

***FROM EXPLORATION TO DIRECTION***

**WHAT PEOPLE SAID: A SYNTHESIS OF MESSAGES  
FROM CONSULTATIONS AND RESEARCH  
UNDERTAKEN BY THE  
COALITION ON PRESCRIPTION DRUG MISUSE (CoOPDM)**

Dated:  
29 September 2010

## EXECUTIVE SUMMARY

The Coalition on Prescription Drug Misuse (CoOPDM, [www.prescriptiondrugmisuse.ca](http://www.prescriptiondrugmisuse.ca)) was formed in 2008 to positively address the issue of prescription drug misuse in Alberta.

Since 2008, the CoOPDM has undertaken several initiatives to fulfill its mandate. The key initiatives have included:

- Hosting of a Symposium on Prescription Drug Misuse on March 23, 2010 with more than 130 participants, drawn from a wide variety of professional groups and communities;
- Conducting six focus groups in 2009 with professionals and affected persons in the Edmonton inner-city neighbourhood of Boyle McCauley; and
- Commissioning a Rapid Assessment in 2008, a collation of statistical and allied data which outlines the scope of prescription drug misuse in Alberta.

This report is a synthesis of key information and messages from these key CoOPDM initiatives. Its purpose was to summarize what the CoOPDM has learned from others.

The CoOPDM is grateful for the many helpful comments and advice it has received, and has referenced them heavily in its deliberations. Its reply and intentions for next steps will be communicated under separate cover.

The title of the report, *"From Exploration to Direction"*, captures the ultimate intention of the CoOPDM to develop plans for effective action concerning prescription drug misuse in Alberta.

## Highlights

Here are the major learnings captured in the CoOPDM initiatives. They are organized according to seven major themes which emerged in the Symposium.

### **Theme I Need for a Strategy**

A formal, written Strategy is needed to harness momentum and provide direction. Ideally, a Strategy will contain Long-Term goals themed around prevention and Short-Term goals themed around immediate needs.

Writing a Strategy may be challenging. Because prescription drug misuse is a complex topic touching on health, legal, psychological and social factors, the boundaries within which a Strategy will operate will

require careful definition. While professionals will likely agree on the major themes which organize this document, they will likely not all agree on priorities or specific directions. Dialogue will be needed to achieve workable solutions.

The CoOPDM needs to be mindful of the resources required to carry out a Strategy. Either the goals of a Strategy may have to be adjusted to the resources available to carry them out, or the actions of the CoOPDM may have to be restricted to only a part of a larger Strategy.

Maintaining the momentum of a strategy will require leadership. The commitment of government to defining prescription drug misuse as a problem requiring a solution is essential. As well, it was suggested that an independent or arms-length body of some sort, external to government and to directly-involved stakeholders, may be needed to sustain the momentum and leadership which has been generated by the CoOPDM. It may be necessary to create a secretariat, board or institution with authority to monitor prescription drug misuse outcomes. This body would be responsible for communicating with the professions and, indeed, with all stakeholders on trends and issues (for further discussion, see page 14, Further Thoughts from Symposium Participants On Going Forward).

### **Theme II Need for Increased Awareness**

Prescription drug misuse is an under-recognized problem. A strong need for increased awareness that prescription drug misuse exists, and that prescription drug misuse is a problem, crosses many professions and the general public. Even when people think they know about it, they often underestimate its extent, or they think it is being attended to when it is not. Prescription drug misuse is growing, and awareness is in its infancy. Low awareness leaves people vulnerable when they miss signs of misuse or the potential of misuse in others or even themselves. Low awareness makes it difficult to marshal resources.

### **Theme III Need for Increased Knowledge Base**

Increased knowledge is needed in two areas.

First, databases based on regulated systems such as health, pharmacy and law enforcement have the potential to be useful at three levels, a) for policy researchers to aggregate / disaggregate at broad levels, in order to detect trends in indicators related to supply, demand, treatment and outcomes, b) for community leaders and professionals to aggregate / disaggregate at local levels, in order to detect and address local problems, c) for professionals to drill down to individuals, in order to provide individualized care. The Alberta databases were said to have serious limitations when applied to prescription drug misuse diagnosis and management. Current data are not always complete, and access and extraction capacities are limited.

Second, a variety of information needs related to understanding the breadth and depth of prescription drug misuse were identified. They included better information on: segments such as seniors, persons suffering from chronic pain, health professionals with access to prescription drugs, and others; patterns of prescription drug misuse such as underlying reasons, entry points, occasions of use, extent of poly-drug use, and so on; physician practices and attitudes such as how they make choices for different patients; patterns of physician/pharmacist/patient interaction with respect to addictive medications; best practices in pain control; and others.

#### **Theme IV Need for Coordinated Action**

Coordination of services is essential. The multi-dimensional nature of prescription drug misuse implies a need for multi-dimensional responses.

But before actions can be coordinated, each stakeholder must act in accordance with their own appropriate role and responsibility. An effective prescription drug misuse strategy will take a position on stakeholder roles and responsibilities. In some cases, the role and responsibility of the stakeholder are not yet clear or accepted. For example, patients should know what drugs they are taking and the risks, but many do not ask; physicians should know how to manage risks with addictive medications but only some are comfortable or willing to do so; law enforcement should know the expectations regarding evidence-gathering and prosecution of prescription drug misuse actions, but not all do; and so on.

The processes or infrastructure to facilitate coordination may need to be developed centrally even if the coordination itself takes place at the local level. Local coordination may depend on what is allowed or supported by central policies. Coordination of services can take many forms, ranging from completely integrated services to informal networking among professionals from different disciplines.

An enormous barrier to the kinds of coordination desired by professionals working in prescription drug misuse is privacy legislation. It is unclear whether the real problem is lack of understanding of privacy legislation, or conditions of the privacy acts themselves, or a mixture of both.

Two supply problems require attention; the solutions are unclear. One is over-prescribing by a small number of doctors; the other is lack of effective disposal practice around unused medications, including end of life situations.

#### **Theme V Need for Increased Professional Capacity**

The need for education of many persons at all levels was a constant theme. The need for education is the consequence of low awareness. Individuals and professionals need to know how to recognize and deal with prescription drug misuse in whatever depth is relevant to their profession or status. Many suggestions of ways to educate professionals were provided, with some building on existing training and education and some based on new approaches.

More generally, the resources dedicated to treatment of prescription drug misuse were said to be slim. Treatment clinics dedicated solely to working with prescription drug misuse would be very beneficial for research, knowledge dissemination and treatment.

### **Theme VI Need for Social / Environmental Changes**

Our children grow up and our adults live in a culture which accepts “pills” as a part of normal life. Pharmaceutical companies work hard to keep this culture alive and to influence physician behaviour. Not all prescription drug use is misuse. Prescription drugs have important and legitimate uses. They are legal.

All these factors support misuse of prescription drugs. Changes are needed to decrease the extent of prescription drug misuse.

### **Theme VII Need for Policy Changes**

Some actions which may form part of a strategy to combat prescription drug misuse will require policy changes, that is, legislative action. As noted under Theme II, Need for Increased Awareness, prescription drug misuse awareness is still new in Canada, and it may take time for policy makers to become convinced of the importance of legislative change.

Some of the desired outcomes suggested in Themes II to VI clearly imply legislative changes. Other outcomes might be achieved by either intensive publicity or by policy changes, with the choice expected to become clear over time. The priority areas to investigate are: privacy acts (federal and provincial); statutes regarding controlled substances (federal and provincial), which in turn impact back on privacy acts and First Nations matters; and payment methods to incentivize physicians, pharmacists and individuals to healthy prescription drug behaviour.

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# INTRODUCTION

## ***CONTEXT***

The Coalition on Prescription Drug Misuse (CoOPDM, [www.prescriptiondrugmisuse.ca](http://www.prescriptiondrugmisuse.ca)) was formed in 2008 to positively address the issue of prescription drug misuse in Alberta.

Since 2008, the CoOPDM has undertaken several initiatives to fulfill its mandate, a copy of which is appended to this report. The key initiatives have included:

- hosting of a Symposium on Prescription Drug Misuse on March 23, 2010. More than 130 people, drawn from a wide variety of professional groups and communities, attended to share their experiences and thoughts and to learn from each other.
- conducting six focus groups in 2009 with professionals and affected persons in the Edmonton inner-city neighbourhood of Boyle McCauley. Doctors, pharmacists, law enforcement, service providers and people with lived experience provided their considered viewpoints on how prescription drug use manifests itself and how it should be addressed.
- commissioning of a Rapid Assessment in 2008, a collation of statistical and allied data, to outline the scope of prescription drug misuse in Alberta, and to assess the quality and ease of access of pertinent information.

The March 2010 Symposium provided a rich pool of information from many persons intimately familiar with aspects of prescription drug misuse. Because the data were so varied and extensive, the CoOPDM decided to engage a qualitative researcher to analyze and synthesize the information gained from the Symposium as well as from the Boyle-McCauley focus groups and the Rapid Assessment. That analysis and synthesis is contained in this report.

The title of the report, *"From Exploration to Direction"*, captures the ultimate intention of the CoOPDM to develop plans for effective action concerning prescription drug misuse in Alberta.

## ***ROLE OF THIS REPORT***

This report was written to pull together material from diverse sources. It summarizes what the CoOPDM has learned.

The report is based on information, experiences, opinions, ideas and beliefs held by the various stakeholders with whom the CoOPDM has spoken and engaged.

