

Prescription Drug Abuse: A Canadian Perspective

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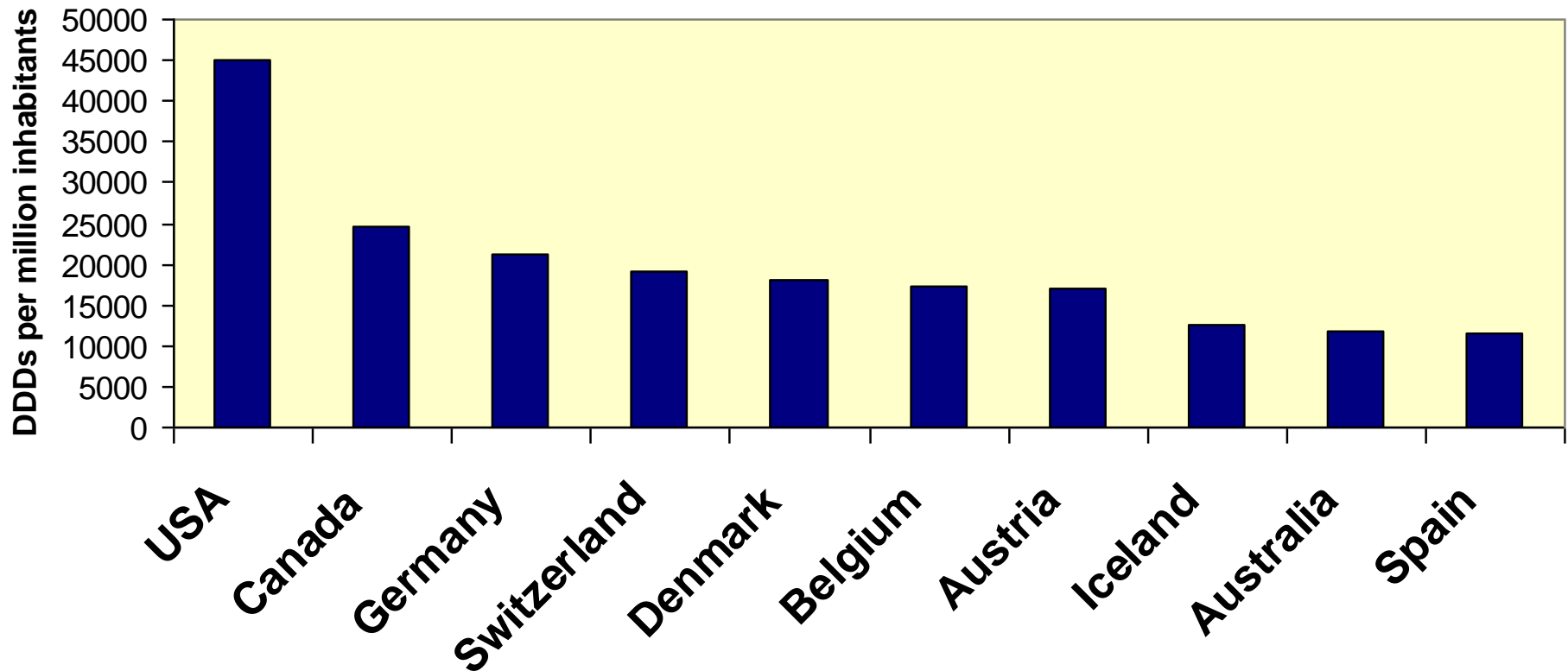
February 1, 2012



Canadian Information Sources

- Prescription consumption data
- CCENDU Reports
- National Surveys
 - 1994 & 2004 Canadian Addiction Survey (CAS)
 - no prescriptions drugs included
 - Canadian Alcohol and Drug Use Monitoring Survey (CADUMS) 2008 - 2011
- Student Surveys
 - Ontario, Alberta, Manitoba, Atlantic Provinces
- Treatment centre admission data
- Characterization studies
- Enforcement data
- Special task forces, inquests

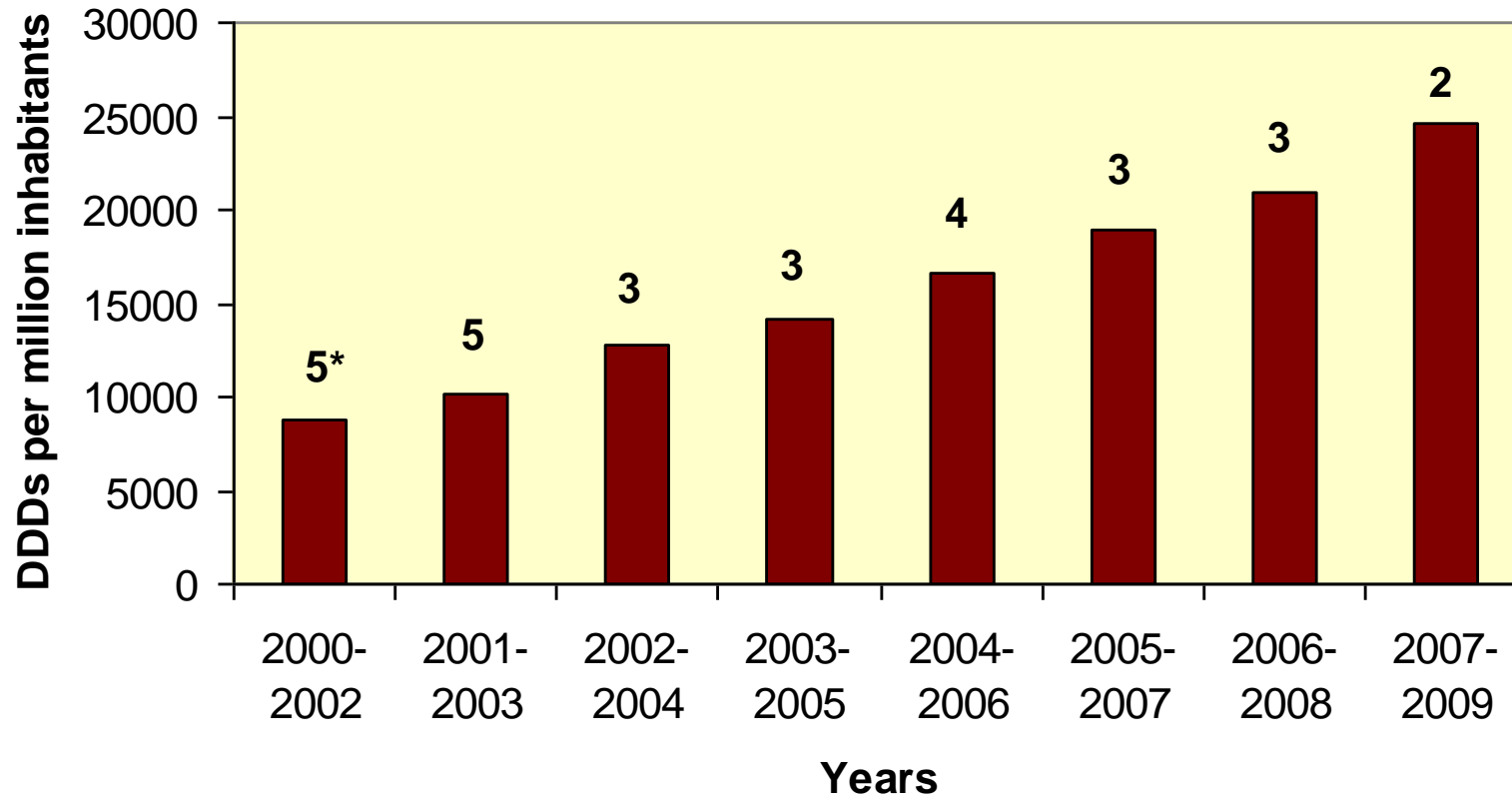
Levels of Consumption of Prescription Opioids - World Rankings



DDDs = 'defined daily doses' (Years 2007-2009)

