The Opioid Epidemic…no quick fix

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Faculty/Presenter Disclosure

- **Faculty: Kieran Moore**
- **Relationships with commercial interests:**
  - **Grants/Research Support: None**
  - **Speakers Bureau/Honoraria: None**
  - **Consulting Fees: Ministry of the Environment**
  - **Other:** Employee of KFLA Public Health, Class Acton law suit against pharmaceutical manufacturer of opiates

Thanks…slides, content, energy

- Dr Scott Duggan
- Dr Roger Skinner
- Mr Michael Parkinson
- Dr Jane Buxton
- Dr John Harding
- Many others….

Objectives

- Understand the epidemiology of the opioid epidemic in Ontario
- Describe the role of physicians in this outbreak
- Describe an approach to policy changes that are required at a local, provincial and national level...long road ahead

Define the problem…update on data

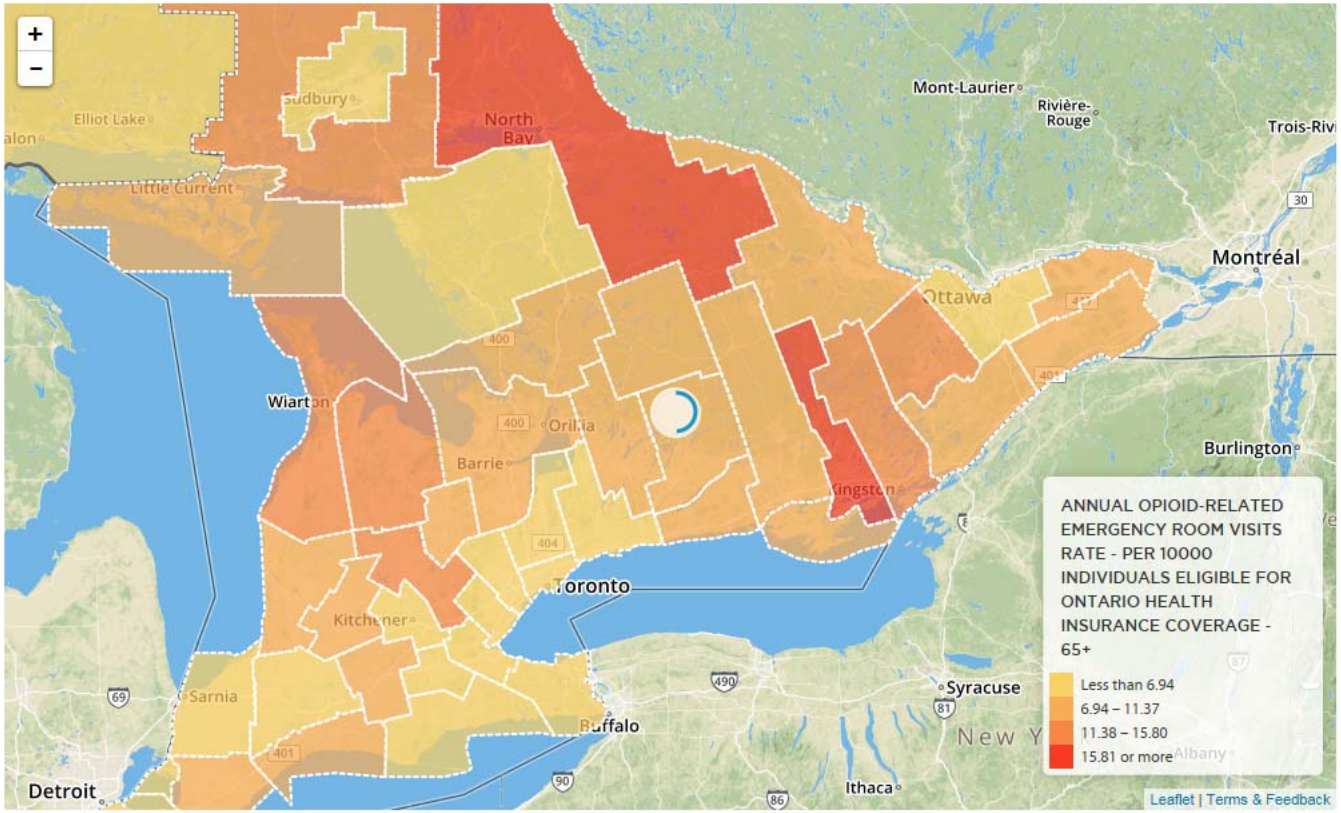
2006-2013

Queen's University

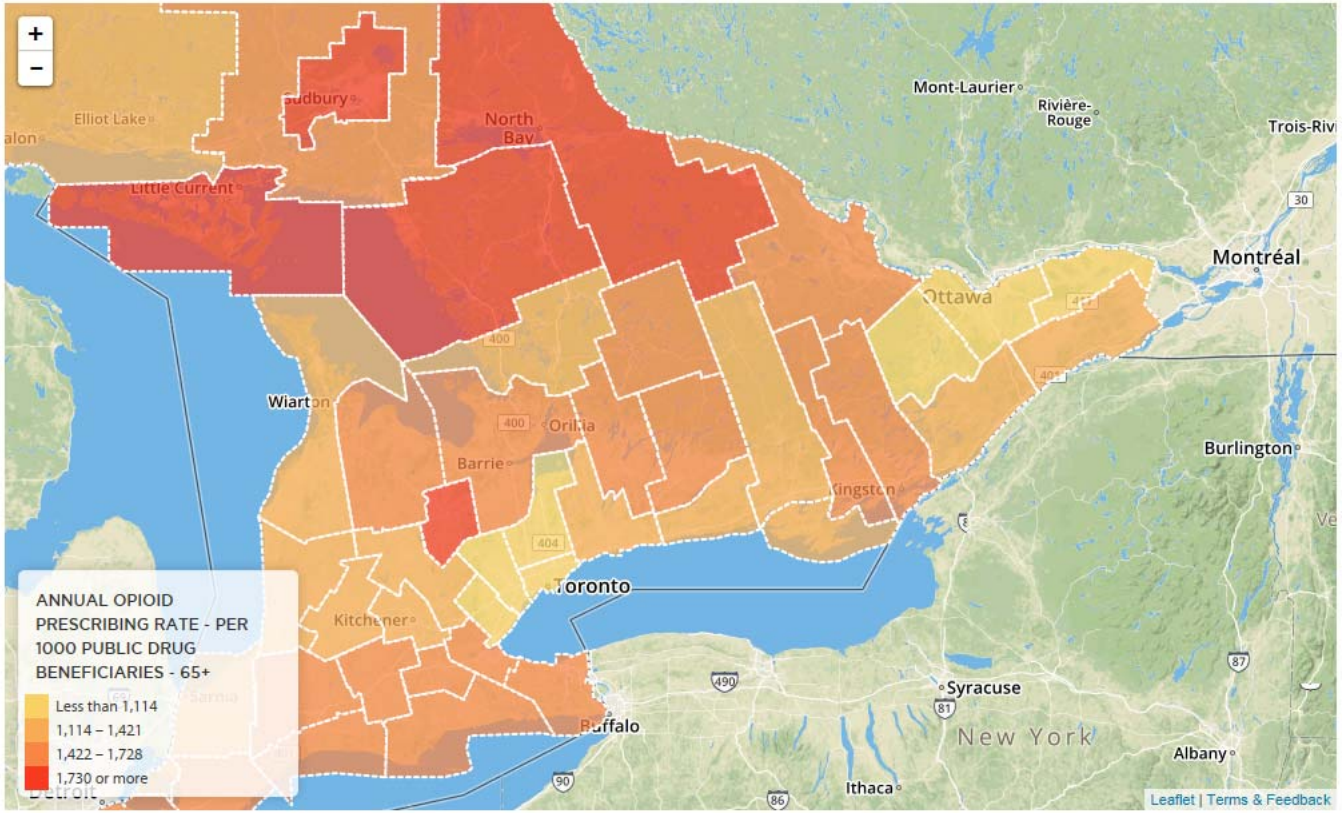
UPDATED FINAL REPORT
October 2015

ODPRN ONTARIO DRUG POLICY RESEARCH NETWORK

Canadian Guideline for Safe and Effective Use of Opioids for CNCP


Mont-Laurier
Rivière-Rouge
Trois-Riv
Sudbury
North Bay
Elliot Lake
Little Current
Montréal
Ottawa
Wiarton
Orillia
Barrie
Burlington
Toronto
Kitchener
Sarnia
Buffalo
Syracuse
New Y
Albany
Ithaca
Detroit
ANNUAL OPIOID-RELATED EMERGENCY ROOM VISITS RATE - PER 10000 INDIVIDUALS ELIGIBLE FOR ONTARIO HEALTH INSURANCE COVERAGE - 65+
Less than 6.94
6.94 – 11.37
11.38 – 15.80
15.81 or more
Leaflet | Terms & Feedback