- This report summarize some of the information available on prescription drug misuse. The CoOPDM has learned more about the scope of prescription drug misuse, so far as it can be measured. Statistics and observations about what prescription drug misuse is, what it means to people and what it causes to happen flowed throughout all of the Symposium, the focus groups and the Rapid Assessment.
- This report describes the experience of many. The CoOPDM has learned about how some people live with prescription drug misuse and its consequences. Especially in the Symposium and the focus groups, people told stories – their stories and that of others.
- This report captures the opinions and beliefs of many who attended the Symposium and/or were interviewed in the focus groups. The CoOPDM has learned about what people know, how they think about and how much they care about prescription drug misuse. These may be opinions about what causes prescription drug misuse, about how it manifests itself, and/or about what should be done about it.

While the CoOPDM has referenced heavily the material in this report in its deliberations, “*From Exploration to Direction*” does not communicate what the CoOPDM accepts, believes or intends to do going forward. The report expresses the voices of others, not the voice of the coalition. The CoOPDM will present its reply and intentions for next steps under separate cover.

## **LIMITATIONS**

The material in this report captures accurately the views and concerns of many people. However, there are limitations to developing action steps.

- Because the intent was to capture accurately the substance of the Symposium, the focus groups and the Rapid Assessment, there was no filtering for accuracy of comments. This shows most often in suggested opportunities for positive action. Symposium participants, for example, may have suggested actions which were already in place. They are included anyway.
- There has been no testing for appropriateness of the suggested opportunities. Symposium participants or focus group participants, for example, may have suggested actions which have been tried before in other jurisdictions and found to be ineffective. They are included anyway.
- The Symposium participants and the focus group participants often thought alike but not always. Opinions were diverse and may seem to contradict each other at times.

## ***ORGANIZATION OF THE REPORT***

Chapter One is a detailed account of the content of the March 2010 Symposium, according to major themes expressed by the participants.

Chapters Two and Three are brief, and provide additional material from the Boyle McCauley focus groups and the Rapid Assessment respectively. The chapters are brief because many of the learnings from the Boyle McCauley focus groups and the Rapid Assessment were discussed in the Symposium and were therefore included in Chapter One.

Chapter Four presents Highlights of the three preceding chapters, and is reproduced in the Executive Summary.

## CHAPTER I SYMPOSIUM, MARCH 23, 2010

### ***SOURCES OF INFORMATION***

The material in this section is based on notes and discussion points from these components of the Symposium:

- a presentation by Dr. Cam Wild and Cheryl Currie, researchers involved with the Rapid Assessment. The presentation provided highlights of patterns identified in the Rapid Assessment data, and concluded with Dr. Wild's perspective on the key research needs of the CoOPDM.
- three presentations by persons affected by prescription drug misuse, through family, professional and personal experience.
- a presentation by Kathie Gavin from Alberta Health Services, summarizing learnings to date of the CoOPDM and tentative conclusions reached the CoOPDM.
- a panel discussion of persons working in medicine, pharmacy, addictions service delivery and law enforcement.
- a Plenary session with many comments from the floor.
- written notes from discussions of 19 table breakout groups.
- pre-symposium survey data and post-symposium evaluation data.

#### **References to original materials**

Videos of the three Symposium presentations and the panel discussion are available at <http://www.prescriptiondrugmisuse.ca/resource-centre/symposium-video/>.

The written notes from the 19 table breakout groups are appended to the Symposium Final Report, available at [http://www.prescriptiondrugmisuse.ca/wp-content/uploads/2010/05/CoOPDM\\_Symposium\\_Final\\_Report.pdf](http://www.prescriptiondrugmisuse.ca/wp-content/uploads/2010/05/CoOPDM_Symposium_Final_Report.pdf).

## ***REPORT FRAMEWORK***

The content of the presentations and discussions at the Symposium was varied. The speakers and participants spoke about many facets of prescription drug misuse, ranging from patterns of misuse to the experiences of professionals working with the problem to suggestions for affecting the problem in the short and the long term.

Virtually all agreed that prescription drug misuse has escalated in past years and is now a serious and under-acknowledged problem which needs focused attention.

The Framework used in this report to organize the Symposium content is based on seven key themes which recurred repeatedly through all presentations and discussions. These seven themes represent broad categories of need in relation to addressing prescription drug misuse. The seven themes are

- Theme I Need for a Strategy
- Theme II Need for Increased Awareness
- Theme III Need for Increased Knowledge Base
- Theme IV Need for Coordinated Action
- Theme V Need for Increased Professional Capacity
- Theme VI Need for Social / Environmental Changes
- Theme VII Need for Policy Changes.

Just as virtually all agreed that prescription drug misuse has become a problem needing a solution, so did virtually all agree on the broad generalities of these seven themes. However, agreement on the broad themes did not necessarily imply agreement on action priorities or approaches.

The balance of this summary of the Symposium content is a detailed recounting according to the seven themes.

## ***THEME I NEED FOR A STRATEGY***

### **HOW THE SYMPOSIUM PARTICIPANTS EXPLAINED THE NEED**

“Strategy” in this context is understood as a comprehensive high-level plan which outlines directions, goals and actions for all spheres of activity concerning prescription drug misuse.

Symposium participants believed that an articulated strategy would have these key benefits:

- It would help greatly in harnessing and maintaining the energy apparent at the Symposium.
- It would help bring about clarification of different or conflicting points of view.
- It would help clarify accountabilities of individuals, professions and other affected parties.
- It would help communication and cooperation between professions and other affected parties.
- It would prioritize actions.
- It would help individual professions or parties decide how to go forward on their own.
- If done well, it will start the process of attacking the foundational precipitants of prescription drug misuse.

The problems of prescription drug misuse appear to be growing. A Strategy is timely.

### **HOW THE SYMPOSIUM PARTICIPANTS VIEWED THE CONTENT OF A STRATEGIC PLAN**

A strategy normally begins with statements of scope and major goals.

Many symposium participants spoke of the twin needs to deal with the problems arising today and also to begin the foundation work for the benefit of future generations. Prevention was a key concept to symposium participants. If preventive foundation work is not done, said several, strategies will always be reactive and not proactive. Resources will be wasted and human life will be lived short of fulfillment.

An effective Strategy to counter prescription drug misuse will likely be developed around both Long-Term Goals and Short-Term Goals. The Long-Term Goals will be based on prevention and the Short-Term Goals will be based on a variety of immediate needs including harm reduction, treatment, protecting communities and controlling supply. The goals will address actions directed at persons, professions, organizational interconnections, policy makers, and societal conditions.

Because prescription drug misuse is complex, there is not one solution. There will be many “solutions”.

Action steps to achieve the Goals are addressed under the remaining six themes of the Symposium analysis framework, namely:

- Theme II Need for Increased Awareness
- Theme III Need for Increased Knowledge Base
- Theme IV Need for Coordinated Action
- Theme V Need for Increased Professional Capacity
- Theme VI Need for Social / Environmental Changes
- Theme VII Need for Policy Changes.

## **CHALLENGES OF WRITING A STRATEGY, AS IDENTIFIED BY THE SYMPOSIUM PARTICIPANTS**

Symposium participants recognized that developing a Strategy would not be easy.

Much will be expected of a strategy produced by the CoOPDM. It will be expected to be comprehensive, that is, to address all significant goals and action steps. It should address both supply, that is, the availability of prescription drugs for purposes of misuse, and demand, that is, the personal needs which are driving misuse in the first place. It will be expected to align with current knowledge bases. It will be expected to be evidence-based and reflect best practices as they are known to professions. It should align with federal and / or provincial strategies, and it should contain its own monitoring and updating strategies.

But prescription drug misuse is a complex phenomenon. As was noted by many speakers, almost everyone present had a partial view created by their personal or professional circumstances. Indeed, an underlying objective of the Symposium was to share and learn from others with different circumstances.

The six remaining themes in this report of the Symposium data capture approaches which are already being acted upon. The strategy which links them may not have been written, but those involved with prescription drug misuse have found them necessary. They will no doubt be included in a CoOPDM Strategy.

Where the challenges will lie is in reaching agreement on the specific goals, some definitional issues, and the scope of a Strategy. For example:

- The CoOPDM will need to consider the entire range of prescription drug misuse, not just addictions. For example, improper storage or disposal leading to accidental poisoning will need to be addressed.
- Addiction is larger than addiction only to prescription drugs. Accidental poisoning has causes beyond prescription drugs. Limiting the scope to prescription drugs only may complicate a Strategy.

- Diverse views on perspectives, definitions and treatment philosophies may make agreement difficult.
- Some Symposium participants expressed the view that not enough was known about the problem yet to develop robust strategy, whereas others believed the time had already come to take action. This may affect the goals of a CoOPDM Strategy. Decisions may be required concerning how far a Strategy is intended to go towards “solving” the problem versus “understanding” the problem before finding an appropriate model and evolving forwards to solutions.
- Addiction may occur as part of a lifestyle involving illicit drugs. It may also occur as a byproduct of pain management through prescription drugs. The two situations may require different strategies.
- Warnings were heard that the CoOPDM may need to be careful about the role which it, the Coalition, is able to play within a broader prescription drug misuse strategy. A strategy needs to be resourced to succeed. Reaching too far and failing due to resource limitations would be negative. In other words, the CoOPDM may need to articulate both a comprehensive strategy and the role which it intends to play within that strategy. The CoOPDM needs to deliver measurable change, and may not be able to do so if it aims too wide. Don't commit to what can't be delivered.
- Because most of the Symposium participants were professionals or individuals working with prescription drug misuse, the Symposium content focused on persons affected by prescription drug misuse. The need to develop strategy which protects the community, as well as assists affected persons, was referenced but not fully articulated.
- Prescription drugs have beneficial uses. The caution was offered not to compromise beneficial use by overly restricting misuse.

Other challenges specific to the action steps are noted under the six themes.

