

# **AFPC Commitment to the Joint Statement of Action to Address the Opioid Crisis in Canada**

## **FINAL REPORT**

**June 2018**

**Submitted by:**

**Beth Sproule, on behalf of the  
AFPC Opioid Working Group**



**Association of Faculties  
of Pharmacy of Canada**

**Association des facultés  
de pharmacie du Canada**

## I. BACKGROUND

The Joint Statement of Action to Address the Opioid Crisis in Canada started with a summit held in November 2016, led by the Honourable Dr. Jane Philpott, then federal Minister of Health, and the Honourable Dr. Eric Hoskins, then Ontario Minister of Health and Long-Term Care. At the summit, over 30 partners signed action-oriented commitments to improve prevention, treatment and harm reduction associated with problematic opioid use. The partners included governments, councils and organizations with more partners continuing to join subsequently, with work ongoing, and a strategy in place through the Centre on Substance Use and Addiction to facilitate national information sharing.

At the summit, the Association of Faculties of Pharmacy of Canada (AFPC) committed to:

1. Conduct an environmental scan to identify faculty experts, best teaching practices and the extent to which current curricula addresses pain management, opioid use and misuse.
2. Adapt and disseminate the recommendations of the First Do No Harm: Responding to Canada's Prescription Drug Crisis Strategy "Competencies for health professionals in pain management, drug prescribing, dependence, addiction and abuse" within the curricula for undergraduate levels and continuing professional development of the 10 faculties of pharmacy.

An AFPC working group was created consisting of representatives from each of the 10 Faculties of Pharmacy in Canada.

### AFPC Opioid Working Group Members

Faculty	Members
Leslie Dan Faculty of Pharmacy University of Toronto	Beth Sproule (Chair)
College of Pharmacy Dalhousie University	David Gardner Andrea Murphy
Faculty of Pharmacy and Pharmaceutical Sciences University of Alberta	Candace Necyk
School of Pharmacy University of Waterloo	Barb Coulston Michael Beazely Kelly Grindrod
College of Pharmacy University of Manitoba	Shawn Bugden Christine Leong
Faculté de pharmacie Université de Montréal	Yola Moride Marie-Claude Vanier
Faculté de pharmacie Université Laval	Anne Dionne
College of Pharmacy & Nutrition University of Saskatchewan	Fred Remillard
Faculty of Pharmaceutical Sciences The University of British Columbia	Brian Cairns Penny Miller
School of Pharmacy Memorial University	Lisa Bishop

## II. ENVIRONMENTAL SCAN

The working group prioritized conducting an environmental scan of current curricula. The purpose of the scan was to help delineate and summarize the state of undergraduate pharmacy programs with respect to content in this area. For many decades, the entry-to-practice degree requirement for pharmacists was at the baccalaureate level. In 2010 the Association of Faculties of Pharmacy of Canada and the Association of Deans of Pharmacy of Canada made a commitment to replace the current baccalaureate pharmacy curricula with a comprehensive doctor of pharmacy (PharmD) curricula. PharmD curricula provides foundation knowledge in the biomedical and pharmaceutical sciences, practice skills training and extensive clinical experiences for the first professional degree in pharmacy. It was also resolved that the PharmD programs should be in place by the year 2020 (afpc.info). The current curricular scan focused on program offerings in the 2016-2017 academic year, therefore, the results of the scan represent Bachelor of Science in Pharmacy programs, Doctor of Pharmacy (PharmD) programs, and a mix of both for those programs in the process of transitioning to a PharmD program.

An electronic course survey was developed using REDCap to facilitate data collection. AFPC Opioid Working Group members were responsible for coordinating data collection at their institution. Key information was collected for each course in the program that included content related to pain management or opioids. Topics were listed to help classify general content areas. These included the following:

- Pain concepts and treatment approaches
- Pain assessment
- Non-opioid pharmacotherapy for pain
- Opioid pharmacotherapy for pain
- Opioid stewardship activities (defined using the examples of limiting quantities, promoting safe storage, promoting unused opioid returns, requiring patch exchanges, detecting forged prescriptions, using PMP patient profiles / responding to alerts, identifying regimens above the 'watchful' dose, OTC codeine limits)
- Opioid overdose risks (daily doses, illicit fentanyl)
- Take-home naloxone distribution and education
- Addiction concepts and treatment approaches
- Opioid use disorder assessment
- Pharmacotherapy for opioid use disorder
- Prescription drug abuse, intervention strategies (policies, public health)
- Inter-professional collaboration
- Effective communication and community engagement

Other information collected included course details such as year in program, related learning objectives, number of course hours for this content, delivery method, assessment methods, and required versus elective status. All 10 universities contributed their course information to the environmental scan.

