

**Prescription Drug Overdoses in Nova Scotia Working Group:  
Recommendations**

**Submitted to the Minister of Health and Wellness**

**The Honourable  
Maureen MacDonald**

## **About the Prescription Drug Overdoses in Nova Scotia Working Group**

On January 15, 2010, Mark Mander, Chief, Kentville Police Services, wrote to the Ministers of Health and Wellness, Justice, and Community Services about the untimely drug-related death of a young person in Annapolis Valley. In response to this letter and to similar concerns expressed by both community members and those working in related areas, the Minister of Health and Wellness created the Prescription Drug Overdoses in Nova Scotia Working Group with representation from the three departments plus other key professionals.

### **Mandate of the Working Group**

Related to the vision of a healthier and safer Nova Scotia, the purpose of the Working Group was to develop recommendations that would begin to address the need to facilitate more timely interventions and respond more effectively to the negative impacts of prescription drug abuse, including overdose and death.

The Minister of Health and Wellness requested a report with recommendations by the end of June 2011.

### **Working Group Members**

The working group consisted of the following members:

- (Acting) Executive Director, Mental Health, Children's Services, and Addictions, Department of Health and Wellness (Chair)
- Provincial Medical Examiner, Department of Justice
- Registrar, College of Physicians and Surgeons
- Registrar, College of Pharmacists
- Chief Public Health Officer, Department of Health and Wellness
- Director, Mental Health and Addiction Services, Annapolis Valley District Health Authority
- Director, Addiction Services, Department of Health and Wellness
- Director, Family and Youth Services, Department of Community Services
- Manager, NS Prescription Monitoring Program, Medavie Bluecross
- Communications Officer, Department of Health and Wellness
- Director, Policing Services, Department of Justice
- Executive Director, English Language Services, Department of Education
- Director, Mental Health and Addiction Services, Cape Breton District Health Authority
- President, Nova Scotia Chiefs of Police Association
- Representative RCMP
- Director, Adult Mental Health Services, Department of Health and Wellness
- Executive Director, Healthcare Quality, Safety and Wait Time Improvement

### **Working Group Results to June 30, 2011**

The Working Group met on four occasions to discuss community and professional concerns about the number of prescription drug-related deaths and the lack of availability and accessibility of services and supports to treat individuals and their families with prescription drug-related problems.

The working group's recommendations and a summary of their discussions follow.

## **Assessing the Current Situation**

Working group members agreed that there is currently limited information available to thoroughly identify trends and develop programs and initiatives to address the prescription drug overdoses in Nova Scotia.

In May 2011, Dr. Richard Gould, Medical Officer of Health for the Annapolis Valley investigated prescription drug-related deaths along with the Provincial Medical Examiner and local law enforcement. Dr. Gould confirmed that every year people are dying from prescription drug overdoses. He also noted that the situation in the Annapolis Valley appears to be similar to other parts of the province. He recommended that work continue on plans to address opiate drug abuse at both the provincial and local levels.

Work was already underway on the opiate drug abuse problem, which complements the work of the Prescription Drug Overdose Working Group. The Provincial Opiate Dependency Working Group, co-led by the Department of Health and Wellness, is working to promote and improve access to quality opiate treatment through a coordinated, integrated, evidence-based continuum of services for opiate-dependent individuals. They recently recommended that the Nova Scotia College of Physicians and Surgeons adapt *Ontario's Methadone Maintenance Treatment Program Standards and Clinical Guidelines* for use in Nova Scotia. These guidelines will provide the policy framework needed to recruit and train the specialized physicians needed to offer these services in the Valley and across the province.

The Prescription Drug Overdose Working Group believes that it is important to gather all of the relevant information pertaining to drug overdoses in Nova Scotia before creating a comprehensive plan to address the problem. While the current working group has a broad representation, they see the need for other relevant partners in this work, particularly an epidemiologist. It had also become clear through the extensive discussions that there was not a clear understanding by all partners of how this issue is addressed by their various representative organizations and agencies. Before proceeding, group members think it is essential to have a more complete understanding of the work that is currently going on and the legal responsibilities and legislation currently in place.

