



# PROVINCIAL OPIOID ADDICTION TREATMENT SUPPORT PROGRAM

PRECEPTORSHIP WORKBOOK  
FOR COMMUNITY SETTINGS



BRITISH COLUMBIA  
CENTRE ON  
SUBSTANCE USE

*Networking researchers, educators & care providers*



## ABOUT THE BRITISH COLUMBIA CENTRE ON SUBSTANCE USE

The BC Centre on Substance Use (BCCSU) is a new provincially networked resource with a mandate to develop, implement and evaluate evidence-based approaches to substance use and addiction. The BCCSU seeks to achieve these goals through integrated activities of its three core functions: research and evaluation, education and training, and clinical care guidance. With the support of the province of British Columbia, the BCCSU aims to help establish world leading educational, research and public health, and clinical practices across the spectrum of substance use. Although physically located in Vancouver, BC, the BCCSU is a provincially networked resource for researchers, educators and care providers as well as people who use substances, family advocates, support groups, and the recovery community.

The BCCSU, in collaboration with the BC Ministry of Health, has released a new provincial clinical care guideline for British Columbia, [\*A Guideline for the Clinical Management of Opioid Use Disorder\*](#). Effective June 5, 2017, this guideline is the provincial reference tool for all health care professionals in BC involved in treating patients with opioid use disorders.

## DISCLAIMER FOR HEALTH CARE PROVIDERS

The recommendations and key takeaways from this workbook reflect the BC [Guideline for the Clinical Management of Opioid Use Disorder](#). The BC guideline recommendations represent the view of the Provincial Guideline committee, arrived at after careful consideration of the available scientific evidence and external expert peer review. When exercising clinical judgment in the treatment of opioid use disorder, health care professionals in the province of British Columbia are expected to take the guideline recommendations fully into account, alongside the individual needs, preferences and values of patients, their families and other service users, and in light of their duties to adhere to the fundamental principles and values of the Canadian Medical Association Code of Ethics, especially compassion, beneficence, non-maleficence, respect for persons, justice and accountability, as well as the required standards for good clinical practice of the College of Physicians and Surgeons of British Columbia (CPSBC) and any other relevant governing bodies.

The patient cases and prescriptions in this workbook are provided as learning examples only. Application of the recommendations presented both in this workbook and in the Provincial Guideline do not override the responsibility of health care professionals to make decisions appropriate to the circumstances of each individual patient, in consultation with that patient and their guardian(s) or family members and, when appropriate, external experts (e.g., specialty consultation – see p. 44 for Resources in BC).

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## OVERVIEW

As part of the BCCSU's provincial mandate to provide leadership in substance use and addiction research, education, and clinical care guidance, the BCCSU launched the [Provincial Opioid Addiction Treatment Support Program \(POATSP\)](#) in July 2017.

Historically, the College of Physicians and Surgeons of British Columbia (CPSBC) has provided regulation, education and care guidance for opioid agonist treatment (OAT) in the province. However, as of June 5, 2017, the BCCSU has been mandated by the Ministry of Health to provide educational and clinical care guidance activities for all healthcare professionals prescribing OAT in BC. This includes recommendations to Health Canada regarding exemption authorizations for physicians who wish to prescribe methadone for opioid use disorder under section 56 of the *Controlled Drugs and Substances Act*. The BCCSU will also work with the College of Registered Nurses of BC (CRNBC) to optimize the methadone exemption process for nurse practitioners as the authorization to prescribe full OAT takes effect.

Although specific prevalence estimates for opioid use disorder and treatment capacity needs in BC are lacking, a critical shortage of health care professionals trained in addiction medicine in BC has been identified. Specifically, significant inconsistencies in OAT provider availability across regions exist, with particularly low numbers in the Northern and Island Health Authorities. This shortage results in some patients and their families travelling long distances to receive treatment, while others turn to (or continue) illegal and non-medical opioid use to address cravings and to alleviate withdrawal symptoms. There is an urgent need to scale up access to evidence-based addiction care, education, and training, and to employ innovative health delivery models to better serve all British Columbians.

The new POATSP has replaced the provincial methadone program previously regulated by the CPSBC and has been expanded to include the full range of medications used to treat opioid addiction (i.e., methadone, buprenorphine/naloxone, and slow-release oral morphine). However, as part of its regulatory function, the CPSBC will continue their Prescription Review Program in accordance with the core principles for safe and effective prescribing practices as per the CPSBC Guidelines and Standards for the Safe Prescribing of Drugs with Potential Misuse/Diversion.

The new online learning platform for the POATSP has been developed in partnership with Continuing Professional Development (CPD) at the UBC Faculty of Medicine and will serve to improve accessibility to high-quality education for the clinical management of opioid use disorder and the new preceptorship program will offer enhanced opportunities for clinical training.

## PRECEPTORSHIP GOALS AND PROCESS

The goal of the BCCSU preceptorship program is to promote understanding and application of the new BC Guideline for the Clinical Management of Opioid Use Disorder in a supervised clinical setting. The BCCSU mandates the completion of a preceptorship of at least two half-day sessions before an application for an authorization to prescribe methadone (i.e., a full methadone exemption) for the treatment of opioid use disorder can be considered.

### **For methadone:**

In order to complete the preceptorship requirement to obtain a methadone exemption:

1. Applicants must select a name from the list of approved preceptors that is provided upon completion of the online modules of the Provincial Opioid Addiction Treatment Program and contact the chosen preceptor's office directly to confirm availability. The applicant must report the scheduling of this preceptorship through an online survey-tool.
2. Applicants must print out and complete either the Hospital-Based or Community-Based Case Workbook before the scheduled preceptorship. This workbook will be reviewed together with the preceptor throughout the two half-day sessions.
3. During the two half-day sessions, the preceptor will be required to complete a review of the workbook, ensure the diversion agreement is signed, and provide the BCCSU with their assessment of whether or not to recommend the prescriber for a federal section 56 exemption. This will be done through a secure online form sent to the BCCSU directly by the preceptor.
4. The BCCSU will then contact the applicant regarding successful or unsuccessful completion of the preceptorship and to address any concerns brought forth in the preceptorship.

