

Community Meeting Regarding Opioid Prescription Drugs

Tuesday, April 21

Peterborough Public Library

Aim:

- To come together as a community to address the concerns of opioid use in Peterborough
- To provide background information to prepare for action

The following information was compiled for a backgrounder for the meeting on April 21, 2009.

The following is a synopsis of the presentations:

Chief Murray Rodd, Peterborough Lakefield Community Police Services (PLCPS)

- Purpose of this meeting is to be a catalyst for community change.
- Our community is experiencing increasing number of youth and adults addicted to prescription drugs.
- One of the important messages we must get across today is that no one is here to blame anyone – we are here collectively to effect change.

Recognition that today we have many community leaders who have come out to support this initiative and to learn about the complexities of the issue.

He referred to this as a tipping point – we are at a point in a community coming together to address this issue and people are prepared to rally together.

Tim Farquharson, Staff Sergeant, PLCPS

- Thanked the partners who helped organize the session: Peterborough County City Health Unit, Peterborough Social Planning Council.
- Also thanked the Police Services Board and the Chief of Police who not only realized there was a problem but acted quickly to respond to the problem to minimize the negative impacts that opioid misuse is bringing to our Community.

“We need a strategy to tackle this problem. We need a solution that really helps people and we need it quickly...” Helen Stevenson, Ontario’s assistant deputy health minister in charge of drug programs.

“Everyone knew that I did not want to be on anything that was addictive. They said, ‘So long as you are taking them for pain, you won’t become addicted. You won’t have a problem with them.’”

Lisa, Car accident survivor who became opioids dependent quoted in CAMH film *Prescription for Addiction*.

- We are here today for a common reason. Our community is facing an increasing problem with drug issues, the destructive powers of which cannot be measured in dollars alone. We have been dealing with the problem of drugs in our community for several years and doing what we thought was best. We have tried to be ready for the different types of drugs affecting communities like ours across the Country and have learned we cannot do this alone and that is why we are reaching out to the community and the experts in this room.
- We have an emerging problem in the community in regards to Opioid misuse. Our Police Services Board, our Chief of Police, the officers in the Service, and numerous members of our community have realized the growing problem over the past two years.
- The Police are not asking anyone to follow us, we want you to walk with us and work with the Service. We are at a Crossroad we have a choice that we need to make. We can keep going down the road that says “same old same old” but it keeps leading back to the same place we started, a town called “Status Quo”. We need to get on the road called “*Vision*” it will lead us in the direction we want to go and we will never look back, except to remember where we came from and learn from our mistakes and oversights.
- Our organization prides itself with doing “Community Policing”. We must address this issue now by forming partnerships in the community and reorganizing our human resources in the Service in order to “walk the talk”.
- In 2007 Drug and Intelligence units began to notice an increase in opioid misuse in the city and expressed their concerns. At that time there was a request for more human resources in the Drug Unit. Our service started keeping more specific statistics on the problem to determine the strategic direction we would need to go to deal with the problem. The problem of opioids grew quickly.
- Since that time several community members have called our Police Service with concerns over the local drug problem and specifically prescription narcotics. We have been very fortunate to have the speakers we have today and this is a testament to the professionals we have in this city and area.
- Our Police Service is working on new strategies to deal with the issues of opioids. The main problem is that when the trafficker has a prescription for the opioids, he/she is able to possess them (unlike marihuana, cocaine, meth, ecstasy and the common drugs our service comes into contact with) We will have to work with physicians and pharmacists in a way we have never done before. This is new ground for us and involves FOI and privacy issues that have the backing of the Charter.

Did you know?

There is a confirmed link between opioid abuse and crime. The crime may be related to income needed to purchase more opioids affecting offences such as robbery, thefts and break and enters.

In 2002-2005 in Toronto, Ontario, 47% of illicit opioid users had committed a property offence in the last 30 days, 36% shoplifting/minor thefts, 68% were themselves involved with the trafficking of drugs (Fischer et al. *Illicit Use & Treatment for Opioid Dependence: Challenges for Canada & Beyond*. Canadian Journal of Psychiatry, Sept. 2006: 51.10 pp. 621-623)

Some Sobering Statistics:

