National Opioid Management Study Report 2019

Prepared by

August 30, 2019

National Opioid Management Study

The Drug and Alcohol Testing Association of Canada (DATAC) conducted a national study throughout the month of July and into August 2019 analyzing opioid management patterns across the country. Focussing on clinical programmes, with an emphasis on identifying regional prevalence trends and differences in drugs of abuse and alcohol management approaches, this study paints a picture of how the use of drugs of abuse and alcohol are monitored and managed across Canada, including:

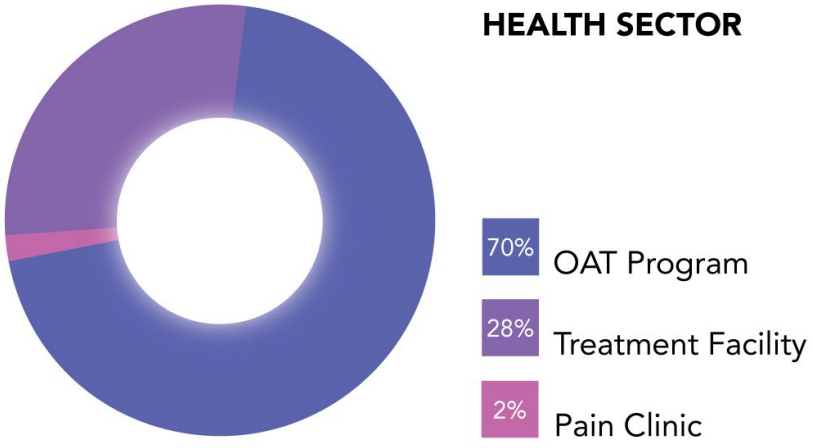
- national and regional profiles of opioid usage,
- national and regional differences in non-opioid drug usage,
- national and regional drug screening panel profiles and patient monitoring approaches,
- the impact of technology on drug screening.

Executive Summary:

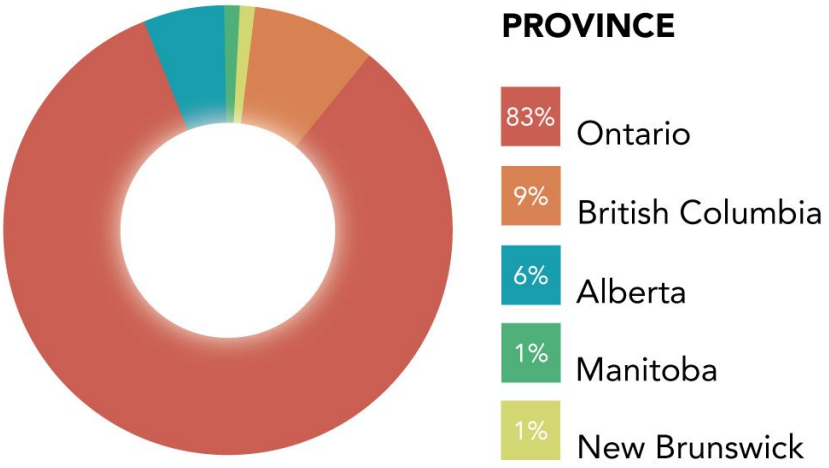
- Over 100 organizations,from 5 provinces, participated in the survey and represented Opioid Agonist Treatment Programs (OATP), Pain Clinics, and Rehabilitation & Treatment Facilities
- Concern about the use or exposure to fentanyl, hydromorphone, oxycodone/oxymorphone, and heroin are the most prevalent nationally and were common across all sectors
    - Carfentanil exposure was only mentioned in British Columbia, in the Rehabilitation & Treatment Facilities sector
- Beyond opioids, the other drugs being seen and tested for most often are cocaine(COC), cannabis (THC), methamphetamine (MET), and alcohol (ALC & ETG)
- The majority of respondents have a formal Patient Risk Management Protocol in place which is based on their regional College of Physician and Surgeons guidelines
- Respondents were actively engaged in drug screening their patients and clients
- Almost all respondents conducted drug testing onsite, with some sites using different test panels based on the patient's circumstances
- The two most common formats used within the drug testing protocols were Urine Test Cups with an integrated test panel, and a Urine Dip Test with an integrated panel
- The majority of respondents use some form of Specimen Validity Testing (SVT) integrated into their urine test panels
- Positive (non-negative) test results were often, but not always, sent to an external laboratory for confirmation testing
- The majority of respondents indicated that patient records were currently kept in paper form, although many indicated they were considering utilizing readers to do the initial interpretation and then integrating that data into an EMR or other forms of technology solutions
- In addition to urine testing, some respondents also chose to use a Breathalyzer

Results:

