OPIOID MAINTENANCE THERAPY
IN THE IERHA
Codeine tops list of pharmaceutical drugs reported missing in Manitoba

Nearly 350,000 units of controlled drugs went missing in Manitoba between 2012 and 2017: Health Canada data

Manitoba doctors face delicate balance when prescribing opioids

By Diana Foxall
Reporter CJOB

The faces of Manitoba's fentanyl crisis

At least 9 people died with fentanyl in their system in 2016, says Manitoba's health minister

Opioid poisoning puts Manitobans in hospital at a rate of 1 every 2 or 3 days, report says

Manitoba rate 2nd lowest in country, but doesn't include ER visits that don't end in hospital admission
IERHA & OPIOID STATISTICS

- 9.8% of Manitoba Population
- 35.9 crude suspected overdose events per 100,000
- Highest rate of high dose opioid users 29.5%
- Fentanyl and Oxycodone are the largest proportion of seized illegal drugs (33, 28%)
- 1 physician prescribing Methadone and Suboxone
OPIOID MAINTENANCE THERAPY IN THE IERHA

WHY IS IT SO BAD?

- Unemployment
- Substance abuse
- Crime, violence and widespread poverty
- Marginalized population
  - Population is 24.7% aboriginal (provincial average at 16%)
  - Concentration of missing and murdered Indigenous women and girls
- 1,300 people - 3 pharmacies
- Closure of Powerview-Pine Falls Emergency Department
WHAT CAN WE DO ABOUT IT?

Prevent prescription diversions?

Prescribing guidelines?

Stronger policing?

Stricter legislation?
OPIOID MAINTENANCE THERAPY IN THE IERHA
Nonpregnant adult with opioid use disorder

Postwithdrawal

Mild OUD

Long-acting injectable naltrexone

Treatment failure

Stop medication

Initiate buprenorphine

Treatment failure

Change to methadone

Treatment failure

More intensive psychosocial treatment in conjunction with medication

Currently using illicit opioid or misusing prescribed opioid

Moderate to severe OUD

Change to methadone

Treatment failure

More intensive psychosocial treatment in conjunction with medication
WHY IS NO ONE PRESCRIBING OPIOID MAINTENANCE?

- Hard and challenging work
- Time consuming
- Requires special training and application for federal exemption
- Fee for service models are not financially rewarding
RESEARCH GOALS

1. Assess the consistency or disease screening and subsequent harm reduction

2. Determine if some quantitative measure could be used to determine the success of the program
CPSM RECOMMENDATIONS

- Urine drug screen
- CBC, Liver function, creatinine and blood sugar tests
- Urinalysis
- Pregnancy test (if appropriate)
- With patient consent, HIV and Hepatitis ABC tests.
Opioid Maintenance Therapy in the IERHA

Opioid Maintenance Choice

- Methadone: 65%
- Buprenorphine: 35%
Figure 7. Emergency Room Visits Before and After OMT Initiation

- ER visits before OMT initiation: 96
- ER visits after OMT initiation: 48
- Total ER visits pre & post OMT: 144

**Legend:**
- Blue: Emergency Room Visits 1 year prior to OMT
- Green: Emergency Room Visits 1 year post OMT
CONCLUSIONS & RECOMMENDATIONS

▸ WHAT ARE WE DOING WELL

▸ Patients are initially screening patients for HBV, HCV and HIV at initiation of treatment

▸ Drastic reduction in emergency room usage amongst OMT patients

▸ WHAT CAN WE IMPROVE

▸ Be more adamant about providing HBV vaccinations and followup

▸ Promote multidisciplinary opioid misuse programs

▸ Increase the number of physicians providing OMT
QUESTIONS?
REFERENCES

- Community Health Assessment IERHA. Interlake Regional Health Authority. 2014.
- Controlling Opioid Abuse in the Emergency Department: Legitimate Public Policy or “Legislative Medicine”? Huffman, A. 2013.