Legend



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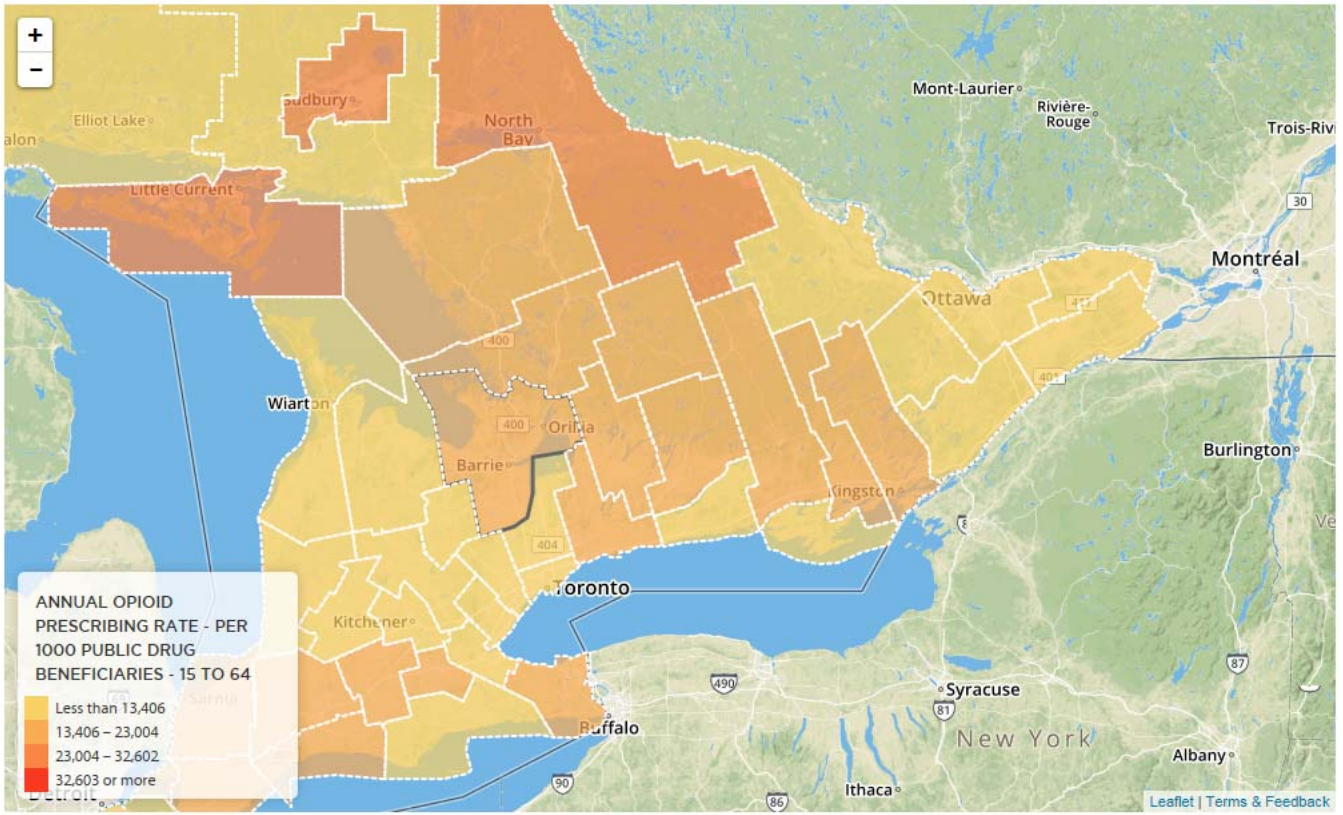
Region map of the Sum of Annual opioid prescribing rate - per 1000 public drug beneficiaries - 65+



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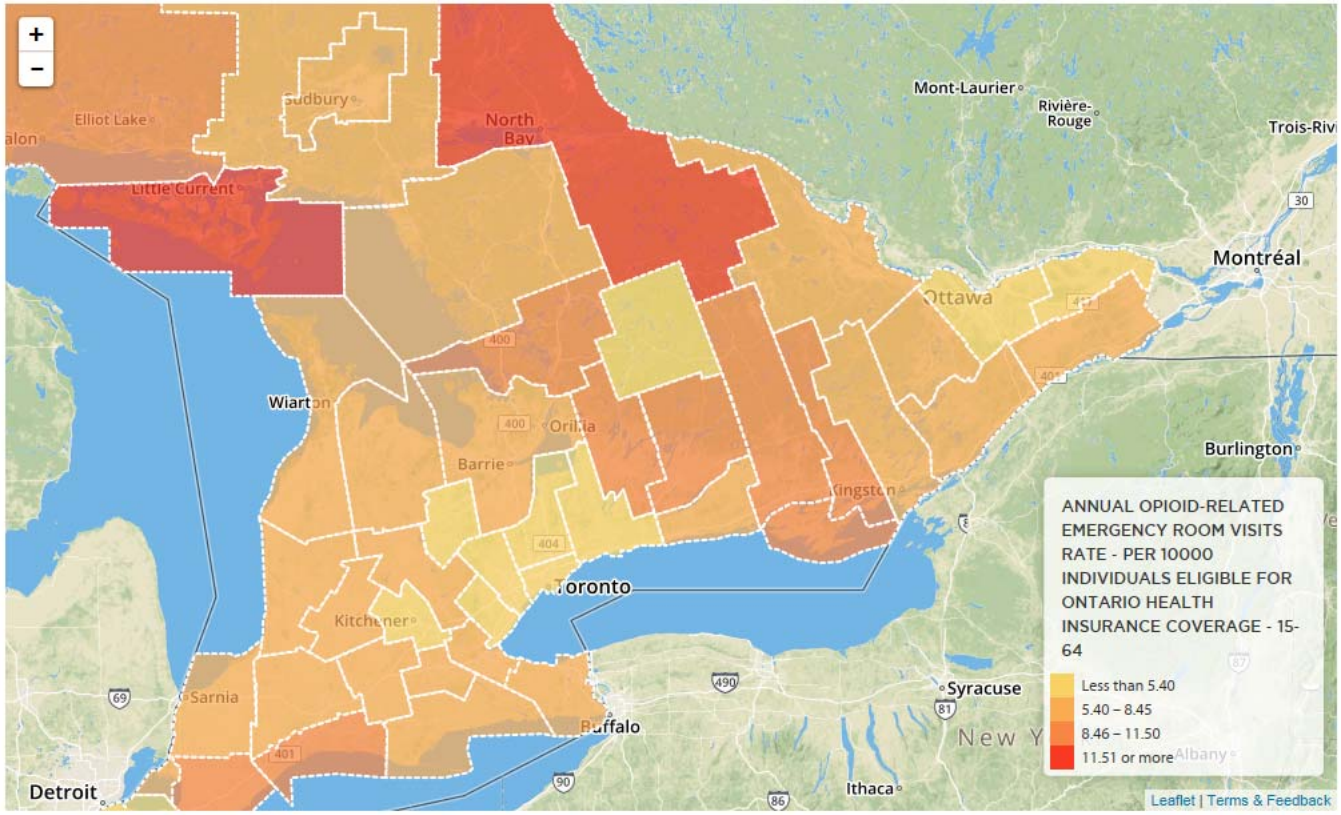
Region map of the Sum of Annual opioid prescribing rate - per 1000 public drug beneficiaries - 15 to 64



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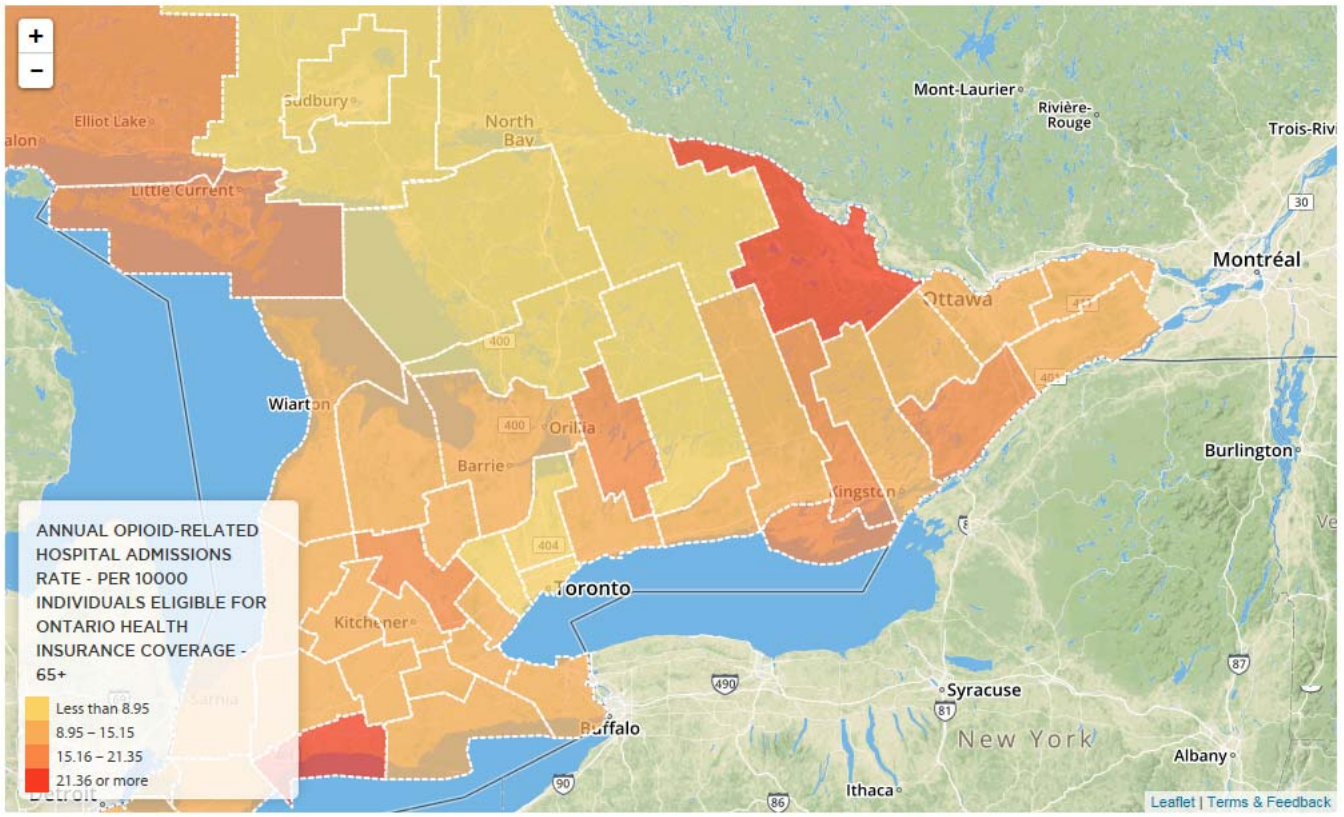
Region map of the Sum of

