



Saskatchewan



SASKATCHEWAN METHADONE PROGRAM

ANNUAL REPORT 2013

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Annual Report 2013

ABOUT THE METHADONE PROGRAM

The Ministry of Health has been contracting with the College of Physicians and Surgeons of Saskatchewan (CPSS) since 2001 to operate the **Methadone Program** on its behalf.

The object of the Program is to administer the methadone exemption process for Saskatchewan physicians. In order to standardize the process and help provide better, more efficient service, the Program created the *Saskatchewan Methadone Guidelines for the treatment of Opioid Addiction/Dependence* and coordinates the delivery of introductory workshops regarding this subject.

The Program assists physicians in the following ways:

- Develops guidelines for safe prescribing of methadone for opioid addiction/dependency
- Provides education and workshops on prescribing methadone
- Conducts peer reviews of the medical practices of physicians involved in the program
- Maintains a central registry of methadone prescribers, to assist physicians and patients in locating methadone clinics

Collaborative partnerships with the Prescription Review program and the Opioid Advisory Committee have also been put in place to ensure the effective implementation of the Program's guidelines within the bounds of its available resources.

THE PRESCRIPTION REVIEW PROGRAM (PRP)

The Methadone Program works closely with the Prescription Review Program (PRP) at the College. The PRP monitors for potential inappropriate prescribing and inappropriate use of PRP drugs that are included in Regulatory Bylaw 18.1. Methadone is one of the medications monitored by the PRP program. The PRP provides data pertaining to the prescribing of methadone to patients on methadone maintenance treatment, to the Methadone Program. This includes information about the methadone prescribed or any other PRP medication that may be being prescribed to the patient. This information is analyzed to determine whether the prescribing appears appropriate and consistent with the Methadone Guidelines.

The PRP also sends alert letters to methadone prescribers as a result of information received by the Program that an individual who has been prescribed PRP drugs may possibly be misusing and/or diverting their medication.

ACCESS TO TREATMENT

There remains a need for additional physicians willing to obtain an exemption for methadone for the treatment of dependence. There are growing numbers of patients who would benefit from additional access to this treatment.

The Opioid Advisory Committee has discussed the lack of access to treatment with methadone for chronic pain due to the lack of prescribers with methadone exemptions. Although the Methadone Program's original focus is primarily on methadone maintenance treatment for dependency, it also provides recommendations for exemptions for methadone for the treatment of chronic pain, and develops and delivers educational sessions for the use of methadone for pain, when an alternative opioid is deemed inappropriate.

The Program continues to seek physicians interested in addictions medicine and in the treatment of chronic pain and encourages them to access additional training and to apply for a methadone exemption for the treatment of dependency and chronic pain. The Program sent 11 packages to physicians in 2013 that have shown an interest in prescribing methadone. These packages include:

1. An application form to Health Canada;
2. Policies for Methadone Prescribing
 - a. Prescribing for Opioid Dependence (addiction)
 - b. Prescribing for Opioid Dependence (addiction) to Stable Patients
 - c. Prescribing Opioids for Pain;
3. List of physicians who prescribe methadone in Saskatchewan;
4. Saskatchewan Methadone Guidelines for the Treatment of Opioid Addiction (FYI);
5. Methadone for Pain Guidelines-CPSO;
6. "Evidence-Based Recommendations for Medical Management of Chronic Non-Malignant Pain"; and
7. "Universal Precautions in Pain Medicine: A Rational Approach to the Treatment of Chronic Pain".

The Methadone Program will now send out the packages electronically instead of the previous paper packages as the CPSS's new website is functional. The website has both a Methadone Program tab and a Methadone Exemption tab which provides electronic access to resources for new physicians who are interested in applying for a methadone exemption.

EDUCATION OUTREACH

Physician and Community Education

One of the challenges the Methadone Program has identified is the lack of access to education for our methadone prescribers and those interested in becoming methadone prescribers. We have offered introductory education in the past and recognize courses run at the College of Physicians and Surgeons of British Columbia and by the Center for Mental Health & Addiction in Ontario (CAMH). These programs are offered at specific times and are not necessarily timely for the physicians who wish to apply for an exemption on short notice. The Methadone Program is continually scanning for other programs that may be deemed equivalent to those currently recognized, to improve the timeliness for access to the education required before a methadone exemption can be considered by Health Canada.

