Clinical Scenarios: Hospital-based exemptions for designated narcotic drugs (DND)

Hospital-based exemptions for prescribing Designated Narcotic Drugs under the Mental Health Services Protection Regulation

The following information is to guide prescribers, operational and medical leaders, and health care providers in the alignment of their clinical practice to current legislation relevant to the treatment of opioid use disorder (OUD) and the prescribing of designated narcotic drugs (DND). It does not apply to any person who prescribes, administers, compounds, dispenses, or sells a DND for treating a medical condition other than OUD.

This FAQ provides clarity on the *Mental Health Services Protection Regulation* (MHSPR) Section 13 definition of Narcotic Transition Services (NTS) and focuses specifically on the requirement of "for other indications".

- The definition of NTS within Section 13(c) of the MHSPR permits the prescribing of DND to:
  - stabilize a patient suffering from acute opioid withdrawal **IF** the patient is admitted to an approved hospital for other indications, and.
  - support the patient to remain in hospital while receiving care without experiencing unmanageable opioid withdrawal symptoms.
- "Other indications" means a medical condition, **other than** an OUD, for which the patient is being treated, including primary and/or comorbid addiction and/or psychiatric disorder(s).
  - "Other indications" do not include psychosocial diagnoses (V-Codes).

This FAQ provides a variety of clinical case scenarios to support clarification of the MHSPR Section 13, and how Section 13 is applied clinically within acute care/emergency department (ED) settings.

- The clinical presentation of an ED patient is highly complex and requires immediate and significant clinical judgement/decision-making by the attending physician/prescriber.
- The decision to prescribe DND for the treatment of OUD while a patient is admitted to hospital in alignment with Section 13 is independent of the decision to admit the presenting person to an approved hospital.

For inquiries on the Hospital-Based Exemptions, email: AddictionMedicine.Resources@RecoveryAlberta.ca

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Legislation

In October 2022, the Alberta Government introduced Narcotic Transition Services (NTS) through an amendment to the *Mental Health Services Protection Regulation* (MHSPR) and released the Community Protection and Opioid Stewardship (CPOS) Standards. The CPOS Standards and the MHSPR set the minimum requirements that a licensed NTS provider must comply with in the provision of DND to treat OUD.

Delivered through the Recovery Alberta[1] licensed Opioid Dependency Program (ODP), NTS involves the use of DND to help people with severe OUD who could not initiate or stabilize on conventional treatment medications. Services focus on stabilizing, tapering and transitioning patients under expert medical supervision to evidence-based opioid agonist treatment (OAT) medications.

Clinical Case Scenarios: Does the patient have an "other indication" under Section 13(c) of the MHSPR?

Patient Profile: Opioid withdrawal and history of opioid overdose (poisoning).

- Is in opioid withdrawal.
- Previous history of opioid overdose (poisoning).

Does this patient have an "other indication" under Section 13(c) of the MHSPR?

No, this patient's case, as presented, does not offer any additional admission diagnoses.

- Opioid agonist treatment (OAT) medications (buprenorphine, methadone, or SROM) and other supportive medications can be offered to stabilize and treat the patient.

Patient Profile: Opioid withdrawal and pre-existing medical condition.

- Is in opioid withdrawal.
- Has pre-existing medical condition (such as ADHD, depression, suicidal ideation, schizophrenia, developmental disability, or intellectual disability)
- Presenting conditions in isolation do not warrant patient admission but collectively place the patent at an increased risk of harm (i.e., withdrawal and return to use).

Does this patient have an "other indication" under Section 13(c) of the MHSPR?

In situations like this, clinical judgement is recommended:

- If the combination of factors was adequate to be considered for admission, then the most responsible practitioner could consider these as "another indication".

