Narcotic Transition Services and Hospital Care

Legislation, Opioid Use Disorder, and Hospital Care

This document provides a practical overview for hospital-based clinicians to support compliance with the *Mental Health Services Protection Regulation* (MHSPR) when caring for patients with opioid use disorder (OUD). It is not meant as a stand-alone resource; clinicians are encouraged to review the following linked MHSPR-related documents.

Mental Health Services Protection Regulation (MHSPR)

In October 2022, the Alberta Government introduced Narcotic Transition Services (NTS) through an amendment of the MHSPR. NTS can only be delivered through Recovery Alberta licensed Opioid Dependency Programs (ODP). Licensed ODP clinics are located in Grande Prairie, Edmonton, Red Deer, Calgary, Medicine Hat, and Lethbridge.

NTS involves the use of high-potency, short-acting opioids (which, as defined in the MHSPR, are called Designated Narcotic Drugs or DNDs) to help people with severe opioid addiction who have not been able to initiate or stabilize on conventional opioid agonist therapy (OAT; buprenorphine, methadone, and slow-release oral morphine). NTS focuses on stabilizing, tapering DNDs, and transitioning patients to OAT.

“Designated Narcotic Drug” means any full agonist opioid drug with the exception of methadone or slow-release oral morphine (MHSPR, 2021).

Hospital-Based Exemptions from the MHSPR

Certain exemptions from the MHSPR allow the use of DNDs outside of the six licensed Recovery Alberta ODP clinics, including hospitals, emergency departments, and designated facilities under the Mental Health Act.

Hospital-Based Exemptions FAQ

Hospital-Based Exemptions Clinical Scenarios

Hospital-Based Exemptions Flow Chart

Hospital-Based Exemption Overview

To be eligible for an exemption, patients must be admitted, which includes being an inpatient in an approved hospital or being assigned a most responsible practitioner (MRP) in the emergency department, with the MRP believing there is a risk to the patient’s treatment if DNDs are delayed.

Section 13(c) Exemption: DNDs can be initiated for the purpose of stabilizing a patient suffering from opioid withdrawal during admission to an approved hospital for “other indications”

- The intent is to support the patient to remain in hospital while receiving care without experiencing unmanageable opioid withdrawal symptoms.

- "Other indications" means a medical condition, other than an opioid use disorder, for which the patient is being treated, including primary and/or comorbid addiction and/or psychiatric disorder(s).
- Other indications can be independent of the admitting diagnosis
- Other indications include
    - withdrawal from other substances (alcohol, benzodiazepines, stimulant, etc.)
    - acute medical or psychiatric disorders
    - opioid poisoning requiring ED care (needing care beyond typical Narcan reversal of poisoning, such as oxygen, ongoing monitoring or investigations)
    - acute pain conditions
    - symptoms requiring workup in ED/unit (imaging, labs) such as nausea or vomiting, headache, pain
    - pregnancy risk assessment and/or monitoring
    - medical or psychiatric conditions (acute or pre-existing) that in combination with opioid withdrawal warrant admission
        - If the combination of factors were adequate to be considered for admission, then the MRP could consider these as another indication
        - Presenting conditions in isolation do not warrant patient admission but collectively place the patient at increased risk of harm (i.e., withdrawal and return to use). For example severe opioid withdrawal combined with pre-existing conditions (ADHD, developmental/intellectual disability, failure to thrive, suicidal ideation, depression, schizophrenia, etc.)
        - If the combination of pre-existing medical conditions and withdrawal symptoms would not be enough to consider admission, then the most responsible practitioner could consider the use of OAT medication (buprenorphine, methadone or SROM).
- Other indications exclude admissions for solely psychosocial reasons (V-codes)
- Need to clearly document "other indication"
- DNDs must be witnessed on-site

Once the patient's opioid withdrawal is stabilized, DND is to either be tapered or transitioned to OAT prior to discharge. If NTS is deemed appropriate during hospitalization, refer to a licensed NTS provider for eligibility assessment

Section 14 Exemption: Use of DNDs to treat conditions other than OUD

Section 16 Exemption: For continuity of care, a patient receiving NTS in the community can continue being administered DND if they are an in-patient of an approved hospital, admitted to an emergency department and has been assigned a most responsible practitioner, or detained at a designated facility under the Mental Health Act. Document consultation with licensed NTS provider ASAP

- DNDs must be witnessed/supervised

Documentation Example

Given the October 2022 amendment to the Mental Health Services Protection Regulation (MHSPR), it was discussed with the patient that the provision of short-acting opioids, while hospitalized and undergoing medical treatment, is a temporary measure to help treat opioid withdrawal symptoms and will be discontinued once their symptoms stabilize, and prior to discharge. By default, these are given in liquid form via oral witnessed ingestion.