### **For other OAT:**

For physicians who intend to take on more advanced prescribing, such as slow release oral morphine, it is recommended that clinicians complete a preceptorship with a preceptor who has specific experience with that medication. When scheduling a preceptorship, the list of preceptors also includes which medications they routinely prescribe.

For physicians, it is not mandatory to complete a preceptorship for buprenorphine/naloxone alone but it should be noted that this medication will be discussed during a methadone preceptorship. For nurse practitioners intending to prescribe buprenorphine/naloxone, the College of Registered Nurses of BC requires a preceptorship for buprenorphine/naloxone, which will be tailored to that specific medication.

***Note to preceptees:***

This guide outlines seven case scenarios of individuals receiving treatment with methadone or buprenorphine/naloxone in the hospital. Each case has a brief description followed by three to seven guiding questions that are designed to guide reflection on the clinical scenario presented and how to manage the patient and fill out their hospital order form.

There is also an OPTIONAL slow release oral morphine case that is designed for physicians who are looking to integrate more advanced prescribing into their practice.

This is intended as a learning exercise. If you have any questions or require clarification while reviewing these cases, do not hesitate to reach out to your preceptor for guidance.

***Note to preceptors:***

In conjunction with the case scenarios above, the preceptor training package includes: a list of important topics to be covered during the preceptorship, with emphasis on patient safety and strategies to prevent diversion; solutions to the guiding questions posed in each case; key takeaways for each case presented; and additional reference materials (e.g. calendars with dates of prescription highlighted for reference, filled prescription forms).

Filled prescriptions, responses to the guiding questions, and any questions or required clarification on the patient cases should be reviewed together with the preceptee upon completion of the workbook during the two-day training period.

The slow release oral morphine case is an OPTIONAL component of the workbook and should only be taught by preceptors who routinely prescribe this medication in practice. Preceptees are not required to do this case if they do not intend to prescribe slow release oral morphine.

## GLOSSARY

### Buprenorphine/naloxone

A combination of buprenorphine, a long-acting synthetic opioid a partial mu ( $\mu$ ), and naloxone, an opioid antagonist, in a 4:1 ratio, respectively. In Canada, this formulation is available as a sublingual tablet. Naloxone has poor oral bioavailability when swallowed or administered sublingually, and is included to deter non-medical injection and diversion. When buprenorphine/naloxone is taken as directed sublingually, the naloxone component has negligible effects and the therapeutic effect of buprenorphine predominates.

### DWI

Daily Witnessed Ingestion

### Methadone

A long-acting synthetic opioid that acts as a full mu ( $\mu$ ) opioid receptor agonist. It has a half-life of approximately 24 to 36 hours and is well absorbed. In Canada, it is most frequently administered as an oral solution, generally given as a single daily dose. Methadone pills are also available in a limited context (e.g., for travel). Currently, methadone is classified as a controlled drug in accordance with section 56 of the Controlled Drugs and Substances Act, requiring clinicians to hold an exemption from Health Canada in order to prescribe it for treatment of opioid use disorder or pain.

### OAT

Opioid Agonist Treatment

### PO

*Per os*, i.e., taken orally

### SL

Sublingual administration

### SROM

Slow-release oral morphine

### UDT

Urine Drug Testing

## PRECEPTOR CHECKLIST

A comprehensive patient history and assessment should be conducted prior to prescription of opioid agonist treatment, to ensure that such treatment is indicated and appropriate. The *Patient Assessment for Opioid Agonist Treatment Checklist* can be found on the online Resource Page at [www.bccsu.ca](http://www.bccsu.ca) and is summarized under “Initiation of OAT” on the following page.

Note to preceptees: Following is a list of required skills for prescribing OAT. You may wish to fill out this checklist with your preceptor throughout your training and review any unchecked boxes before the end of your preceptorship.

<b>Patient Assessment for Opioid Agonist Treatment Checklist</b>		✓
<b>Initiation of OAT</b>		
<b>Criteria for starting OAT:</b> document that the patient meets DSM-5 criteria for opioid use disorder; assess and document stage of change; create and document a treatment plan including patient goals; check PharmaNet to avoid duplication of prescriptions and drug interactions with current medications; document rationale for therapeutic choices (methadone vs. buprenorphine)		
<b>Full medical history:</b> psychiatric history, surgical history, medications, allergies, PharmaNet, review of systems, general review of health and any other health-related concerns		
<b>Substance use history:</b> type of drug, amount, route, age of first use, frequency of drug use, last use; withdrawal symptoms; overdose history; drug costs per day and source of money; document discussion regarding avoiding alcohol and respiratory depressants such as benzodiazepines		
Complete physical exam, including check for intoxication, withdrawal, track marks		
<b>Biopsychosocial assessment:</b> prior drug treatment (pharmacological, withdrawal management, residential treatment, support groups, counselling, relapse prevention); screen for process addiction such as sex, crime, spending, or gambling; legal history and current legal issues; financial concerns; employment history; family history; social/emotional supports; additional areas of concern for patient (e.g., sexual abuse, violence, child at risk, unsafe sex, other)		
<b>Laboratory assessment and examinations:</b> tests for CBC, electrolytes, urea, creatinine, INR, and albumin; HIV test; Hepatitis C test; liver function test; sexually transmitted infections screen; pregnancy test (if applicable); urine drug test confirming opioid use		
Contact with previous community OAT prescriber and/or family physician		
Informed consent (to obtain and document)		
Buprenorphine/naloxone as first-line OAT		
Other treatment options (methadone, SROM)		
<b>Harm reduction education, including:</b> the importance of using clean equipment (e.g. needles, syringes, pipes etc.), accessing supervised consumption sites, owning a take-home naloxone kit and training in proper use, performing test injections, and recommending use with a sober friend		
Women's health including contraception		
Considerations for pregnancy and adolescents		
On-demand access to addiction medicine specialist advice (RACE line) for any questions		
<b>Benefits of OAT</b>		
<i>* Note to new prescribers: review the following benefits of OAT with the patient</i>		
Reduced or discontinued injection opioid use		
Reduced or discontinued use of other psychoactive substances		
Improved mental and physical health		
Reduced involvement with the criminal justice system		
Improved living situation		
Improved social and personal relationships		
Improved vocational and employment opportunities		
<b>Prescribing</b>		
<b>Methadone</b>		
Initial dose		
Maintenance/goal dose		
Missed doses		
Writing prescriptions		
Co-prescribing benzodiazepines		

