



# **PRECEPTORSHIP WORKBOOK:** **COMMUNITY SETTINGS**

## ABOUT THE BRITISH COLUMBIA CENTRE ON SUBSTANCE USE

The BC Centre on Substance Use (BCCSU) is a provincially-networked organization with a mandate to develop, help implement, and evaluate evidence-based approaches to substance use and addiction. The BCCSU seeks to improve the integration of best practices and care across the continuum of substance use through the collaborative development of evidence-based policies, guidelines, and standards. With the support of the Province of BC, the BCCSU aims to transform substance use policies and care by translating research into education and care guidance, thereby serving all British Columbians.

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.

**Research and Evaluation**—Leading an innovative multidisciplinary program of research, monitoring, evaluation and quality improvement activities to guide health system improvements in the area of substance use.

**Education and Training**—Strengthening addiction medicine education activities across disciplines, academic institutions, and health authorities, and training the next generation of interdisciplinary leaders in addiction medicine.

**Clinical Care Guidance**—Developing and helping implement evidence-based clinical practice guidelines, treatment pathways, and other practice support documents.

## DISCLAIMER FOR HEALTH CARE PROVIDERS

The recommendations and key takeaways from this workbook reflect the recommendations published by the BCCSU, the BC Ministry of Health, and the BC Ministry of Mental Health and Addictions in [\*A Guideline for the Clinical Management of Opioid Use Disorder \(2023\)\*](#). When exercising clinical judgement 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, cultural background, preferences, and values of people receiving care and their families, and in light of their duties to adhere to fundamental and universal principles and values, as outlined in 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) or the [\*British Columbia College of Nurses and Midwives\*](#) (BCCNM) and any other relevant governing bodies.

### Case studies and prescriptions

The case studies and prescriptions in this workbook are provided as learning examples only. Application of the recommendations presented both in this workbook and in [\*A Guideline for the Clinical Management of Opioid Use Disorder \(2023\)\*](#) do not override the responsibility of health care professionals to make decisions appropriate to the circumstances of each individual, in consultation with that person and, when appropriate, their guardian(s), family members, or external experts (e.g., specialty consultation).

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## WELCOME

Congratulations! You have completed the online modules in POATSP. This is the first step in becoming an opioid agonist treatment prescriber. This workbook is designed to help apply and consolidate your learning. The cases contained in this workbook provide an overview of commonly-encountered clinical scenarios and ask you to apply the skills and knowledge you have just gained in the online course.

## EDUCATION AND TRAINING PATHWAYS

The BCCSU education and training requirements for prescribing oral OAT in British Columbia include:



Online modules in POATSP



Preceptorship Workbook:  
Community Settings  
(this workbook)



8 hours of in-person  
preceptorship

Note: If you are a registered nurse (RN) or registered psychiatric nurse (RPN), you are currently accessing the incorrect workbook for your scope of practice.

Please email [bccsu\\_education@bccsu.ubc.ca](mailto:bccsu_education@bccsu.ubc.ca) to obtain the RN/RPN Prescribing Workbook.

### Process

1. Complete the required modules in the appropriate online **POATSP course stream** (8–10 hours)
2. Obtain a **POATSP Certification of Completion** in the online platform  
When accessing the certificate, instructions are provided to:
  - Schedule a **preceptorship**
  - Access this workbook
3. Schedule a **preceptorship**
  - Please review the preceptor contact sheet and directly communicate with a chosen preceptor to select mutually agreeable date(s)
4. Complete this workbook
5. Attend 8 hours of in-person preceptorship time
6. Complete any additional learning at the discretion of the preceptor
7. Sign the **Safe Prescribing Agreement**, ([page 55](#))
8. Complete the online **Preceptorship Form**, ([page 56](#))
  - An online survey tool to report that the preceptorship has been completed

Once these steps above are completed by the preceptee, the preceptor will need to:

9. Complete **Preceptor Review Evaluation** (sent via email to the selected preceptor)

The BCCSU will then issue a **Proof of Completion** letter to you via email. The next steps for ordering prescription pads are outlined in this letter.

## PRECEPTORSHIP GOALS

The goal of the POATSP preceptorship is to promote understanding and application of the educational components contained within the online platform. During the preceptorship, the completed workbook will be reviewed together with the preceptor.

In order to complete the preceptorship requirements, preceptees must have:

1. Completed the required online modules in the POATSP course stream.
2. Secured a preceptorship.
3. Report the scheduling of this preceptorship through the online **Preceptorship Form**.
4. Completed this workbook before the scheduled preceptorship.

### Role of preceptors

Preceptors must:

1. Review the workbook.
2. Ensure the **Safe Prescribing Agreement** is discussed and signed.
3. Complete the **Preceptor Review Evaluation** to provide an assessment and sign-off of the preceptees, based on competencies demonstrated and articulated through the preceptorship.



## GLOSSARY

### Buprenorphine/naloxone

A combination of buprenorphine and naloxone in a 4:1 ratio. Buprenorphine is a long-acting synthetic opioid that acts as a partial mu ( $\mu$ ) opioid receptor agonist, and naloxone is an opioid receptor antagonist. In Canada, buprenorphine/naloxone is available in two forms: a sublingual tablet, which is covered by PharmaCare, and a buccal film which is not currently covered in BC. Naloxone has poor oral bioavailability when swallowed or administered sublingually, and is included to deter injection and insufflation (snorting). When buprenorphine/naloxone is taken sublingually as directed, the naloxone component has negligible effects and the therapeutic effect of buprenorphine dominates.

### COWS

Clinical Opiate Withdrawal Scale

### DSM-5-TR

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision

### DWI

Daily witnessed ingestion

### Extended-release Buprenorphine

Extended-release buprenorphine is administered monthly via abdominal subcutaneous injection for the management of moderate to severe opioid use disorder. It is currently indicated for individuals who have been clinically stabilized on at least 8mg to 24mg of sublingual buprenorphine/naloxone for a minimum of 7 days.

### Low-dose induction

An induction strategy for buprenorphine/naloxone where the person receiving care is prescribed small initial doses (e.g., 0.5mg/0.125mg buprenorphine/naloxone), which are slowly up-titrated while the person continues using prescribed or unregulated opioids. The other opioids are abruptly stopped or tapered down once a therapeutic buprenorphine/naloxone dose is achieved. Low-dose inductions typically occur in community settings over a 5–10-day period; however, clinicians may use clinical judgment as to whether the person requires a longer or shorter low-dose induction period. The low-dose protocols provided in this workbook are given as examples of what is currently used in practice, and are subject to change as more information becomes available.