- There are obvious risks of not dealing with the issues drugs have brought to our community. An increase in the crime rate, loss of public confidence, negative morale to officers who are dealing with the drug issues daily and also with our community stakeholders whose mandate is to deal with the implications of drugs in our society.
- Part of the research over the last several weeks is as follows:
- Going through our statistics locally since 2006 there has been a dramatic rise in the seizure of hard drugs including Opioids.
 - ❖ In 2006: 48 000 dollars in drugs 125 persons charged
 - ❖ In 2007: 879,000 dollars in drugs 291 persons charged
 - ❖ In 2008: 1,422,000 dollars in drugs 209 persons charged
- The seizure of cocaine has increased ten times in three years the seizure of prescription opiates ten times what it was in 2006
- Our service recently has been tracking the Drug/ Robbery ratio and out of 63 robberies in 2008; 35 could be linked directly to being drug related i.e.; offender admitted same or offender has a record for drugs. Remember we didn't solve all the robberies we won't know about the other 33 until we solve them.
- In 2008 there were 373 Break and Enters to residences and businesses and 2045 thefts, the consistent theme we get when subjects are arrested is that these are "drug facilitated" crimes.
- In the sex trade there are currently 26 full time sex trade workers in Peterborough. They all state they have an addiction. Five years ago we had 3 people in this trade and 7 years ago there were none other than escort agencies (which have been in existence for 20 years).
- (We have dealt with girls as young as 14 in our City).
- There are concerns of sexually transmitted diseases and nuisance calls for service from area residents but also there is concern for the safety of these souls who are in danger of sexual assault, robbery and worse, as another missing person never found.
- In more than half of the 200 Domestic related incidents in Peterborough in 2008 the victim in the DVR reported drug and or alcohol were precipitating factors.
- The Women's Health Centre reports that one third of the sexual assaults in Peterborough in the past two years were considered drug facilitated (drugs and or alcohol).
- The local CAS has had to increase their resources to the growing number of children they are apprehending in the past few years. They report that many of the increased apprehensions come due to substance abuse issues by the parent(s).

Did You Know?

Canada is one of the largest consumers of prescription narcotics internationally, ranking fourth in per capita usage in the world. Diversion of prescription drugs away from legitimate use can occur in many different ways

- ‘double-doctoring’ or ‘doctor shopping’ – obtaining multiple prescriptions from different physicians;
- prescription pad theft and tampering resulting in forged or altered prescriptions;
- purchases from friends, relatives, or dealers for whom the drug has been legitimately prescribed;
- break-ins and theft from homes, doctors’ offices, pharmacies, manufacturers, wholesalers, courier companies, clinics, hospitals.

(Canadian Centre on Substance Abuse. Prescription Drug Abuse FAQs. June, 2007)

- There is a bigger dynamic than just the financial burdens on the taxpayer. The emotional and psychological affects these children deal with cannot be overlooked.
- Recent incidents: on April 16th a south-end store was robbed at knifepoint. The canine track leads provided evidence and subsequently a 15 year old who never had been in trouble with the law, was arrested. Upon questioning, the youth stated that he got into his father’s white pills at the start of the year. The pills made him high and he became dependent. This led to the need to buy them from dealers in the area which in turn resulted in his need to rob the store. The day before in separate arrests in the City both our service and the OPP made opioid trafficking arrests as a north-end pharmacy was broken into and opioids stolen. These events have become daily investigations for our officers.

In Conclusion

- We as a Police Service have concentrated on a better working relationship with the local Ontario Provincial Police and at this time the relationship is the best I have seen in my 23 years here. We are working in the schools and have plans to be even more involved in crime prevention programs, education and enforcement in the local school system. We have made a commitment to work with several local agencies that have a vested interest in this area.
- With fiscal responsibility as a priority our service has developed a business case to lead the Police Service in the appropriate direction with the human resources we have in our Service. An implementation plan for this reorganization is part of this case. We as a Police Service are committed to dealing with the drug issue by working with the experts, that being your selves to continue to work proactively on opioid misuse.

Mauro DiCarlo, Standing Agent for the Public Prosecution Service of Canada

- This is an important community event – it is providing information to us all and helping us understand the complexity of the issues we are dealing with as a community.
- In order for the courts to deal adequately with illicit drug use of narcotics, we must look at information as presented today and analyze it re: the impact on the community.
- Provided examples of how sentencing is used as a deterrent.

Did you know?

Crime statistics for the City of Peterborough find that:

- 35 of the 63 robberies committed in Peterborough in 2008 could be directly linked to drugs.
- Drug possession charges increased by more than 30% between 2000-2007, despite the fact that the Peterborough population has grown only slightly over that same period

Did You Know?

The misuse of prescription drugs has an untold impact on our health care systems, with a 2002 estimate of the costs to Canadian society at \$1.1 billion. (Rehm J. et)

The Peterborough & Haliburton Regions of Ontario have the 2nd highest rate of Hepatitis C per capita – the vast majority of these cases are due to intravenous drug use. HIV rates continue to rise in Ontario. (Fischer et al. *Illicit Use & Treatment for Opioid Dependence: Challenges for Canada & Beyond*. Canadian Journal of Psychiatry, Sept. 2006: 51.10 pp. 621-623)

Dr. Alan Konyer, Physician, Ontario Addiction Treatment Centre

- Family practitioner working with methadone treatment.
- People who have had tremendous trauma have found that opioids have helped them have a more normal life.
- Provided examples of how people are susceptible to relapse.

Stated that “having an addiction is a full-time job” – you develop an addiction, and then you must be constantly thinking about where the money is coming from to get the “next fix”.