## Results

**Table 1. Summary points for courses that included content related to pain and/or opioids**

Content is included in a total of 69 courses identified across all 10 universities:

- 61 required courses (range 3 – 9 courses per university)
- 8 elective courses from 5 universities (range 0 – 4 courses per university)

Mean of 36 required course hours across all 10 universities (range 21 – 78 hours per university)

Content presented primarily in lecture or problem-based learning formats, 25-30% in laboratory or skills-based format

**Table 2. Summary points for topic coverage in required courses**

Only 6 out of the 13 topic areas were covered by all 10 universities in at least one course

- 1 university did not indicate coverage for 1 topic
- 2 universities did not indicate coverage for 2 topics
- 1 university did not indicate coverage for 3 topics
- Topics were most commonly included in Year 3 required courses
- Pain assessment and its management, including the role of opioids, was included in all university curricula
- Opioid use disorder assessment and pharmacotherapy for opioid use disorder were included in the fewest number of required courses

**Table 3. Topic Coverage in Required Courses by Year in Program (n=61 courses)**

Topic	Number of Universities with Topic within at least 1 Course	Number of Courses in Total Across all Universities (range per university)	Number of Courses with Topic Embedded			
			Year 1	Year 2	Year 3	Year 4
Pain concepts and treatment approaches	10	28 (1-5)	2	9	14	3
Pain assessment	10	22 (1-4)	2	6	11	3
Non-opioid pharmacotherapy for pain	10	28 (1-6)	2	10	14	2
Opioid pharmacotherapy for pain	10	33 (1-7)	3	9	18	3
Opioid stewardship activities	8	20 (0-4)	5	4	8	3

Topic	Number of Universities with Topic within at least 1 Course	Number of Courses in Total Across all Universities (range per university)	Number of Courses with Topic Embedded			
			Year 1	Year 2	Year 3	Year 4
Opioid overdose risks (daily doses, illicit fentanyl)	10	23 (1-4)	2	5	11	5
Take-home naloxone distribution and education	10	20 (1-3)	2	4	10	4
Addiction concepts and treatment approaches	9	23 (0-5)	3	3	12	5
Opioid use disorder assessment	9	15 (0-3)	1	3	9	2
Pharmacotherapy for opioid use disorder	9	16 (0-3)	1	2	10	3
Prescription drug abuse, intervention strategies (policies, public health)	9	20 (0-4)	2	3	11	4
Inter-professional collaboration	9	19 (0-4)	2	5	10	2
Effective communication and community engagement	9	22 (0-4)	1	4	12	5
			<b>Mean 2.2</b>	<b>Mean 5.2</b>	<b>Mean 11.5</b>	<b>Mean 3.4</b>

**Table 4. Summary points for elective courses**

- 8 elective courses are offered in 5 universities
- All are offered in Years 3 & 4
- Pain topics are included in the elective courses from 4-5 universities depending on the topic
- Opioid and addiction related topics are included in the elective courses in only 1-2 universities

During the data collection process, working group members commented that this process helped identify overlap in their respective curricula that could guide introducing efficiencies. Likewise, others commented that this information helps to identify current gaps and to assist in curriculum planning going forward. It should be noted that the scan did not evaluate the quality or effectiveness of teaching methods. It also did not capture the knowledge and skills developed through experiential learning, which can be a significant component of most programs, particularly those that have transitioned to the entry to practice PharmD program.

There are several approaches being used to incorporate pain and opioid topics into the curriculum. In general, we identified three different approaches. The most common is embedding the content across the curriculum in courses that cover a variety of therapeutic and pharmaceutical sciences content (for example, within

pharmacology or pharmacotherapy courses, or in skills based courses that use simulated practice environments). In addition, the following descriptions illustrate examples of a stand-alone pharmacy-only pain course, and an interprofessional pain education course.