The Canadian Virtual Hospice (CVH), in collaboration with the Canadian Society of Palliative Care Physicians (CSPCP), Pallium, and leading methadone experts including Dr. Pippa Hawley, are in the process of creating an interactive "Methadone for Analgesia Online Training Tool" using the latest research and clinical best practices. This will be an addition to the pain courses the CPSS currently recognizes.

Three educational sessions were presented in La Loche in 2014. Presentations on “Safe opioid prescribing” and “Addictions and methadone” were offered to the physicians. A third presentation included a combination of the two topics and was presented to the staff and community members of La Loche. The presentation was attended by the chair of the Keewatin Health Region. The physician presentation was well received and although methadone maintenance treatment is not currently being contemplated by these physicians there was some discussion on safer and more controlled opioid prescribing by the group. The community presentation was not well attended but those who did attend voiced their frustration in the lack of access to addiction services from the Health Region. Since the presentations and meeting with staff, the community pharmacy has begun dispensing methadone. Three patients access a methadone prescriber in Saskatoon and get their methadone at the community pharmacy in La Loche. A larger support team in La Loche is needed to make this situation successful.

A Methadone 101 educational day was presented in Meadow Lake in January 2014. The presenters included Dr P. Butt, Dr M. Markentin, Dr L. Lanoie and D. Spitzig. The educational day was well received with approximately 30 participants, including physicians, pharmacists, counselors and nurses. Its main focus was to enable physicians to gain the knowledge to be able to prescribe methadone for addiction/dependence and pain to achieve their methadone exemption.

The Methadone Program has also developed 4 policies to better guide physicians in prescribing methadone appropriately:

1. Methadone Prescribing for Initiating Physicians for Opioid Dependence (Addiction)
2. Methadone Prescribing for Initiating Physicians for Pain
3. Methadone Prescribing for Maintaining (Non-Initiating) Physicians for Pain
4. Methadone Prescribing for Maintaining (Non-Initiating) Physicians for Opioid Dependence (Addiction)

These policies were recommended by the Opioid Advisory Committee and approved by Council (March 2014).

MONITORING METHADONE PRESCRIBING

As part of the Saskatchewan Methadone Program, physicians are required to complete a patient cessation treatment form when a patient is no longer on the Methadone Maintenance Program. This assists both the Methadone and Prescription Review Programs in monitoring the use of PRP drugs and methadone.

The Methadone Program collaborates regularly with the College of Pharmacists, through Lori Postnikoff, field officer, when there may be potentially inappropriate dispensing of methadone. This allows the Saskatchewan College of Pharmacists to review whether methadone may have been inappropriately dispensed.

METHADONE-RELATED DEATHS

The Methadone Program also works with the Chief Coroner, Mr. Kent Stewart. The Chief Coroner's Office continues to forward final reports of all deaths if methadone was reported on the toxicology screen. This allows the Program to identify those patients who were on the program and if appropriate, interact with the physician who prescribed the methadone to provide educational advice.

The Program continues to provide the Chief Coroner with patient DUR profiles to confirm whether the deceased was on the Methadone Program at the time of death or if the patient has been registered on the Methadone Program for the five year period prior to the date of death. The majority of "methadone related" deaths involve patients who were not registered on the Methadone Maintenance Treatment Program.

The Program has received 19 methadone-related death reports from the Chief Coroner that occurred in 2013. Of the 19 deaths, only 7 patients were on the Methadone Program, one was an out of province patient and 11 were not on the Methadone Program.

THE OPIOID ADVISORY COMMITTEE

The Opioid Advisory Committee is an interdisciplinary committee that has an advisory role to the Methadone Program and is involved in the implementation of the *Canadian Guideline for the Safe and Effective Use of Opioids for Non-Cancer Pain*. The Methadone Program utilizes physician members of this committee for peer review and prescribing guidance when required.

