

Expanding the Primary Care toolbox: Buprenorphine for opiate use disorder – ID# T237

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Addiction is a chronic disease. Buprenorphine/naloxone (the only form of buprenorphine currently available in Canada by prescription for opiate use disorder) is an effective and safe treatment for opioid use disorder that can easily be incorporated into generalist family practice.

If you are unsure of how to address opioid use disorder, consider using the SPIKES model for disclosure of bad news and determining a patient centered plan of care.

“Detox” from opioids is not recommended due to increased risk of death from reduced tolerance and high rates of relapse. Offering opioid agonist therapy is the standard of care.

Buprenorphine is safer than pure opioid agonists (such as morphine, hydromorphone, oxycodone and fentanyl).

Patients actively using opiates must be in a state of moderate withdrawal prior to initiating buprenorphine due to its strong binding affinity for the mu opioid receptor, as otherwise it can lead to “precipitated withdrawal”. The possibility of precipitated withdrawal is the only possibly tricky part of prescribing buprenorphine!

Use the COWS (clinical opioid withdrawal scale) to determine when a patient is able to start buprenorphine. A score of 12 or higher is important for a smooth start and to avoid precipitated withdrawal.

Initiation of buprenorphine/naloxone can take place in the office, the ED, hospital bed, pharmacy or at home, depending on the clinical situation. See <http://www.metaphi.ca/patient-resources.html> for a brochure to give patients to guide their home induction. See <http://www.metaphi.ca/provider-tools.html> for tools for your emergency department and/or office.

The goal is to get the person stable as quickly as possible without side effects. The timing of follow up visits, timing of office collected urine drug screens, and when to begin take home doses is all dependent on the clinical picture. The 2018 BCCSU guidelines have some suggestions to follow, as do the 2011 CAMH guidelines.

Buprenorphine/naloxone appears to be safe in pregnancy, and pregnancy is no longer a contraindication to taking it. It is safe in breastfeeding.

Other Resources:

MMAP <https://ocfp.on.ca/cpd/collaborative-networks/mmap>

ECHO Ontario Mental Health - <https://camh.echoontario.ca/ampi/>

British Columbia Centre on Substance Use - <http://www.bccsu.ca/>

CAMH Opioid Dependence Treatment Certificate Program

<https://pcssnow.org/>