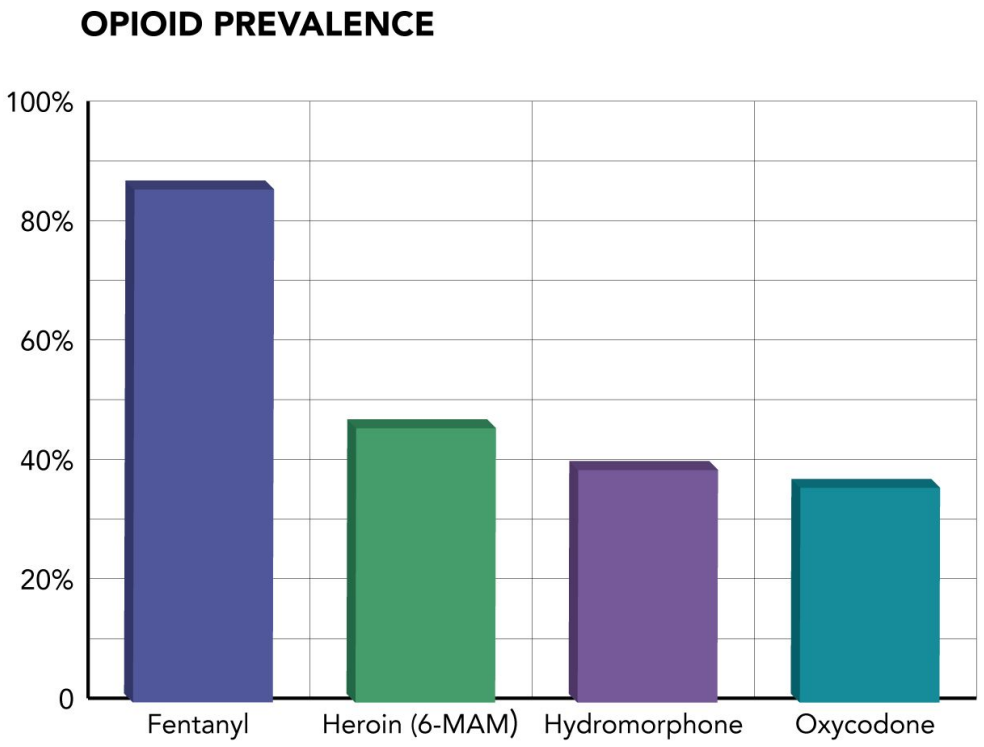
Participants in the survey included in excess of 100 organizations across Canada encompassing Rehabilitation & Treatment Facilities, Pain Clinics, and Opioid Agonist Treatment Programs (OATP). The largest segment of data, 70%, was from the Opioid Agonist Treatment Programs, Rehabilitation & Treatment Facilities represented 28% of the participants and the remaining 2% of respondents were Pain Clinics.



From a geographical perspective the participants were fairly broadly spread out across the country with 9% being from British Columbia, 6% in Alberta, 1% in Manitoba, 83% in Ontario, and 1% from New Brunswick.