Donna Rogers, Executive Director, Four Counties Addictions Services Team (4CAST)

- Important to note that the community of people who present for treatment are not the entire population of people who may be struggling with substance abuse.
- With respect to opioid use we have seen a steady increase in those presenting for services using opioid.

FourCAST offers a Community Withdrawal Management Program that provides support to those experiencing withdrawal from substances. This is the program that provides us with the best opportunity to monitor the activity of those presenting with opioid addiction.

- Clients who access services for opioid withdrawal will require medical clearance from a physician (sometimes ER, walk-in clinic, family physician, methadone clinics)
- In the 2008-09 year:
 - CWMS – 451 admission
 - Alcohol – 35%
 - Crack/Cocaine – 25%
 - Opioids – 24% (approx 110) **2 per week?**

Profile

- Mostly under 35yrs
- Many under 25yrs (youth)

Did You Know?

Currently there are 920 patients receiving methadone maintenance treatment (MMT) who list their city of treatment as Peterborough. Representatives of three of the four clinics state that the majority of patients are using prescription pain relievers (specifically Oxycontin).

Did You Know?

A study of the Four Counties Needle Exchange Program identified the following as the most common injections drugs used (opioids in bold):

Cocaine	85%
Crack	78%
Oxycodone	72%
Dilaudid	69%
Non-prescribed morphine	9%
Crystal meth	3%

(Adlaf, E.M. & Paglia-Boak, A. (2005). Drug Use Among Ontario Students, 1997-2005: Detailed OSDUS Findings. CAMH Research Document Series, No. 16. Toronto: Centre for Addiction and Mental Health)

- identify that they are not having to “buy” the drugs but are able to access them through friends and family members.
- Typical drugs presenting are :percordan, percocets, oxycontin, oxycondone, Dilaudid, Phenteno, morphine
- Route of ingestion includes taking it orally but also use through snorting or chewing. The intent through chewing or snorting to create an initial burst/high followed by the more typical effect that comes from opioids which is a “numbing” effect.
- Most people accessing services related to opioid addiction report that they began using for legitimate medical reasons related to pain.
- One of the difficult things about working with this client population who are entering service for assistance with withdrawal is that their situation gets much worse before it gets better.

Owen McEwen, Prevention Coordinator, PARN – Your Community AIDS Resource Network

The following is a synopsis of the data presented:

- The following indicates the growth in the use of the Needle Exchange Program since its inception in Peterborough:
 - 2000: 5, 600
 - 2001: 16, 000
 - 2002: 55, 400
 - 2003: 105, 000
 - 2007: 106, 173
 - 2008: 133, 452
- In terms of opioid use, during the period of study they found that:
 - 72% had injected oxycontin at least once
 - 40 % had injected morphine
 - 40% had injected dialudid
 - 49% had injected cocaine
 - 45% had injected crack
- In the overall program there has been an increase from 2007 to 2009 calendar years of people accessing the program. From
 - January 2007 – 104 Peterborough clients
 - January 2009 – 244 Peterborough clients

Did You Know?

An estimated 464 deaths have been attributed in 5 years to Oxycontin (Toronto Star, January 31, 2009). Overdose on prescription opioids is very dangerous, as one of the effects of opioids at high doses is slowing breathing to a low rate which can be fatal (CPS, 2009).

An estimated 30,000 people in Ontario have an opioid addiction.

In January 2009 studies found that the majority of people seeking detox help received their opioid pain medication by prescription from a doctor, and a smaller number identified purchasing it on the street or both by prescription and the street. A very small number of people identified receiving pain medication from friends and family. (Drug & Alcohol Treatment Information System (August 2008), Substance Abuse Statistical Tables 2003-2008.

Source:

<http://www.datis.ca/download/SA%20Statistical%20Tables%20v1.pdf>

- Crack and cocaine remained the drug used most frequently (however this part of the study included alcohol and other forms of taking drugs including smoking and inhaling crack and cocaine).
- HKPR has the 2nd highest Hep C rate in Ontario.
- PCCHU has the 5th highest Hep C rate in Ontario.
- Thursdays at PARN: Thursdays are a drop-in day for people who access our Harm Reduction program "Harm Reduction Works @ PARN". People are able to come and access our foodbank and get their Harm Reduction supplies (needle exchange, safer inhalation program) as well as have snacks and a cup of coffee. We also have a partnership with the Positive Care Clinic from Lakeridge Health in Oshawa. A nurse, nutritionist, and a social worker from the Positive Care Clinic have office space in our building on Thursdays. They are able to provide HIV testing for people.