### **Stand-alone pharmacy-only course**

#### ***University of Alberta (PHARM 427) – Pain***

[https://calendar.ualberta.ca/preview\\_program.php?catoid=20&poid=18779&print](https://calendar.ualberta.ca/preview_program.php?catoid=20&poid=18779&print)

*Required course for Year 2 Pharmacy students. Over the course of 30 hours the topics covered include anatomy, physiology, pathophysiology, pharmacology, medicinal chemistry, toxicology, pharmaceuticals, clinical pharmacokinetics, therapeutics and pharmacy practice relating to the pharmacist's role in providing patient care for conditions relating to non-malignant pain management. This course covers 11 of the 13 topic areas (all except addiction concepts and the pharmacotherapy of opioid use disorder).*

### **Interprofessional course**

#### ***University of Toronto (UTCSP-ICP) – Interfaculty Pain Curriculum***

<http://sites.utoronto.ca/pain/research/interfaculty-curriculum.html>

*Year 2 Pharmacy students are required to participate in the Interfaculty Pain Curriculum. The University of Toronto Centre for the Study of Pain — Interfaculty Pain Curriculum (UTCSP-IPC) is a 20-hour integrated, interdisciplinary, pain curriculum for pre-licensure health science students. The UTCSP-IPC was developed to address current information, misbeliefs, and gaps in pain education and to provide students in the health professions an opportunity to learn with, from, and about each other. The goal of the curriculum is to improve pain knowledge and understanding of interprofessional pain assessment and management processes. Each year, approximately 1000 students from Dentistry, Medicine, Nursing, Occupational Therapy, Pharmacy, Physical Therapy, and the Physician Assistant Program participate. Using cases based on real patients, they complete comprehensive assessments of multiple factors that contribute to the pain experience, present comprehensive pain management plans justifying their choices, describe multiprofessional and interprofessional strategies for the planning, intervention, and monitoring of pain management outcomes and describe ethical, legal, social, and political issues that may impact on patients' pain management. They begin to develop the skills required to render sound, evidence-based, clinical judgments needed for pain assessment and management within their individual and interdisciplinary, team scope of practice. This curriculum covers all 13 topic areas.*

A supplemental report has been developed to provide university-level summaries of the environmental scan, for information and use by AFPC.

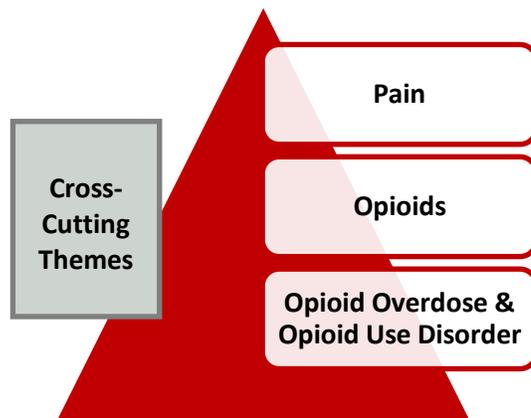
### III. COMPETENCY STATEMENTS

#### Competency Statement Development

In 2013, the Canadian Centre on Substance Use and Addiction launched the “First Do No Harm: Responding to Canada's Prescription Drug Crisis” report – a 10-year pan-Canadian strategy that makes 58 recommendations across the prevention, education, treatment, monitoring and surveillance, and enforcement domains. One of the education recommendations is to establish and implement core competencies for all types of healthcare practitioners.

A subsequent document was produced entitled "Competencies for health professionals in pain management, drug prescribing, dependence, addiction and abuse" that was intended to be used and adapted by different healthcare professional disciplines. This document formed the basis of AFPC’s work in creating a list of competencies for pharmacists specifically related to pain and opioids.

This work was also aided by the development of an initial framework to help provide structure to the work and discussions. The framework included 3 key sections and a cross-cutting themes section. Subgroups of the AFPC Opioid Working Group drafted statements for each section, which were then discussed and worded to reach consensus.