Back in March 2010, the Nova Scotia Government announced that it would be preparing a Mental Health and Addictions Strategy to revamp mental health and addiction services in the province. This strategy will address concerns raised in the May 2010 Auditor General's report. The strategy will also identify ways to address access to limited services available for Nova Scotians affected by addictions and/or mental illness, and will reinforce the government's commitment to this important issue. The recommendations from the Prescription Drug Overdose Working Group will contribute to the Mental Health and Addictions Strategy.

## **Recommendation 1:**

**Conduct an environmental scan of policies, practices, procedures, protocols, legislation, and legal responsibilities related to drug overdoses. This means to thoroughly research all aspects of the issue, including a literature review, a review of evidence, and a review of best practices from other jurisdictions.**

(can be initiated within current resources)

## **Identifying Key Areas for Action**

At the working group's first meeting, each member explained their organization's role in addressing drug overdoses in Nova Scotia. At the second meeting, members outlined the complexities and multifaceted approach that would be required to address this challenging issue and identified four key areas for action: (1) surveillance, (2) preventing diversion and encouraging safe disposal, (3) information sharing, and (4) education and treatment. At the third meeting, members provided suggestions for recommendations under the key theme areas. The final meeting focused on reviewing and validating the recommendations included in this report and submitted to the Minister of Health and Wellness.

While there was much discussion on the various needs related to addressing drug overdoses in Nova Scotia, the working group readily reached consensus on the four key areas for action.

## **Surveillance**

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Legislation, privacy, mandate, and funding challenges exist that impede the ability of the various stakeholders to collect, share, and analyze information related to prescribing practices and dispensing of medications, and thus increase the potential for abuse. These same factors also impede the ability to provide more detailed and timely investigations and reports on medical examiners' cases. For example, there are currently no provincial standards established for turn-around times for these investigation reports.

A more detailed understanding of this issue could be realized with more thorough information on indicators. Part of this work includes supporting research to provide enhanced information to assist in reviewing trends, developing programming, and addressing issues as these are identified. For example, the NS Prescription Monitoring Program (PMP) has a rich database that could provide a wealth of highly relevant information to address the concerns of this group, if there were improved capacity to mine this information.

Another opportunity for surveillance is the Drug Information System (DIS) project that will create a profile of all prescribed medications for each Nova Scotian. The DIS profile will be accessible to authorized health care providers, including pharmacists, and will be a critical tool to help them identify and monitor problematic prescription drug use, including

benzodiazepines, which are not currently monitored in the program. The DIS project is under development.

In addition, information is available through Emergency Departments across the province on admissions associated with self-harm and drug abuse. There is also information available through the Discharge Abstract Database (DAD) system to determine self-harm and drug abuse as primary reason for admission.

A number of population-based surveys exist with NS-specific data, such as the Canadian Community Health Survey (CCHS) and Canadian Alcohol and Drug Use Monitoring Survey (CADUMS). However, due to the limited reach of population surveys, especially telephone surveys, it will be important to survey selected high-risk populations in sentinel sites such as clubs and bars; street-involved adult drug users (aged 19 years and older); and street-involved youth drug users. Specific surveillance methodology including face-to-face interviewing will be required, as it allows for more sensitive research data to be collected, and can also act as an early-warning system for patterns of substance use and market activity.

In general, much more accurate and complete information is needed to determine trends, to more thoroughly capture what drugs are being used in cases of overdose, to determine where the drugs may come from, to outline how frequently drugs and alcohol are taken together in a lethal combination, and to utilize national indicators to gather nationally comparable data/statistics.

#### **Recommendation 2:**

**Establish a comprehensive surveillance and monitoring system that would generate baseline indicators regarding prescription and other substance use (including alcohol) and related outcomes by gathering the most up-to-date data available in Nova Scotia:**

- **in the short term, continue to gather data on morbidity and mortality, use of Addiction Services, and provincial alcohol sales data**
- **in the longer term, as resources become available, include surveys of high-risk populations and emergency room monitoring**

(requires new funding)

#### **Recommendation 3:**

**Ensure that the new Drug Information System currently under development**

- **includes the prescription monitoring program**
- **retains support for the administrative, analysis, and monitoring functions currently provided by Medavie Bluecross, with the ability to mine the data to report trends and generate reports**

(requires new funding)

## Preventing Diversion and Encouraging Safe Disposal

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Diversion, in this sense, means prescription drugs ending up in the wrong hands. The working group discussed the need to better understand diversion and prescribing practices. Diverted and misused prescription drugs, often in combination with alcohol, are implicated in a significant number of both unintentional and intentional drug overdoses and deaths.