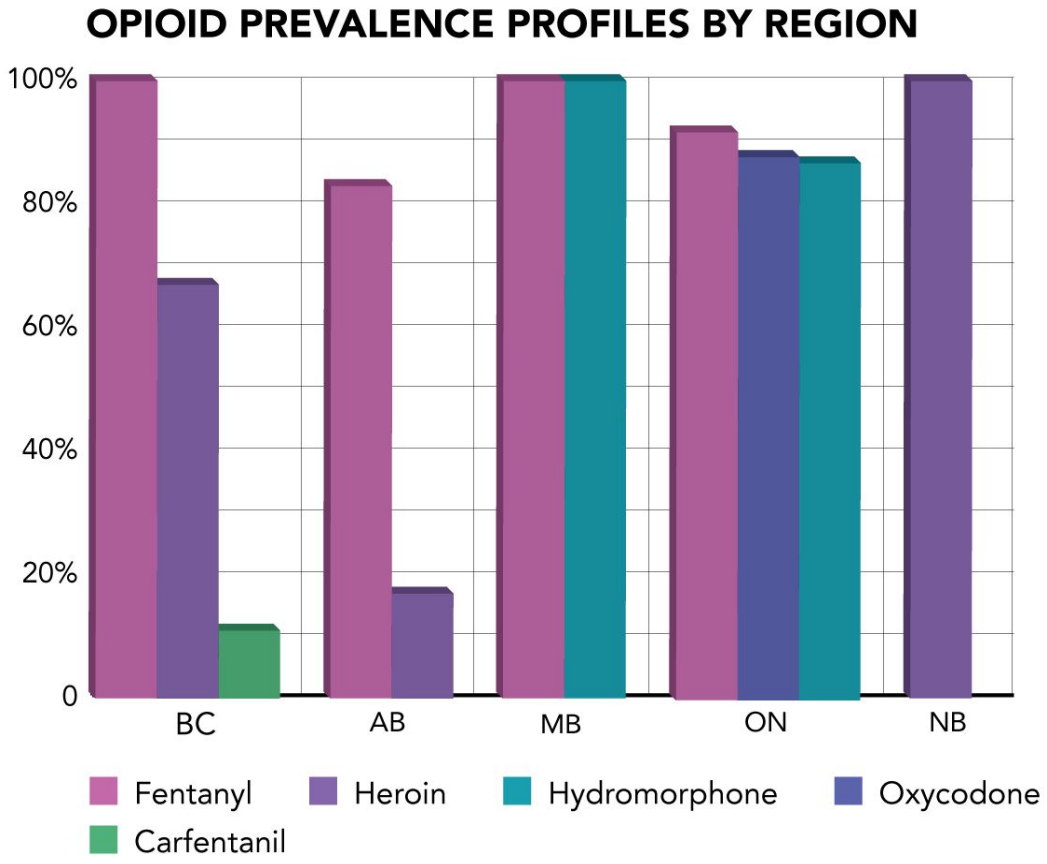


As the graphic below portrays, fentanyl is the opioid that is most broadly screened for nationally, by far, with just over 85% of facilities having it within their screening panel. Heroin is the second most commonly screened for drug with 46% of organizations monitoring for its presence (note that we did not distinguish between whether a clinic identified Heroin by testing for morphine or its metabolite, 6MAM). Hydromorphone and oxycodone come in closely at third and fourth most commonly seen on drug screening panels, at 39% and 36% respectively.

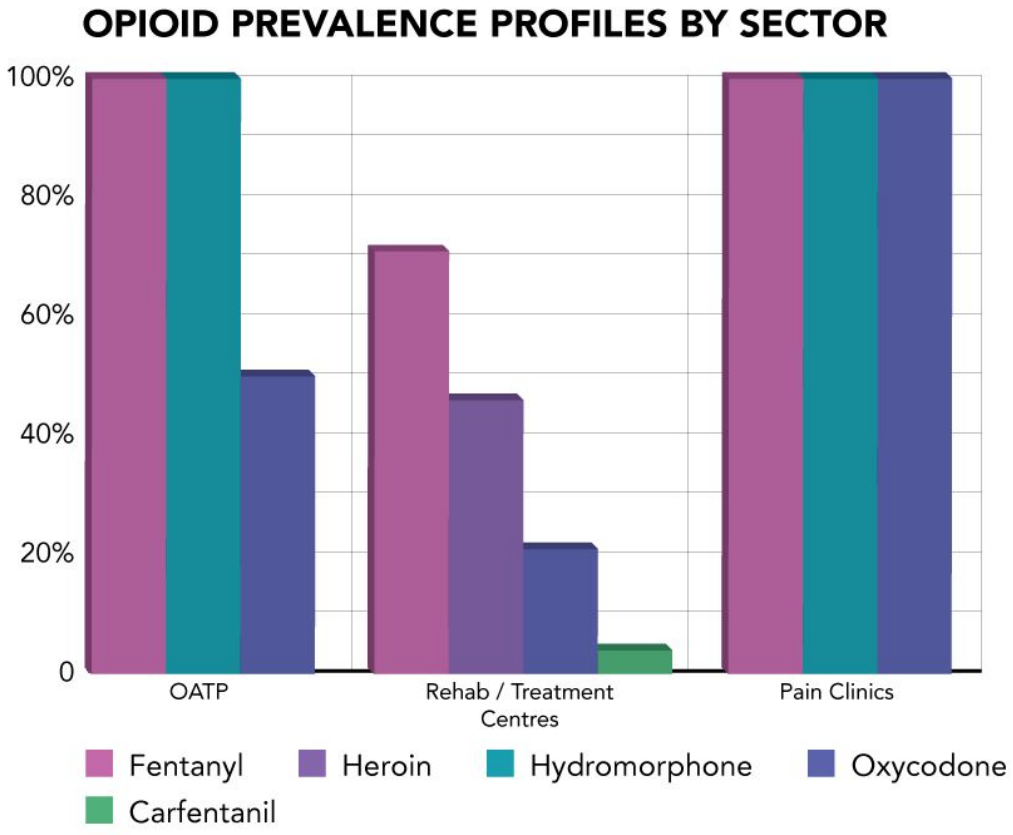


Interestingly, when we look at the statistics from a regional and sector perspective the profiles change somewhat;

- Regional profiles for opioid prevalence (not including EDDP or Buprenorphine) are summarized as follows;
    - In BC the most common opioids of concern are:
        - fentanyl (100%) and heroin (67%), and notably the only province that commented on carfentanil 11%)
    - In Alberta the most common opioids screened are:
        - fentanyl (83%) and heroin (17%)
    - In Manitoba the most common opioids screened are:
        - fentanyl (100%) and hydromorphone (100%)
    - In Ontario the most common opioids screened are:
        - fentanyl (92%), hydromorphone (87%), and oxycodone (88%)
    - In New Brunswick the primary opioid screened for is:
        - heroin (100%)