Safety: QTC, drug-drug interactions (e.g. CNS depressants, MAOIs, serotonergic drugs, naltrexone, antiretroviral medications,azole anti-fungal medications, antibiotics)	
<b>Buprenorphine/naloxone</b>	
Initial dose and induction	
Maintenance/goal dose	
Missed doses	
Writing prescriptions	
Co-prescribing benzodiazepines	
Safety: drug-drug interactions (alcohol, benzodiazepines, other CNS depressants, naltrexone, CYP3A4 inhibitors/inducers, MAOIs)	
<b>Slow-Release Oral Morphine (SROM)</b>	
Initial dose and induction	
Stabilization	
Missed doses	
Writing prescriptions	
Co-prescribing benzodiazepines	
Safety: drug-drug interactions (e.g., alcohol, CNS depressants, naltrexone, muscle relaxants, MAOIs, diuretics)	
<b>UDT</b>	
When to order UDT	
Collection frequency	
Collection procedure (random, supervised, witnessed)	
Interpreting UDT results	
<b>Psychosocial Treatment Intervention Groups (e.g. SMART Recovery, Seeking Safety)</b>	
Support	
Housing	
Recommend local resources	
<b>Strategies to Prevent Diversion/Carry Policy (Take-home Dosing)</b>	
Criteria for initiating carries	
Carry schedule	
Prescription for carries	
Exceptions to carry recommendation	
Reassessment of carry privileges	
<b>Billing</b>	
OAT Billing: T00039 <i>*Make it clear that if a physician wants to bill for an office visit separate from the T00039 billing code, they need to talk about medical issues other than opioid use disorder with the patient.</i>	
UDT Billing: P15039	
Billing for hospital visits unrelated to OAT	
<b>Precautions</b>	
Tapering patients off of OAT	
Withdrawal management alone is not advised	
Safety issues regarding concurrent alcohol and/or benzodiazepine use	
Review and sign treatment agreement and carry agreement	

## CASES

### Case #1 – Jill

#### Continuing on buprenorphine/naloxone - interview that is filmed

Jill has been a patient at your clinic for the past five years. Jill was initially stabilized on methadone, but made the transition to buprenorphine/naloxone one year ago. She comes into your clinic for a refill of her buprenorphine/naloxone prescription. At this clinical visit, she is being transitioned to take-home doses (witnessed once-weekly at the pharmacy) as she has now obtained stable housing.

*Please view the [video of Jill's clinical visit](#) at the end of Module 3 on the online course or read the transcription on p. 41 to answer the questions below. Note that the video of Jill's clinical visit is a short visit excerpt and does not show the breadth of patient education, guidance and shared decision-making that should take place at a clinical appointment, particularly where a patient is transitioning to take-home doses. When transitioning to take-home doses, the clinician should always weigh the advantages and potential risks with the individual in consideration of their history of clinical and social stability and factors that make daily witnessed dosing challenging. Additionally, the clinician should discuss ways to prevent diversion (e.g., random call-backs for pill counts, safe storage) with the patient.*

#### MARCH 2017

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

## Questions

1. What are some of the questions Jill's prescriber asks to find out about her substance use?

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2. How does Jill's doctor assess whether Jill is satisfied with and stable on her current dose?

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3. What are some of the reasons that Jill provides for wanting to continue her treatment with buprenorphine/naloxone? Why are these important for the treating clinician to be aware of?

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4. List three ways Jill's doctor extends support for social factors in Jill's life. Why is this an important component of care?

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ii) \_\_\_\_\_

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iii) \_\_\_\_\_

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5. Jill asks whether she might be able to eventually taper off buprenorphine/naloxone completely. What is the best way to approach this?

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6. Jill will be continued on buprenorphine/naloxone at a daily dose of 20mg, witnessed once weekly on Tuesdays. Using the blank BC Controlled Prescription Form below, write a new prescription for Jill for the next month.

B.C. CONTROLLED PRESCRIPTION FORM					
Take to pharmacy of choice.					
PLEASE PRINT					
PERSONAL HEALTH NO. 123456789			PRESCRIBING DATE		
			01 DAY	03 MONTH	17 YEAR
PATIENT NAME FIRST: Jill		INITIAL X	LAST Smith		
ADDRESS 123 45th St.					
CITY Any town		PROV. BC	DATE OF BIRTH		
			26 DAY	12 MONTH	82 YEAR
Rx - DRUG NAME AND STRENGTH			ONLY ONE Rx PER FORM		
<b>VOID if altered</b>					
NUMERIC		QUANTITY		ALPHA	
DIRECTIONS FOR USE					
VOID VOID VOID					
<b>NO REFILLS PERMITTED VOID AFTER 5 DAYS UNLESS PRESCRIPTION FOR METHADONE MAINTENANCE</b>			PRESCRIBER'S SIGNATURE		
					
Dr. Wendy Osler 543 21st St. Any town BC V2K 2B6			COLLEGE I.D. #		
			12345 67		
			FOLIO 12345678		
<b>PHARMACY USE ONLY</b>					
RECEIVED BY - PATIENT OR AGENT SIGNATURE			SIGNATURE OF DISPENSING PHARMACIST		
PHARMACY COPY - COPYING OR DUPLICATING THIS FORM IN ANY WAY CONSTITUTES AN OFFENSE PRESS HARD YOU ARE MAKING 2 COPIES PRINTED IN B.C.					

## Case #2 – Sunita

### Transitioning a patient who is stabilized on methadone to carry doses

You have been following Sunita for the past six months for her methadone maintenance treatment. She was initiated on methadone to treat severe opioid use disorder at your clinic. This is the first time she has been on opioid agonist treatment.

Six months ago, her dose was titrated up over eight weeks to 100mg *PO once daily DWI* (taken orally by daily witnessed ingestion). Since she has been stable on her dose for a few months, you start seeing her in the clinic once per month for assessment, including urine drug testing. Urine drug testing for the past three months was consistently negative for all substances, excluding methadone. For the past month, her dose has been maintained at 100mg *PO once daily DWI*.

