



Department of
Family Medicine

A comprehensive guideline for the management of opioid use disorder in primary care in Peterborough, ON

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Presenter Disclosure

Presenter: *Andrea Zukowski*

Relationships with financial sponsors:

- Any direct financial relationships, including receipt of honoraria: *Foundation for Advancing Family Medicine (FAFM) of the College of Family Physicians of Canada (CFPC) - honorarium, including assistance in covering conference fees and travel to FMF*
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- Other: *none*

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Relevance - Opioids in Peterborough

High mortality:

2023 - 34.3 opioid-related deaths per 100,000 (Ontario: 17.2) [1]

Use of high potency substances:

Peterborough Consumption & Treatment Site data 2023 (not smoked):

41% of visits were for use of non-prescribed fentanyl

Role of primary care

Primary care practitioners are vital to the care of patients with opioid use disorder (OUD): [2]

- Improved overall health outcomes
- Increase in accessibility to treatment
- Decrease stigma associated with accessing care
- **Higher likelihood of adhering to opioid agonist therapy (OAT) programs & abstaining from non-prescribed opioids**

Barriers exist – financial, structural, stigma... [3]

And treatments/supports also exist!

Objective:

How can we best adapt national guidelines to create a Peterborough-specific pathway for primary care practitioners to care for patients with OUD?

1. Literature review – current guidelines
2. Needs assessment – anonymous survey of local PCPs (N = 11)
3. Liase with local stakeholders (N = 8 interviews, 7 resources)
4. Creation of streamlined document/pathway

Key Take-Aways - Surveys

- Most PCPs feel a **responsibility to treat OUD & feel it is within their scope of practice**
- Most comfortable with: discussing risks of OUD, referring to addictions specialists
- 58% were comfortable with counselling about & prescribing OAT
- >1/2 surveyed have never prescribed OAT
 - 50%: comfortable to start and/or continue treatment with bup-nal SL
 - Less than 50%: continuing other OAT
- Resources used: RAAM, FourCAST >> methadone/OAT clinics, other local resources

The process of accessing these services is clear to me (eg. patient self-referral vs. practitioner referral)	42%
I have a good understanding of what services are offered in these resources	42%
It can be difficult to know where to send patients for the help they need	83%



“There are many overlapping service providers”

Key Take-Aways - Surveys

- Barriers to care were similar to other studies:
 - Time/system constraints
 - Limited clinician knowledge re: OAT
 - Potential stigma
- Majority were supportive of a local-specific guideline
 - Other suggested supports: local CME/grand rounds, on call assistance

Key Take-Aways - Interviews

- Use of resources: #1 resources are RAAM & FourCAST
 - RAAM model only works if providers can continue to see their patients ("hub and spoke" model) [4]
 - Different resources for **different stages of change**
 - Prescribed alternative programs (“safer supply”) may play a role in care
- Role of PCP:
 - Seeing PCPs can decrease stigma
 - OAT typically limited to bup-nal SL
- Local resources available on-call or for consultation

Clinical Pathway

Summary of information from interviews & guidelines, pre-existing primary care pathways

- Stages of change-based
- Goal to decrease time strain
- Focus on bup-nal SL
- Simplify access to resources

Sections on:

- OAT prescribing, management recommendations
- **Local resources**
- Other considerations:
 - Monitoring of patients, urine testing
 - Billing guide (FHO-specific)
 - CME/training opportunities

Review the following with ALL patients:

1. Support any socioeconomic challenges: housing, finances
2. Harm reduction: review accidental poisoning symptoms, obtain Naloxone kit +/- harm reduction supplies and drop off sites (see Resources for locations). If use of substances from non-pharmacy sources, refer to PARN, CTS.
3. Offer access to mental health support & peer support (see Resources)
4. Discuss OAT briefly (first line therapy), consider discussing prescribed alternatives
5. Counsel on first line resources: RAAM clinic and/or FourCAST (see Resources)

Harm reduction advice:

"All opioid use is associated with risk. If you have not been prescribed to you, to be safe, do not use opioids, follow these tips to reduce risk:

1. Never use alone. Have someone with you.
2. Signs of overdose: Pinpoint pupils, slow breathing, bluish skin around lips, nails. If you notice these symptoms, call 911 and use Naloxone.
3. If you had a period of abstinence longer than previously used.
4. Only use drugs obtained from a trusted source. Use a drug-checking service (CTS) to check for contamination. If you can't get your drugs checked, use a clean container.

