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Prescribing Drugs with Potential
for Misuse or Diversion
The New CPSA Standard of
Practice
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DISCLOSURE
I currently have no financial relationship with
commercial enterprises & cannot identify any
potential conflict of interest for the purposes
of this presentation.

Faculty/Presenter Disclosure

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 1. Relationships with commercial interests: none
 2. Speakers Bureau/Honoraria: none
 3. Consulting Fees: none
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What are Standards of Practice?

- The *CPSA Standards of Practice* are the minimum standards of professional behavior and good medical practice Alberta physicians are expected to meet. The standards of practice complement the *Code of Ethics* and are used as a reference in reviewing complaints against physicians.

Why do we have them?

- The College developed the standards of practice to be in compliance with the *Alberta Health Professions Act* (available at Alberta Queen's Printer), omnibus legislation intended to provide consistency in how the health professions are regulated.

The SOP for Prescribing Drugs
with Potential for Misuse or
Diversion

- Includes opioids, benzodiazepines, sedatives and stimulants
- Has 5 clauses
- The first 3 " **must do**" apply to all Rx for these drugs
- The 4th "**may do**" notwithstanding clause
- 5th regards **chronic daily opioid** (LTOT) in chronic pain patients (6 sub clauses)

There is nothing in this SOP
that good conscientious
physicians are not already doing
(or know they should be doing) so
don't
panic.

You **must** justify the prescribing decision
and document

ONE

You **must** discuss:
other drug and non pharmacologic Tx
Side effects
Probability of improvement

TWO

You **must** do Due Diligence
Netcare/PIN CPSA TPP Pharmacist

For a new prescription
Renewing a prescription if you are not the
primary prescriber
Minimum of Every Three Months

THREE

Notwithstanding:
If the medication history is unavailable
One MAY prescribe a minimum amount until
it is available

FOUR

In Addition when Rx Chronic Daily Opioid for Chronic Pain Patients one **must:**

1. Goals for Function and Pain
2. Mitigate risks
3. Guidelines 50 mg OME and 90mg OME, If exceeding justify and document
4. Minimum reassessment at 4 weeks & Every 3 months
5. Document status of function and pain
6. Continue Chronic Daily Opioid TX **only if** improvement in function and Pain

FIVE

Rx for everyone on daily opioid TX

Intended as a safety net

Sends clear message these drugs are dangerous and potentially lethal

NALOXONE RESCUE KIT

Treatment of High dose opioid dependency or addiction

Must register with CPSA to prescribe
Course recommended by CPSA offered online at Centre of Addiction and Mental Health (CAMH)

Temporary Prescribers do not need to take the course

BUPRENORPHINE/NALOXONE

Message from the CPSA

- Don't Panic.
- We recognize there are a lot of high dose opioid patients out there
- It is never appropriate to abandon a patient on long term opioid therapy
- The lowest effective dose is the safest dose
- Patients taking prescribed opioid should not be stigmatized

Clinical tips to reduce risk of developing long term opioid dependence

- Prescribe **short acting** preparations
- For \leq **three days**

- Martin BC, **Characteristics of Initial Prescription Episodes and likelihood of Long-Term Opioid Use 2006-2015**
- CDC MMWR 2017;66:265-269

Evidence - Martin, BC 2016

- N= 1,294,247
- 33,548 (2.6%) on opioid > one year
- Initial Rx > or = 3 days
- Rx for long acting opioid
- Patient received a second Rx
- Tramadol (previously thought to be low)

Clinical Tips to Mitigate Risk of Chronic Daily Opioid users developing Loss of Control

- Fax
- Blister pack
- Dispense weekly
- Exact by- clock prescribing both IR & LA
- Avoid PRN doses – Maximum of 3/week
- Request for Early refill – must have consequences - DECREASED dispensing interval

Building a NonPharmacologic Management Plan

- Sleep
- Movement
- Nutrition
- Relationships
- Productivity
- Mindfulness and Mental Health

Thank You.
Questions?