## **FURTHER THOUGHTS FROM SYMPOSIUM PARTICIPANTS ON GOING FORWARD**

The suggestion was provided to involve participants from the Symposium in the development of a Strategy. The enthusiasm and engagement of many of the participants was evident. The importance of researching other jurisdictions to see what has worked and what has not was emphasized. It was noted that the right relationships may need to be created and significant dialogue begun to reach common understandings and agreements which avoid unintended consequences. Time may be needed for additional consultation to ensure that a Strategy will work at the grass-roots level. Networking, communications, talk - all are important to strategy development.

If the CoOPDM does decide to take on a limited number of tasks in its Strategy (as contrasted to a comprehensive strategy which addresses all aspects of prescription drug misuse), it was advised to communicate that carefully to the Government of Alberta so there are no misunderstandings. An example

of a limited set of goals might be to control supply so prescribed addictive drugs do not go astray and are taken according to instructions.

Ultimately, a Strategy will require leadership. The commitment of government to defining prescription drug misuse as a problem requiring a solution is essential. Several suggested that Alberta Health Services and / or Alberta Health and Wellness should lead a Strategy as the province is ultimately responsible for health care and its costs. If not actually leading strategy, Alberta Health Services and Alberta Health and Wellness need to be fully engaged in creating the necessary infrastructure.

However, an even stronger point of view suggested that external oversight would be required to ensure effective implementation and ongoing leadership of a comprehensive Strategy. In this context, "external" was understood to mean external to government and external to directly-involved stakeholders. To sum up the views of many, neither government departments nor self-monitoring of involved professions by their Colleges or associations would be sufficient to bring about the changes needed. Instead, it may be necessary to create a secretariat, board or institution with authority to monitor prescription drug misuse outcomes. This body would be responsible for communicating with the professions and, indeed, with all stakeholders on trends and issues. For that reason, it needs a permanent "home", so people know how to reach it. The body could be made up of members from the involved professions. It may or may not have regulatory powers, for example, to identify and enforce use of Best Practice guidelines. It may or may not act as ombudsman in disputed situations. The belief of some that national guidelines should be developed for prescription drug misuse and pain control management reinforced their view that an overseeing body would be needed.

Further, assuming that a Strategy is comprehensive, it will require significant and sustained funding to go forward. If there is a secretariat, it needs to be supported. Grant proposals may have to be written for demonstration projects. Communicating a Strategy will take resources.

No matter what the structure, a Strategy will be an important deliverable from the CoOPDM and will need to be well-communicated. Strong and public leadership will be needed to sell it. The concept of "champions" to sell it was suggested, as was the formation of teams to speak to different professions or groups.

## ***THEME II NEED FOR INCREASED AWARENESS***

### **HOW THE SYMPOSIUM PARTICIPANTS EXPLAINED THE NEED**

A pervasive viewpoint through the Symposium was that awareness of prescription drug misuse is very low. It was said to be “buried”, “invisible”, “denied”.

There is a strong need for awareness

- that prescription drug misuse exists, and
- that prescription drug misuse is a problem.

Some may think they know about prescription drug misuse but have too narrow a view. For example, they have a stereotype of the “typical” user when in fact, prescription drug misuse has no typical home. For another example, they may think the problem is very small and the police are taking care of it, when in fact, law enforcement is not making it a priority.

What problems are created by low awareness?

#### **Concerning the general public:**

Low awareness means individuals may be vulnerable if they are ill or injured, are prescribed painkillers and accidentally slip into addiction. If they do not know the dangers, they may not think to care for their own well-being with addictive medications. They may not recognize the signs if family, close friends or co-workers are misusing prescription drugs. Parents especially may not recognize signs in teenagers. They may not store or dispose of unused prescription drugs appropriately. They may not pressure policy maker and community leaders towards a “tipping point” where prescriptive drug misuse becomes known as a social problem which requires resources to be resolved.

#### **Concerning policy makers and community leaders:**

Low awareness means difficulty in persuading them that prescription drug misuse needs focused attention in their communities.

#### **Concerning physicians, other health care workers, home care workers and service providers:**

Low awareness means possibly missing symptoms in patients, possibly not asking the right questions to detect prescription drug misuse and not seeing the clues.

## **CHALLENGES IDENTIFIED BY THE SYMPOSIUM PARTICIPANTS**

Our North American culture is uncomfortable talking about drug misuse. There is stigma attached to it.

## **OPPORTUNITIES IDENTIFIED BY THE SYMPOSIUM PARTICIPANTS**

These suggestions were provided:

- Carry out public education campaigns. Show the harms and costs of prescription drug misuse.
- Sponsor more symposia with professional groups. Leverage resources by having participants report back and activate their own organizations. Create continuous contact with symposia participants.
- Sponsor more symposia with broader populations.
- When successful treatment approaches are identified and practiced, make them visible to the community.
- Find a way to engage mainstream media so they pay attention to prescription drug misuse.
- Put warning stickers on prescriptions about addictive risk, and on proper storage procedures.
- Include material on prescription drug misuse in literature on illegal drugs. Add prescription drug misuse material to the DARE (“Drug Abuse Resistance Education”) program.
- Assemble a “speaking team” to speak to groups about prescription drug misuse; this could be put together from CoOPDM members.

### ***THEME III NEED FOR INCREASED KNOWLEDGE BASE***

The theme that “more needs to be known” was heard many times and in many ways during the Symposium. Professionals emphasized how little they knew and how much more there was to know.

The types of knowledge referred to fell into two categories. “Systemic data” refers to information collected by regulatory authorities such as health, pharmacy, law enforcement and others. “Research to Provide a Deeper and Wider Understanding of Prescription Drug Misuse” refers to a variety of approaches designed to expand on current understanding.

## **A NEED FOR IMPROVED SYSTEMIC DATA**

### **HOW THE SYMPOSIUM PARTICIPANTS EXPLAINED THE NEED**

Prescription drugs are prescribed through a regulated health care system and dispensed through a regulated pharmacy system. Health issues related to prescription drug misuse may be treated in a regulated health system. Addicted persons may be treated by regulated treatment agencies. Where laws are broken, they are sometimes detected through regulated law enforcement systems.

Because these systems are all regulated, they collect large amounts of data which have the potential to be extremely useful to policy makers and professionals attempting to reduce prescription drug misuse.

The use can come at more than one level.

- Policy researchers may wish to aggregate / disaggregate at broad levels, such as province-wide or regionally, in order to track indicator trends related to demand, supply, treatment and consequences. This gives them the information they need to assess the size of the problem, to measure costs, and to know which corrective approaches are working and which are not.
- Community leaders and professionals may wish to aggregate / disaggregate at their community level, in order to detect and attack local problems.
- Professionals may wish to drill down to individuals, in order to have the information they need to treat the individual.

It is important then to both have the data, and to be able to aggregate / disaggregate at appropriate levels. As well, key data bases need to be integrated. Community and individual information needs to be real-time or close to it to be useful. Old data misses on two counts: it is not useful for community professionals trying to stay on top of the current “drug of choice”; and it is not useful for professionals looking to treat individuals who are in front of them.

### **CHALLENGES IDENTIFIED BY THE SYMPOSIUM PARTICIPANTS**

Many concerns were expressed about the quality and access to health and pharmaceutical systemic data in Alberta. While the level of discussion on databases in the Symposium did not provide full detail, these messages were heard often:

- Even if the information is there, it is difficult to access.
- Need more integration, linking issues.
- Information not in real-time (heard often with reference to TPP – Triplicate Prescription Program, also to Netcare).

- Need an integrated pharmacy network, i.e., information on all prescriptions filled by an individual.
- PIN – Pharmaceutical Information Network - data has challenges.
- Not known if large prescriptions are being flagged effectively.
- Can't always aggregate at the desired level.
- Data not always comprehensive (e.g., Netcare, PIN - some physicians, pharmacists don't submit). Also, software issues occasionally create lost data in Netcare.

If the database was created mainly for financial, billing purposes, its use for tracking or monitoring good practices may be limited.

Data on diversion from law enforcement agencies, that is on thefts, seizures and trafficking, was said to be difficult to obtain.

Current, valid data on aboriginal populations was said to be lacking.

Data from hospitals were said to be lacking in the information network.

The need to access databases may be multi-jurisdictional.

## **OPPORTUNITIES IDENTIFIED BY THE SYMPOSIUM PARTICIPANTS**

These current opportunities were noted:

- Alberta Health Service is moving in the direction of integrating addiction services with mental health services. Over time, integrated data collection and access may improve.
- Alberta Health Services is moving in the direction of central drug repositories (ASP).

These suggestions were provided:

- Create a clearing house for prescription drug misuse data. Publish a regular multi-sector bulletin with trend data.
- Include more medications in the Triplicate Prescription Program.
- When planning systems or changes to systems, start with local community needs and work back up to the system data base. Plan from the ground up.
- Monitor diversion of prescribed painkillers for animals to humans.
- More monitoring and "flagging" of Emergency Room visits.

## **B NEED FOR A DEEPER AND WIDER UNDERSTANDING OF PRESCRIPTION DRUG MISUSE**

### **HOW THE SYMPOSIUM PARTICIPANTS EXPLAINED THE NEED**

Several targeted information needs were identified. Most would require a different type of research which might include key interviews, focus groups, literature review, ethnographic studies, medical research or other. Some might be satisfied partially by systemic data if analyzed appropriately.

Individual professionals who work closely with prescription drug misuse may be knowledgeable about these topics, but the larger body of pertinent research literature was said to be lacking.

The information needs were as follows.

