

# **Addressing Problematic OxyContin Use in Manitoba**

**A report of the OxyContin Working Group**

**December 2009**

# **Problematic OxyContin Use in Manitoba**

## **Introduction**

Oxycodone is a narcotic analgesic (opioid) available by prescription to control severe pain. OxyContin is the brand name of the Purdue Pharma oxycodone. Most people use it without becoming addicted. OxyContin in some users produces a euphoric effect similar to heroin. For some it can be highly addictive and the withdrawal can be intense; tolerance to OxyContin and an aversion to stop using it develop rapidly in people who become addicted.

Canadians are among the heaviest consumers of psychotropic medications in the world; however, the Canadian Centre on Substance Abuse has indicated there is little statistical information on Canadians who use prescription medication for non-medical purposes or on the extent of prescription drug diversion and abuse across the country. Interest in the issue of OxyContin abuse started in Atlantic Canada where a task force was developed in 2004 to investigate OxyContin use and abuse (OxyContin Task Force, 2004). It identified a growing number of adolescents who were abusing the drug, as well as a small number of physicians who were prescribing OxyContin (and other controlled substances) excessively. Steps taken to deal with this issue seem to have been effective from which lessons can be learned for consideration.

In response to an increase in the number of individuals seeking OxyContin withdrawal treatment and management, Manitoba Health and Healthy Living (MHHL) established an OxyContin Working Group in Spring 2009 to better understand the use of this prescription drug in Manitoba and to consider potential solutions. The group included MHHL staff, representatives of treatment organizations, enforcement, and partners involved in the monitoring and education of the physician and pharmacy workforce (Appendix A). The following report, developed by MHHL staff, aims to summarize the issue and identify potential solutions that will assist the Minister of Healthy Living and MHHL in future planning around OxyContin use and abuse.

## **Physical and Psychological Effects of OxyContin Use**

Oxycodone is a central nervous system depressant. Most individuals who abuse oxycodone seek to gain the euphoric effects, and avoid the withdrawal symptoms associated with opiates. Oxycodone's action appears to work through stimulating the opioid receptors found in the central nervous system that activate responses ranging from analgesia to respiratory depression to euphoria. People who take the drug repeatedly can develop a tolerance or resistance to the drug's effects, for example, a cancer patient can take a dose of oxycodone on a regular basis that would be fatal in a person never exposed to oxycodone or another opioid.

Opiate effects create what users describe as a feeling of 'euphoria'. Some report increasing energy and feelings of self-confidence. Reduced anxiety is also reported by some. Side-effects include dizziness, nausea. With continued use, the ability for opiate abusers to function mentally, socially and physically, decreases. Opiate abusers feel increasingly desperate, with most of their energy going into finding money to support their drug use. This can occur within a relatively short time (i.e., within a few months – 4 years).

Problematic side effects of opiates in the short- and long-term include:

- Respiratory depression is the chief hazard from all opioid usage.
- Drowsiness or reduced alertness also makes it more difficult to operate machinery, including cars. The interaction with alcohol increases the risk of passing out.
- Acute overdose of OxyContin can produce respiratory arrest and death.
- Gastrointestinal effects, including nausea and constipation.

## **Withdrawal Effects**

There is a high risk of experiencing severe withdrawal symptoms if oxycodone use is discontinued abruptly. People who use oxycodone in a hazardous or harmful fashion are at even higher risk of severe withdrawal symptoms because they tend to use higher than prescribed doses. The symptoms of oxycodone withdrawal are the same as for other opiate based painkillers. This includes anxiety, nausea, insomnia, muscle pain, sweats, and other flu like symptoms, and emotional symptoms such as agitation and severe craving.

## **The Continuum of Addictions Care in Manitoba**

Addiction services in Manitoba are provided along a continuum of care that ranges from abstinence to harm reduction. A continuum of care is defined by the Canadian Council on Health Services Accreditation (CCHSA) as "an integrated and seamless system of settings, services, service providers, and service levels to meet the needs of clients or defined populations". Provincially funded mental health and addictions services support individuals and families in the treatment and recovery process. This range of addiction services and supports are provided by a variety of non-profit NGOs who receive funding through MHHL, health authorities or other agencies. An Addictions Network was established in 2007 to facilitate communication between these agencies. The types of services that exist in Manitoba are described below.

### ***Information, Prevention and Education Services***

Information regarding safe and unsafe use of drugs and alcohol and how it affects the body are available through a variety of media including pamphlets, posters, educational sessions for professionals and websites. Resources have been developed for specific ages and genders as well as specific settings (i.e. the workplace, educational institutions, and health care facilities).

