The College of Physicians & Surgeons of Manitoba

Manitoba Opioid Agonist Therapy Recommended Practice Manual

Quality Practice, Collaboration, & Community

The College of Physicians & Surgeons of Manitoba Opioid Agonist Therapy Recommended Practice Working Group. *Manitoba Opioid Agonist Therapy Recommended Practice Manual*. CPSM; 2023. Available at: bit.ly/OATmanual

PREFACE

Opioid Use Disorder (OUD) is a chronic illness that adversely impacts every aspect of life for affected individuals. It is a disease associated with guilt, shame, and at times, hopelessness. This experience is compounded by pervasive stigma. Personal and societal barriers can make seeking help feel insurmountable for many patients.

Fortunately, effective long-term treatment is available and now more accessible than ever in Manitoba. Opioid Agonist Therapy (OAT) is an evidence-based treatment that, when delivered by a skilled interdisciplinary team, can effectively stabilize individuals with OUD and support them on the journey to recovery.

BACKGROUND

In 2019, the College of Physicians & Surgeons of Manitoba (CPSM) convened a working group of experts in the treatment of OUD. This working group was tasked with assisting the CPSM Prescribing Practices Program to develop a new *Recommended Practice Manual* for the use of buprenorphine-containing medications in the context of OAT in Manitoba.

By 2021 the same working group was tasked with updating the CPSM publication *Manitoba Methadone and Buprenorphine Maintenance Recommended Practice* (2014). This publication contained minimal guidance on buprenorphine-containing OAT medications and the methadone guidance was outdated.

The resulting combination of these two important projects created this new publication, the *Manitoba Opioid Agonist Therapy Recommended Practice Manual*. This manual is intended to be a dynamic online publication, hosted on this CPSM webpage, to permit more regular revision. It will be updated periodically as evidence and best practices in this field evolve over time. The chapters are divided into key sections and posted individually for providers to find their topic of interest more easily. While many OAT care topics are addressed collectively for overarching guidance, medication-specific recommendations are provided separately as applicable.

The manual is also intended to contribute to **quality assurance** in OAT practice, promote **collaboration** among professionals and with patients, and inspire continued **growth of the OAT community**.

Clinicians are encouraged to adopt and incorporate these recommendations into their OAT practice without delay. Should CPSM registrants have any questions about the interpretation of this guidance, please contact the working group Chair, Dr. Marina Reinecke. We hope all healthcare professionals will find this guidance useful in providing comprehensive care to their patients on OAT.

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- CPSM Registrar, Dr. Anna Ziomek. Without her support this project would not have been possible.
- CPSM for in-kind support to the working group and authors.
- Every author, expert reviewer, and contributor as listed.

DEDICATION

While this OAT Recommended Practice Manual is intended to support the many committed professionals who guide people with OUD along life's path, **it is truly dedicated to our patients – those who fight this illness with bravery and endurance every day. It is our privilege to witness your amazing journey**.

Sincerely,

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The OAT Recommended Practice Manual is the result of extensive collaboration among regulators, practitioners, and colleagues. The project collaborators provided perspectives from a diverse array of clinical disciplines and professions. The manual would not have been possible without their immeasurable support and contribution.

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GLOSSARY OF TERMS

Abstinence: Refraining from an activity typically associated with giving pleasure (e.g., refraining from the use of a substance, or activity such as gambling or sexual intercourse). In the context of opioid use disorder, abstinence is typically considered the cessation of all opioid use. A common treatment goal for OAT programs is abstinence from non-prescribed or illicitly acquired opioids and other substances. However, cessation of drug use or complete abstinence from non-prescribed substances may be a later goal along the treatment continuum, or it may not be realistic or achievable for some patients, but they can still benefit from harm-reduction and the OAT program.

Accidental Polypharmacy Overdose: Ingestion of multiple substances (prescribed, non-prescribed, and/or over-the-counter medications/substances) with sedating and/or psychoactive properties, wherein the combined central nervous system effects (especially in individuals with predisposing health conditions) cause unintended respiratory depression, possibly leading to death.