(INCB 2010)

Levels of Consumption of Prescription Opioid Drugs In Canada



DDDs = 'defined daily doses'

* World ranking

(INCB 2003 - 2010)

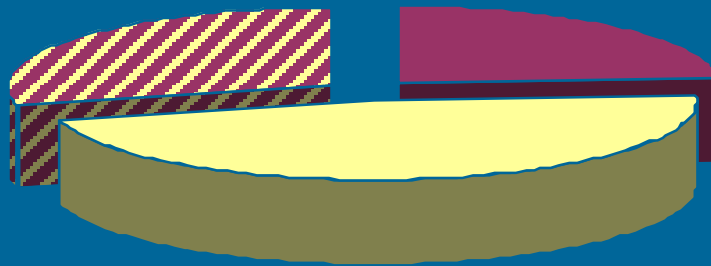
Canadian Community Epidemiological Network on Drug Use (CCENDU)

- established in 1996 by CCSA to monitor drug use and adverse consequences of drug use at the community level
- local sites collect, collate, and interpret data and information to produce local reports
- prevalence, law enforcement, treatment, morbidity, mortality, and injection drug use
- limited focus on prescription products to date
 - may have been included in ‘opioid’ or ‘stimulants’ groupings

Survey of Regular Codeine Users

OTC & Rx
29%
n = 94

OTC Only
24%
n = 79



Rx Only
47%
n = 154

- n=339
- mean age 43 ± 12 ys
- % addicted
 - 33% Rx only users
 - 34% OTC only users
 - 44% OTC/RX users
- most using for pain, but not as effective in addicted
- more psychiatric and other substance use problems in addicted

(Sproule et.al., 1999 & 2004)

Retrospective Study of Prescription Opioid Use in Methadone Maintenance Patients

- steep increase in the number of patients dependent on prescription opioids admitted to our methadone maintenance treatment program following an expansion in service in the latter half of the 1990s in Ontario
- detailed retrospective chart review of patients admitted to methadone maintenance treatment after program expansion was conducted
- n = 178, mean age 35 ± 1 years, 65% male
- at admission most patients (82%) had been using prescription opioids (\pm heroin)

(Brands, et.al., 2004)

Results cont'd

- 4 populations identified
 - those who had used prescription opioids only (24%)
 - those who used prescription opioids initially and heroin later (24%)
 - those who used heroin initially and prescription opioids subsequently or concurrently (34%)
 - those who had been using heroin only (18%)
- codeine and oxycodone most frequently used Rx opioids (by 46% and 47% of Rx users, respectively)

(Brands, et.al., 2004)

Untreated Illicit Opioid Users

% Using Prescription Opioids in Past 30 Days

- **OPICAN Study**
- **n = 679 (2002)**
- **N = 484 (2005)**

City	2002	2005
Vancouver	9%	36%
Edmonton	72%	91%
Toronto	48%	78%
Montreal	10%	46%
Quebec City	63%	91%
Fredericton	n/a	100%
Saint John	n/a	92%

(Fischer et.al.,. 2005 & 2008)

Newfoundland and Labrador OxyContin® Task Force June 2004

- **OxyContin® prescriptions almost tripled 2001 to 2003**
- **OxyContin® users came from a variety of environments, including a growing number of users among the adolescent population**
- **Source of street OxyContin® originated with prescriptions generated in the province**
- **Only a small number of physicians were prescribing controlled substances in an excessive manner**
- **Diversion of OxyContin® was widespread and associated with an increase in criminal activities such as break and enters of pharmacies and homes, and personal robberies to obtain the drug**

Health Canada & CCSA

- **National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada (2005 & 2008)**
 - preventing the problematic use of pharmaceuticals was identified as a specific priority

Health Canada Workshops

- **National Thematic Workshop on Preventing the Problematic Use of Psychotropic Pharmaceuticals (2006)**
 - participants identified six priority areas: tracking and monitoring, epidemiology and research, regulatory issues, public awareness and health promotion, diversion and related criminal activities, health care professionals/health system needs and resources
- **Workshop to Build Consensus on Concepts and Indicators for Research on Psychoactive Pharmaceutical “Abuse” (2006)**
 - participants came to a consensus of the definitions of the terms “abuse” “dependence” and “addiction” as they relate to the use of psychotropic drugs in Canada

Canadian Alcohol and Drug Use Survey (CADUMS) 2010

Pharmaceuticals – Past Year

	Use	→ To Get High
Pain Relievers	21%	1.1%
Stimulants	1%	-
Sedative-Hypnotics	9%	0.5%
Any Pharmaceutical	26%	0.3%

- **Sample of 13,615 Canadians**
- **Aged 15 and older**
- **Interviewed by telephone**

(CADUMS 2010)

Ontario Student Drug Use & Health Survey

Past Year Use 2011

Alcohol	55%
Cannabis	22%
Opioid Pain Relievers (NM)	14%
Cigarettes	9%
Stimulants (NM)	4%
Sedatives (NM)	2%

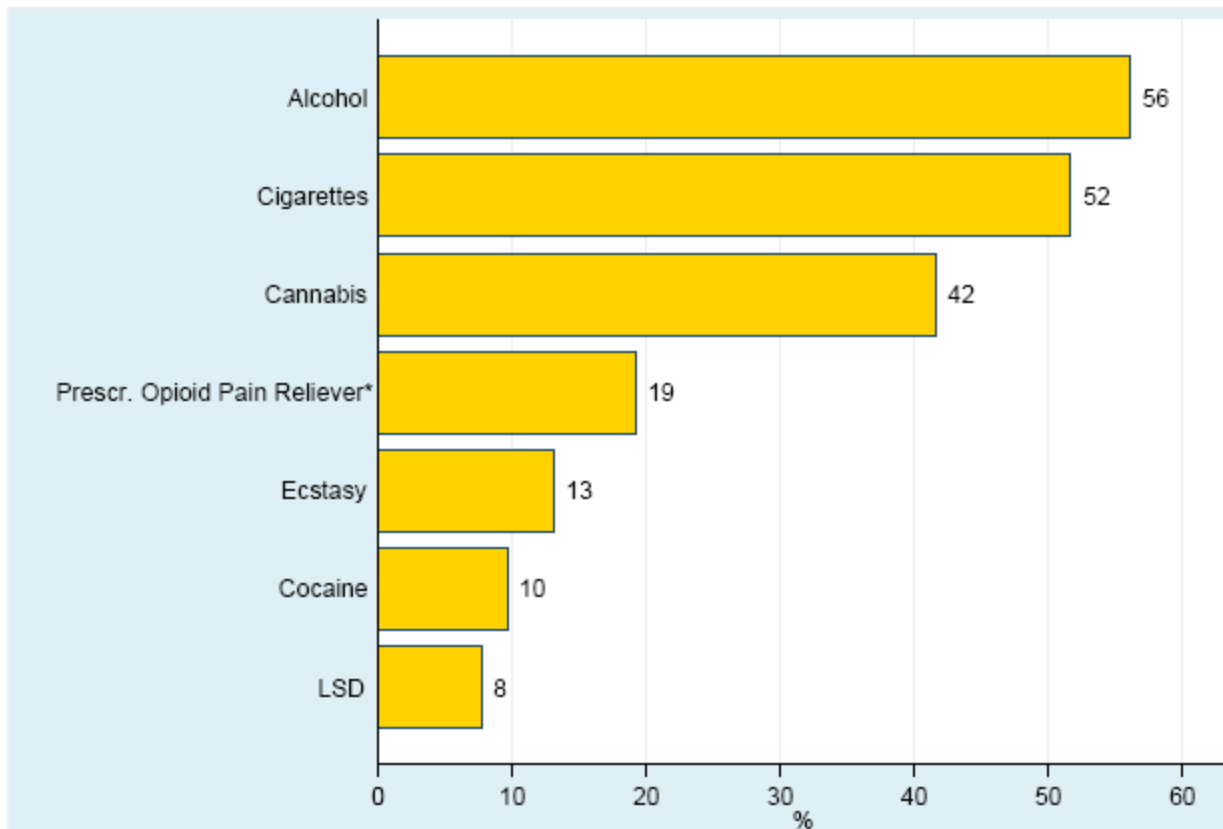
- Sample of 9,288 students
- Grades 7 to 12
- Self-administered in classroom
- Completed Oct 2010 to June 2011