### Methadone

A long-acting synthetic opioid that acts as a full mu ( $\mu$ ) opioid receptor agonist. In Canada, it is most frequently administered as an oral solution. It has a half-life of approximately 24 to 96 hours and is well absorbed. Methadone tablets are also available in a limited context (e.g., for travel).

#### OAT

Opioid agonist treatment

#### OUD

Opioid use disorder

#### SL

Sublingual

#### Slow-release oral morphine (SROM)

A 24-hour formulation of morphine, a full agonist at the mu ( $\mu$ ) opioid receptor. It is taken orally once per day. It is available in Canada under the brand name Kadian and is provided in BC to treat opioid use disorder.

#### Traditional buprenorphine/naloxone induction

An induction strategy for buprenorphine/naloxone that requires a wash-out period of full agonists (whether prescribed or unregulated) and for the person receiving care to be in moderate withdrawal at the time of medication initiation, in order to prevent precipitated withdrawal. A traditional induction can be conducted in clinic or hospital setting or as a “home induction.”

#### UDT

Urine drug testing

## PRECEPTOR CHECKLIST

Assess the preceptee for their knowledge and ability in the sections below:

Checklist item	✓
<b>Prescriber approach</b>	
Obtaining feedback from the person receiving care	
Use of trauma- and violence-informed care	
Use of culturally safe, anti-racist, person-centered, and harm-reduction oriented care	
Continuity of care planning	
<b>Awareness of the potential benefits of OAT</b>	
Reduced or discontinued opioid use	
Reduced risk of drug poisoning and other drug-related harms	
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	
Connection with primary care	
<b>Assessment before prescribing OAT</b>	
<b>Past medical history</b>	
Review, if available	
<b>PharmaNet review</b>	
Access to the person's PharmaNet records	
Review for current prescription of OAT medications and medications with potential drug-drug interactions	
<b>Biopsychosocial assessment</b>	
Prior substance use treatment (pharmacotherapy, withdrawal management, bed-based or inpatient treatment, support groups, counselling, return to use prevention), legal history and current legal issues, source of income or financial concerns, employment history, family history, social and emotional supports, additional areas of concern for the individual (e.g., sexual abuse, violence, child at risk, high-risk sex)	
<b>Full medical history</b>	
Review medical history, including psychiatric history, surgical history, medications, past experience with OAT, allergies, systems, health in general, and any other health-related concerns	
<b>Physical exam</b>	
Check for intoxication, withdrawal, any signs of recent injection drug use	

<b>Harm reduction</b>	
Education on the importance of using sterile equipment (e.g., cookers, syringes, pipes), accessing supervised consumption and overdose prevention sites, take-home naloxone kit, using the <a href="#">Lifeguard app</a> or <a href="#">Brave app</a> , accessing drug checking services, performing a test dose, and recommending use with a person who is not using	
Discuss a safety plan to prevent drug poisoning and what to do if they return to use	
<b>Diagnose OUD</b>	
using the <a href="#">DSM-5-TR</a>	
<b>Substance use history</b>	
Type of substance, route of administration, age of first use, frequency of drug use and amount (in points and/or dollar value), last use, withdrawal symptoms, drug poisoning history, sedative use	
<b>Laboratory assessment and examinations</b>	
Performing a urine drug test	
Ordering liver enzyme tests (ALT, GGT, total bilirubin, albumin); renal function tests (creatinine and estimated glomerular filtration rate); complete blood count, international normalized ratio (INR); HIV test; hepatitis serology (B, C); sexually transmitted infection screen; pregnancy test, if applicable; ECG, if indicated	
<b>Reproductive health</b> , including contraception	
<b>Specific populations</b>	
Considerations for adolescents, individuals who are pregnant, and individuals with poor hepatic function	
<b>Coverage</b>	
PharmaCare coverage (or private insurance) for OAT	
Completing the Plan G form	
<b>Urine drug testing</b>	
Informed consent	
Practical strategies for incorporating person-centred care	
Planning UDTs (scheduled, supervised)	
Awareness of best practices of UDT—including non-punitive approaches to screening and understanding limitations of UDTs	
Review circumstances where urine drug testing may be indicated, and review suggested testing frequency	
Collection procedure	
Difference between immunoassay test and confirmatory lab testing	
Substances for inclusion	
Interpreting UDT results	
Managing unexpected results	
<b>Preparing to prescribe OAT</b>	
Writing prescriptions	
Safe storage of prescription pads	

<b>Prescribing OAT</b>	
<b>Buprenorphine/naloxone</b>	
Safety: Drug–drug interactions (e.g., naltrexone), comorbid conditions, alcohol or other sedative use	
Plan for induction— low-dose or traditional (office or home-based)	
Managing precipitated withdrawal	
Initial dosing recommendations	
Therapeutic dose (individually titrated up to the point of cessation of unregulated opioid use)	
Treatment plan (i.e., take-home doses, witnessed doses, or a combination)	
Missed doses	
Writing prescriptions Prescription length: Current practice is to write a prescription for at least 7 days depending on clinical context and stability. Encourage follow-up before the end date of the prescription for dose adjustments	
Monitoring and follow-up, including documenting response to medication	
<b>Methadone</b>	
Safety: QT prolongation, drug–drug interactions (e.g., naltrexone, medications with the potential to prolong the QT interval), comorbid conditions, alcohol or other sedative use	
Initial dosing recommendations	
Therapeutic dose (individually titrated up to the point of cessation of unregulated opioid use)	
Treatment plan (i.e., witnessed doses, take-home doses, or a combination)	
Missed doses	
Writing prescriptions Prescription length: Current practice is to write a prescription for at least 7 days depending on clinical context and stability. Encourage follow-up before the end date of the prescription for dose adjustments	
Monitoring and follow-up, including documenting response to medication	
<b>Slow-release oral morphine</b>	
Safety: Drug–drug interactions, comorbid conditions, alcohol or other sedative use	
Initial dosing recommendations	
Therapeutic dose (individually titrated up to the point of cessation of unregulated opioid use)	
Treatment plan (i.e., witnessed doses, take-home doses, or a combination)	
Missed doses	
Medication shortages	
Writing prescriptions Prescription length: Current practice is to write a prescription for at least 7 days depending on clinical context and stability. Encourage follow-up before the end date of the prescription for dose adjustments	
Monitoring and follow-up, including documenting response to medication	