Medication intended for one purpose and prescribed to one individual should not become available for anyone else. Preventing diversion has a number of aspects:

- What happens to prescription drugs when the person prescribed them dies? Confusion exists about who has the authority to remove medication from the scene of a sudden death. This confusion may lead to diversion and other inappropriate use of the medication by family members or friends who gain access to this medication.
- How can we prevent the sale of drugs that people have obtained from their doctor while getting a legitimate prescription filled? Some patients are in legitimate need of a drug, use only a few for themselves then either sell or trade the leftover pills.
- How can robberies be prevented? Pharmacies must be vigilant in providing privacy when taking orders and dispensing pharmaceuticals as a safeguard against possible theft. The working group heard of cases where patients were robbed of their medications upon leaving the pharmacy.
- How can the province prevent the illegal import of prescription drugs? It is possible that medications come into Nova Scotia from other provinces. It would be important to be able to monitor this and develop ways to prevent it or at least reduce the frequency of it (supply reduction).

Where should medication go when no longer needed by the person for whom it was prescribed? Confusion exists about how to safely dispose of household pharmaceuticals. The working group agreed that the practices as they stand now around safe disposal are not consistent and that the province needs clearer messaging about how to effectively return or destroy these medications. The group felt there were creative ways to ensure medications are disposed of properly by those authorized to do so. It was also suggested that clear messaging to the public is needed so they know that medications should be returned to pharmacies for proper disposal.

Other jurisdictions have used focused strategies and social media campaigns to address this problem:

- One notable best practice is the BC Post-consumer Pharmaceutical Stewardship Association's provincial program to assist in the collection, transportation, and disposal of unused or expired medications from the public, called the Medications Return Program (March 2007) (Available at <http://www.medicationsreturn.ca/stewardship-plan.pdf>) This program is supported by a set of regulations that require all brand-owners of pharmaceutical

products sold in British Columbia to take responsibility for the management of their products by providing a way for the public to dispose of their unused or expired products in an environmentally responsible manner. It requires brand-owners to report on program performance and include in their plans provisions for consumer access and awareness.

- In the Niagara Region of Ontario, the public health department coordinated a prescription bag tag program in response to concerns raised in the community. It included a “Medicine Cabinet Cleanup” with provincial drop offs and disposal.
- The US Drug Enforcement Administration sponsored a national initiative called “Got Drugs.” This take-back of unwanted medications was led by law enforcement with significant social marketing resources.

Having a system to manage unused drugs could help to

- curtail overdoses among children and youth
- restrict household drug theft
- limit accumulation of drugs by older adults
- protect the physical environment
- eliminate waste in the health care system

#### **Recommendation 4:**

#### **Develop a provincial system for the safe disposal of narcotic and controlled drugs.**

(can be initiated within current resources)

#### **Information Sharing**

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The working group agreed that there was a critical need for more extensive information sharing and identified the following partners:

- Chief Medical Examiner
- Law enforcement (local police forces and RCMP)
- Emergency Departments
- The Nova Scotia Prescription Monitoring Program
- Nova Scotia College of Physicians and Surgeons
- Prescribers
- Pharmacists
- Nova Scotia College of Pharmacists
- Addiction Services
- Mental Health Services
- Mortality and Morbidity Committees (consider provincial guidelines)
- Drug Information System (DIS)
- Continuing Medical Education at Dalhousie University

For example, the NS Prescription Monitoring Program offers a broad range of services, reports, and information to prescribers, law enforcement, district health authorities, government, researchers, etc. Allowing prescribers to have better access to patient profiles can also prevent diversion. However, these are only available Monday to Friday during regular business hours. The group agreed that it is essential to have this information available 24 hours a day, 7 days a week.

As well, Electronic Medical Records (EMR) will support health care providers who provide screening, brief intervention, and treatment to opiate-dependent individuals—they will have more detailed information on each patient at their fingertips.