## Competency Statements for Pharmacists

### Pharmacists are able to:

#### Section 1 – Pain

1. Assess and recognize pain in different contexts: acute pain, chronic pain, and pain in palliative care.
2. Provide education to patients on types of pain, and both pharmacologic and non-pharmacological treatment options.
3. Recommend safe and responsible pharmacotherapy according to relevant guidelines.
4. Create, implement and monitor pain management plans, being responsive to patients' preferences and goals.
5. Provide evidence-informed guidance for patients making decisions related to pain management.

#### Section 2 – Opioids

6. Maintain and further develop specialized knowledge of the pharmacodynamics and pharmacokinetics of opioids, to help inform patients and prescribers about their clinical effectiveness in pain management, as well as associated risks.
7. Reduce potential opioid risks by assessing patients before and during therapy, and providing recommendations for appropriate pharmacotherapy options.
8. Recommend safe and responsible opioid pharmacotherapy for select pain patients according to relevant guidelines and legislation to optimize benefits and minimize risks.
9. Provide evidence-informed guidance for patients making decisions related to the appropriate and safe use of opioids for acute, chronic or palliative pain, including management of side effects, drug interactions and specific precautions.

#### Section 3 – Opioid Overdose and Opioid Use Disorder

10. Assess and manage overdose risks in patients using opioids.
11. Provide education to patients, and their family or other significant persons, on opioid overdose management, including naloxone administration.
12. Assess signs, symptoms and behaviours in patients using opioids for pain management to distinguish amongst undertreated pain, physical dependence and opioid use disorder.
13. Assess and manage opioid use disorder as a chronic, relapsing health issue, being responsive to patients' preferences and goals.
14. Provide opioid use disorder pharmacotherapy services according to relevant guidelines and legislation to optimize benefits and minimize risks.
15. Provide evidence-informed guidance for patients with opioid use disorder making decisions related to pain management.

#### Section 4 – Cross-Cutting Themes

16. Collaborate with other healthcare and social services workers to optimize opioid and pain-related care and services. Patients, and families when relevant, are considered full team members and are involved in all decisions.

17. Understand the role and responsibilities of other team members in opioid and pain-related care and services, and ensure the pharmacist's professional role and responsibilities are understood by other professionals and patients. Complementarity is sought amongst professionals' and patients' participation to the full extent of their capacities.
18. To communicate clearly and respectfully with patients in an individualized manner, and ensure efficient oral and written communication with other professionals to foster continuity of care and services. Confidentiality is part of every communication.
19. To inform patients, and families when relevant, about safe opioid use and pain management, to support them in their full participation in decisions and to maximize their self-management capacities. Patients' needs are reassessed regularly.
20. To prevent conflicts within the team or with patients when possible, and manage those efficiently when present. The pharmacist considers all opinions and facilitates working together cooperatively.

The working group has created lists of both knowledge and skills items specifically for Sections 1, 2 and 3 to guide content for courses addressing these competencies. See Appendix.

## IV. RECOMMENDATIONS

The AFPC Opioid Working Group makes the following recommendations:

1. Since the most common approach to delivering content related to pain and opioids is to embed it across the curricula in courses that cover a variety of therapeutic content, each AFPC Faculty should systematically review their courses, in order to ensure:
  - the content is delivered consistently across their program, to avoid contradictory messaging.
  - the development of the needed knowledge and skills is delivered in a coherent manner.
  - the elimination of redundancies.
  - the development of key competencies for practice.
2. AFPC Faculties that are missing key pain and opioid topic areas in their program should take steps to incorporate them.
3. AFPC Faculties should review their content in the area of opioid use disorder assessment and pharmacotherapy for opioid use disorder in particular, to ensure appropriate and adequate coverage.
4. AFPC Faculties should utilize the competency framework for pharmacists to ensure the development and advancement of the knowledge and skills required to achieve these competencies, in both undergraduate and continuing professional development programs.

## APPENDIX: Competency Statements and Related Knowledge and Skills Items

### Section 1 – PAIN

Pharmacists are able to:

1. Assess and recognize pain in different contexts: acute pain, chronic pain, and pain in palliative care.
2. Provide education to patients on types of pain, and both pharmacologic and non-pharmacological treatment options.
3. Recommend safe and responsible pharmacotherapy, for select pain patients, according to relevant guidelines.
4. Create, implement and monitor pain management plans, being responsive to patients' preferences and goals.
5. Provide evidence-informed guidance for patients making decisions related to pain management.

