PRESCRIPTION OPIOID-RELATED ISSUES IN NORTHERN ONTARIO

"from benefit to harm to crisis"

…a pan-northern strategy framework for action on misuse, abuse and diversion

prepared by the Northern Ontario Area, Provincial Services
Centre for Addiction and Mental Health (CAMH)
April 2010

Important notes:

Throughout this report, you will see:

little flags that represent issues/questions that need to be flagged and considered

these acronyms:

CAMH:	Centre for Addiction and Mental Health
CPSO:	College of Physicians and Surgeons of Ontario
DATIS	Drug and Alcohol Treatment Information System
FNIHB:	Federal Non-Insured Health Benefits
LHIN:	Local Health Integration Network
MMT:	Methadone Maintenance Treatment
MOHLTC:	Ministry of Health and Long Term Care
OACP:	Ontario Association of Chiefs of Police
ORNGE:	Transport medicine (ground and air)
OSDUHS:	Ontario Student Drug Use and Health Survey

and when OxyContin, Fentanyl, Morphine, Percodan, and Percocet are referred to in this report, it is the registered trademark version

Acknowledgements:

We would like to thank and acknowledge ConnexOntario and DATIS for sharing their data, and the following staff at CAMH for reviewing this report and/or providing additional information: Barney Savage, Director and Janine Luce, Manager, Public Policy Department; Dr. Jurgen Rehm, Senior Scientist/Co-head, Public Health and Regulatory Policy; Provincial Services Northern Ontario Area Manager Christine Lebert, Provincial Services Program Consultants Michele Ott, Kim Karioja, and Mark Erdelyan, OpiATE Project Manager, Christine Bois and Provincial Aboriginal Training Consultant, Cristine Rego from Aboriginal Services.

Report prepared by:

Reggie Caverson
Pan-northern Lead Special Projects
Northern Ontario Area – Provincial Services
Centre for Addiction and Mental Health
Phone: 1-705-675-1195 x8324
Email: reggie_caverson@camh.net

For more information, please visit: www.camh.net

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Prescription opioids are an indispensable clinical tool for addressing pain, but they have the potential for addiction and can be misused, abused and/or diverted. As a result, it has become increasingly important to find a balance between the need for pain management (and the use of prescription opioids), measures to minimize the risk of addiction and related harms, and prevent crimes associated with diversion.

Northern Ontario is currently experiencing some of these societal side-effects. For example, prescribed narcotics such as Fentanyl, Methadone, Percocet and Percodan have all been implicated as a factor in addiction, overdose deaths and crime. More recently, the time-released pure oxycodone-based formulation OxyContin, a potent and addictive narcotic that provides round-the-clock relief for extreme pain (both chronic and acute) has become the source of misuse, abuse, addiction and diversion, and according to Health Canada, those with a history of addiction are at high risk for developing dependence to this drug.

Addiction treatment data, self reports, anecdotal information and crime statistics, all point to a significant problem with prescribed narcotics in the northern Ontario and even more so (according to various Aboriginal leaders and health workers), in remote Aboriginal communities. For example, the number of people entering addiction treatment programs for prescription opioid dependence in northern Ontario has doubled in the last five years; in a one year period, there were 21 armed robberies targeting pharmacies in northeastern Ontario; some flights destined for remote Aboriginal communities in the north are now being searched for diverted drugs; and healthcare professionals (pharmacists, addiction workers, hospital emergency and primary care physicians) are all expressing significant concern re: how to prevent and address this growing problem, yet still address the needs of those with extreme pain.

Many northern communities, including Aboriginal communities are to be commended, as they have undertaken local strategies to try to address addiction and prevent diversion. However, many things are still lacking. For example: non-narcotic pain management treatments are limited, and physicians trying to treat patient pain are often restricted to prescribing drugs such as OxyContin that are covered under most extended health care and drug benefit plans in Ontario; many communities are unequipped to deal with medical withdrawal from prescribed opioids or provide equitable access to treatment supports; and perhaps even more evident is the fact that various overarching policies both at the provincial and federal level, are negatively impacting on local communities.

This report is focussed on the north. It examines information that currently exists, the benefits and harms of prescribed opioids on northern communities and provides a broader overview of what is happening across Ontario. It also offers a pan-northern strategy framework for consideration – one that is based on a four pillar approach that includes: prevention/health promotion; treatment; harm reduction and enforcement strategies and collaboration amongst all key sectors, including those with lived experience. This is only the beginning of a dialogue and action that needs to happen from a pan-northern, shared perspective.

CONTEXT & PURPOSE OF THIS REPORT

Over the last few years, numerous efforts have emerged across northern Ontario to address the growing concern and impact associated with the misuse, abuse and diversion of prescription opioids. Communities, whether Aboriginal, non-aboriginal, remote, rural, or in small towns or larger centres have reported significant problems associated with prescription opioid addiction, an increase in associated health problems, limited addiction treatment options (and access to services such as methadone maintenance), and an increase in prescription drug-related crime. Although the full dimensions of the problem are not known, many organizations and communities have attempted to develop local responses, even though some prevention options and policy solutions are not within their scope and lie at the doorstep of provincial and federal level policy.

This report will:

- share what research currently exists;
- support the need to develop a balanced approach to treating pain and preventing prescription opioid addiction and related harms including diversion;
- acknowledge the tremendous efforts across the north to address the problem;
- discuss the overarching implications of provincial and federal legislation on the north and
- offer a pan-northern response strategy framework for discussion and consideration.

WHAT ARE PRESCRIBED OPIOIDS?

Opioids are narcotics and "are classified as central nervous system depressants. Some opioids (e.g., opium, morphine, or codeine) are natural substances that come from the seed pod of the Asian poppy, Papaver somniferum; others are semi-synthetic (e.g., Dilaudid®, heroin, Percodan®, OxyContin®), or fully synthetic preparations (e.g., Demerol® or methadone) and are produced in laboratories." (CCSA website)

Opioids are very effective medications that are used to manage and treat acute and chronic pain. Opioids can also create a feeling of euphoria which makes them prone to abuse, and can be addictive. "Addiction refers to the compulsive use of a substance despite its negative consequences. People with a personal or family history of substance abuse, including alcohol, may be at higher risk of addiction to opioid pain medications." (Health Canada website)

WHAT HAS CHANGED SINCE 2000?

History is changing as we speak. There have been significant changes in the use and abuse of prescription opioids in the last decade. New journal articles are being published and new stories are appearing in various media with greater frequency on prescribed opioids such as oxycodone-based formulations like OxyContin and Percocet and other prescribed narcotics such as Morphine and Fentanyl. While it is impossible to determine the extent of use in the north, what we do know is that "North America has the world's highest consumption of medical prescription opioids" (Fischer and Rehm, 2009) and according to the International Narcotics Control Board (2009), Canada ranks third in the world behind the US and Germany.

