Opioid Agonist Treatment
Morag Fisher, MBChB, CCSAM
Ginette Poulin, RD, MD, CCFP, CISAM, CMCBT

Disclaimer: No relationship with commercial interests
Clinical scenario

Susan, a regular patient of yours, comes to the office very upset as she is worried about her 21 year old daughter Veronica. She tells you that Veronica’s high school friend died due to a fentanyl overdose last week. Veronica also admitted that she too has been using fentanyl and a recent home pregnancy test she did was positive.

Susan asks…

“What should I do, Doc, can you help us?”
WORLDWIDE OPIATE CONSUMPTION

2nd

1st
2016 OPIOID-RELATED FATALITIES

All numbers from 2016
Except Ontario and New Brunswick

[Map of Canada showing numbers for opioid-related fatalities in each province or territory]

- British Columbia: 338
- Alberta: 18
- Manitoba: ?
- Quebec: 529
- Ontario: 566
- New Brunswick: 18
- Nova Scotia: 4
- Prince Edward Island: 7
- Yukon: ?
- Northwest Territories: ?
- Nunavut: >70
Opiate use throughout the ages

Opium Poppy Discovered

Opium Wars

Heroin

Morphine
Hydromorphone
Percocet

Carfentany and other Fentanyl analogues

3000-4000 BC

BCE / AD

Mid 1800s

1900s

1990s

2000s

2016
Treatment Options for Veronica

Opioid Agonist Treatment

- is the treatment of choice for opioid use disorder in pregnancy
- Cycles of opioid withdrawal are harmful for the fetus resulting in spontaneous abortion, premature labour, Intra-uterine growth retardation.
- Baby will be observed for Neonatal Abstinence Syndrome & treated as needed
Methadone

- Full opioid agonist, half life 24-36 hours
- Liquid form
- Daily witnessed dispensing
- Dose titration required to level that provides relief of withdrawal symptoms yet not over-sedating
- Caution with other substances such as alcohol, benzodiazepines, other sedatives
Suboxone (Buprenorphine/Naloxone)

- Partial agonist with high affinity for mu-receptors
- Sublingual tablet form
- Ceiling effect thus less risk for respiratory depression
- Precipitates withdrawal when other opiates in the system
- Caution with other substances such as alcohol, benzodiazepines, other sedatives
Other Treatment Options

• Detox & Abstinence based program
• High rate of relapse
• High risk of overdose and fatalities due to reduced tolerance after only 3 days of abstinence

May be appropriate for a person with short history of oral use with low dose opiate and good social supports
People on Methadone or Suboxone are simply changing one drug for another.
• It is in a controlled dosage which does not produce the high like other opioids and equally allows an environment that provides stability
• It assists in reducing the associated harmful addictive behaviors such as injecting, illegal activity and other risky behaviors
• It allows to function in society – go to school, work, care for their family, etc
• It facilitates engagement in counselling and other support services
Abstinence is the only true recovery from Addiction.
• Addiction is a chronic medical condition with relapses and periods of stability throughout the person's lifetime like Diabetes
• Support and monitoring is required throughout
• While we support those with a goal of abstinence we provide harm reduction during periods of relapse
Harm Reduction

- Opiate Agonist Therapy
- Needle Distribution
- Supervised Injection Sites
- Wet Houses
- Naloxone Kits
Family Practice care for the patient on Opioid Agonist Treatment

• Build and Maintain Therapeutic Relationships
• Ask about Addictions and Substance Use Disorders
• Identify and early intervention – connect with services
• Screen for associated infections, illnesses and complications - HIV, Hep C, Endocarditis, abscesses, cellulitis, STI
• Avoid prescribing sedative medications - benzodiazepines, muscle relaxants, Gravol, gabapentin
• Be aware of other potential drug interactions – QTc prolongation (Seroquel, Citalopram, Amitryptiline)
Can you do this in your practice?

Provision of Opiate Agonist Therapy may seem complicated and daunting however it can be incorporated into primary practice care with success.

Training requires a combination of theoretical course plus clinical exposure.

Ongoing mentoring available.