Brian Mitchell, Centre for Addiction & Mental Health & Peterborough Drug Awareness Coalition

- Recent research findings from CAMH show a dramatic increase in the number of people seeking detoxification treatment for opioid dependence – the majority of people who sought help to withdraw from opioids had a problem with prescription pain medication, particularly the slow-release oxycodone product OxyContin; over a 5 year period, the number increased steadily from fewer than 4% to 55%.
- Prescription pain relievers are an important therapeutic option in the treatment of persistent pain, but many have the potential for abuse and the research suggests that this misuse may be a common form of illicit opioid use in Canada.
- The study also revealed that the majority of these people seeking detoxification received their medication by prescription from a doctor while a smaller number identified purchasing it on the street or both by prescription and the street; few received it from family/friends.
- Though these medications available by prescription are slowly released into the body, many misusers crush or chew them, eliminating the time-release properties; another issue with this type of drug use is the potential problem of multiple substance use.
- Summarizing, one of the main challenges here for health care providers is to be aware of the issues to be able to detect possible problems while continuing to provide pain treatment to those who need it.

Did You Know?

Methadone maintenance treatment (MMT) is a long-acting opioid that helps manage cravings and alleviates withdrawal symptoms so people with opioid addictions can achieve stability and return to healthy productive lives.

Data from assessments at Ontario treatment centres show that 17% of the clients entering treatment report problematic use of prescription opioids. (Drug & Alcohol Treatment Information System (August 2008), Substance Abuse Statistical Tables 2003-2008.

Source:

<http://www.datis.ca/download/SA%20Statistical%20Tables%20v1.pdf>

- From a youth perspective, CAMH's Ontario Student Drug Use and Health Survey, the longest ongoing survey of adolescent drug use in Canada, examined prescription opioid abuse among teens for the first time in 2007 – it found that 21% of students in Grade 7-12 admitted to taking a prescription opioid such as TYLENOL No. 3 and Percocet for non-medical purposes within the previous year; equally as significant is the fact that almost 72% reported obtaining the drugs from home; OxyContin also showed a significant, but small, increase in non-medical use since the last survey in 2005.
- Generally, a lack of increase in the use of other drugs is encouraging and may reflect the health promotion initiatives that have taken place over the years (e.g. CAMH Curriculum Guide: Educating Students about Drug Use and Mental Health; a variety of programs offered locally through organizations such as the Peterborough Drug Awareness Coalition, police and others).
- Since awareness of the problem is relatively new, there is a need to determine whether this is a real trend through monitoring this finding over time; at the same time, the results suggest that some intervention with families might be appropriate (e.g. Strengthening Families Program). Similarly, health care professionals and policy-makers are working on ways to prevent abuse among youth and as more is understood, appropriate policies, including anti-diversion strategies and prescription drug monitoring programs can be developed.
- Another program offered through CAMH is the Opiate Dependence Treatment Interprofessional Education Program, formerly known as the Methadone Maintenance Treatment (MMT) Workshop. This provincial initiative prepares physicians, pharmacists, nurses, and counselors to provide a comprehensive range of services for people with opioid dependence, including assessment for opioid dependence, methadone or buprenorphine maintenance treatments when appropriate, counseling, case management, and referral to withdrawal management services if required. This program meets the accreditation criteria of the College of Family Physicians of Canada.
- Lastly, there is a need to improve entities such as Canada's National Drug Strategy, which currently includes three components: prevention, treatment and enforcement. There is a growing voice which states that a comprehensive drug strategy needs to adopt a 'four pillar approach' which includes a harm reduction strategy that provides ongoing care to people who are unable to stop their problematic use of drugs including alcohol.

Did You Know?

Of the people coming to the Medical Withdrawal Service of CAMH for the treatment of opioid dependence, those having a problem with OxyContin increased steadily from fewer than 4% to 55% over a five-year period.

(Sproule et al. Changing patterns in opioid addiction: Characterizing users of oxycodone and other opioids. Canadian Family Physician Vol. 55, No. 1, January 2009, pp. 68-69.ef)

Did You Know?

One in five Ontario students (Grade 7-12) have used prescription opioids non-medically

- Including harm reduction as one element of a comprehensive drug strategy acknowledges that problematic substance use exists within our society and that we as a society have a responsibility to reduce the harms that come from that use. We are fortunate that several cities and provinces in Canada (Victoria, Vancouver, Edmonton, London, Toronto, Ottawa) have already taken the initiative to develop drug strategies for their communities, all of which have included a 4 pillar approach to solving problems related to drug use and addictions.
- An important parallel needed here is to address the issue of stigma (that is, a negative mark attributed to people with certain traits or characteristics that sets them apart as “different”) in our society. This is a significant problem that exists in all sectors of our society and communities that must be addressed as part of our challenges in dealing with the drug problems we face.

Heather Burgomaster, Social Worker, PVNCCDSB

- This meeting is providing an important tool for the community to become more aware of the issues.
- Talking about a problem allows us to get more people involved in solving it.
- In-school Programs are offered such as the VIP in Elementary Schools – Grade 6 (one of the most impressionable age groups) and Community Police Liaison Presentations in Secondary Schools

The support service responses:

- The contracted in-school services in our 2 Peterborough Secondary Schools with FOURCAST Counselors onsite.
- Our Social Work referral connections to Pinewood in our 2 Clarington Secondary Schools.
- The collaborative efforts to provide in school counseling for Students in Court Diversion programs.
- Our Safe Schools Social Worker who specifically works with students (and families) in the suspension program, which may have substance abuse as an area of concern.