#### **Profiling of Subgroups**

Much of the information which does exist on patterns of drug use is based on marginalized inner-city addicts, or on youth. Information on prescription drug misuse amongst seniors, chronic pain sufferers, health professionals with access to prescription drugs, students, high-income addicts, families interacting with palliative care services, suicidal persons, aboriginal communities or other subgroups is lacking.

#### **Patterns of prescription drug misuse**

Professionals are asking for a better understanding of the underlying reasons, the entry points, the occasions of use, the extent of poly-drug use and the reason for each choice, the contributing factors, and so on. This would vary by subgroup.

#### **Treatment Issues**

Much is known about how to treat people who manifest prescription drug misuse, but there is much more that could be known. Treatment methods for different subgroups, how to facilitate the readiness to enter into treatment, and the outcomes that can reasonably be expected from treatment may vary by subgroup. Commonly-accepted practice has not yet evolved. New approaches need to be tried. There are many definitions of what constitutes "success" in treatment. Lack of formal knowledge makes it difficult if not virtually impossible to provide evidence-based treatment.

#### **Physician practices**

Better information on how physicians think about prescription drugs and how they make choices for different types of patients would be helpful in knowing how to change physician practices which are contributing to prescription drug misuse. In-depth information on dynamics of patient, physician and

pharmacist interactions regarding monitoring and management of prescription drugs will help adjust systems.

### **Pain Control**

Knowledge on how to balance healthy pain control practice (which may be palliative care) with addictive risk was said to be lacking. The effectiveness of the prescription drugs and their effects on quality of life are not always monitored or understood. Medical issues and ethical issues intersect. Pain control generally appears to be an under-researched topic.

### **Audit of Treatment Facilities**

Before gaps can reasonably be filled, it is important to know what resources are available for treatment.

### **Interactions between Natural Medicines and Prescription Drugs**

A topic low in formal knowledge.

## **CHALLENGES IDENTIFIED BY THE SYMPOSIUM PARTICIPANTS**

Addiction is one of the main manifestations of prescription drug misuse. The root causes of addiction can be complex and may involve elements of early abuse, genetic factors, trauma or lifestyle choices. The factors are often hidden from others, and sometimes not even remembered by the affected individual. This implies that research into the causes of addiction is complex and costly. As well, treatment of addicted individuals may require personalized approaches from individual to individual.

For some agencies that treat addictions, prescription drug misuse has been a low priority. This reduces the amount of knowledge gained from treatment in that agency.

It was noted that evidence is starting to grow that telephone-based surveys on prescription drug use or misuse are not sufficiently accurate. They may be under-estimating use and misuse.

## **OPPORTUNITIES IDENTIFIED BY THE SYMPOSIUM PARTICIPANTS**

These suggestions were provided:

- Learn more from addicts and dealers. They understand the motivations and manifestations of addiction.
- Create integrated, multi-disciplinary clinics which are ideal for doing research into the entire continuum of cause, addiction, treatment and outcome.
- Learn from other national and international responses to prescription drug misuse.

## ***THEME IV NEED FOR COORDINATED ACTION***

The strong need for coordinated action was a theme heard again and again throughout the Symposium. The multi-dimensional nature of prescription drug misuse implies the need for a multi-dimensional approach to contain it, to treat those currently affected and to prevent it in future.

However, a second related theme was also heard again and again. This was that each party affected by or involved with prescription drug misuse has its own role to play and its own responsibilities to live out. All – including patient, physician, pharmacist, law enforcement, treatment agency and others – have actions which they should take as part of their professional mandate. These are the actions which then need to be coordinated to produce the best outcomes.

The two themes are treated separately in this chapter of the report. Part A addresses the specialized roles and responsibilities of the professions and affected persons. Part B addresses coordination. Finally, Part C addresses two issues concerning prescription drug supply where accountabilities were unclear with no consensus.

## **A SPECIALIZED ROLES AND RESPONSIBILITIES OF PROFESSIONS AND AFFECTED PERSONS**

### **HOW THE SYMPOSIUM PARTICIPANTS EXPLAINED THE NEED**

Before actions can be coordinated, each profession and party has actions to undertake resulting from its own responsibilities.

The points of view expressed below were common throughout the Symposium participants.

#### **Patients**

Patients need to take responsibility for knowing what drugs they are taking and why, and what risks are involved.

#### **Primary Care Physicians**

The physician should ensure that he / she is educated concerning professional pain control management, including the range of pharmaceutical choices as well as alternative methods.

When prescribing medications with addictive potential, the primary care physician should take assertive responsibility for reasonable steps to prevent addiction. This could include:

- screening for addictive “red flags”, within medical history, personality traits and physiology, and living situations
- considering other alternatives, and ensuring that prescribing the medication is the best choice
- educating the patient concerning the drug and its addictive potential, and the risks of mixing drugs
- providing a monitoring plan from the time of the first prescription. If the physician will not be doing follow up, have the patient sign an access to information and privacy form before prescribing
- reassessing patient before re-prescribing
- knowing the signs of prescription drug misuse over time
- understanding the difference between addiction and physical dependence, in the case of chronic pain management
- knowing what actions to take should prescription drug misuse start to be suspected or confirmed.

If the primary care physician decides to work with addicted patients, he / she needs to become educated on the time it takes to manage complex cases and on the best approaches.

Some Symposium participants, not all, presented the opinion that physicians should carry broader responsibilities as well, that is, beyond treatment of individuals, including:

- taking steps to counter the growing use of addictive prescription drugs when alternatives exist
- sharing their knowledge by networking, presenting or teaching other professionals.

### **Pharmacists**

Pharmacists not only dispense prescription drugs but are responsible for assessing patients and addressing appropriate drug therapy. While pharmacists cannot prescribe controlled substances, they do share in the responsibility and accountability when prescription drugs are being misused. The ways in which pharmacists can positively impact prescription drug misuse are under development and still very fluid.

There are unresolved issues concerning the role of the pharmacists in dealing with doctors who consistently over-prescribe. See Theme IV, page 34, Need for Coordinated Action, Unresolved Issues, for further discussion.

### **Addictions Treatment Services**

In the most simplistic way, the role and responsibility of addictions treatment services is to find treatment approaches which work. As referenced many times and in many ways in this report, the complex nature of addiction makes this difficult. Throughout the day, Symposium participants spoke often of different models, approaches, goals and determinants of addiction.

Some treatment services, not all, see it as their responsibility to advocate for better social conditions, and to educate other professionals.

### **Law Enforcement**

The major role of law enforcement was said to be investigative, that is, to collect evidence. It is the policy makers and the courts that make and enforce laws.

Ideally, law enforcement bodies would be well-informed concerning

- health issues related to prescription drug misuse (so they recognize the problem quickly)
- diversion of prescription drugs (since this often involves criminal acts)
- the role of organized crime in rebranding or counterfeiting medications
- the best ways to work with partners to ensure the prescription drug supply is safe.

When law enforcement bodies have sufficient background concerning prescription drug misuse, they can be more effective in acting proactively rather than reactively.

## **CHALLENGES IDENTIFIED BY THE SYMPOSIUM PARTICIPANTS**

### **Especially for Physicians**

There is a shortage of family doctors. The traditional family physician is often overworked by the volume of the demands upon them, and can't take time to talk at length with his / her patients. Overworked family physicians sometimes will refuse to take on complex cases, which often include patients with prescription drug misuse issues. Transaction-based, fee for service models are a disincentive to take on complex cases. As well, family physicians often refer to specialists who may not see it as their role to deal with prescription drug misuse.

Many people, especially younger ones, use clinics instead of family physicians. Without a regular physician who gets to know them, they can easily hide signs of prescription drug misuse.

### **Especially for Law Enforcement**

Primary care physicians attempting to act responsibly find themselves in a difficult position if they detect patients altering prescriptions or double-doctoring. They don't know what to do or whom to contact.

### **Especially for Addictions Treatment Services**

The boundaries between health and legal issues can intersect at the point of treatment.

- Addiction is usually viewed as a health problem by most health and service professionals, but addictive behaviour often involves illegal acts. Simply jailing people for breaking the law doesn't solve the addiction.
- Treatment personnel believed that people sometimes won't seek help for fear that the police will be notified.
- Doctors may hesitate to report patients to law enforcement, even if they know intellectually that it is the right thing to do in some circumstances. Information that can flow freely strictly for the purposes of intervention and treatment would bring comfort to treatment facilities and might help success rates.
- The "drug courts" were held up as partial solutions but limited in that they do not allow repeat offenders. Because addiction is a long-term condition, persons with prescription drug misuse addictions may re-offend.

Too many treatment services were said to be pilot projects, based on short-term funding. They end too soon and don't become long-term stable projects. Measurement of what works and what doesn't is lacking.

Marginalized inner-city persons being treated for addictions most often return to their former homes and communities, where unstable life styles, poor housing and few social supports persist. The conditions that precipitated the prescription drug misuse continue unchanged. The attitudes that encouraged prescription drug misuse (example, that they are "victims" of the system) still surround them.

Universally-accepted standards for addiction treatment do not exist.

### **Especially for Pharmacists**

Dispensing fees are charged every time a prescription is filled, which is incentive to prescribe larger amounts rather than smaller amounts. Dispensing fees based on dispensing medications are not designed to reward pharmacists for providing patient care.

Pharmacists who try to check out questionable prescriptions with the prescribing physician often have difficulty accessing the physician, and sometimes encounter a non-cooperative response when they do make contact.

## **OPPORTUNITIES IDENTIFIED BY THE SYMPOSIUM PARTICIPANTS**

These current opportunities were noted:

- The recommendations in the Mental Health report (precise reference not provided), if implemented, would help.
- The professions, that is, the Colleges, need to continue to hold their members accountable for carrying out their responsibilities.

