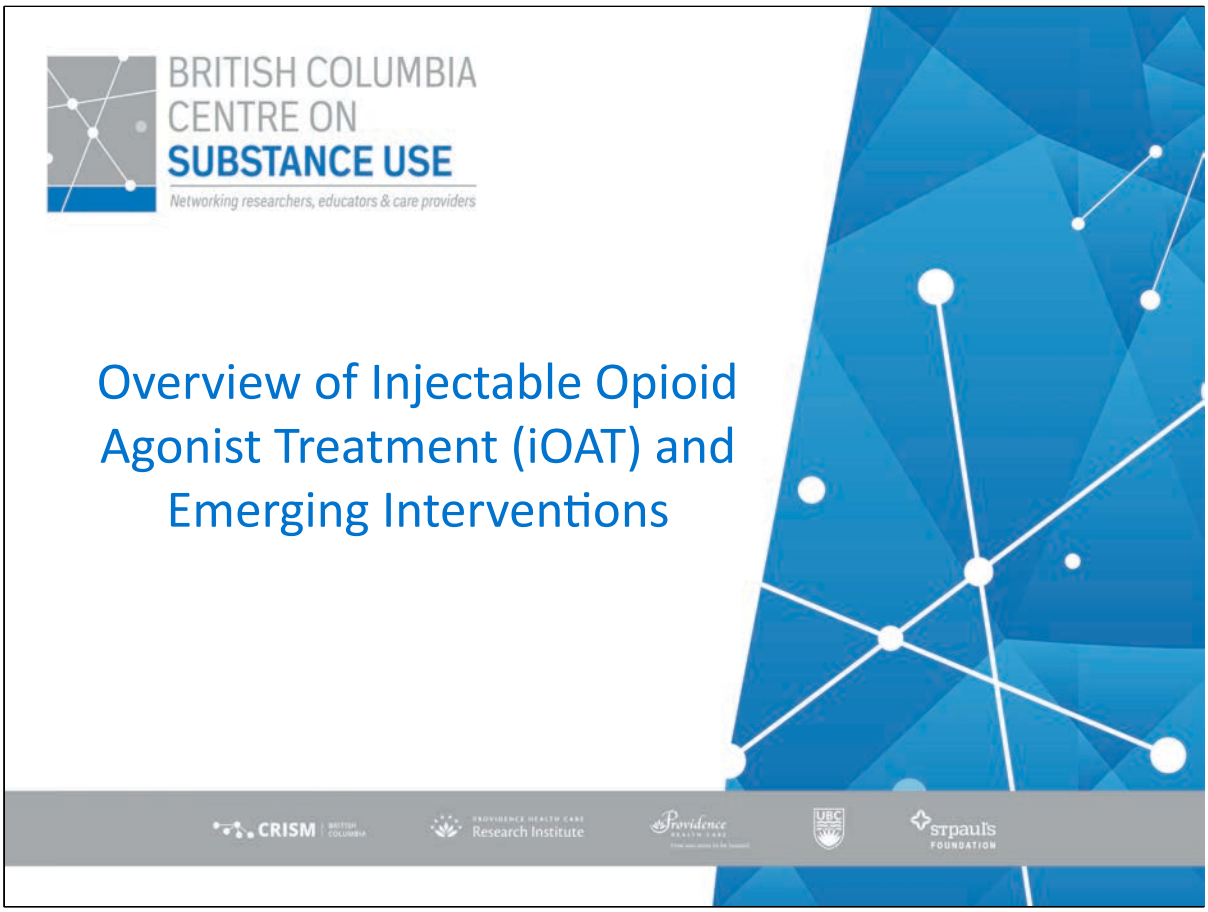
BRITISH COLUMBIA
CENTRE ON
SUBSTANCE USE
Networking researchers, educators & care providers
Overview of Injectable Opioid Agonist Treatment (iOAT) and Emerging Interventions
CRISM
Research Institute
Providence
UBC
STPAULS
FOUNDATION