While prescription opioids are extremely effective at managing pain, non-medical use, abuse, addiction and diversion have emerged as both a public health and a community safety concern. From a public health perspective, there has been an increase in opioid-related overdose deaths and more people are seeking treatment for prescription opioid dependence. As well, since the inception of the Ontario

Student Drug Use and Health Survey (OSDUHS) in 1977, the top three drugs used by youth between grades 7 and 12 has traditionally included alcohol, tobacco and cannabis. In the latest OSDUHS (2009), the non-medical use of prescribed opioids surpassed tobacco use as one of the top three drugs currently being used.

> In Ontario, according to the 2009 OSDUHS approximately 18% of all students surveyed between grade 7 & 12 have used a prescription opioid at least once in the previous 12 months without a doctor's prescription and 74% of those who reported use obtained the drug from home.

From a community safety perspective, police are also reporting concerns regarding an increase in crimes that are related either directly or indirectly to prescribed opioids such as break & enter, theft, armed pharmacy robberies, trafficking in a controlled substance and other crimes (Cook and Caverson, 2010).

Drug product changes since the mid 1990s appear to have impacted on what we are seeing today. While the misuse, abuse and diversion of prescribed drugs is not new, product changes to semi-synthetic oxycodone-based drugs such as the revolutionary 12 hour slow-release drug OxyContin have contributed to a new spectrum of problems. Although other semi-synthetic and synthetic opioids (such as Fentanyl and Methadone) are also subject to abuse, the major opioid of concern in northern Ontario appears to OxyContin (sources: anecdotal comments by addiction treatment providers, Aboriginal leaders, pharmacists and physicians, and police reports of armed pharmacy robberies specifically targeting OxyContin).

As noted, OxyContin was originally designed to provide around-the-clock pain relief by reducing the number of pills that need to be taken (CAMH OxyContin straight talk). However, even at prescribed doses, OxyContin can also have a euphoric effect in some users. As a result, the drug has become prone to tampering, where the drug is crushed and diluted for injection, snorted or simply ingested releasing the full effects of the drug all at once. Even in its unaltered version and taken as prescribed, OxyContin can be addictive, and create a high similar to heroin resulting in the pejorative nickname "hillbilly heroin".

Provincial drug formulary changes have also significantly impacted on the increase in the prescribing and use of prescribed opioids. In 2000, Ontario added long-lasting oxycodone to the list of drugs that are covered. A study by Dr. Irfan A. Dhalla et al in the Canadian Medical Association Journal (2009) noted that from 1991 to 2007, "prescribing of opioid analgesics in Ontario rose by 29%" and "in contrast the number of oxycodone prescriptions rose by more than 850% during the same period" (CMAJ 2009) and that there was an increase in opioid-related deaths since 1991 and "a significant portion of the increase was associated with the addition of long-lasting oxycodone to the provincial drug formulary" (CMAJ 2009).

National drug strategy efforts such as the "National Framework for Action to Reduce the Harms Associated with Alcohol and other Drugs and Substances in Canada" (CCSA, 2005) which was the collective result of consultations with more than 400 government, non-government and other key stakeholders identified "reducing problematic use of pharmaceuticals" as one of 13 national priorities. Although an initial thematic meeting was held to explore this priority and consider recommended actions, no one has taken responsibility for co-leading this process in collaboration with the Canadian Centre on Substance Abuse (CCSA website). While the CCSA has continued to address priorities as identified in the national consultation framework document, in 2007, the federal government transferred responsibility for Canada's Drug Strategy from Health Canada to the Department of Justice. Alcohol and prescription drugs have not been included as part of their drug strategy efforts (National Anti-Drug Strategy website).

WHAT IS THE IMPACT ON NORTHERN ONTARIO?

Boundaries mean nothing and everything that is affecting the rest of Ontario is affecting northern Ontario. Supply and demand is creating a spill-over effect that is pushing the boundaries of prescription opioid misuse, abuse and diversion outside of local communities. As a result, it has become a shared problem by all communities in the north and even stretches into other provinces such as

Manitoba (for help with emergency medical treatment from overdose and withdrawal – personal communication).

While the focus of this report is on all of northern Ontario, one cannot however, ignore the significant impact that prescribed opioids are having on Aboriginal communities, particularly in remote rural areas of the north.

Aboriginal communities have been hit particularly hard and leaders from Matawa First Nations, Treaty 3 and others are all expressing significant concern regarding the impact of prescribed opioid addiction on their people and in their communities across the north. Chiefs from these communities feel that it has reached **epidemic proportions** and have called it a **crisis** in their communities. They have also called on others such as the College of Physicians and Surgeons on Ontario (CPSO) and the Ministry of Health and Long Term Care to take responsibility and address this crisis.

> "While First Nations have already struggled with youth suicide, and alcohol, the emergence of prescription drug abuse adds a new dimension. While substance abuse is sporadic, the abuse of prescription drugs is non-stop with more tragic and violent effects" (summary of Chief Beardy's comments from a forum held in Thunder Bay 2009)

Reports such as "Answering the call: Reducing Prescription Drug Abuse in Our Communities" (2009) have identified specific problems in northern Aboriginal communities including:

- High percentage of community members abusing prescription drugs
- Money for food is being used to buy drugs
- Increased number of drug busts including flights destined for remote communities
- Limited to no access to medical detox, addiction treatment, aftercare
- Mixed support for Methadone Maintenance (re: substituting a drug such a methadone for another drug is not consistent with Aboriginal beliefs and wholistic health)
- Oxycodone-based drugs such as OxyContin and Percocet are the primary drugs covered by FNIHB (Federal Non-Insured Health Benefit) to manage severe pain

> "The opioid issue is spread across the province although more visible in the First Nation communities due to the size of the communities. If a community has only 400 on Reserve community members and many of them are abusing prescription drugs, it is far more visible than in an urban setting where the numbers using are more easily hidden. Federal Non-Insured Health Benefits is the carrier for benefits so the numbers and types of prescriptions are more easily tracked. In an urban setting, there can be a multitude of carriers and numerous dispensing operations to access, making tracking more of a challenge." Cristine Rego, Aboriginal Services, CAMH

Many other historic, longstanding issues also impact on Aboriginal communities including: the social determinants of health (lack of employment, poor housing, lack of education, limited/no access to health services); higher rates of poor health, injury, suicide and addiction (primarily alcohol, now prescribed opioids); the impact of inter-generational trauma, residential schools, assimilation and colonization; and provincial/federal jurisdictional issues.

Patterns and reasons for use across Ontario and specifically northern Ontario vary significantly. While limited research and data exists and will be referenced, some of our understanding is more anecdotal in nature, all of which is subject to debate.

It is also important to take into account the varying mandates of organizations, professionals and others that are involved in this debate. This includes the physician (and the CPSO) attempting to find ways to treat people with extreme pain; the pharmacist who dispenses prescription opioids; addiction specialists trying to prevent and treat addiction; those responsible for reducing healthcare costs and streamlining healthcare services; persons with lived experience and their families; and the mandate of those in criminal justice who are attempting to stem diversion, enforce the law and address prescription drug-related crimes.