<b>Strategies for safe prescribing</b>	
Review and sign Safe Prescribing Agreement ( <a href="#">page 65</a> of this workbook)	
Criteria for initiating take-home dosing, including secure storage of medication	
Take-home dosing schedule	
Prescription for take-home doses	
Monitoring take-home dosing	
Re-assessment of take-home dosing	
<b>Psychosocial and community connection</b>	
Community services and supports (e.g., access to social workers)	
Psychosocial treatment intervention groups (e.g., SMART Recovery, Seeking Safety)	
Peer-based support groups (e.g., 12-step facilitation programs)	
Support network	
Housing	
Recommended local resources	
<b>Communication and collaboration</b>	
Communicating with pharmacies	
Access to addiction medicine specialists ( <a href="#">24/7 Addiction Medicine Clinician Support Line</a> , <a href="#">RACEapp+</a> , hospital-based Addiction Medicine Consult Team, Rapid Access Addiction Clinic)	
Ensuring continuity of care planning (e.g., referral pathways)	
<b>Documentation</b>	
Patient meets the DSM-5-TR criteria for OUD	
Baseline assessment	
Discussion of avoiding alcohol and CNS depressants	
PharmaNet review	
Treatment plan, including individual goals and continuity of care	
Medication selection and rationale	
Medication prescribed, dose, indication, patient education	
Response to medication	
Length of prescription	
Follow-up plan	
Harm reduction and education	
Other relevant information for the care team	
Any other consultation or referral related to the patient's care	
<b>Precautions</b>	
Tapering patients off of OAT	
Withdrawal management alone is not advised	
Safety issues with concurrent sedative use (e.g., alcohol, benzodiazepines)	
<b>Billing<sup>1</sup></b>	
Assessment for OAT induction: 13013	
Opioid agonist treatment induction: 13014	
Opioid agonist treatment billing: 00039	
Urine drug testing billing: 15039	

<sup>1</sup> These billing codes are specific to family physicians

## CASES

This workbook contains 9 case studies focused on individuals receiving or seeking treatment with OAT medications. Each case has a brief description followed by guiding questions, which are designed to guide reflection on the clinical scenario presented and how to provide care to the person including, when appropriate, writing a prescription.

Please note that these case scenarios were created to represent a wide variety of clinical scenarios and are for illustrative purposes only. They do not represent real people. Completion of this workbook is intended as a learning exercise. If you have any questions or require clarification while reviewing these cases, please reach out to your preceptor for guidance.

## Case 1: Jorge

### Low-dose buprenorphine/naloxone induction

**Clinic Date:** September 20, 2023

Jorge, a 25-year-old man, is new to your clinic. He tells you that he has been using fentanyl daily for over a year. He lives alone and is preparing to start university. After conducting a diagnostic interview using the DSM-5-TR, you determine that he meets the criteria for opioid use disorder.

In his visit today, he states that he would like to stop using unregulated opioids as he “wants to get his life back on track” and start treatment immediately. He expresses interest in starting opioid agonist treatment, but worries that having to go to the pharmacy every day will be challenging while he is studying. You discuss all of the oral OAT options, including the fact that buprenorphine/naloxone can often be offered as take-home doses immediately.

Jorge tells you that he is interested in trying buprenorphine/naloxone, but he expresses concern about the induction process, as a friend told him he would have to go into withdrawal when beginning buprenorphine/naloxone.

**Name:** Jorge A Romero

**Date of birth:** September 15, 1998

**Personal health number:** 9123 456 789

**Address:** 123 Main Street, Victoria, BC



## Case 1: Questions

**1. Is Jorge a good candidate for buprenorphine/naloxone? Why or why not?**

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**2. What assessments should be performed before initiating buprenorphine/naloxone?**

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You discuss with Jorge his concerns about buprenorphine/naloxone inductions and he further explains that he does not want to experience opioid withdrawal. He says that he “has heard that the induction process can cause withdrawal.”

**3. How would you approach a discussion about the induction methods for buprenorphine/naloxone? (Hint: What are the methods for a buprenorphine/naloxone induction)**

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**4. During a traditional buprenorphine/naloxone induction, how can the risk of precipitated withdrawal be minimized?**

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After discussing the buprenorphine/naloxone induction methods, Jorge would like to proceed with a low-dose buprenorphine/naloxone induction.

**5. In what settings can a low-dose buprenorphine/naloxone induction occur?**

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**6. What could you prescribe to help reduce Jorge's reliance on the unregulated drug supply?**

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**7. What instructions should you give Jorge about how to take the buprenorphine/naloxone tablet?**

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**8. What harm reduction should be offered for Jorge?**

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**9. What follow up is required during a low-dose induction? When should Jorge's next follow up appointment be scheduled?**

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**10. Complete the Controlled Prescription Program Form for a low dose buprenorphine/naloxone induction starting on September 19, 2023. Use the following guiding questions to help complete the prescription.**

What strength of buprenorphine/naloxone should be prescribed?

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How many days are required for a low-dose induction?

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Does a low-dose induction require witnessed ingestion?

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What instructions should be included in the directions for use field?

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Should the medication be packaged in a particular way?

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## SEPTEMBER 2023

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
					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

-----BC CONTROLLED PRESCRIPTION FORM-----

PERSONAL HEALTH NO.			PRESCRIBING DATE		
			DAY	MONTH	YEAR
PATIENT NAME      FIRST (GIVEN)      MIDDLE INITIAL      LAST (SURNAME)					
PATIENT ADDRESS      CITY      PROVINCE      DATE OF BIRTH					
			DAY	MONTH	YEAR
Rx DRUG NAME AND STRENGTH      ONLY ONE DRUG PER FORM      VOID IF ALTERED					
QUANTIT (IN UNITS)					
NUMERIC			ALPHA		
<b>THIS AREA MUST BE COMPLETED IN FULL FOR OPIOID AGONIST TREATMENT (OAT)</b>					
START DATE:      DAY      MONTH      YEAR			END DATE:      DAY      MONTH      YEAR		
TOTAL DAILY DOSE			NUMBER OF DAYS PER WEEK OF DAILY WITNESSED INGESTION		
NUMERIC		ALPHA		mg/day	
NUMERIC		ALPHA			
<input type="checkbox"/> NOT AUTHORIZED FOR DELIVERY					
DIRECTION FOR USE, INDICATION FOR THERAPY, OR SPECIAL INSTRUCTIONS					
<b>NO REFILLS PERMITTED</b>			PRESCRIBER SIGNATURE		
<b>VOID AFTER 5 DAYS</b> <small>UNLESS PRESCRIPTION IS FOR OAT</small>					
PRESCRIBER'S CONTACT INFORMATION				PRESCRIBER ID	
				FOLIO	
<b>PHARMACIST USE ONLY</b>					
RECEIVED BY: PATIENT OR AGENT SIGNATURE			SIGNATURE OF DISPENSING PHARMACIST		

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## Case 2: Jorge, Continued

### Take-home buprenorphine/naloxone doses

**Clinic date:** October 6, 2023

Jorge reaches a therapeutic dose of 32mg/8mg buprenorphine/naloxone. During today's clinical visit, he tells you that he would like to continue with take-home buprenorphine/naloxone doses for his ongoing prescription. He shares with you that he has not had any cravings or withdrawal symptoms since stabilizing on 32mg/8mg buprenorphine/naloxone and he is no longer using fentanyl. You ask Jorge a few more questions and determine that he is clinically and psychosocially stable and confirm that he still has secure storage for his medication.