We respectfully acknowledge the land on which we work is the unceded traditional territory of the Coast Salish Peoples, including the traditional territories of xʷməθkwəy̓əm (Musqueam), Sḵwx̱wú7mesh (Squamish), and Sə́l̓ílwətaɬ (Tsleil-Waututh) Nations

Learning Objectives

- Review the evidence for iOAT and the basics of its implementation as a therapy in the community
- Discuss key management strategies for patients on iOAT who present to the ED
- Recognize emerging therapies and interventions for management of OAT in the community

Review of Injectable Opioid Agonist Treatment

Definition

- Injectable opioid agonist treatment (iOAT) is prescription IV opioids administered in specialty clinic settings under the supervision of trained health professionals
- Prescribed opioids can be either
  - Hydromorphone
  - Diacetylmorphine (heroin)

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BC Centre on Substance Use. Guidance for Injectable Opioid Agonist Treatment for Opioid Use Disorder. Published October 2017. Available at: https://www.bccsu.ca/care-guidance-publications/

Canadian Research Initiative in Substance Misuse (CRISM). National Injectable Opioid Agonist Treatment for Opioid Use Disorder Clinical Guideline. Published September 23, 2019. Available at: https://crism.ca/projects/ioat-guideline/

Evidence for iOAT

- For patients with severe, refractory OUD to other forms of OAT, iOAT has been shown to reduce:
  - Illicit opioid use
  - Treatment drop out
  - Criminal activity and incarceration
  - Mortality
- It improves overall health and social functioning
- Retention rates at 12 months: 67-88%

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- Programs are restricted to patients who administer their substances through parenteral routes (i.e. inject their substances)

iOAT Program (1)

- Typically available at specialty clinics or in spaces embedded within community health centers
- 2-3 sessions or visits available throughout the day depending on the program.
  - No sessions overnight
- Self administration of opioid by patient in syringed prefilled by health care provider
  - Either IV, IM or SC
- Session is supervised by health care provider to assess for intoxication prior and sedation post administration

iOAT Program

- Dosing will range between 30-200mg of IV hydromorphone
  - Equivalent dosing for diacetylmorphine is 1:2 (60-400mg)
- Maximum daily dosing is 500mg/24hr due to increased risk of neurotoxicity (seizures)
- Oral OAT(methadone, SROM) is co-prescribed to address withdrawal symptoms between doses and overnight

iOAT Program (3)

- Prescription on PharmaNet may be not be reflective of dose received in clinic
- Must contact clinic to confirm if missed session or dose, or if dose reduction occurred

ED Presentation

- Tolerance can be impacted by an acute medical illness
- Patient will require IV doses of hydromorphone rather than oral for symptom management (withdrawal, cravings, pain)
- Assess need to provide a dose of their usual oral OAT
- Contact 24/7 Addiction Clinician Support Line early for guidance

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See modules for methadone and SROM for guidance on dosing of oral OAT

Example Order

- Hydromorphone 10-20mg IV q1h PRN for withdrawal, pain or cravings
  - Hold if drowsy and not easily rousable
- Consider lower dose range (5-10mg) in patients with concurrent acute medical illnesses, such as sepsis, or unclear tolerance

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- If high dose IV opioids are not available in your hospital setting, ensure to order high doses of oral opioid equivalent
- Ensure continuation of oral OAT to help with withdrawal and cravings, and to ensure patients maintain their tolerance

iOAT is a specialty treatment usual administered by providers with expertise

Contact a consultant early for guidance

24/7 ADDICTION MEDICINE CLINICIAN SUPPORT LINE

Review of Emerging Therapies and Interventions

Risk Mitigation

- Initially implemented to address harms associated with COVID, such as requirements to isolate and minimizing contact
- Expanded as emerging practice option to reduce harms associated with reliance on illicit drug supply, such as unintentional poisoning
- Not constituted as treatment for OUD and not considered evidence-based practice at this time

