HOSPITAL SUBLOCADE ADMINISTRATION
A Team Approach
“THINKING OUTSIDE THE BOX!”

META:PHI Prescriber Meeting
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DISCLOSURES

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NONE

SPONSORS/GRANTS

NONE but open to suggestions !!

RESEARCH EXPERIENCE

NONE

Preamble

- Timmins has the highest overdose death rate per capita per 100,000 in the province for 2019 (46.1) & 2020 (71)
- Timmins has one of the highest homelessness rates (2.1%)in the province
  - Opening of its first homeless shelter in 2018
- Vast geography with limited access to addictions care
  - Closest non medical Detox centre - 1 hour away (Smooth Rock Falls)
  - Large distance between cities in our district
  - Coastal communities with fly-in access only and poor cell phone and internet access

Preamble

- Contaminated fentanyl supply
  - Increase ER visits in the last 2 years for opiate related OD
  - Increase in overall death rates from opiates in our community

- No local medical withdrawal management beds in our City or District

INITIAL STEPS in 2020?

TADH EMERGENCY DEPARTMENT

- Convince our ER physicians and nurses to start using suboxone as a standard of care for pts presenting in opiate withdrawal
- Offering help and referring pts with OUD not in withdrawal to community services (RAAM)

HOW DID WE CHANGE OUD CARE IN OUR ER

Presentations!!! Presentations !!! Presentations !!!

Occasional arguments with colleagues !

Made ourselves available for questions any time

Met with RAAM to improve access for our pts

- Dedicated appointment time slots for ER pts

SUBOXONE ORDER SET IN ER FOR SUBOXONE INDUCTION

Colleagues became more comfortable with:

- Standard induction in ER
- Microdosing as outpatient

SUBOXONE ISSUES IN THE COMMUNITY

- Many patients cannot tolerate withdrawal in the community with microdosing or standard induction
- Pts would be lost to follow-up and care was fragmented after d/c from ER
- Can be difficult to maintain pt on suboxone for 7 days even with rapid titration
- Daily witnessed dosing can be a problem
- Carries still a concern with some providers
- Difficult to rapidly titrate suboxone in community for high fentanyl users
- Difficult for patients to be abstinent > 24 hrs from fentanyl to avoid PW
    - Better equipped to treat withdrawal in hospital

NEXT STEPS...

OCTOBER 2020

Community Home/Mobile Withdrawal Management Team

Addiction Medical Consult Team

DECEMBER 2020

Medical Withdrawal Management Beds at our hospital (December 7th)

WITHDRAWAL MANAGEMENT BEDS

Timmins and District Hospital

Agreed to fund 2 beds to help with our opiate crisis

Staffed by RNs

Physician on call 7 days a week and AMCT RN and hospital SW

Located in the ICU medical overflow beds

ISSUES WITH SUBOXONE AND SUBLOCADE IN OUR WM BED

Pts with OUD did not want to stay 7 days in our detox beds to get sublocade

We wanted bed availability for the next patient presenting to our ER requesting help

Risk of losing pt to f/u if the left prior to sublocade injection

Prior to our medical withdrawal beds:

Community success with early sublocade on 3 occasions as patients could not sustain 7 days of suboxone

- First & second patient was on day 5 (not consecutive on suboxone)
- Third patient was on day 3

We have monitored withdrawal beds- What can happen? They are monitored !

LET'S DO IT !!

QUESTIONS REGARDING SUBLOCADE?

WHY CAN’T WE GIVE SUBLOCADE EARLY- DAY 2 TO 4?

WHY DO WE HAVE TO WAIT 7 DAYS?

WHAT IS THE DIFFERENCE BETWEEN > 8 MG FOR 3 DAYS VS 7 DAYS?