[1] Recovery Alberta: Mental Health and Addiction Services was established on September 1, 2024, following the amendment of the Health Statutes Amendment Act, and is the sole provider of mental health, addiction and correctional health services previously provided by Alberta Health Services

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- If the combination of pre-existing medical conditions and withdrawal symptoms would not be enough to consider admission, then the most responsible practitioner could consider the use of OAT medication (buprenorphine, methadone or SROM).

Patient Profile: Opioid withdrawal and unable to care for self.

- Is in opioid withdrawal.
- Is not able to take care of basic needs (self-care) in the community.

Does this patient have an "other indication" under Section 13(c) of the MHSPR?

In situations like this, clinical judgement is recommended:

- If the combination of factors was adequate to be considered for admission, then the most responsible practitioner could consider these as another indication.
- If the combination of pre-existing medical conditions and withdrawal symptoms would not be enough to consider admission, then the most responsible practitioner could consider the use of OAT medication (buprenorphine, methadone or SROM).

Patient Profile: Opioid withdrawal and waiting for potential admission.

- Is in opioid withdrawal.
- Presents to hospital with a condition (nausea/vomiting/ abdominal pain, headache) that requires further testing (x-rays, blood, etc.).

Does this patient have an "other indication" under Section 13(c) of the MHSPR?

Yes, the condition that requires further testing could be considered another indication.

Clinical Case Scenarios: Can DND be prescribed to treat this patient?

Patient Profile: A patient is admitted to the emergency department following an opioid overdose (poisoning):

- Recent opioid overdose (poisoning).
- Is in withdrawal and agitated.
- Diagnosed with FASD and has been out of contact with the treatment team.
- Trading sex for survival needs.

Can DND be prescribed to treat this patient?

Yes. Section 13(c) permits the use of DND to stabilize a patient suffering from opioid withdrawal *during the patient's admission to an approved hospital for other indications.*

- The patient has other medical indications being treated during their ED admission, including opioid overdose (poisoning), blood-borne infections (BBI), and social situation risks in reduced capacity.

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Once the patient's opioid withdrawal is stabilized, they should be transitioned to OAT medications prior to discharge or referred to a licensed NTS provider for assessment of eligibility for NTS.

Patient Profile: A patient is admitted to the emergency department post-seizure.

- Recent seizure activity, thought to be related to benzodiazepine withdrawal.
- Has a history of traumatic brain injury.
- Previous toxicology screens confirm the presence of benzodiazepine (etizolam).
- Presents in severe withdrawal and is at risk for subsequent seizures.
- Has been using fentanyl in the community.

Can DND be prescribed to treat this patient?

Yes. Section 13(c) permits the use of DND to stabilize a patient suffering from opioid withdrawal *during the patient's admission to an approved hospital for other indications.*

- The patient has other indications of being treated during their ED admission, including seizure disorder and benzodiazepine withdrawal.

Once the patient's opioid withdrawal is stabilized, they should be transitioned to OAT medications prior to discharge or referred to a licensed NTS provider for assessment of eligibility for NTS.

Patient Profile: A pregnant patient is admitted to the emergency department in opioid withdrawal.

- 29 weeks pregnant.
- In opioid withdrawal.
- Sleeping rough and has been recently assaulted.
- Has been using fentanyl in the community.

Can DND be prescribed to treat this patient?

Yes. Section 13(c) permits the use of DND to stabilize a patient suffering from opioid withdrawal *during the patient's admission to an approved hospital for other indications.*

- The patient has other indications of being treated during their ED admission (registered patient), including pregnancy monitoring, assessment of risk of premature labor, engagement of social supports, evaluation of assault, etc.

Once the patient's opioid withdrawal is stabilized, they should be transitioned to OAT medications prior to discharge or referred to a licensed NTS provider for assessment of eligibility for NTS.

Patient Profile: A patient is admitted to the emergency department post-opioid overdose (poisoning) with severe opioid withdrawal.

- Recent opioid overdose (poisoning).
- In opioid withdrawal.
- No other medical comorbidities.