Addictions Medicine Specialist: A physician with robust training, knowledge, and clinical experience in the management of substance use disorders, including OUD, *and* who has passed an addiction medicine exam proctored by the International Society of Addiction Medicine (ISAM), the American Board of Addiction Medicine (ABAM), or the American Board of Preventive Medicine (ABPM), *or* with Canadian Society of Addiction Medicine certification (CCSAM), *or* a Certificate of Added Competence in Addiction Medicine (CCFP(AM)).

Adolescence: The phase of life between childhood and adulthood, from ages 10 to 19, a unique stage of human development and an important time for laying the foundations of good health. However, for healthcare purposes in Manitoba, and medicine in general, patients are treated as adults by age 18.

Alcohol: Alcohol (containing ethanol) acts as a drug and is produced by fermentation of grains, fruits, or other sources of sugar. May refer to beer, wine, spirits, home-brew, and be potable/non-potable.

Alpha-agonists: Alpha-adrenergic agonists are a class of medications that selectively stimulates alpha adrenergic receptors, used in the management of a variety of disorders. In the context of opioid use disorder, alpha-agonists like clonidine are occasionally prescribed for off-label indications, for symptom management (e.g., diaphoresis/sweating, insomnia).

Antidepressants: Medications with psychoactive properties typically prescribed to treat mental-health related conditions (e.g., Bupropion, Tricyclics, SSRI/SNRIs).

Benzodiazepines: A class of depressant medications with anxiolytic and sedative-hypnotic properties, whose core chemical structure is the fusion of a benzene ring and a diazepine ring, commonly prescribed to treat anxiety, insomnia, and seizure disorders (e.g., alprazolam, lorazepam, diazepam, clonazepam, temazepam). It is not uncommon for patients with opioid use disorder to use benzodiazepines and/or (the closely related) Z-drugs (e.g., zopiclone or zolpidem). This can vary from intermittent use to alleviate the discomfort of opioid withdrawal, to a concurrent sedative-hypnotic use disorder. Benzodiazepines/Z-Drugs are generally contraindicated with OAT and a thorough history of their use may be required as part of a comprehensive medication management plan.

Bioavailability: The extent and/or rate at which an active drug accesses its site of action (commonly the systemic circulation).

Buprenorphine: A long-acting semi-synthetic opioid that is a partial agonist with high affinity at the mu-opioid receptor. Some buprenorphine formulations are prescribed for the treatment of opioid use disorder as OAT, and others as analgesia for the treatment of pain.

Buprenorphine/naloxone Micro-dosing: A buprenorphine/naloxone induction using lower than typical induction doses (at least initially) that overlap with the continued use of a full opioid agonist by the patient (commonly referred to as the "Bernese method"). Unlike a conventional buprenorphine induction, this approach does not require a period of abstinence from other opioids or the required clinical evidence of opioid withdrawal prior to starting buprenorphine/naloxone (to avoid precipitated withdrawal).

Cannabis: A psychoactive drug from the cannabis plant, also known as marijuana, that may be commercially or illicitly acquired, and used for recreational, medicinal, and entheogenic purposes. Cannabis products can be smoked, vaped, or ingested orally.

Ceiling Effect: A point at which increasing amounts/higher doses of a substance/drug does not increase the pharmacological/physiological effect; essentially the substance/drug's impact on the body plateaus. Methadone does not demonstrate a ceiling effect and thus accumulation may lead to opioid toxicity and respiratory depression, especially if the induction dose is too high, or the dose is increased too rapidly.

Centre for Addiction and Mental Health (CAMH): Canada's largest mental health and addiction teaching hospital and one of the world's leading research centres in the field. CAMH is affiliated with the University of Toronto and is a Pan American Health Organization/World Health Organization Collaborating Centre, setting standards for care, research, education, and leading social change.

Clinical Opioid Withdrawal Scale (COWS): A clinical tool to help clinicians measure the severity of opioid withdrawal. COWS is an 11-item scale designed to be administered by a clinician, that can be used in both inpatient and outpatient settings to reproducibly rate common signs and symptoms of opioid withdrawal and monitor symptoms over time.

Complex Addiction & Recovery Medical Assessment (CARMA) Clinic: Winnipeg Health Sciences Centre Addiction Services outpatient clinic that offers assessment, diagnostic clarification, and treatment recommendations for problematic substance use including assistance with prescription medications, illicit substances, and/or alcohol, where medical review is warranted.

