CoOPDM coalition on PRESCRIPTION DRUG MISUSE

NOVA SCOTIA CANADA

Canadian Centre on Substance Abuse

First Do No Harm: Responding to Canada's Prescription Drug Crisis

Report in Short

The Issue

Certain prescription drugs, like opioids, stimulants, sedatives and tranquilizers[1] are associated with serious harms such as addiction, overdose and death. These drugs can have a devastating impact on people's lives and their families, as well as place a significant burden on our healthcare, social services and public safety systems.

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% of this amount.[2] In countries such as Canada, where these prescription drugs are readily available, their associated harms have become a leading public health and safety concern.

Canada is the world's second largest per capita consumer of prescription opioids after the United States.[3] The International Narcotics Control Board reports that Canadians' use of prescription opioids increased by 203% between 2000 and 2010, an increase steeper than in the U.S. [4] Some First Nations in Canada have declared a community crisis owing to the prevalence of the harms associated with prescription drugs.[5]

> Neither the doctor nor the pharmacist warned us that Percocet could be addictive. The use of opioids "as prescribed" is not sufficient to prevent patient harm. My son died within two years of his first Percocet prescription. It is my hope that *First Do No Harm* will lead to a system that doesn't fail others as it did Michael. We must bring about the necessary changes to end the epidemic of death and addiction caused by prescription drugs.
>
> *– Ada, mother*

According to the 2011 Canadian Alcohol and Drug Use Monitoring Survey, 23% of Canadians aged 15 and older reported using a prescription drug at least once during the past 12 months.[6] The 2010–11 Youth Smoking Survey revealed that 8.2% of Canadian youth in grades 6–12 reported using prescription and over-the-counter drugs in the past year to get high.[7] Deaths related to prescription opioids doubled in Ontario, from 13.7 deaths per million in 1991 to 27.2 per million in 2004, more than twice the mortality rate from HIV (12 per million).[8]

Demand for prescription opioid-related treatment is also increasing. From 2004 to 2009 in Ontario, admissions to treatment programs for prescription opioids doubled.[9] In 2005–2006, 10.6% of individuals seeking addiction treatment in Ontario did so for prescription opioids; by 2010–2011, this percentage had increased to 18.6%.[10]

In response to the growing problem, the Canadian Centre on Substance Abuse (CCSA), in partnership with the Coalition on Prescription Drug Misuse (Alberta) and the Nova Scotia Department of Health and Wellness, has led the development of *First Do No Harm: Responding to Canada's Prescription Drug Crisis.*

The Development of a Pan-Canadian Strategy

The National Advisory Council on Prescription Drug Misuse developed *First Do No Harm: Responding to Canada's Prescription Drug Crisis.* Council members represent governments, healthcare professionals (physicians, pharmacists, coroners, dentists and nurses), patients and families, First Nations, enforcement officials, regulators, industry leaders and researchers. This multi-sectoral membership reflects a commitment to coordinated action among governments, healthcare practitioners, the criminal justice professions, provincial licensing authorities, the pharmaceutical industry and other stakeholders.

Early in its work on the strategy, CCSA formed a partnership with Health Canada's First Nations and Inuit Health Branch. The Branch's Prescription Drug Abuse Coordinating Committee (PDACC) was planning to produce a national strategy for First Nations and Inuit populations. The partnership ensured a comprehensive approach to the issue. The Assembly of First Nations and the National Native Addictions Partnership Foundation are also part of PDACC.

> My community has been ravaged by the widespread and often violent effects of addiction. We suffered greatly, but worked to find a way forward. We realized that we needed to customize our approach to the prescription drug problem. This started a journey from widespread violence, abuse and neglect to a place of hope and healing. The drug treatment program brought together elders, western and traditional medicine, and traditional ways. Our community is healthier, with less drug abuse now.
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> *– Levis, First Nation prescription drug awareness coordinator*

In the past year, the National Advisory Council worked on a coordinated, pan-Canadian response to the prescription drug crisis and developed a strategy that addresses the harms associated with prescription medications and considers their therapeutic uses. Council members were actively involved in developing the recommendations and considered research and other evidence, including existing policies and practices; sought input from their networks of organizations and across sectors; and focused on communication and coordination within and across jurisdictions, disciplines and communities. The Council reached agreement on recommendations and a way forward.

This strategy addresses prescription drugs that are legal and have therapeutic uses, but also have a high potential for harm. It defines the scope of the crisis Canada faces and provides a 10-year roadmap to reduce the harms associated with prescription drugs, such as opioids, sedatives and tranquilizers, and stimulants. It lays out achievable, comprehensive short- and longer-term recommendations that the Council believes will address these harms and have a collective impact.

The Recommendations

The recommendations were developed around five streams of action: Prevention, Education, Treatment, Monitoring and Surveillance, and Enforcement. In addition to the five streams, three other areas cut across all streams and are important to this work: legislation and regulations, research, and evaluation and performance measurement. The strategy demonstrates the linkages among the recommendations and across sectors.[11] The recommendations aim to:

- Prevent prescription drug-related harms to individuals, families and communities;
- Educate and empower the public and promote healthy and safe communities;
- Promote appropriate prescribing and dispensing practices among healthcare practitioners;
- Increase timely, equitable access to a range of effective treatment options throughout the continuum of pain and addictions treatment;

- Identify effective, evidence-informed practices and policies and build upon them;
- Develop a standardized pan-Canadian surveillance system to improve our understanding of the nature and extent of the harms associated with prescription drugs in Canada;
- Establish prescription monitoring programs in each province and territory to share information about prescribing and dispensing practices across disciplines and jurisdictions on a timely basis and take timely action;
- Ensure that law enforcement has adequate tools, training and resources to address the diversion of prescription drugs;
- Engage industry, governments, regulatory bodies and others with a stake in the issue to join forces, commit to specific recommendations, leverage existing resources and strengthen system capacity to address the issue;
- Develop or clarify legislation and regulations to reduce barriers to effective treatment and prevent harms;
- Conduct research to address knowledge gaps and promote strategies to deal with this important issue;
- Engage industry in concrete, responsible actions that promote patient safety, improved patient outcomes and risk mitigation; and
- Provide a contextual lens to First Nations, geographically remote, isolated and rural populations.