As a result, not everyone agrees on the nature of the prescription drug problem and as a result, not everyone agrees on the solution. However, what is agreed upon is that the problem of prescription drug use, misuse, abuse and diversion is extremely complex, that there is no "silver- bullet" answer, and that multiple-strategies involving multiple sectors at local, provincial and federal levels is required. Babor et al (2010) underscore the complexity of the drug issue and the need for comprehensive approaches and policies in their book "Drug Policy and the Public Good."

Diagram 1 illustrates the complexity of the prescription drug issue, but again, it is important to note that while some of the issues that impact on the north may have some unique attributes (in particular the crisis situation in northern Aboriginal communities), others across Ontario are also affected, though very little data exists to show regional differences.

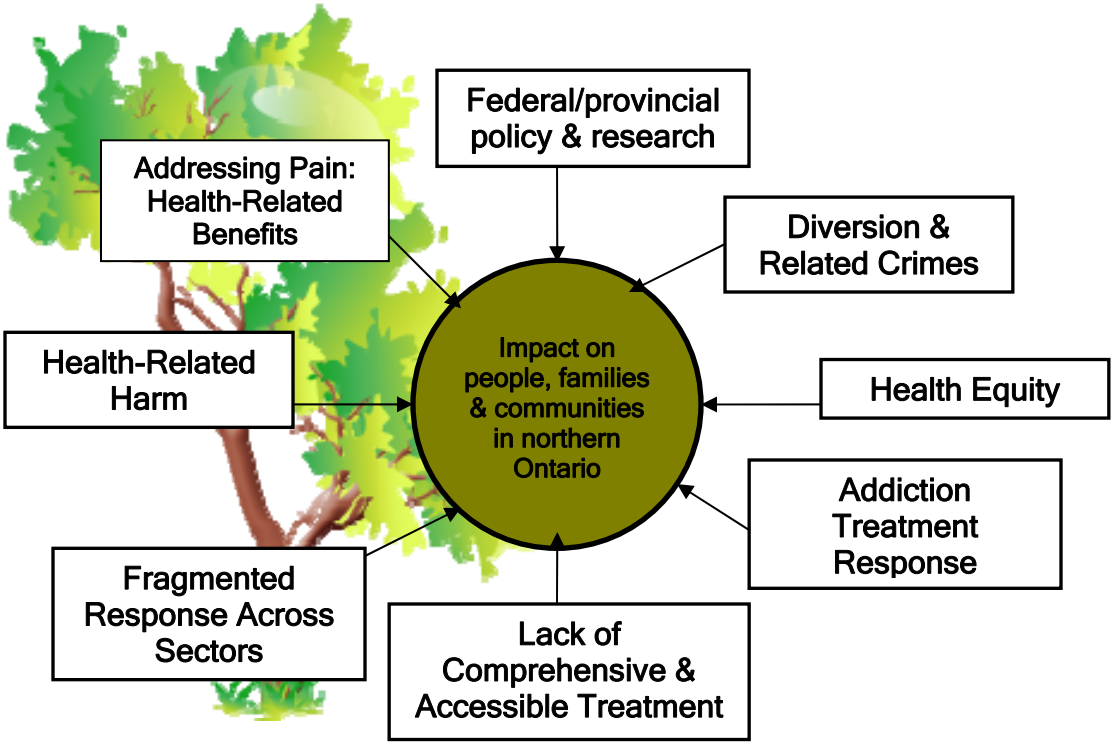

Diagram 1: impacts on northern Ontario

TRENDS & ISSUES

Here is what we know from existing research:

a) PRESCRIPTION OPIOIDS AND MANAGING PAIN:

- Prescription drugs such as OxyContin, are extremely effective at managing chronic and acute pain (cancer, injury, post-surgery break through pain) which is why many physicians prescribe them and why people begin using them, however some can become addicted even at prescribed doses (Health Canada website)
- Physician prescribing is dictated by the level of pain being experienced by the patient, and by what drugs are covered by the patient's drug plan (federally, provincially or under extended health care). For example: FNIHB (Federal Non-Insured Health Benefits) covers drugs for Aboriginal people and the ODBP (Ontario Drug Benefit Program) provides free medications (such as OxyContin) for seniors, those on Ontario Works or a disability pension

In a recent survey conducted by the CPSO (College of Physicians and Surgeons) on physician attitudes around pain management and opioid prescribing "family physicians rank chronic pain management second only to mental health as a clinically challenged area" (MD Dialogue, February 2009)

- In 2008, the total tab for OxyContin in Ontario under ODBP was $54 million (CBC 2009)
- Ontario lack's non-opioid pain management treatment options supported by drug benefit coverage
- Chronic pain is not recognized by the Ministry of Health and Long Term Care as an illness, yet chronic pain requires physician time to assess and safely & effectively treat (MD Dialogue 2009)
- The OxyContin patent recently expired (end of 2009), which will open the door for the marketing of new yet similar drugs
- Dentists are also allowed to prescribe narcotics for pain
- There is a lack of physicians specializing in pain management in Ontario and a lack of family physicians in northern Ontario
- Some physicians are now refusing to prescribe any opioids for fear of addiction and diversion (known as "opiophobia") and some have difficulty dealing with patient's demanding OxyContin and difficulty in discriminating between legitimate pain and drug-seeking behaviour

b) PRESCRIPTION OPIOID-RELATED HEALTH HARMS:

- According to a recent study published in the Canadian Medical Association Journal (Dhalla, 2009):
    - between 1991 – 2004, opioid-related deaths doubled in Ontario
    - between 1994 - 2004 oxycodone-related deaths increased five-fold (in 2000 Ontario added oxycodone prescriptions to their drug plan of covered drugs)
    - prescribed opioids kill approximately 300 people in Ontario each year (and according to a 2009 CBC report, this is "three times as many as die from HIV/AIDS each year")
    - Most of these deaths were due to inadvertent toxicity and about a quarter of these deaths were attributed to suicide
    - far more deaths in Ontario are from prescribed opioids than heroin
    - about 2/3^{rds} of the people that died from prescribed opioids had seen a doctor in the past month and the typical patient had seen a doctor 15 times in the year before they died
- In 92% of oxycodone-related deaths in Ontario, other non-opioid depressants (such as alcohol or benzodiazepines) were involved (Fischer and Rehm, 2009)
- From 2002-06, there were 366 overdose deaths in Ontario blamed on methadone (Donovan, 2009), note: this news report does not identify if these deaths were related to methadone used to treat opioid addiction, and/or pain, or for other reasons
- There has been a shift in demographics of overdose-related deaths where prescription drug-related deaths have surpassed heroin and cocaine and the profile may be shifting "from marginalized populations more toward middle class individuals" (Fischer and Rehm, 2009)
- OxyContin carries a FDA "black box" warning advising physicians "not to prescribe the narcotic with addictive properties similar to morphine except for patients with the most severe, continuous pain" (ABC News 2001)
- There is an extremely high cost associated with emergency air/ground transport (ORNGE) for prescription and other drug-related overdoses and alcohol/drug injuries particularly in remote northern communities (personal communication with Northern Ontario School of Medical)

c) ADDICTION:

- As noted, those with a previous history of addiction are particularly vulnerable and at high risk of developing an addiction to prescribed opioids (Health Canada website)
- Stigma often prevents people who are addicted from seeking help and getting addiction treatment (CAMH); that only about 10% of those who need treatment go to an addiction treatment agency, and that the majority go to their family doctor for help
- According to Woodside (2010), "pseudoaddiction" can develop where "patients with under-treated pain exhibit behaviours similar to those seen in addiction" (focussed on obtaining meds, "clock watching" and drug-seeking)
- More and more Aboriginal people in remote communities are becoming addicted to prescription drugs such as OxyContin, though it is not possible to determine the full extent or impact (according to various reports from Aboriginal leaders)

- Opioid addiction can impact on family, work, and community (family disruption; increased demand on child & family services, frontline and emergency services, physician resources, hospitals, addiction services; increased mental health-related problems; increased risk of impaired driving, and workplace injury; increased impact on disability claims, extended health care and drug benefit costs; increased prescription/diversion-related crimes and resultant impact on community safety)
- Contacts from individuals seeking drug and alcohol treatment information for prescription opioid addiction has increased (DART 2009) – Diagram 2 (below) illustrates contacts in northern Ontario by LHIN for a one year period

Number of Contacts from Individuals in the North East and/or North West LHINs Seeking Drug and/or Alcohol Treatment Services through DART (November 1, 2008 to October 31, 2009)		
NUMBER OF CONTACTS	For all drug categories	2017
	For narcotic analgesics	414
FOR NARCOTIC ANALGESICS BY GENDER	Female	188
	Male	226
LOCATION OF REQUEST FOR TREATMENT OF NARCOTIC ANALGESICS (TOP 4 LOCATIONS)	Sudbury	116
	Thunder Bay	63
	North Bay	43
	Sault Ste. Marie	40
NUMBER OF CONTACTS FOR TREATMENT BY TYPE OF CONTACT (TOP 4 TYPE OF CONTACTS	Self	159
	Family	127
	Professional	88
	Friend	39

"taken from the DART (Drug & Alcohol Registry of Treatment) database/service of ConnexOntario Health Services Information."

- Addiction is often compounded by co-occurring mental health problems (Rush et al 2008)
- Few resources exist in northern Ontario to help those with concurrent disorders and there is limited connection between addiction services and mental health providers in the north

d) TREATMENT FOR ADDICTION TO PRESCRIPTION OPIOIDS:

- According to DATIS (Drug and Alcohol Treatment Information System) in northern Ontario:
  - **in 2004/05:** 1131 non-Aboriginal people (717 males; 414 females) and 299 Aboriginal people (157 males; 142 females) received addiction treatment services in the north (in LHIN 13 & 14) for prescription opioid problems totaling 1430
  - **in 2008/09:** 2094 non-Aboriginal people (1243 males; 850 females; 1 other) and 801 Aboriginal people (379 male; 422 females) received addiction treatment services in the north (in LHIN 13 & 14) for prescription opioid problems totaling 2895
  - it is important to note several limitations of DATIS: many Aboriginal people do not use mainstream addiction treatment programs which DATIS captures and DATIS does not include federally funded programs that Aboriginal people may use
- Few addiction treatment services offer: withdrawal management and support for abstinence
- Significant lack of medical withdrawal services; case management; and addiction treatment supports across the north
- There is a general lack of physicians specializing in addictions medicine
- Alternative therapeutic non-narcotic options to manage pain are not available or covered
- It is unclear whether a "universal precautions" approach (as recommended by Gourlay) is being used by physicians in patient assessments
- Although LHINS have adopted health equity as a foundational principle, an imbalance exists in the north re: addiction treatment - there is a lack of quality, accessible and equitable addiction treatment services for: youth; Aboriginal youth; Aboriginal people/communities; young women; women in general and those living in rural/remote and isolated areas of northern Ontario
- Buprenorphine is successful for treating short-term opioid addiction and has recently been approved for use in Canada, but Ontario has not yet included it under ODBP
- **Methadone maintenance treatment (MMT):**
  - MMT "is a very effective treatment used in Canada for heroin" (Hart 2007)

- MMT is a drug substitution therapy - replaces opioids (including prescribed opioids) with methadone however, MMT can make an addiction to codeine worse
- MMT helps stabilize and improve quality of life, however many need to stay on it for life
- 280 physicians in Ontario can prescribe methadone and approximately 25,848 people are on MMT (CPSO fact sheet, 2009) however many more could benefit from it (Hart 2007)
- "MMT is the most highly regulated and controlled area of addiction treatment, and one of the most highly regulated in all of medicine" (Hart 2007)

"Methadone Maintenance Treatment (MMT) is a medically recognized treatment that, when combined with counseling and other social and community supports is an effective treatment for opioid addiction" (CAMH, Methadone Saves Lives 2008)

- Northern Ontario Health Travel Grants cover cost of travel to/from addiction treatment but not for MMT (personal communication)
- OHIP covers the physician fee for methadone
- There are only a few MMT clinics receiving core, sustained funding for comprehensive client care in Ontario (located in Toronto)
- There are some publicly funded case management positions/partial positions throughout the province, but only a few in northern Ontario (DART)
- Some of these case management positions only offer limited services and many agencies cannot provide MMT or offer support, counselling and/or referral due to lack of funding
- In northern Ontario – there are not enough publicly funded MMT physicians and efforts to recruit/train physicians continue
- MMT is also offered through OHIP funded for-profit clinics that are being set up across Ontario (including at least 8 in northern Ontario – OATC website)
- Significant concern has been raised that the for-profit clinic model does not facilitate access to the comprehensive care that is recommended for many MMT clients. The province's MMT Task Force (Hart 2007), for example, recommended that MMT clients have access to the full range of services, including counseling, and not just the prescribing services which are funded by OHIP billings
- Some methadone is diverted to the illegal market

e) GUIDELINES, TRACKING AND MONITORING OF PRESCRIPTION OPIOIDS

- WSIB (Workplace Safety and Insurance Board) has recently developed a narcotics strategy to manage cases for injured workers who are prescribed narcotics
- National opioid prescribing guidelines for physicians are soon to be released (spring 2010) in Canada – however concerns have been raised re: addressing physicians who exceed the guideline established threshold
- There is no tracking/monitoring system for prescription drugs in Ontario (though evidence is not clear re: effectiveness of such a strategy)

f) DIVERSION AND RELATED CRIME SPECIFIC TO NORTHERN ONTARIO:

- According to a study of police services in northeastern Ontario (Cook and Caverson 2010), from November 2008 to November 2009:
  - there were 21 armed robberies targeting pharmacies demanding OxyContin
  - prescription drug-related crimes under the *Controlled Drugs and Substances Act* were low, however other occurrences/crimes (break and enter, home invasions, assaults, impaired driving, etc.) involving prescription opioids were on the rise
  - crimes were often perpetrated to purchase, steal or sell prescribed opioids
  - police often find out after-the-fact that prescribed opioids were a factor
- Other methods of diversion include: "doctor shopping" or "double doctoring"; legitimate but inappropriate prescription by physician; theft (doctor's office, pharmacy, hospital); forged or altered prescriptions; fraud; purchase of someone else's prescription; purchase on the internet
- It is not known how much is being diverted from sources noted above

When one community tightened controls (Sudbury pharmacists collaborated with local police to successfully deter pharmacy robberies in the city) it appears to have had a spill-over effect where the problem became displaced to another nearby community (Cook and Caverson 2010)

- Police report that cocaine dealers are now dealing/trafficking prescribed drugs (easier to obtain, less conspicuous/detectable and very lucrative to sell) (personal communication)
- Some pharmacies have stopped carrying OxyContin
- Police are assisting pharmacies with robbery prevention strategies
- Some pharmacists have expressed concern about personal safety due to armed robberies and some pharmacy staff have quit as a result
- Some pharmacies now have cautionary signs indicating "no OxyContin on the premises" and that prescriptions require 24 hours notice
- Police concern expressed re: potential link between gangs, organized crime and oxycodone trafficking

g) RESEARCH
- Research is lacking on: prevalence; who is having the problem; pathways to addiction; other pain management treatment options; amount of diversion; treatment of opioid addiction; direct impact on Aboriginal and non-aboriginal communities and successful prevention strategies
- Research evidence to support the development of a tracking and monitoring system is unclear

h) NEW AND EMERGING EFFORTS:
- In 2009, the CPSO struck a working group of 4 subcommittees to address: education; resources; tracking/monitoring; and diversion (at the initial urging of Chiefs from Matawa First Nations)- report is expected in spring 2010
- The Ministry of Health and Long Term Care has struck a Narcotics Advisory Panel – one of their tasks is to consider a tracking and monitoring system for all prescription drugs in Ontario though little information is currently available

Here is what we are hearing from others:*

- Most prescribed drugs come from legitimate prescriptions written by a physician
- OxyContin appears to be the drug of choice (requested/demanded by patients)
- Concerns have been raised re: prescribing practices of dentists (for example: OxyContin being prescribed for wisdom tooth extractions with little to no monitoring)
- Given the constraints placed on physicians in various settings (hospital emergency, medical walk-in clinic and/or in general practice), it is sometimes difficult for physicians to distinguish between drug-seeking behaviour and legitimate pain and options to treat pain are extremely limited
- Some pharmacists are frustrated that there is no mechanism to share patient information between pharmacies to stem diversion (re: double doctoring, etc.) due to privacy laws and are concerned about amounts being prescribed
- Some people will go from doctor to doctor, clinic to clinic, hospital to hospital across the north to get a large supply of prescription opioids and once they run out, "tour" the north again (voices of persons with lived experience)
- Many people who have become addicted to prescribed opioids and have tried to stop using them on their own, report extreme withdrawal symptoms for lasting several weeks, often noted as: "the worst flu you have ever had times 100" and many return to using prescribed opioids just to stop withdrawal pain (communications with persons with lived experience)
- Even though it is critical to do a history of the patient to determine any history of addiction (as the risk of addiction to prescribed opioids is much higher) many believe that this is not a common practice by most physicians
- Some physicians however feel that asking for a patient history might stigmatize the person with a history of addiction and as a result, might not be treated for legitimate pain
- There is a perception that prescribing OxyContin is common practice amongst general practice physicians, emergency physicians, surgeons and dentists
- Some patients are reluctant to complain about a physician due to limited number of general practice/family physicians in northern Ontario
- Concerns expressed re: role of hospital emergency – perception that prescribing opioids to treat acute pain from injury and chronic pain is commonplace

**Even though research on the above is limited, it is clear that concern is mounting across the north from various perspectives. Some of the above information was taken from: those with lived experience, families, addiction treatment providers, hospitals, physicians, pharmacists, other health care providers, Aboriginal leaders & communities, emergency frontline personnel, police, policy makers and media.*

ADDRESSING THE COMPLEXITY OF ISSUES IN THE NORTH

Efforts across the north continue to grow. Many stakeholders from various sectors (addiction, police, pharmacists, healthcare providers, emergency response personnel, persons with lived experience, etc.) in communities across the north are working together to develop localized strategies to prevent and address the misuse, abuse, and diversion of prescribed opioids. Aboriginal leaders in various rural, remote and isolated areas are also working with their communities to develop community-based strategies to address this issue which is impacting on many First Nations communities. Community solutions and collaboration are some of the keys to success, and many of these efforts have been listed in Appendix 1.

What is clear is that issues related to prescribed opioids is a shared and complex problem that requires a shared and comprehensive strategy. It is important to continue to build on the resilience and strengths of many organizations and communities in the north to support, identify and use evidence to ensure that those who require prescriptions opioids for pain are not denied access to these important pain management drugs, and that measures are put into place to minimize addiction, and other harms including diversion.

A four-pillar approach is recognized across Canada as a key foundational approach to addressing substance abuse issues, including those related to prescription opioids. However, like all efforts, many are influenced by overarching provincial/federal policies and guidelines that are beyond the immediate control of most communities. With this in mind, some of the actions noted in Diagram 3 include some of these overarching issues, but underscores the importance of communities developing local solutions while championing the need for a balanced approach.

We are already seeing communities in the north taking charge and championing the need for policy solutions beyond their immediate community. For example, as a result of the insistent efforts of Matawa First Nations, the College of Physicians and Surgeons of Ontario (CPSO) hosted a provincial discussion on issues related to prescribed opioids; have formed subcommittees to address four specific areas; and are expected to report on their recommendations in the spring of 2010. As well, as a result of their efforts, a public commitment was made by the Assistant Deputy Minister responsible for Ontario's Drug Benefit Plan (MOHLTC) to review the current provincial drug formulary. It is the demonstrated efforts of those such as Matawa First Nations and others that are drawing attention to some of the key overarching policy issues that are impacting on people and communities across northern Ontario.