Comprehensive Urine Drug Screen (C-UDS): A test utilizing liquid chromatography-high resolution mass spectrometry to determine the presence or absence of specific medications in a urine sample. C-UDS is recommended when initiating OAT therapy. Confirmatory testing with C-UDS is also recommended in the case of unexpected point-of-care (POC) test results, either positive or negative, when further information is needed to formulate an appropriate treatment plan for a patient. However, given comparatively greater costs, it is not recommended to use C-UDS routinely for the follow-up of OAT patients, including for the routine determination of clinical stability.

Controlled Dispensing: Dispensing lesser quantities of medications at more frequent intervals so that fewer medications are available at one time, to ultimately improve patient safety. For example, dispensing other medications on the same schedule as the OAT medication is dispensed for witnessed self-administration verses unwitnessed take-home doses.

Conventional Buprenorphine/naloxone Induction: A buprenorphine/naloxone induction process wherein the first dose is administered following a period of abstinence from other opioids and/or clinical evidence of sufficient opioid withdrawal, to avoid precipitating withdrawal.

Detox/Detoxification: Withdrawing from a substance, either via a taper or completely abstaining from a substance, often associated with admission to an institutional setting (e.g., community-based "detox" facility or a hospital). However, this can also occur outside of a clinical or institutional setting (see **Home-Based Detox**). In the context of opioid use disorder, "detox" towards the goal of abstinence from opioids without transition to OAT and long-term treatment is *not recommended* as it has been associated with increased morbidity, such as HIV transmission, and mortality secondary to overdose.

Down: Common slang terminology for an illicit combination of fentanyl and other analogues, heroin, and possibly benzodiazepines. May include a combination of (diverted) prescription medications and/or non-prescription/non-pharmaceutical grade substances produced and acquired illicitly.

Drug Program Information Profile (DPIN): A provincial record of medications dispensed in Manitoba to an individual patient.

Electrocardiogram (ECG): A non-invasive medical test that records the electrical activity of the heart. ECG can be used to assess the QTc interval in OAT patients, as methadone and buprenorphine (to a lesser degree) may cause QTc interval prolongation. (See **QTc Interval** and **QTc Prolongation** below).

Gabapentinoids: Antiepileptic drugs, including gabapentin and pregabalin, that can be used as treatment for the management of neuropathic pain.

Guest Dosing: Providing a pharmacy, other than the patient's typical/regular community pharmacy, with an OAT prescription so that the patient may attend the interim host pharmacy for witnessed guest dosing for a limited time, often to facilitate travel.

Hallucinogens: A large and diverse class of psychoactive drugs that can produce altered states of consciousness that can include major alterations in thought, mood, and perception. May be categorized as psychedelics, dissociative, or deliriants, and can include LSD/acid, psilocybin/magic mushrooms, phencyclidine (PCP)/angel dust, synthetic cathinone/bath salts, and ketamine.

Harm Reduction: Evidence-based interventions that are intended to reduce an individual's risk of harm from substance use (e.g., education of safer use techniques, sterile drug-consumption equipment and supply distribution, supervised consumption, take-home naloxone training and distribution, and connection to other medical care and resources). Harm reduction is considered the standard of care for all people at risk of opioid/substance use related harms.

Health Sciences Centre Consult Team/Service: A group of Addiction Medicine Physicians associated with Health Sciences Centre (HSC) that can provide assessment, diagnostic clarification, and treatment recommendations for problematic substance use, including assistance with prescription medications, illicit substances, and/or alcohol, where medical review is warranted. This service is available to in-patients at HSC and St Boniface General hospital. They also take calls from healthcare providers outside of these facilities to provide expert advice/recommendations regarding the treatment of opioid use disorder and the appropriateness of OAT induction and/or titration. Healthcare professionals can reach the HSC Consult Team through HSC paging.

Hepatitis C: An RNA virus that infects the liver, primarily transmitted via blood and/or blood exposure. As with all Sexually Transmitted and Blood Borne Infections (STBBIs), comprehensive screening should be offered to all patients with opioid use disorder. Initial and intermittent STBBI screening, including treatment referrals as appropriate, form an important part of ongoing OAT care.

