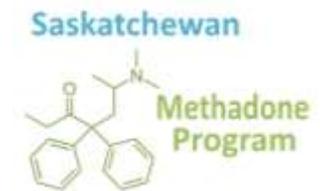




# SASKATCHEWAN METHADONE PROGRAM



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Annual Report 2014

*Date submitted: 11 September, 2015*

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# Annual Report 2014

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## 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

## Access to Treatment and Physician Recruitment for Exemption

There are currently **65 physicians** with an exemption to prescribe methadone for addiction in Saskatchewan treating **2,806 patients**. This does not include physicians who have a methadone exemption to prescribe exclusively for pain.

In spite of these efforts, there is currently also an extensive **waiting period** in many areas of the province. For example, a waiting of up to **six months** is expected for patients entering the program in Saskatoon.

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 sends the following information to those who show interest in receiving an exemption. 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”.

## Education & Outreach

### Education Sessions

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.
- 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.
- On June 23, 2014, the Methadone Program participated in a meeting with Saskatchewan Corrections on MMT policies within the Provincial Correctional Facilities.

### Resource Development

#### METHADONE POLICIES

The Methadone Program 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).

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 also 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.

### THE METHADONE GUIDELINES

The Alberta Methadone Guidelines and Standards that have been adopted by the governing council the CPSA have been reviewed and amended to fit in with Saskatchewan’s programs. The governing council of the CPSS has adopted and passed the new Methadone Standards and Guidelines for Saskatchewan. This document has standards that put patient safety first and helps improve the Methadone practices in the province. Ministry input was also sought and these Guidelines and Standards are now in effect.

A self-audit tool is now being created to correspond to the new Guidelines. 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. This will include a mentoring checklist and methadone exemption expectations. The paper based audits will inform the Program how many on-site audits the Program may need to undertake.

### Monitoring Methadone Prescribing and Misuse

Several methods of monitoring methadone prescribing and use have been developed by the Program in order to better intercept potential inappropriate prescribing and misuse. Among these, **collaborative partnerships** with various organizations and programs have been put in place to ensure the effective implementation of the Program’s guidelines within the bounds of its available resources.

As part of the Saskatchewan Methadone Program, physicians are required to complete a *patient cessation of 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 Prescription Review Program

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.

### Methadone Dispensing

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 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 Opioid Advisory Committee

The **Opioid Advisory Committee** is an interdisciplinary committee with an advisory role to the Methadone Program. It 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.

Its quarterly meetings are facilitated by the Methadone Program and Prescription Review Program.

Committee members are:

*Dr. Morris Markentin, addictions specialist and Medical Manager for the Methadone Program;*  
*Dr. Peter Butt, addictions specialist and Chair of the Opioid Advisory Committee;*  
*Dr. Brian Fern, addictions specialist*  
*Dr. Leo Lanoie, addictions specialist;*  
*Dr. Carmen Johnson, chronic pain specialist;*  
*Dr. Murray 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.*  
*Ms. Lisa Lockie, expert advisor*

In addition to the committee members listed above, the College's Program Manager, Program Coordinator and two administrative assistants also participate in the committee meetings.

### Province-Wide Efforts

The Methadone Program continues to engage the health regions in working collaboratively to standardize methadone and addictions programming throughout the province.

This has occurred in the **Sunrise Health Region** as a result of the physician in that location not having his Methadone exemption being renewed. The program assisted the Sunrise Health Region in ensuring continuity of care for the patients by soliciting the assistance of Dr. Peter Butt from Saskatoon. Dr. Peter Butt, Dr. Morris Markentin, and Doug Spitzig organized a methadone education day in Yorkton for approximately 40 members of the methadone program team and individuals who assist in managing mental health and addictions in the Sunrise Health District. Also in attendance were three physicians, two of which have obtained their methadone exemption and have started prescribing.

The program continues to provide support for that region in the operation of their opioid substitution treatment program.

The **Prairie North Regional Health District** has requested to set up a program in the North Battleford area, similar to the one that was implemented in the Sunrise Health District.