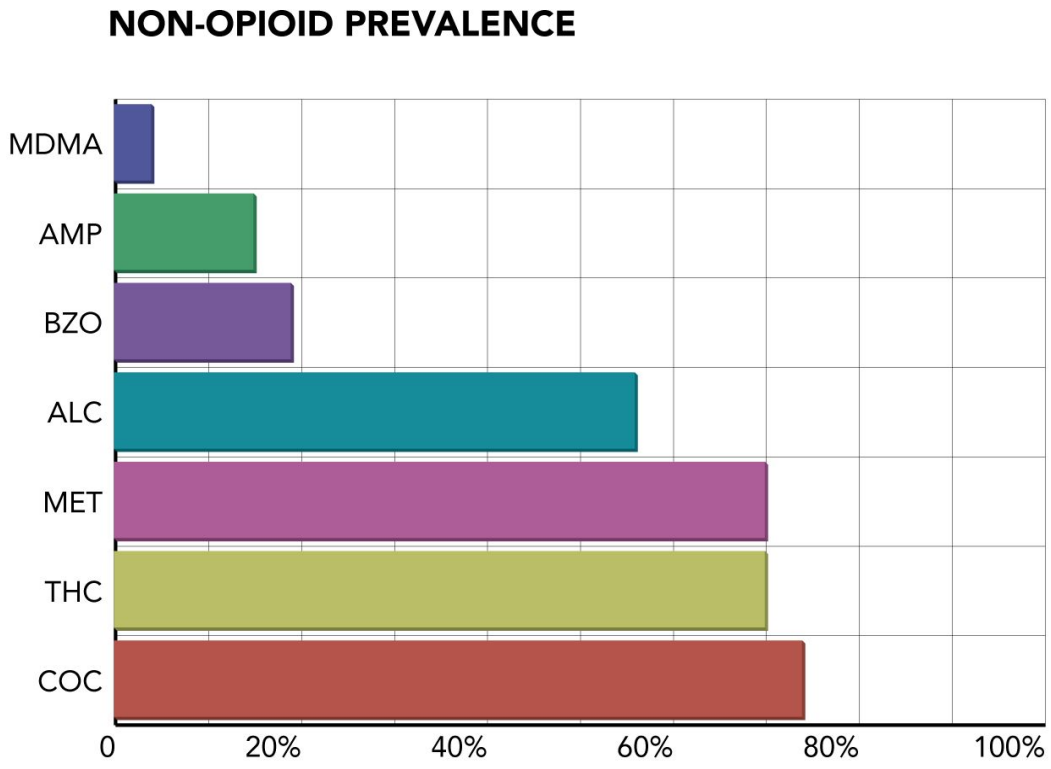


- Broken down into a sector perspective, the opioid prevalence is;
    - Opioid Agonist Treatment Programs screen for:
        - fentanyl (100%), hydromorphone (100%), and oxycodone / oxymorphone (50%)
    - Rehabilitation & Treatment Centres focus on:
        - fentanyl (71%), heroin (46%), oxycodone (21%) and a small number looked at carfentanil (3.6%)
    - Pain Clinics screen for:
        - fentanyl (100%), hydromorphone (100%), and oxycodone / oxymorphone (100%)



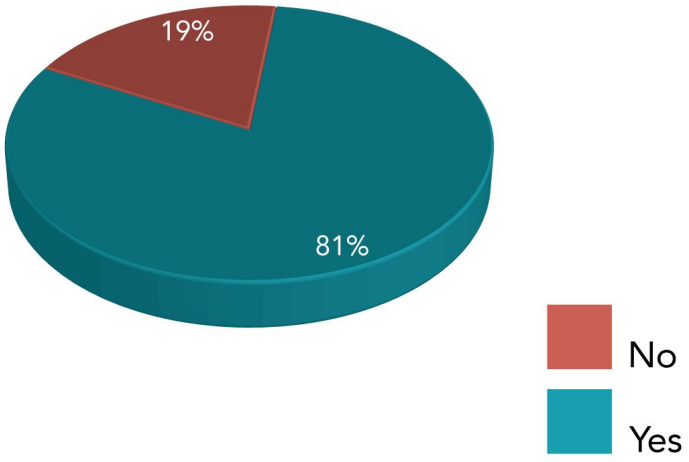
In addition to opioids, the most prevalent drugs that are being encountered across all respondents include;

- Cocaine (74.1%)
- Cannabis THC (70.4%)
- Methamphetamines (70.4%)
- Alcohol (ALC & ETG) (55.6%)



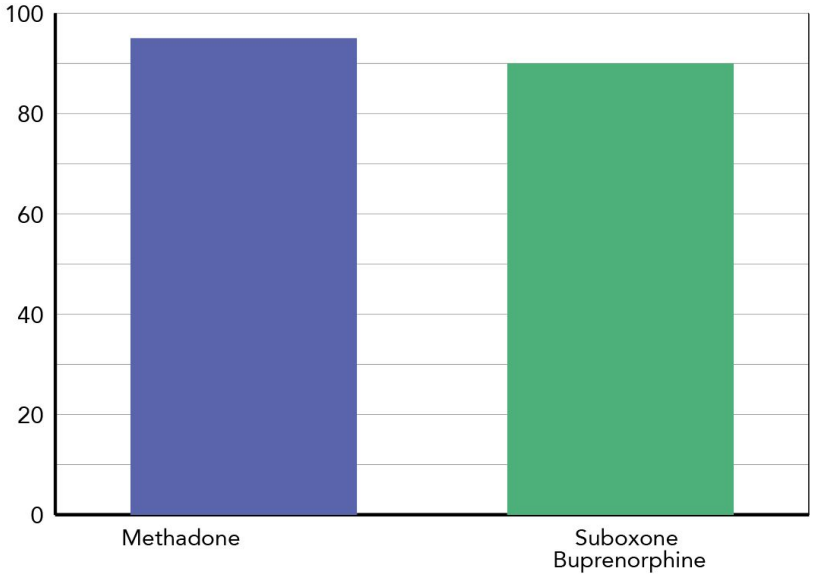
When asked about Opioid Agonist Treatment, not surprisingly, the Rehabilitation and Treatment Centres were not typically involved in these programs; however the remainder of the respondents (81.2%) were actively engaged in Opioid Agonist Treatment Programs. The agonist screening profiles can be seen below.

