

Aug 27, 2010-4:20 PM

By Kim Zarzour

PROVINCE UNVEILS 5-STEP NARCOTICS MISUSE PLAN

Ontario's new strategy to tackle the growing problem of addiction to prescription narcotics is a step in the right direction — but only a first step, experts said.

Minister of Health Deb Matthews announced a five-point plan to deal with a crisis in narcotics misuse, including a centralized database to track prescriptions and an education campaign to raise awareness of the problem.

At a press conference held in London Friday, the minister said Ontario has the highest rate of narcotics use in Canada and since 1991, prescriptions for oxycodone-containing products, such as the painkiller OxyContin rose by more than 850 per cent. The number of deaths related to the drug increased more than 400 per cent between 1999 and 2004.

The minister plans to introduce legislation this fall that would allow for a system of tracking all prescription narcotics and other controlled substances dispensed in Ontario.

If passed, the narcotics database would collect information to help officials understand where abuse is happening, flagging visits to multiple prescribers or multiple pharmacies and revealing "physicians who are prescribing enormous amounts or pharmacists who aren't asking questions that they should be asking," she said.

"Right now, one person can go to 40 different doctors, get 40 prescriptions and go to 40 pharmacies and end up with a lot of drugs," she said. "There is no way currently to tie it all together."

Repercussions could range from providing educational resources to informing the colleges of physicians and pharmacists and involving law enforcement, she said.

Dr. Roman Jovey, an expert in treating chronic pain and addiction problems, said the crucial element of the proposed new database will be timing. It won't help to know that a patient you've prescribed narcotics to is an abuser one month after he's been to your office, he said.

Doctors need “real-time information”, to be able to log-in and identify possible abuse while the patient is still in office, he said. British Columbia has such a system in place.

But Dr. Jovey, who is past-president of the Canadian Pain Society, is concerned that the crackdown could have a chilling effect on doctors who know they will be scrutinized for writing painkiller prescriptions, which would impact “true pain patients”.

Dr. David Teplin, chairperson of the Section on Substance Abuse/Dependence of the Canadian Psychological Association, agreed, saying it’s important the proposed new measures don’t harm those with legitimate pain needs.

But the Richmond Hill psychologist said studies show that roughly 1 in 500 true pain patients, that is, those without any of the possible risk factors, will develop an addiction to their prescribed opioid pain medication.

“Everyone is entitled to have their pain managed. The question for doctors is how well do you really know your patient, historically and medically?”

What’s still uncertain, he said, is if this new proposal will curb those who don’t get the narcotics through a doctor, but rather from raiding medicine cabinets or using drugs from family and friends.

Paul Rosen, a Thornhill resident and sledge hockey player who was addicted to painkillers for 10 years after undergoing 31 surgeries and losing his leg, welcomed the province’s plan.

“It’s too easy to double-doctor and go to multiple pharmacies, and too many doctors use painkillers as an easy form of treatment,” said the Para Olympian who relied on narcotics to continue his high level in the sport. “I can tell you, narcotics do not make it better. What it does is get you addicted and it takes years to get off. There really has to be other alternatives to deal with pain.”

Dr. Jovey agreed there is a need for better pain management resources in the province and a huge need for more addiction services. “If this strategy is the only thing the province does then it’s not going to solve the problem,” he said. “It’s the first step of a number of steps.”