

## MINISTRY OF HEALTH INFORMATION BRIEFING NOTE

Cliff # 980489

**PREPARED FOR:** Graham Whitmarsh, Deputy Minister, Ministry of Health  
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**FOR INFORMATION**

**TITLE:** “Prescription Drug Abuse” Agenda Item on  
Federal/Provincial/Territorial Conference of Deputy Ministers of  
Health Meeting on May 14, 2013

**PURPOSE:** To brief senior Ministry of Health (the Ministry) executives in  
advance of the May 14, 2013 meeting.

### **BACKGROUND:**

At the Federal/Provincial/Territorial (F/P/T) Conference of Deputy Ministers’ Meeting on December 12, 2012, Deputy Ministers agreed to establish an F/P/T working group of senior officials to review existing prescription drug harm-related activities across jurisdictions and to propose collaborative actions that address key gaps. That group is reporting out at the upcoming meeting (see Appendices 1, 2, and 3 for more details).

Certain prescription drugs, like opioids, stimulants, sedatives and tranquilizers are associated with serious harms such as addiction, overdose and death. These drugs, while helpful for treating some conditions, can have a serious impact on people’s lives and their families, as well as place a significant burden on health care, social services and public safety systems.

In one region of British Columbia, the rate of prescription opioid overdose deaths (2.7 per 100,000 persons) has been noted similar to that of the number of residents killed in any given year in motor vehicle accidents involving alcohol (2-3 per 100,000 persons). In many of these deaths the presence of other psychoactive drugs was noted<sup>1</sup>.

A co-relation between prescribed strong opioid consumption rates in both BC and Ontario, with increases in death rates from 2005-09, has recently been published<sup>2</sup>.

The Ministry has made some recent changes to the PharmaCare formulary. On March 8, 2012, the Ministry discontinued PharmaCare coverage for OxyContin<sup>®</sup> and began providing only exceptional case-by-case coverage for OxyNEO<sup>®</sup>. OxyNEO also remained on the Palliative Care Drug Plan.

Utilization of oxycodone (as oxycodone short-acting, OxyContin<sup>®</sup> or OxyNEO<sup>®</sup>) in BC is declining. PharmaCare records note a decreasing trend for this drug starting in mid-2011 and continuing with only a subset of patients moving to alternate opioid products.

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<sup>1</sup> Corneil, T., Elefante, J., May Hadford, J., Goodison, K., & Harris, B. Non illicit, non methadone, prescription opiate overdose deaths in BC’s Interior Region: Findings from a Retrospective Case Series, 2006 – 2011. British Columbia Interior Health Alert. September 2012.

<sup>2</sup> Fischer, B, Jones, W, Rehm, J. High correlations between levels of consumption and mortality related to strong prescription opioid analgesics in British Columbia and Ontario, 2005 – 2009. *Pharmacoepidemiology and Drug Safety*; 22: 438 – 442. 2013.

Subsequent to the establishment of the F/P/T working group, the Canadian Centre on Substance Abuse, in partnership with many agencies from across Canada, released a national strategy, *First Do No Harm: Responding to Canada's Prescription Drug Crisis*<sup>3</sup>, to address the harms associated with prescription drugs that define the scope of the crisis Canada faces and provides a ten-year roadmap to reduce the harms associated with prescription drugs (Appendix 4).

#### **DISCUSSION:**

BC has a number of initiatives that deal with prescription drug issues including the Restricted Claimant Review Program; the Duplicate Prescription Program; the Prescription Review Program; *Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia*; *A Path Forward: The First Nations and Aboriginal People's Mental Wellness and Substance Use Ten Year Plan*; the BC Methadone Maintenance Program; a range of treatment options including withdrawal, outpatient and residential treatment services; PharmaCare coverage of drugs to assist with addictions, including methadone and buprenorphine/naloxone (Suboxone®); and the Pharmaceutical Services Division is developing a Provincial Academic Detailing service topic, *Opioids in Chronic Non-Cancer Pain*, focusing on the safe and cautious prescribing of opioids in chronic non-cancer pain (Appendix 5).