It is recommended that any local/pan-northern efforts be: collaborative; involve various key sectors and partners (including those with lived experience); clearly define shared mission & values; identify gaps; build on strengths and develop consensus re: short and long term objectives, an implementation plan and evaluation.

the more actions a community uses, the better the chance of success

SAMPLE: FOUR PILLAR PAN-NORTHERN STRATEGY FRAMEWORK (action examples)

HEALTH PROMOTION & PREVENTION	ADDICTION TREATMENT	HARM REDUCTION	ENFORCEMENT
Awareness: • public awareness re: risks and benefits **Professional development:** • needs assessments & continuing professional education • awareness re: national prescribing guidelines **Patient care:** • use of universal precautions by physicians • strategies to address addiction • develop pain management centres • use family health teams model to provide expanded patient care options **Research:** • preventing addiction • non-narcotic pain management options **Overarching policy issues:** • discussed throughout this report	**Awareness:** • reduce stigma of addiction • outreach re: addiction treatment options available **Patient care:** • screening, brief intervention, referral (possible role for expanded family health teams) • limiting amount prescribed • regular reassessment of patient pain needs • access to other pain management options/specialists • case management services • MMT access and other treatment supports in remote/rural areas **Professional development:** • courses on pain management; treating opioid dependence; preventing burnout of health workers in remote communities • MMT physician recruitment & training **Crisis response:** • emergency response and overdose prevention • emergency medical withdrawal in remote/isolated areas • programs that reduce hospital wait times **Research:** • successful short/long term opioid addiction treatment • emergency response **Overarching policy and best-practice issues:** • inclusion of buprenorphine in provincial drug formulary • health care coverage of non-narcotic treatments for pain • recognition that chronic pain is an illness that requires physician time to assess and safely & effectively treat • coverage under Northern Health Travel Grant for MMT • require that all MMT include a comprehensive care model	**Awareness:** • reduce stigma • awareness re: harm reduction approaches **Professional development:** • benefits of harm reduction **Patient care:** • client centred and directed care • case management services **Research:** • continue to explore harm reduction options for those who are addicted **Overarching policies:** • continued support for needle exchange to reduce risk of infectious disease	**Awareness:** • crime (robbery) prevention strategies for other pharmacies and convenience store owners • human impact of addiction **Professional development:** • police training re: prescription drugs • police awareness re: community resources **Crisis response:** • see section under "treatment" **Data collection:** • common tools to collect data on prescription drug involved crimes • collaborate with health on evidence-based briefings **Overarching policies:** • CPSO committee addressing diversion • liaison between police, health and addictions

Local/community strategy response: develop a multi-sectoral community task team to share this report and other related information; identify strengths/gaps in local communities; gather local data; share information on sector efforts; identify community needs; develop/implement strategic plan; and evaluate efforts

Diagram 3: sample 4 pillar approach

SUMMARY AND NEXT STEPS

As noted at the outset, prescription opioids have become an indispensable part of everyday life throughout Ontario and across this country. While these powerful narcotics provide relief from extreme pain both chronic and acute, they have also become the subject of misuse, abuse, and diversion for a variety of reasons as noted throughout this report. As a result, finding the right balance between ensuring access to prescribed opioids and/or funded, non-narcotic supports for those with extreme pain (including those who have a history of addiction) and addressing/preventing the various harms that are the result of prescription opioids such as addiction and diversion, is not only important, but essential.

While the societal side-effects associated with prescribed opioids are not unique to northern Ontario, northern Ontario has experienced a significant share of the adverse effects associated with prescribed opioids and even more so in remote and isolated Aboriginal communities. Even though various prevention solutions are the responsibility of provincial and federal level policies, a shared solution that addresses the four pillars, involves multiple key stakeholders, builds on current strengths and is based on evidence is the responsibility of everyone, including those in northern Ontario. Local and regional responses are important to help champion the unique needs of the north, but can also provide a platform on which to both inform and advocate for provincial and federal overarching policy changes that impact on northern residents, northern Ontario and Ontario as a whole.

While CAMH has taken the lead to write this report by connecting the dots, it is based on what we have learned from the data and from what others have told us. It is meant to set the stage for a pan-northern discussion, identification of a shared vision, and the development of a made-in-the-north/for-the-north strategy to address the growing concern regarding prescribed opioids.

The Northern Ontario Area of CAMH is not only committed to sharing this report widely and engaging others in a dialogue about this report, but to collaborate on the development of informed actions that communities can use to address prescription opioid misuse, abuse, addiction and diversion across the north while continuing to provide pain management options that may/may not include prescription opioids to those who need it most.

REFERENCES

ABC News. Maker Warn Doctors on OxyContin. FDA. 2001.

Babor, T., et al. Drug Policy and the Public Good. Oxford University Press. 2010.

CBC News. MDs to get guide for opioid prescriptions. December 8, 2009.

CBC News. OxyContin abuse probed in Ontario., U.S. February 9, 2009.

Canadian Centre on Substance Abuse. Opioids. Available at: www.ccsa.ca.

Canadian Centre on Substance Abuse. Preventing the Problematic Use of Psychotropic Pharmaceuticals. National Thematic Workshop. March 2006. Available at: www.ccsa/ca

Centre for Addiction and Mental Health. Highlights from the 2009 Ontario Student Drug Use and Health Survey (OSDUHS) Drug Use Report. 2009

Centre for Addiction and Mental Health. Methadone Saves Lives. Available at: www.methadonesavelives.ca

Centre for Addiction and Mental Health. OxyContin straight talk. Pamphlet series. www.camh.net.

Centre for Addiction and Mental Health. The Mental Health and Well-Being of Ontario Students. Detailed OSDHUS Findings. 1991 -2007.

Centre for Addiction and Mental Health. Use of prescription pain medication emerges as a concern at CAMH. News Release. CAMH, Toronto. February 2009.

College of Physicians and Surgeons of Ontario. Opioid Forum. Meeting Notes. May 2009.

College of Physicians and Surgeons of Ontario. Methadone Maintenance Treatment Program. Fact Sheet. December 2009.

Cook, P., and R. Caverson. Prescription drug-related crimes/occurrences in northeastern Ontario between November 1st 2008 and November 1st 2009. Ontario Association of Chiefs of Police. Unpublished report. March 2010.

DATIS. Prescription opioid use and treatment data. Centre for Addiction and Mental Health. Requested September 2009.

Dhalla IA., et al. Prescribing of opioid analgesics and related mortality before and after the introduction of long-acting oxycodone. CMAJ. December 2009.

Donovan, Kevin. Oxycodone found to be more deadly than heroine. Cited from HealthZoneca through thestar.com at: http://www.healthzone.ca/health/NewsFeatures/article/585000 February 2009.

Drug & Alcohol Registry of Treatment. Number of Contacts from Individuals in the North East and/or North West LHINs Seeking Drug and/or Alcohol Treatment Services through DART from November 1, 2008 to October 31, 2009. DART is a service of ConnexOntario Health Services Information.

Fischer B., and J. Rehm. Deaths related to the use of prescription opioids. CMAJ commentary. December 2009.

Gorman, Karen. A discussion paper: Opioid Abuse Issues and Treatment needs in Thunder Bay. Thunder Bay OpiATE Project Working Group. 2009.

Gourlay, Doug L., and H. Heit, A. Almahrezi. Universal Precautions in Pain Medicine: A Rational Approach to the Treatment of Chronic Pain. Commentary in Pain Medicine. Volume 6 number 2. 2000.

Government of Canada. National Anti-Drug Strategy. http://www.nationalantidrugstrategy.gc.ca/

Hart, Anton (chair). Report of the Methadone Maintenance Treatment Practices Task Force. March 2007. Ontario, Canada.