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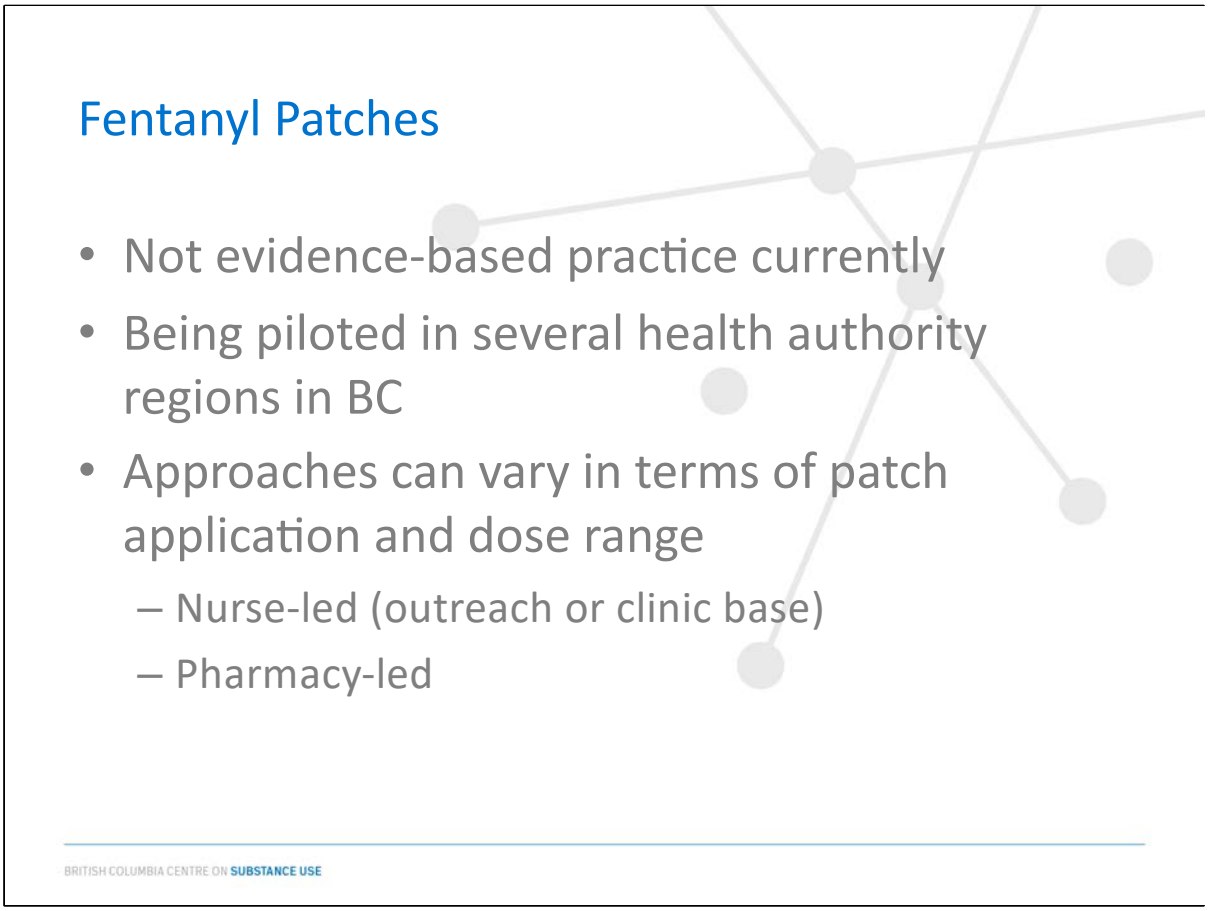
British Columbia Centre on Substance Use, BC Ministry of Health, and Ministry of Mental Health and Addictions. Risk Mitigation in the Context of Dual Health Emergencies—Interim Clinical Guidance: Update. Published January 2022. Available at: https://www.bccsu.ca/COVID-19