NM = non-medical

(www.camh.net)

Ontario Student Drug Use & Health Survey

Figure 3.11.4
Percentage Reporting it is “Fairly Easy” or “Very Easy” to Obtain the Drug, 2011 OSDUHS (Grades 7–12)

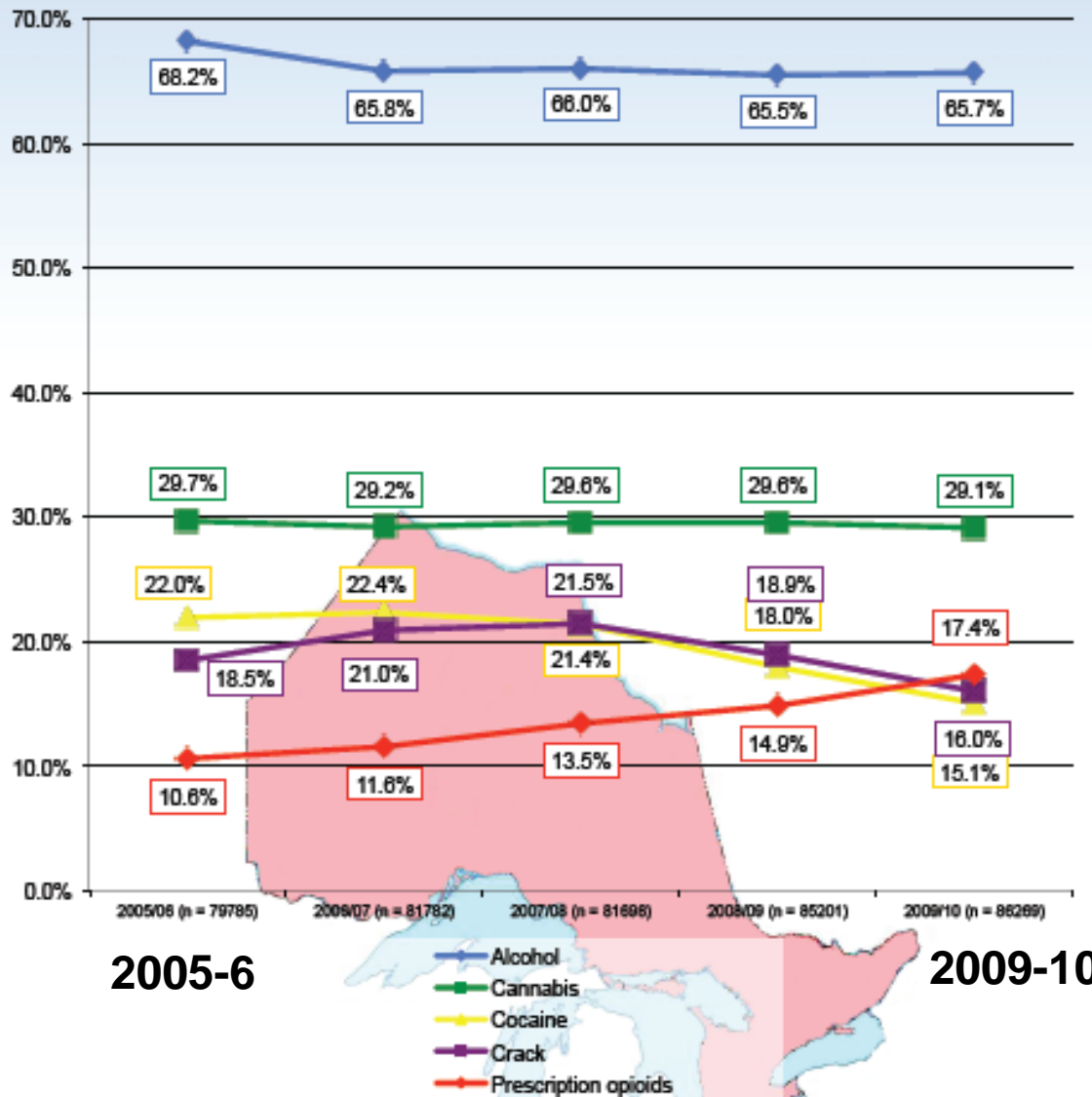


*without visiting a doctor

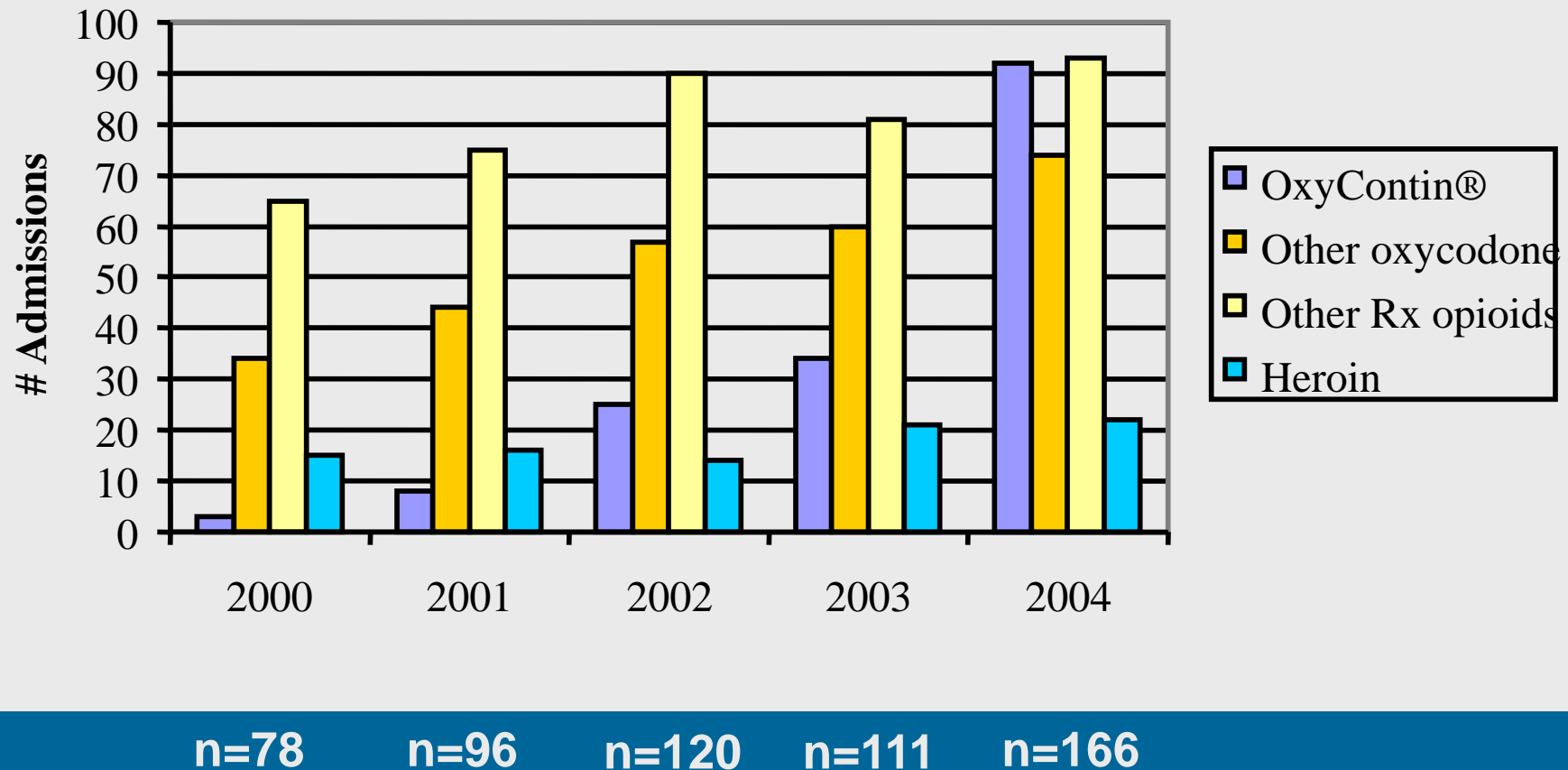
67% of past year users report obtaining prescription opioids from home