#### **Recommendation 5:**

##### **Improve information sharing by**

- **identifying current policy and regulatory barriers to information sharing**
- **changing provincial policy and regulations to allow for the necessary information sharing**
- **mandating organizations to develop local information-sharing protocols—DHAs, law enforcement**

(can be initiated within current resources)

#### **Recommendation 6:**

**Extend access to patient profiles through the NS Prescription Monitoring Program from current business hours to 24/7 access.**

(requires new funding)

### **Education and Treatment**

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The working group saw a clear need for more physicians to be trained to deliver office-based methadone maintenance treatment. Many of the physicians currently involved in this treatment are following provincial and/or national standards and guidelines. However, it is difficult to attract physicians to this practice area as it is time consuming, challenging to have these patients in the office setting, not specifically remunerated for, and long term. New physicians also need to be taught and tested on pain management and addictions: before they can qualify for an exemption from Health Canada that will allow them to prescribe for opiate-dependent patients, they must first complete specialized training.

The working group discussed how some patients become opiate-dependent during medical treatment for chronic pain. Many people become addicted to prescription painkillers during the course of their treatment. This is a risk associated with a pharmaceutical approach to pain treatment. However, other non-pharmaceutical methods of treating chronic pain exist that could be explored. Those dealing with chronic pain need safe and effective ways to address their pain.

The working group discussed how Dalhousie Continuing Medical Education (CMEs) provides training on the following related topics:

- Community-based program on the use of Opiates in Management of Chronic Non-Cancer Pain
- Community-based Programs in Drug Diversion
- Academic Detailing

But more is required to reach more physicians on broader topic areas.

The training approach called academic detailing is of particular interest. It is a form of CME in which a trained health care professional visits physicians individually to provide evidence-based education on a particular topic in 15–20 minute sessions. Research has shown that this kind of one-on-one education is one of the most effective forms of continuing medical education.

Each program is developed with the help of an advisory board consisting of four family physicians from across the province. The training is available to all Nova Scotia family physicians and interested specialists, but participation is completely voluntary and confidential. The sessions are accredited for MAINPRO-M1 (College of Family Physicians of Canada). Over 65 per cent of Nova Scotia family physicians have participated in one or more of these programs on a variety of topics, including Opioids in Chronic Non-cancer Pain.

The working group also discussed the many challenges in providing appropriate and sufficient treatment services for those experiencing addictions. Currently there may be long waitlists for specific services, in particular methadone maintenance.

#### **Recommendation 7:**

**Develop a functional plan for how to support people on wait lists for methadone maintenance, other addiction services, and non-pharmaceutical treatment for chronic pain.**

(requires new funding to implement)

#### **Recommendation 8:**

**Encourage medical professionals to work together—through the College of Physicians and Surgeons, the College of Pharmacists, and Dalhousie University—to**

- **enhance interdisciplinary health professional training in the management of problematic prescription drug use**
- **provide the specialized training required by physicians to be competent in the treatment of opiate dependency**
- **ensure appropriate clinical practice guidelines and standards are in place and monitored**

(can be initiated within current resources)

#### **Recommendation 9:**

### **Increase access to quality opiate dependency treatment by**

- **recruiting and retaining physicians to provide primary care office-based opiate treatment, by providing the necessary training, support, and academic detailing to physicians who take on this area of practice**
- **supporting DHAs/IWK current work to develop a coordinated-care model to enhance stabilization, assessment, and treatment of opiate dependent individuals through the provision of a comprehensive opiate treatment program in the community**

(requires new funding)

## **Summary**

The working group crafted these recommendations within a short time span, with only four group meetings. They are intended to begin to facilitate more timely interventions in cases of prescription drug abuse and to begin to respond more effectively to the negative impacts of prescription drug abuse, including overdose and death. Much more work is needed.

The recommendations can be split between those that can be initiated within current resources (recommendations 1, 4, 5, 8) and those that will require a more long-term investment (recommendations 2, 3, 6, 7, 9). Further discussions with the working group and government partners are needed.

The working group awaits guidance from the Minister of Health and Wellness on next steps.

## List of Recommendations

### Recommendation 1:

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