These suggestions were provided:

- Review the "drug court" protocol and consider expanding the opportunities to use it. Support any initiatives to divert persons with addictions who are charged with crimes into the mental health rather than the criminal system.
- Attempt to secure long-term funding for stable programs which can achieve results.
- Promote funding models such as Primary Care Networks which compensate fairly for managing patients with complex presenting problems.
- Review the pharmacist dispensing fee model for ways to incentivize prescribing and / or dispensing smaller amounts of addictive medications at a time, in the context of providing good service to all clients including those with high needs.

- Review desired roles and directions for law enforcement with respect to prescription drug misuse.
- Provide support networks for physicians.
- If a patient is treated in hospital for drug overdose, inform the prescribing physician on the discharge protocol.

## **B COORDINATION**

### **HOW THE SYMPOSIUM PARTICIPANTS EXPLAINED THE NEED**

Several speakers emphasized that the processes or infrastructure to facilitate communications will need to be developed centrally, even though the communications may take place locally. Local coordination is essential, as that is where the problems are either addressed adequately or not. But local coordination depends in part on what is allowed by central policies. The protocols have to be developed so that the needs of each profession or party are taken into account, and do not contradict each other.

The complexity of prescription drug misuse means that unintended consequences are possible. Advance planning is important.

Several approaches to coordination were mentioned.

#### **Coordinated services**

The intent here is to communicate and coordinate operations in such a way that services from different agencies or disciplines are coordinated. Break down the silos. Make multi-disciplinary service delivery a universal target. This usually implies sharing patient-specific information, either at the local level where services are delivered or through systemic databases.

“Universal” also implies across all socio-economic segments, not just for the marginalized inner-city segment. This implies that effective coordination would normally take place at the local level. The patterns may be different for, say, inner-city services versus suburban services.

#### **Wrap – around services, integrated services**

The intent here is to deliver formal, comprehensive services within a single organizational unit. This is a step beyond coordinated services. It is a holistic approach to addressing the unique needs of individuals, and would likely combine at least health and addiction services. Housing and social services would also be an asset in some communities. The advantages to wrap-around services are more credibility, more direction given to addicted persons who may not follow through otherwise, and high visibility to the needs requiring attention in case management.

### **Personal relationships, information sharing and communications between individuals**

The intent here is for professionals to interact with each other so that they develop broader views of the issues, understand each other's forms of practice, and improve their own practice. Personal relationships are a key to best practices. They bring the perspective of others and teach that all have the patient's best interests at heart. This does not necessarily imply sharing patient-specific information. Cases might be discussed anonymously, for the sake of enlightenment. Specific examples: a physician who works with inner-city addicted persons would benefit from regular contact with local law enforcement, which keeps him up to date with the trends on the street.

### **Need to Link with Related Services**

As an example, there is evidence that prescription drug misuse correlates with problem gambling. Investigation of how treatment for prescription drug misuse could link with treatment for problem gambling could be beneficial.

## **CHALLENGES IDENTIFIED BY THE SYMPOSIUM PARTICIPANTS**

### **Privacy Policies**

Privacy policies were repeatedly mentioned as barriers to coordinated actions. Virtually all professions involved with prescription drug misuse have created their own strict privacy policies, based on their understanding of the three privacy acts, namely, the Health Information Act, FOIP and PIPEDA. Professional and workplace privacy policies often prevent any sharing of information about patients outside one's own immediate professional environment, and usually limit access to their databases. Even where discretion might be legally allowed, the professional and workplace policies may prohibit any sharing of information just to make sure that all requirements are covered. Privacy acts are complicated. Professionals are confused, and tend to believe that privacy considerations have been allowed to outweigh the good of the patient. However, discussions during the Symposium indicated that this approach may be too stringent. Several privacy policy experts explained that the privacy acts allow for disclosure of private patient information outside their professional networks if public safety or harm to individuals are at stake. "Public safety" and "harm to individuals" can be broadly defined. In the view of the privacy experts, considerations of public safety or harm to individuals should cover most situations where health or other professionals feel a need to share patient concerns. In other words, the challenge may not be the privacy acts themselves. It may be rather to help professionals find better understanding and interpretations of the privacy acts so they can craft workplace policies more tuned to operational needs.

Privacy considerations have created particular problems for law enforcement investigations. Over time, their attempts to investigate concerns about prescription drug misuse have become time-consuming and ineffective due to lack of cooperation from professionals and agencies. As a consequence, law enforcement agencies put their priorities elsewhere. They are reluctant to investigate, and charges for prescription drug misuse are rare. Their background knowledge of prescription drug misuse, in particular diversion of prescription drugs, is low (although said to be growing, as law enforcement bodies come to realize the extent of the problem of prescription drug misuse).

### **Identification of Prescription Drug Misuse in Treatment Facilities**

There is evidence that prescription drug misusers who are addicted usually do not self-identify in treatment facilities. Because many are poly-drug users, they reach treatment for use of different substances. Accurate diagnosis can be challenging. Some addicted persons are not aware that they are addicted. Most addiction treatment facilities do not distinguish between substances (except for methadone treatment) nor possibly between more or less severe forms of addictive substances, limiting the learning concerning prescription drug misuse treatment.

### **Nature of the Professions**

There will be challenges in coordinating due to the nature of the professions. These were mentioned:

- Professionals move around from position to position, especially in urban settings, making it challenging to track and maintain relationships.
- Some professions see themselves as owning more of the problem than others, or as having more status than others, or as simply being unwilling to make the effort to change, making it challenging to find cooperative relations which work for all parties. There may be power struggles.
- Some goals within a multi-discipline environment may conflict. Treatment models are variable. Diverse perspectives are challenging.

### **Aboriginal Challenges**

A special challenge in aboriginal communities is that non-aboriginal services providers are often seen as “outsiders”, which challenges community linkages.

## OPPORTUNITIES IDENTIFIED BY THE SYMPOSIUM PARTICIPANTS

These current opportunities were noted:

- Consider using Health Link as a channel for prescription drug misuse information.

These suggestions were provided,

- Give direction to professions and workplaces on the privacy acts. Communicate the circumstances under which personal information can be shared, to whom, what, in what form, and so on. Provide the contacts to ask for clarification in special circumstances. Concurrently, clarify if the privacy acts do prevent sharing of information in some circumstances deemed important to health professionals (example, in situations where early intervention is indicated but no clear threat to public safety or harm to individuals can be proven). If so, consider what action might be taken to remove the barrier.
- Create a resource of names and contacts so that professionals know whom to contact in other disciplines or agencies, and when. This could, for example, be a flow chart arranged around root causes and / or common eventualities.
- Provide a designated expert, easily accessed, for physicians to contact for quick advice on prescription drug misuse issues.
- Create a new role, "Patient Navigators", in the health system whose role is solely to see that the right services are engaged as needed (i.e., a "quarterback" or "health broker"). The role may be especially important in multicultural communities. (Others referred to a similar concept as "Community Advocates").
- Create a Navigational Tool Guide so the patient knows about the array of services and whom to contact.
- Ensure physicians and other professionals know how to contact law enforcement, and under what circumstances they should do so. Conversely, develop protocols for law enforcement to work more closely with the professional Colleges and associations.
- When working in aboriginal communities, create an "Aboriginal Advisory Committee" to guide coordination. The Committee will ensure that all key parties are engaged.
- Consider developing incentives for collaboration, or expanding new funding systems which reward collaboration. Example, Primary Care Networks of multi-disciplinary teams.
- Review other collaborative models for good process. Example, it was noted that Calgary used to have a good collaborative model of service provision related to sexual assault. New Brunswick had a multidisciplinary group similar to the CoOPDM about 5 to 6 years ago. Safe Communities (Alberta) is another model of collaborative strategy. In small communities, Community Health Centres may serve as models.
- Test new models for collaboration. As an example, use Emergency Department care for prescription drug overdose as an entry point to coordinated care. No matter what the model, some suggested that medical presence and perspective should always be involved.

- Use community forums or input to identify collaborative solutions. For example, forums, town hall meetings, and so on.
- Where professional responsibilities intersect, each profession needs to hold the other accountable for carrying out their responsibilities.
- Create an information exchange or clearing house (note a similar recommendation under Theme III, page 18, Need for Increased Knowledge Base). Publicize experience with collaboration.
- Physicians need to develop the habit of networking, thereby building personal relationships.

## **C UNRESOLVED SUPPLY ISSUES**

Two issues of great concern to Symposium participants are referenced in this section as Unresolved Supply Issues. They are “unresolved” because of lack of consensus on how to approach them. Both address availability of prescription drugs. They are: Disciplining the Minority of Physicians who Over-Prescribe, and Disposal of Unused Drugs.

### **HOW THE SYMPOSIUM PARTICIPANTS EXPLAINED THE NEED**

#### **Disciplining the Minority of Physicians Who Over-Prescribe**

Persons from the community of marginalized, inner-city populations experienced with prescription drug misuse report that it is easy to get doctors to prescribe, and some are easier than others. Pharmacists usually know which doctors are the “easy” ones.

Other sections of this report address educating physicians against careless prescribing. Careless prescribing is not the subject here. It is rather the minority of physicians who are known to over-prescribe and become sources for addicted persons needing supply.

The physician and the pharmacist are the prescriber and the dispenser of addictive medications. A frequent message heard throughout the Symposium was that both these professions need to find a way to work together better to control the supply of prescription drugs. The assumption is that the way has not yet been found.

Pharmacists speaking on behalf of their profession emphasized that pharmacists want to and believe they can and should play a much larger role in containing the supply of prescription drugs where misuse is suspected. They have the base information to tell them when, for example, there appear to be unusually large numbers of one type of prescription showing up in small areas, or when certain physicians are prescribing inordinately high amounts of painkillers. But the infrastructure which allows them to communicate this information to actors who can respond is missing.