Home-Based Detox: A self-guided process of tapering a low to moderate dose of opioids, or abstinence from opioids over a predetermined period, outside of an established clinical or institutional setting (see **Detox** above). This approach has limited evidence and carries significant risk, and is not the recommended standard of care for the treatment of opioid use disorder.

Human Immunodeficiency Virus (HIV): Retrovirus transmitted by blood, genital or rectal fluids, and breast milk. As with all Sexually Transmitted and Blood Borne Infections (STBBIs), comprehensive screening should be offered to all patients with opioid use disorder. Initial and intermittent STBBI screening, including treatment referrals as appropriate, form an important part of ongoing OAT care.

Hyperhidrosis: Excessive sweating, not necessarily related to heat or exercise, which may be associated with opioid withdrawal or side-effects of opioids/OAT medications (more commonly with methadone).

Illicitly Acquired Opioids: Can be another patient's diverted prescription medication (e.g., morphine, hydromorphone, codeine, fentanyl, diverted methadone or buprenorphine/naloxone) that may be acquired by purchase, borrowed, or traded with other medications. Also includes non-prescription/non-pharmaceutical grade opioids produced illicitly, such as illicit fentanyl, carfentanil, heroin, or "down" (as above, slang terminology for an illicit combination of fentanyl, heroin, possibly benzodiazepines).

Informed Consent: A process of communication between healthcare providers and patients that may lead to agreement or permission to proceed with medical care, treatment, or services. This involves providing patients with information regarding the care, procedure, or treatment, including possible risks and benefits of treatment vs. non-treatment, and potential outcomes. Patients (or an appropriate substitute decision maker) must understand this information in order to decide whether to take part in the medical care, treatment, or services.

Injectable OAT (iOAT): Injectable diacetylmorphine or hydromorphone prescribed as OAT for individuals with severe opioid use disorder, who have not achieved adequate benefit from OAT trials (i.e., with buprenorphine, methadone, and slow-release oral morphine), and/or who are considered treatment refractory with ongoing risk related to opioid injection drug use. Use of iOAT under supervision in a structured and supported clinical environment has shown some benefit as a harm reduction treatment strategy, however, it is not currently available in Manitoba.

Medication Diversion: The illicit/illegal transfer or distribution of prescription medication and the use of these medications for purposes not intended by the prescriber, for example, when a patient provides their prescribed medication(s) to another person for their own use or further diversion, either voluntarily or involuntarily (e.g., by coercion or theft).

META-PHI: Mentoring, Education, and clinical Tools for Addiction: Partners in Health Integration. An initiative to support healthcare providers in treating people struggling with substance use disorders, through the development of care models (e.g., developed the RAAM clinic model), clinical tools, and resources.

Methadone: A full agonist and long acting synthetic opioid, with actions predominantly at the mu-opioid receptor. Methadone is prescribed for the treatment of opioid use disorder as OAT, and also as analgesia for the treatment of pain.

Muscle Relaxants: Skeletal muscle relaxants which commonly cause central nervous system depression (e.g., cyclobenzaprine, baclofen, methocarbamol).

NIHB: The Non-Insured Health Benefits program provides eligible First Nations and Inuit clients with coverage for a range of health benefits that are not covered through other social programs, private insurance plans, and/or provincial/territorial health insurance.

NIHB Client Safety Program: Patients on OAT whose medications are covered by Non-Insured Health Benefits (see **NIHB**) for First Nations and Inuit are enrolled in the NIHB Client Safety Program. These patients are required to have a sole prescriber (or identified group of prescribers) as a provision for coverage of opioids, benzodiazepines, stimulants, gabapentinoids, and/or nabilone (i.e., restricted medications). When patients are initiated in a community pharmacy on buprenorphine/naloxone, methadone, or slow-release oral morphine to treat opioid use disorder, they are automatically enrolled in this program.

OAT: Opioid Agonist Therapy, formally known as opioid replacement therapy. The recommended evidence-based treatment of opioid use disorder with opioid medications specifically prescribed for the indication of OUD, including sublingual buprenorphine/naloxone, methadone, slow-release oral morphine (SROM) or injectable buprenorphine formulations.