The Opioid Advisory Committee also assists the Methadone Program in updating the standards and guidelines on an ongoing basis. Review of other jurisdictions' standards and guidelines (US/Canada and others) helps inform the program on updates for the Guideline.

The Methadone Program and Prescription Review Program facilitate quarterly meetings of the College's Opioid Advisory Committee meetings. The committee includes:

Dr. M. Markentin, addiction specialist and Methadone Program Manager;
Dr. P. Butt, addiction specialist and Chair of the Opioid Advisory Committee;
Dr. B. Fern, addiction specialist
Dr. L. Lanoie, addiction specialist;
Dr. C. Johnson, chronic pain specialist;
Dr. M. Opdahl, chronic pain specialist;
Ms. Lori Postnikoff, pharmacist representative;
Ms. Donna Cooke, representative, Saskatchewan Registered Nurses Association (SRNA);
Mr. Loren Regier, Rx Files, newest member of the committee.

In addition to the committee members, the College support staff includes Mr. Doug Spitzig, Ms. Laurie Van Der Woude and Ms. Meagan Fraser.

METHADONE GUIDELINES

The Program has recently reviewed the College of Physicians and Surgeons of Alberta's (CPSA) newly updated *Methadone Guidelines*. The *CPSA Methadone Guidelines* is well written and members of the Opioid Advisory Committee have been consulted for opinions and feedback on adopting an abridged

version of the same. The goal is to make our standards and guidelines easy to use, and set standards that will put patient safety first and help improve the methadone practices in the province. The College of Physicians and Surgeons of Saskatchewan has sought and received permission to adopt and/or adapt the CPSA Guidelines. A draft version of the Guideline has been reviewed by the Opioid Advisory Committee and feedback from the Ministry is currently being sought. Once feedback is received, the new draft standards and guidelines will be provided to CPSS Council for approval.

A self-audit tool has been created and multiple revisions made. The Program will send self-audit forms initially to the physicians prescribing methadone for addiction and those who hold an exemption to prescribe for addiction and pain, to assess the need for an on-site audit. There are currently about 46 physicians with a methadone exemption for these indications. The paper based audits will inform the Program how many on-site audits the Program may need to undertake. The use of the paper based audit of prescribers of methadone for pain (currently an additional 25), will be implemented at a later time.

PROGRAM AVAILABILITY

Currently there are comprehensive Methadone Programs in the following Regional Health authorities: Prince Albert Parkland, Saskatoon, Regina Qu'Appelle, and Mamawetan Churchill River and limited programs in the Five Hills, Sunrise and Prairie North. Currently no Methadone Maintenance Treatment (MMT) programs are available in the Kelsey Trail, Heartland, Sun Country, Cypress, Athabasca and Keewatin Yatthé. The Kamsack MMT does not receive consistent support services such as addiction counseling and case workers. Please refer to Appendix D to view the Saskatchewan Map of MMT programs.

Access to Methadone Programs as part of a treatment program for either the indication for dependency or chronic pain is less than optimal. Some regions have been challenged in providing a strong harm reduction program for a number of reasons. It is difficult to recruit physicians, and our goal is to provide the option for an online course module that is easily accessible and recognized as part of our process for methadone exemptions. This hopefully will continue to increase the numbers of physicians willing and capable to practice in this area of practice. The College, however, only supports physicians prescribing for these indications within the context of a comprehensive Methadone Program where the patient can access the components they need for a "holistic" recovery.

CONCLUSION

Several initiatives have been implemented to administer the Methadone Program; however, a significant amount of harm is being seen occurring in Canada, including in Saskatchewan. As highlighted in this report, access to methadone maintenance therapy is limited or non-existent in some areas of the province, and although every effort is expended in maintaining an efficient model, the Program faces limited resources in providing services, recruitment and educational processes. It is our hope that with greater awareness, the Methadone Program will be awarded access to the adequate resources required to remedy to the significant number of gaps that can be noted in its delivery model across the province.