Risk mitigation

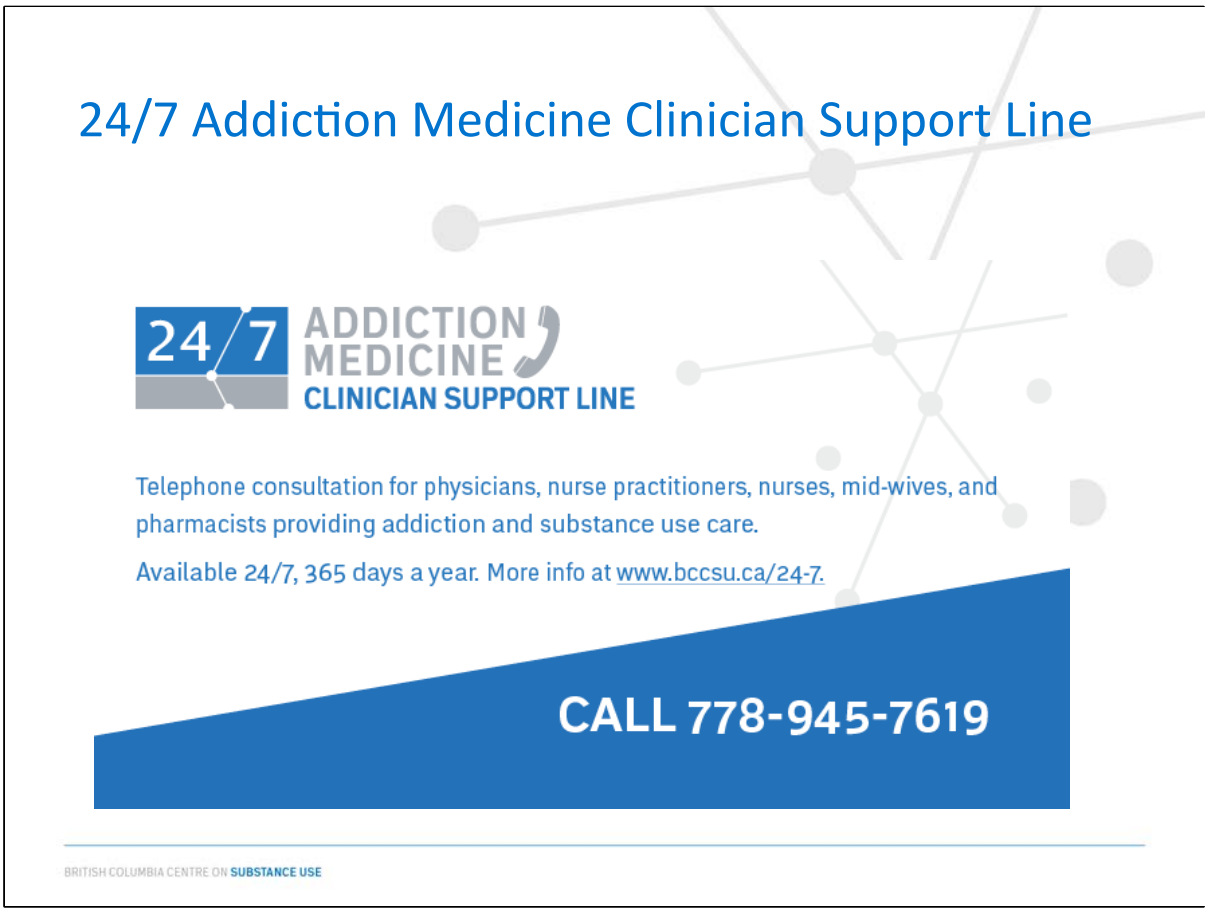
- Can include prescription of:
  - Hydromorphone tablets (typically 8mg strength)
    - Maximum 14 tabs per day
  - M-eslon
    - Maximum 240mg po BID daily
- Medications always daily dispensed, but not witnessed



- Protocols are being adopted in various clinical settings in BC and there is no standard approach thus far.
- Doses range can include:
    - Starting at 50-100mcg/hr
    - Highest doses being reported 1000mcg/hr (although uncommon)
- Application process is variable depending on clinical setting, and prescriber comfort.
- Typically, patches are applied Monday, Wednesday and Fridays either through:
    - Patch program where nurses apply and remove patches within a clinic or through outreach
    - Pharmacy where patients present for patch changes
- ***If encountered in the ED, providers should contact their local addiction medicine specialist, or the 24/7 addiction medicine support line for guidance.***