CURRENTLY PRESCRIBING OPIOID AGONISTS



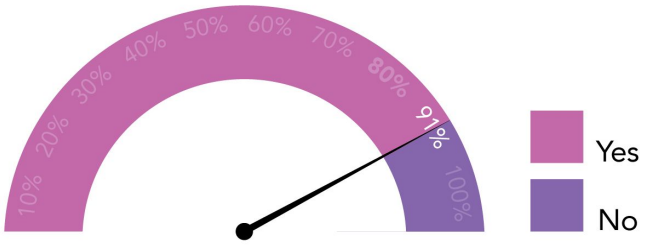
- methadone (95%)
- suboxone (buprenorphine) (90%)

OPIOID AGONISTS PROFILE



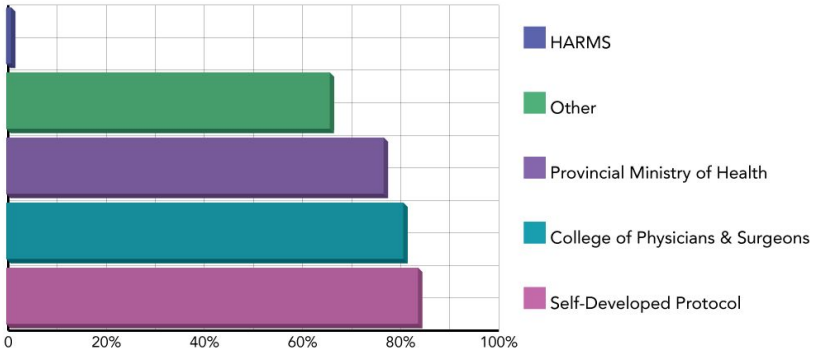
Understanding a patient's (or client's) status and progress, as well as identifying potential issues that may be developing that would affect a patient's progress or well being, can be linked to a Risk Management protocol.

PATIENT RISK MANAGEMENT PROTOCOL



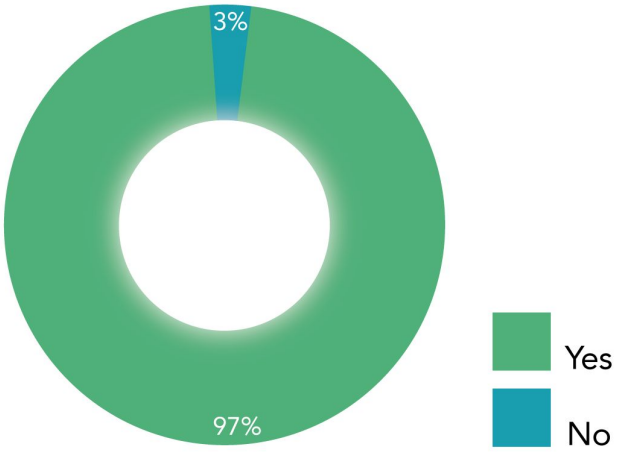
- 91% of respondents indicated that they have a formal Patient Risk Management Protocol in place
- 81.3% indicated that they utilized a College of Physicians and Surgeons protocol from the province in which they are located
- 83.5% indicated that they have a self developed protocol
    - On further enquiry, many of the respondents have refined the College of Physicians and Surgeons protocols based on their practical experience to enhance the management and outcomes for their patients, there is an overlap in these data

PROTOCOL GUIDELINE

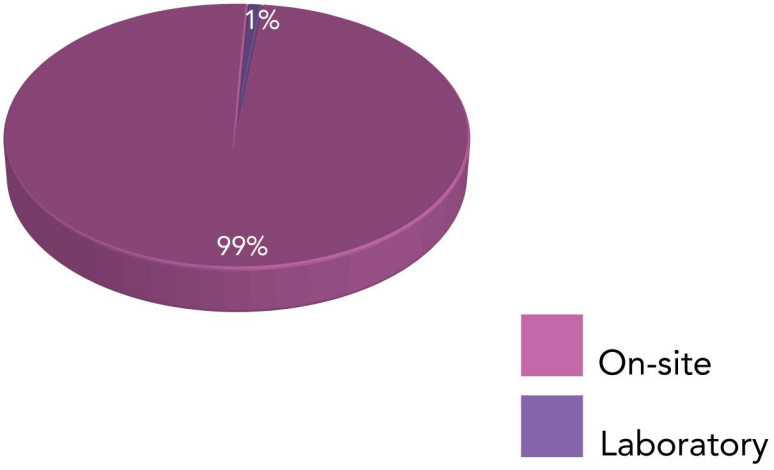


Based on the feedback received, 97% of respondents were actively engaged in drug screening their patients and clients and 99% of these conducted the screening onsite.