She lives with her male partner and recently became employed at a bookstore. Since she has been on a stable dose for the past month and has expressed an interest in obtaining take-home (carry) doses so she is able to go work without going to the pharmacy first. You write her a prescription for 28 days, witnessed six times weekly with a carry dose for Sundays starting on Thursday, May 4.

### MAY 2017

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

## Questions

1. What are the benefits of transitioning a patient to take-home doses?

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2. What are some of the risks of take-home doses and what are some ways to mitigate these risks before starting the patient on take-home doses?

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3. Before starting Sunita's transition to carry doses, what should you look for, i.e., how would you assess her clinical stability? (Hint: for a review of eligibility criteria for carry doses, see [p. 54 of the Provincial Guideline](#))

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4. Is it best to transition Sunita to one carry dose per week? How might you respond if she requests more than 1 carry dose in her first week of carries?

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5. Sunita wants to eventually transition to carry-only doses. How would you facilitate this? (Hint: refer to [p. 54 of the Provincial Guideline](#) for guidance on number of carries)

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6. Part I: What is the total amount of methadone prescribed on this prescription (from start date to end date)? This number should be written in both numeric and alpha form under "Quantity". (Parts a-d below are optional and are intended to help you answer this question.)

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- a) What is the daily dose of methadone that Sunita is prescribed? \_\_\_\_\_ mg/day
- b) What are start and stop dates for the prescription?  
Start date: \_\_\_\_\_ Stop date: \_\_\_\_\_ (Note: You can use the calendar provided for reference)
- c) Given that Sunita is starting with one carry dose per week, what is the total number of carry doses that need to be prescribed for the month of May? \_\_\_\_\_ doses
- d) What is the total dose of methadone to be written on the prescription? \_\_\_\_\_ mg

Part II: What is the purpose of specifying the methadone dose in both numeric and alpha forms on the prescription?

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7. Why might the prescriber have chosen to start this prescription on a Thursday, rather than on a Monday?

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8. When would you schedule the patient's next visit? Urine drug test?

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9. What are some other ways to prevent diversion?

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10. Based on your responses to the guiding questions above, use the blank BC Methadone Maintenance Treatment Controlled Prescription Form to fill out a prescription for Sunita to bring to her community pharmacy.

Note: Circle DWI only if all doses are daily witnessed ingestion.  
 Circle CARRIES if any doses are prescribed as carry doses.

BC METHADONE MAINTENANCE TREATMENT CONTROLLED PRESCRIPTION PROGRAM FORM			
Take to pharmacy of choice.			
PLEASE PRINT			
PERSONAL HEALTH NO. 123456789		PRESCRIBING DATE 17 05 03 YEAR MONTH DAY	
PATIENT NAME	FIRST Sunita	INITIAL X	LAST Prasad
STREET 123 45th St.			
ADDRESS		CITY Any town	PROVINCE BC
		DATE OF BIRTH 82 12 26 YEAR MONTH DAY	
Rx: DRUG NAME AND STRENGTH	<b>METHADONE</b> <b>10 mg/ml</b>	DUE TO THE PATIENT'S IMMOBILITY, I CONFIRM DELIVERY IS REQUIRED. _____ PRESCRIBER'S SIGNATURE	
QUANTITY	NUMERIC mg	ALPHA	mg
DIRECTIONS FOR USE	<b>METHADONE</b> _____ mg/day	CIRCLE ONE DWI or CARRIES	SPECIFY NUMBER OF DAYS PER WEEK OF WITNESSED INGESTION IN PHARMACY NUMERIC ALPHA
START DAY: _____ YYYY MM DD		LAST DAY: _____ YYYY MM DD	
SPECIAL INSTRUCTIONS		PRESCRIBER'S SIGNATURE 	
PRESCRIBER'S INFORMATION Dr. Wendy Osler 543 21st St. Any town BC V2K 2B6		CPSID 12345 67	
		FOLIO 12345678	
PHARMACY USE ONLY			
RECEIVED BY: PATIENT OR AGENT SIGNATURE		SIGNATURE OF DISPENSING PHARMACIST	
PHARMACY COPY - COPYING OR DUPLICATING THIS FORM IN ANY WAY CONSTITUTES AN OFFENSE			
PRESS HARD YOU ARE MAKING 2 COPIES PRINTED IN BRITISH COLUMBIA			

## Case #3 – Emil

### Managing signs of clinical instability for a patient receiving take-home doses of methadone

Emil has been your methadone patient for the past two years. He had been stabilized on a daily dose of 80mg, with consistently negative urine drug tests for all substances, excluding methadone, for the past five months. He has been prescribed carries for the past two months and comes into the pharmacy twice per week for witnessed ingestion.

His most recent random urine drug test comes back positive for amphetamine, opioids, cocaine, and methadone. You call him into the office to adjust his prescription. He misses his appointment, scheduled for May 1, and comes into clinic on May 2.

### MAY 2017

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

## Questions

1. Identify two signs of clinical instability that are apparent in Emil's case.

- i) \_\_\_\_\_  
\_\_\_\_\_
- ii) \_\_\_\_\_  
\_\_\_\_\_

2. It may be helpful to find out why he Emil has returned to using illicit drugs. How would you frame a question about this at his next clinical visit? Why might this be important information to know?

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3. Urine drug test results indicating substance use and missed appointments are two signs of clinical instability. (a) What are some other signs of instability or diversion that you should check for, and (b) how should these be managed?

- a) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- b) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. In the following scenarios, should you continue Emil on his current dose of 80mg, lower it, or restart his methadone dose at 30mg? (Hint: Refer to [p. 39 of the Provincial Guideline](#) for information on missed doses.)

a) Scenario A: In conversation with Emil, it is unclear how much methadone Emil has been taking and why he has relapsed to illicit drug use.

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b) Scenario B: In conversation with Emil, he reports missing 1-2 consecutive days of his methadone dose.

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c) Scenario C: In conversation with Emil, he reports missing 5 or more doses of methadone on his last prescription.

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5. When should you schedule Emil's next clinical visit?

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6. If Emil wishes to transition back to carries as soon as possible, how would you approach this?

