

We care about Albertans living with chronic pain. We recognize physicians had a role in creating the opioid crisis and must be part of the solution. We are not asking physicians to stop prescribing opioids, but to prescribe responsibly. These are our messages to the public and our members, and we reinforce them at every opportunity, such as in this recent editorial in the [Calgary Herald & Edmonton Journal](#).

Physicians ARE prescribing opioids in lower doses and to fewer patients, and it could be in response to evidence-based guidelines, better physician education, new prescribing rules and general awareness of opioid-related issues. While generally the trend we want to see, what's most important to the College is making sure the reductions are happening in a safe and compassionate way, and that patients and prescribers feel supported in using opioids appropriately. Here's how we're doing that.

Guiding our members

Setting standards for safe prescribing, informing, educating, monitoring and when necessary, working directly with individual physicians to improve their prescribing practice: all are part of our multi-faceted strategy to reduce the number of patients started on opioids and to ensure safe and appropriate care for patients already taking these medications.

New Prescribing standard: After extensive consultation with physicians, pharmacists and others, our new [Prescribing: Drugs with Potential for Misuse or Diversion](#) standard of practice took effect on April 1, 2017. This standard includes specific safeguards for long-term opioid treatment for chronic pain, and comes with an Advice document to help physicians apply the standard in their practice.

MD Snapshot: Providing physicians with good information to help them self-assess and improve their practice is the idea behind MD Snapshot. These reports include both practice-specific and comparative data and links to resources and tools. In 2017, MD Snapshot reports were sent to physicians who had, in the previous quarter, prescribed at least one patient a high dose of an opioid, an opioid and benzodiazepine medication concurrently, or a long-acting opioid for a patient who'd never taken an opioid before. Most physicians who responded to a feedback survey found the report useful and planned to make a change in their prescribing.

Educational resources: Our website www.cpsa.ca connects physicians with a wide range of prescribing resources and tools, including the 2017 *Canadian Guideline for Opioids for Chronic Non-Cancer Pain*, practice support tools, tapering resources and community links.

Physicians interested in using methadone to treat opioid dependence must meet specific educational requirements to ensure safe care: training in opioid dependence treatment, experience in an opioid dependency program and applying to the College for a methadone exemption under section 56 of the *Controlled Drugs and Substances Act* are prerequisites for prescribing methadone.

Buprenorphine/ naloxone (Suboxone®) is accepted as a safer option for treating opioid dependence, and can be prescribed by physicians who have registered with the Triplicate Prescription Program. Completion of an online program offered by the Centre for Addiction and Mental Health (CAMH) or equivalent training is recommended.

Monitoring and mentorship: The College administers the Triplicate Prescription Program (TPP) in collaboration with pharmacists and other partner organizations. The TPP monitors the use of prescription drugs prone to misuse and abuse in Alberta, and helps the College provide targeted support and intervention to improve physician prescribing. We use TPP data in these programs:

- High Risk Patient Identification (HRPI): In collaboration with the Alberta College of Pharmacists, the College informs physicians when notified a patient is taking 500 or more Oral Morphine Equivalent (OME) doses daily, has seen three or more physicians and attended three or more pharmacies in a three-month period, which together could suggest an addiction disorder.
- 3 Plus Benzodiazepines 3 Plus Opioids (3+BZD3+Opioid): Physicians are notified when a patient has received three or more benzodiazepines and three or more opioids in a three-month period, a high-risk combination. Chart review, education and follow-up assist physicians in improving their prescribing practice.
- DOME 3000: Direct intervention and mentorship for physicians prescribing very high doses of opioid medications to support them in providing safe patient care.
- Group Practice Review and Individual Practice Review: Selected clinics and physicians receive customized support for practice improvement, which includes a review of aggregate or individual prescribing data, respectively.

Helping patients become partners in their own safe care

Together with the Alberta College of Pharmacists, Alberta Health Services, Alberta Medical Association, and College & Association of Registered Nurses of Alberta, the College helped develop two opioid safety fact sheets in 2017, now available for all health professionals to share with their patients:

- [Opioid Safety for Patients with Acute Pain](#)
- [Opioid Safety for Patients with Chronic Pain](#)

Working with partners

Since hosting an [October 2016 forum](#) with a wide range of stakeholders and addictions experts, the College has continued to work closely with partners to address the opioid crisis. Currently, we're involved with:

- University of Calgary CPD and Calgary Pain Centre: collaborating on an opioid education course for physicians, anticipated to launch spring/summer 2018
- Minister's Opioid Emergency Response Commission: collaborating on strategies for harm reduction, treatment, prevention, enforcement & supply control, collaboration, surveillance & analytics
- Alberta Health Urgent Opioid Response Coordinating Committee and Opioid Surveillance & Analytics Working Group
- Management of Substance Use in Acute Care Settings project: partnering with Alberta Health Services to develop a guidance document for harm reduction
- Pan Canadian Collaboration on Opioid Prescribing: a national multi-stakeholder group led by the College of Family Physicians of Canada to ensure physicians have sufficient resources for this area of practice
- Health Canada: participating in regular teleconferences as an Opioid Response Partner