### ***Detoxification Programs***

For some individuals recovery begins in a detoxification facility. These facilities provide a safe environment where patients undergo alcohol and drug withdrawal and stabilization, but may require significant medical and nursing support

### ***Community-based Treatment Programs***

These programs provide services and support for individuals and families concerned about their own or others' use of drugs or other addiction problems. Addiction counsellors provide a range of services including assessments, individual or group counselling, education, and support. Individuals can attend these programs and also go about their regular day-to-day routines.

### ***Methadone Maintenance Treatment***

Methadone maintenance treatment (MMT) is also available through either physicians in independent practice, an independent clinic or through the Addictions Foundation of Manitoba's methadone and needle exchange program (m.i.n.e.) in Winnipeg and through their methadone program in Brandon. MMT also requires significant medical and nursing support.

### ***Residential and Day Treatment Programs***

These programs offer services that are similar to community-based programs but on a more structured and intensive basis, with the individual possibly residing at the facility for a period of time.

### ***Post-treatment Support***

Post-treatment support is put into place for individuals transitioning from residential treatment back to their home communities. The goal is to establish and implement a long term plan that supports the individual's recovery in their home community.

### ***Self-help programs***

Twelve step programs provide on-going support and guidance for those in the process of recovering from addiction. Other self-help agencies provide crisis counseling telephone lines, group counseling, and literature.

### Provincial OxyContin Expenditure Trends

In the period of 04/05 to 07/08, total OxyContin market in Manitoba increased from \$2.2 million to \$4.5 million and the number of unique clients identified as receiving prescriptions increased from 2454 to 3076. The amount paid by Provincial Drug Programs (PDP) increased from \$1.6 to \$3.3 million and the number of unique clients increased from 1406 to 1901, (i.e. in fiscal year 07/08 public plan paid for \$3.3 of the total \$4.5 market for 1901 out of 3076 people). This means that PDP paid for almost 75% of OxyContin prescriptions. (PDP includes Pharmacare, the Employment and Income Assistance Drug Plan, the Palliative Care Drug Plan and the Personal Care Home Drug Plan). Of the public plans, Pharmacare costs have almost doubled from \$1.2 million in 04/05 to \$2.3 million in 07/08, (Pharmacare is the largest component of the Provincial Drug Programs).

Figure 1 below, graphically presents the increase in the number of individuals who received prescriptions for OxyContin in the period 1999 - 2008

**Figure 1. Total number of patients who received prescriptions for OxyContin, 1999 - 2008**

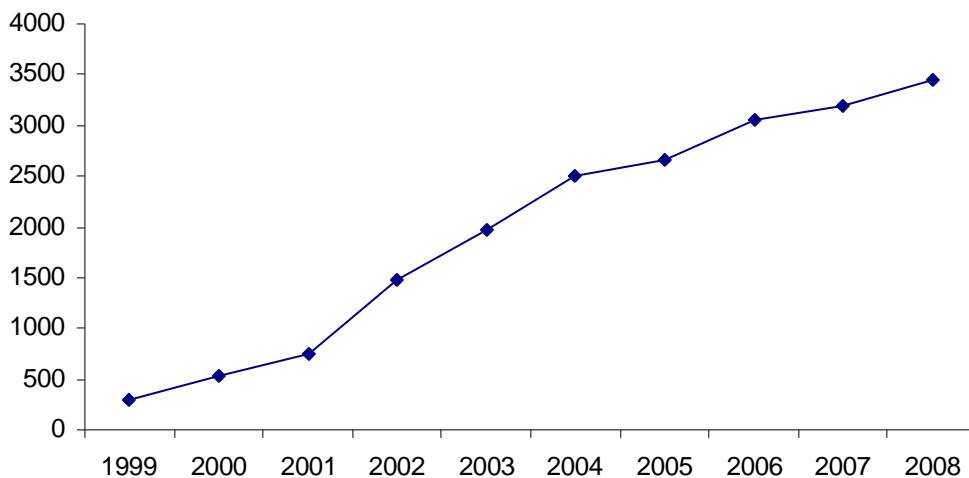
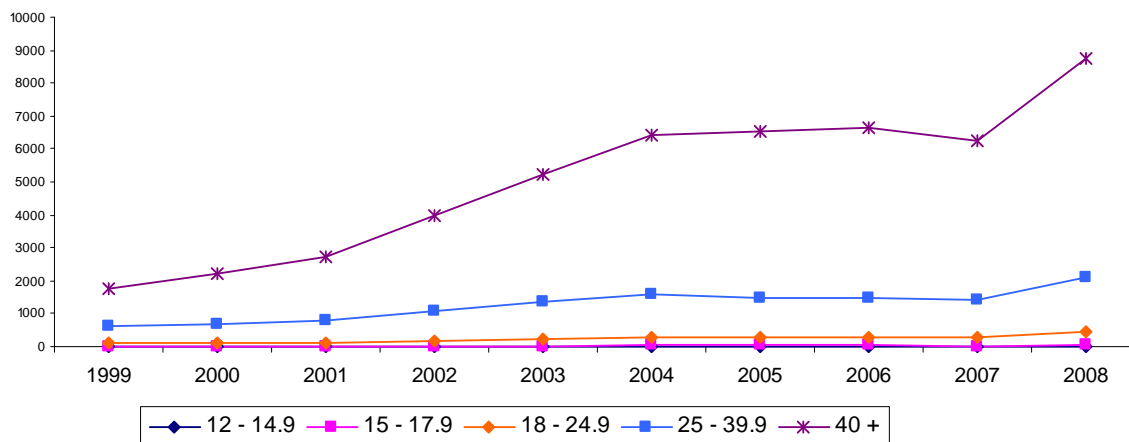