Annual opioid-related emergency room visits rate - per 10000 individuals eligible for Ontario health insurance coverage - 15-64



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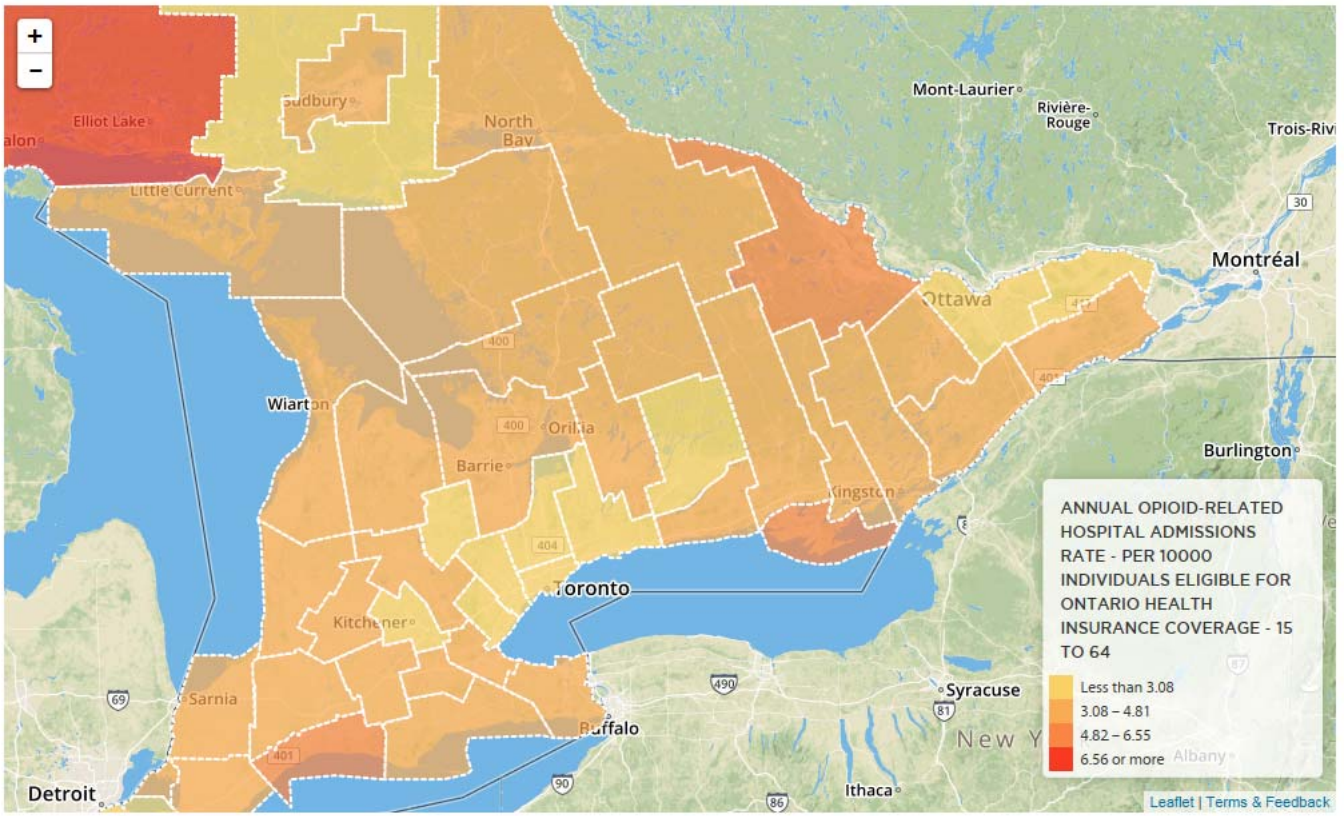
Region map of the Sum of

Annual opioid-related hospital admissions rate - per 10000 individuals eligible for Ontario health insurance coverage - 65+



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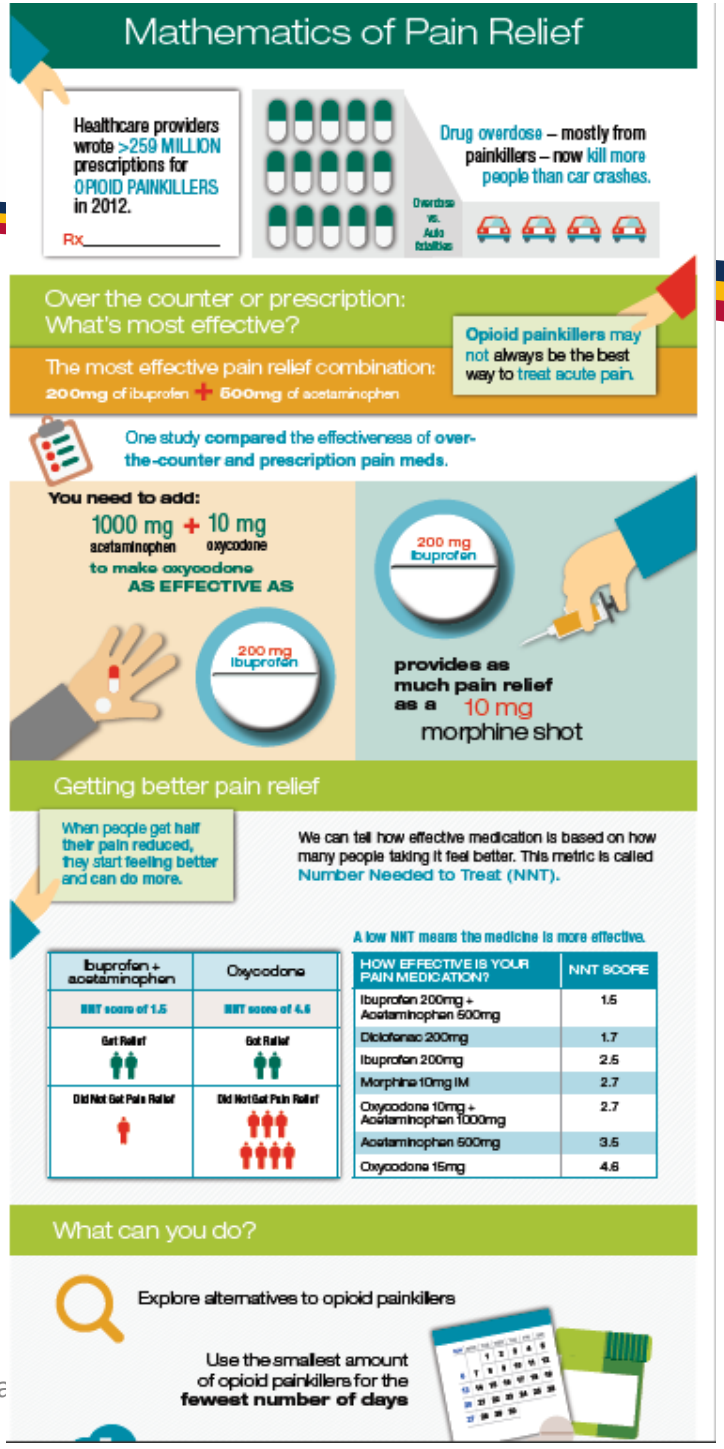
Region map of the Sum of

Annual opioid-related hospital admissions rate - per 10000 individuals eligible for Ontario health insurance coverage - 15 to 64



Canadian Guideline for Sa
Opioids for CNCP

How did it happen?