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7. Based on your responses to the guiding questions above, use the blank BC Methadone Maintenance Treatment Controlled Prescription Form below to fill out a prescription for Emil to bring to his community pharmacy.

Note: For this exercise, assume that it is unclear how much methadone Emil has been taking (as per Scenario A above), and you have decided to decrease Emil's dose to 50% of the dose (i.e., 40mg).

BC METHADONE MAINTENANCE TREATMENT CONTROLLED PRESCRIPTION PROGRAM FORM			
Take to pharmacy of choice.			
PLEASE PRINT			
PERSONAL HEALTH NO. 123456789		PRESCRIBING DATE 17 05 01 YEAR MONTH DAY	
PATIENT NAME	FIRST Emil	INITIAL X	LAST Schmidt
STREET 123 45th St.			
ADDRESS CITY Any town		PROVINCE BC	DATE OF BIRTH 82 12 26 YEAR MONTH DAY
Rx: DRUG NAME AND STRENGTH <b>METHADONE 10 mg/ml</b>	DUE TO THE PATIENT'S IMMOBILITY, I CONFIRM DELIVERY IS REQUIRED. _____ PRESCRIBER'S SIGNATURE		
QUANTITY	NUMERIC mg	ALPHA	mg
DIRECTIONS FOR USE	<b>METHADONE</b> _____ mg/day	CIRCLE ONE DWI OR CARRIES	START DAY: _____ LAST DAY: _____ YYYY MM DD YYYY MM DD SPECIFY NUMBER OF DAYS PER WEEK OF WITNESSED INGESTION IN PHARMACY NUMERIC ALPHA
SPECIAL INSTRUCTIONS	PRESCRIBER'S SIGNATURE 		
PRESCRIBER'S INFORMATION Dr. Wendy Osler 543 21st St. Any town BC V2K 2B6		CPSID 12345 67	
		FOLIO 12345678	
PHARMACY USE ONLY			
RECEIVED BY: PATIENT OR AGENT SIGNATURE		SIGNATURE OF DISPENSING PHARMACIST	
PHARMACY COPY - COPYING OR DUPLICATING THIS FORM IN ANY WAY CONSTITUTES AN OFFENSE			
PRESS HARD YOU ARE MAKING 2 COPIES PRINTED IN BRITISH COLUMBIA			

## Case #4 – Yuna

### Continuation of a stable daily witnessed methadone dose

Yuna comes into your clinic to refill her methadone prescription. She has been receiving treatment for opioid use disorder with methadone for five months. She has some ongoing intravenous cocaine use, but always uses a supervised consumption site. She has stopped injecting opioids completely and is happy at her methadone dose of 110mg. She had her last witnessed dose this morning (on May 4), just before her clinical visit.

#### MAY 2017

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

#### JUNE 2017

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

## Questions

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1. How can you determine when an effective stabilization dose for methadone has been reached?

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2. Does Yuna's current dose fall within the average stabilization dose for patients on methadone?

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3. Yuna has been stable on her methadone dose for several months now. Can you start transitioning her to take-home dosing? Why or why not?

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4. At what dose and for how long will you write Yuna's new prescription?

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5. When should you schedule her next clinical appointment?

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6. Based on your responses to the guiding questions above, use the blank BC Methadone Maintenance Treatment Controlled Prescription Form below to fill out a prescription for Yuna to bring to her community pharmacy.

BC METHADONE MAINTENANCE TREATMENT CONTROLLED PRESCRIPTION PROGRAM FORM			
Take to pharmacy of choice.			
PLEASE PRINT			
PERSONAL HEALTH NO. 123456789		PRESCRIBING DATE 17 05 04 YEAR MONTH DAY	
PATIENT NAME FIRST: Yuna INITIAL: X LAST: Kim	STREET: 123 45th St.		
ADDRESS CITY: Any town PROVINCE: BC	DATE OF BIRTH 82 12 26 YEAR MONTH DAY		
Rx: DRUG NAME AND STRENGTH <b>METHADONE</b> <b>10 mg/ml</b>	DUE TO THE PATIENT'S IMMOBILITY, I CONFIRM DELIVERY IS REQUIRED. _____ PRESCRIBER'S SIGNATURE		
QUANTITY	NUMERIC mg	ALPHA	mg
DIRECTIONS FOR USE <b>METHADONE</b> _____ mg/day	CIRCLE ONE DUI OR CARRIES	START DAY: _____ LAST DAY: _____ YYYY MM DD YYYY MM DD SPECIFY NUMBER OF DAYS PER WEEK OF WITNESSED INGESTION IN PHARMACY	
SPECIAL INSTRUCTIONS	PRESCRIBER'S SIGNATURE 		
PRESCRIBER'S INFORMATION Dr. Wendy Osler 543 21st St. Any town BC V2K 2B6	CPSID 12345 67		
FOLIO 12345678			
PHARMACY USE ONLY			
RECEIVED BY: PATIENT OR AGENT SIGNATURE		SIGNATURE OF DISPENSING PHARMACIST	
PHARMACY COPY - COPYING OR DUPLICATING THIS FORM IN ANY WAY CONSTITUTES AN OFFENSE			
PRESS HARD YOU ARE MAKING 2 COPIES PRINTED IN BRITISH COLUMBIA			

## Case # 5 – Andres

### Transitioning a patient on buprenorphine/naloxone to take-home dosing (carries)

Andres has been taking buprenorphine/naloxone for three weeks DWI at 18mg. He has just started a new term at the University of British Columbia and is living by himself in his own apartment. He is no longer using any illicit substances, and his urine drug screen in clinic is positive for buprenorphine/naloxone and negative for all other substances. He would like to start receiving take-home doses as he is returning to classes full-time.

In consultation with Andres, you decide to start him on a schedule of witnessed once-per-week, with the remainder as take-home doses. Andres expresses a preference for visiting the pharmacy on Sundays for witnessed ingestion, because he attends classes Monday to Friday and plans to start working a part-time retail job on Saturdays.

You want to see him again for a follow-up visit within four weeks. He has had his last dose today, Tuesday May 2, and this is the last dose on his current prescription.