Pre-contemplative:

Encourage follow up (eg. q1-3 months) & review stage of change

Contemplative, preparation, action:

Ensure patient history is up to date:

- Substance use: all drugs used, including alcohol, nicotine, benzodiazepines, cannabis
- Age and amount of first use, current use
- All periods of abstinence & treatment history
- Goals

Discussion of management options:

- **OAT: most common first line therapy, often bup-nal SL or methadone**
- Prescribed alternatives
- Abstinence/cutting back with withdrawal management (not recommended – increased rates of relapse, morbidity and mortality (Bruneau et al., 2018))

If patient wants to start OAT:

- Discuss that OAT is meant to be long-term therapy (optimal length of therapy is unknown). Tapering can be discussed as needed, based on patient preferences & goals
- Options for OAT start:
 - (a) Be prescribing clinician: prescribe OAT & withdrawal symptom management medications (see *OAT prescribing* and *Withdrawal management* for details). Counsel regarding follow up schedule, *urine testing (clinician dependent)*.

continue to follow-up

Buprenorphine
/Naloxone
(Suboxone)
• Patient
(12-24-h
• Sublingual
(~10 mi
• Naloxone
• May be

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Resources: all are free/covered by OHIP, unless otherwise specified; up to date to Feb 25, 2024

<p>RAAM Clinic (Rapid Access Addiction Medicine Clinic)</p>	<p>Location: 432 George St. North (co-located with George St. Pharmacy) Hours: Mon/Wed/Fri, 8-11am and 1-3pm, via walk-in only. Phone: (705) 749-9708, Fax: (705) 743-7760</p>
<ul style="list-style-type: none"> No referral necessary; clinician referrals welcome For people primarily in contemplative/preparation/action/maintenance stages of change Offer newest available treatment options for OUD, withdrawal management, management of co-addictions Onsite FourCAST counsellors: Mon 8:30-11am, Wed 8:30am-3pm, Fri 8:30-11am Patient able to use any pharmacy they choose to dispense their OAT medications 	
<p>FourCAST (Four Counties Addiction Services Team)</p>	<p>Location: 130 Hunter St (corner of Hunter and Water) on 2nd floor Hours: Mon-Fri 8:30am-4:30pm (Tues & Wed 8:30am-8pm), walk-in and by appointment Phone: (705) 876-1292 or 1-800-461-1909, Fax: (705) 876-9125</p>
<ul style="list-style-type: none"> No referral necessary; clinician referrals welcome For people in any stage of change, with any addiction concerns including gambling Publicly funded addictions counselling by appointment (adult and youth). Priority for youth, pregnant or parenting (children <2 individual counselling available, with dedicated opioid program & specific counsellors. Counselling is also available for family/friends of those impacted by someone's addiction Early access team for OUD – will connect with clients, screen and assess, help with navigation Easiest way to help patients connect with detox/residential treatment Auricular acupuncture – adjunct therapy for substance use disorder (appointments Mon/Wed/Fri). Requires scheduled appointment Withdrawal management (Tues/Thurs RAAM RNs on site) 	
<p>Addictions medicine support for primary care practitioners:</p>	<p>Specialist advice:</p> <ul style="list-style-type: none"> RAAM clinic MD on call (Mon/Wed/Fri 8-11am, 1-3pm) – phone: (705) 749-9708 [Redacted] FHO pharmacist (FHO-dependent) eConsult Addictions Medicine via OTN MetaPhi – patient handouts, resources for prescribing, email listserv for questions/cases
<p>Consumption and Treatment Site (CTS)</p>	<p>Location: 220 Simcoe St (corner of Simcoe & Aylmer) Hours: 9:30am-9pm daily (last client admitted at 8pm), via walk-in only</p> <ul style="list-style-type: none"> Clients will review code of conduct, complete intake form, and be assigned an anonymous code Facilities/services available:

