

PROGRAM INNOVATION

Buprenorphine Tapers – Associated Characteristics and Risks (Study)

Nikki Bozinoff MD, MSc, CCFP (AM)

Physician, Clinician Scientist, COMPASS, CAMH, Toronto

Buprenorphine is recommended as the first-line treatment for opioid use disorder and its use is associated with reductions in morbidity and mortality. Although indefinite treatment is normally recommended, many clients have a goal to come off buprenorphine for a variety of reasons, including intensive health system interaction, stigma, cost, and side effects.

Considering the risks associated with discontinuation of buprenorphine, the objective of this study was to identify prescribing characteristics associated with opioid overdose and return to opioid use following buprenorphine taper.

This was a population-based retrospective cohort study of 5,774 adults in the province of Ontario who were maintained on buprenorphine for at least 60 days and underwent a buprenorphine taper. The primary exposure of interest was time to taper initiation (≤ 1 year versus >1 year). The primary outcome measure was time to fatal or non-fatal opioid overdose within 18 months following treatment discontinuation.

Major Findings:

- Among 5,774 individuals with at least one buprenorphine treatment episode during the study period, 349 individuals experienced an opioid overdose (9.56/100 person years), 3,360 re-initiated MOUD (96.41/100 person years), and 463 restarted prescription opioids (13.88/100 person years).
- Time to taper initiation >1 year vs <1 year (6.73 vs 10.35/100 person years aHR:0.69, 95% CI:0.48-0.997), a lower average rate of taper (≤ 2 mg/month and >2 to ≤ 4 mg/month compared with >4 mg/month) (6.95 and 11.48 vs 17.27/100 person years aHR:0.65, 95% CI:0.46-0.91; aHR:0.69, 95% CI:0.51-0.93), and dose decreases in $\leq 1.75\%$ of days compared with $>3.5\%$ of days during the taper period were associated with reduced risk of opioid-overdose (5.87 vs 13.87/100 person years aHR:0.64, 95% CI:0.43-0.93); however, taper duration was not.

Buprenorphine tapers undertaken after at least 1 year of therapy, those with a slower rate of taper,

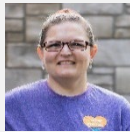
and those with dose decreases every 2 months or less were associated with a significantly lower risk of opioid overdose, regardless of taper duration. Findings underscore the importance of a carefully planned taper and could contribute to reduction in opioid-related overdose death.

Overall, the results highlight the possible risks associated with buprenorphine tapering, including the risk of opioid overdose, and support the idea that treatment providers, regulatory agencies, and mutual-support groups must work to remove structural barriers and stigma that discourage participation in long-term buprenorphine treatment. For those clients who do choose to taper, our results provide tangible guidance to patients and clinicians with respect to when and how to do so. Our results also reinforce the importance of informed consent for tapering and pairing any tapering with appropriate harm reduction counselling.

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2796830>



FACES OF THE FIELD



Sara Bown, Mental Health and Addictions Secretary
Hotel-Dieu Grace Healthcare, Windsor

I am currently a Mental Health Secretary at Hotel-Dieu Grace Healthcare in Windsor Ontario. I work under the Mental Health and Addictions umbrella. I didn't really choose this department, rather, it chose me! It's not even the position that I interviewed for but it's what I was offered, and I love it! People come to us for help with anxiety, substance use, problem gambling, psychiatric counselling, mental health supports – you name it! I get to work daily with people who are misunderstood and feared. Between our staff and clients, doing what I do, I have met some of the kindest and sweetest people. I also have a passion for this program as I have utilized it in the past. I struggled with alcohol use, depression, anxiety, and chronic pain. I am familiar with withdrawal management programs, in-patient psychiatry, and out-patient support. I'm proud to say I am now almost 4 years into good, solid recovery. I live with mental health challenges too, and to now be on the inside and able to help others fills my cup! I am not a clinician, so I am not involved in patients' medical care, HOWEVER, I am that non-judgmental and understanding voice when you call looking for help.

The forced solitude of COVID was very difficult but it forced me to really get to know myself. And I began doing things that nurtured me: baking (SO much baking), sewing, reading, colouring, walking.... Life today for me is much more meaningful. I try not to take anything for granted! I have experienced great loss, great sadness, but also great triumph in my life. I have learned that I am the most important person in MY life and if I am not well, I cannot be of any use to others. It's pretty amazing to see how far I have come.