Pain	Knowledge Items	Skills Items
<b>Pain Pathophysiology</b>	<ul style="list-style-type: none"> <li>- Definition of pain, its purpose, prevalence, and societal impact</li> <li>- Biopsychosocial model of pain, concept of total pain</li> <li>- Illustrate the difference between acute, chronic, palliative and pain malignancy (or cancer) and how each treatment protocol will differ.</li> <li>- Physiology: normal acute pain pathways (transduction, transmission, perception, modulation) of nociceptive pain</li> <li>- Pathophysiology of chronic pain, including neuropathic pain</li> <li>- Peripheral and central sensitization concepts of chronic pain</li> </ul>	<ul style="list-style-type: none"> <li>- Treat as health issue, including all chronic disease self-management principles</li> <li>- Provide a supportive, collaborative, and stigma-free practice for pain patients</li> <li>- Demonstrate an understanding of total pain concept</li> <li>- Provide ongoing clear and supportive pain education tailored to individual pain patient's literacy level</li> </ul>
<b>Pain Assessment</b>	<ul style="list-style-type: none"> <li>- Understand the signs and symptoms and relevant physical exam and laboratory findings, associated with pain</li> <li>- Know the components of a complete pain assessment including precipitating factors, quality-sharp/dull, region/radiation, subjective information and temporal relationship, psychosocial impact, functional impact, suffering</li> <li>- Understand the prevalence, pathophysiology and management of each of the major pain disorders including:</li> </ul>	<ul style="list-style-type: none"> <li>- Conduct a thorough pain assessment interview - use a validated assessment tool (e.g. BPI) to assist in the creation of a comprehensive and holistic pain management plan</li> <li>- Assess patients pain using PQRST approach</li> <li>- Assess patient for pain-related behaviour (e.g. catastrophizing) that will impact pain management outcomes</li> <li>- Facilitate medical referrals and urgency of referrals based on patient history (e.g. red</li> </ul>

Pain	Knowledge Items	Skills Items
<b>Pain Assessment</b> (continued)	<p>headache/migraine, bone and joint, musculoskeletal, diabetic neuropathy and fibromyalgia.</p> <ul style="list-style-type: none"> <li>- Appreciate the social, psychologic and physical aspects of chronic and cancer pain</li> </ul>	<p>flags for cauda equina, temporal arteritis)</p> <ul style="list-style-type: none"> <li>- Utilize relevant labs, assessment tools, and clinical data</li> <li>- Incorporate the patient experience and insight, appreciating cultural preferences and differences, in collaborative treatment decisions.</li> <li>- Collaborate with multi-disciplinary pain management team members to improve patient pain management outcomes</li> </ul>
<b>Pain Treatment</b>	<p><b><u>Non-Pharmacological Approach to Pain</u></b></p> <ul style="list-style-type: none"> <li>- Understand the non-pharmacologic options available to help relax, distract, refocus, or support the patient:             <ul style="list-style-type: none"> <li>- thermal therapy, physical stimulation (massage), physical manipulation (physical therapy)</li> <li>- stimulation techniques (acupuncture, acupressure, TENS)</li> <li>- cognitive behavioral therapy, relaxation and support groups</li> </ul> </li> </ul> <p><b><u>Pharmacological Approach to Pain</u></b></p> <ul style="list-style-type: none"> <li>- Goals of therapy (pain reduction and increased daily functioning within a reasonable time period and to minimize adverse events.</li> <li>- Know the therapeutic outcomes for pain therapy including efficacy (subjective, objective response, pain scales) and appropriate therapy adjustment options</li> <li>- Understand the concept of personalized pharmacotherapy which comprises the step-</li> </ul>	<p><b><u>Non-Pharmacological Approach to Pain</u></b></p> <ul style="list-style-type: none"> <li>- Incorporate the patient experience, insight, preference in collaborative treatment decisions</li> <li>- Recommend a patient-specific care plan that includes non-pharmacological pain management strategies to improve pain outcomes and improved functioning</li> <li>- Referral/recommendation to non-pharm pain care providers as needed (e.g. PT, RMT, SW)</li> <li>- Educate the patient on 3-pronged approach for pain plan to incorporate medication, movement, and strategies for emotional/cognitive coping with pain, specifically chronic pain</li> </ul> <p><b><u>Pharmacological Approach to Pain</u></b></p> <ul style="list-style-type: none"> <li>- Educate patient on goals and limitations of pharmacological therapy for pain management e.g. goals of reduced pain and improved daily functioning</li> <li>- Apply the pharmaceutical care approach to</li> </ul>