Drug and Alcohol Treatment Information System

Top 5 presenting problem substances of new admissions in Ontario

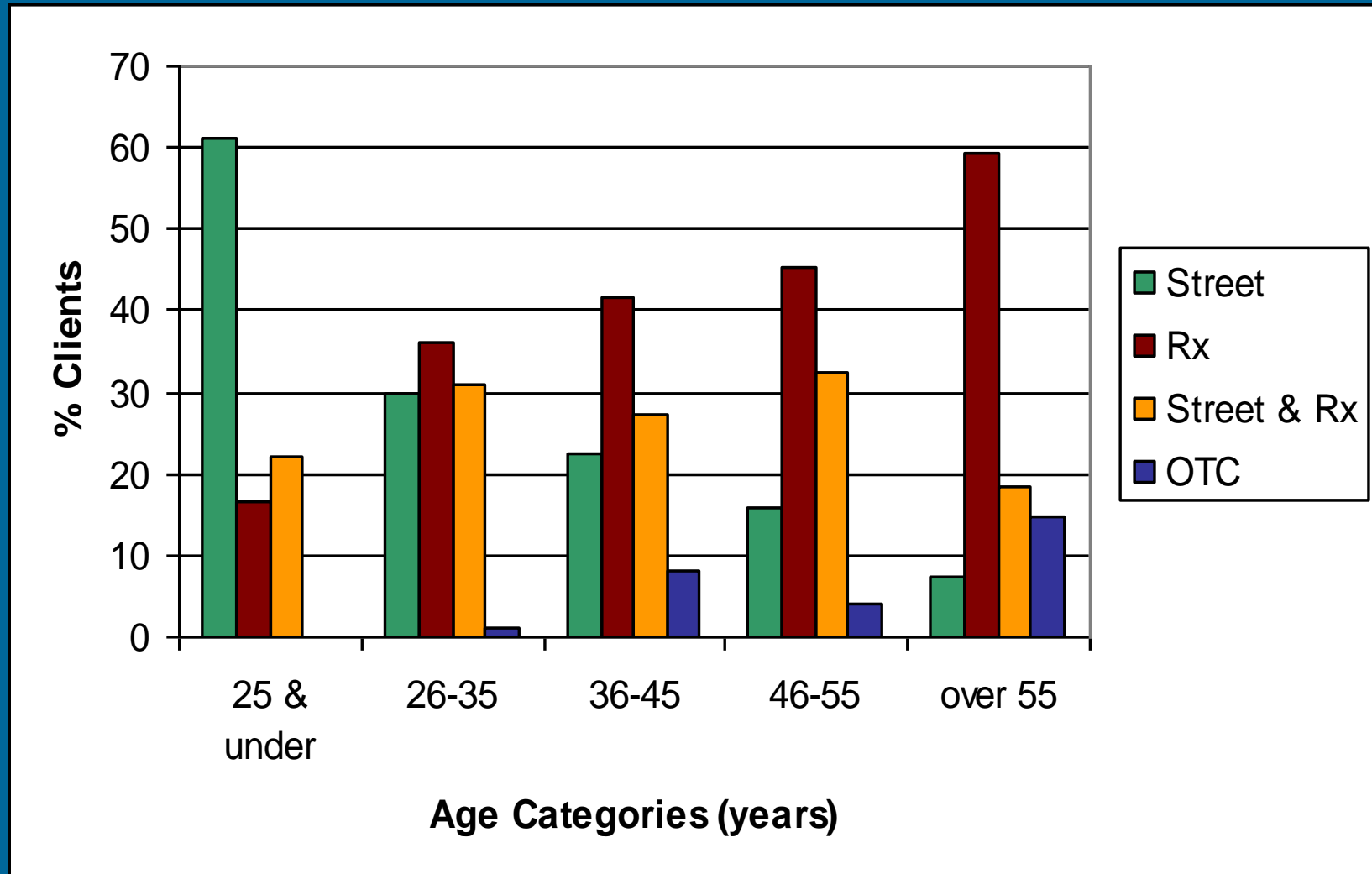


CAMH Opioid Withdrawal Management Admissions



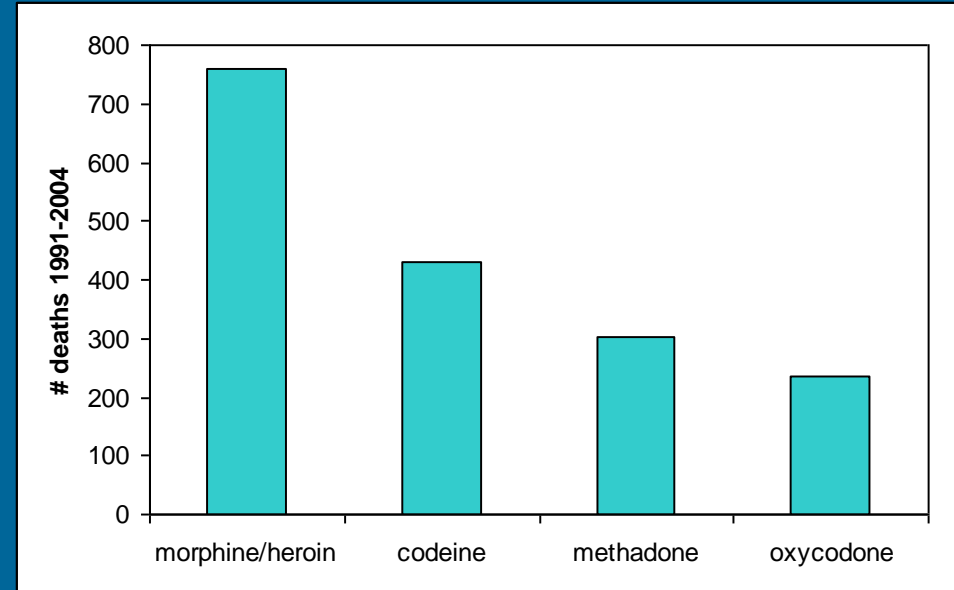
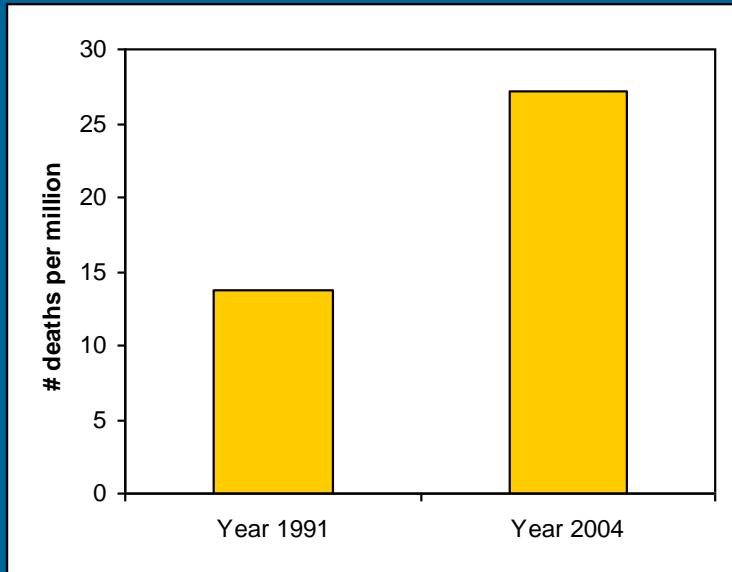
(Sproule et.al., 2009)