Did You Know?

72% of Grade 7 to 12 Ontario students that have used opioids in the past year, report that they got it at home.

(Adlaf, E.M. & Paglia-Boak, A. (2005). Drug Use Among Ontario Students, 1997-2005: Detailed OSDUS Findings. CAMH Research Document Series, No. 16. Toronto: Centre for Addiction & Mental Health).

The education of Staff

- Safe Schools Committee presentations from the Peterborough Community Police Officer, Cst. Stephen Dyer.
- Access to “Drug Safety” Handbook “Smart Choices for LIFE” through Community Safety Net. (provides candid facts and includes parents in the discussions)

Experience with Misuse of Prescription Opioids

- Specific statistics on the type of substance abuse is not available. School Social Work Service provided to PVNC students for Substance Abuse accounted for only 12 of the 418 referrals board wide in the 2007-2008 school year.
- This is mainly due to the community partnerships PVNC has made with Social Service agencies where we are making direct referrals for students and their families to get counseling and treatment.

Suggestions/Opportunities

- Parent/Public education to limit access to these medications. Warning label on prescription regarding the substance abuse use by teens, just as the labels regarding vehicle operation, take with food etc.
- In school anonymous survey to get a better understanding of availability, instance of use, etc.
- Opportunities for parents, students and community (school included) to have a holistic approach to the problem. Open up the discussion and recognize the severity of these problems. Talking about it doesn't create or support the problem; it supports inclusive solutions.

Dr. Murad Younis, Pharmacist & Ebgenia Cheveleva

The following is an overview of the presentation and a synopsis of the research compiled in the report “**Opioid Addiction and Substance Abuse in the Canadian Community: Demographics and Characteristics of Opioid Abuse, Impact on Individuals and Strategies for Prevention and Treatment**”:

Did You Know?

Costs to Ontarians from illegal drugs were estimated to be almost \$3 billion (based on 2002 data). The largest economic costs were lost productivity due to illness and premature death, law enforcement costs, and direct health costs.

- *Addiction, Dependence* and *Substance Abuse* are terms often used incorrectly, especially in terms of opioid addiction. Physical *dependence* is related to the body’s need for a medication in order to function normally, and may or may not involve abuse. For example, individuals may be dependent on blood pressure medication, and if it is stopped, may experience negative side effects such as a very fast heart rate, etc.
- *Substance abuse* is a disorder whereby an individual repeatedly uses a substance and it affects their life, sometimes causing legal problems, hazardous situations, neglecting social and personal life and failure to perform social and personal obligations. It is similar to *addiction*, but addiction is usually much more severe and long-lasting.
- *Addiction* is a mental health disorder characterized by the **4 Cs – loss of Control, Compulsive use, Craving and Consequences**, or continuing to use a substance despite the potential harm. There may also be great difficulty voluntarily ceasing use of the substance.
- Opioid medications are a class of drugs used to treat acute and chronic pain. There are numerous opioid medications and formulations available in Canada, most of which require a prescription.

Risk Factors of Opioid Addiction

- It is very important to recognize the need to treat pain, as it would relieve suffering and improve the quality of life of individuals. Most individuals who use opioid medications with proper supervision of a healthcare provider are at low risk of addiction (Jovey et al., 2002).

Did You Know?

Other social costs are less quantifiable but equally real for individuals reduced to poverty as they struggle with an addiction, seniors accosted for their medication, victims of drug related home invasions, students who cannot focus on school, children with absentee parents, families concerned about members who are on the street or in jail, friends of a drug related suicide, and other citizens impacted by the broad reach of opioid addiction.

“It’s an epidemic. We are seeing broken families, violence and police involvement.”

Dr Graeme Cunningham, leading expert in addiction

- There are specific *risk factors* of addiction which should be screened for including:
 - Prior addictions/substance/drug abuse/alcohol abuse
 - Certain mental health disorders (personality disorders, psychopathic, antisocial disorders, schizophrenia, bipolar disorder, social phobia)
 - Family history of addictions and/or drug, alcohol abuse or significant psychiatric disorders
 - Personal history of physical, emotional or sexual abuse
 - High risk environment (e.g. other individuals abusing substances)

High-risk individuals do not necessarily need to be denied opioid, but need diligent monitoring and follow-up by the prescriber to assess for any addictive behavior.

Current Situation of Opioid Substance Abuse

- Opioid medication abuse is on the rise in both Canada and the United states, especially among the young population. In each year since 1999, 2 million US adults began to abuse an opioid medication
- In Canada, a large study was done to examine the trends amongst illicit opioid users in 7 large cities. The results show that individuals are abusing the following prescription opioid medications (585 participants):
 - Hydromorphone (Dilaudid) – 37.4%
 - Heroin – 29.9%
 - Tylenol #3 or #4 (Codeine with Acetaminophen) – 29.6%
 - Percocet/Oxycocet (Oxycodone with Acetaminophen)
 - Oxycodone, Oxycontin – 22.4%
 - Morphine, MS Contin – 22.4%
- Conclusions may be made that opioid addiction is a concern in Canada, and that treatment programs for these addictions need to exist. Individuals with opioid addictions often have other

Did You Know?