OAT Taper (Involuntary): When a patient is not requesting withdrawal from treatment, but given significant safety concerns (for the patient, treatment team, or the community), the treatment team determines that continuing OAT is either unsafe or inappropriate.

OAT Taper (Voluntary and clinically reasonable): A taper requested and directed by a stable patient, in collaboration with the treatment team. In this context, the patient and provider agree that many treatment goals, including clinical stability, have been achieved and that a trial of tapering is a reasonable option.

OAT Taper (Voluntary with clinical concerns): A taper requested by the patient before many important treatment goals are achieved, and/or before clinical stability is reached. The patient thus wishes to taper off of OAT but remains at high risk of relapse to non-prescribed opioid use and other harms.

Opaskwayak Health Authority OAT Program (**OHA OAT Program**): A northern remote program serving individuals with opioid use disorder and providing OAT to patients in Opaskwayak Cree Nation, The Pas, Moose Lake, Easterville, Grand Rapids and surrounding areas.

Opioid Agonist Therapy 101: An Introduction to Clinical Practice: This two-day interdisciplinary continuing professional development event is aimed at healthcare professionals who are interested in treating and supporting individuals with opioid use disorder. The workshop is accredited for pharmacists, family physicians, and Royal College fellows. The workshop is for those interested in prescribing or dispensing OAT, or for those who want to learn more about opioid addiction and the resources available to patients, and will arm participants with new knowledge and skills to support this vulnerable patient population.

Opioid Use Disorder (OUD): A substance use disorder involving a problematic pattern of opioid use that causes significant impairment and/or distress, consistent with diagnostic criteria as outline in the Diagnostic and Statistical Manual of Mental Disorders (DSM). OUD is a chronic and potentially life-threatening illness that can affect anyone. OAT is an evidence-based and effective long-term treatment for OUD.

Over the counter (OTC) Medications: Medications available over the counter and without a prescription. Some sedating/psychoactive OTC medications when combined with OAT and other medications can contribute to overall sedation, impairment, and accidental polypharmacy medication overdose. OTC medication use must be evaluated and considered when planning an OAT induction and as part of the ongoing medication management plan. Sedating/psychoactive OTC medications commonly contain ingredients such as diphenhydramine, dimenhydrinate, dextromethorphan, and other antihistamines.

Pain: "An unpleasant sensory and emotional experience associated with or resembling that associated with actual or potential tissue damage" (International Association for the Study of Pain, 2020). Pain management issues form part of the scope of practice of OAT providers. OAT prescribers should play an active role in the management of acute, chronic, and peri-operative pain for patients on OAT.

Personal Health Information Act (PHIA): Manitoba legislation governing the use and dissemination of personal health information.

Pill/Carry Bottle Counts: A clinical intervention that assists with monitoring medication compliance and identifying potential medication diversion. It may involve periodic pill counts, or methadone carry bottle checks, for patients with take-home doses. Patients may be asked to bring medications dispensed as take-home doses or labelled methadone carry bottles to a clinic visit or to the pharmacy for inspection. A healthcare professional may physically count pills/examine bottles to ensure the correct amount of medication is in the patient's possession (to confirm that medications and carries are being taken as prescribed).

Point-of-Care (POC) Urine Drug Test: An immunoassay-based urine drug test that often detects classes of drugs (e.g., opioids, benzodiazepines, stimulants) rather than a specific drug or medication. For most purposes, POC is the preferred method of testing, ideally ordered upon initiation of OAT treatment and for follow-up testing as clinically indicated, as it provides immediate results that can be shared with the patient and used in the development of a timely management plan.

Polypharmacy: For the purposes of this manual, the concurrent prescribing of five or more medications with sedating and/or psychoactive properties. Importantly, the inherent risks of polypharmacy also apply in situations where licit (e.g., alcohol and cannabis), or illicit drugs/prescription medications and/or over-the-counter medications with sedating and/or psychoactive properties, are combined with prescribed medications with similar properties. When prescribing OAT, it is important for the prescriber to educate patients regarding these risks on a regular basis and develop a comprehensive medication management plan.