### MAY 2017

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3*	4	5	6
7*	8	9	10	11	12	13
14*	15	16	17	18	19	20
21*	22	23	24	25	26	27
28	29	30	31			

## Questions

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1. Can you transition Andres to take-home dosing immediately? What eligibility criteria would you look for before deciding to transition Andres to take-home dosing?

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2. How would you weigh the benefits and risks of transitioning a patient to take-home dosing?

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3. Are there established protocols for take-home dosing of buprenorphine/naloxone? How do regulations vary in Canada and the United States?

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4. You need to write two scripts for Andres to bridge him to his new dosing schedule (DWI on Sundays). Write the (i) dosage, (ii) start and end dates, (iii) number of days, and (iv) instructions for DWI or carries for each of these prescriptions.

a) Prescription 1: \_\_\_\_\_

b) Prescription 2: \_\_\_\_\_

5. Why does Andres have to come in to the pharmacy on Sundays for witnessed ingestion?

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6. Andres finds it inconvenient to come into the pharmacy for witnessed dosing each Sunday. How could you address this issue?

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7. When should you schedule Andres's next visit?

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8. What special instructions should you include on the prescription?

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9. What are some other ways to prevent diversion?

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10. Based on your responses to the guiding questions above, use the blank BC Controlled Prescription Forms to fill out prescriptions for Andres to bring to his community pharmacy.

Prescription 1

B.C. CONTROLLED PRESCRIPTION FORM					
Take to pharmacy of choice.					
PLEASE PRINT					
PERSONAL HEALTH NO. 123456789			PRESCRIBING DATE		
			02 DAY	05 MONTH	17 YEAR
FIRST PATIENT NAME Andres		INITIAL X	LAST Garcia		
ADDRESS 123 45th St.					
CITY Any town		PROV. BC	DATE OF BIRTH		
			26 DAY	12 MONTH	82 YEAR
Rx - DRUG NAME AND STRENGTH			ONLY ONE Rx PER FORM		
<b>VOID if altered</b>					
NUMERIC		QUANTITY		ALPHA	
DIRECTIONS FOR USE					
VOID VOID VOID					
<b>NO REFILLS PERMITTED VOID AFTER 5 DAYS UNLESS PRESCRIPTION FOR METHADONE MAINTENANCE</b>			PRESCRIBER'S SIGNATURE		
					
Dr. Wendy Osler 543 21st St. Any town BC V2K 2B6			COLLEGE I.D. #		
			12345 67		
			FOLIO 12345678		
<b>PHARMACY USE ONLY</b>					
RECEIVED BY - PATIENT OR AGENT SIGNATURE			SIGNATURE OF DISPENSING PHARMACIST		
PHARMACY COPY - COPYING OR DUPLICATING THIS FORM IN ANY WAY CONSTITUTES AN OFFENSE <b>PRESS HARD</b> <b>YOU ARE MAKING 2 COPIES</b> PRINTED IN B.C.					

Prescription 2

B.C. CONTROLLED PRESCRIPTION FORM					
Take to pharmacy of choice.					
PLEASE PRINT					
PERSONAL HEALTH NO. 123456789			PRESCRIBING DATE 02 05 17 DAY MONTH YEAR		
PATIENT NAME FIRST: Andres		INITIAL X	LAST Garcia		
ADDRESS STREET: 123 45th St.					
CITY Any town		PROV. BC	DATE OF BIRTH 26 12 82 DAY MONTH YEAR		
Rx - DRUG NAME AND STRENGTH			ONLY ONE Rx PER FORM		
<b>VOID if altered</b>					
NUMERIC		QUANTITY		ALPHA	
DIRECTIONS FOR USE					
VOID VOID VOID					
<b>NO REFILLS PERMITTED VOID AFTER 5 DAYS UNLESS PRESCRIPTION FOR METHADONE MAINTENANCE</b>			PRESCRIBER'S SIGNATURE 		
			COLLEGE I.D. # 12345 67		
Dr. Wendy Osler 543 21st St. Any town BC V2K 2B6			FOLIO 12345678		
<b>PHARMACY USE ONLY</b>					
RECEIVED BY - PATIENT OR AGENT SIGNATURE			SIGNATURE OF DISPENSING PHARMACIST		
<b>PHARMACY COPY - COPYING OR DUPLICATING THIS FORM IN ANY WAY CONSTITUTES AN OFFENSE</b> <b>PRESS HARD</b> <b>YOU ARE MAKING 2 COPIES</b> PRINTED IN B.C.					

## Case #6 – Deja

### Writing a prescription for daily witnessed methadone for travel

Deja has been a patient at your clinic for the past three years. During this time, she has been receiving treatment with methadone at a stable dose of 125mg, witnessed daily at a pharmacy in Vancouver.

One clinical visit, she comes in to see you very upset as her aunt has passed away. She has to travel to Kelowna for her aunt's funeral and plans to spend three days there over the weekend of June 9 - 11. She will take her methadone at her usual pharmacy before leaving on the morning of June 9, and will return in time to receive her witnessed dose on June 12.

The last prescription you wrote for Deja ends on June 9. Deja needs two new methadone prescriptions: one for a pharmacy in Kelowna while she is travelling, and a new one to start when she returns for her regular prescription.

### JUNE 2017

Sunday	Monday	Tuesday	Wednes- day	Thursday	Friday	Saturday
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

### JULY 2017

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

## Questions

1. What should you do to ensure that Deja is able to receive her witnessed dose in the pharmacy in Kelowna?

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2. If Deja were not on a stable dose (i.e., her dose was still being titrated), how would you manage this scenario?

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3. What start and end date should be written on Deja's prescription for her stay in Kelowna?

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4. What start and end date could be written on Deja's prescription for after she returns from Kelowna? (Hint: the prescription for her stay in Kelowna and this second prescription should cover a combined total of 28 days [as per standard 28-day prescription]; avoid ending the prescription on a weekend.)

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5. If a patient on daily witnessed methadone is planning to travel to a remote area where they are not able to travel to a pharmacy on a regular basis, how would you handle this situation?

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6. Based on your responses to the guiding questions above, use the blank BC Methadone Maintenance Treatment Controlled Prescription Forms to fill out prescriptions for Deja to bring to the pharmacy in Kelowna.