Health Canada. Workshop to Build Consensus on Concepts and Indicators for Research of Psychoactive Pharmaceutical Abuse. Final Consensus Document: Abuse of psychoactive pharmaceuticals. Ottawa. October 30, 2007.

Health Canada http://www.hc-sc.gc.ca

International Narcotics Control Board. Narcotic Drugs. 2009. Estimated World Requirements for 2010.

MD Dialogue. Relieving a pained system: addressing the challenges of chronic pain management and opioid prescribing. February 2009.

Ontario Addiction Treatment Centres located at: www.oatc.ca

Pamela Fralick Forum. Addiction by Prescription: preventing and treating opioid dependence. CAMH and the Northern Ontario School of Medicine. Sudbury Ontario. October 2009.

Paperny Anna M. Overdose deaths from painkillers skyrocketing in Ontario: report. Globe and Mail. December 7, 2009.

Rush, B., et al. Prevalence of Co-occurring Substance Use and Other Mental Disorders in the Canadian Population. The Canadian Journal of Psychiatry, Vol 53, No 12, December 2008.

Sioux Lookout First Nations Health Authority. Answering the Call for Help: Reducing Prescription Drug Abuse in Our Communities. Prepared by the Conference Publishers. Revised July 2009

Sioux Lookout First Nations Health Authority. Chief's Forum on Social Issues – Answering the Call for Help: Reducing Prescription Drug Abuse in Our Communities. Final Report. Legacybowesgroup. June 2009.

Woodside, Scott. Prescription Opioid Abuse & Dependence.PPT Presentation. CAMH Law and Mental Health Program. 2010.

WSIB Ontario. Enhanced Narcotics Management for Injured Workers. Located at: www.wsib.on.ca/wsib/wsibsite.nsf/public/WorkersNarcoticsStrategy.

APPENDICES

Prescription Opioid Issues in Northern Ontario – overview of community-based issues and actions (attached)

APPENDIX A

PRESCRIPTION OPIOID ISSUES IN NORTHERN ONTARIO

overview of community-based issues and actions*

Revised Date: March 2010
Prepared by: Reggie Caverson, Pan-Northern Lead: Special Project, North Ontario Area, Provincial Services, CAMH
Cristine Rego, Provincial Aboriginal Training Coordinator, Aboriginal Services, CAMH

LOCATION	GROUP/ACTIVITY	ISSUES	ACTIONS/OUTCOMES
Couchighing First Nation (Fort Frances area)	Community-based treatment and support project*	Increasing prescription drug, street drug and alcohol abuse problem Significant concern re: selling of methadone carries and issues related to women of childbearing age	• Project focus: improve/update health services and access to addiction services • 2 year funding through Aboriginal Health Transition Fund (adaptation envelope) • CAMH's SPHPR department conducted community needs assessment (final report – October 2009) • Focus groups held with youth and elders
Fort Frances	Opiate Task Force Includes several subcommittees: • Enforcement • Prevention/education • Treatment	Various indicators of a growing prescription drug abuse problem and an increase in related crimes	• Subcommittees struck and terms of reference written • ADM from MOHLTC will be coming to Fort Frances to discuss issues • Engaging LHIN (need for treatment facilities and counseling services) • Reviewing in-hospital procedures for methadone patients • Presentations scheduled for Judiciary and others
Rainy River District	On-line course offered by CAMH re: Opiate dependence treatment		• 7 professionals (4 from Rainy River and 3 from Thunder Bay) attend participated in the course and gathered in Fort Francis for the one day, face-to-face portion of the course via OTN (to Toronto) • OATC recently opened a methadone clinic in Fort Francis (allowing clients who were traveling to Kenora to receive methadone to be transferred to a clinic closer to home)
James Bay Coast		Evidence of OxyContin issues emerging in	• Weenebayko Hospital working with CAMH to

		some communities and more extensive problems in others 17% of emergency extractions (air/land ambulance) are overdose related (2004)	amalgamate existing hospitals (Lead – Peter Menzies) • Regional Health Planner working with CAMH (Aboriginal Services) to complete training needs assessment, and noting opiate issues (and response plans) as identified Next steps: • 2nd phase of needs assessment • Develop and deliver training (James Bay communities)
Northeast (Ontario)	Ontario Association of Chiefs of Police (OACP ZONE1A northeast)*	Growing concerns in police community re: prescription drug-related crimes	• OACP northeast zone worked with CAMH to conduct a survey on prescription drug related crimes • In one year period, there were 21 armed robberies targeting pharmacies and OxyContin • Survey results report complete and will be presented to the OACP Board of Directors
Northern First Nation communities	Various requests*	Prescription opioid addiction • Community awareness • Complexity of the problem	Screening and discussion of video "Prescription for Addiction" conducted by CAMH Aboriginal Services (Cristine Rego) for: • NOSM Aboriginal film night (videoconferenced via OTN) for medical students, physicians, and community members • Sioux Lookout area via K-Net in partnership with Nodin Child and Family Intervention Services • Za-geh-do-win Clearinghouse, Whitefish First Nation
Northern Ontario	Pharmacists*	Discussions and needs assessment re: interest in web based on videoconference sessions on various prescription drug related issues Interest by Regional Coordinator for Continuing Education – Ontario College of Pharmacists	• Needs assessment via survey monkey and fax • Top three topics of interest: o Preventing diversion (including robberies) o Addiction treatment services available o Patient education ideas • Next steps include further discussions with the College; discussions with CAMH education services and development of webinars
Northern Ontario	Schools & schools boards across the north* OSAID (Ontario Students Against Impaired Driving) Kids Helpline	To share results of the 2009 Ontario Student Drug Use and Health Survey (OSDUHS) Address prescription opioid awareness for youth	• CAMH hosted a videoconference on prescription opioid use by students in northern Ontario • Provided posters and resource material for schools
Ontario - Chiefs of Ontario	Chiefs of Ontario (coordinating body for 134 First Nation communities	Prescription Opioid issues affecting First Nations communities	• Assembled a panel of experts (Linda Roberts & Frank McNaulty, Health Canada; Dr. Peter Menzies &