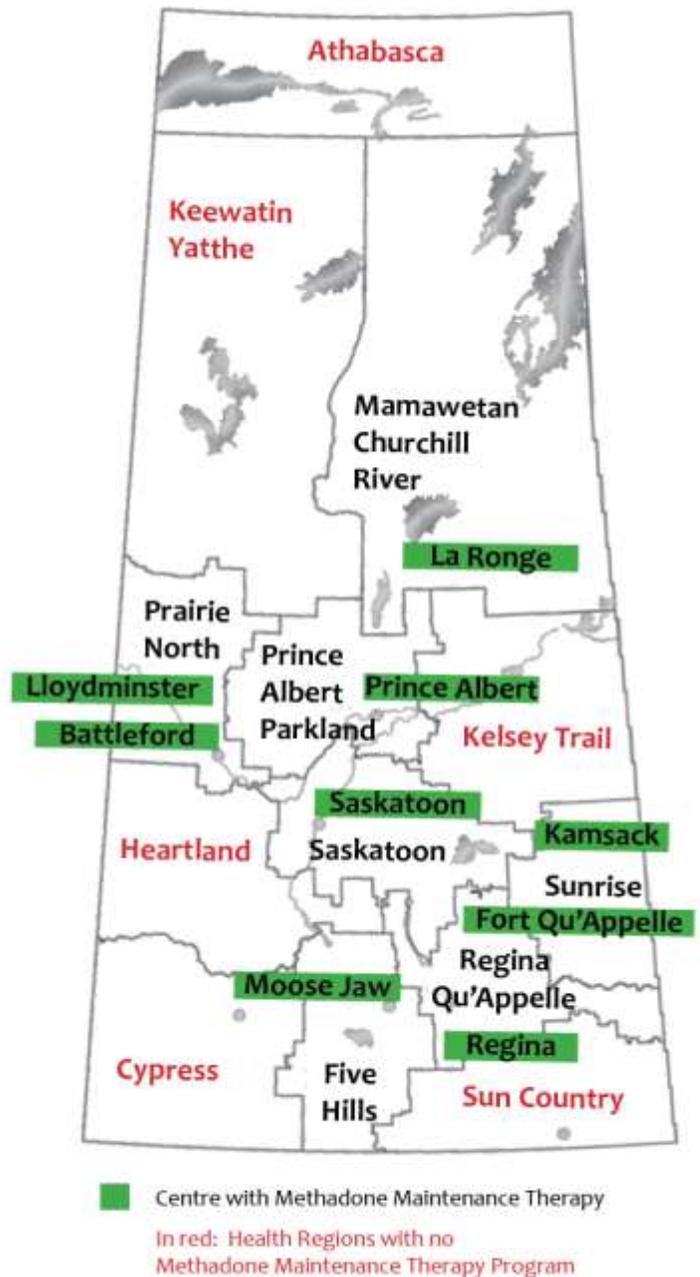
The Program plans to continue to engage the health regions in working collaboratively to standardize methadone and addictions programming throughout the province.

## 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, Five Hills, Sunrise and Prairie North.

No Methadone Maintenance Treatment (MMT) programs are yet available in the Kelsey Trail, Heartland, Sun Country, Cypress, Athabasca and Keewatin Yatthe. The Kamsack MMT does not receive consistent support services such as addiction counseling and case workers.

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.



## Appendix A: Statement of Revenue and Expenditures

### Methadone Program Development Statement of Revenue and Expenditures For the 12-month period ending December 31, 2014

	<b>Actual 2014</b>	Budget 2014	<b>Budget 2015</b>
DECEMBER 31, 2013 BALANCE	\$ 156,497	\$ 156,497	\$137,796
2014 REVENUE to date:	<b>0</b>		
Saskatchewan Government Grant	<b>33,550</b>	33,550	<b>33,550</b>
Workshop registration fees	<b>0</b>	600	<b>600</b>
Total Revenue to date:	<u>\$ 33,550</u>	<u>\$ 34,150</u>	<u>\$ 34,150</u>
2014 EXPENDITURES to date:			
Education Days	<b>3,270</b>	9,600	<b>9,600</b>
Meetings	<b>19,874</b>	17,689	<b>17,689</b>
Medical Manager	<b>7,717</b>	10,000	<b>10,000</b>
Payroll & benefits	<b>21,045</b>	30,396	<b>30,396</b>
Clinic Audits	<b>0</b>	12,400	<b>12,400</b>
Supplies	<b>345</b>	500	<b>500</b>
Total Expenditures	<u>\$ 52,251</u>	<u>\$ 80,585</u>	<u>\$ 80,585</u>
Remaining Funds allocated to Methadone Initiatives as at December 31, 2014	<u>\$ 137,796</u>	<u>\$ 110,062</u>	<u>\$ 91,361</u>

## COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN

Notes to Consolidated Financial Statements (continued)

Year ended December 31, 2014

### 6. Administrated funds:

The College acts as an administrator for four different programs. The College administers the funds but does not have any residual right to the funds. Accordingly, the College does not include these funds in revenue and all expenditures incurred relating to these funds are recorded as a reduction to the liabilities.

	Methadone Program Development	Patient Safety Program	Physician Executives	Provincial Protocols	Total 2014	Total 2013
Administered funds, beginning of year	\$ 156,497	\$ 45,099	\$ 20,416	\$ 2,842	\$ 224,854	\$ 219,912
Funds received	33,550				33,550	33,218
Expenditures incurred	(52,251)				(52,251)	(28,276)
Administered funds, end of year	\$ 137,796	\$ 45,099	\$ 20,416	\$ 2,842	\$ 206,153	\$ 224,854

#### *Methadone Program Development*

The purpose of the Methadone Program Development fund is to establish a province wide Methadone harm reduction program.

#### *Patient Safety Program*

The purpose of the patient safety program is to develop a comprehensive plan to improve and maintain patient safety across the continuum of healthcare.

#### *Physician Executives*

The purpose of the Physician Executives fund is to provide support to Executives in addressing medical quality concerns in their districts.

#### *Provincial Protocols*

The purpose of the Provincial Protocols fund is to cover the costs of updating and delivering protocols for use at primary health service sites.