



Edmonton Zone Medical Staff Association

PHYSICIANS ADVOCATING FOR HEALTH

April 26, 2024

Dear Members,

In October of 2022, the government made changes to the *Mental Health Services Protection Regulation (Regulation)*. As such, all physicians who treat patients with opioid use disorder, whether in hospitals, emergency departments or the community, need to familiarize themselves with how it impacts their practise. Persons or corporations may face penalties (in the form of fines up to \$100,000) for contravention of the *Regulation*.

If you are an emergency department or hospital-based provider, please review the following new documents:

- [Clinical Scenarios: Hospital-based exemptions for designated narcotic drugs \(DND\)](#)
- [Frequently Asked Questions: Hospital-based exemptions for Designated Narcotic Drugs \(DND\)](#)
- [Flowchart: Provision of Designated Narcotic Drug outside of an AHS ODP Clinic Licensed to Provide NTS](#)

I am troubled by the current legislation as it circumvents the College of Physician & Surgeons of Alberta's role in providing guidance to physicians on opioid prescribing, and their role in addressing concerns with a physician's practise patterns. Legislation has been inserted between the doctor-patient relationship and may impact the ability of a provider to "do no harm" and "act in the best interest of the patient". Legislation that singles out people with opioid use disorder may also contribute to the ongoing stigma that many of these patients face when accessing healthcare services.

The *Regulation* also states that a designated narcotic drug (DND) can only be prescribed "for the purpose of stabilizing a patient suffering from acute opioid withdrawal during the patient's admission to an approved hospital for other indications". DNDs are defined as any full agonist opioid drug except for methadone or slow-release oral morphine. If a patient is admitted to hospital for treatment of their opioid use disorder, and they don't have another reason for admission, medications like morphine or hydromorphone are not permitted. If the patient is admitted for a different issue that is not opioid use disorder, opioid medications are permitted. Yes, you read that correctly. Even if opioid agonist treatment is initiated, ongoing cravings while longer acting medications are being titrated may lead to the patient's use of non-prescribed substances which puts them and the hospital staff at risk. Patients admitted for another indication and given DNDs during admission cannot be prescribed DNDs for the management of opioid use disorder after discharge. Patients who may require ongoing DNDs must be referred to a Narcotic Transition Services clinic for an assessment.

I am also concerned that the details of the 'Inspections, Investigations, Enforcement and Appeals' section of the *Mental Health Services Protection Act (Act)* have not been adequately communicated to physicians. The *Act* fails to clarify how physicians will be monitored, chosen for investigation and who will be on the appeal panel that is appointed by the Minister.

I urge every practitioner to familiarize themselves with this legislation, and when possible, provide feedback to AMH.PracticeSupports@AHS.ca.



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Warmest regards,

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President 2024

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Mission: Physicians Advocating for Health

Vision: Engaged Physicians; Sustainable Healthcare; Health Community

Values: Advocacy; Integrity; Growth and Learning; Community Connection

To contact the EZMSA Physician Advisor: <https://albertazmsa.com/physician-advisor>