SROM

from guidelines to practice

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Land Acknowledgement

I acknowledge with gratitude that I live and work on the traditional, ancestral and unceded territories of the Coast Salish peoples

SROM

- Who (its indicated for)
- What (to prescribe)
- Why (reasons to prescribe)
- How (initiation, dosing, titration, discontinuation)

- Case presentations
- Questions & discusssion

SROM

Who is eligible

1) OUD
2) Unwilling or unable to use 1st line agents of Methadone & Suboxone
3) Age limits ?

Administration: daily witness. Open & sprinkles.

Contraindications: Morphine allergy

SROM

When might you consider it an option?

Why might client be considering it..or asking for it?

-unwilling to use methadone or Suboxone

-as an option for OAT, alone or in combination with PPRM

-bridging in Suboxone microinduction

-previous precipitated withdrawal, a/e experienced, “didn’t work”

-friend is on it & suggested they try

SROM: What Clients Say

- “don’t feel it” (not at therapeutic dose yet)
- “it works”
- “beads get stuck in teeth”
- “not absorbing….I see the beads in my poop”

SROM

Informed consent

Approved for once a day in OUD

Explain about absorption & beads

Rapid loss of tolerance

Risks with injecting

Daily witnessed

Miss one dose, no changes; miss 2 or more -> dose reduction

Therapeutic dose

Case #1

59 yo single male

Opioids: heroin/fentanyl x 10 yrs; 1-2 gm/day; smoking & IV

Stimulants x 30 yrs; 1/2gm c.meth/day

Alcohol: 8 beer/wk

Tobacco: 60 pack/yr. ½ ppd

Cannabis: 2-3 jts/day

BZDs: in past. No intentional

Released from jail few months prior.

ODs x 2-3. Narcan

Case #1

Treatment History

-Suboxone: at residential treatment.

-Methadone: not interested (“see what it does to others”)

-abstinence-based treatment x 6 /12

Seen at OPS May 2020

Goal: to get off heroin

Options?

SROM plus PPRM (safe supply)

May: Kadian 200 mg & HDM 8 mg 9/day.

-Kadian increased by 100 mg every few weeks. HDM 12/day

August: Kadian 800 mg. 1-2 pts/day. HDM 12/day. Decreased alcohol

Oct: Kadian 1000 mg. HDM 6/day.

Nov: Kadian 800 mg. HDM 8/day. *experienced WD

Dec: Kadian 900 mg. HDM 6/day.

Jan: ER with brief mild psychosis. Reduced Kadian to 800 mg x 2/7, then to 750 mg

Decided -> Suboxone then Sublocade

Microinduction Jan 14 x 14 days

1st dose Sublocade Jan 29

2nd Feb 26

Case #2

17 yo Indigenous teen

Hx psychosis. On injectable antipsychotic.

Smoking Fentanyl & c.meth x 6 months

Home plus streets

-Suboxone prescribed but didn't take

-Admitted for psychosis & started on Methadone; oversedated on 50 mg; discharged on 40 mg…not picked up; 3 days later seen at OPS & started on Suboxone microinduction with HDM

-10 days later seen at OPS; hadn't taken suboxone; asking to get back on Methadone; rx 20 mg.

-4 days later seen at OPS; Methadone 30 mg x 5/7 then 40 mg

-3 days later at OPS, asking for Kadian. Friends told her about it. Thought it was an injections.

Hypomanic then drowsy. Mother present.

Case #2

- Thoughts?
- Options?

-continue Methadone?

-switch to Kadian?

-consistent messaging?

-over 4 weeks seen by 4 different clinicians (different EMRs), plus GP

Case #3 SROM with rapid titration

34 yr old male

Homeless

Severe OUD; smokes

Seen at OPS for PPRM & OAT

-titrated Kadian to 800 mg over several weeks & HDM 8 mg

-decreasing fentanyl; planning on treatment then relapsed

-reconnected after 1 week & wanting to get back on Kadian

- Missed over 5 days so needed to restart
- Started at 300 mg & increased by 100 mg daily to previous dose

Switching OATs

Summary

SROM is an appropriate, well-tolerated OAT option

Start low (‘ish)……..but don’t need to go slow

Seek support and advice

Eg colleagues, Addiction RACE