DO YOU DRUG TEST YOUR PATIENTS?

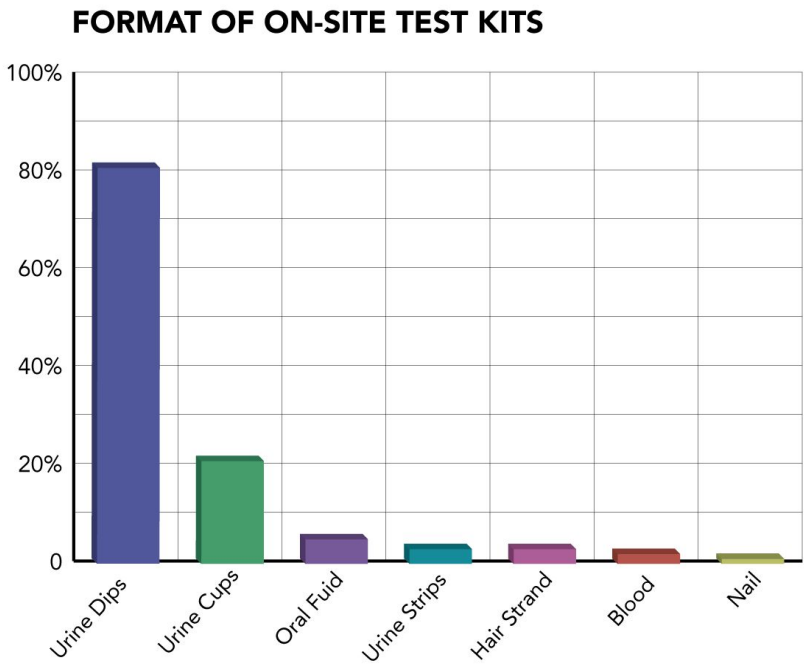


DO YOU TEST YOUR PATIENTS ON SITE?



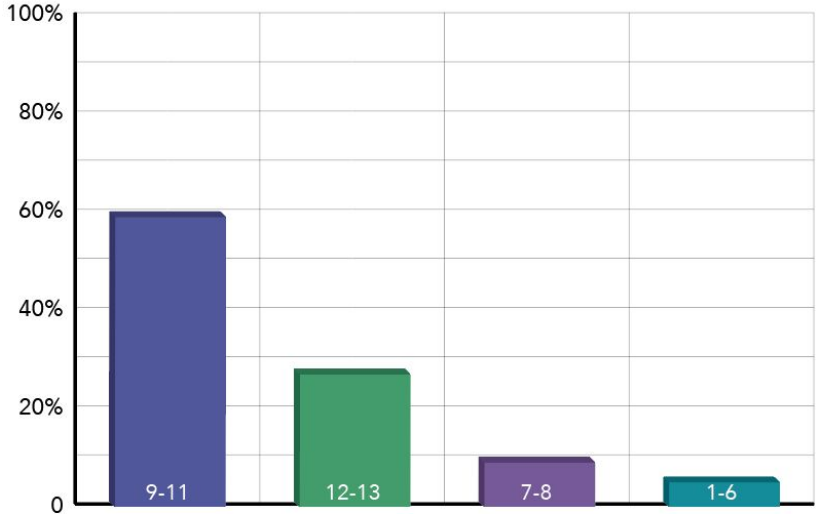
The format of drug testing did vary from site to site, with 30.4% of respondents indicating that they used more than one set of test panels and these were chosen based on the patient's circumstance. The most common test formats were as follows;

- 81.4% used Urine Test Dips
- 20.6% used Urine Test Cups
- 5.2% used Oral Fluid Testing
- 3.1% used Single Test Strips
- 3.1% used Hair Strand Testing
- 2.1% used Blood Tests, and
- 1% used Nail clippings



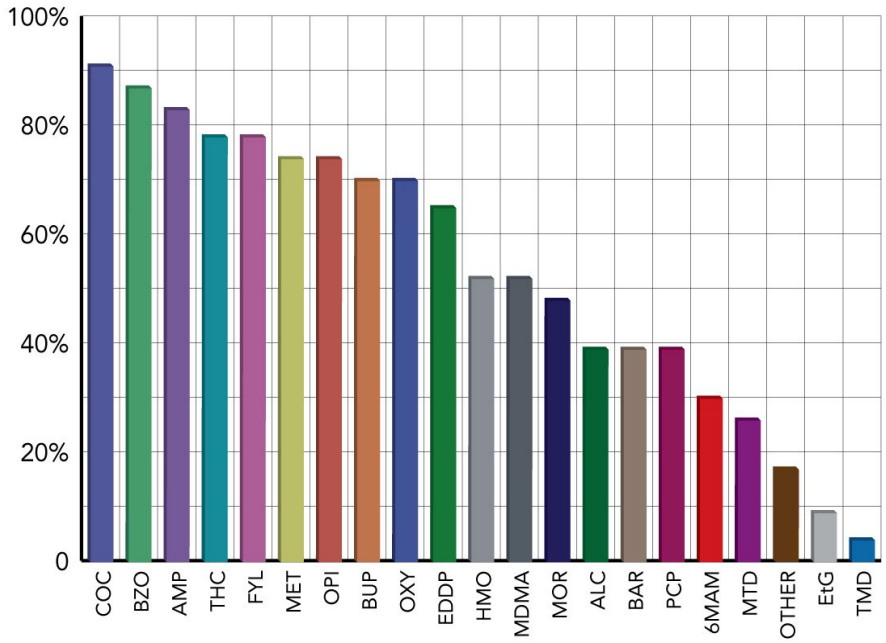
Respondents varied in the number of drugs that they included in their test panels with between 9 to 11 being used by almost 60% of locations. The most common drugs that were included in the test panels are listed below.