> I stole from my parents, my grandmother, my uncle… everyone. I took money, necklaces and a camcorder to get money for drugs. I was arrested trying to sell a hand gun. I went to jail that night and then to court. At court, I still had drugs hidden in my winter coat. I asked for a magazine and a pencil and used that to crush up the drugs. I snorted them off a magazine in my courthouse holding cell. The only thing I wanted was that drug. Nothing else mattered to me.
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> *– Neil, young man recovered from prescription drug misuse*

The strategy pays specific attention to First Nations, and remote, rural and isolated communities to highlight their unique needs. Unless noted, the strategy applies within this context and care will be taken to ensure the recommendations are accurately interpreted for the culture of First Nations, and remote, rural and isolated communities.

Next Steps

The launch of the strategy with its recommendations marks the end of the first phase of a long process. The next phase will be implementing the recommendations and evaluating the strategy and its impact as we move ahead. An annual report on progress towards achieving expected outcomes will ensure that stakeholders remain informed of developments.

The Council will continue to lead the work of the strategy and oversee implementation of its recommendations. The initial emphasis will be on those recommendations that can be implemented in the next 24 months. This initial work will inform the remaining and longer-term recommendations.

A Call to Action

Key stakeholders from across Canada have identified the prescription drug crisis as a priority for action and have committed to addressing it. Many of them have invested their knowledge, expertise, experience, analysis, creativity and energy in developing *First Do No Harm: Responding to Canada's Prescription Drug Crisis*. The strategy will continue to evolve as more information and research becomes available and as recommendations are implemented. However, the vision is set and the roadmap for action outlined. Collectively, we are working towards a Canada that allows for the

> People in chronic pain shouldn't be victimized. They need to have their pain treated. My surgery was a complete failure. It should have taken away my pain, but it didn't. I never looked for Percocet or took pills improperly until doctors flatly refused to give me any more. I was being treated for pain, but ended up becoming addicted to the drugs I was prescribed.
>
> *– Peter, former police officer, pain patient*

benefits of prescription drugs, such as opioids, sedatives and tranquilizers, and stimulants, while minimizing the associated harms.

This ambitious challenge requires a sustained and serious commitment to coordinated actions that support the common, long-term vision of addressing this complex public health and safety issue. The strategy will succeed through a respectful sharing of knowledge, expertise, enquiry, analysis, promising practices and lived experience, bound together by the collective will and momentum of all who have a role in responding to the prescription drug crisis in Canada.

If your organization is interested in working to address this important health and safety issue, please contact us at pharma@ccsa.ca.

Additional Resources

- First Do No Harm: Responding to Canada's Prescription Drug Crisis
- Canadian Drug Summary: Prescription Opioids
- Canadian Drug Summary: Prescription Sedatives and Tranquilizers
- Canadian Drug Summary: Prescription Stimulants

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[1] Sedatives and tranquilizers are the terms used in this report to refer to sedative-hypnotic drugs.

[2] Hansen, R.N., Oster, G., Edelsberg, J., Woody, G.E., & Sullivan, S.D. (2011). Economic costs of nonmedical use of prescription opioids. *Clinical Journal of Pain*, 27, 194-202.

[3] International Narcotics Control Board. (2013). *Narcotics Drugs: Estimated World Requirements for 2013; Statistics for 2011*. New York: United Nations.

[4] International Narcotics Control Board. (2011). *Narcotics Drugs: Estimated World Requirements for 2012; Statistics for 2010*. New York: United Nations.

[5] Dell, C.A., Roberts, G., Kilty J., Taylor, K., Daschuk, M., Hopkins, C., & Dell, D. (2012). Researching Prescription Drug Misuse among First Nations in Canada: Starting from a Health Promotion Framework. *Substance Abuse: Research and Treatment*, 6, 23–31.

[6] Health Canada. (2012). *Canadian Alcohol and Drug Use Monitoring Survey: Summary of Results for 2011*. Retrieved December 7, 2012 at, http://www.hc-sc.gc.ca/hc-ps/drugs-drogues/stat/_2011/summary-sommaire-eng.php.

[7] Health Canada. (2012). *2010-11 Youth Smoking Survey, Supplementary Tables*. Retrieved December 7, 2012 at, http://www.yss.uwaterloo.ca/results/YSS2010-2011_supplementary_tables_en.pdf.

[8] Fischer, B., & Argento, E. (2012) Prescription opioid related misuse, harms, diversion and interventions in Canada: A review. *Pain Physician*, 15, ES191-ES203.

[9] Fischer, B., Nakamura, N., Rush, B., Rehm, J., & Urbanoski, K. (2010). Changes in and characteristics of admissions to substance use treatment related to problematic prescription opioid use in Ontario, 2004-2009. *Drug and Alcohol Dependence*, 109, 257-260.

[10] Expert Working Group on Narcotic Addiction. (October 2012). *The Way Forward: Stewardship for Prescription Narcotics in Ontario*. Toronto: Author.

[11] *First Do No Harm: Responding to Canada's Prescription Drug Crisis* contains the full list of recommendations.

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