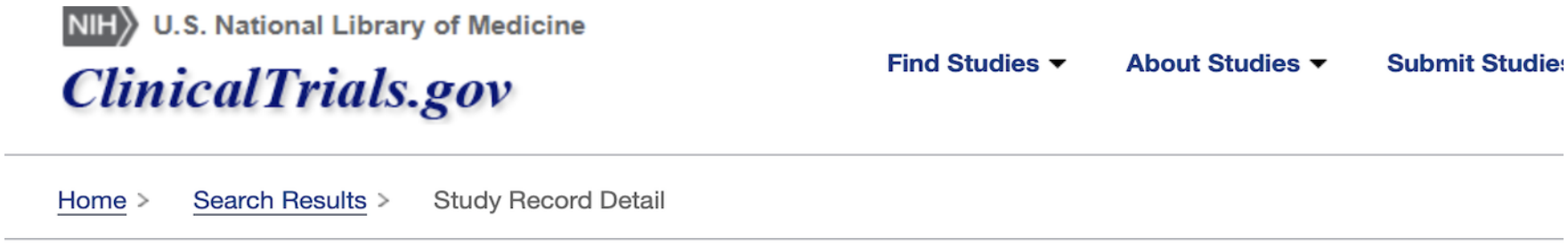
WHAT DID WE DO?

- We asked around:
  - Discussion with Indivior- scientist (no convincing explanation to not give early although they did not recommend it)
  - Discussion with other experienced addiction providers who agreed there was no convincing explanation to not give early injections
    - Biggest fear is precipitated withdrawal (& side effects)

Perhaps the Health Canada Recommendation of 7 days stabilization is arbitrary

If pt tolerating high doses of suboxone within 2-4 days-->they should tolerate sublocade

Evidence for Early Sublocade Administration ?



Evidence for Early Sublocade Administration ?

Indivior sponsored: last post update online: April 2021

Population: 26 pts

Pt with Dx of OUD with sx of withdrawal

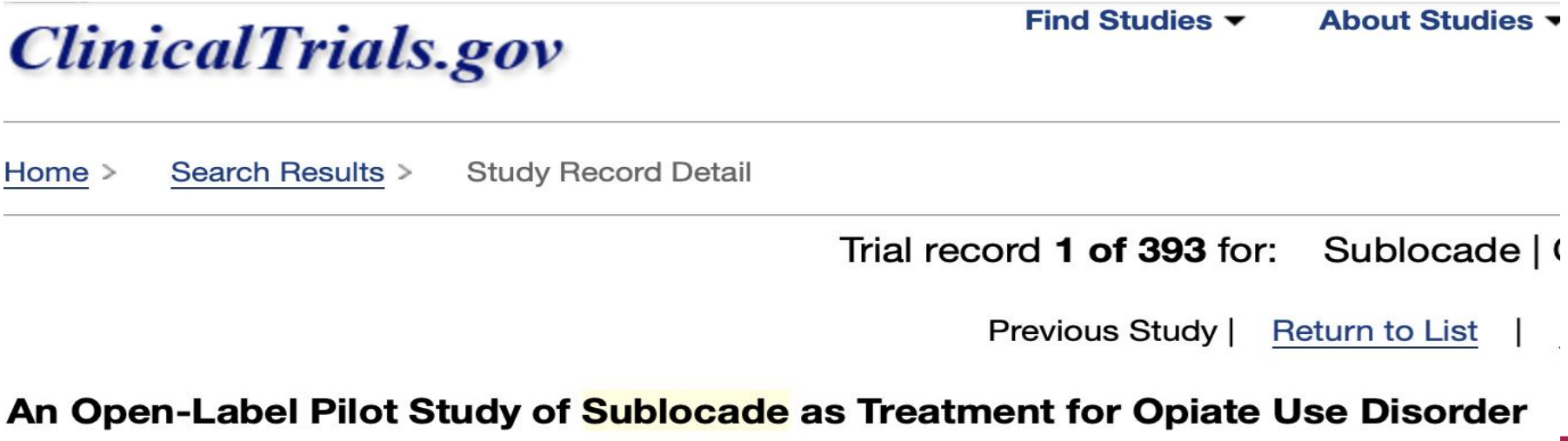
Given 4 mg buprenorphine SL

If no PW symptoms: given 300 mg subloclade SC

Monitored for 48 hours in clinic setting

Results: not published yet

Evidence for Early Sublocade Administration?