Pain	Knowledge Items	Skills Items
<b>Pain Treatment</b> (continued)	<p>wise use of all analgesics based on its safety and efficacy profile; OTC, herbal, non-opioid, opioid and adjuvants</p> <ul style="list-style-type: none"> <li>- Understand the pharmacology and mechanism of action of each analgesic class as it pertains to the specific management of each of the pain disorders</li> <li>- Compare and contrast the typical non-opioid pharmacotherapies used for the various pain syndromes</li> <li>- Describe analgesic dosage forms options (oral, suppository, transdermal patches, liquid, parenteral) and know which and when to use, based on indications, patient preference, convenience and feasibility. Also know how to adjust the administration routes as needed for the patient</li> <li>- Know dosing schemes for analgesic therapy including break through pain and around-the-clock dosing for each of the pain disorders</li> <li>- Understand reasons for patients experiencing under-dosing and overdosing outcomes including drug/nutrient interactions, disease state and pharmacokinetic/ pharmacogenomic/ pharmacodynamic principles, as it applies to the patient.</li> <li>- Recognize analgesic adverse effects and recommend treatments.</li> <li>- Know the different analgesic strategies required for managing pain of all the sub-populations (neonatal/child, pregnancy and elderly)</li> </ul>	<p>patients with acute pain or chronic pain</p> <ul style="list-style-type: none"> <li>- Interpret the evidence in order to guide treatment decisions recognizing guidelines when available</li> <li>- Design pharmaceutical care plans that individualizes therapy providing personalized pharmacotherapy that considers: pain type and condition, patient age, allergies, comorbidities, genetics, kinetic parameters, concurrent medications, and psychosocial relevant factors (e.g. cost of medications, patient preference)</li> <li>- Adjust care plan according to the stages of pain control (night vs rest vs activity)</li> <li>- Provide ongoing follow-up to evaluate analgesic therapy and provide adjustments to analgesic therapy depending on efficacy of analgesia, patient symptoms, adverse effects, laboratory tests, tolerance, dependence, weaning or rebound effect and the appearance of a new problem</li> <li>- Management of toxicity of medications used in the management of pain</li> <li>- Provide pain management recommendations for special patient groups (i.e. pregnancy, elderly, children)</li> </ul>

## Section 2 – OPIOIDS

Pharmacists are able to:

6. Maintain and further develop specialized knowledge of the pharmacodynamics and pharmacokinetics of opioids, to help inform patients and prescribers about their clinical effectiveness in pain management, as well as associated risks.
7. Reduce potential opioid risks by assessing patients before and during therapy, and providing recommendations for appropriate pharmacotherapy options.
8. Recommend safe and responsible opioid pharmacotherapy for select pain patients according to relevant guidelines and legislation to optimize benefits and minimize risks.
9. Provide evidence-informed guidance for patients making decisions related to the appropriate and safe use of opioids for acute, chronic or palliative pain, including management of side effects, drug interactions and specific precautions.