NUMBER OF DRUGS SCREENED IN DEVICE

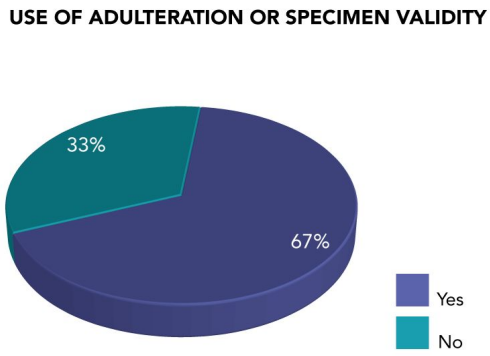


- Cocaine 91%
- Benzodiazepine 87%
- Amphetamines 83%
- Cannabis (THC) 78%
- Fentanyl 78%
- Methamphetamine 74%
- Opiates 74%
- Oxycodone/ Oxymorphone 70%
- Buprenorphine 70%
- Methadone (EDDP) 65%

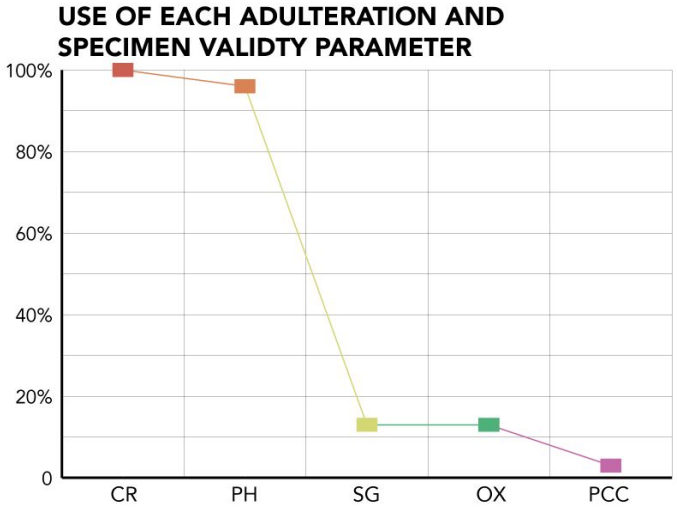
DRUGS TESTED ON-SITE



An important aspect of drug testing is the ability to ensure that the urine sample being tested has not been tampered with and that the results are therefore reflective of the current status of the patient or client.

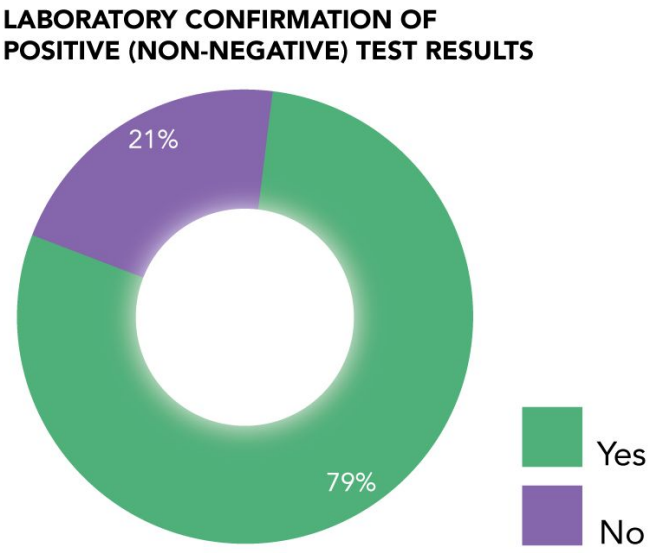


- 66.7% of respondents indicated that they utilize some form of Specimen Validity Testing. The breakdown of what was tested for in the SVT is:
    - Creatinine (CR) 100%
    - pH (PH) 96.3%
    - Specific Gravity 12.5%
    - Oxidants (OX) 12.5%
    - Pyridinium Chlorochromate (PCC) 2.5%