Figure 2 below delineates OxyContin utilization segmented by age in the period 1999 – 2008. As denoted in the graph, individuals under the age of 25 account for only marginal share whereas beneficiaries greater than 40 years of age account for the largest share and at a dramatically increasing rate.

**Figure 2. Number of prescriptions in five age categories for OxyContin 1999 - 2008**



This expenditure data indicates there is a significant increase in the availability and consumption of OxyContin by prescription in the period from 04/05 to 07/08. **Although the use of administrative data is useful as an environmental scan, it is not conclusive/indicative of illegitimate use, nor does it specify to what extent these prescriptions reflect problematic use or abuse versus appropriate treatment of chronic pain.** In addition, the DPIN system may not necessarily include all information from First Nations and Inuit Health, thus prescriptions that are reimbursed through the Federal system may not be included.

In Manitoba most prescriptions for medications, including analgesic narcotics, are tracked through the provincial Drug Programs Information Network (DPIN). DPIN has been in operation since 1994 and is connected to over 330 community pharmacies. When a client fills their prescription at a community pharmacy, DPIN connects the pharmacy to MHHL for an immediate drug alert regarding drug interactions, precautions or fraud, as well as for adjudication information to determine whether the client or the drug plan will pay for the prescription. Authorized users in the community pharmacies and over 2500 authorized regional health users are able to view the previous six months of a patient's retail drug medication history information during patient care.

## **Profile of Problematic OxyContin Use.**

### ***OxyContin use across Canada***

There are no general Canadian estimates for problematic use of OxyContin. However, some school data shows that about 1 - 2% of Ontario and Manitoba students have used OxyContin or other opiates in the past year (Adlaf & Paglia –Boak, 2007; Friesen, Patton & Lemaire, 2008). Canadian consumption of oxycodone has increased more than ten-fold in the past decade. Clinical experience from across Canada indicates abuse of OxyContin has increased recently, and the personal (e.g., family breakdown, job loss) and health care system consequences (e.g., increased need for detoxification, increased mental health issues and increased use of hospital services) of this abuse are severe. Once addiction to OxyContin occurs significant deterioration occurs quite rapidly, within 1 – 4 years. Additional risks and costs include incarceration and prosecution expenses, increased risk of death and additional health care costs related to HIV, Hepatitis C and other infections.

### ***Winnipeg Police Service Organized Crime Unit and RCMP information.***

Police service and corrections information about OxyContin use was requested. Although the Criminal Intelligence Service of Manitoba (CISM) does not have specific intelligence on OxyContin abuse in Manitoba it is a well-known street drug. Recently the Winnipeg Police Service and RCMP information has noted a significant increase in the abuse and trafficking of OxyContin. Several arrests have been made, but this drug continues to be widely abused and marketed by Organized Crime Groups. According to police agencies, the impact of OxyContin abuse is significant, with crime trends such as robberies, break and enters and overall crime committed by individuals who need to fund their addiction. As well, drug abuse has significant cost implications not only to police, but also to prosecutions, courts and corrections.