Post Exposure Prophylaxis (PEP): Antiretroviral medications prescribed to HIV-negative individuals who has had a potential exposure to HIV. PEP must be initiated within 72 hours of potential HIV exposure. Patients should be referred to urgent care or an emergency department if they meet the criteria for PEP.

Precipitated Withdrawal: As a partial agonist with high affinity for the mu-opioid receptor, buprenorphine has the potential to displace full agonists with lesser affinity (e.g., morphine, heroin, fentanyl) at receptor level, and precipitate clinically significant opioid withdrawal symptoms. This occurs when an initial dose of buprenorphine is taken by a patient who has recently consumed other opioids. This experience can be very distressing to patients and may negatively impact treatment retention. This risk can be minimized with appropriate clinical assessment and treatment planning around induction. All patients eligible to start treatment with buprenorphine-containing OAT medications must first be adequately counselled regarding this risk as part of the informed consent discussion.

Pre-Exposure Prophylaxis (PrEP): Medications prescribed for the prevention of HIV in HIV-negative individuals who are at high-risk of acquiring HIV.

Prescriber: For the purpose of this manual, a regulated healthcare professional who is authorized by their regulatory body (i.e., CPSM, CRNM) to prescribe medications.

Prescription Opioids: Pharmaceutical-grade (quality controlled) opioids obtained via a legitimate prescription from an authorized practitioner (e.g., morphine, hydromorphone, codeine, fentanyl, methadone, buprenorphine/naloxone).

QTc Interval: The QT interval is a measurement made on an electrocardiogram (ECG) used to assess a component of the electrical activity of the heart. The corrected QT interval (QTc) calculates the QT interval at a standard heart rate of 60 bpm. This allows comparison of QT interval values over time at different heart rates and improves detection of patients at increased risk of arrhythmias.

QTc Prolongation: The QTc is prolonged if > 440ms in men or > 460ms in women, and a QTc > 500 is associated with an increased risk of serious cardiac arrythmia (i.e., torsades de pointes).

RAAM Clinics: Rapid Access to Addiction Medicine Clinics are low-barrier, walk-in style clinics that individuals can attend to get help for substance use disorders, including opioid use disorder. No appointment or formal referral is required. RAAM clinics provide time-limited medical addiction care, including pharmacotherapy such as OAT, brief counselling, and referrals to community services.

Sexually Transmitted and Blood Borne Infections (STBBI) Screening: Laboratory-ordered tests to identify STBBIs. Given a higher prevalence in individuals with substance use disorders, comprehensive STBBI screening should be offered to all patients with opioid use disorder. Initial and intermittent STBBI screening, including treatment referrals as appropriate, form an important part of ongoing OAT care.

Slow Release Oral Morphine (SROM): Refers to the 24-hour formulation of the extended-release morphine capsules (i.e., brand name Kadian®). SROM is a specialist-led third-line OAT treatment option for carefully selected patients with opioid use disorder, subject to specific prescribing and dispensing requirements outlined in this manual.

Stimulants: Stimulant/psychostimulant substances that can enhance the activity of the central and peripheral nervous systems, with common effects of increased alertness, awareness, wakefulness, pleasure, and endurance. Including but not limited to cocaine powder, crack cocaine, methamphetamine, amphetamines, methylphenidate, MDMA, and ecstasy.

Street Drug (Immunoassay) Urine Drug Screen: An immunoassay-based urine drug test that is preformed by a laboratory and typically detects classes of drugs (e.g., opioids, benzodiazepines, stimulants) rather than a specific drug or medication.

Sublocade (Buprenorphine Extended-Release Injection): A partial opioid agonist for the management of moderate to severe opioid use disorder (prescribed as OAT) that is administered subcutaneously in the abdominal region by a trained health care professional.

Take-Home Doses (Carry Doses): Dose(s) of OAT medications authorized by an OAT prescriber to be taken home by the patient for unwitnessed self-administration. Generally, OAT doses should be dispensed as daily witnessed doses to be self-administered under the direct supervision of a pharmacist, approved prescriber, or a nurse, until the patient has demonstrated sufficient clinical stability to be considered for take-home doses. Take-home doses must be authorized by the prescriber or a member of the clinical treatment team. The pharmacist cannot authorize take-home doses, and the prescriber/clinic staff should clearly explain this to the patient to avoid misunderstanding.