1. Liberalization of the utilization of opioids for the treatment of non-cancer related pain
2. Lack of knowledge on the part of healthcare providers with respect to potential toxicity
3. Watchful dose guidelines
4. No effective means for monitoring who was prescribing and who was using-**STILL**
5. Aggressive marketing campaigns by manufacturers
6. Law enforcement restricted by health privacy legislation-**STILL**

FEATURE

Six steps to reducing Ontario's community prescribed opioid load:

harm reduction strategies for physicians

by Julia Lew, Third-Year BSc Hon, Queen's University
Kate Trebuss, MS2 Queen's University, BA Hon, MA, M.Phil
Kieran Moore, MD, CCFP(EM), FCFP, MPH, DTM&H, FRCPC

The prescription opioid epidemic continues to be a major public health concern in Ontario. Globally, only the United States has a higher rate of opioid prescribing than Canada, and no province or territory dispenses opioids at a higher rate than Ontario.[1]

Canadian Guideline for Safe and Effective Use of Opioids for CNCP

6 steps-Community Prescribed Opioid load

- Right Patient-screen, careful in chronic non cancer pain
- Right Drug-misuse, addiction ,diversion, death
- Right Dose-link between dose and negative outcomes
- Right Duration-narcotic contract
- Right dispensing-avoid surplus-40 percent unused
- Monitor the effect of reducing community opioid load

http://calgaryherald.com/news/local-news/albertas-worsening-fentanyl-crisis-cripples-middle-class-families-as-doctors-struggle-to-keep-up

HOME NEWS LOCAL NEWS Politics • Crime • National • World • Traffic

Alberta's worsening fentanyl crisis cripples middle class families as doctors struggle to keep up

REID SOUTHWICK, CALGARY HERALD

More from Reid Southwick, Calgary Herald

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Ca

Opioids for CNCP

Rising Fentanyl-related Overdose Deaths in British Columbia

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provisoires indiquent une augmentation constante du nombre d'overdoses liées au fentanyl au cours des trois dernières années. Des comprimés verts, « *fake oxy* », ressemblant à des comprimés d'Oxycontin 80mg (oxycodone), ont été identifiés comme contenant des quantités variables de fentanyl et non d'oxycodone. Les effets physiologiques, signes et symptômes d'une overdose par fentanyl s'apparentent à ceux de l'héroïne. Ce tableau complexifie la gestion des overdoses en situations d'urgence. Les médecins en salles d'urgence pourraient faire face à des situations où la dose standard de naloxone (0,4 – 0,8 mg) pour overdose d'héroïne soit insuffisante pour renverser les effets d'une overdose de fentanyl. Devant pareilles situations, en plus de chercher à éliminer la présence d'autres substances, de plus grandes doses de naloxone sont souvent nécessaires pour renverser l'overdose. Les programmes de naloxone à emporter sont une approche de réduction des méfaits disponible dans plusieurs juridictions aux États-Unis[1] et en Colombie-Britannique depuis 2012. Ils sont présentement disponibles dans 62 sites à travers la province.

There has been a surge in the number of fentanyl-detected overdoses in 2014 among people who use drugs in British

Ontario Chief Coroner perspective

- Problem cases are not coming from the cancer-care sector
- Problems are related to the treatment of chronic non-cancer pain
- Illicit diversion of legally obtained (through prescriptions) opioids
- Improperly prescribed opioids and/or improperly utilized opioids

Opioid-Related Deaths in Ontario

- Is it really a problem?
- 350 opioid deaths in 2008 (did not include methadone, codeine, or meperidene)
- That year, about 125 deaths by drowning
- That year, less than 350 deaths of drivers in motor vehicle accidents
- **513 deaths in 2013, increasing…one every 14 hours**
- **Fentanyl is on the rise in 2014 with over 10 deaths per month**

Prescription Drug Abuse in Ontario

- **Prescription opioids are the predominant form of illicit opioid use**
- **Main sources of opioids are doctor's prescriptions(37%), the street(21%), or a combination(26%), non-prescription purchases(5%), and family and friends**

Sproule, B., Changing Patterns in Opioid Addiction, Canadian Family Physician, vol. 55, January 2009, 68-69.

Narcotics Safety and Awareness Act

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In May 2010, the **Government of Ontario developed a strategy** to address the health and safety concerns related to the use of narcotics and other controlled substances, including a commitment to:

1. Provide for **access** to narcotics and other monitored drugs when they are medically appropriate to treat pain.

2. Reduce the **abuse and misuse** of narcotics and other monitored drugs, including reducing the **diversion of narcotics and other monitored drugs from medically appropriate use.**

3. Support **treatment** for and reduce narcotics-related addictions and reduce narcotics-related deaths.

Monitoring the prescribing and dispensing of narcotics and other monitored drugs is a key tool in the government's strategy. The ability to collect, analyze and report on the prescribing and dispensing of narcotics and other monitored drugs will contribute to appropriate prescribing and dispensing practices and help identify and address systemic challenges that may lead to addiction and death.

Therefore, Her Majesty, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:

Purpose

1. The purpose of this Act is to seek to improve the health and safety of Ontarians by permitting the **monitoring, analyzing and reporting** of information, including personal information, related to the prescribing and dispensing of monitored drugs, in order to,

(a) contribute to and promote **appropriate prescribing and dispensing** practices for monitored drugs in order to support access to monitored drugs for medically appropriate treatment, including treatment for pain and addiction;

(b) identify and **reduce the abuse, misuse and diversion** of monitored drugs; and

(c) **reduce the risk of addiction and death** resulting from the abuse or misuse of monitored drugs. 2010, c. 22, s. 1

Narcotics Safety and Awareness Act

Ontario Regulation 381/11 under the Narcotics Safety and Awareness Act, 2010 came into force on November 1, 2011.

The approved regulation:

- requires the prescriber to include **an identifying number** for the patient on a prescription for a narcotic or controlled substances
- specifies the information the dispenser must record when dispensing a narcotic or controlled substances
- requires dispensers to record the **name, address and identifier** for persons who pick up a narcotic or controlled substance from the pharmacy
- ensures that all opioids (including those not currently listed in the Controlled Drug and Substances Act (Canada),) are monitored drugs in Ontario
- describes the content of public notices and the method of disclosure that would include:
  - information to be collected, used and disclosed under the NSAA
  - the purposes for collection, use and disclosure
  - contact information for prescribers, dispensers and public

Opioid prescribing in the media…https://www.cmpa-acpm.ca/-/the-challenges-of-relieving-chronic-pain-with-narcotics

The challenges of relieving chronic pain with narcotics

Dr. Deborah Davis, *Medical Officer*

Caring effectively for patients who have chronic, non-cancer pain is a complex challenge for Canadian physicians. Management of chronic non-cancer pain can present significant patient safety and medico-legal issues. Prescription narcotic use has increased substantially and deaths from overdose of prescription narcotics have more than doubled in Canada since the early 1990s.[1]

When starting a new practice or taking over another physician's practice, physicians can expect to have some patients who request treatment with narcotics. The CMPA regularly receives calls from physicians who express discomfort with the challenges envisioned with this group of patients. Generally, medical regulatory authorities (Colleges) in all of the provinces and territories emphasize that "clinical competence and scope of practice must not be used as a means of unfairly refusing patients with complex healthcare needs or patients who are perceived to be otherwise difficult."[2]

Given the high prevalence of chronic pain, it would be expected that to care for these patients a physician would either have the knowledge, seek out the knowledge, or consult appropriately. Colleges in all provinces and territories are clear that suffering from chronic pain is not a reason to refuse a patient into one's practice. Physicians who are uncomfortable caring for patients with chronic pain should seek out appropriate consultation and continuing professional development opportunities. It would be prudent to be familiar with the resources available on the various College websites to assist in providing care.

However, a physician, initiating a patient-doctor relationship with a patient who is taking narcotics for chronic pain, is not obligated to continue the treatment. The physician may choose to suggest a tapering of the narcotics, a more appropriate, longer-acting narcotic, or the use of alternate pain management.

CASE EXAMPLES

Case 1: A 64-year-old male with chronic pain following a motor vehicle accident complained to a College that his physicians did not provide him with prescriptions for Demerol (meperidine). After reviewing the matter, the College wrote that prescribing physicians are under no obligation to provide medications, treatments, or investigations that they do not feel are appropriate. Further, the College stated that a patient is under no obligation to attend a particular physician and a physician is under no obligation to treat a particular patient, unless it is an emergency.

. . . the College wrote that prescribing physicians are under no obligation to provide medications, treatments, or investigations that they do not feel are appropriate.

For patients with chronic pain, it is generally accepted that the treating physician should document previous investigations and interventions, both pharmacologic and non-pharmacologic, which have been used to treat the pain. The physician should make reasonable attempts to ask the patient about the evidence for the effect these treatments have had. Medical records from previous caregivers and prescribers should be obtained. There should be a review of the cause of the pain as well as of other medical conditions that might be aggravating or prolonging the pain, with further testing or consultation, if required. The ultimate decision of whether the medication will be prescribed remains with the physician.