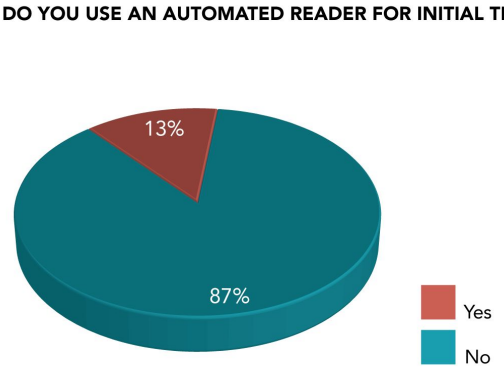


When interpreting the results of a drug test, and a positive (non-negative) result is encountered, do you send the remaining specimen to an external laboratory for confirmation testing;

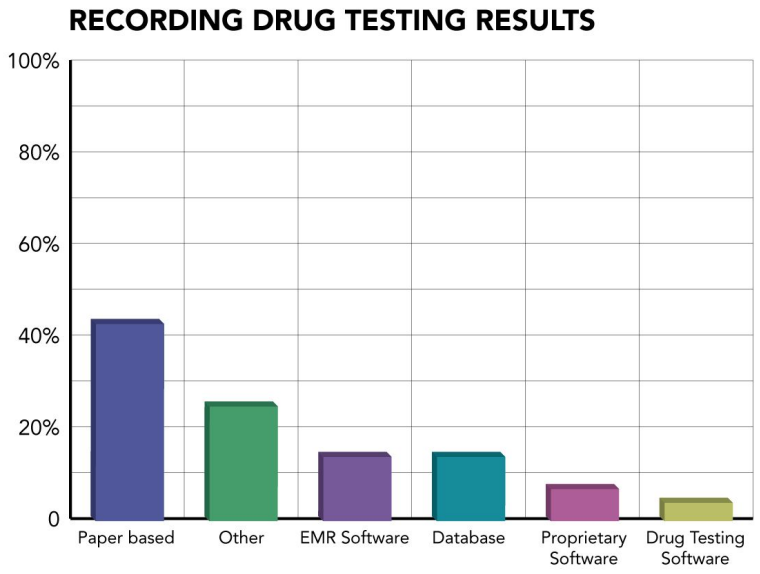
- 79.4% of respondents indicated that, yes, they did send it out for confirmation.
    - Many indicated that the decision to do so was subjective and based on the patient specific circumstances at the time of testing.



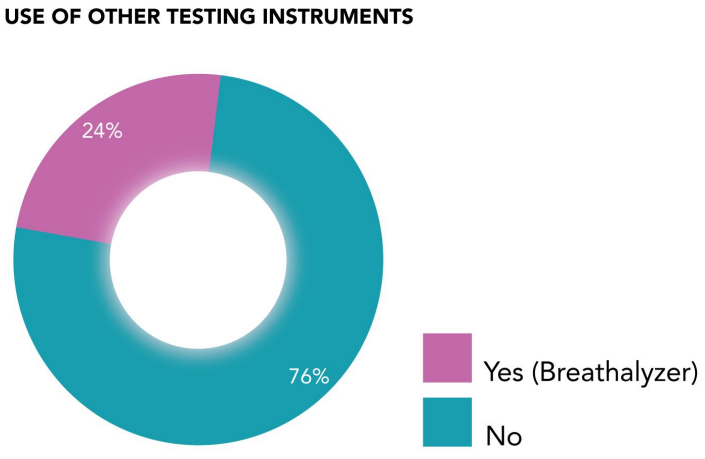
The use of technology is very prevalent in most operational aspects of healthcare clinics and centres. Within the drug testing sector, it does not seem to be as prevalent. Note: A few respondents use multiple systems to store the data.



- 13% of respondents indicated that they use a reader to capture and provide an initial interpretation of the results of the drug test panel
- 14.3% use an Electronic Medical Record (EMR) system to record the results
- 14.3% use a Database system to store the results
- 7.1% use a Proprietary Software System to store the results
- 3.7% use commercially available Drug Testing Software
- 42.9% use a paper-based system for storing the results, and 25% use another form of data storage.



When asked if there was any other instrumentation being used when monitoring patients or clients, 24% of respondents indicated that they use a breathalyzer, and that it did require some formal training to be able to use it effectively.



Final Comments:

This is the inaugural National Opioid Management Study, and it is expected that the study will be done annually to provide ongoing insight into how clinic practices and market influences are evolving. This year, the participation came primarily from Ontario westward, however, we noted that the level of opioid concern was highest in British Columbia, eastward.

Some key observations that arise from the data include:

- Fentanyl was a major concern and being tested for in almost all settings, and carfentanil is on the radar in British Columbia.
- Hydromorphone, oxycodone, and heroin are the most prevalent opioids nationally
- Other drugs being seen and tested for most often are cocaine, cannabis, methamphetamine, and alcohol (both Ethyl Alcohol and Ethyl Glucuronide (EtG))
- The majority of respondents indicated that patient records were currently kept in paper form, although many commented that they were considering utilizing readers to do the initial interpretation and then integrating that data into an EMR or other forms of technology solutions
- In addition to urine testing, some respondents also chose to use a Breathalyzer

Should you have any questions with respect to this report, please do not hesitate to contact Drug & Alcohol Testing Association of Canada (DATAC) at 866-324-7093.