Prescription 1

BC METHADONE MAINTENANCE TREATMENT CONTROLLED PRESCRIPTION PROGRAM FORM			
Take to pharmacy of choice.			
PLEASE PRINT			
PERSONAL HEALTH NO. 123456789		PRESCRIBING DATE 17 06 09 YEAR MONTH DAY	
PATIENT NAME FIRST: Deja INITIAL: X LAST: Smith	STREET: 123 45th St.		
ADDRESS CITY: Any town PROVINCE: BC	DATE OF BIRTH 82 12 26 YEAR MONTH DAY		
Rx: DRUG NAME AND STRENGTH <b>METHADONE</b> <b>10 mg/ml</b>	DUE TO THE PATIENT'S IMMOBILITY, I CONFIRM DELIVERY IS REQUIRED. _____ PRESCRIBER'S SIGNATURE		
QUANTITY NUMERIC: _____ ALPHA: _____ mg mg	START DAY: _____ LAST DAY: _____ YYYY MM DD YYYY MM DD		
DIRECTIONS FOR USE <b>METHADONE</b> _____ mg/day	CIRCLE ONE DWI OR CARRIES ▸ SPECIFY NUMBER OF DAYS PER WEEK OF WITNESSED INGESTION IN PHARMACY NUMERIC: _____ ALPHA: _____		
SPECIAL INSTRUCTIONS _____	PRESCRIBER'S SIGNATURE 		
PRESCRIBER'S INFORMATION Dr. Wendy Osler 543 21st St. Any town BC V2K 2B6	CPSID 12345 67		
		FOLIO 12345678	
PHARMACY USE ONLY			
RECEIVED BY: PATIENT OR AGENT SIGNATURE		SIGNATURE OF DISPENSING PHARMACIST	
PHARMACY COPY - COPYING OR DUPLICATING THIS FORM IN ANY WAY CONSTITUTES AN OFFENSE			
PRESS HARD YOU ARE MAKING 2 COPIES PRINTED IN BRITISH COLUMBIA			

Use the blank BC Methadone Maintenance Treatment Controlled Prescription Form below to fill out a prescription for Deja to bring to her community pharmacy.

Prescription 2

BC METHADONE MAINTENANCE TREATMENT CONTROLLED PRESCRIPTION PROGRAM FORM			
Take to pharmacy of choice.			
PLEASE PRINT			
PERSONAL HEALTH NO. 123456789		PRESCRIBING DATE 17 06 11 YEAR MONTH DAY	
PATIENT NAME FIRST: Deja INITIAL: X LAST: Smith	STREET: 123 45th St.		
ADDRESS CITY: Any town PROVINCE: BC	DATE OF BIRTH 82 12 26 YEAR MONTH DAY		
Rx: DRUG NAME AND STRENGTH <b>METHADONE</b> <b>10 mg/ml</b>	DUE TO THE PATIENT'S IMMOBILITY, I CONFIRM DELIVERY IS REQUIRED. _____ PRESCRIBER'S SIGNATURE		
QUANTITY	NUMERIC	ALPHA	mg
DIRECTIONS FOR USE	METHADONE _____ mg/day	CIRCLE ONE DWI OR CARRIES	SPECIFY NUMBER OF DAYS PER WEEK OF WITNESSED INGESTION IN PHARMACY NUMERIC: _____ ALPHA: _____
SPECIAL INSTRUCTIONS	PRESCRIBER'S SIGNATURE 		
PRESCRIBER'S INFORMATION Dr. Wendy Osler 543 21st St. Any town BC V2K 2B6	CPSID 12345 67		
		FOLIO 12345678	
PHARMACY USE ONLY			
RECEIVED BY: PATIENT OR AGENT SIGNATURE		SIGNATURE OF DISPENSING PHARMACIST	
PHARMACY COPY - COPYING OR DUPLICATING THIS FORM IN ANY WAY CONSTITUTES AN OFFENSE			
PRESS HARD YOU ARE MAKING 2 COPIES PRINTED IN BRITISH COLUMBIA			

## Case #7 – James

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### Slow-release oral morphine

*Note: This case is optional and is intended for health care providers who intend to prescribe slow-release oral morphine.*

James has been a patient at your clinic for the past two years, receiving treatment for severe opioid use disorder. He had been receiving daily witnessed methadone at a dose of up to 180mg PO, and had ongoing injection heroin use. He was then transitioned to buprenorphine/naloxone at a daily witnessed dose of 20mg SL for 3 months, and had ongoing injection heroin use.

James has overdosed on one occasion this past year, and is housed at one of the single room occupancy hotels in Vancouver's Downtown Eastside. He has also tested positive for hepatitis C, and would like to start treatment for hepatitis C. Today, he comes into your clinic feeling frustrated with his ongoing drug use, and tells you that he has not taken any oral medications for the past week. You suggest transitioning to slow-release oral morphine (SROM) to see if this will help mitigate his heroin cravings.

## Questions

1. What dose should you start James at?

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2. How often do you increase the dose?

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3. What should be the goal of stabilization?

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4. What instructions to the pharmacist for administration of slow-release oral morphine for OAT should be indicated on the prescription?

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5. What are some indications that treatment with slow-release oral morphine has been successful?

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6. What should you look for on in urine drug testing (UDT) to see if the treatment has been successful? How frequently should UDT be administered for patients on slow-release oral morphine?

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7. What would you do if the patient requests slow-release oral morphine for chronic pain and may not have a diagnosable opioid use disorder?

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## VIDEO TRANSCRIPT FOR CASE #1 – JILL

Hi, good morning!

Hey.

Hey Jill, how are you?

Yeah I'm fine, thanks.

Good, nice to see you.

Nice to see you too.

You're here for your Suboxone refill, right?

Yeah, I'm here to get that refill.

How was your month?

Good, I've been taking my prescription every day, so it's helping.

Any heroin use at all?

No, I've been clean - heroin, crack for a couple months now; since Feb 3rd.

Congratulations, that's lovely!

Thank you.

Are you thinking about the needle at all? Cravings?

No, no cravings at all... pretty good night's sleep. I'm not thinking about it at all.

And you'd been using a bit of alcohol in the past as well. Any Alcohol in the past month?