### ***OxyContin use in Manitoba***

#### ***Adult Clinical Data on OxyContin abuse***

The major indicator that OxyContin abuse is a problem in Manitoba is the significantly escalating number of individuals requesting treatment.

- ***Increased Demand for Methadone Treatment.***

The AFM provides methadone maintenance treatment (MMT at the m.i.n.e. program in Winnipeg and at the AFM methadone program in Brandon) for those with problems related to their opiate use who wish to try an alternative to withdrawal. Another clinic, as well as other private Winnipeg physicians are also licensed to provide MMT. This is one form of treatment for individuals with OxyContin addictions. The number of people on the wait list for the AFM methadone program has been increasing. Data for 2009 show that the increasing trend continues. As of August 2009 over 152 individuals were on the wait list for MMT at the m.i.n.e. clinic in Winnipeg and there were approximately 40 individuals on the wait list in Brandon. Approximately 80% of the people on this wait list report that OxyContin is their primary drug of choice.

- ***Increased Demand for Detoxification***

### **Community Detoxification**

According to a local agency that provides shelter and sobering opportunities in downtown Winnipeg, there have been increases in OxyContin related-admissions to their facility over the past few years. Although not equipped to do medical detoxification, they have observed changes in the drug related admissions for detoxification. In 2007, 8 individuals were treated for OxyContin abuse (about 1% of their total clientele for the year). In the first three months of 2009, 27 individuals with OxyContin abuse have been detoxified there (approximately 6% of their total numbers of clients). Although this is a relatively small number, it demonstrates an increased demand for an additional service that can be difficult for small agencies to provide effectively.

### **Addictions Unit, Health Sciences Centre**

One of the issues that has arisen due to OxyContin abuse is the amount of detoxification time required for those who wish to stop using. As OxyContin has a very uncomfortable withdrawal and it takes about 10 days to begin to recover from the physical addiction. Individuals attending the Addictions Unit at Health Science Centre take longer to go through the program and move on to other recovery services. The result is a considerable backlog of clients waiting for withdrawal management as there are only a limited number of beds at the Addictions Unit.

In addition to the length of time spent undergoing management for withdrawal symptoms at the Addiction Unit, the number of complex assessments (which involve OxyContin about 80% of the time) has increased over the past four years. There were 8 assessments in the first three months of 2006. From January through March 2009 74 complex assessments were reported.

- ***Adult Addiction Service: Residential and Day Programs***

There is some clinical data available from agencies providing addictions treatment in the province. Provincially funded agencies were asked to provide MHHL with the number of clients for whom OxyContin was their drug of choice. Data collection is not standardized across agencies and many agencies do not collect this level of information (often collection of data is at the level of “opiates” generally), but many were able to review their past year statistics and provide a reasonable estimate of the numbers of clients for whom OxyContin was the identified problem.

Most of the agencies do not collect or report information on OxyContin specifically. The overall numbers of clients are currently small; however, addiction physicians are reporting a marked increase in the number of patients with opiate addiction recently.

It is also important to consider that many clients use multiple substances, therefore, OxyContin is used with a variety of other drugs, often alcohol and/or crack cocaine making it difficult to identify OxyContin as the main or specific cause of the difficulties currently faced by users.

### ***Youth clinical data.***

Two youth addictions agencies reported that no youth attending their programs had identified OxyContin as their drug of choice; however a small number of youth reported that they had used it “once or twice” in the previous year or years.

There are some suggestions from the annual AFM statistical information that there are increases in the numbers of youth using opiates (again, with no distinction about the extent to which drug of choice was OxyContin). In 2003-04 about 13% of youth in both their residential and community-based programs reported using opiates in the previous year. For 2007-08 this figure was 21.8%.

The Centralized intake for youth reported that in 2008-09, 8 clients reported OxyContin use (representing 2% of total clientele) plus an additional 19 (7% of total clientele) were contacting intake due to their use of legal prescription drugs in general.

### ***Increased Demand for Residential Treatment and Aftercare***

In addition to demands on the withdrawal management system, and the methadone maintenance programs, many individuals have requested residential, abstinence-based programming. According to the AFM, there have been increasing numbers of requests for residential (i.e., abstinence-based) programming since last fall. In addition, there has also been an increase recently in the number of family members who are asking for help to cope with a loved one’s addiction to OxyContin.

## **Analysis**

This section outlines a range of potential options that could be taken to address the abuse of OxyContin.