When narcotics have been prescribed for chronic pain, failure to closely monitor patient status may result in complaints to Colleges or legal actions.

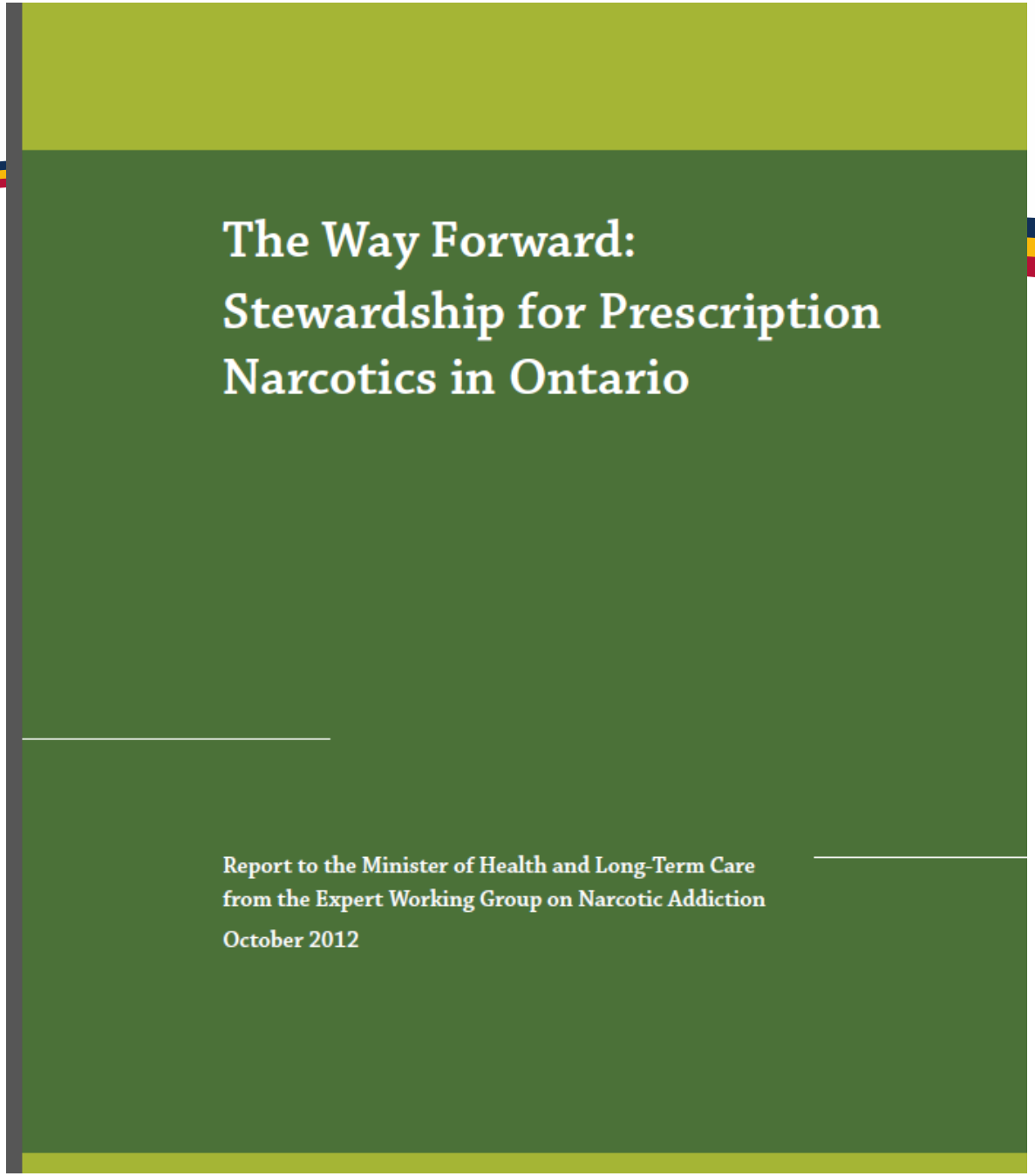
CPSO 2010-report available at www.cpso.on.ca

Queen's University

Avoiding Abuse, Achieving a Balance:

Tackling the Opioid Public Health Crisis

College of Physicians and Surgeons of Ontario



Canadian Guideline for Safe and Effective Use of Opioids for CNCP

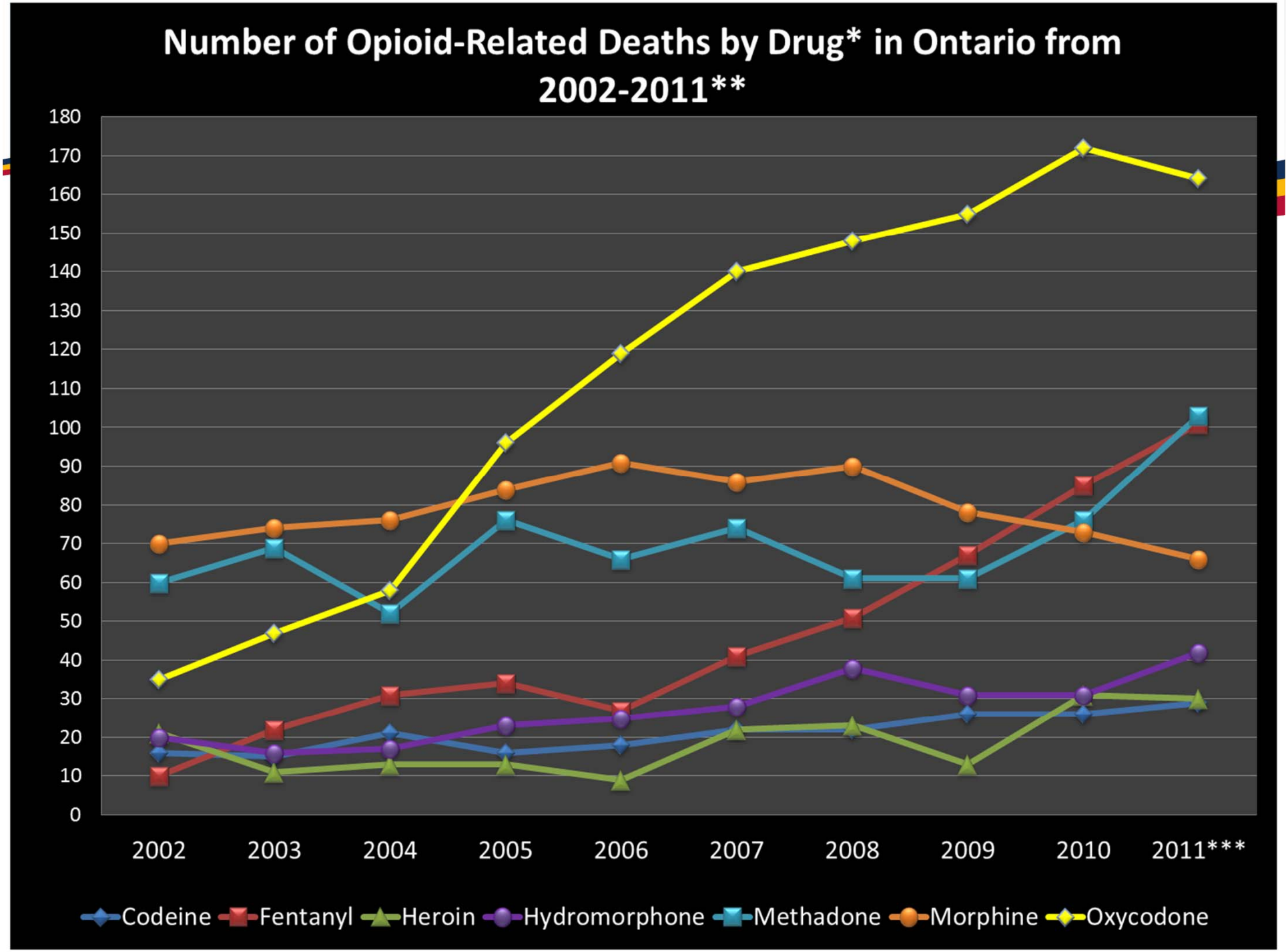
Opioid-Related Deaths in Ontario

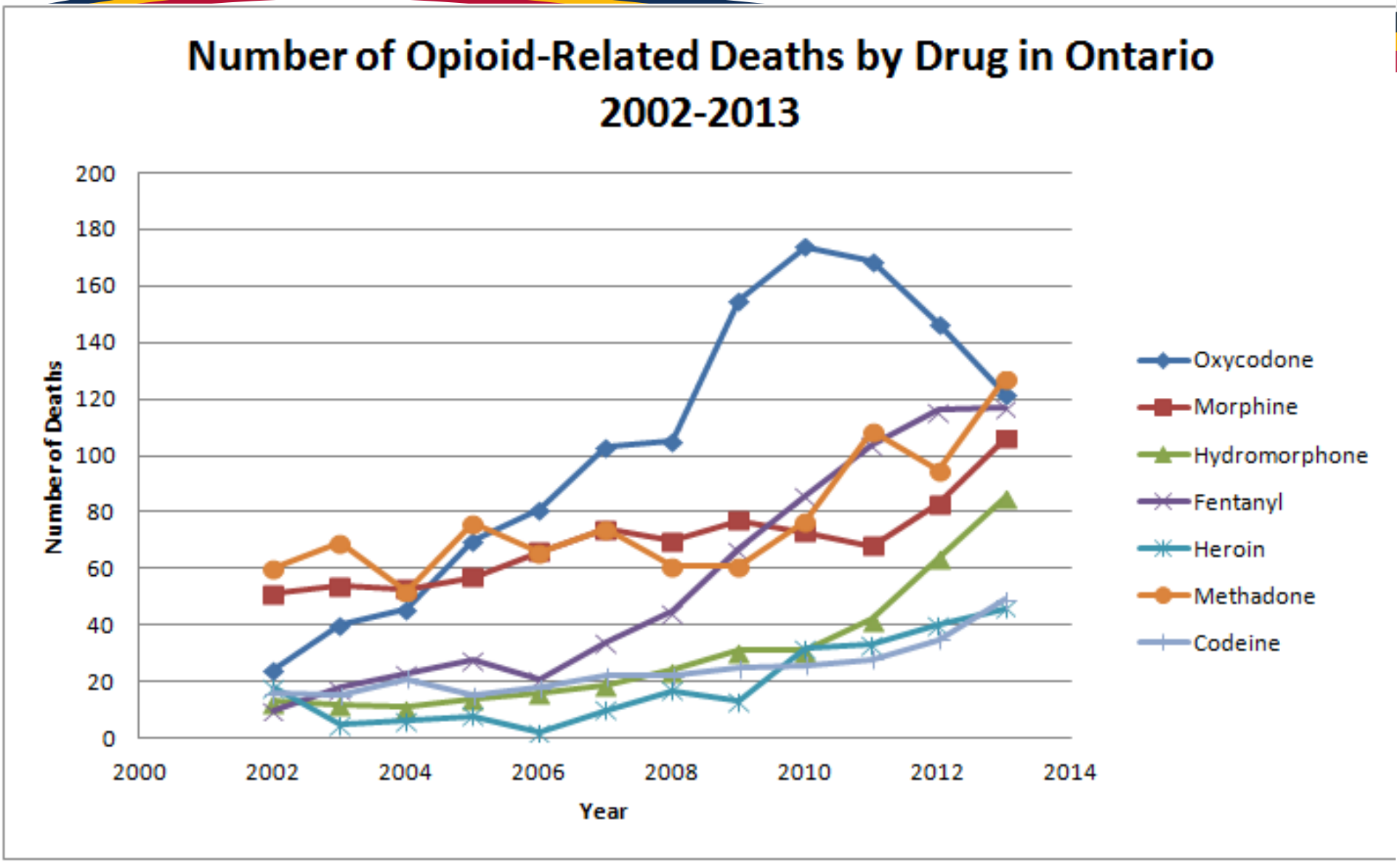
2002	**35**	70	20	**10**	21	**156**
2003	**47**	74	16	**22**	11	**170**
2004	**58**	76	17	**31**	13	**195**
2005	**96**	84	23	**34**	13	**250**
2006	**119**	91	25	**27**	9	**271**
2007	**140**	86	28	**41**	22	**317**
2008	**148**	90	38	**51**	23	**350**
2009	**143**	72	32	**57**	21	**325**
Total	**786**	**643**	**199**	**273**	**133**	**2034**

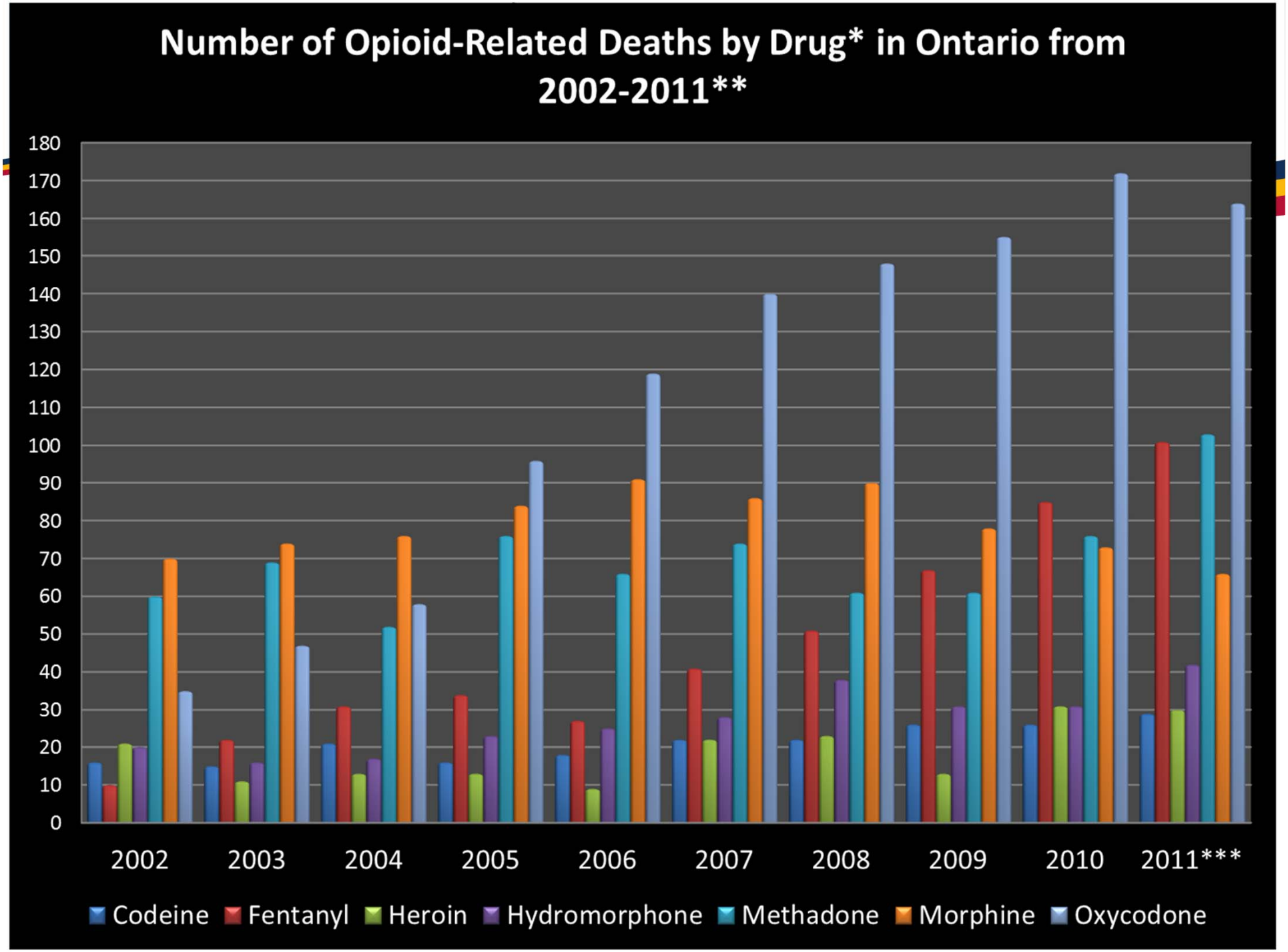
*Does not include Methadone, Codeine, Meperidine

Opioid-Related Deaths in Ontario

Year	Oxycodone	Morphine	Hydromorphone	Fentanyl	Heroin	Methadone	Codeine	Total
2002	24	51	13	10	18	60	16	192
2003	40	54	12	18	5	69	15	213
2004	46	53	11	23	6	52	21	212
2005	70	57	14	28	8	76	15	268
2006	81	66	16	21	2	66	18	270
2007	103	74	19	34	10	74	22	336
2008	105	70	24	45	17	61	22	344
2009	155	77	31	67	13	61	25	429
2010	174	73	31	86	32	77	26	499
2011	169	68	42	104	33	109	28	553
2012	147	83	64	116	40	95	35	580
2013	122	106	85	117	46	127	49	652
Total	1236	832	362	669	230	927	292	4548


Number of Opioid-Related Deaths by Drug* in Ontario from 2002-2011**
180
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30
20
10
0
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011***
Codeine
Fentanyl
Heroin
Hydromorphone
Methadone
Morphine
Oxycodone


Number of Opioid-Related Deaths by Drug in Ontario
2002-2013
Number of Deaths
200
180
160
140
120
100
80
60
40
20
0
2000
2002
2004
2006
2008
2010
2012
2014
Year
Oxycodone
Morphine
Hydromorphone
Fentanyl
Heroin
Methadone
Codeine


