

# Narcotic transition services

In October 2022, Alberta's government introduced new standards for narcotic transition services through an amendment to the *Mental Health Services Protection Regulation*.

**Narcotic transition services** involve the use of high-potency opioid narcotics to help people with severe opioid addiction who have not been able to 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.

**High-potency opioid narcotics** include hydromorphone, diacetylmorphine and fentanyl. They do not include buprenorphine, methadone or slow-release oral morphine.

As high-potency opioid narcotics carry significant health and safety risks, standards are required to protect Albertans with opioid addiction receiving these highly specialized services and support evidence-based, recovery-oriented care.

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## Risks of high-potency opioid narcotics

### Patient

- High-potency narcotics are highly addictive and can cause debilitating withdrawal symptoms.
- They are not safe for long-term use.
- Without expert medical supervision, the risk of misuse and overdose is high.

### Public

- Evidence shows that when high-potency opioid narcotics are widely available, drug diversion increases.
- Drug diversion occurs when high-potency narcotics are given away, traded or sold on the illicit market.
- Diversion increases community addiction and overdose rates.

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## What's changed?

- Alberta Health Services is the only service provider licensed to offer or provide narcotic transition services.
- High-potency opioid narcotics can only be prescribed to people who have not been able to initiate or stabilize on conventional OAT treatment medications and only for the purpose of treating severe opioid addiction.
- There is a requirement for witnessed dosing of high-potency opioid narcotics at the location of the licensed clinic.
- Service providers must have a treatment plan in place for each patient before treatment begins and must provide access to wraparound supports and services.
- Best efforts must be made to transition patients to an evidence-based OAT medication, such as Suboxone or Sublocade, as soon as reasonably possible.
- Certain exemptions allow patients to continue treatment with high potency opioid narcotics if they are at a hospital, emergency department or designated facility under the *Mental Health Act*, or to allow stabilization during admission for treatment at a hospital for a different condition.

*\*These changes do not apply to high-potency narcotics prescribed for treating chronic pain or other illnesses.*

## Timelines and Next Steps

While the amendment comes into force immediately, there is a transition period to allow continuity of care for existing patients and to provide health professionals with sufficient time to adjust to the new requirements.

<b>As of October 5, 2022</b>	<ul style="list-style-type: none"><li>• Narcotic transition services will be available at <a href="#">AHS Opioid Dependency Program</a> (ODP) clinics in Calgary and Edmonton, which will be accepting patients immediately.</li><li>• At these clinics, high-potency opioid narcotics will not be dispensed directly to patients. All drug administration will take place onsite and be witnessed by an authorized regulated health professional.</li><li>• Primary care providers that have been treating patients for opioid addiction using high-potency narcotics will begin the process of transitioning their patients to conventional OAT medications or transferring them to a licensed AHS clinic.</li><li>• Primary care providers can reach out to AHS for support in transitioning patients via the <a href="#">AHS Opioid Use Disorder Telephone Consultation services</a>.</li></ul>
<b>After 30 days</b>	<ul style="list-style-type: none"><li>• Primary care providers that have been treating patients for opioid addiction using high-potency opioid narcotics will no longer be able to start new patients on these medications.</li><li>• These primary care providers will continue the process of transitioning their existing patients to conventional OAT medications or transferring them to a licensed AHS clinic.</li></ul>
<b>After 4 months</b>	<ul style="list-style-type: none"><li>• Narcotic transition services will be available at licensed AHS clinics in Lethbridge, Medicine Hat, Red Deer and Grande Prairie.</li><li>• Licensed AHS clinics will begin accepting patient referrals and transfers from other existing service providers.</li></ul>
<b>After 5 months</b>	<ul style="list-style-type: none"><li>• Primary care providers will have transitioned existing patients to conventional OAT medications or transferred them to eligible licensed AHS clinic.</li></ul>

## Resources

For information on narcotic transition services, contact the Addiction Help Line at 1-866-332-2322 available 24 hours a day 7 days a week.

Albertans struggling with opioid addiction can call the [Virtual Opioid Dependency Program](#) at 1-844-383-7688, seven days a week, from 8 a.m. to 8 p.m. daily, for same-day access to addiction medicine specialists. There is no waitlist.

Prescribers seeking advice on prescribing OAT can contact the Opioid Use Disorder 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

For additional support, information and referral to services, call [211 Alberta](#).

## Immediate changes for regulated health professionals

**Prescribers** are physicians and other authorized regulated health professionals. **Dispensers** are pharmacists and other authorized regulated health professionals.

### Prescribers and dispensers

- A dispenser may not dispense any prescription of a high-potency opioid narcotic drug unless the prescription includes the medical indication for which the drug is being prescribed (i.e. on the TPP pad).
- There are no other changes if the indication of a prescribed opioid drug is for the treatment of a condition other than opioid addiction (e.g. pain, palliative care).

If the indication is related to a patient's opioid addiction:

- Any prescription of a high-potency opioid narcotic drug (when indicated for an opioid addiction) must be filled through an AHS clinic that provides licensed narcotic transition services.
- A high-potency opioid narcotic drug may not be dispensed directly to a patient if the prescription is indicated for an opioid addiction.
- Any administration of a high-potency opioid for an opioid addiction must happen at the location of a licensed AHS clinic, and will be supervised by an authorized regulated health professional to protect against diversion.

This does not apply to physicians or other primary care providers that are **existing service providers** or to the **hospital-based exemptions** below.

**Existing service providers** may qualify for the 150-day transition period. If a physician or other primary care provider provided services to a patient using a high-potency opioid narcotic for the patient's opioid addiction from July 1, 2021 to October 4, 2022:

- As of November 4, 2022, such a service provider may no longer use these medications for a patient's opioid addiction if that patient was not already receiving these medications (i.e. maintenance of existing patients only).
- As of March 4, 2023, prescribers may no longer use a high-potency opioid narcotic for a patient's opioid addiction. Any of their patients that still require treatment must have been fully transitioned to opioid agonist treatment using buprenorphine, methadone or slow-release oral morphine, or transferred to a licensed AHS clinic to receive narcotic transition services.

**Hospital-based exemptions** to the licensing requirement:

- Prescribing and administering a high-potency opioid narcotic is permitted to stabilize a patient suffering from opioid addiction during the patient's admission to a hospital for other indications, only during the patient's admission.
- For continuity of care, a patient receiving licensed narcotic transition services can continue being administered a high-potency opioid narcotic drug if they are an in-patient of an approved hospital, admitted to an emergency department, or detained under the *Mental Health Act*, even if those places are not included on the licence of a licensed service provider (subject to terms set out in section 16(1) of the Regulation).

### All health professionals

- Any health professional working within the context of a facility listed on the licence of a licensed service provider must comply with additional service requirements set out in the Regulation and *Community Protection and Opioid Stewardship Standards*, which include some specified roles that must be undertaken by an addiction medicine physician.