The most successful approach would be multi-faceted, involving public education, inter-professional education, pharmacy validation of treatment, surveillance and monitoring, developing guidelines for OxyContin prescribing and use and changing the way OxyContin is currently dispensed (i.e., formulary change), and strengthening treatment capacity.

### ***1. Public Education***

- Potential problems related to misuse of OxyContin can be prevented or addressed at the primary prevention level. Both consumers and providers of OxyContin can be educated on the risk of addiction. Increased awareness and early intervention may prevent the initiation of drug misuse or circumvent longer term abuse.
- The recent misuse of OxyContin in Manitoba provides an opportunity to educate and inform the public about the appropriate use of pain-killers. This can occur in the context of both the **user** and the **general public** through both targeted and general media campaigns. Public education can occur through a variety of media made available at clinics, doctor’s offices, hospitals, community service providers, as well as on the websites of government and community agencies. They may take the form of pamphlets, an interactive website, public service announcements and/or use of the news media.
- Those using OxyContin can also benefit from an educational campaign on the drug. Whether seeking resources to recover from an addiction to opiates or seeking information to prevent the onset of an addiction, **users** ought to be provided with educational tools that address the role of painkillers in their treatment, the risk of dependency and the need to dispose of unused pills appropriately. This should include information on how to seek treatment if an addiction develops, enhancing the capacity of the

addictions treatment system to better provide services to those suffering with an addiction to OxyContin and pursuing recovery.

- Educating the **general public** on the risk of addiction from painkillers, including OxyContin, may prevent future addictions. Providing more information about the risks of prescription drugs can help Manitobans make more informed and responsible decisions about their use of these drugs. **Parents** or **caregivers** can be provided with educational tools to recognize when an addiction develops in a family member's life as well as recognizing the dangers of supplying a prescribed drug to someone else. Education programs for **younger children** to **young adults** can be included in schools' current alcohol and other drug awareness programs. Providing extensive educational material to patients who are prescribed painkillers will make them aware of the potential risks of addiction. In addition to the risk of addiction, **the public must be made aware that sharing or selling their medication is inappropriate, illegal and dangerous.**

## 2. *Inter-professional education*

- Within the Health profession, there are two key players involved in the prescribing and dispensing of OxyContin: **physicians** and **pharmacists**.
- It is important to increase **physician** awareness of the risks of OxyContin abuse by focusing on the role of opiates in addiction, the potential for misuse of opiates and the role of opiates in managing chronic pain. Coupled with this awareness is the need for physicians to understand that their responsibility to be extra diligent and more accountable for their OxyContin prescriptions, including response time to requests from pharmacists regarding OxyContin prescriptions verification.
- A significant opportunity to influence physician behaviour may occur with the introduction of clinical guidelines that are currently being developed at the national level. The Manitoba College of Physicians and Surgeons will support a national guideline on opioid use. The National Opioid Use Guideline Group (NOUGG) is coordinating these activities and evidence-based guidelines should be available shortly.
- There are many other opportunities for physician education. Through *Doctors Manitoba* monthly newsletter, *Physician's Newsletter*, or a newsletter from the *College of Physicians and Surgeons*, general information can be disseminated to prescribers with respect to potential risks of addiction from prescription drugs. There is currently little physician education with respect to addictions, and although the problem of prescription abuse has been increasing in the past few years very little has been put into place to help doctors deal with issues around opiate use and abuse. Conferences such as *Family Physician* or lectures at the *University of Manitoba Continuing Education Department* could also be used as key intervention points.
- Opportunities for **pharmacist** education ought to consider an educational piece that aims to enhance the understanding of the risks associated with OxyContin abuse amongst users. Early requests for refills, long-term use of this medication and suspicions that clients are visiting other providers should raise red flags that a discussion with the patient or the physician is warranted. Education to pharmacists could occur via the Manitoba Pharmaceutical Association.
- Improved communication between pharmacists and prescribing physicians is required. Physicians currently have access to patients' prescription histories through contact with community pharmacists, thus they should be able to determine a prior pattern of use that may suggest possible abuse or redirection of OxyContin. Pharmacists will be a crucial component of addressing the potential misuse of

OxyContin. Their professional role can be strengthened through education on the need for prompt communication with prescribing physicians, the extent of OxyContin diversion and what to look for.