Trauma-Informed Care/Practice: Practices such as attention, caring awareness, and sensitivity to a patients' past experiences, that promote a healthcare environment that is culturally safer, empowering, and healing. "Trauma is often closely tied to substance use, mental illness, stigma, health care access barriers, and other challenges. Trauma-informed practice means recognizing this link, making sure that people feel safe and are not re-traumatized by their care". (BC Mental Health & Substance Use Services, Provincial Health Services Authority, 2023).

Treatment Agreement: A written agreement reviewed collaboratively between the patient and prescriber/treatment team that outlines behaviour expectations, boundaries, and mutual responsibilities. Such agreements are recommended for patients treated with OAT, to foster transparency, trust, and safety in care. While the expectations of the agreement apply to the clinical setting and extend to the pharmacy setting, the pharmacy may also utilize a pharmacy-specific treatment agreement with OAT patients.

Urine Drug Testing (UDT): Testing for the presence/absence of substances in a patient's urine sample to support assessment and care planning throughout the course of OAT. UDT is recommended during initial assessment, ideally prior to induction, however lack of feasible availability of UDT should not delay treatment if the patient meets diagnostic criteria for opioid use disorder and OAT is indicated. UDT is also recommended upon routine follow up, as clinically indicated, to contribute to the provider's overall assessment of patient stability.

UDT False Negative Result: When a substance is not detected by a urine drug test despite being consumed by a patient. This can occur when the drug is present below the threshold of the test, when the drug is not detected by the particular test, when the test occurs outside the window of exposure, and occasionally with individual variabilities in metabolism (e.g., with certain prescribed medications or medical illnesses). Caution is advised before making impactful treatment decisions based on results of UDT; generally, a pattern of unexpected results is more reliable than a single aberrant test.

UDT False Positive Result: When a substance is reported as being present by a urine drug test but was not (knowingly) consumed by a patient. This may occur as a result of cross-reactivity, when the supply is contaminated with an unexpected substance, or when a patient intentionally tampers with the sample. False positives are rare in cases of passive exposure. It is important to note that cross-reactivity is only possible with immunoassays, not with comprehensive urine drug screens. Caution should be used before making impactful treatment decisions based on results of UDT; generally, a pattern of unexpected results is more reliable than a single aberrant test.

Unwitnessed Induction/Home Induction: Induction with buprenorphine/naloxone that does not require the patient to take the first dose(s) of buprenorphine/naloxone under the direct supervision of a pharmacist, approved prescriber, or nurse. This approach is useful in engaging select patients in care who are unable to appear for a traditional witnessed induction schedule at a pharmacy or with an approved prescriber, due to a variety of patient characteristics or systemic barriers.

Winnipeg Health Sciences Centre Addiction Unit (AU): An inpatient unit specializing in medical management of substance use disorders. Patients requiring specific medical intervention for withdrawal management, stabilization, and access to treatment services are considered for admission.

Withdrawal Management: Medical and symptomatic management while a patient withdraws from a substance, either via a taper or abstaining from the substance. This can be associated with community-based programs in primary care or specialty addiction care, or admission to an institutional setting (e.g., a community-based "detox" facility or hospital). In the context of opioid use disorder, "detox" towards the goal of abstinence from opioids without transition to OAT and long-term treatment is *not recommended* as it has been associated with increased morbidity, such as HIV transmission, and mortality secondary to overdose (see also **Detox** and **Home-Based Detox**).

Witnessed dosing: Generally, OAT doses should be dispensed as daily witnessed doses to be self-administered under the direct supervision of a pharmacist, approved prescriber, or a nurse, until the patient has demonstrated sufficient clinical stability to be considered for take-home doses (see also **Take-Home/Carry Doses**).

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CPSM acknowledges this manual is the result of extensive collaboration among regulators, practitioners, and colleagues, including the College of Pharmacists of Manitoba (CPhM) and the College of Registered Nurses of Manitoba (CRNM).

Questions regarding this manual and content herein can be directed to CPSM or providers' respective regulatory bodies.

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