British Columbia Centre on Substance Use. Fentanyl Patch Prescribed Safer Supply Protocols. Available at: https://www.bccsu.ca/wp-content/uploads/2022/10/Prescribed-Safer-Supply-Protocols-Fentanyl-Patch.pdf
British Columbia Centre on Substance Use. Fentanyl Patch Clinical Summary. Available at: https://www.bccsu.ca/wp-content/uploads/2022/11/Fentanyl-Patch-Clinical-

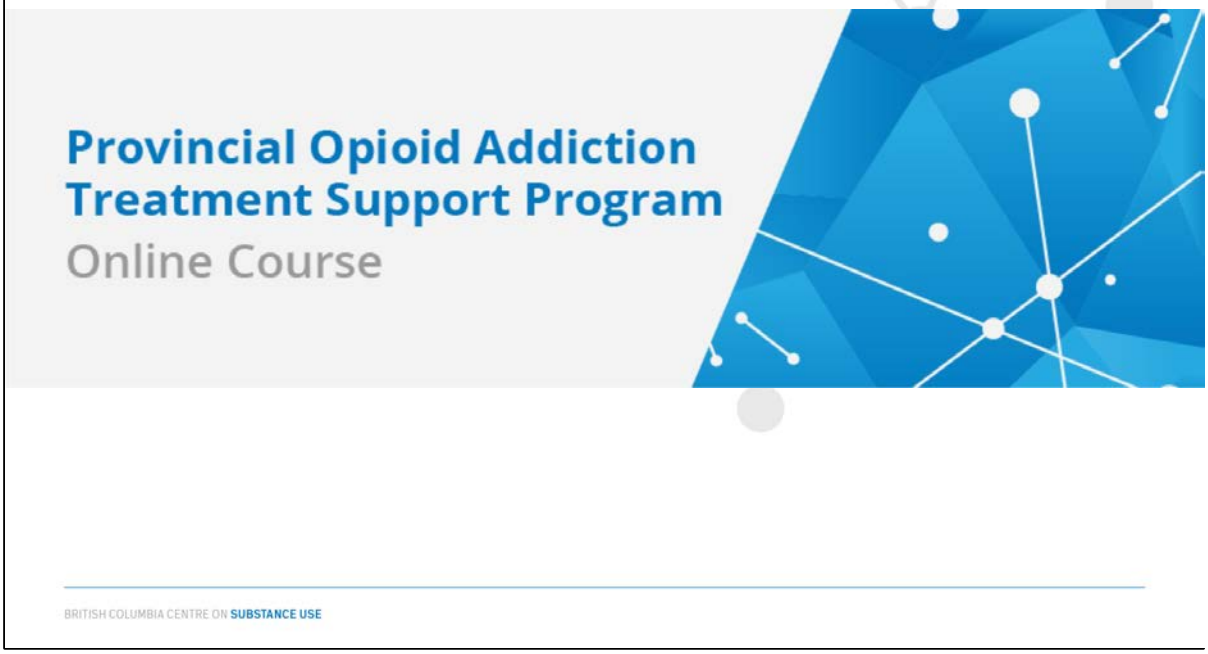
Summary-1.pdf
British Columbia Centre on Substance use. Fentanyl Patch Program General Information. Available at: https://www.bccsu.ca/wp-content/uploads/2022/11/Fentanyl-Patch-Program-general-information.pdf



