



REPORT: MOVING TOWARDS IMPROVED ACCESS FOR EVIDENCE-BASED OPIOID ADDICTION CARE IN BRITISH COLUMBIA

BACKGROUND

- A public health emergency has been declared in response to the recent rise in illicit drug overdose deaths in BC. There was a 31% increase in overdoses between 2014 and 2015 alone, and there will be 700-800 overdose deaths this year if trends continue.
- Fentanyl is a major factor in the rise in overdose deaths, as it can be 50-100 times more toxic than morphine and is often used unknowingly.
- The number of overdose deaths involving fentanyl has been rapidly increasing, and fentanyl has been detected in half of all overdose deaths that happened in January through March of 2016.

QUICK FACT

IN APRIL 2016, BC'S PROVINCIAL HEALTH OFFICER DECLARED A PUBLIC HEALTH EMERGENCY FOR THE FIRST TIME IN HISTORY, LARGELY DUE TO DEATHS RESULTING FROM UNTREATED OPIOID ADDICTION.

KEY POINTS

- There are currently two first-line pharmaceutical options available in BC for the treatment of opioid addiction: methadone and buprenorphine/naloxone (e.g., Suboxone®).
- Buprenorphine/naloxone has comparable treatment outcomes to methadone with fewer side effects and drug interactions, lower risk of diversion (use by people who do not have a prescription), and significant safety advantages.
- Buprenorphine/naloxone lowers opioid-related overdose deaths, illicit drug use, and HIV risk behaviours. It is also more cost-effective than methadone. Despite this, it is critically underutilized in BC.

RECOMMENDATIONS

- Offer buprenorphine/naloxone through primary care offices as a first-line treatment option for opioid addiction.
- Eliminate the requirement that BC physicians must hold a methadone exemption in order to prescribe buprenorphine/naloxone.
- Disseminate and implement evidence-based guidelines for buprenorphine/naloxone treatment.
- Increase public and professional education to enhance knowledge of buprenorphine/naloxone and the risks and benefits of this medication relative to methadone.
- Allow take-home dosing of buprenorphine/naloxone at the judgment of the treating physician, as per the Health Canada-approved product monograph.
- Support additional research and education to reduce diversion of opioid agonist therapies.

Moving towards improved access for evidence-based opioid addiction care in British Columbia [Report]. May 2016. bit.ly/OpioidSafetyReport