Number of Opioid-Related Deaths by Drug* in Ontario from 2002-2011**
180
170
160
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60
50
40
30
20
10
0
2002
2003
2004
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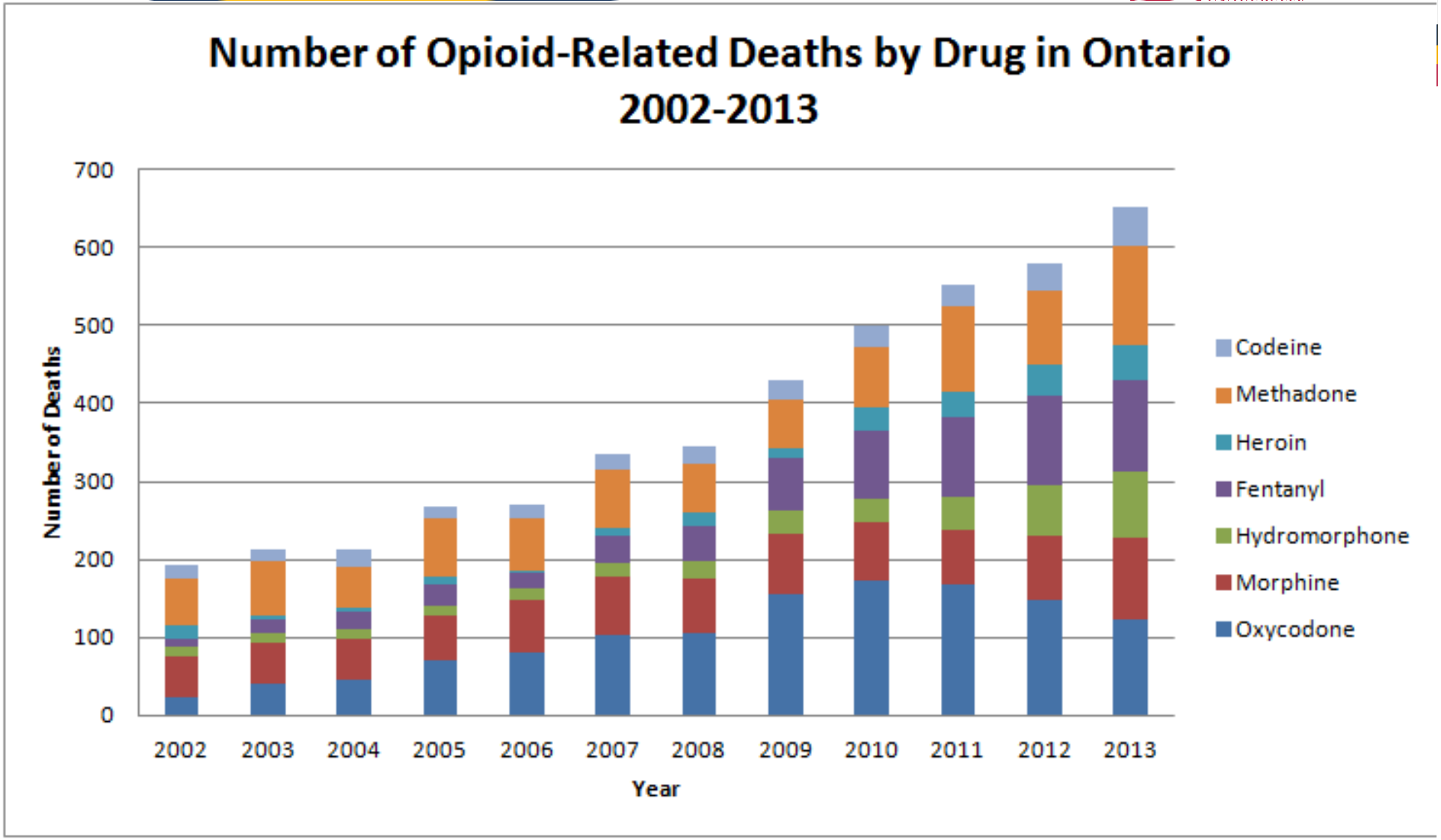
2007
2008
2009
2010
2011***
Codeine
Fentanyl
Heroin
Hydromorphone
Methadone
Morphine
Oxycodone


Number of Opioid-Related Deaths by Drug in Ontario
2002-2013
Number of Deaths
700
600
500
400
300
200
100
0
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
Year
Codeine
Methadone
Heroin
Fentanyl
Hydromorphone
Morphine
Oxycodone

Number of Opioid and Toxicity deaths by Drug in Ontario

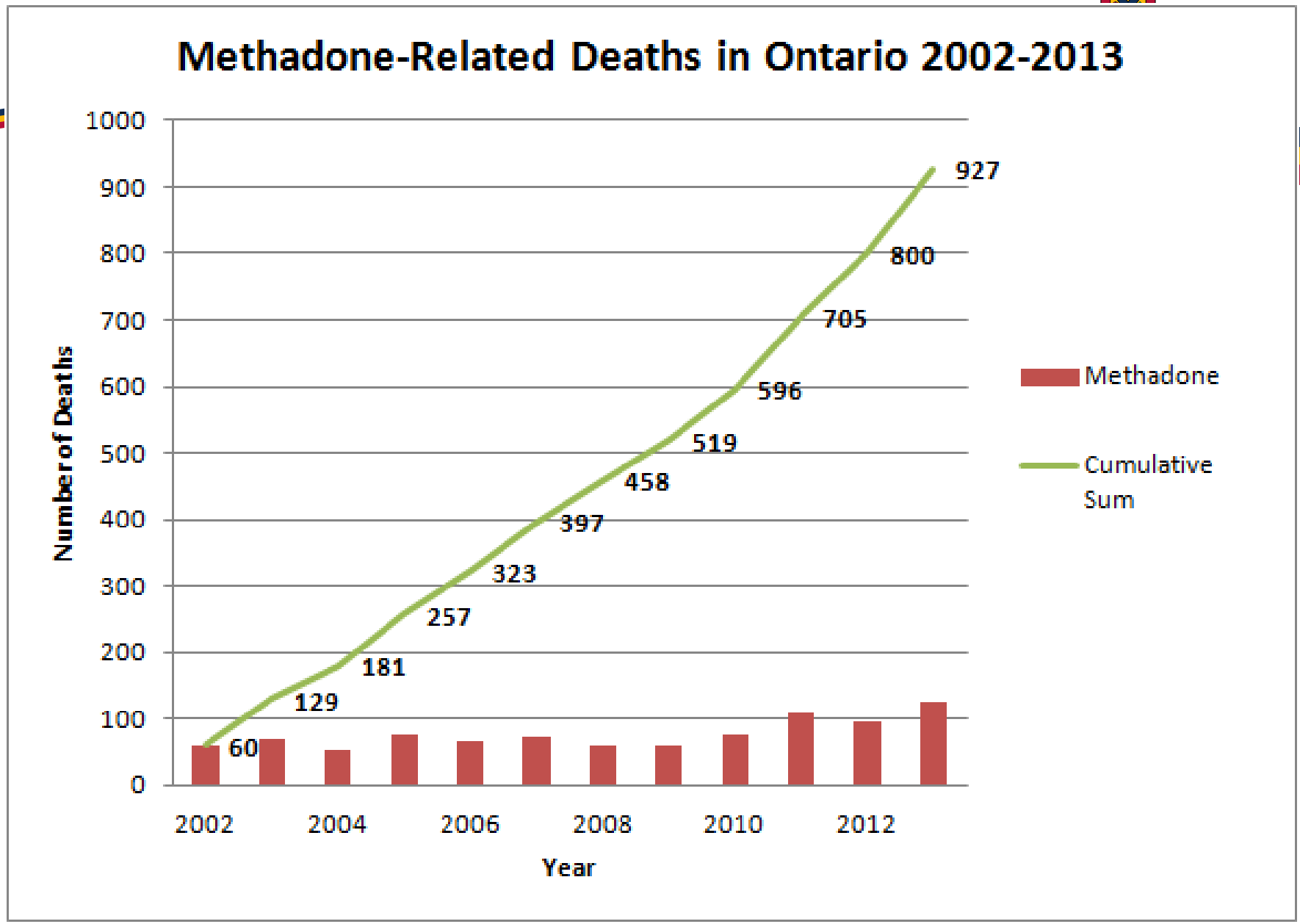
Year	Codeine	Fentanyl	Heroin	Hydromorphone	Methadone	Morphine	Oxycodone	Decedents
2010	26	86	32	31	77	73	174	421
2011	28	104	33	42	109	68	169	447
2012	35	116	40	64	95	83	147	474
2013	49	117	46	85	127	106	122	513