#### **Disposal of Unused Drugs**

Concerns about disposal of unused drugs are frequent. End-of-life disposal becomes especially urgent when family members or friends may self-medicate or bring harm to themselves with used medications. Other concerns include accidental poisoning, either of self or of water supply. As was explained by speakers, medications once dispensed become the property of the patient and cannot legally be removed

under anything but extreme circumstances by a limited number of persons. If a physician suspects misuse is about to occur, he / she may be powerless to intervene.

## **CHALLENGES IDENTIFIED BY THE SYMPOSIUM PARTICIPANTS**

For some, it is unclear what to do about the over-prescribing doctors. Pharmacists expressed frustration that even with prescription-monitoring databases and sometimes calls to the College of Physicians and Surgeons, there sometimes seem to be no repercussions for poor practice. The “easy mark” doctors seem to continue practicing.

A challenge in finding the right solution is to avoid causing too much hardship to the patients who need prescription painkilling drugs in order to catch the smaller number who are misusing.

## **OPPORTUNITIES IDENTIFIED BY THE SYMPOSIUM PARTICIPANTS**

These suggestions were provided:

### **Disciplining the Minority of Physicians Who Over-Prescribe**

- It is important that the College of Physicians and Surgeons discipline any members who contribute to or exhibit prescription drug misuse. A solution to over-prescribing needs to be found. The College of Physicians and Surgeons of Alberta and the Alberta College of Pharmacists should work together to identify ways to reduce prescriptive drug misuse.
- Whatever the process, inform people about how to deal with the doctors who prescribe too easily.
- Consider linking the physician to a specific, required pharmacist when addictive medications are prescribed.
- Consider limiting the number of pharmacies which can dispense addictive drugs, with the intent of making it easier to spot outliers. Perhaps some pharmacies can specialize in different areas, example, opiates, diabetes, and so on.
- Consider limiting the number of physicians who can prescribe addictive prescription drugs.
- Consider administering controlled dosages to addicted persons (example, methadone).
- Consider legislation to limit amounts of prescription drugs which can be prescribed at a time. Place limitations on refills.
- Make the PIN (“Pharmacy Information Network”) fully functional and accessible. Make it fool-proof against ways to subvert adjudication such as making cash payments. Implement electronic prescribing, that is, with no paper.

**Disposal of Unused Drugs**

- Consider placing this function with pharmacies, and compensate them, perhaps through credits on dispensing fees. (However, be mindful of safety concerns with large amounts of high-risk medications in pharmacies). (REPORT NOTE: Pharmacists currently do dispose of unused drugs, although they are not compensated for doing so).
- May have to provide a financial incentive for the public to return unused medications.
- Whatever the policy is, communicate it well.

## ***THEME V NEED FOR INCREASED PROFESSIONAL CAPACITY***

The material in this section is divided into two parts.

Part A discusses the need for Education, perhaps the strongest theme throughout the day's Symposium proceedings. Part B addresses the more general expression of need for more resources of all kinds to be devoted to prescription drug misuse.

### **A NEED FOR EDUCATION**

#### **HOW THE SYMPOSIUM PARTICIPANTS EXPLAINED THE NEED**

Theme II, page 16, addresses the Need for Increased Awareness. One of the consequences of low awareness is that many people involved with prescription drug misuse don't know how to recognize it or deal with it in affected persons. This section outlines the knowledge deficits which were mentioned often, and which, from the other side of the coin, become educational needs.

##### **Primary Care Physicians**

Education needs to begin during medical training and continue throughout the career.

Educations needs were identified with respect to

- pain management, including alternatives to prescription drugs, usually given only cursory training in Canadian schools of medicine
- care of addicted persons, including the entire continuum of screening, diagnosis, treatment and monitoring
- the addictive potential of medications
- how to relate to law enforcement agencies should that become necessary.

Doctors who do not recognize the warning signs of prescription drug misuse may simply believe the requests of their patients and prescribe too much.

### **Home care and other front-line workers**

Education to teach workers to recognize the signs of prescription drug misuse was said to be needed. For example, a home care worker may be the first to notice a developing problem. By alerting the right people, she can trigger early intervention and bring about early recovery.

### **Dentists and Veterinarians**

Because dentists and veterinarians can prescribe medications for pain, they need to be educated on all aspects of addiction.

## **CHALLENGES IDENTIFIED BY THE SYMPOSIUM PARTICIPANTS**

The curricula for medical training and indeed for most health care workers are already full of worthy topics. Educators are reluctant to add more.

## **OPPORTUNITIES IDENTIFIED BY THE SYMPOSIUM PARTICIPANTS**

These current opportunities were noted:

- Explore existing resources first, before creating new ones.
- Build short modules into existing training programs or educational curricula, delivered by practitioners who already work in prescription drug misuse. Examples, modules on Harm Reduction approaches which are delivered by StreetWorks to students in health sciences at the University of Alberta.
- Provide tours of facilities such as inner-city clinics which “show and tell” about prescription drug misuse. Design visits to emphasize concrete examples and stories of individuals which will create understanding amongst visiting professionals. Provide the language and the concepts which grow common ground to communicate with others in the field of prescription drug misuse.
- Send professionals to visit addiction treatment centres such as the Betty Ford Centre, or drug court.
- Leverage the telehealth service.

These suggestions were provided:

- Develop online modules to educate professionals. They could be recognized by the affected professions and lead to an accreditation.
- Create iphone apps for prescription drug misuse tools.

- Consider modifying the scope of practice under the Health Professions Act so that physicians, for an example, have a responsibility to pass on their practice knowledge through presentations, networking and informal teaching.
- Within each affected profession, create local “Best Practices” leaders who will lead communications strategies or consultations.
- Reinstate the Alberta Drug Utilization Program, decommissioned in 2006 due to lack of funding (<http://www.uofaweb.ualberta.ca/adup/>).
- Offer more province-wide training on harm reduction.
- Develop an education program directed at all professionals.
- Direct global funding at developing capacity, rather than at programs with limited range.
- Give continuing education credits for taking workshops or training in prescription drug misuse.
- Develop materials so professionals can educate each other on prescription drug misuse.
- Consider if funding from education programs can be used to impact prescription drug misuse.

## **B NEED FOR INCREASED RESOURCES**

### **HOW THE SYMPOSIUM PARTICIPANTS EXPLAINED THE NEED**

The kinds of needs mentioned most often were

- more services directly targeted to persons known to be or suspected of prescription drug misuse, including screening, intervention, referral or treatment. Where necessary, more financial assistance for those with limited means. Current services often have long wait times, which is discouraging to physicians trying to refer and may actually increase the addictive harm.
- treatment centers focusing on prescription drug misuse, possibly segmented by socio-economic levels so that patients are interacting with persons from socio-economic backgrounds similar to their own. (As noted earlier under Theme III, page 18, Need for Increased Knowledge Base, such treatment centers would facilitate research as well).
- more systemic administrative resources to work on data bases, example, staff for expanding the Triplicate Prescription Program.

### **CHALLENGES IDENTIFIED BY THE SYMPOSIUM PARTICIPANTS**

Government-funded drug rehabilitation programs are often very short in length of stay, of the order of 21 days. Longer programs have better recovery rates.

Hospital-based services often have limited follow-up due to continual change of staff.

Private treatment services are costly and out of reach of many.

Judgmental attitudes towards addiction, as opposed to acceptance that it is a health issue, may stand in the way of allocating more resources.

## **OPPORTUNITIES IDENTIFIED BY THE SYMPOSIUM PARTICIPANTS**

These suggestions were provided:

- Lobby government for more resources.
- Governments need data. Use provincial Health Care Report Cards as a tool to profile costs of prescription drug misuse, and the benefits of addressing it. Develop a “social return on investment” economic model.
- Create addiction clinics directed towards helping people with prescription drug misuse, similar to clinics which now exist in the United States.
- Offer more services for people at early stages of the addiction scale. For example, Ontario has a good system in the ICES (Institute for Clinical Evaluative Sciences).
- Move more mental health workers into the criminal justice system, to work with inmates.
- Provide supports for inmates being released who have addictions, including housing, income, and adequate nutrition.
- Add a surcharge to any prescription for addictive drugs; use funds for prescription drug misuse purposes.

## ***THEME VI NEED FOR SOCIAL / ENVIRONMENTAL CHANGES***

### **HOW THE SYMPOSIUM PARTICIPANTS EXPLAINED THE NEED**

Several social / environmental factors were said to contribute to prescription drug misuse.

North American culture relies on medication. There are pills for minor illnesses or pain such as colds or flu. TV commercials promote pills for depression and insomnia. The sales of tranquilizers are high in Canada. Some parents even give their children medication to alter their mood. When addictive medications are prescribed, it can be easy for people to stay on them too long.

Prescription drugs are legal. There is a belief that anything which is legal is safe. While misuse of prescription drugs may carry a stigma, using them does not. People who do not grasp the addictive risk of some prescribed drugs simply think "if a doctor prescribed it, it's OK".

### **CHALLENGES IDENTIFIED BY THE SYMPOSIUM PARTICIPANTS**

Pharmaceutical companies are advertising aggressively to the general public. Virtually anyone who ever watches television is exposed to commercials promoting a host of drugs for different purposes. The theme behind the commercial is usually that "such-and-such" drug produces a hugely improved lifestyle. The actors in the commercials always seem to function very well, reinforcing the notion that drugs are good.

Pharmaceutical companies, in business to make a profit, are promoting their product heavily to physicians. Some even become sponsors of medical training. And they are manufacturing very potent drugs.