“It’s such a simple and effective idea – to have police, health authorities and educators at all secondary and post-secondary school levels, doctors and pharmacists and parents of addicts all sitting at the same table... The integrated approach to active problem-solving has been tremendous...”

Marilyn O’Neill, the Community Partnership on Drug Abuse in Cape Breton, Nova Scotia. (Initially formed in 2004 to be a six to nine month committee to address the increase in OxyContin use in Cape Breton, the partnership is now entering its fourth year.)

challenges including mental health conditions, Hepatitis C Virus and HIV (Human Immunodeficiency Virus) and require treatment for other coexisting conditions.

- Opioid abuse is more prevalent amongst young adults aged 18-25, followed by adolescents (12-17) and only then by adults (26+).

Impact of Substance Abuse and Addiction

- The impact of opioid addictions and abuse on the individual is well documented in the literature. From a health perspective, an individual with opioid addictions is more likely to have other mental health disorders, as well as other health issues such as Hepatitis C and HIV, particularly if the individual is also using injection products. Overdose on prescription opioids is very dangerous, as one of the effects of opioids at high doses is slowing breathing to a low rate that can be fatal.
- Average mortality rates among illicit opioid users range between 1-3% yearly.
- The family of an addicted individual may have to deal with him or her asking family members for their opioid medications, seeing the person in an intoxicated state (or withdrawal), perhaps even being harassed for money to pay for the opioid medications.

Cost of Addiction

- Opioid addiction bears a heavy cost on society in terms of social, healthcare and legal costs, with some estimates of the *social* cost of illicit drug use (including all illicit drugs) in Canada at \$8.2 billion per year.

Media Portrayal of Opioid Use

- The media often presents opioid use in a very negative light, suggesting to the public that these are dangerous addictive medications, and individuals who use these medications become stigmatized and feel embarrassed.

Did You Know?

Frequent use of opioid pain relievers is reported by about 8% of students

Did You Know?

Opioids are increasingly available for purchase on Peterborough's streets. The street value of opioids seized by police has risen from \$2000 in 2006 to \$24,000 in 2008. The number of people charged with drug related offences rose from 125 to 209.

Special Case of OxyContin

- OxyContin is an example of a medication that is highly promoted by its pharmaceutical company to physicians, but with very negative reporting in the media. There were many reports about robbery and crime related to this medication. Due to the pharmaceutical company's efforts to promote its product, the prescriptions for OxyContin increased greatly in both the US and Canada, and so did abuse.
- Later on it was discovered that the pharmaceutical company was making false claims to the physicians that OxyContin has very little addiction or withdrawal symptoms, which was not supported by the literature, and were subsequently fined and pled guilty. Ontario will soon be completing a study into the abuse of this medication.

Next Steps: Prevention and Treatment Options and Support for Individuals with Opioid Addictions

- Addiction is a mental health condition that requires treatment, and it leads to less involvement in illegal income generation, illicit opiate and other drug use, drug market use, Emergency Room visits decrease, while socioeconomic integration of individuals increases. Treating individuals with substance abuse and addictions to opioids also benefits the community, as there would be less criminal activity by these individuals, as outlined in the Fischer study in Toronto.

Prevention and Treatment of Opioid Addictions

- It is best to be able to screen for and minimize addictions to opioids; however once they do occur, it is extremely important to treat the affected individuals. There are different options available for treatment, but a cohesive, structured program with different specialists must exist. Drug treatment includes Methadone Maintenance Treatment, Suboxone and others.
- However, it is extremely important for physicians to be formally trained to recognize addictive behavior and screen for risk factors of addiction to prevent addictions from being out of control.

Did You Know?

In 2005, there were 44 City of Peterborough residents who started methadone maintenance treatment (MMT) and 39 in 2006. This number swelled in 2007 to 402 and reduced somewhat in 2008 with 374 new individuals signing up for MMT. (Hiller, Wade, College of Physicians & Surgeons, Personal Communication.)

Opioid addictions carry a huge cost to society in terms of social, healthcare and legal costs, with some estimates of the social cost of illicit drug use (including all illicit drugs) in Canada at 8.2 billion dollars per year (Rehm et al., 2006)

Substance Abuse, Opioids and Crime: Canada

- Opioid medications are more abused than heroin and there exists a link between opioid abuse and crime. The crime may be related to illegal generation of income to purchase more opioids or robbery and theft of individuals, doctors' offices and pharmacies.
- In 2002-2005 in Toronto Ontario, 47% of illicit opioid users had committed a property offense in the last 30 days, 36% shoplifting/minor theft, 68% were involved with the sale or dealing of drugs.