<p>OAT/Methadone clinics in Peterborough:</p> <p>All offer bup-nal SL, methadone, SROM therapy</p> <p>*Note: Often partnered with a pharmacy. Check with patient regarding potential preferences for pharmacy.</p>	<p>Above and Beyond Recovery Location: 296 Aylmer St N Phone: (705) 874-7948, Fax: (705) 874-8021</p>	<ul style="list-style-type: none"> In-person services Also offer extended-release buprenorphine (Sublocade), prescribed alternate Partnered with Aylmer St. pharmacy
	<p>First Step Location: 191 Simcoe St Phone: (705) 876-1000, Fax: 705-876-7769</p>	<ul style="list-style-type: none"> In-person services Partnered with Lakeview pharmacy
	<p>ACT Addiction Center Location: 226 Charlotte St Phone: (705) 740-0228, Fax: (705) 740-0223</p>	<ul style="list-style-type: none"> Virtual/OTN Patient can choose a pharmacist
	<p>OATC Ontario Addiction Treatment Centre, PTBO Location: 215 Sherbrooke St Phone: (705) 748-0995, Fax: (705) 748-5946</p>	<ul style="list-style-type: none"> Also offer extended-release buprenorphine (Sublocade) Unclear if partnered with a pharmacy
	<p>New Dawn Medical Location: 370 Burnham St (Burnham Pharmacy) Phone (647) 625-8799, Fax: 1-877-269-0507</p>	<ul style="list-style-type: none"> Virtual/OTN Partnered with Burnham Pharmacy
<p>Pharmacies that dispense OAT in Peterborough:</p>	<p>George Street pharmacy (432 George St N) Shoppers Chemong (971 Chemong Rd) Burnham pharmacy (370 Burnham St) No Frills pharmacy (230 George St N) Rexall George St (85 George St N)</p> <p>Shoppers High St (741 Lansdowne) Shoppers Mapleridge/Dobbin (180) Lakeview pharmacy (191 Simcoe) Lakefield Village pharmacy (135 C)</p> <p>Pharmacies that do NOT dispense OAT: Shoppers Charlotte & Aylmer, Sullivan's pharmacy If unsure if the requested pharmacy dispenses OAT, call the pharmacy</p> <p>Pharmacies that dispense extended-release buprenorphine injection (Suboxone): George Street pharmacy, Burnham pharmacy *must be dispensed to MD or clinic, has cold chain and security requirements</p>	
<p>Residential treatment ("detox"):</p>	<ul style="list-style-type: none"> Limited to no local resources Main resource is FourCAST: connect patient to appropriate services (often refer to Pin) ConnexOntario: online & phone system navigation services Out-of-pocket (\$\$): Gateway Recovery Centre, Another Road Addiction Recovery Cent 	

-  Naloxone kits available (NOTE: also available at any pharmacy)
-  Harm reduction supplies/kits available + Used supply drop off (NOTE: can also drop off at designated "mailbo"
-  Withdrawal management on site

Next Steps

- Dissemination of first draft of pathway to Peterborough clinicians
 - Collect input from stakeholders
 - Seek feedback from PCPs
 - Seek feedback from those with lived experience with OUD
- Finalize guideline, with plan for approximately yearly updates

References

1. Public Health Ontario. Interactive opioid tool. Ontario: Public Health Ontario [Internet]; [last updated Sep 16 2024]. Available from: <https://www.publichealthontario.ca/en/Data-and-Analysis/SubstanceUse/Interactive-Opioid-Tool>
2. Korownyk C, Perry D, Ton J, et al. Opioid use disorder in primary care: PEER umbrella systematic review of systematic reviews. *Can Fam Physician* [Internet]. 2019;65:e194-206. Available from: <https://pubmed.ncbi.nlm.nih.gov/31088885/>
3. Mackey K, Veazie S, Anderson J, et al. Barriers and facilitators to the use of medications for opioid use disorder: a rapid review. *J Gen Intern Med* [Internet]. 2020;35(3):954–63. Available from: <https://doi.org/10.1007%2Fs11606-020-06257-4>
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Questions, comments, compliments?

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