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- Declines all out-of-scope OAT medication options.

Can DND be prescribed to treat this patient?

No. A patient who is not currently receiving DND from a licensed NTS provider and presents with no other indication for treatment despite being admitted to the ED, is not eligible for *in-scope* medication treatment.

- For individuals with OUD who are experiencing withdrawal symptoms, OAT medication is to be initiated in alignment with Inpatient and/or ED order sets.
    - Consultation with an addiction medicine physician is accessible through RAAPID to provide guidance in complex scenarios.
    - Prior to discharge, an informed referral to the VODP or nearest ODP clinic may be appropriate.
    - Prior to discharge, an informed referral to a licensed NTS provider may be appropriate.

Treatment that provides overdose (poisoning) antidote (Narcan) and discharge only is strongly discouraged because of the substantial return to use risk to the patient post-resuscitation to alleviate their withdrawal suffering. ED/acute care prescribers are encouraged to initiate buprenorphine/naloxone, and/or consult with RAAPID for OUD consultation, including for methadone or SROM inductions.

Patient Profile: A patient has been admitted to the hospital and is experiencing uncomplicated opioid withdrawal.

- Bilateral leg amputations.
- Admitted to hospital for treatment of bacteremia with prolonged IV antibiotics.
- Untreated hepatitis C.
- Experiencing opioid withdrawal has struggled to stabilize on methadone, buprenorphine and SROM in the past.
- Is interested in injectable hydromorphone and NTS.

Can DND be prescribed to treat this patient?

Yes. Section 13(c) permits the use of DND to stabilize a patient suffering from opioid withdrawal *during the patient's admission* to an approved hospital *for other indications.*

- *The "other indication*" in this case may include treatment for infection and untreated hepatitis C.

Once the patient's opioid withdrawal is stabilized, they should be transitioned to OAT medications prior to discharge or referred to a licensed NTS provider for assessment of eligibility for NTS.

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Information and Resources

Support for Prescribers

Prescribers seeking advice on prescribing OAT can contact the OUD Consultation Service.

- North of Red Deer: call RAAPID North at 1-800-282-9911 or 1-780-735-0811
- South of Red Deer: call RAAPID South at 1-800-661-1700 or 403-944-4488

Prescribers seeking advice on DND prescribing and NTS can contact the Virtual Opioid Dependency Program at 1-844-383-7688.

Practice Support Documents.

For additional information on prescribing practices, see:

- CPSA Standards of Practice: Safe Prescribing for Opioid Use Disorder Standards
- CPSA Advice to the Profession: Safe Prescribing for Opioid Use Disorder.
- Recovery Alberta Hospital-Based Exemption Flowchart–Provision of DND Outside of a Recovery Alberta Licensed ODP/NTS Clinic.
- Recovery Alberta FAQs: Mental Health Services Protection Regulation.

College of Physicians and Surgeons of Alberta (CPSA) OAT Approval

Prescribers do not require OAT approval to prescribe buprenorphine/naloxone. An OAT approval to prescribe methadone or SROM is not required by in-hospital prescribers.

A regulated member who TEMPORARILY prescribes OAT for a patient in an inpatient or correctional facility must:

- Prescribe only for the duration of the patient's stay or incarceration and may prescribe up to the first 120 hours after discharge/release after notifying the patient's community prescriber.
- Restrict OAT prescribing to daily, witnessed doses and not provide take home doses for unwitnessed use.
- Consult with the patient's current prescriber or appropriate delegate before making any changes to the OAT prescription, or introducing any new medications with the potential to interact with OAT; and
- Collaborate with the community prescriber, other regulated health professionals, and multidisciplinary team members involved in the patient's care at transitions between treatment settings.

A regulated members may proceed without consulting the current prescriber if patients require urgent or emergent care.

For more information on CPSA OAT approval visit: Opioid Agonist Treatment Program - College of Physicians & Surgeons of Alberta | CPSA.

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