Opioids	Knowledge Items	Skills Items
<b>Opioids Knowledge and Skills</b>	<p>Opioids and Society</p> <ul style="list-style-type: none"> <li>- Describe the history of opioid use and societal consequences of uncontrolled use.</li> </ul> <p>Opioid Physiology</p> <ul style="list-style-type: none"> <li>- Outline the families of classic opioid peptides: enkephalins, endorphins, and dynorphins and their respective physiologic roles.</li> <li>- List the opioid receptors mu, delta, kappa and sigma and their role in the endogenous opioid system.</li> </ul> <p>Opioid Pharmacology</p> <ul style="list-style-type: none"> <li>- Describe the pharmacologic mechanism of action of opioids at the opioid receptor sites and descending inhibitory pathway.</li> <li>- Describe the action of opioid agonists, antagonists and mixed agonist-antagonists and identify agents that demonstrate these properties.</li> <li>- State the difference between opioids and opiates.</li> <li>- Appreciate the breadth of illicit opioids and how they are similar to, and differ from, prescription opioids</li> <li>- Describe opioid-induced respiratory</li> </ul>	<p>Opioid Education</p> <ul style="list-style-type: none"> <li>- Outline safe prescribing practices, appropriate quantities, storage and destruction of unused opioid prescriptions.</li> <li>- Provide essential patient education to ensure safe use.</li> </ul> <p>Opioid Dispensing</p> <ul style="list-style-type: none"> <li>- Document opioid prescriptions and relevant patient /prescriber communication.</li> <li>- Describe the communication that is necessary with prescribers.</li> </ul> <p>Opioids and Pain Management</p> <ul style="list-style-type: none"> <li>- Identify and assess those patients/conditions that can benefit from the analgesic effects of opioids in acute and chronic pain.</li> <li>- Be familiar with alternate drug and non–drug treatments for pain.</li> </ul> <p>Course of Opioid Therapy</p> <ul style="list-style-type: none"> <li>- Describe indications for an opioid rotation and perform/conduct an opioid rotation.</li> <li>- Demonstrate how to use opioid equianalgesia tables.</li> <li>- Describe the indications for an opioid taper and design an opioid taper.</li> <li>- Discuss exit strategies and time to discuss tapers to elimination of long term opioid use.</li> </ul>

Opioids	Knowledge Items	Skills Items
<p><b>Opioids Knowledge and Skills</b> (continued)</p>	<p>depression and its reversal by opioid antagonists</p> <p>Opioid Pharmacokinetics and Drug Interactions</p> <ul style="list-style-type: none"> <li>- Discuss the pharmacokinetic differences among available opioids and opioid antagonists</li> <li>- Be familiar with abuse-deterrent formulations</li> <li>- Outline pharmacogenetic differences that influence the effect of opioids</li> <li>- Discuss the rationale (advantages/disadvantages) for each route of administration and dosage formulation of available opioids</li> <li>- Outline the clinically important drug interactions with opioids and their management, particularly with other CNS depressants</li> </ul> <p>Therapeutic Use of Opioids</p> <ul style="list-style-type: none"> <li>- Discuss the pharmacodynamic differences among available opioids and opioid antagonists</li> <li>- Describe the clinical effects of opioids</li> <li>- Discuss the common and serious side effects of the opioids and their management.</li> <li>- Describe the allergic reactions caused by various opioids and their management.</li> <li>- Describe symptoms of opioid induced hyperalgesia and the proposed causative mechanism.</li> <li>- Outline the place of opioids in the management of acute and chronic pain.</li> <li>- Distinguish between the terms <i>opioid tolerance</i>, <i>dependence</i>, and <i>addiction</i> as they relate to the use of these drugs for the management of pain</li> <li>- Discuss precautions for opioid use in special populations: pediatrics, geriatrics and pregnancy.</li> </ul>	<p>Opioid Monitoring</p> <ul style="list-style-type: none"> <li>- Demonstrate how to monitor for efficacy and toxicity in a patient on opioids.</li> <li>- Outline appropriate monitoring for patients on long-term opioids ( e.g. 5 A's of monitoring chronic pain – activity, analgesia, adverse effects, aberrant behaviour, affect)</li> <li>- Identify appropriate opioid use treatment agreements to be used by the patient, physician and pharmacist.</li> </ul> <p>Opioid Overdose Training</p> <ul style="list-style-type: none"> <li>- Provide education on overdose management., including signs and symptoms of opioid overdose, how to use naloxone to reverse an overdose, and emerging best practices</li> </ul>

### Section 3 – OPIOID OVERDOSE and OPIOID USE DISORDERS

Pharmacists are able to:

10. Assess and manage overdose risks in patients using opioids.
11. Provide education to patients on opioid overdose management, including naloxone administration.
12. Assess signs, symptoms and behaviours in patients using opioids for pain management to distinguish amongst undertreated pain, physical dependence and opioid use disorder.
13. Assess and manage opioid use disorder as a chronic, relapsing chronic health issue, being responsive to patients’ preferences and goals.
14. Provide opioid use disorder pharmacotherapy services according to relevant guidelines and legislation to optimize benefits and minimize risks.
15. Provide evidence-informed guidance for patients with opioid use disorder making decisions related to pain management.