**Name:** Jorge A Romero

**Date of birth:** September 15, 1998

**Personal health number:** 9123 456 789

**Address:** 123 Main Street, Victoria, BC

Case 2: Questions

**1. Is Jorge eligible for take-home buprenorphine/naloxone doses? What are the eligibility criteria?**

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**2. Before prescribing take-home buprenorphine/naloxone doses, what should be discussed with Jorge?**

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**3. What take-home dosing schedule would be appropriate for Jorge?**

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**4. Complete the Controlled Prescription Program Form for take-home buprenorphine/naloxone starting on October 6, 2023. Use the guiding questions to help complete the prescription.**

What strength of buprenorphine/naloxone should be prescribed?

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How many days of witnessed ingestion are required?

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When should doses be dispensed?

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October 2023

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
						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					

## -----BC CONTROLLED PRESCRIPTION FORM-----

PERSONAL HEALTH NO.			PRESCRIBING DATE DAY MONTH YEAR		
PATIENT NAME FIRST (GIVEN) MIDDLE INITIAL LAST (SURNAME)					
PATIENT ADDRESS CITY PROVINCE			DATE OF BIRTH DAY MONTH YEAR		
Rx DRUG NAME AND STRENGTH ONLY ONE DRUG PER FORM			VOID IF ALTERED		
QUANTIT (IN UNITS) NUMERIC ALPHA					
THIS AREA MUST BE COMPLETED IN FULL FOR OPIOID AGONIST TREATMENT (OAT)					
START DATE: DAY MONTH YEAR			END DATE: DAY MONTH YEAR		
TOTAL DAILY DOSE NUMERIC ALPHA mg/day			NUMBER OF DAYS PER WEEK OF DAILY WITNESSED INGESTION NUMERIC ALPHA		
<input type="checkbox"/> NOT AUTHORIZED FOR DELIVERY					
DIRECTION FOR USE, INDICATION FOR THERAPY, OR SPECIAL INSTRUCTIONS					
NO REFILLS PERMITTED VOID AFTER 5 DAYS UNLESS PRESCRIPTION IS FOR OAT			PRESCRIBER SIGNATURE		
PRESCRIBER'S CONTACT INFORMATION			PRESCRIBER ID		
			FOLIO		
PHARMACIST USE ONLY					
RECEIVED BY: PATIENT OR AGENT SIGNATURE			SIGNATURE OF DISPENSING PHARMACIST		

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### Case 3: Yuna

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#### Continuation of a stable daily witnessed methadone dose

**Clinic date:** September 1, 2023

Yuna, a 52-year-old woman, comes into your clinic to refill her methadone prescription.

Yuna has been receiving methadone treatment for opioid use disorder for five months. She reports occasional ongoing cocaine use and always uses a supervised consumption site. She reports feeling good at 110mg methadone once daily, with no cravings or withdrawal symptoms. Yuna has been experiencing homelessness since the single room occupancy hotel she had lived in was destroyed in a fire one month ago. Her last witnessed dose was this morning, just before her clinical visit.

**Name:** Yuna K Zhao

**Date of birth:** December 23, 1970

**Personal health number:** 9123 456 789

**Address:** 123 Main Street, Victoria, BC



## Case 3: Questions

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**1. Clinically, how can you determine when an effective methadone stabilization dose has been reached?**

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**2. Would you start transitioning Yuna to take-home dosing? Why or why not?**

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**3. Should any changes in Yuna's treatment plan be made for her ongoing cocaine use?**

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**4. Before writing the methadone prescription, what should be reviewed?**

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**5. When should you schedule Yuna's next clinical appointment?**

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**6. What should be included as part of Yuna’s continuing care?**

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**7. What are some ways you can support engagement with Yuna to encourage her to return for a continuing care visit?**

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**8. Complete the Controlled Prescription Program Form for Yuna to bring to her community pharmacy. Use the guiding questions to help complete the prescription.**

What is Yuna’s methadone dosage?

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How long should the prescription be written for?

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How many days per week is daily witnessed ingestion required?

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What instructions should be included in the directions for use field?

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## SEPTEMBER 2023

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
				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	

-----BC CONTROLLED PRESCRIPTION FORM-----

PERSONAL HEALTH NO.			PRESCRIBING DATE		
			DAY	MONTH	YEAR
PATIENT NAME FIRST (GIVEN) MIDDLE INITIAL LAST (SURNAME)					
PATIENT ADDRESS CITY PROVINCE DATE OF BIRTH DAY MONTH YEAR					
Rx DRUG NAME AND STRENGTH ONLY ONE DRUG PER FORM VOID IF ALTERED					
QUANTIT (IN UNITS) NUMERIC ALPHA					
<b>THIS AREA MUST BE COMPLETED IN FULL FOR OPIOID AGONIST TREATMENT (OAT)</b>					
START DATE: DAY MONTH YEAR			END DATE: DAY MONTH YEAR		
TOTAL DAILY DOSE NUMERIC ALPHA mg/day			NUMBER OF DAYS PER WEEK OF DAILY WITNESSED INGESTION NUMERIC ALPHA		
<input type="checkbox"/> NOT AUTHORIZED FOR DELIVERY					
DIRECTION FOR USE, INDICATION FOR THERAPY, OR SPECIAL INSTRUCTIONS					
<b>NO REFILLS PERMITTED</b>			PRESCRIBER SIGNATURE		
<b>VOID AFTER 5 DAYS</b> <small>UNLESS PRESCRIPTION IS FOR OAT</small>			PRESCRIBER ID		
PRESCRIBER'S CONTACT INFORMATION			FOLIO		
<b>PHARMACIST USE ONLY</b>					
RECEIVED BY: PATIENT OR AGENT SIGNATURE			SIGNATURE OF DISPENSING PHARMACIST		

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## Case 4: Sunita

### Transitioning a person who is stabilized on methadone to take-home doses

**Clinic date:** September 1, 2023

Sunita, a 46-year-old woman, initiated methadone treatment for severe opioid use disorder 6 months ago at your clinic. This was the first time she had been on opioid agonist treatment. You up-titrated Sunita's dose over a period of 8 weeks to 100mg methadone once daily, daily witnessed ingestion.

Since Sunita was stabilized on methadone, you see her in clinic once per month for assessment. For the past 3 months, Sunita's UDTs have been consistently positive for methadone, negative for opiates, fentanyl, amphetamines, and cocaine. Sunita lives with her partner and has recently started a job at a bookstore.