Screening Tools and Prevention of Addiction to Opioids: Role of Healthcare Providers

- The Canadian Pain Society suggests a number of screening questions to be asked (or given as a written form) of patients by their prescribers.
- Each healthcare provider who interacts with an individual has a duty of care towards him or her, and it is part of an individual's care and assessment to screen and monitor for signs of addiction. Addiction is a mental health disorder that requires appropriate assessment and treatment, and high-risk individuals or those exhibiting signs of addictive behavior need to be referred to the correct healthcare provider.

Conclusion

- Opioid addictions are a health issue, not only a legal issue, and individuals with addictions have the right to receive the proper treatment for their addiction, which is a mental health condition (Fischer, Rehm, 2006). Often, other health problems co-exist with opioid addictions, such as HIV, Hepatitis C virus, and other mental health conditions. Treatment has been shown to decrease certain illegal activities, as well as increase socioeconomic integration of individuals.

The government, healthcare providers, and the public need to be aware of the facts of opioid addiction and its impact on Canadian society, and the necessity of treatment programs for individuals affected by opioid addiction. Physicians and other prescribers need to be trained to identify addictive behavior and screen patients for any symptoms. Screening and prevention is preferred to treatment however, structured treatment

programs with specialized healthcare professionals need to be available for individuals with opioid addiction.

Dr Doug Turner, Burnham Medical Centre

Dr. Turner spoke about the following:

- Doctors subscribe to people experiencing chronic pain.
- Chronic pain can sometimes be observed (for example, elevated heart rate) by the physician but not always.
- The bulk of the pain seen in our office is not always well defined – ranges from chronic headaches to chronic back pain.
- We are often faced with the question of whether to introduce opioids.
- Physicians give a great deal of thought before prescribing.

If we are supplying the street with drugs, we are doing so inadvertently.

Constable Peter Sejrub, Peterborough & Lakefield Community Police

- Our police service has developed a Drug Recognition Unit.
- Intent is to have the legal tools to deal with recognizing drivers who are impaired from drugs.
- Working with the OPP.
- There are only 300 such units in Canada.

The number of drug-impaired driving offences has surpassed the number of alcohol induced driving offences.

Dr. Peter Clarke, Coroner

- Local coroner since 1983 and regional coroner since 1987.
- People dying due to drugs do not die of natural causes. There are 3 types of death due to drugs:
 - Direct toxic effect of drug
 - Unsafe lifestyle
 - Drugs kill
- The only way to be 100% cured of addictions is to die.
- Oxycontin is increasing and so is the number of deaths due to it.

By admitting we have a problem – this is the first step of us coming together as a community to find a solution.

Did You Know?

Among all drugs asked about Oxycontin was the only drug to show a significant, but small, increase in non-medical use since the last survey (2% of students reported use in 2007 (18,100 students) vs. 1% in 2005)

The Story That Brings the Issue to Life:

“I went to the streets at the young age of 13 years old and got accepted by the street people, something that I was missing at home. Once Yonge Street became part of my background it took just over 6 months of learning how people on the street cope on a daily basis.

I've been on the streets since the age of 13 years old growing up in Toronto. Now being 39 years of age I've realized that I don't need drugs or alcohol to get by in life. Now I am remembering to reward myself by buying myself a treat, like a pair of shoes etc every time I'm not using a substance to cope with daily struggles within society. Now, I have a world full of good positive advice that could be beneficial to whom it may concern to offer a team of professionals and those struggling with similar situations.

Where I went wrong!!!!

Home was nice; mom raised me well but had addiction of alcohol to deal with as well. To make a long story short throughout this story you'll learn about the M.O of why do people do what they do???

The addiction side of the drugs to the brain plus the change in environment is overwhelming and breathtaking. It has a psychological gain on society as drug use is just another way for people saying they are addicted to drugs or booze, many addictions are connected to government assistance programs for people in poverty. These young people need a mentor in their life, it takes one person to be someone's friend and not enemy. Being positive keeps your mind clean.

Many of those addicted to drugs are now hooked to oxeyes. This drug involves the use and need for people who are hooked on to a legal drug now controlled by our Government called Methadone!!!!!!!!!!!! This controlled legal medicine that could have a big role in someone's life, both positive & negative.

I'm beginning to place my life of addictions, plus 18 years as a prisoner in Canada from an inmates view with a look from behind the wall as well as the streets. How do we work together to help people with addictions?

I would like to be part of a team of people that are helping their community. I've seen lots of people in my life addicted to either booze or drugs of all different kinds and I know the effects of mostly every substance known to the Country of Canada.

I've been the bad boy long enough, now changing all of the negative into a positive is a great daily struggle but taking part in positive events in today's society gives me such an adrenalin rush.

With all the above I look forward to meeting with all the teams of positive support for those in need and look forward to being a part of helping our youth to get through their addictions.

I hope that this letter starts the ball rolling giving you the story of my life.”