	located within the boundaries of Ontario)		Cristine Rego, CAMH Aboriginal Services) • Conducted a literature search • Currently drafting a report/plan with recommendations
Ontario	Ministry of Health and Long Term Care funded meeting in collaboration with CAMH Various northern professionals attended	Youth prescription opioid issues	• full day meeting to identify key issues • report will be generated which includes a proposed plan for addressing youth prescription opioid issues
Sudbury	Greater Sudbury Police	Armed robberies targeting pharmacies and OxyContin	• Held meeting with pharmacies • Provided training in robbery prevention strategies; environmental design; management principles and security
Sudbury	Greater Sudbury Police* Sudbury & District Health Unit	Continued concern re: narcotics in the community	• Hosted a meeting in March 2010 • Interest in addressing various narcotics including prescription opioids
Sudbury and OTN sites across Ontario	Pamela Fralick forum co-hosted by CAMH and the Northern Ontario School of Medicine (NOSM)*	Increasing interest by physicians, health care providers and others for information on opioid dependence	October 2009: • Presentation for NOSM post-grad residents • Presentation to physicians • Presentation and panel for health care providers and others • All events were videoconferenced across OTN and are archived at NOSM
Thunder Bay (meeting held on June 3, 2009)	Matawa chiefs (included 6 First Nation communities) and attended by various community representatives* MOHLTC – ADM Helen Stevenson invited to meeting	Chiefs identified the following: Opiate abuse (in First Nations) has been a major problem for several years and is at an epidemic level Some communities tried MMT but no aftercare (created more problems) Families going without food as money is going to buy drugs Increased number of drug busts	Each First Nation community is attempting to address issue through various efforts such as: • enhanced airport security; • drug awareness prevention/education; • schools visits; • elder teachings; • coordinating health staff; • data collection; • role modeling/local leadership; and • staff support and training Identified need for: • Funding (training, community-based treatment; withdrawal supports; aftercare services; mental health counselors; police presence; monitoring of MMT; a tracking systems; and more wholistic treatment) Provincial response by: MOHLTC/ADM Helen Stevenson:

			• She is responsible for Ontario Drug Plan • Province has set up a Task Force under leadership of Dr. Claudette Chase • Indicated that the Province will be implementing a tracking system for opiates supported under the Ontario Drug Support Program and will be expanding to other drugs • Want to control drugs at the source
Thunder Bay (forum held February 10-12, 2009)	Sioux Lookout First Nations Health Authority* Treaty 3 communities NAN (Nishnawbe Aski Nation)	Summary of Chief Beardy's comments: "while First Nations have already struggled with youth suicide, and alcohol, the emergence of prescription drug abuse adds a new dimension. While substance abuse is sporadic, the abuse of prescription drugs is non-stop, with more tragic and violent effects" (*taken from forum report*)	Chiefs Forum held: • Included Chiefs, elders, frontline workers, professionals and guests • Facilitators included CAMH Aboriginal Services (Cristine Rego) and Opiate Task Force Consultant (Karen O'Gorman) • Representatives from Treaty 3 Aboriginal communities • Focused on: abuse issues; current support systems; community responsibility and ownership; law and security; and role of leaders/political challenges being faced Outcomes: • Declaration signed by Chiefs (call to action) which included a commitment by represented communities to individualize work plans developed at the forum • Work plans were drafted a released in report: "Answering the Call for Help: Reducing Prescription Drug Abuse in Our Communities" Final Report Other outcomes - CAMH Aboriginal Services: • Completed initial phase of a training needs assessment in the Sioux Lookout area (June 2009) • Proceed with subsequent training needs assessment for frontline workers in Sioux Lookout area (2010/11)
Thunder Bay	Regional Opiate Task Force (spearheaded by the hospital)*	Prescription opioid abuse and number of emergencies presenting to hospital	• Formed a regional task force that meets several times a year
Thunder Bay	Thunder Bay OpiAte Project Working Group – community awareness component (MOHLTC funded) and includes several Aboriginal and non Aboriginal	Thunder Bay was chosen as one of 4 sites in Ontario	• Struck a working group • Conducted a scan of services and issues • Held community awareness events • Generated a discussion paper: "Opioid Abuse Issues and Treatment Needs in Thunder Bay" that identified 3 community priorities including need for: additional case

	counseling, addiction and/or mental health services, other health professionals, LHIN and OATC reps*		managers; a nurse practitioner (at the WMS); and additional training and education for service providers • No new efforts to report at this time
Thunder Bay	Thunder Bay Municipal Drug Strategy		• Funding secured to develop a municipal drug strategy which will include prescription opioids
Thunder Bay	Thunder Bay Drug Awareness Committee		• Planning fall workshop on addressing newborn babies of mothers who are on methadone
Timmins	Local committee being spearheaded by a local MPP	No info available at this time	
Toronto	Matawa First Nations CPSO (College of Physicians and Surgeons of Ontario	Several Aboriginal Chiefs sent a letter to the President of the CPSO (Dr. Ray Koka) asking for assistance with the prescription drug abuse problem in First Nation communities	CPSO hosted a provincial meeting with: • CPS reps from Alberta, Ontario, Saskatchewan, BC, Ontario and Nova Scotia • Ontario College of Pharmacists • College of Nurses of Ontario • Royal College of Dental Surgeons • Ontario Pharmacists Association • MOHLTC • Ontario Medical Association • Ontario College of Family Physicians • Council of Faculties of Medicine • First Nation communities • Health Canada • Office of Chief Coroner • Ontario Association of Chiefs of Police • RCMP • University Hospital Network • Mount Sinai • Policy, Research, Scientific and Regulatory Affairs for Canada's Research-Based Pharmaceutical Companies • Purdue Pharma • Methadone Patient • Sick Children's Hospital • Palliative Medicine, U of T Outcome: • Struck four subcommittees to address: o Education o Resources o Tracking and monitoring system

			o Regulatory issues and diversions • Report to be released in Spring 2010

OTHER ISSUES:

- Police concerns re: crime continue (violence; theft; fraud; armed robberies targeting pharmacies; break & enters; trafficking; etc.)
- Increase in number of media reports across Ontario and in the north re: prescription drugs such as OxyContin
- Aboriginal communities: cross-jurisdictional federal/provincial government issues (specific to health and health services);
- Limitations on Northern Ontario Health Travel Grant coverage – restrictions for methadone maintenance treatment (used to treat opioid dependency);
- Escalating air/ground ambulance costs (in James Bay area, 17% of all emergency extractions were due to overdose – does not include drug related - completed/attempted suicides, injury or death)
- Concerns re: end of Purdue Pharma's OxyContin patent – opens door to other pharmaceutical manufacturers and need for regulation
- Lack of addiction specific services in the north: accessible MMT services; case managers; concurrent disorders, training and support
- Concerns expressed by Winnipeg, Manitoba, Ministry of Health re: Emergency room wait times and OxyContin overdoses coming in from northern Ontario
- In many of the remote Aboriginal communities: lack of resources to support MMT; lack of qualified personnel to deal with addiction/mental health issues; lack of support and difficulty retaining qualified staff; staff who respond to situations are often related to victim/individual which is contributing to the problem; vicarious trauma of counselors/staff
- Some Aboriginal communities do not support MMT as a harm reduction approach – need to consider other treatment options
- Concern re: pain management drugs currently covered/not covered under the Ontario Drug Benefit Plan and Federal Non-Insured Health Benefits
- Anecdotal reports by air medics re: drug cocktails being consumed (pour all meds into a bowl and take a handful) and significant health damage
- "Opiophobia" developing where pharmacists are no longer carrying drugs such as OxyContin (signs posted) and doctors afraid to prescribe

* CAMH involvement