#### **ADVICE:**

BC agrees that there are serious harms caused by addictions or overdose of certain prescription drugs, such as opioids or sedatives. A BC cross-Ministry working group is being formed to review recent publications and activities in BC to ensure a coordinated approach. BC looks forward to working with colleagues across the country to continue to address this important issue.

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<sup>3</sup> [http://www.ccsa.ca/Eng/Priorities/Prescription Drug Misuse/Pages/default.aspx](http://www.ccsa.ca/Eng/Priorities/Prescription_Drug_Misuse/Pages/default.aspx)

Pages 3 through 20 redacted for the following reasons:

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#### **Appendix 4 - *First Do No Harm: Responding to Canada's Prescription Drug Crisis*<sup>1</sup>**

On March 27, 2013 the Canadian Centre on Substance Abuse in partnership with many agencies from across Canada, released the above named national strategy to provide a 10-year roadmap to reduce the harms associated with prescription drugs. Key findings in the strategy include:

- While there are currently no estimates on the costs related to the harms associated with prescription drugs in Canada, recent research from the United States estimates the annual cost of the non-medical use of prescription opioids to be more than \$50 billion, with lost productivity and crime accounting for 94 per cent of this amount.
- Canada is the world's second largest per capita consumer of prescription opioids, with the U.S. ranked as number one.
- According to the International Narcotics Control Board, Canada's rate of prescription drug use increased by 203 per cent between 2000 and 2010, an increase steeper than in the United States.
- These high rates of use appear to be related to substantial problems, although most of the studies originate from Ontario.
- Some First Nations in Canada have declared a community crisis due to the prevalence of the harms associated with prescription drugs.

The Strategy was developed around five streams of action: Prevention, Education, Treatment, Monitoring and Surveillance, and Enforcement. These streams aim to:

- Prevent prescription drug-related harms
- Educate and empower the public and promote healthy and safe communities
- Promote appropriate prescribing and dispensing practices;
- Increase timely, equitable access to a range of effective treatment options;
- Identify effective, evidence-informed practices and policies;
- Develop a standardized pan-Canadian surveillance system to improve understanding of the nature and extent of the harms;
- Establish prescription monitoring programs in each province and territory;
- Ensure that law enforcement has adequate tools and resources to address the diversion of prescription drugs;
- Engage industry, governments, regulatory bodies and others with a stake in this issue to join forces, commit to specific recommendations, leverage existing resources and collectively be part of its solution by strengthening system capacity to address this issue;
- Develop or clarify legislation and regulations to reduce barriers to effective treatment and promote preventative efforts; and
- Conduct research to address knowledge gaps and promote effective strategies.

The Strategy includes 64 recommendations. Of those, the following recommendations are applicable to provincial/territorial governments:

- Develop and promote risk-reduction programs for individuals that use

<sup>1</sup> <http://www.ccsa.ca/Eng/Priorities/Prescription-Drug-Misuse/Pages/default.aspx>