Prescription Opioid Source by Age Group



(Sproule et.al., 2009)

Opioid-Related Deaths in Ontario



Increase in deaths

Oxycodone-related deaths:

1999 → 1.39 deaths / million

2004 → 7.17 deaths / million

CR-oxycodone introduced to formulary Jan 2000

Opioids

} **416%** ↑

(Dhalla et.al. 2009)

Opioid-Related Deaths in Ontario

- Increase in deaths due to inadvertent toxicity rather than suicide
- Most deaths also involved another CNS depressant
- Physician visits prior to death
 - 66% had at least one within 4 weeks
 - median 11 days between office visit and death; 9 days for emergency visits
 - reasons for visit - mental health problems and pain
- Opioid prescriptions
 - 56% had opioid Rx in month before death
 - median 10 opioid Rxs in year before death

(Dhalla et.al. 2009)

ORIGINAL INVESTIGATION

LESS IS MORE

Opioid Dose and Drug-Related Mortality in Patients With Nonmalignant Pain

Tara Gomes, MHS; Muhammad M. Mamdani, PharmD, MA, MPH; Irfan A. Dhalla, MD, MSc;
J. Michael Paterson, MSc; David N. Juurlink, MD, PhD

Arch Intern Med. 2011;171(7):686-691

	Cases, n/N	Controls, n/N	Adjusted OR (95% CI)	
Primary analysis: overlapping opioid prescriptions (Reference: 1-19 mg morphine equivalents)				
≥200 mg	116/498	223/1714	2.88 (1.79-4.63)	
100-199 mg	82/498	181/1714	2.04 (1.28-3.24)	
50-99 mg	97/498	273/1714	1.92 (1.30-2.85)	
20-49 mg	118/498	514/1714	1.32 (0.94-1.84)	

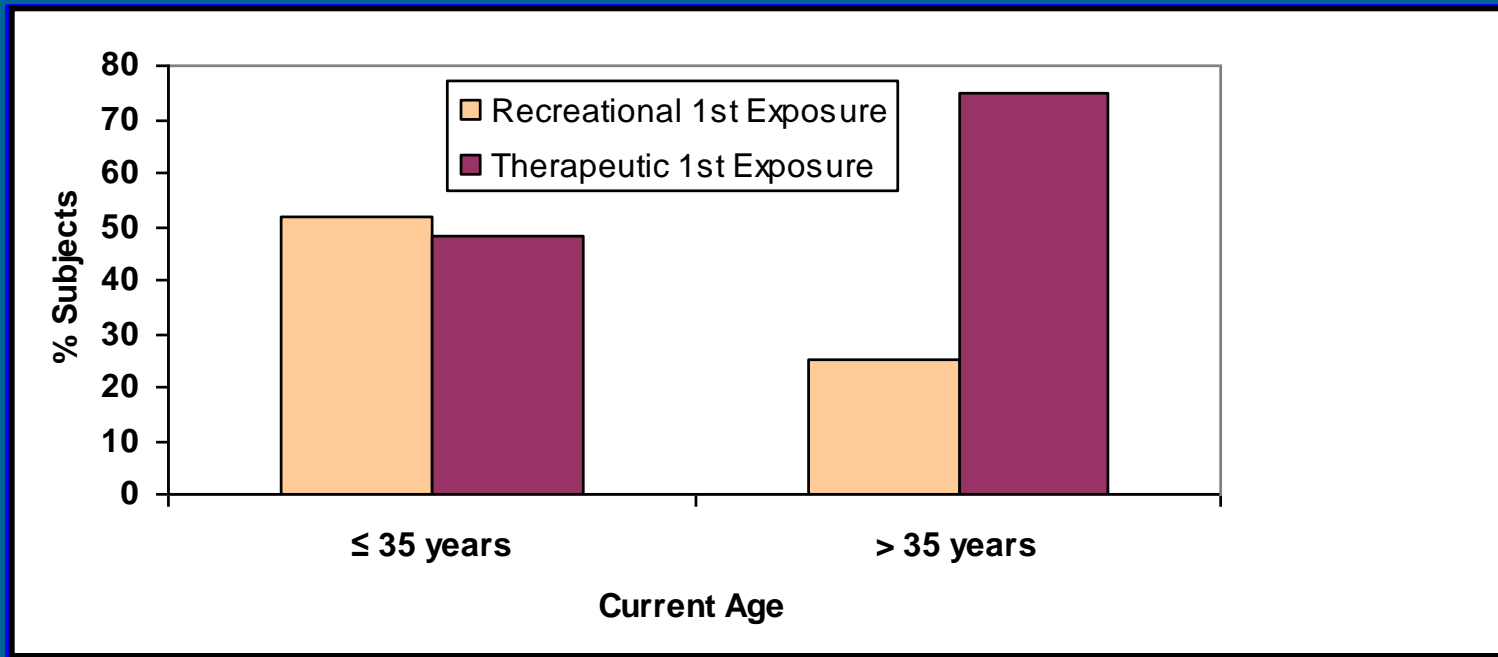
Pathways to Prescription Opioid Addiction

- Interviews in individuals treated for prescription opioid addiction
- Identified periods of use categorized as recreational, therapeutic or mixed

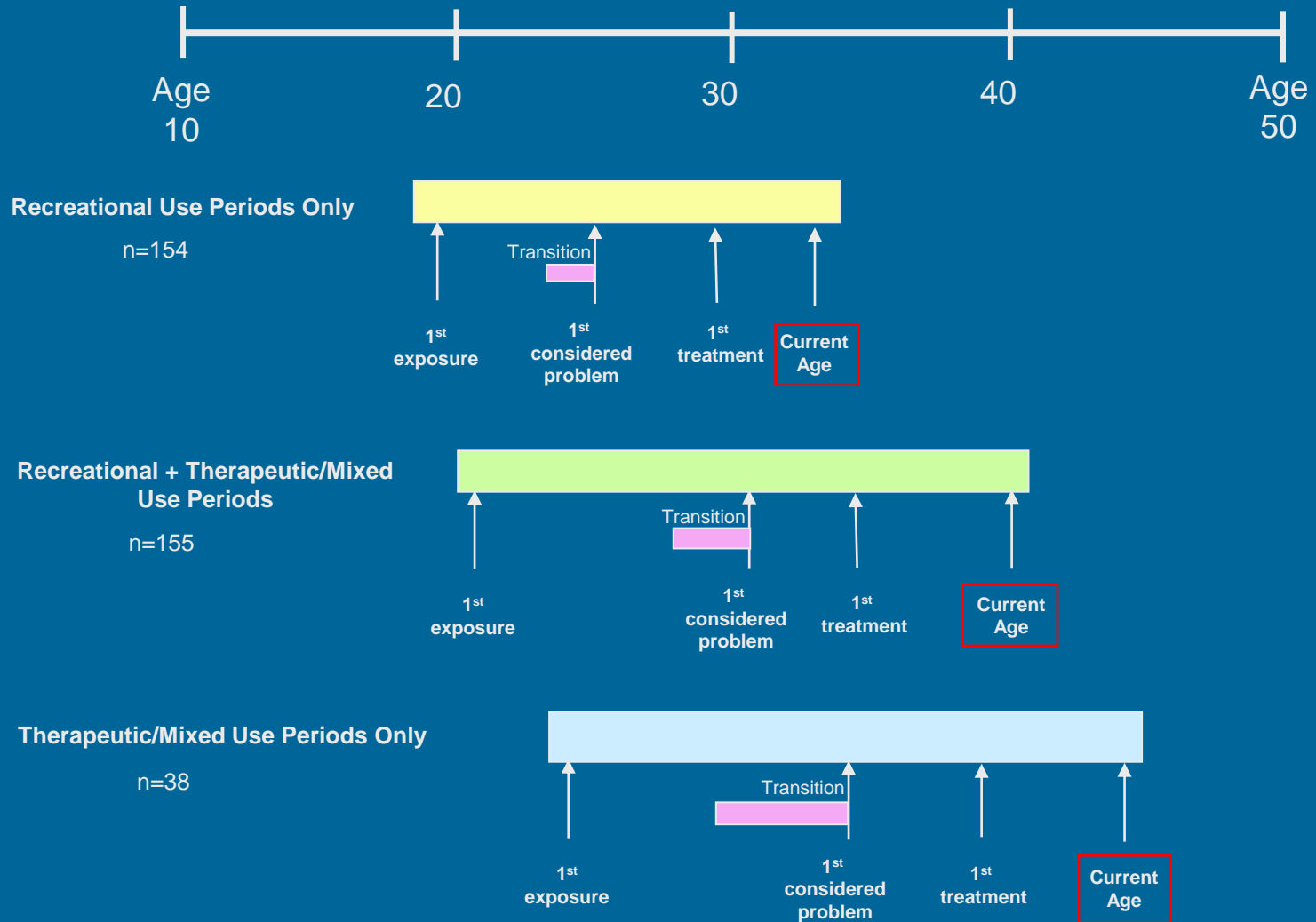
Completed Interviews	n=347
Location	n=150 ON n=150 NB n=47 NL
Age	38 ± 10 years (18 – 63 years)
Gender	65% male 35% female

