A TIMELINE OF OPIOID SUBSTITUTION (AGONIST) TREATMENT



IN BRITISH COLUMBIA

1926	Rolleston Report released (United Kingdom): Elite committee of British physicians recognizes opiate addiction as a "manifestation of disease" and that continued administration of opiates by physicians can reduce the morbidity associated with addiction
1939	Methadone is first synthesized (Germany)
1959	Methadone treatment was first dispensed in Vancouver by the Narcotic Addiction Foundation of British Columbia for brief detoxification
1964	Methadone treatment officially introduced in Canada: run by the Addiction Research Foundation in Ontario, they also developed guidelines for "good medical practice" in opiate maintenance treatment for the country
Late 1960s	Methadone Maintenance Treatment (MMT) programs become well established across Canada including BC.
1972	Amendments to the Narcotic Control Act place strict regulations on the prescription of methadone in Canada: All physicians prescribing methadone require authorization from federal health authorities
1982	Number of patients in MMT drops to 560 in Canada: This represents about a third of the patients registered in 1972, approximately half of whom were registered in BC
1991	Number of patients registered in Methadone Maintenance Treatment (MMT) program in BC is 1,221
1996	Federal authorities pass jurisdiction over MMT to Provincial authorities nationwide. The College of Physicians and Surgeons of BC (CPSBC) takes over management of the Province's MMT program.
2004	Number of patients registered in MMT program in BC is 8,221: Rapid rise in number of patients in MMT occurs after CPSBC loosens regulations on physician prescribing
2005	North American Opiate Medication Initiative (NAOMI) trial begins
2009	Number of patients registered in MMT programs in BC is 11,033
	Results of the NAOMI study are published in the <u>New England Journal of Medicine</u> (NEJM)
	• Results indicate that participants treated with diacetylmorphine (heroin) reported improved physical and mental health, were more likely to remain in treatment and were less likely to take illicit drugs
2010	Buprenorphine/naloxone (Suboxone) approved as a limited coverage benefit in Pharmacare
2011	BC College of Pharmacists requires all pharmacist and pharmacist managers to complete MMT training by September 30, 2011 to ensure compliance with the Board approved policies. Once complete pharmacists are required to sign the Declaration of Completion and Understanding form.
Dec '11	Number of patients registered in MMT programs in BC is 13,046

2013	BC Methadone Maintenance System Report published outlining performance measures for 2011/2012
2014	All methadone patients in BC switched to a more concentrated formulation of methadone "Methadose".
l	Many patients reported concerns about Methadose, including that it did not last 24 hours
2015	BC Methadone Maintenance System Report published outlining performance measures for 2013/2014
1	 Reports shows that only 36% of people who started on methadone maintenance treatment (MMT) in 2012/2013 were retained on MMT after 12 months.
2016	Prescribers no longer require an exemption to prescribe Suboxone for opioid use disorder
1	 The College of Physicians and Surgeons will no longer maintain a central registry of patients registered in the methadone program.
Apr '16	First results of the SALOME trial are published in Journal of the American Medical Association (JAMA): Psychiatry
	 Results indicate that hydromorphone is as effective as diacetylmorphine (heroin) in treating individuals with severe opioid use disorder.
Jul '16	Physicians in British Columbia no longer have to hold a federal Section 56 exemption from the <i>Controlled Drugs and Substances Act</i> in order to prescribe buprenorphine/naloxone. See <u>statement</u> .
2017	<u>Handbook</u> for patients on opioid substitution treatment developed by patients with financial support from BC Ministry of Health and coordination by the Centre for Addictions Research of British Columbia. Patients helping patients understand opioid substitution treatment.
Feb '17	PharmaCare covers Methadose [™] , buprenorphine/naloxone, and Kadian® 24-hour slow-release oral morphine for opioid use disorder treatment under <u>Plan G</u> , based on income assessment and clinical criteria
Jun '17	The British Columbia Center on Substance Use (BCCSU) became responsible for the <u>education and training pathways</u> and clinical care guidelines for prescribers of opioid use disorder treatment in BC
Jul '17	Updated <u>BC Centre on Substance Use Guideline</u> for the clinical management of opioid use disorder published
1	 The updated guidelines recommend Buprenorphine/Naloxone (Suboxone) as the preferred first-line opioid agonist treatment for opioid use disorder. Slow or sustained release oral morphine recommended as an alternative oral treatment to methadone and/or burprenorphine/naloxone.
Oct '17	BCCSU Guidance for Injectable Opioid Agonist Treatment (iOAT) for Opioid Use Disorder released.
2018	Amendments to Professional Practice Policy - 66: College of Pharmacists of BC, come into effect.
	 Name changed from "Methadone Maintenance Treatment" to "Opioid Agonist Treatment" Includes <u>policy guides</u> for Buprenorphine/naloxone and slow release oral morphine maintenance treatment
Feb '18	OAT prescribing is added to the <u>scope of nurse practitioners</u>
Mar '18	Federal Government announces regulatory changes to allow health practitioners to prescribe and administer Methadone without an exemption
	 Federal government also announces plans to change regulations surrounding the prescription of diacetylmorphine (Heroin) outside of a hospital setting.
Sep '18	Metadol-D made available via Special Authority Request
Dec '18	New online training is developed by the BC Pharmacy Association for OAT for pharmacists
2019	



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Metadol-D becomes eligible for regular health benefit coverage through PharmaCare

More information about the Harm Reduction program can be found at https://towardtheheart.com/

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