Lawrence Carwite

Questions & Answers

Q. When/how can we get a Detoxification Centre in our community?

A. No new ones have been opened. The trend is to look at more community based care. The only new residential treatment beds funded in last 19 years were awarded to Ottawa and Kitchener. Expansion of 10 beds in Pinewood. Likelihood of government funding treatment beds becoming more unlikely all the time.

Q. Are you aware that there are 200 students at Fleming being trained in alcohol and addictions and that Fleming is building a research component dealing with addictions?

A. This will be something to explore.

Q. How can we get dentists to be aware of this issue?

A. There has been a request to co-ordinate pharmacy orders and monitoring prescriptions.

Q. How visible is CAMH in the community?

A. Recognize that we are not as visible. Cuts to the number of consultants per population. There are worthwhile programs being offered. Need to seek extra funding to bring them locally.

Q. Is there a way of finding out if someone is snorting opioids rather than taking them appropriately?

A. There is a growing concern that with the recession, there may be an increase in the number of people selling their medication. There is no way of monitoring it. From a pharmacy perspective, 90% of the people have a legitimate need for the drug. We need a health care system that supports assessments of drugs.

Q. Concern about methadone treatment/observation re. carriers being allowed.

A. All methadone clinics have strict rules as to how carriers are administered. It's a matter of risk and benefit. Carriers help allow someone to have a long-term maintenance program and carry on with life. Concern is about people leaving things on the bus.

Q. Should there be more strict urine testing?

A. Screening of urine testing is controversial – can be sensitivities if there were past experiences of sexual abuse.

Q. My daughter died due to opioids – how can we get more public awareness?

A. Police in this community will be going into the schools more in the next year.

Q. Concern that we have a new hospital without a commitment to mental health and addictions. Have community agencies thought about getting together with people who have conquered addictions?

A. That is some of the restructuring tools that we need to use. At Fourcast, we find that many new referrals come thanks to our other clients.

Comment: we can't expect that only the professionals can provide an answer to this issue. It takes the entire community to make change happen.

Issues to be addressed in the next part of the process:

The following issues were identified in the presentations (see above) and the input gained by the survey results:

1. AVAILABILITY

Includes but is not limited to:

- Medicine cabinets
- Prescribing patterns
- Alternate drugs (less addictive/lower potency)
- Integrated pain management
- Home care, emergency services access to prescriptions
- Methadone carries
- Poor prescription monitoring
- Assessment of patient
- Selling prescriptions/quantities
- Dental surgeons (prescriptions to teens)
- Police know who is trafficking but they have “legal” prescriptions
- We don’t know 1) if there really is a trend towards prescribing stronger drugs 2) why this trend is happening? WHO can help us know this?
- Prescription monitoring program as in other provinces _____

2. TREATMENT

Includes but is not limited to:

- Central East LHIN Addictions Scan – shows our area has fewer dollars
- More awareness needed regarding needs & existing supports
- Advocacy for treatment dollars locally
- Ministry of Health & Long Term Care – developing 10 Year Strategy on Mental Health & Addictions -10 year strategy- opportunity for public input – Draft in July
- Select Committee of the Legislature is meeting regarding above. Our MPP Jeff Leal sits on this

3. JUSTICE/ENFORCEMENT

4. PREVENTION/EDUCATION

Includes but is not limited to:

- Have people hear from those who have lived with addiction to opioids
- More awareness/caution re use of prescription opioids
- Awareness re medicine cabinet as source for youth
- More city support for recreation
- Support/information for parents

- Message that just because prescription drugs are “legal”, they are not safer
- Influence consumers re use of medications - i.e.: What does take as necessary mean? .
- Outreach to youth
- Understanding the nature of addictions/reducing stigma (so we know it can happen to any of us)
- Increase understanding of Methadone Therapy (amongst public & helping professions)
- Medicine Clean Out (health unit has done in past – good outreach to pharmacies)
- Films (Oxycotton & Prescription for Addiction)
- Speaker Panel
- Messaging on all prescription bags
- David Wolfe (speaks to parents re youth & drugs, speaking in Port Hope)
- Gabor Mate (author & engaging speaker on addictions) - speaking in Barrie in June
- Youth recreation opportunities, after school/out-of-school programs (Downtown Master Plan, Vision 2010, City Youth Commission)
- Strengthening Families – CAMH 14 week program for families with drug concerns

5. THE BROADER CONTEXT

Includes but is not limited to:

- Federal “Anti-Drug Strategy” (provides \$ to communities) does not include prescription drugs
- No provincial drug strategy or funding for municipal efforts
- Is there diversion at the manufacturing level of these meds? Are they being street-fabricated?
- Influence on marketing tactics of makers of Oxycontin (current class action suit against Purdue Pharma – one successful in US)
- Concern re Bill C-15 (mandatory min drug sentences) on individuals & courts
- Ontario Medical Association or ON College of Physicians & Surgeons taking any action on this?

Advocacy & research on these issues