Appendix A: Methadone Monthly Patient Statistics 2013

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Addiction (Includes NIHB)	2588	2612	2642	2676	2709	2726	2765	2758	2757	2798	2744	2584
Pain	4	8	8	7	10	11	11	7	9	11	9	16
Metadol	163	158	158	165	176	185	182	183	215	227	236	238

- At the end of 2013 there were approximately 2600 patients on MMT
- In most regions there is a minimum 6 month waiting period for patients to start MMT
- In Saskatoon at the end of 2013, the requirement for patients to be accepted for MMT was that the patient was either pregnant or HIV positive. This would indicate that there exists the concerning situation of a significant number of patients that do not have the option of MMT for harm reduction.

Summary Report of Average Number of Methadone Patients 2010-2013				
	2010	2011	2012	2013
Addiction	2067	2243	2384	2697
Pain	14	12	8	9
Metadol	88	107	132	191

Appendix B: Methadone Prescribers 2005-2013

	2005	2008	2012	2013
Addiction	11	11	10	14
Pain	14	17	22	23
Both	10	20	28	28
Total	35	48	60	65

Appendix C: Methadone Death Analysis

Methadone Deaths

Physician Stats (2013 Coroners Reports)

Number of Patients (Oct 1 - 31, 2013)

A death in which methadone is found to be a factor is ascertained by the coroner finding this drug in the patient's toxicology screen.

It is irrelevant to the coroner whether the methadone was prescribed or gained illicitly to determine his/her findings.

AT TIME OF DEATH				Total # methadone deaths	19
	Total # patients not on program		11*	Total # meth patients in SK	2798
	Total # patients on meth program		7		
	# Out of Province Patients		1		
	Total # patient deaths		19		

	Total # meth pts (city)	# meth pts in SK	City's % meth pts in SK	# Deaths by city - pts on meth program	# SK deaths-pts on meth program	City % of SK deaths
Regina	1156	2798	41.3%	3	7	42.9%
Saskatoon	1061	2798	37.9%	3	7	42.9%
Prince Albert	448	2798	16.0%	1	7	14.3%
Total			95.2			100.1%