	Knowledge Items	Skills Items
<b>Opioid Overdose &amp; Opioid Use Disorder</b> - Pathophysiology - Assessment - Treatment	Addiction <ul style="list-style-type: none"> <li>- neurobiology of addiction</li> <li>- pharmacology of addiction (PK &amp; PD influences)</li> <li>- diagnostic criteria for substance use disorder</li> <li>- difference between physical dependence and substance use disorder (SUD)</li> <li>- risk factors that predispose individuals to developing a SUD</li> <li>- pharmaceutical products with risk of addiction</li> <li>- clinical presentations associated with use of substances with addiction potential (intoxication, withdrawal, SUD, medical complications)</li> </ul> Opioid Overdose <ul style="list-style-type: none"> <li>- opioid overdose risks</li> <li>- opioid overdose management, including naloxone administration</li> </ul> Opioid Use Disorder <ul style="list-style-type: none"> <li>- history of opioids, and development of current crisis – contributing factors including role of healthcare system</li> </ul>	Addiction <ul style="list-style-type: none"> <li>- treat as health issue</li> <li>- stigma-free practice</li> <li>- conduct assessment for risk factors for addiction and indications of addiction</li> <li>- recognize and assess substance use related clinical presentations</li> </ul> Opioid Overdose <ul style="list-style-type: none"> <li>- assess for opioid overdose risks</li> <li>- educate on opioid overdose management</li> </ul> Opioid Use Disorder <ul style="list-style-type: none"> <li>- distinguish undertreated pain and substance use disorder</li> <li>- develop care plans for opioid agonist treatment</li> <li>- implement safe dispensing practices for opioid agonist treatment (OAT*)</li> <li>- evaluate and manage dosing of opioid agonist treatment during initiation, stabilization and maintenance</li> <li>- assist in interpretation of urine drug screening</li> <li>- advise on safe opioid agonist therapy</li> </ul>

<p><b>Opioid Overdose &amp; Opioid Use Disorder</b></p> <ul style="list-style-type: none"> <li>- Pathophysiology</li> <li>- Assessment</li> <li>- Treatment</li> </ul> <p>(continued)</p>	<ul style="list-style-type: none"> <li>- pharmaceutical vs street sources</li> <li>- treatment goals and outcomes</li> <li>- harm reduction concepts and evidence-base</li> <li>- mechanism of action, efficacy, relevant pharmacokinetics, adverse effects, clinically important drug interactions, formulations, cost/availability and justify place in opioid dependence treatment of methadone and buprenorphine.</li> <li>- evidence-base for OUD pharmacotherapy (risks and benefits)</li> <li>- role and evidence for opioid withdrawal management with pharmacotherapy (risks and benefits)</li> <li>- common comorbidities</li> <li>- drug screening in biological samples</li> <li>- opioid agonist treatment diversion risks</li> <li>- overdose risks</li> </ul>	<p>take-home dose practices</p> <ul style="list-style-type: none"> <li>- educate patients on potential for precipitated withdrawal, and explain how to avoid it during buprenorphine induction</li> <li>- assess patients presenting for observed opioid agonist therapy dosing for appropriateness and safety</li> <li>- collaborate with patients in decision-making around discontinuing opioid agonist therapy, providing evidence-based information</li> <li>- use motivational approaches to help guide patients in their change goals</li> <li>- provide effective communication with care partners</li> </ul> <p>*OAT refers to opioid agonists used in the treatment of opioid use disorder, for example, methadone and buprenorphine.</p>
---	--	---



Association of Faculties  
of Pharmacy of Canada

---

Association des facultés  
de pharmacie du Canada

PO Box 59025 Alta Vista  
Ottawa, ON Canada K1G 5T7  
613-298-7167  
[executivedirector@afpc.info](mailto:executivedirector@afpc.info)