In today's appointment, Sunita expresses an interest in take-home methadone doses so that she is able to go work without going to the pharmacy first.

**Name:** Sunita R Mukherjeeç  
**Date of birth:** July 14, 1977  
**Personal health number:** 9123 456 789  
**Address:** 123 Main Street, Victoria, BC

## Case 4: Questions

## 1. What are the benefits of take-home methadone doses?

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## 2. What are the safety risks of take-home methadone doses?

This image shows a blank sheet of white paper with horizontal blue or grey ruling lines, typical of notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

### 3. Should Sunita be considered for take-home methadone doses? Why or why not?

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#### 4. What individual criteria should be met prior to prescribing take-home doses?

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**5. What substances are recommended for inclusion when performing a UDT for all individuals prescribed OAT?**

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**6. What take-home dose schedule would you suggest for Sunita?**

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**7. Sunita mentions that she would like to transition to take-home doses only. How should you respond to this? How can you facilitate this?**

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**8. How should Sunita's take-home doses be monitored and when should her next visit be?**

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You write Sunita a prescription for 28 days, with witnessed ingestion six days a week and one take-home dose for Sundays starting from Friday, September 1.

**9. Complete the Controlled Program Form for Sunita's methadone treatment. Use the guiding questions to help complete the prescription.**

What daily methadone dose is Sunita prescribed?

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What are the start and end dates of the prescription?

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What is the total dose of methadone to be written on the prescription?

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How many days per week are Sunita's methadone doses witnessed?

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What day should Sunita's take-home dose be dispensed?

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## SEPTEMBER 2023

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
				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	

## -----BC CONTROLLED PRESCRIPTION FORM-----

PERSONAL HEALTH NO.			PRESCRIBING DATE		
			DAY	MONTH	YEAR
PATIENT NAME	FIRST (GIVEN)	MIDDLE INITIAL	LAST (SURNAME)		
PATIENT ADDRESS					
CITY		PROVINCE		DATE OF BIRTH	
				DAY	MONTH
				YEAR	
Rx DRUG NAME AND STRENGTH		ONLY ONE DRUG PER FORM		VOID IF ALTERED	
QUANTIT (IN UNITS)					
NUMERIC		ALPHA			
THIS AREA MUST BE COMPLETED IN FULL FOR OPIOID AGONIST TREATMENT (OAT)					
START DATE:			END DATE:		
DAY		MONTH	YEAR	DAY	
				MONTH	
				YEAR	
TOTAL DAILY DOSE			NUMBER OF DAYS PER WEEK OF DAILY WITNESSED INGESTION		
NUMERIC		ALPHA	mg/day	ALPHA	
NUMERIC		ALPHA			
<input type="checkbox"/> NOT AUTHORIZED FOR DELIVERY					
DIRECTION FOR USE, INDICATION FOR THERAPY, OR SPECIAL INSTRUCTIONS					
NO REFILLS PERMITTED			PRESCRIBER SIGNATURE		
VOID AFTER 5 DAYS UNLESS PRESCRIPTION IS FOR OAT					
PRESCRIBER'S CONTACT INFORMATION				PRESCRIBER ID	
				FOLIO	
PHARMACIST USE ONLY					
RECEIVED BY: PATIENT OR AGENT SIGNATURE			SIGNATURE OF DISPENSING PHARMACIST		

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## Case 5: Emil

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

**Clinic date:** May 5, 2023

Emil, a 25-year-old non-binary person who uses they/them pronouns, has been seeing you for the past two years. They were stabilized on 80mg methadone once daily. Their UDT results have been as expected (i.e., positive for methadone and negative for other substances) consistently for the past 5 months. Emil has been increasing their take-home methadone doses per week for the past month. They currently receive 2 non-consecutive take-home doses of methadone per week.

You call Emil into the office for an appointment because you have been notified by Emil's pharmacist that they have missed 4 consecutive doses of methadone and their prescription has been cancelled. This is the first time that Emil has missed methadone doses.

**Name:** Emil L Khan

**Date of birth:** December 15, 1997

**Personal health number:** 9123 456 789

**Address:** 123 Main Street, Victoria, BC

## Case 5: Questions

**1. What signs suggest that Emil requires a follow-up and reassessment?**

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**2. What are some other signs for follow-up and reassessment?**

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**3. How would you frame a discussion about Emil's missed doses? Why is it important to discuss this?**

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**4. What information should you ascertain from a discussion with Emil about their missed doses?**

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**5. How would you proceed in each of the following scenarios?**

**Scenario A: They have missed 1–3 consecutive days of methadone.**

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**Scenario B: They have missed 4 or more consecutive doses of methadone.**

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**Scenario C: They have missed 5 or more consecutive doses of methadone.**

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Emil is not sure how many doses they have missed but they would like to continue methadone treatment. You check PharmaNet and confirm Emil has missed 4 consecutive days of methadone doses. You explain to Emil that they would need to be restarted at 50% of previous dose or at 30–40mg, whichever is higher.

**6. Through your discussion with Emil, they explain to you that the missed doses were due to temporary life circumstances that prevented them from going to the pharmacy, and that they wish to transition back to take-home doses as soon as possible. How do you approach this?**

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**7. Complete the Controlled Prescription Program form for Scenario B, where you decrease Emil's dose to 50% of the original dose. Use the guiding questions to help complete the prescription.**

What is Emil's new dose?

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How many days should the prescription be written for?

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How many days per week is daily witnessed ingestion required?

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What instructions should be included in the directions for use field?

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MAY 2023

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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				

## -----BC CONTROLLED PRESCRIPTION FORM-----

PERSONAL HEALTH NO.			PRESCRIBING DATE		
			DAY	MONTH	YEAR
PATIENT NAME			FIRST (GIVEN) MIDDLE INITIAL LAST (SURNAME)		
PATIENT ADDRESS			CITY PROVINCE DATE OF BIRTH		
			DAY	MONTH	YEAR
Rx DRUG NAME AND STRENGTH			ONLY ONE DRUG PER FORM VOID IF ALTERED		
QUANTIT (IN UNITS)					
NUMERIC			ALPHA		
THIS AREA MUST BE COMPLETED IN FULL FOR OPIOID AGONIST TREATMENT (OAT)					
START DATE:			END DATE:		
DAY MONTH YEAR			DAY MONTH YEAR		
TOTAL DAILY DOSE			NUMBER OF DAYS PER WEEK OF DAILY WITNESSED INGESTION		
NUMERIC ALPHA mg/day			NUMERIC ALPHA		
<input type="checkbox"/> NOT AUTHORIZED FOR DELIVERY					
DIRECTION FOR USE, INDICATION FOR THERAPY, OR SPECIAL INSTRUCTIONS					
NO REFILLS PERMITTED			PRESCRIBER SIGNATURE		
VOID AFTER 5 DAYS UNLESS PRESCRIPTION IS FOR OAT					
PRESCRIBER'S CONTACT INFORMATION			PRESCRIBER ID		
			FOLIO		
PHARMACIST USE ONLY					
RECEIVED BY: PATIENT OR AGENT SIGNATURE			SIGNATURE OF DISPENSING PHARMACIST		

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## Case 6: Deja

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

**Clinic date:** August 4, 2023

Deja, a 46-year-old woman, has attended your clinic for the past four months. She has been stable on 125mg methadone, daily witnessed ingestion, for two months.