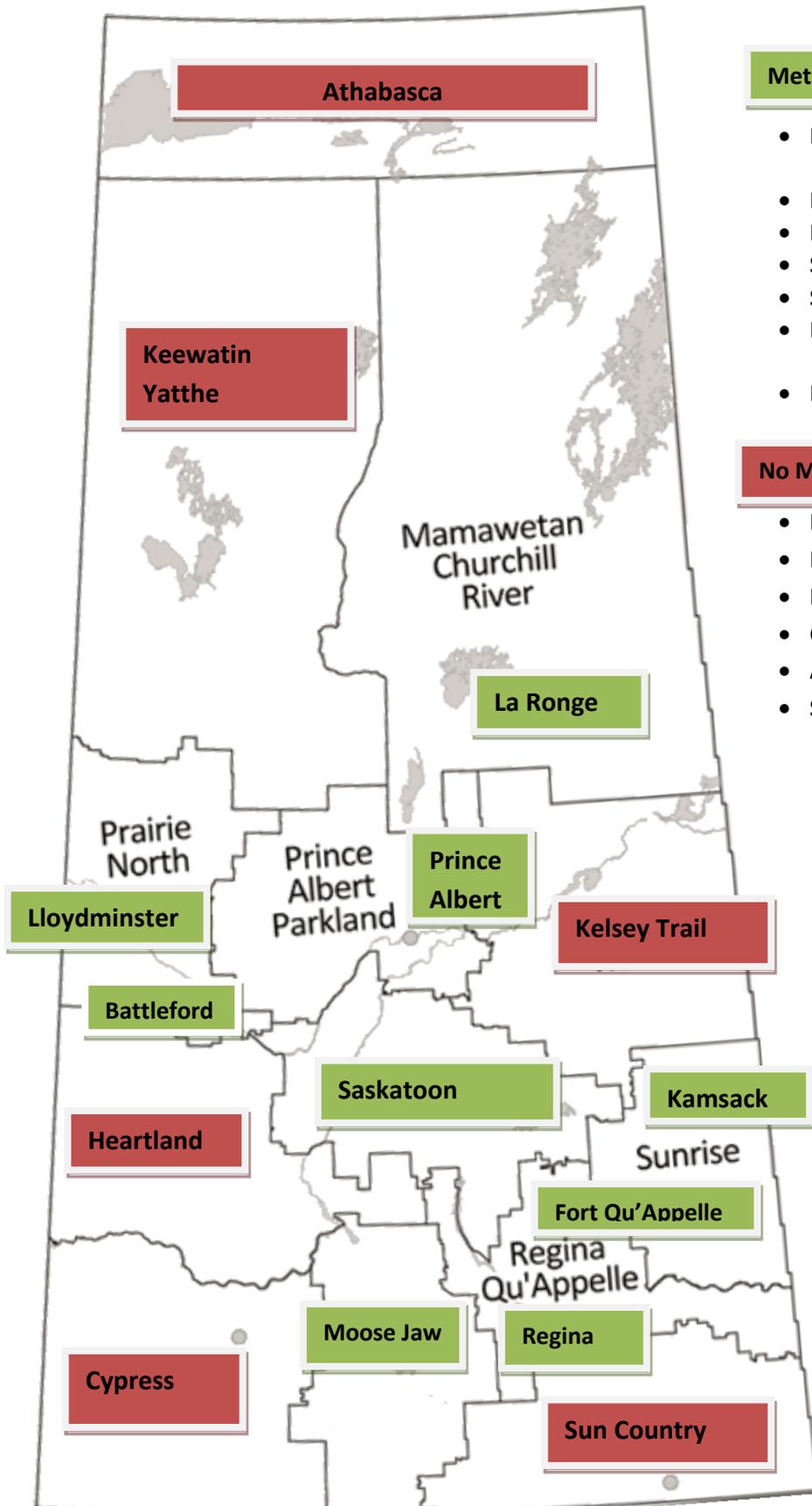
*According to the patients' DUR profile, at the time of death 4 of the 11 patients not on the methadone program were prescribed opioids and 7 patients were opioid naive.

Opioid Naive Deaths

Regina	0
Saskatoon	3
Prince Albert	0
Kamsack/Yorkton	2
Moose Jaw	0
Unknown **	2
Total	7

** Unknown = no DUR record on file

Appendix D: Saskatchewan Methadone Programs in 2014



Methadone Maintenance Therapy

- **Prairie North** – Lloydminster
- Battleford
- **Prince Albert Parkland** - Prince Albert
- **Mamawetan Churchill River** - La Ronge
- **Saskatoon** – Saskatoon
- **Sunrise** - Kamsack
- **Regina Qu'Appelle** - Fort Qu'Appelle
- Regina
- **Five Hills** - Moose Jaw

No Methadone Maintenance Therapy

- Keewatin Yatthe
- Kelsey Trail
- Heartland
- Cypress
- Athabasca
- Sun Country

Appendix E: Balance Sheet

The Methadone Program Statement of Revenue and Expenditures Revenue and Expenses 2013

	Budget 2013	Actuals to Dec. 31, 2013
DECEMBER 31, 2012 BALANCE	\$ 151,555	\$ 151,555
2013 REVENUE to date:		-
Saskatchewan Government Grant	33,063	33,218
Workshop registration fees	600	-
Total Revenue to date:	<u>\$ 33,663</u>	<u>\$ 33,218</u>
2013 EXPENDITURES to date:		
Education Seminars	9,600	1,290
Meetings	20,714	5,251
Methadone Medical Manager	10,000	1,100
Admin Assistant payroll & benefits	23,126	20,274
Clinic Audits	5,000	-
Supplies	500	361
Total Expenditures	<u>\$ 68,940</u>	<u>\$ 28,276</u>
Remaining Funds allocated to Methadone Initiatives as at December 31, 2013	<u>\$ 116,278</u>	<u>\$ 156,497</u>