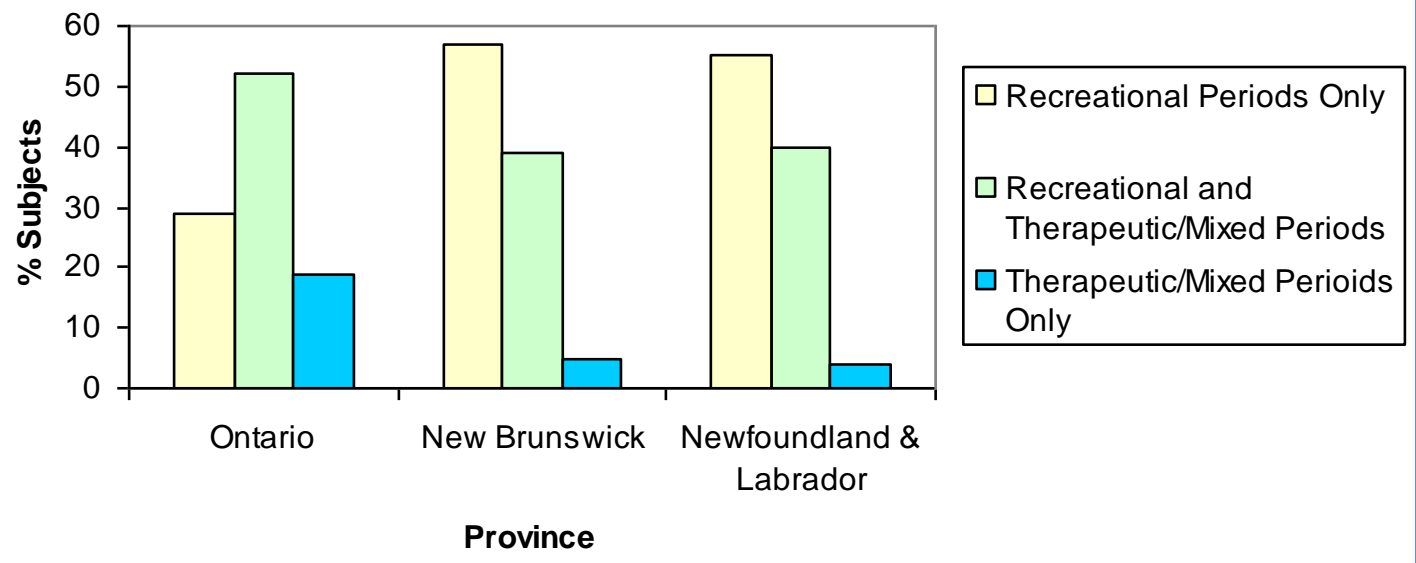
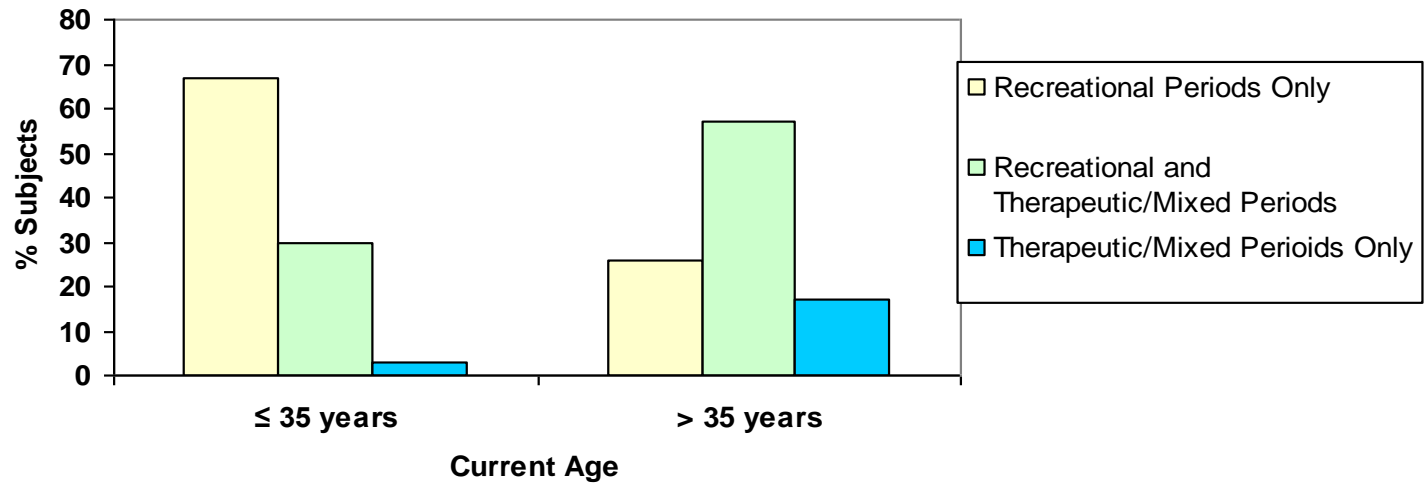
First Exposures to Prescription Opioids

