requirements
- Establish agreements outlining the responsibilities and protections for clinics and providers, detailing the support from the College of Pharmacists, MMHA, MoH, and the College of Physicians and Surgeons. These measures will provide legal and professional safeguards, encouraging providers to innovate and generate knowledge without fear of professional repercussions

We recognize that these actions are complex and there are additional considerations, rules, and regulations that influence what you can do. Our team is committed to collaborating to understand these nuances and to facilitate the implementation of these approaches. We are eager to meet with you to discuss these matters further and work together towards effective solutions.

eugenia.joekes@ubc.ca