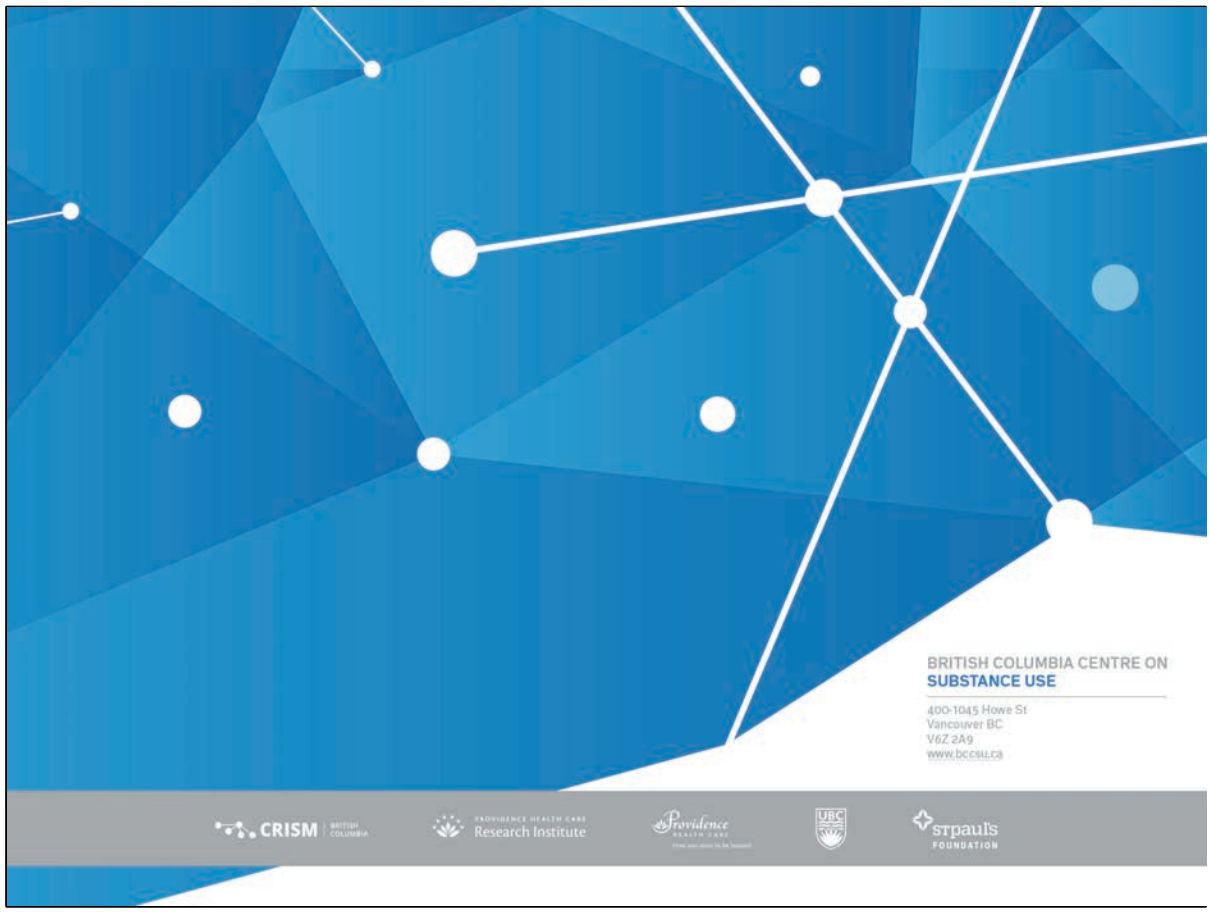
•If you need support managing precipitated withdrawal, inducting a patient on to buprenorphine/naloxone, or providing any other aspect of addiction and substance use care, you can call the 24/7 addiction medicine support line.

• The 24/7 addiction medicine clinician support line provides telephone consultation for physicians, nurse practitioners, nurses, mid-wives, and pharmacists who provide addiction and substance use care. It is available 24/7, 365 days a year. The number to call is 778-945-7619. More information can be found at www.bccsu.ca/24-7.

Provincial Opioid Addiction Treatment Support Program



- The Provincial Opioid Addiction Treatment Support Program contains modules with more information on opioid use disorder and opioid agonist treatments, including buprenorphine/naloxone. This program is available online and it is free of charge.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