- 63% Therapeutic
- 37% Recreational

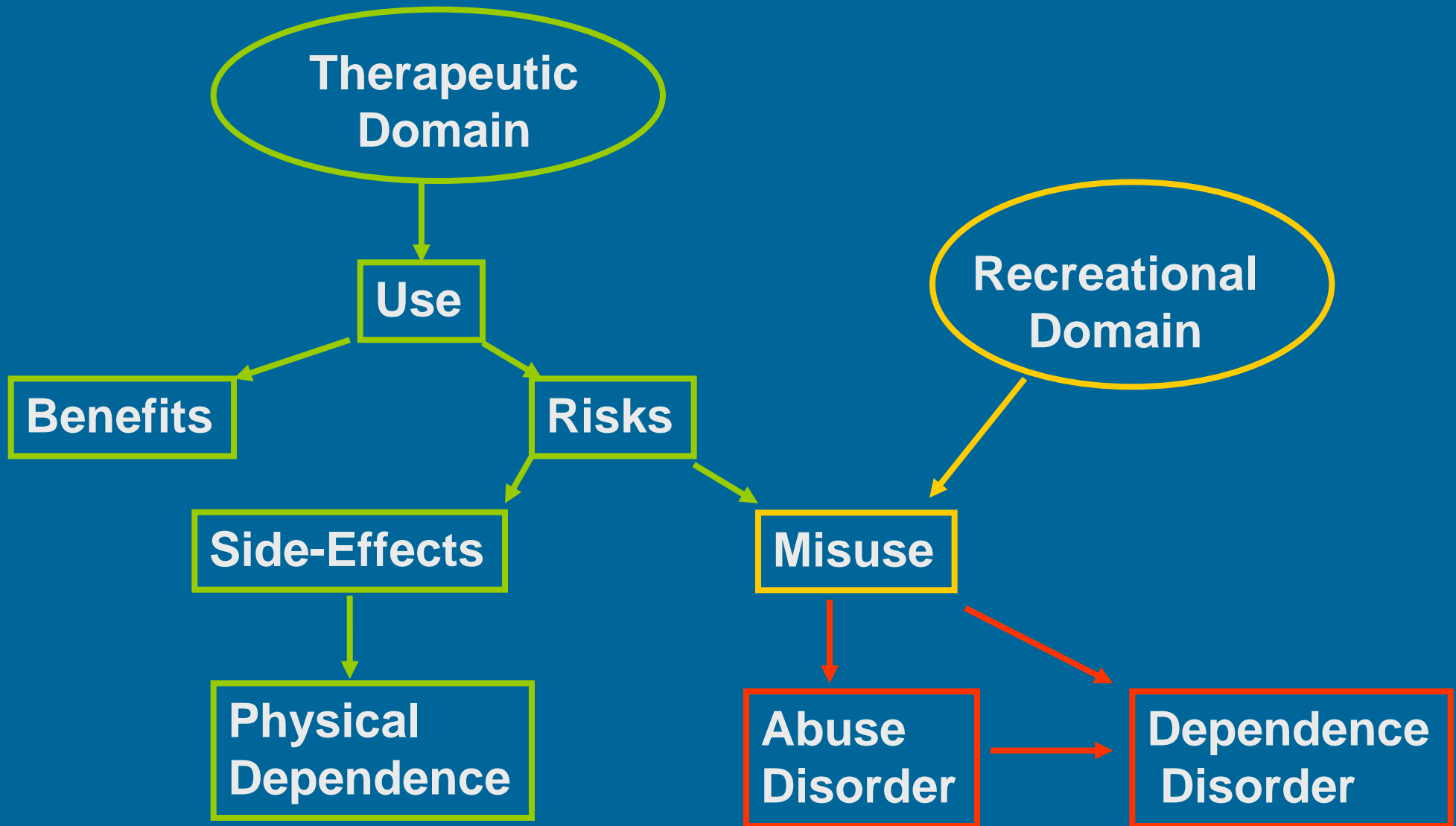


Timelines

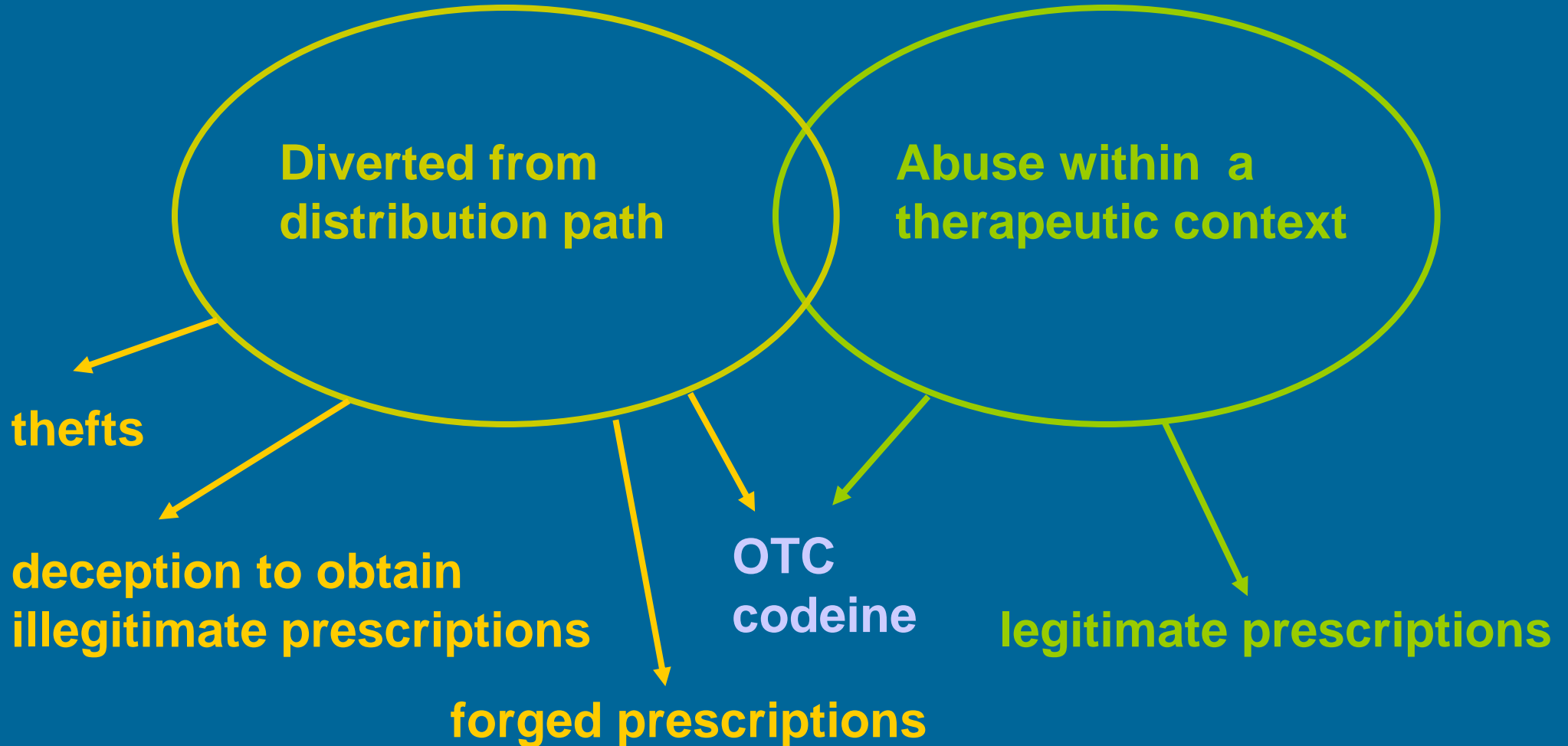




Pharmaceutical Product Abuse Schema



Prescription Opioid Abuse



RCMP Report on the Illicit Drug Situation in Canada — 2009

- **illicit trade in pharmaceutical drugs is an expanding problem**
 - **oxycodone (e.g. OxyContin®) misuse and trafficking have increased in Canada; rising seizure rates and investigative activities**
- **oxycodone and benzodiazepines, were among top diverted pharmaceutical products across the country**
- **counterfeit versions of OxyContin® have been smuggled into Canada from foreign sources, however, supply from domestic clandestine labs continued to increase in 2009**
 - **increased presence of counterfeit versions of OxyContin® in both Western and Eastern Canada may be an indicator of developing organized crime**

RCMP Report on the Illicit Drug Situation in Canada — 2009

- most diverted prescription drugs were obtained from domestic legitimate sources; representing a decline in international smuggling from 2008
 - mainly double doctoring, theft, prescription fraud/forgery, and via the Internet
- *Examples of seizures:*
 - 2,700 opiate derivative prescription drugs, including OxyContin®, were seized in Fredericton, New Brunswick from a residence
 - U.S. authorities in Bellingham, Washington seized 1,800 OxyContin® tablets mixed with 190,000 MDMA tablets from a shipment originating in the Pacific region of Canada

What makes pharmaceutical product abuse different from other substance abuse?