### ***3. Movement of Oxycontin from an unrestricted listing on the Manitoba Formulary to a more restrictive listing with criteria for benefit coverage and Pharmacist Validation***

- Oxycontin is currently a Part 1 unrestricted benefit through Provincial Drug Programs which means that there are no specified criteria that must be met for benefit coverage
- Mandatory validations of all OxyContin prescriptions by pharmacists with prescribing physicians would increase accountability within both professions with respect to reducing inappropriate access to OxyContin in the community. It may also indicate to potential abusers that this medication is being more closely monitored. It is currently a standard of practice that all M3P (including opiates) be entered into the DPIN system. However, if the patients requests it (or is an out of province resident) the pharmacist must enter a pseudo-PHIN. The MPHA could be asked to review this standard to ensure that it is being followed. They could also encourage their members to refuse to fill MP3 prescriptions subject to professional Assessment.
- Movement of OxyContin to Part 3 of the Manitoba Formulary would require physicians to contact the Exception Drug Status Office for prior approval for benefit coverage through Provincial Drug Programs.
- The criteria for benefit coverage under Part 3 would need to be developed by physicians specialized in the field of pain management and the treatment of addictions for review and recommendation by the Manitoba Drug Standards and Therapeutics Committee. This change would require pharmacists to validate and verify all OxyContin prescriptions with the prescribing doctor and also to verify the client's medication history with the DPIN. Support from the Manitoba Pharmaceutical Association (MPHA) and the College of Physicians and Surgeons (CPS) to implement this change must be obtained. An interim step may be to change the higher doses (40mg and 80mg pills) to fall under Part 3 of the Manitoba Formulary, as these are the pills that are most attractive to abusers.

### ***4. Development of Clinical Guidelines implementation plan.***

- Colleges are aware and will be moving towards developing a plan for the implementation of the guidelines that are currently being developed by the National Opioid Use Guideline Group. A local working group could be developed to examine strategies to help move these guidelines into practice.

### ***5. Continued monitoring/enforcement***

- Continued/enhanced monitoring of OxyContin prescribing patterns and community resources devoted to managing OxyContin-related issues should be put into place in order to determine if this strategy is successful. This would also require participation of law enforcement agencies to ensure that available OxyContin has been reduced.

### ***6. Strengthening Treatment Capacity***

- In addition to reducing demand by education about the risks of opioid abuse and the need for clinicians to be vigilant about the potential for misdirection of pharmaceutical agents, there is a need for increasing the capacity of the addictions and health care system to provide services to individuals with opiate addiction. This could include additional resources for methadone treatment. Individuals with a current

addiction to OxyContin (or any opioid) will require long-term aftercare and close monitoring in order to maintain any treatment achievements that have been made in residential programming. A strategy to address this issue needs to be developed and provided with appropriate resources.

- As well, there still needs to be consideration given to early intervention. Currently there are few resources available for youth and young adults who are in the early stages of opiate addiction. Evaluation of best practices to enhance existing services should be undertaken. Interventions at this point may help to reduce further involvement with the addictions system, as government is able.
- Consideration of enhancing services would need to occur within the context of the current economic reality and in view of other competing resource priorities.

### **First Nations Considerations:**

As there is some concern that the emerging at-risk population includes many First Nations, it will important to link with aboriginal communities with respect to the development of educational plans, and identification of the risks associated with opiate use. This would require working with the First Nations and Inuit Health branch of the federal government to develop a plan to link with these communities as they provide drug program coverage on reserve.

## References

Adlaf, E. & Paglia-Boak, A. (2007). Drug Use among Ontario Students 1977 – 2007. Centre for Addiction and Mental Health.

Friesen, K., Patton, D. & Lemaire, J. (2007) Alcohol and other drug: Students in Manitoba 2008. Addictions Foundation of Manitoba.

Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2006), University of Michigan News Service, Ann Arbor.

OxyContin Task Force Final Report, 2004. Submitted to the Government of Newfoundland and Labrador.

Prescription Drug Abuse FAQs. Canadian Centre on Substance Abuse, 2007.

## Appendix A

### Members of the OxyContin Working Group

#### Manitoba Health and Healthy Living

Fran Schellenberg  
Gail Keeley  
Olaf Koester  
David Patton  
Roberta Vyse

#### Winnipeg Regional Health Authority

Carolyn Strutt

#### Addictions Foundation of Manitoba

John Borody  
Laura Goossen  
Dr. Morag Fisher

#### Manitoba Pharmaceutical Association

Susan Lessard-Friesen

#### Addictions Unit @ Health Sciences Center

Dr. Lindy Lee

#### Manitoba Justice

Lorne Schinkel

#### Behavioural Health Foundation

Gerry Verrier

#### College of Physicians and Surgeons

Dr Bill Pope