Non-pharmaceutical alternatives to pain control or to "coping" problems exist. They are usually uninsured, they can be costly, and they are slower to produce relief. Prescription drugs usually cost much less.

Physicians are prescribing many addictive drugs. Even some over-the-counter drugs are powerful, example, Tylenol 1.

## **OPPORTUNITIES IDENTIFIED BY THE SYMPOSIUM PARTICIPANTS**

These suggestions were provided:

- Study other social change campaigns which were successful. Learn from them. For example, tobacco use has been “de-normalized”. How did they do it? Look into the “Drink Responsibly” campaigns.
- Find a way to get across the idea that all drugs carry the possibility of harm. Develop a positive culture of healing. Change norms about appropriate behaviour.
- Start young. Get into the schools, even daycares. Support moms. Target parents. Definitely before the junior high and high school years when drug use is starting.
- Develop a long-term strategy (see Theme I, page 12, Need for a Strategy).
- Consider if the pharmaceutical companies can be held responsible for misrepresentation, or made to pay towards prevention, education and treatment of prescription drug misuse.
- Create workplace policies about prescription drug misuse.
- Include material on prescription drug misuse in meetings and conferences.
- Engage the media as an act of meaningful public service.

## ***THEME VII NEED FOR POLICY CHANGES***

### **HOW THE SYMPOSIUM PARTICIPANTS EXPLAINED THE NEED**

The term “policy changes” is understood to mean legislative initiatives.

As a generality, the comment was heard often that policy makers and policies have not caught up yet with the extent of prescription drug misuse. As noted under Theme II, page 7, Need for Increased Awareness, prescription drug misuse is a relatively recent development in the social fabric of Canada. Professionals working in the area are still struggling for a mature, coordinated response. It may take time before the awareness of the extent of the problem builds amongst the policy-making community, and before public awareness builds to the point where policy-makers start to feel pressure from their constituents.

Many opportunities for action were identified in the Symposium where some party had to make changes. In some cases, the need for legislative action to support the changes is clear. In other cases, the changes could possibly be effected through persuasion or publicity, without legislative direction. The correct approach will become evident over time.

To facilitate action by the CoOPDM, this section of the report references earlier material where policy changes may be required.

#### **Theme I Need for a Strategy**

Many believed that a new coordinating body would need to be created in order to ensure effective implementation and ongoing leadership of a comprehensive prescription drug misuse Strategy. This body would likely have to be created by the Government of Alberta.

#### **Theme III Need for Increased Knowledge Base**

To achieve the coordination of information, treatment and services which professionals working in the field would like, there are possible implications for Privacy Acts to allow it, and other acts to mandate it.

**Theme IV Need for Coordinated Action**

To achieve the desired clarification and effectiveness of law enforcement in investigating prescription drug misuse issues, especially when intersecting with treatment or medical facilities, there are possible implications for Privacy Acts, for the Criminal Code of Canada and for the National Drug Strategy.

Actions which would affect current dispensing fee protocols for pharmacists could have policy implications, as could actions which would affect rights to recall and dispose of unused drugs.

**Theme V Need for Increased Professional Capacity**

If it is to become the responsibility of medical professionals to educate other medical professionals, there are possible implications for the Health Professions Act.

**Theme VI Need for Social / Environmental Change**

If promotion by pharmaceutical companies is to be changed, federal legislation may be required.

As a generality, the need to review federal and provincial legislation regarding narcotic, controlled drugs and targeted substances was noted. This investigation would shade into privacy acts and First Nations issues.

## **CHAPTER 2 FOCUS GROUPS WITH INDIVIDUALS IN AN INNER-CITY NEIGHBOURHOOD OF EDMONTON (BOYLE MCCAULEY)**

In the fall of 2009, six focus groups were held with physicians, pharmacists, law enforcement members, downtown service providers, addiction and mental health treatment workers, and persons who had at some point misused prescription drugs.

Much of the substance of the focus groups was integrated into the Symposium findings reported in Chapter One.

This chapter brings forward some details not reflected in the Symposium discussion.

### **Law enforcement issues**

RCMP officers spoke at the Symposium about difficulties in investigating prescription drug misuse and diversion of prescription drugs due to privacy legislation. Obtaining evidence concerning prescription drug misuse was described as time-consuming and often ineffective due to non-cooperation from service providers, with the result that law enforcement has chosen to put its resources in other areas.

The Boyle McCauley focus group of law enforcement members provided further information. By law, possession of prescription drugs is not illegal (as possession of illicit drugs would be). The only charge that can be made related to prescription drug misuse is trafficking. It is difficult to prove trafficking. Indeed, the rules of evidence to support the charge were said to be unclear which is a further disincentive for the police to investigate. In any case, the focus of RCMP investigation framed by the National Drug Strategy is towards synthetic street drugs rather than prescription drugs.

At the same time, sale of diverted prescription drugs can be very lucrative for persons with low-income. Prescription drugs are real currency. There is therefore incentive for lower-income persons to sell small volumes on the street, making the task of law enforcement doubly difficult.

Law enforcement officers are typically not educated on prescription drugs. They could use reference documents (wallet-size for themselves, documents for the courts) on what pills look like, what is typical, how prescriptions normally work and so on. An on-call number for quick answers to questions would be useful.

### **More about how to prevent prescription drug diversion**

In some jurisdictions, for example, the United States, it is a criminal offense to forge or alter a prescription.

### **More About Primary Physician Education**

People who are addicted to prescription drugs build up tolerances. They often need more and more of the same substance to achieve the same effect. If they have a medical condition which requires prescription drugs to manage pain, they may need many times more than a non-addicted person to achieve relief. If their physician does not recognize this, they may be under-medicated and continue to suffer serious pain.

Many doctors are not aware that many of the drugs they prescribe are being misused by their patients.

For primary physicians, help them by creating opportunities to consult with or use the services of a medical addiction specialist. Have them participate in palliative rotations. The College of Physicians and Surgeons could facilitate a workshop on prescription drug guidelines.

### **More about Challenges of Creating a Strategy**

Physicians spoke to the fact that “addiction specialists” are not a homogenous group. There are many different approaches to working with addiction. This reinforces the challenge of finding common ground on a Strategy for prescription drug misuse.

### **More About Coordinating Services**

One challenge is that few organizations recognize “networking” as legitimate paid time.

Another opportunity would be hold “trade-show-like” events.

### **Another Circumstance Creating a Need for Disposal of Unused Drugs**

Physician writes a prescription for a “new” drug to replace an “old” drug meant to be stopped; no requirement to turn in the surplus of the “old” drug.

### **Reference**

Caught in the web of addictive prescription medication. Summary Report of the Focus Groups for the Coalition on Prescription Drug Misuse (CoOPDM). Prepared by Ann Goldblatt, Consultant. Edmonton, Alberta. December 11, 2009. <http://www.prescriptiondrugmisuse.ca/resource-centre/research-and-reports/>

## CHAPTER 3 RAPID ASSESSMENT OF PRESCRIPTION DRUG MISUSE IN ALBERTA

In 2008, a Rapid Assessment of secondary statistical and primary qualitative data was conducted by the Addiction and Mental Health Research Laboratory of the School of Public Health, University of Alberta. The report of the Rapid Assessment provides a snapshot view of what is known about prescription drug misuse in Alberta.

The Rapid Assessment report and the accompanying presentation shown to the Symposium participants, both of which are available on the CoOPDM website, provide a foundation for many of the themes expressed through the Symposium and the Boyle McCauley focus groups.

Much of the substance of the Rapid Assessment was integrated into the Symposium findings reported in Chapter One. While most of the detail from the Rapid Assessment was not carried forward in this document, the underlying messages are. For example, data on prescription drug misuse by teens is provided in the Rapid Assessment and supports the views of the Symposium participants that education on prescription drug misuse should begin in the early school years. Frequent poly-drug use, including all of illicit drugs, prescription drugs, alcohol and tobacco, was confirmed. The easy accessibility and low cost of street prescription drugs were documented. Readers wishing to be fully informed on the detail of prescription drug misuse, as far as it could be documented, are advised to refer back to the original Rapid Assessment report and the presentation.

In particular, the Rapid Assessment report and presentation gave careful consideration to the kinds of research and the key indicators which would track prescription drug misuse effectively. The need for more research knowledge is referenced in the Symposium chapter of this report but not to the extent of the detail in the original Rapid Assessment materials.

### **References**

Prescription Drug Misuse in Edmonton and Alberta: A Rapid Assessment. Cameron Wild, Ph.D., Judy Wolfe, M.A, Meaghan Newton-Taylor, Harjit Kang. Addiction and Mental Health Research Laboratory (AMHRL), School of Public Health, University of Alberta. July 7, 2008

<http://www.prescriptiondrugmisuse.ca/resource-centre/research-and-reports/>

Symposium Video. "Prescription Drug Misuse in Edmonton and Alberta: A Rapid Assessment" – Dr. Cam Wild, University of Alberta. March 23, 2010 <http://www.prescriptiondrugmisuse.ca/resource-centre/symposium-video/>

## CHAPTER 4 SYNTHESIS

Here are the major learnings captured in the CoOPDM initiatives. They are organized according to seven major themes which emerged in the Symposium.

### **Theme I Need for a Strategy**

A formal, written Strategy is needed to harness momentum and provide direction. Ideally, a Strategy will contain Long-Term goals themed around prevention and Short-Term goals themed around immediate needs.

Writing a Strategy may be challenging. Because prescription drug misuse is a complex topic touching on health, legal, psychological and social factors, the boundaries within which a Strategy will operate will require careful definition. While professionals will likely agree on the major themes which organize this document, they will likely not all agree on priorities or specific directions. Dialogue will be needed to achieve workable solutions.