According to the MHSPR's hospital-based exemptions, this patient is eligible for short-acting opioids to stabilize acute opioid withdrawal because of:

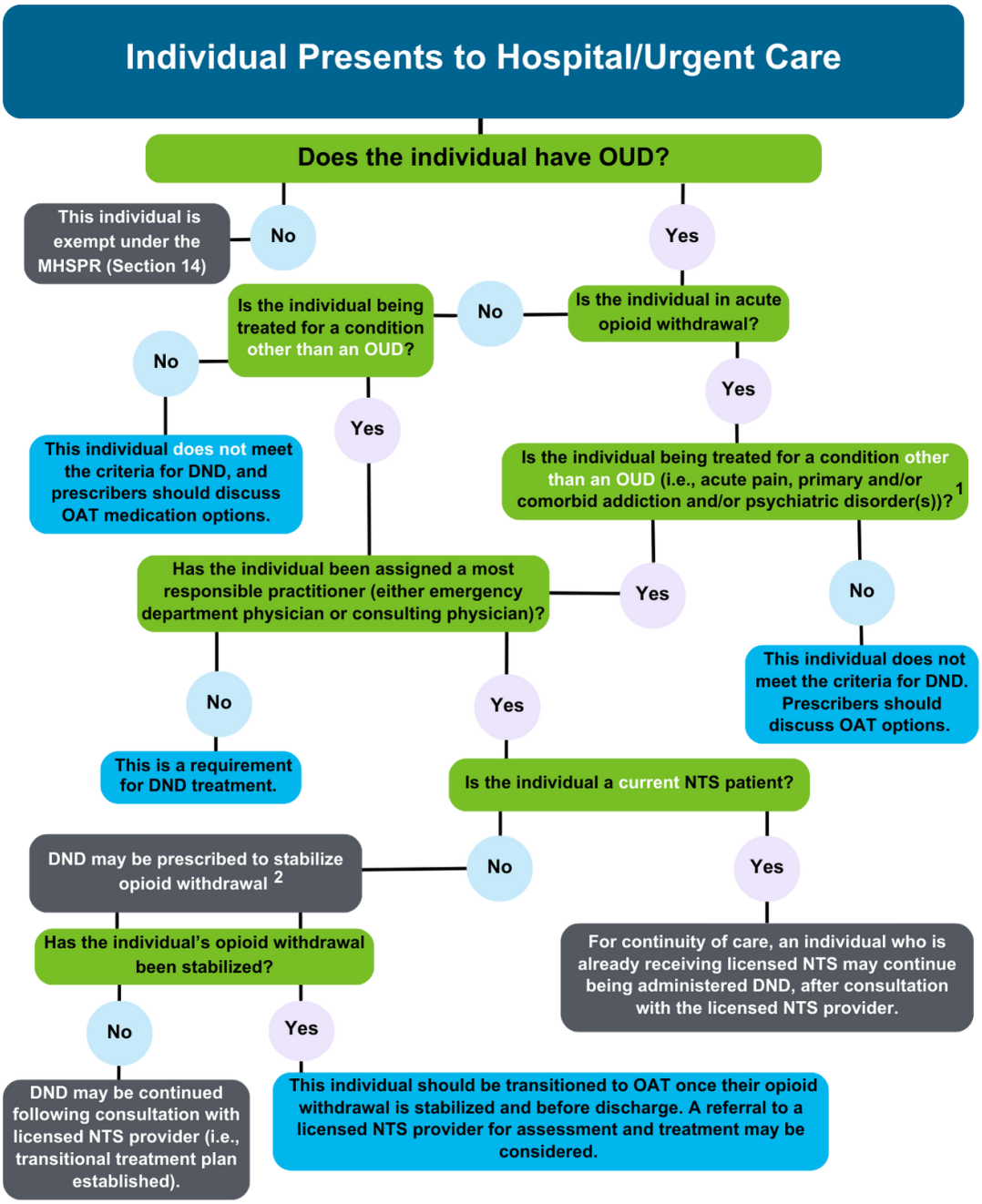
☐ Acute medical or psychiatric disorder
☐ Acute pain or symptoms warranting investigation
☐ Withdrawal from stimulants, benzodiazepines, alcohol or xylazine
☐ Pregnancy monitoring and/or risk assessment
☐ Pre-existing medical or psychiatric conditions that in combination with opioid withdrawal, increase risk of harm and warrant admission

Compliance with MHSPR

According to the Hospital Based Exemption FAQ:
Where an inspector is of the opinion that the *Mental Health Service Providers Act* (MHSPA) or MHSPR has been or is being contravened, the inspector may take various steps, including informing a director of the contravention. The inspectors order could include directing a service provider to take specific measures and to cease the contravention As the last measure of enforcement, the inspector may seek a court order where the service provider fails to comply with the order. Ongoing contravention of the MHSPA or MHSPR may result in a person or corporation receiving an administrative penalty or being found guilty of an offence and facing penalties for the offence (sections 18 and 21). These penalties take the form of fines.

According to the MHSPA:
Administrative penalties:
18(1) If a director is of the opinion that a person
a) has contravened this Act or the regulations, or
b) has contravened an order made under this Act,
the director may, by notice in writing given to the person, require the person to pay to the Crown an administrative penalty in the amount set out in the notice.

(2) The amount of the administrative penalty must not exceed
a) $10 000 for each contravention, or
b) for a contravention that continues for more than one day, $10 000 for each day or part of a day on which the contravention occurs or continues to a total that does not exceed $100 000.



1 **Note:** MHSPR Section 13(c) Exemption: DNDs can be initiated for the purpose of stabilizing an individual experiencing opioid withdrawal during admission for "other indications". Other indications can be independent of the admitting diagnosis. Other indications include:

- withdrawal from other substances (alcohol, benzodiazepines, stimulant, etc.)
- acute medical or psychiatric disorders
- symptoms requiring workup in ED/unit (imaging, labs) such as nausea or vomiting, headache, or pain
- pregnancy risk assessment and/or monitoring
- acute pain conditions

2 **Note:** Depending on when the individual last consumed either prescribed or unregulated opioids, they may not initially present with withdrawal symptoms; however, opioid withdrawal may occur at any point along the flowchart and may require medical management for stabilization.