Deja attends clinic today very upset as her aunt has suddenly passed away. She has to travel to Kelowna for the funeral and plans to spend three days there over the weekend of August 5–6. She will take her methadone at her usual pharmacy before leaving on the morning of August 4, and she will return in time to receive her witnessed dose on August 7.

The last prescription you wrote for Deja ends on Friday, August 6. Deja needs two new methadone prescriptions: one for a pharmacy in Kelowna (August 5–6) while she is travelling, and one for when she returns home (August 7).

**Name:** Deja K Smith

**Date of birth:** March 21, 1977

**Personal health number:** 9123 456 789

**Address:** 123 Main Street, Victoria, BC

## Case 6: Questions

**1. What preparations should be made to ensure that Deja is able to receive her witnessed dose in the pharmacy in Kelowna?**

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**2. If Deja was travelling to a remote location that was a few hours away from a pharmacy, what possible approaches would ensure Deja has access to her methadone treatment?**

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Deja will be able to access a pharmacy while she is in Kelowna.

**3. Complete the Controlled Prescription Program form for Deja to bring to the pharmacy in Kelowna. Use the guiding questions to help complete the prescription.**

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

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How many days witnessed ingestion should be specified?

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## AUGUST 2023

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	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			

## -----BC CONTROLLED PRESCRIPTION FORM-----

PERSONAL HEALTH NO.			PRESCRIBING DATE DAY MONTH YEAR		
PATIENT NAME FIRST (GIVEN) MIDDLE INITIAL LAST (SURNAME)					
PATIENT ADDRESS CITY PROVINCE			DATE OF BIRTH DAY MONTH YEAR		
Rx DRUG NAME AND STRENGTH			ONLY ONE DRUG PER FORM		
			VOID IF ALTERED		
QUANTIT (IN UNITS) NUMERIC ALPHA					
THIS AREA MUST BE COMPLETED IN FULL FOR OPIOID AGONIST TREATMENT (OAT)					
START DATE: DAY MONTH YEAR			END DATE: DAY MONTH YEAR		
TOTAL DAILY DOSE NUMERIC ALPHA mg/day			NUMBER OF DAYS PER WEEK OF DAILY WITNESSED INGESTION NUMERIC ALPHA		
<input type="checkbox"/> NOT AUTHORIZED FOR DELIVERY					
DIRECTION FOR USE, INDICATION FOR THERAPY, OR SPECIAL INSTRUCTIONS					
NO REFILLS PERMITTED VOID AFTER 5 DAYS UNLESS PRESCRIPTION IS FOR OAT			PRESCRIBER SIGNATURE		
PRESCRIBER'S CONTACT INFORMATION			PRESCRIBER ID		
			FOLIO		
PHARMACIST USE ONLY					
RECEIVED BY: PATIENT OR AGENT SIGNATURE			SIGNATURE OF DISPENSING PHARMACIST		

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## Case 7: Ahmad

### Initiating slow-release oral morphine

**Clinic date:** September 6, 2023

Ahmad is a 39-year-old man with severe opioid use disorder. For the past 5 months, he has been prescribed 180mg methadone, daily witnessed ingestion. Ahmad continues to experience cravings and uses unregulated opioids to manage them. During this time, Ahmad experienced a drug poisoning. Ahmad lives in a single room occupancy hotel in Victoria.

Today, Ahmad attends clinic feeling frustrated with his ongoing drug use, and tells you that he has not taken methadone for the past three weeks. He has been using fentanyl every day, multiple times a day.

You discuss with Ahmad his goals for treatment and he states that he wants to completely stop using unregulated opioids, particularly following his recent drug poisoning event.

**Name:** Ahmad N Legi

**Date of birth:** August 24, 1984

**Personal health number:** 9123 456 789

**Address:** 123 Main Street, Victoria, BC



## Case 7: Questions

**1. What changes to the treatment plan can support Ahmad's goal of stopping unregulated opioid use?**

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**2. What impacts the choice of OAT?**

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You discuss alternative OAT medication options with Ahmad.

Ahmad does not think that buprenorphine/naloxone will manage his cravings and he does not want to resume methadone. He tells you that he is interested in initiating SROM. After reviewing his medical history, you determine that he does not have any contraindications to SROM.

**3. Why is SROM an appropriate option for Ahmad?**

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**4. What dosing schedule should be used for initiating Ahmad on SROM**

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**5. What factors determine the titration rate of SROM?**

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**6. If Ahmad prefers to open and sprinkle SROM capsules, what instructions should be included on the prescription?**

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**7. Complete the Controlled Prescription Program form for initiating SROM. Use the guiding questions to help complete the prescription.**

How many days should the prescription be written for?

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How many days should be specified for daily witnessed ingestion?

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What instructions should be written in directions for use field?

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## SEPTEMBER 2023

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
				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	

### -----BC CONTROLLED PRESCRIPTION FORM-----

PERSONAL HEALTH NO.			PRESCRIBING DATE		
			DAY	MONTH	YEAR
PATIENT NAME <small>FIRST (GIVEN)                      MIDDLE INITIAL                      LAST (SURNAME)</small>					
PATIENT ADDRESS    CITY                      PROVINCE                      DATE OF BIRTH					
			DAY	MONTH	YEAR
Rx DRUG NAME AND STRENGTH			ONLY ONE DRUG PER FORM		
VOID IF ALTERED					
QUANTIT (IN UNITS)					
NUMERIC			ALPHA		
<b>THIS AREA MUST BE COMPLETED IN FULL FOR OPIOID AGONIST TREATMENT (OAT)</b>					
START DATE:			END DATE:		
DAY    MONTH    YEAR			DAY    MONTH    YEAR		
TOTAL DAILY DOSE			NUMBER OF DAYS PER WEEK OF DAILY WITNESSED INGESTION		
NUMERIC		ALPHA    mg/day		NUMERIC    ALPHA	
<input type="checkbox"/> NOT AUTHORIZED FOR DELIVERY					
DIRECTION FOR USE, INDICATION FOR THERAPY, OR SPECIAL INSTRUCTIONS					
<b>NO REFILLS PERMITTED</b>			PRESCRIBER SIGNATURE		
<b>VOID AFTER 5 DAYS</b> <small>UNLESS PRESCRIPTION IS FOR OAT</small>					
PRESCRIBER'S CONTACT INFORMATION				PRESCRIBER ID	
				FOLIO	
<b>PHARMACIST USE ONLY</b>					
RECEIVED BY: PATIENT OR AGENT SIGNATURE			SIGNATURE OF DISPENSING PHARMACIST		

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Over the next 2 weeks, you continue to up-titrate Ahmad's SROM dose. Ahmad is stabilized at 1,300mg SROM, once-daily.

