BRITISH COLUMBIA
CENTRE ON
SUBSTANCE USE
Networking researchers, educators & care providers

EXECUTIVE SUMMARY: GUIDANCE FOR INJECTABLE OPIOID AGONIST TREATMENT FOR OPIOID USE DISORDER

Opioid use disorder is one of the most challenging forms of substance use disorder facing the health care system in British Columbia and a major driver of the recent surge in overdose deaths in the province. More than 500 people died of overdose in 2015. By April 2016, nearly 300 people had already died, prompting the province to declare a public health emergency in response to the rapid and unprecedented increase in accidental overdose deaths. By the end of 2016, over 930 people had died as a result of drug overdose.

The introduction of fentanyl and other synthetic analogues into the drug supply is a major contributing factor to the overdose emergency. In 2016, fentanyl was detected, either alone or in combination with other drugs, in 61.8% of overdose deaths. The number of deaths excluding fentanyl has remained relatively stable since 2011. This toxicity of the drug supply adds urgency to addressing the significant gaps in treatment options currently available for opioid use disorder (OUD) in British Columbia — gaps which have become more apparent during this public health emergency. However, the primary purpose of this document is not to suggest that the expansion of treatment options alone, including injectable agonist treatment (iOAT), are a panacea for the opioid overdose crisis. Rather, the crisis has identified a profound need to improve the overall OUD system of care, including expanding treatment options for those patients with opioid use disorder who have not benefited from other treatments.

In the context of the current public health emergency, there is an urgent need to expand and offer the full continuum of care for the treatment of opioid use disorder in order to optimize treatment of adults and youth. Injectable opioid agonist treatment is an evidence-based, high intensity treatment option for OUD for those patients who have not benefited from other treatments.

When OUD is treated effectively, the benefits are not only to the individual (e.g., reduction in morbidity and mortality) but also to the community (e.g., reduced activity in the criminal justice system). Along these lines, the primary aim of iOAT is to improve the health of the individual, by reducing overdose risk and other imminent health and social harms associated with ongoing injection drug use. The second aim of iOAT is to engage individuals in addiction treatment who have not benefited from less-intensive treatments or who have been otherwise unable to access other forms of treatment. Patients may not benefit from oral medications such as buprenorphine/naloxone, methadone, and slow-release oral morphine for a variety of reasons, including side effects, cravings persisting despite optimal OAT dosing or being unable to reach a therapeutic dose. Repeated oral treatment attempts without significant benefit for these patients may result in increased risk of poor health and social outcomes, including fatal and non-fatal overdose(s).

This guidance document was created to provide an overview of the evidence on iOAT, potential models of care, recommendations for clinical practice, and operational requirements. It describes three potential models of care, two established and one emerging. These models include a comprehensive and dedicated supervised iOAT program in which clients can access a full complement of care in one setting; an integrated or embedded supervised iOAT program for clients in a less intensive setting within pre-established services; and an emerging model, which is a pharmacy-based supervised iOAT program, allowing for improved access to care in communities where other, more intensive models may not be appropriate or feasible.

The BC Centre on Substance Use (BCCSU) assembled an expert interdisciplinary committee composed of over 40 individuals, including representation from each regional health authority, the Provincial Health Services Authority, people who use drugs, the BC Ministry of Health, and the BC Ministry of Mental Health and Addictions, to develop this guidance document. Key health systems partners, community and family advocacy groups, and international experts have subsequently reviewed the document. The guidance document was developed with guidance from the expert committee, which established three smaller working groups to expedite the writing process. Recommendations are based on a structured literature review and clinical expertise.

This unprecedented public health emergency underscores the importance of developing comprehensive, collaborative, compassionate, and evidence-based health services to address the harms related to untreated OUD.

A full version of the guidance document is available on BCCSU's website.

a. This guidance document provides recommendations on best practice, rather than a set of practice standards.

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