Evidence for Early Sublocade Administration ?

New York State Psychiatric Institute : last update post: March 2021

Population: 10 pts

Pt with OUD

4 day induction with SL buprenorphine

Received Sublocade 300 mg SC

Results: not published yet

SUBOXONE ORDER SETS FOR ADMITTED PTS

Standardize care for our patients in our WM Beds and other areas of hospital

Started conservatively

- Dose #1:4 mg
- Dose #2:4 mg
- Subsequent dosing : 2 mg q1h prn
- Max of 16 mg Day 1, 24 mg Day 2 and 32 mg Day 3

Our experience with fentanyl users…... all need 16 mg minimum to 32 mg on Day 1

Changing our order sets as of last week...

MACRODOSING

- Dose #1: 8- 16 mg
- Dose #2: 8 mg
- Subsequent dosing: 2-4 mg q1h PRN
- Max of 24-32 mg on Day 1

SUBLOCADE STANDARD ORDER AT TADH

Routine administration of sublocade

- 300 mg
- 48-72 hours after the start of suboxone induction

TYPICAL SUBOXONE/SUBLOCADE AT TADH

Rapid induction with suboxone to 32 mg in 2-3 days

Administration of Sublocade 300 mg in 48 hrs to 72 hrs after starting suboxone

- Average is 72 hrs but have given within 48 hours and up to 4 days

Discharge after injection with follow-up in community

SUBLOCADE AT TADH/AMCT

DECEMBER 7TH,2020 - JUNE 3RD, 2021

TOTAL:

- 49 doses given
- 45 patients

LOCATION:

- 36 doses : WMS beds
- 13 doses : Medical floor, chronic care floor

WITHDRAWAL MANAGEMENT BEDS STATS

	Number of Admissions	Avg Occupancy	Avg LOS	Alcohol Use Disorder	Opiate Use Disorder	Suboxone Starts	Sublocade
Dec-20	7	36%	2.3	3	4	4	1
Jan-21	11	50%	3.5	4	7	7	4
Feb-21	13	82%	3.6	3	10	10	6
Mar-21	13	79%	3.8	2	11	11	10
Apr-21	14	79%	3	3	11	10	6
May 1- 22, 2021	13	65	2.6	3	10	10	9

Total: 71 patients
- 18 AUD (25%)
- 53 OUD (75%)

Average LOS: 3.3 days

Sublocade use:
- 36/53 (68%) of OUD
- 36/52 (69%) of suboxone starts

DISCHARGE PLANNING FROM OUR WMS BEDS

Community Home/Mobile Withdrawal Management Service (TADH)

Misiway Indigenous Health Centre

RAAM

Smooth Rock Falls Detox Centre

Residential program

Local Safe Beds

“Methadone” clinic

HOME SUBOXONE INDUCTION PROTOCOL

Rapid titration for people using fentanyl as outpatients

Sublocade administration on day 3

WHAT HAVE WE LEARNT? GO BIG OR GO HOME

We have never seen pts get to much suboxone but we have seen pt not get enough

Pt would ask us to give them more suboxone quickly...we needed to listen to them

RNs working and living the induction process in our WM beds felt that we also needed to do the induction faster

Treat PW with macrodosing if it happens

FUTURE

6 Months Follow-up

- f/u of pts at Misiway Indigenous Health Centre seem to be doing well
- Not sure about our overall treatment retention
- We need to do a chart review
  - Treatment retention and dropout rates
  - Satisfaction with sublocade

WE JUST NEED MORE TIME IN OUR DAY !!!

FUTURE

SUBLOCADE on Day 2 after one day of titration of suboxone to 16-32 mg in our WM beds

Use rapid macrodosing induction in the community with early Sublocade injection with our CWMS team regularly

SUBLOCADE 100 mg SC as initial dose for percocet users ?

Medicine makes evidence seems to be our approach !!

QUESTIONS?