**8. What tests should be performed to monitor SROM treatment? How frequently should this take place?**

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**9. There is a medication shortage for SROM. How should you proceed with Ahmad's treatment?**

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## Case 8: Adebiyi

### Slow-release oral morphine restart

**Clinic date:** June 6, 2023

Adebiyi, a 45-year-old man, has been coming to your clinic for 8 months. He was initially prescribed a starting dose of 200mg SROM and he is currently prescribed 900mg SROM once daily with witnessed ingestion.

When he attends clinic today, he tells you that he has missed several doses of SROM. He thinks he has missed 5–6 doses, but is not sure exactly how many.

**Name:** Adebiyi K Evans

**Date of birth:** June 16, 1977

**Personal health number:** 9123 456 789

**Address:** 123 Main Street, Victoria, BC

## Case 8: Questions

### 1. How can you check how many days Adebiyi has missed treatment?

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Adebiyi shares that he missed doses due to challenges attending his pharmacy. He lost his housing and stayed with a friend out of town. He has since found temporary housing and will be able to attend a consistent pharmacy. He would like to continue SROM treatment. You check PharmaNet and call the pharmacy to confirm that Adebiyi has missed 6 consecutive days of SROM. Adebiyi has been using unregulated opioids during this time to help with withdrawal and to manage his cravings.

### 2. As Adebiyi has missed doses, what changes to his treatment plan should be made? How will you discuss these changes with Adebiyi?

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### 3. What factors impact Adebiyi's re-start dose?

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**4. What dose should Adebiyi be resumed at?**

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**5. How should Adebiyi's active prescription be managed?**

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In an appointment a couple of months later, Adebiyi tells you that he has secured work in a rural region where he will not have regular access to a pharmacy. He says he starts work in a few weeks and he needs to switch to a treatment where he would be able to be prescribed a couple of weeks of take-home doses at a time. After a careful discussion, and determining Adebiyi's eligibility, you decide together that buprenorphine/naloxone would be most appropriate.

**6. What are the methods for transitioning from SROM to buprenorphine/naloxone?**

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**7. What factors impact the transition strategy to buprenorphine/naloxone?**

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Adebiyi took his SROM dose this morning and does not want to experience a washout period. He agrees to transition using a low-dose buprenorphine/naloxone induction.



**8. What prescriptions will need to be written for Adebiyi during the buprenorphine/naloxone induction?**

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**9. What patient education can you give to Adebiyi to help support him during a low-dose induction?**

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**10. Complete the two Controlled Prescription Program Forms: one for a low-dose buprenorphine/naloxone induction starting on June 6, 2023 and one to continue Adebiyi's SROM treatment during the low-dose induction. Use the following guiding questions to help complete the prescription**

When should Adebiyi's SROM treatment be stopped?

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How many days should the SROM prescription be written for?

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What information should be included in the directions for use field when co-prescribing two OAT?

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## JUNE 2023

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
			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		

## -----BC CONTROLLED PRESCRIPTION FORM-----

PERSONAL HEALTH NO.			PRESCRIBING DATE		
			DAY	MONTH	YEAR
PATIENT NAME			FIRST (GIVEN) MIDDLE INITIAL LAST (SURNAME)		
PATIENT ADDRESS			CITY PROVINCE		
			DATE OF BIRTH		
			DAY	MONTH	YEAR
Rx DRUG NAME AND STRENGTH			ONLY ONE DRUG PER FORM VOID IF ALTERED		
QUANTIT (IN UNITS)					
NUMERIC			ALPHA		
THIS AREA MUST BE COMPLETED IN FULL FOR OPIOID AGONIST TREATMENT (OAT)					
START DATE:			END DATE:		
DAY MONTH YEAR			DAY MONTH YEAR		
TOTAL DAILY DOSE			NUMBER OF DAYS PER WEEK OF DAILY WITNESSED INGESTION		
NUMERIC ALPHA mg/day			NUMERIC ALPHA		
<input type="checkbox"/> NOT AUTHORIZED FOR DELIVERY					
DIRECTION FOR USE, INDICATION FOR THERAPY, OR SPECIAL INSTRUCTIONS					
NO REFILLS PERMITTED			PRESCRIBER SIGNATURE		
VOID AFTER 5 DAYS UNLESS PRESCRIPTION IS FOR OAT					
PRESCRIBER'S CONTACT INFORMATION			PRESCRIBER ID		
			FOLIO		
PHARMACIST USE ONLY					
RECEIVED BY: PATIENT OR AGENT SIGNATURE			SIGNATURE OF DISPENSING PHARMACIST		

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## Case 9: Jill

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### Continuing buprenorphine/naloxone

**Clinic date:** November 1, 2023

Jill is a 32-year-old woman who has attended your clinic for the past five years. Jill was initially stabilized on methadone, but she has just transitioned to buprenorphine/naloxone after completing an at-home low-dose induction. Today, she has come into your clinic for her buprenorphine/naloxone prescription, which she would like to continue as take-home doses.

When prescribing 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 ensure individual and public safety (e.g., storage of medication in a locked cabinet).

**Name:** Jill A Briem

**Date of birth:** November 30, 1990

**Personal health number:** 9123 456 789

**Address:** 123 Main Street, Victoria, BC

## Case 9: Questions

### 1. How would you assess if Jill's buprenorphine/naloxone dose is meeting her needs?

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Jill reports that her substance use has been eliminated after receiving opioid agonist treatment and she has not experienced any cravings or withdrawal symptoms since stabilizing on buprenorphine/naloxone. She would like to continue on treatment so that eventually she can have her daughter back in her life, "feel good," and have a "normal life." In addition, receiving treatment has helped her obtain stable housing after periods of experiencing homelessness.

### 2. 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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### 3. List 3 ways Jill's health care provider can extend support for social factors in Jill's life. Why is this an important component of care?

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**4. As you discuss continuing on buprenorphine/naloxone, 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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**5. What are some of the reasons that take-home doses are appropriate for Jill?**

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After discussing the risks and benefits associated with tapering, Jill has decided to stay on her current buprenorphine/naloxone dose and you will collaboratively re-assess one year from now.