The CoOPDM needs to be mindful of the resources required to carry out a Strategy. Either the goals of a Strategy may have to be adjusted to the resources available to carry them out, or the actions of the CoOPDM may have to be restricted to only a part of a larger Strategy.

Maintaining the momentum of a strategy will require leadership. The commitment of government to defining prescription drug misuse as a problem requiring a solution is essential. As well, it was suggested that an independent or arms-length body of some sort, external to government and to directly-involved stakeholders, may be needed to sustain the momentum and leadership which has been generated by the CoOPDM. It may be necessary to create a secretariat, board or institution with authority to monitor prescription drug misuse outcomes. This body would be responsible for communicating with the professions and, indeed, with all stakeholders on trends and issues (for further discussion, see page 14, Further Thoughts from Symposium Participants On Going Forward).

### **Theme II Need for Increased Awareness**

Prescription drug misuse is an under-recognized problem. A strong need for increased awareness that prescription drug misuse exists, and that prescription drug misuse is a problem, crosses many professions and the general public. Even when people think they know about it, they often underestimate its extent, or they think it is being attended to when it is not. Prescription drug misuse is growing, and awareness is in its infancy. Low awareness leaves people vulnerable when they miss signs of misuse or the potential of misuse in others or even themselves. Low awareness makes it difficult to marshal resources.

### **Theme III Need for Increased Knowledge Base**

Increased knowledge is needed in two areas.

First, databases based on regulated systems such as health, pharmacy and law enforcement have the potential to be useful at three levels, a) for policy researchers to aggregate / disaggregate at broad levels, in order to detect trends in indicators related to supply, demand, treatment and outcomes, b) for community leaders and professionals to aggregate / disaggregate at local levels, in order to detect and address local problems, c) for professionals to drill down to individuals, in order to provide individualized care. The Alberta databases were said to have serious limitations when applied to prescription drug misuse diagnosis and management. Current data are not always complete, and access and extraction capacities are limited.

Second, a variety of information needs related to understanding the breadth and depth of prescription drug misuse were identified. They included better information on: segments such as seniors, persons suffering from chronic pain, health professionals with access to prescription drugs, and others; patterns of prescription drug misuse such as underlying reasons, entry points, occasions of use, extent of poly-drug use, and so on; physician practices and attitudes such as how they make choices for different patients; patterns of physician/pharmacist/patient interaction with respect to addictive medications; best practices in pain control; and others.

### **Theme IV Need for Coordinated Action**

Coordination of services is essential. The multi-dimensional nature of prescription drug misuse implies a need for multi-dimensional responses.

But before actions can be coordinated, each stakeholder must act in accordance with their own appropriate role and responsibility. An effective prescription drug misuse strategy will take a position on stakeholder roles and responsibilities. In some cases, the role and responsibility of the stakeholder are not yet clear or accepted. For example, patients should know what drugs they are taking and the risks, but many do not ask; physicians should know how to manage risks with addictive medications but only some are comfortable or willing to do so; law enforcement should know the expectations regarding evidence-gathering and prosecution of prescription drug misuse actions, but not all do; and so on.

The processes or infrastructure to facilitate coordination may need to be developed centrally even if the coordination itself takes place at the local level. Local coordination may depend on what is allowed or supported by central policies. Coordination of services can take many forms, ranging from completely integrated services to informal networking among professionals from different disciplines.

An enormous barrier to the kinds of coordination desired by professionals working in prescription drug misuse is privacy legislation. It is unclear whether the real problem is lack of understanding of privacy legislation, or conditions of the privacy acts themselves, or a mixture of both.

Two supply problems require attention; the solutions are unclear. One is over-prescribing by a small number of doctors; the other is lack of effective disposal practice around unused medications, including end of life situations.

#### **Theme V Need for Increased Professional Capacity**

The need for education of many persons at all levels was a constant theme. The need for education is the consequence of low awareness. Individuals and professionals need to know how to recognize and deal with prescription drug misuse in whatever depth is relevant to their profession or status. Many suggestions of ways to educate professionals were provided, with some building on existing training and education and some based on new approaches.

More generally, the resources dedicated to treatment of prescription drug misuse were said to be slim. Treatment clinics dedicated solely to working with prescription drug misuse would be very beneficial for research, knowledge dissemination and treatment.

#### **Theme VI Need for Social / Environmental Changes**

Our children grow up and our adults live in a culture which accepts “pills” as a part of normal life. Pharmaceutical companies work hard to keep this culture alive and to influence physician behaviour. Not all prescription drug use is misuse. Prescription drugs have important and legitimate uses. They are legal.

All these factors support misuse of prescription drugs. Changes are needed to decrease the extent of prescription drug misuse.

#### **Theme VII Need for Policy Changes**

Some actions which may form part of a strategy to combat prescription drug misuse will require policy changes, that is, legislative action. As noted under Theme II, Need for Increased Awareness, prescription drug misuse awareness is still new in Canada, and it may take time for policy makers to become convinced of the importance of legislative change.

Some of the desired outcomes suggested in Themes II to VI clearly imply legislative changes. Other outcomes might be achieved by either intensive publicity or by policy changes, with the choice expected to become clear over time. The priority areas to investigate are: privacy acts (federal and provincial); statutes regarding controlled substances (federal and provincial), which in turn impact back on privacy acts and First Nations matters; and payment methods to incentivize physicians, pharmacists and individuals to healthy prescription drug behaviour.

# APPENDIX TERMS OF REFERENCE OF THE COALITION ON PRESCRIPTION DRUG MISUSE

## Coalition on Prescription Drug Misuse (CoOPDM)

### Terms of Reference

*Original from October 14, 2008; appended version is updated with current membership and status*

#### 1. Purpose

To review, address and impact the problem of prescription drug misuse in Alberta by coordinating efforts of participating organizations and engaging other stakeholders.

#### 2. Vision

Promoting healthy communities by eliminating prescription drug misuse in Alberta.

#### 3. Mission

To assess and address the issue of prescription drug misuse with a community approach that encourages cooperation, information sharing, education amongst agencies, stakeholders and the community.

#### 4. Scope

The CoOPDM will act as a catalyst and conduit on the issue of prescription drug misuse and will work with the community and other stakeholders to assess and address the problem.

The scope of the CoOPDM is as follows:

- a) Review and understand the determinants, context and effects of prescription drug misuse in Alberta
- b) Consult and engage external stakeholders and groups to better understand and assess the problem of prescription drug misuse
- c) Develop a system for cooperatively collecting, analyzing and sharing actionable information and improving communications amongst stakeholders and agencies
- d) Ensure policy-makers, stakeholders and the community understand the scope of prescription drug misuse, as it is addressed by the CoOPDM
- e) Engage with communities to develop and evaluate actionable plans to address the problem of prescription drug misuse
- f) Create a model that demonstrates how the health care community, law enforcement, and provincial and federal governments can work together to positively address prescription drug misuse

- g) Develop an action plan detailing next steps and recommendations to be implemented by participating agencies and the community to address the problem of prescription drug misuse. This action plan will be detailed in a final report by the CoOPDM
- h) Report to the public and community stakeholders on the CoOPDM's activities, findings and recommendations
- i) Facilitate and support CoOPDM member partners and other stakeholders to develop and implement their own strategies to address prescription drug misuse

### 5. Definition of Prescription Drug Misuse

The Coalition will use the following definition of "prescription drug abuse", as it is defined by the Canadian Centre for Substance Abuse (CCSA):

"The term prescription drug abuse usually refers to any misuse or non-medical use of a controlled psychotropic pharmaceutical drug – that is, the use of a drug for something other than its intended medical or psychiatric purpose (for example, to get "high")."

Where appropriate, or necessary for correct context, the CoOPDM will reference the longer definition used by the CCSA:

"...use of pharmaceutical drugs with centrally acting reinforcing properties that is associated with increased risk for harm, as characterized by obtaining drugs from illegitimate sources, or risky patterns of use (excluding under-use), that deviate from accepted medical practice and/or scientific knowledge, or taking the drug for purposes which are not therapeutic."<sup>1</sup>

### 6. Resources

The CoOPDM has access to short-term financial resources through a grant from Alberta Health Services - AADAC. Financial resources and obligations under the grant agreement are administered by the College of Physicians and Surgeons. Organizations participating in the Coalition have made in-kind contributions of time, information and staff resources. The CoOPDM has engaged the services of a part-time Coordinator to support its activities throughout its term.

### 7. Membership

The membership consists of representatives from key stakeholder groups that have an active interest in the issue of prescription drug misuse. The members of the CoOPDM are as follows:

Alberta College of Pharmacists	Greg Eberhart
Alberta Health Services	Kathie Gavin
	Jill Mitchell
College of Physicians and Surgeons	Dr. Janet Wright
	Clarence Weppler, Co-Chair
	Dr. Susan Ulan
Edmonton Police Service	S. Sgt. Darren Derko
Health Canada	Lynne Waring

Health Canada – First Nations and Inuit  
Health Branch  
RCMP

John Mah

Sgt. Lorne Adamitz, Co-Chair

S. Sgt. Ian Sanderson

Sgt. Donna Hanson

Safe Communities Secretariat

Dr. Margaret Shim

#### **8. Term**

While the solutions to prescription drug misuse will require a long-term effort on the part of many organizations and Albertans, the first planned term of engagement for the CoOPDM ran from May 2008 until March 31, 2010, with CoOPDM funding continuing through the 2010-11 year.

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<sup>i</sup> Health Canada. Draft consensus statement. Workshop to build consensus on concepts and indicators for research on psychotropic pharmaceutical abuse. September 2006.