No, nothing at all, not a drop.

Congratulations, that's wonderful!

I had a look at your PharmaNet; you're on 20mg. It seems like probably 20mg is the right dose for you; do you think?

I think so. I'm not thinking about heroin, no cravings really, so I think that's probably good for me for now.

Ok, perfect. We can keep going with that.

And I see you got housing this month?

Yeah... I'm pretty excited... I have my own apartment. I got it pretty quickly – my own space to call home. And I have my own bathroom; it's a change, but it's nice.

Yeah, it can be hard to transition from being homeless to having a house again; it's an adjustment.

Yeah, it's a big step, but like I said, it's nice to have my own bathroom, and just to have a place to call home, and to feel safer.

Yes - and are you visiting with your daughter these days?

Yeah, my mother has her. But I get to see her once a week. Trying to save up some money to get her more often.

Are those the supervised visits that you're doing?

Yeah, just the supervised visits once a week.

And how is that?

It's just so hard. I mean, I do get to see her once a week, and that's nice and special, but then saying goodbye! I just wish she was around all the time. I just love her so much. It's hard to know she's with somebody else.

Let me know what I can do to support that process; I'd be happy to write a letter to the Ministry or give a ring to your Ministry worker as well. You let me know. Chat with the Ministry and see what would help; and I'm happy to support you in that process. Thank you.

Well, it's great that you're on Suboxone – because then I can put in a letter that you're on Suboxone, and we can talk about how your UDS's have been, and we can make a really strong case for you.

Actually, I have a question about that – is there a way I'll eventually get off Suboxone, or will I be on this forever?

Yeah for sure. You know, we don't know how long people have to stay on Suboxone, but the longer you're on it, generally the better for your health and for your safety. Your brain is healing right

now; you have used heroin for quite a few years, and your brain changes because of heroin use, and Suboxone is letting your brain heal and giving you a break. And also, right now in BC things are so scary with all of the overdoses, so we want to keep you protected. I would like you to stay on it for at least another year, but we can always reexamine and see how your life is going.

Ok, yeah.

Because you really want things together – a good amount of time away from heroin, and have things really sorted out with lots of supports.

Yeah, I just really want my daughter back, so if this will help ... I just want to feel good too, and have a normal life.

Oh yeah, totally – you want to be free of the grind. And have you been going to any support groups?

Yeah, I went to this “seeking safety” group. It’s really nice having people who understand what I went through, and really celebrating being clean. You know, I feel like this is a great accomplishment, and they all understand. It’s helpful to have some friends.

Awesome...that’s wonderful. And the other thing I wanted to chat about was smoking; how are the cigarettes going?

I’m still smoking like half a pack a day. I find it really relaxing ... I get cravings for that. Heroin’s out of my life, but this is a nice thing to have in my life to calm me down. I know it’s not good for me, but just a habit.

Have you thought about the patch or the pill? There are medications to help you quit smoking.

Yeah, maybe one day. I’m not ready yet. Right now, I’m just really focusing on staying away from harder drugs like heroin, and I feel like I need to keep smoking for just a bit longer.

Sure. Let me know; I’m always happy to talk about that, if you want some support to stop smoking.

OK

And for your other health – I see your pap is due next month, and you have a Mirena® IUD, yes? Is that going well?

Yes, I like it. I don’t have to worry about taking the pill everyday...that was annoying. And I don’t even notice [the IUD] there.

Ok, and then your HIV, Syphilis, and Hep C screenings are due next month – we can do the bloodwork here in the clinic. And your Hep A and B are up-to-date. Anything else you want to bring up today?

No, I just need that prescription filled.

I’ll write you another month, once a week witnessed at the pharmacy. See you then.

Thank you so much.

You’re welcome.

# DIVERSION AGREEMENT

By signing below, I understand it is my responsibility to take all reasonable steps to prevent harm to patients and the public from opioid agonist treatment medications. To this end, I endeavor to prescribe safely and to balance patient needs with public protection from the likely harms associated with misuse, non-medical use, or diversion of opioid agonist treatment medications.

I am committed to seeking opportunities for ongoing learning to maintain and improve my professional knowledge and skills related to prescribing opioid agonist treatment and to monitor patients appropriately. I am aware of existing resources, contacts and tools that I may use to assist me in making clinical decisions related to the treatment of individuals with opioid use disorders and commit to seeking out advice and assistance when needed.

Following the training I have received, I will provide safe, effective treatment and monitoring for patients with opioid use disorder. I will endeavor to reduce opportunities for misuse, non-medical use or diversion of opioid agonist treatment medications through safe prescribing practices.

\_\_\_\_\_  
Name, Prescriber

\_\_\_\_\_  
Signature, Prescriber

\_\_\_\_\_  
DD/MM/YYYY

\_\_\_\_\_  
Name, Witness  
(Clinical Preceptor)

\_\_\_\_\_  
Signature, Witness  
(Clinical Preceptor)

\_\_\_\_\_  
DD/MM/YYYY

*Please print this page and send a signed version to:  
education@cfenet.ubc.ca*



## RESOURCES

BCCSU Guideline for the Clinical Management of Opioid Use Disorder:

- Available at [www.bccsu.ca](http://www.bccsu.ca)

Provincial Opioid Addiction Treatment Support Program:

- Online Modules
- Resource Page
- Available at [www.bccsu.ca](http://www.bccsu.ca)

BCCSU Online Addiction Medicine Diploma:

- Register at [www.bccsu.ca](http://www.bccsu.ca)

Rapid Access to Consultative Expertise (RACE) Line:

- The RACE line allows primary care practitioners to rapidly connect with and receive treatment advice from a specialist, often eliminating the need for a face-to-face specialist consult or emergency department referral. To connect with an Addiction Medicine specialist, call the RACE line (604.682.2344) or download the RACE app at [www.raceconnect.ca/race-app](http://www.raceconnect.ca/race-app)
- Primary care physicians may be eligible to receive CME “Linking Learning to Practice” credit for using RACE in patient care.
- Visit [www.raceconnect.ca](http://www.raceconnect.ca) for more information on how to implement RACE in your practice.

**Questions? Contact [education@cfenet.ubc.ca](mailto:education@cfenet.ubc.ca)**

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