- Any strategy to prevent or reduce abuse, must be balanced with the need to make products readily available for therapeutic use.**
- A subset of individuals abusing pharmaceutical products may also have a therapeutic need for the drug, adding complexity to assessment, prevention and treatment approaches.**

**Canadian Guideline
for
Safe and Effective Use of Opioids
for
Chronic Non-Cancer Pain**

Part A: Executive Summary and Background
Part B: Recommendations for Practice

PART B

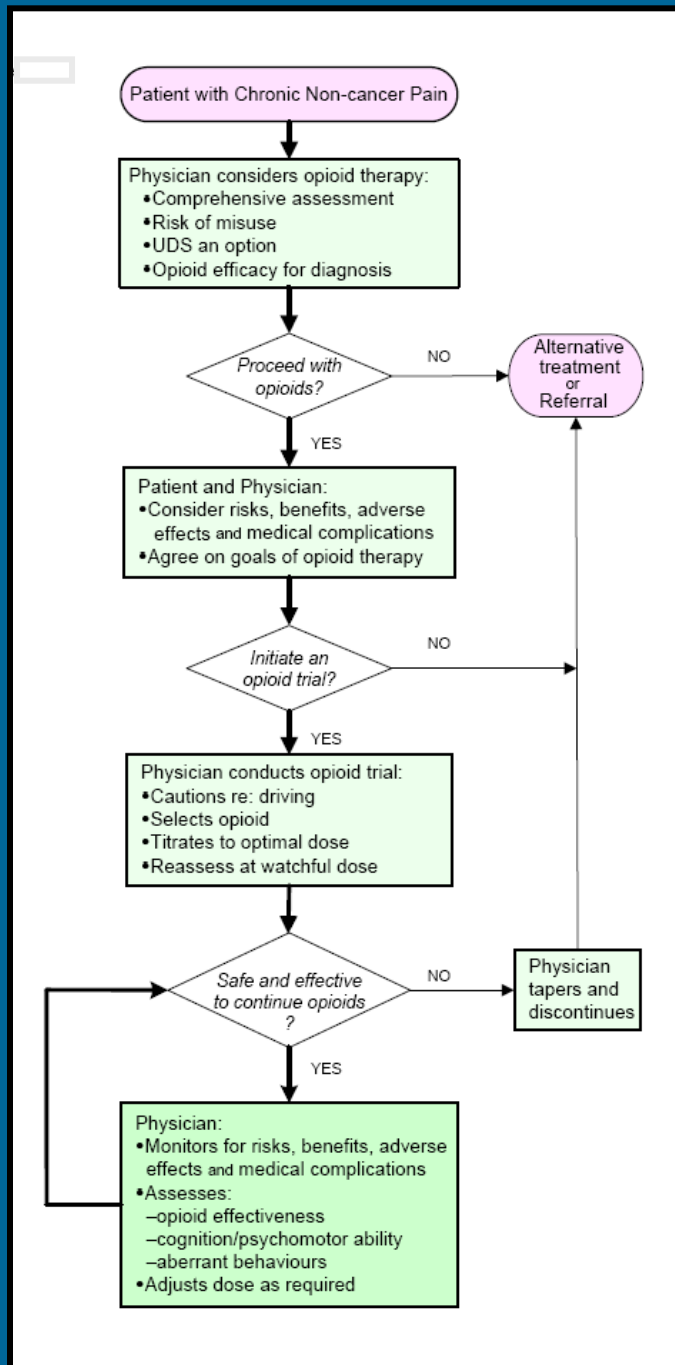
— Recommendations for Practice —

*Published by the
National Opioid Use Guideline Group (NOUGG)
a collaboration of:*

Federation of Medical Regulatory Authorities of Canada
College of Physicians & Surgeons of British Columbia
College of Physicians & Surgeons of Alberta
College of Physicians and Surgeons of Saskatchewan
College of Physicians & Surgeons of Manitoba
College of Physicians and Surgeons of Ontario
Collège des médecins du Québec
College of Physicians and Surgeons of New Brunswick
College of Physicians and Surgeons of Nova Scotia
College of Physicians and Surgeons of Prince Edward Island
College of Physicians and Surgeons of Newfoundland and Labrador
Government of Nunavut
Yukon Medical Council

April 30 2010 Version 5.6

<http://nationalpaincentre.mcmaster.ca/opioid/>



Assess Risks

Set Goals

Trial

Watchful Dose

Discontinue ↔ Monitor

Canadian Guideline:
nationalpaincentre.mcmaster.ca/opioid

National Faculty for Guideline Implementation

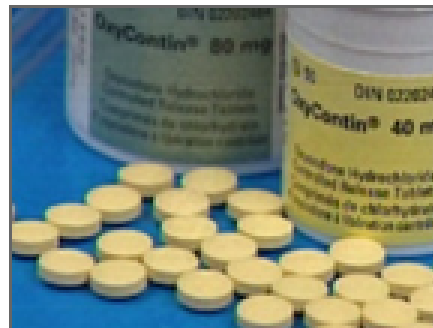
- developing strategies for dissemination of the guideline to various groups as well as an ongoing strategy for evaluation of the guideline itself and its impact
- 6 working groups:
 - dissemination to patients and the public
 - Knowledge Translation (KT) to physicians and pharmacists
 - KT to legislators and payors
 - creation of tools to assist in guideline implementation
 - ‘front line feedback’ (‘eyes and ears in the field’)
 - evaluation

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Ontario targets OxyContin abuse

Last Updated: Friday, August 27, 2010 | 2:23 PM ET

The Canadian Press



Health Minister Deb Matthews has repeatedly spoken about the issue of OxyContin abuse. (CBC)

Ontario plans to launch a new tracking system to curb the abuse of the highly addictive painkiller oxycodone and other prescription drugs.

The system would track all prescription drugs dispensed in Ontario, from painkillers such as OxyContin, morphine and codeine, as well as stimulants and sedatives like Ritalin, Valium and phenobarbital.

Health Minister Deb Matthews says she'll introduce legislation this fall that would allow the province to expand its drug database to track prescription drugs as they're dispensed under both public and private drug plans.

The current system only tracks drugs prescribed under a provincial program that funds medications for seniors, welfare recipients and the disabled.

The expanded system would send out an alert if someone tries to get the drugs from several doctors or attempts to fill prescriptions at several pharmacies.

Avoiding Abuse, Achieving a Balance:

Tackling the Opioid Public Health Crisis



College of
Physicians and Surgeons
of Ontario

CPSO Report

Avoiding Abuse, Achieving a Balance: Tackling the Opioid Public Health Crisis

- **31 recommendations**
 - directed to government, regulatory authorities, academic institutions, community organizations, and others.
- **Key recommendations:**
 - creating a coordinated, accessible system for the treatment of pain and addiction;
 - taking immediate steps forward to make greater use of technology to improve outcomes for patients and reduce diversion;
 - enhancing the training and ongoing education of health-care providers and improving education and awareness of the public;
 - empowering health-care professionals, institutions and law enforcement agencies to reduce diversion by facilitating information-sharing.



FINAL REPORT

PRESCRIPTION DRUG ABUSE STRATEGY

‘Take a Stand’

November 18th, 2010

“Ontario First Nations leadership and communities have expressed concerns that the abuse of certain prescription drugs has become an epidemic in First Nations communities.”

An Advisory Panel identified four key strategic areas for addressing Prescription Drug Abuse:

- 1. Health Promotion**
- 2. Healthy Relationships**
- 3. Reducing the Supply**
- 4. Continuum of Care**

Brockville Coroner's Inquest June 2011

- **2 prescription drug related overdose deaths**
- **48 broad-ranging recommendations**
 - **Monitoring**
 - **Education**
 - **Access to alternative treatments**

Summary

- there are many indicators that prescription drug abuse, particularly opioids, is an increasing problem
 - still don't have a comprehensive national picture
- prescription drug abusers are not a homogeneous group, this is a multi-faceted problem
- the health care system is inextricably linked to this problem:
 - as a source of the drugs, and therefore a potential enabler
 - but also as potential contributor to the solution
- groundwork laid for addressing the problem
 - prescribing guidelines
 - +++ recommendations to consider, act upon, and evaluate