- prescription drugs in a manner that places them at increased risk.
- Identify, develop, promote and evaluate evidence-informed, culturally-safe practices, resources and policies to build community and individual capacity to address conditions that increase or protect against harms associated with prescription drugs for individuals, families, municipalities and communities, particularly rural, isolated and remote communities;
  - Develop and promote guidelines for individuals and families related to the use, safe storage and disposal of prescription medications.
  - Develop and evaluate accessible evidence-informed resources for practitioners and educators working with youth to help incorporate prescription drug-related harm prevention into programs and policies while ensuring that unintended consequences are avoided.
  - Improve access and provide budgetary allocation to services and supports in all (including rural and remote) communities and settings along the full continuum of addiction, mental health, and pain management services
  - Ensure healthcare providers have timely access to expertise to support evidence-informed clinical decision making.
  - Align current investments in the treatment sector that are working towards common aims.
  - Ensure that there is appropriate provincial and territorial PMP legislation to:
    - Assess when information-sharing is appropriate,
    - Provide a framework for governance and operations of PMPs, where appropriate, and
    - Facilitate information-sharing within and across jurisdictions.
  - Ensure that death investigations across Canada are conducted in an evidence-informed and consistent manner.
  - Identify and address barriers to immediate access to and sharing of relevant information of arrests and convictions of possible diverters between law enforcement and regulatory colleges, prescribers and dispensers
  - Review the federal and provincial/territorial regulatory requirements for medication-assisted treatment (e.g., methadone and/or buprenorphine/naloxone) to determine the extent to which they act as barriers or facilitators of access to treatment and consider the safety features that are addressed by these regulations and recommend revisions as indicated.
  - Consider implementation of complete lifecycle surveillance as a condition of approval of new and existing branded or unbranded opioids, sedatives and hypnotics, and stimulants to enhance understanding of their potential risks and therapeutic effectiveness
  - Review, and if necessary, recommend amendments to existing privacy legislation to help facilitate information sharing related to prescription monitoring programs among prescribers, dispensers, and other health practitioners as well as with law enforcement and industry where appropriate.

The next phase involves the implementation of the recommendations and evaluation of the strategy's process, and its impact.

## Appendix 5 – BC Initiatives on Prescription Psychoactive Drugs

B.C. has one of the best systems in the country for monitoring prescriptions and dispensing patterns for prescription drugs including:

- The Restricted Claimant Review program, which registers patients to stop them from visiting multiple doctors,
- The Duplicate Prescription Program which ensures drugs like Oxycontin must be prescribed in writing using a special security prescription pad.
- The Prescription Review Program, which reviews physician prescribing patterns to identify potential concerns and educate physicians on prescribing patterns.
- Pharmanet, a world class system that keeps track of prescription patterns for monitoring prescriptions and dispensing patterns for prescription drugs.

*Healthy Minds, Healthy People - A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia*<sup>1</sup> has a number of action items related to pharmaceuticals i.e. “Continue to develop guidelines for physicians for assessment and treatment of people with mental health and/or substance use problems.” “Increase the capacity of clinicians to deliver evidence-based treatment services using various levels of intensity and in a variety of settings.” “Improve routine screening protocols for mental health and substance use problems during primary care interventions with seniors.”

*A Path Forward - The First Nations and Aboriginal People’s Mental Wellness and Substance Use Ten Year Plan*<sup>2</sup> that was just released provides a foundation for dealing with substance use and mental health issues for aboriginal people. Action F3 specifically states “Develop and support approaches, including public education campaigns, for health service providers and First Nations and Aboriginal people to reduce the non-medical use of prescription drugs and increase awareness about the importance of taking medications and over-the-counter drugs as directed by reliable health professionals.”

The Ministry works with the College and other stakeholders, to administer the BC Methadone Maintenance Program. People in BC who develop problems related to prescription drug use, and those on the Methadone Maintenance Treatment program, have equitable access to the range of treatment options, including withdrawal, outpatient and residential treatment services.

PharmaCare covers drugs to assist with addictions, including methadone and buprenorphine/naloxone (Suboxone®).

The Pharmaceutical Division is working on a Provincial Academic Detailing (PAD) service topic, “Opioids in Chronic Non-Cancer Pain” focusing on the safe and cautious prescribing of opioids in chronic non-cancer pain. This is a an evidence-informed continuing educational module in which a pharmacist meets with physicians, nurse practitioners, pharmacists, and other health care professionals one-on-one to discuss selected drug therapy topics.

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<sup>1</sup> [http://www.health.gov.bc.ca/library/publications/year/2010/healthy\\_minds\\_healthy\\_people.pdf](http://www.health.gov.bc.ca/library/publications/year/2010/healthy_minds_healthy_people.pdf)

<sup>2</sup> [http://www.health.gov.bc.ca/library/publications/year/2013/First\\_Nations\\_Aboriginal\\_MWSU\\_plan\\_final.pdf](http://www.health.gov.bc.ca/library/publications/year/2013/First_Nations_Aboriginal_MWSU_plan_final.pdf)