**6. Complete a month-long (28 days) prescription for Jill using the Controlled Prescription Program form below for 20mg/5mg buprenorphine/naloxone once daily, all as take-home doses. Use the guiding questions to help complete the prescription.**

What strength of buprenorphine/naloxone should be prescribed?

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How many days for daily witnessed ingestion should be specified?

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When should take-home doses be dispensed?

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## NOVEMBER 2023

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
		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			

## -----BC CONTROLLED PRESCRIPTION FORM-----

PERSONAL HEALTH NO.			PRESCRIBING DATE		
			DAY	MONTH	YEAR
PATIENT NAME		FIRST (GIVEN)	MIDDLE INITIAL	LAST (SURNAME)	
PATIENT ADDRESS		CITY	PROVINCE	DATE OF BIRTH	
				DAY	MONTH
				YEAR	
Rx DRUG NAME AND STRENGTH		ONLY ONE DRUG PER FORM		VOID IF ALTERED	
QUANTIT (IN UNITS)					
NUMERIC		ALPHA			
THIS AREA MUST BE COMPLETED IN FULL FOR OPIOID AGONIST TREATMENT (OAT)					
START DATE:			END DATE:		
DAY MONTH YEAR			DAY MONTH YEAR		
TOTAL DAILY DOSE			NUMBER OF DAYS PER WEEK OF DAILY WITNESSED INGESTION		
NUMERIC		ALPHA	mg/day	ALPHA	
<input type="checkbox"/> NOT AUTHORIZED FOR DELIVERY					
DIRECTION FOR USE, INDICATION FOR THERAPY, OR SPECIAL INSTRUCTIONS					
NO REFILLS PERMITTED			PRESCRIBER SIGNATURE		
VOID AFTER 5 DAYS UNLESS PRESCRIPTION IS FOR OAT					
PRESCRIBER'S CONTACT INFORMATION				PRESCRIBER ID	
				FOLIO	
PHARMACIST USE ONLY					
RECEIVED BY: PATIENT OR AGENT SIGNATURE			SIGNATURE OF DISPENSING PHARMACIST		

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## SAFE PRESCRIBING AGREEMENT

By signing below, I understand that it is my responsibility to practice and prescribe in a trauma-informed and evidence-based manner, weighing the safety of the person receiving care and the public with the risks of under-treatment of opioid use disorder. To that end, I will provide structure and safety measures with my prescriptions, and engage in collaborative discussions around risks and harm reduction with people receiving care.

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 individuals 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 disorder. I will also seek out advice and assistance, when needed or required within the scope of my practice.

Following the training I have received, I will provide safe and effective treatment and monitoring for individuals with opioid use disorder. I will only practice within the scope of my training and by my professional standards of practice, as defined by my regulatory college, other guidance (e.g., decision support tools), and following the BCCSU's guidelines.

When providing education and guidance on safe prescribing practices to colleagues and learners, I will do so within the scope of my knowledge. Overall, I endeavor to improve the quality of care of opioid use disorder across our health care system.

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: [bccsu\\_education@bccsu.ubc.ca](mailto:bccsu_education@bccsu.ubc.ca)

## PRECEPTORSHIP FORM

The Preceptorship Form is an online survey form to report that the preceptorship has been completed.

Complete the Preceptorship Form.

LINK: <https://asdw-ext01-pub.hli.ubc.ca/ords/f?p=672:3>

You will need the following to complete this form:

- College ID number
- MSP billing number
- Dates of completed preceptorship
- A copy of a government issued ID
- The POATSP online course Certificate of Completion

Once this form is completed, a notification is sent to your preceptor to complete the **Preceptor Review Evaluation**, which is required for the BCCSU to email the **Proof of Completion letter**.



## RESOURCES

### **Guideline for the Clinical Management of Opioid Use Disorder, BCCSU**

- Available at: <https://www.bccsu.ca/opioid-use-disorder/>

### **Urine Drug Testing in Patients Prescribed Opioid Agonist Treatment—Breakout Resource, BCCSU**

- Available at: <https://www.bccsu.ca/opioid-use-disorder/>

### **Treatment of Opioid Use Disorder During Pregnancy—Guideline Supplement, BCCSU**

- Available at: <https://www.bccsu.ca/opioid-use-disorder/>

### **Bulletins and practice support tools, BCCSU**

- Available at: <https://www.bccsu.ca/opioid-use-disorder/>

### **Provincial Opioid Addiction Treatment Support Program Online Course, UBC CPD eLearning**

- Available at: <https://elearning.ubccpd.ca/course/view.php?id=63>

### **British Columbia Extension for Community Healthcare Outcomes (BC ECHO) on Substance Use**

- The BC ECHO on Substance Use is an online community of practice, consisting of a series of online webinars on evidence-based approaches to OUD care
- Offers support to health care providers in BC
- More information available at: <https://bcechoonsubstanceuse.ca/>

### **Opioid agonist treatment clinics accepting new patients**

- Available at: <https://www.bccsu.ca/oat-clinics-accepting-new-patients/>

### **List of bed-based (also called residential) treatment and recovery services in BC**

- Available at: [https://www.bccsu.ca/recovery\\_services\\_in\\_bc/](https://www.bccsu.ca/recovery_services_in_bc/)

## Consulting addiction medicine specialists

### 24/7 Addiction Medicine Clinician Support Line

- Provides telephone consultation to physicians, nurse practitioners, nurses, midwives, and pharmacists who are involved in addiction and substance use care and treatment in BC
- Available to any frontline service provider working in Indigenous communities in BC
- The 24/7 Line connects these health care providers to an addiction medicine specialist who has expertise and knowledge in addiction medicine (including emergency, acute, and community care)
- To speak to an addiction medicine specialist, call 778-945-7619
- Available 24 hours per day, 7 days per week, 365 days per year
- More information available at: <https://www.bccsu.ca/24-7/>



### Rapid Access to Consultative Expertise (RACE) app+

- The RACEapp+ allows primary care providers or specialists 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
- Available for physicians and nurse practitioners
- Note that this is not available for registered nurses or registered psychiatric nurses
- Available Monday to Friday (excluding statutory holidays), 8.00am–5.00pm
- Download the RACE app at: [www.raceconnect.ca/race-app](http://www.raceconnect.ca/race-app)



Questions? Contact [bccsu\\_education@bccsu.ubc.ca](mailto:bccsu_education@bccsu.ubc.ca)

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## NOTES

This image shows a full page of blank, lined paper. It features approximately 20 horizontal blue or grey lines spaced evenly apart, typical of notebook paper. The lines extend across the entire width of the page, leaving small margins at the top and bottom. There are no vertical lines, text, or other markings on the page.