I make no secret of my struggles with mental health, and to give a voice and a face to an issue that has long been silenced is powerful. Everyone needs to know it is ok to need and seek help for something that's a disease, not something they can control on their own. There IS help. Things are not always easy and without challenges, but it's worth the fight. Life on this side of the battle is so beautiful and I am glad that I never gave up.

EVENTS

RAAM Monthly Videoconferences:

Nurses	Dec 7	12 pm
Prescribers	Dec 13	8 am
Counsellors	Dec 9	9 am
Addictions NP	Dec 28	12 pm cxd

Attention: As of Jan 2023, the monthly Prescriber and Nurse Calls will be amalgamating into one Provider Call!
Schedule TBA

PERSPECTIVES

Implications of Generic Methadone – a Personal Experience

Ashley Smoke

Community Advisor

I wear many hats in my community: I am a manager, a board member, an outreach worker, a consultant, and a researcher, among other roles. I also am on Methadose and safer supply for opioid dependency. I have been off illicit supply for some time and was stable on my dose for a while but recently started decreasing due to lowered tolerance and a difference in lifestyle and personal needs.

In September 2022 I was part of a working group formed to develop a

[document](#) around new generic formulations of methadone being introduced by the Ontario Drug Benefit Program (ODB). The last time there was a change to Methadose, I went through withdrawal during pregnancy and had some issues; so when the opportunity to work on these documents with META:PHI came up, I thought it would be amazing.

While doing this work, I learned the new generic formulation was supposed to be equivalent to Methadose so I wasn't concerned. I continued my regular dose. But sometime in early October 2022, I began to feel ill and my mental health deteriorated. After 2 weeks, I couldn't take it anymore and started supplementing with extra Kadian and told my doctor something was wrong. I didn't know they could switch me to the generic without telling me. She submitted a form to Health Canada saying I needed Methadose. At my pharmacy, they explained that because I am on Ontario Disability Benefits (ODB), they had switched me to generic as they only carry one type of methadone. I live in a small town where they are the only pharmacy doing narcotic monitoring: methadone, witnessed dosing, etc. In the time between sending the letter to request stocking Methadose and getting my next carries, they had tried both formulations. There were enough issues with folks having withdrawal or being sick, being upset, issues with smell and taste, and more, that they had actually told me that they had to switch back to Methadose for the good of the community. I wonder if this decision would have been made if Methadose prices hadn't been lowered to meet those of generic formulations. Working in this field I have spoken to folks in Ottawa and Toronto who have seen record rates of overdoses in their work and communities. They started to see people using who hadn't recently been, people missing appointments, people who had been quite stable suddenly starting to have chaotic lives, the list goes on. This started to happen in early October 2022, around the same time I felt sick. These colleagues had noticed a significant shift in people's experiences on and reactions to methadone, but didn't recognize the correlation until I shared my experience about being switched to the generic form.

It is for this reason that I felt compelled to write this and hope that one day savings don't come at the cost of human lives - the lives of the people we love. In the future, more advocacy should be done and more thought put into changes to medication that could have a real impact on people's health and well-being.

ADVOCACY

Health Canada is seeking public input as part of its legislative review of the [Cannabis Act](#), which in 2018 legalized the sale of cannabis in Canada for recreational and medical purposes. Dr. Meldon Kahan and NP Katie Dunham submitted a letter to the legislative review committee, pointing out that since legalization, consumption of cannabis products has increased among youth, accompanied by increased rates of cannabis-related hospitalizations and ED visits. The reasons for these increases are twofold: legalization has created public perception that cannabis products are safe and therapeutic, and legalization has greatly expanded the market for illicit cannabis, which is cheaper and more potent than legal cannabis. One of the recommendations of the letter was to cap the THC concentration of cannabis products at 12%; many legal cannabis products contain THC concentrations of 20% or higher, which puts youth at risk for addiction, psychosis and other harms.

Learn more about the Cannabis Act legislative review process and add your input [here](#).

IN THE NEWS (Some articles may be behind paywalls)

[Walmart to Pay \\$3.1 Billion in Opioid Lawsuits](#) - New York Times Times

[Construction Workers and Substance Use](#) – The Tyee

[Pierre Poilievre Couldn't be More Wrong about Drug Policy](#) - Globe and Mail

Visit the META:PHI website:
www.metaphi.ca

Interested in being featured in a future issue?
E-mail laurie.smith@wchospital.ca