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FENTANYL PATCH PROGRAMS FOR OUD

Hope to Health's experience implementing a nurse led, client-centered program

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LAND ACKNOWLEDGEMENT

We reaffirm our dedication to the health, rights, and wellbeing of the First Nations inhabitants since time immemorial, Métis Peoples, visiting First Nations people, and Inuk who call this land their home. We recognize and challenge colonialism and its manifestations in our institutions, especially the health system.

We are honored to be joining you from the traditional, ancestral, unceded and stolen land of the xʷməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Səl̓ílwətaʔ/Selilwitulh (Tsleil-Waututh) Nations.

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INTRODUCTIONS

- We are trying to decolonize our work and to prioritize the voices of people that our programs impact

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INTENDED LEARNING OUTCMES

By the end of this presentation, attendees will be able to:

- Explain why fentanyl patch might be a good option for a client with OUD
- Describe a nurse or pharmacist led model for a fentanyl patch program
- Recount the positive and negative experiences of a person in the program
- List enablers and challenges to starting a local program
- Identify the first step in their context should they decide to implement a fentanyl patch program

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CONTEXT

- Ongoing toxic and contaminated illict opioid supply in BC
- Clients have been asking fentanyl patch
- Limitations to methadone, buprenorphine, sustained-release oral morphine (SROM/Kadian)
- Recent expansion of fentanyl patch programs around BC, disproportionately in Vancouver Metro area
- Great addition to standard OAT and Risk Mitigation/ Safer Alternative prescribing

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HOPE TO HEALTH FENTANYL PATCH PROGRAM

- Client perspective
- Nurse perscpective
- Prescriber perspective
- Qualitative evaluation from clients

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STARTING FENTANYL PATCH

- Assessment by a prescriber with a 2nd prescriber review
- Assessment by nursing
- Special authority*
- SROM induction followed by conversion to fentanyl patch
  - Eg. Sheena starts SROM 300mg and is increased daily to 1100mg of SROM
  - Fentanyl 300mcg/hr started 12 hrs after last dose of SROM
  - Dilaudid 8mg tabs used to smooth transition to fentanyl patch
- Addition of fentanyl patch to methadone
  - Useful if methadone has been partically effective
  - Cross taper fentanyl patch and methadone every 2-3 changes
- Fentanyl patch alone

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PROTOCOL – OLD AND PROPOSED NEW*

Proposed new titration schedule*Nov 2022

Week Day	Unknown or low tolerance (mcg/hr)	Medium-high tolerance i.e. >2 pts per day of illicit fentanyl (mcg/hr)
Monday	50	100
Wednesday	100	200
Friday	150	300
Monday	200	400
Wednesday	250	500
Friday	300	Continue increases by 50-100 each patch change
Monday	350	Continue increases by 50-100 each patch change

Note: Increase with every patch change. If there are drug interaction (i.e. with ARVs) consider a slower induction. If client is to remain on methadone during induction, 50mcg/hr increase each patch change should be the max.

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ENABLING FACTORS TO MAKE THE PROGRAM MORE NIMBLE AND SATISFACTORY

- Wardstock of patches
- Same assessments and starts*
- Directly calling pharmacare to get SA approved
- Working with pharmacies around the province
- Options for afterhours and weekend changes*
- Q2d changes if clients are not comfortable by Monday

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SPECIAL AUTHORITY

- Client is reliant on the toxic illicit opioid supply and is at risk of harm or death
- We have evidence of their use of fentanyl by history and urine drug testing
- Please approve patch for 1 year

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EXERCISE: HOW TO GET STARTED

Small group exercise

1. You will be put into groups of 3-4
2. Once in your group, you will have 5 minutes to:
    1. Introduce yourself –
        1. name
        2. where you are calling from
        3. What you think about fentanyl patch for OUD
    2. Discussion – take 30 seconds to think about the following questions, then share in your group:
        1. One thing that would support a fentanyl patch program at your work
        2. One thing that might be a challenge for starting a program
        3. The first step you would need to take to get started
        4. One question you have
3. Group discussion

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QUESTIONS?

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