

Under Review: No
Issued by Council (*Prescribing: Drugs with Potential
for Misuse or Diversion*): April 1, 2017
Reissued by Council (name change only): September 6, 2018

Prescribing: Drugs Associated with Substance Use Disorders or Substance-Related Harmⁱ

The **Standards of Practice** of the College of Physicians & Surgeons of Alberta (“the College”) are the **minimum** standards of professional behavior and ethical conduct expected of all regulated members registered in Alberta. Standards of Practice are enforceable under the *Health Professions Act* and will be referenced in the management of complaints and in discipline hearings. The College of Physicians & Surgeons of Alberta also provides **Advice to the Profession** to support the implementation of the Standards of Practice.

- (1) A regulated member **must** be able to justify prescribing decisions with documentary evidence of a patient’s initial assessment and reassessments as required, including when accepting the transfer of care of a patient from another healthcare provider.
- (2) At the time of initial assessment, a regulated member **must** discuss and determine with the patient the best medication choice considering the:
 - (a) efficacy of other pharmacological and non-pharmacological treatment options;
 - (b) common and potentially serious side effects of the medication; and
 - (c) probability the medication will improve the patient’s health and function.
- (3) A regulated member **must** review the patient’s medication history from the Pharmaceutical Information Network (PIN)/Netcare or from an alternative, independent source (e.g., [TriPLICATE Prescription Program](#), community or hospital pharmacist):
 - (a) before initiating a prescription;
 - (b) before renewing a prescription, unless the regulated member is the primary prescriber; and
 - (c) at minimum, every three months when the prescription is for the long-term treatment of a patient.
- (4) Notwithstanding clause (3), if PIN/Netcare is inaccessible and the patient’s medication history is not available from an alternative, independent source, a regulated member **may** prescribe the minimum amount of medication required until such information can be obtained.

ⁱ Includes, but is not limited to, opioids, benzodiazepines, sedatives and stimulants.

Terms used in the Standards of Practice:

- “Regulated member” means any person who is registered or who is required to be registered as a member of this College. The College regulates physicians, surgeons and osteopaths.
- “Must” refers to a mandatory requirement.
- “May” means that the physician may exercise reasonable discretion.
- “Patient” includes, where applicable, the patient’s legal guardian or substitute decision maker.

- (5) A regulated member who prescribes long-term opioid treatment (LTOT) for a patient with chronic pain, exclusive of treatment for active cancer, palliative or end-of-life care, **must** also:
- (a) establish and measure goals for function and pain for the patient;
 - (b) evaluate and document risk factors for opioid-related harms and incorporate strategies to mitigate the risks;
 - (c) prescribe the lowest effective dose and, if prescribing a dose that exceeds the [opioid prescribing guidelines](#) endorsed by the Council of this College, carefully justify the prescription and document the justification in the patient record;
 - (d) at minimum, re-assess the patient within four weeks of initiating LTOT and every three months thereafter;
 - (e) document the status of the patient's function and pain at each reassessment; and
 - (f) continue to prescribe LTOT **only** if there is measurable clinical improvement in function and pain that outweighs the risks of continued opioid therapy.

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