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Practice-level solutions to the opioid epidemic

Written by Dr. Barbara Watts on December 4, 2019 for CanadianHealthcareNetwork.ca

Whether you work in the clinic or the ER, here are some simple steps we can take to help address the current crisis

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Dr. Barb Watts

Last month I attended the Canadian Society of Addiction Medicine (CSAM) conference in Halifax, as a representative of Families for Addiction Recovery (FAR). Lovely city! I wanted to share some lessons I learned with all Canadian doctors, especially those who are providing primary care to patients with substance use disorders.

As we have all heard many times now, we are in the midst of an opioid overdose epidemic. More than 10,000 Canadians died of opioid overdose in the years 2016 – 2018. Emergency room visits for opioid overdose rise each year and one in three patients who die of opioid overdose have visited an ER in the past six months. Just as many see their family doctors. This is our opportunity to intervene and maybe save a life.

But first of all we have to recognize opioid-use disorder (OUD). One of the things I learned at the conference is that patients using chronic high-dose prescription opioids should have regular urine drug screens at their family doctor. Not something I ever considered when I was a family doctor prescribing opioids. It seems so untrusting. But even patients who are on stable opioid doses for chronic pain may be beefing up their opioid use with scripts obtained elsewhere and with street drugs. Specific urine drug screens will pick up these extras. That gives the family doctor an opportunity to open a discussion with the patient about their opioid use. Most are grateful for the chance to unburden and are looking for help controlling their opioid use.

Same thing in the ER, we need specific urine drug screens that pick up each opioid, especially fentanyl. Patients testing positive for fentanyl are buying street opioids in the majority of cases. And many of those do not realize they are using fentanyl. They are struggling with addiction; we have to catch it before it kills them.

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Then we have to treat it. Suboxone is the safest and most effective treatment for OUD. Suboxone initiation can be done easily in the family doctor's office, in the ER or at home. There are many guidelines available (see below), and this is easily learned in an hour or two. We can and we must do this. It is not enough to reverse the patient's overdose in ER, wake them up and send them home. We must be offering help, especially Suboxone as the evidence is clear that it is the most effective treatment. (1)

Harm reduction is an important part of care of these patients as well. We must send them home with family or friends, never alone and send them with a naloxone kit. Warn them about using alone. Refer them to safe injection sites if you have them in your area. Remember opioid use does not cause hepatitis C, HIV, endocarditis, spinal abscesses and osteomyelitis. Dirty needles and non-sterile solutions do.

Urine fentanyl screens, suboxone and naloxone kits are not available at many small and medium size Ontario hospitals, including my own. We have to advocate for change in our hospitals, in our colleagues and most importantly in ourselves. We are not doing a good job at this; it is time we upped our game.

Guidelines for suboxone induction can be found at *CMAJ* 2018 March 5;190:E247-57. doi: 10.1503/cmaj.170958