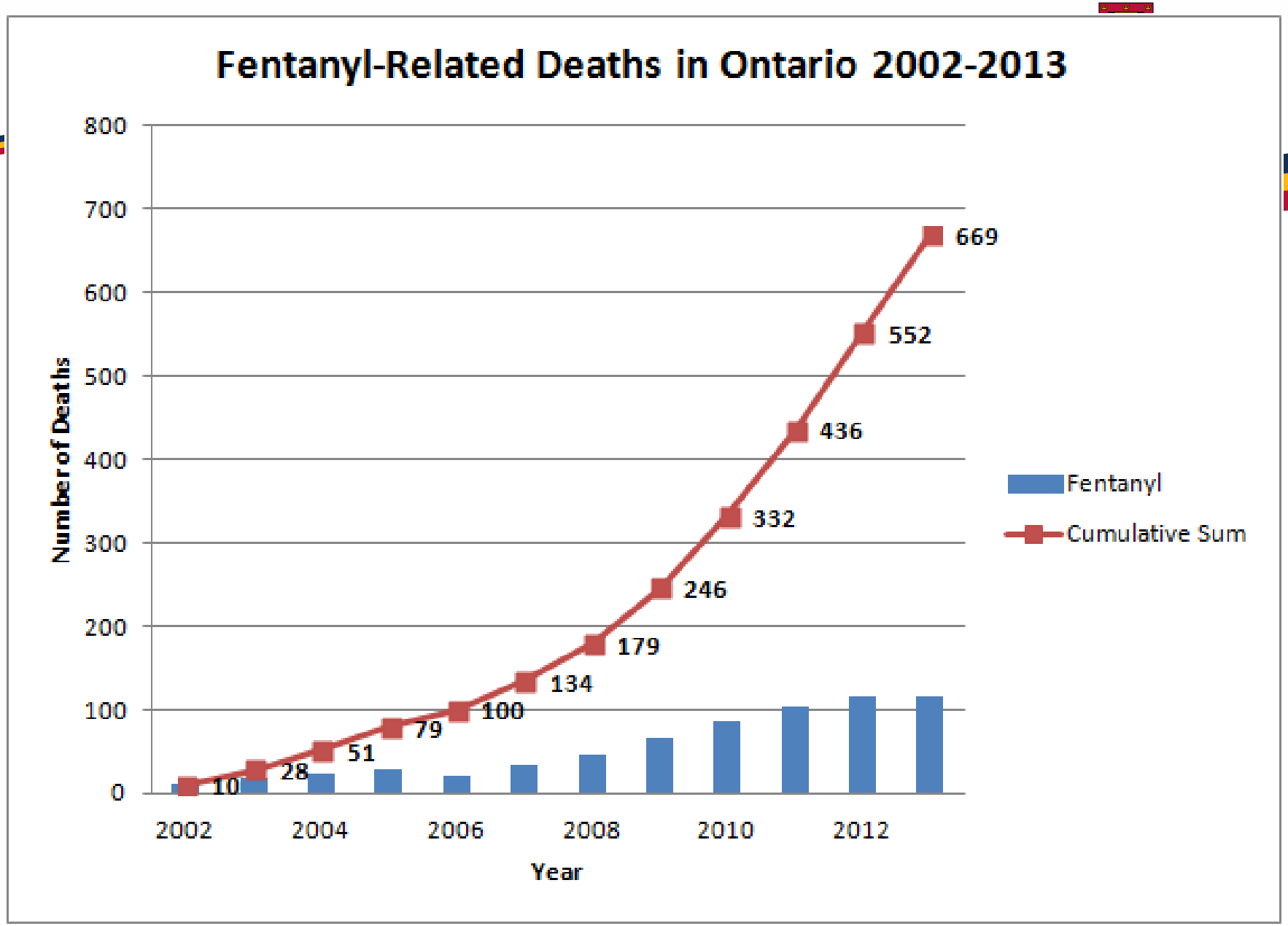
Number of Opioid and Alcohol toxicity deaths in Ontatrio

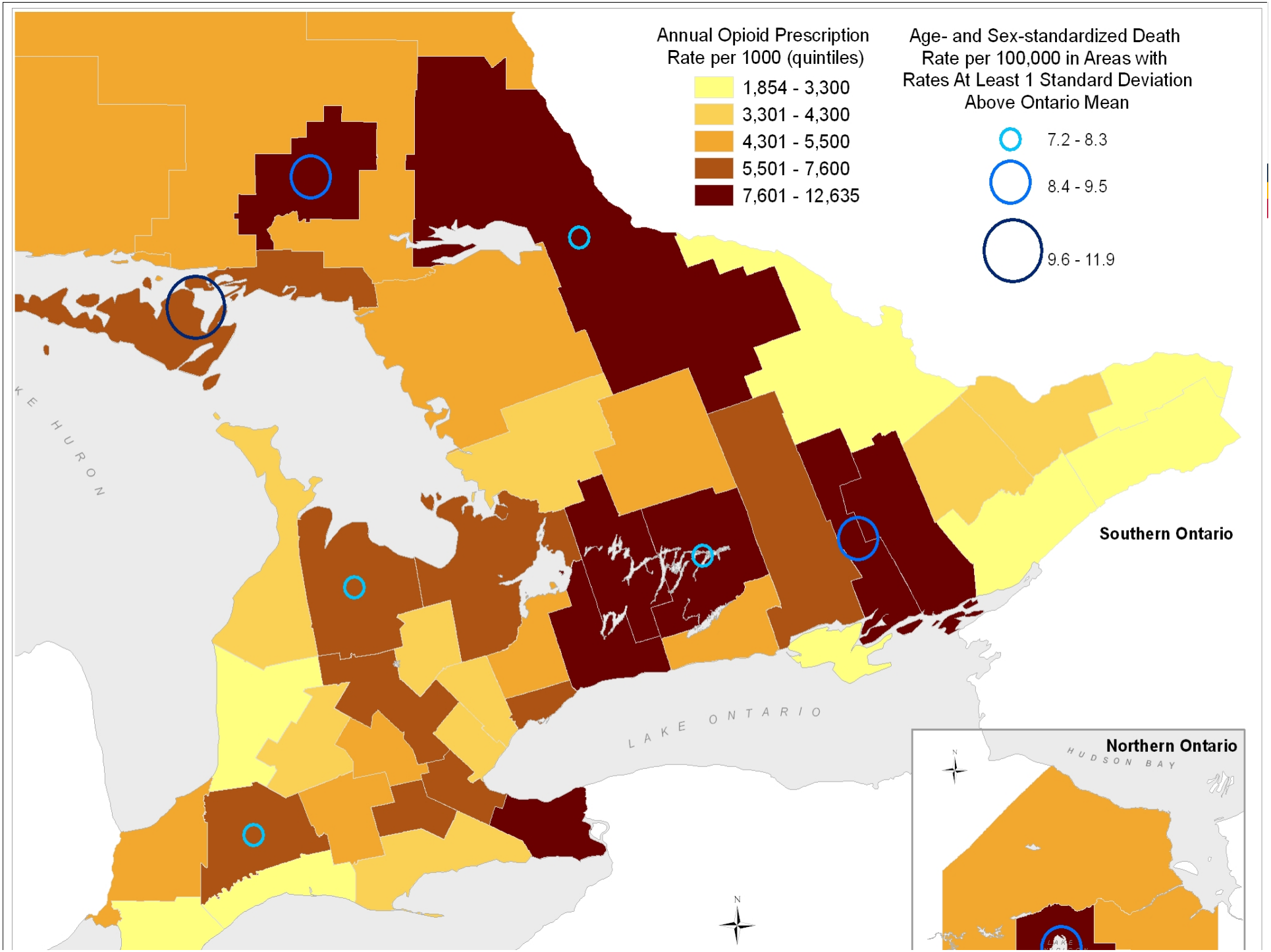
Year	Codeine	Fentanyl	Heroin	Hydromorphone	Methadone	Morphine	Oxycodone	Decedents
2010	8	5	6	15	15	14	37	93
2011	11	8	12	11	9	17	48	100
2012	10	24	16	20	22	12	42	120
2013	7	16	14	24	19	20	31	112

Number of Deaths in Ontario due to Vehicle Related Trauma

Year	Vehicle-Related Trauma
2009	704
2010	773
2011	647
2012	757
2013	662 (625 opiates)


Methadone-Related Deaths in Ontario 2002-2013
Number of Deaths
1000
900
800
700
600
500
400
300
200
100
0
2002
2004
2006
2008
2010
2012
Year
60
129
181
257
323
397
458
519
596
705
800
927
Methadone
Cumulative Sum


Fentanyl-Related Deaths in Ontario 2002-2013
Number of Deaths
800
700
600
500
400
300
200
100
0
2002
2004
2006
2008
2010
2012
Year
10
28
51
79
100
134
179
246
332
436
552
669
Fentanyl
Cumulative Sum


Annual Opioid Prescription Rate per 1000 (quintiles)
1,854 - 3,300
3,301 - 4,300
4,301 - 5,500
5,501 - 7,600
7,601 - 12,635
Age- and Sex-standardized Death Rate per 100,000 in Areas with Rates At Least 1 Standard Deviation Above Ontario Mean
7.2 - 8.3
8.4 - 9.5
9.6 - 11.9
Southern Ontario
Northern Ontario
HUDSON BAY
LAKE ONTARIO
N

Opioid Overdose Prevention in Frontenac County:

The potential impact of a naloxone distribution program based on opioid prescribing rates, tertiary care access and opioid-related mortality data

John P. Harding, MB BCh BAO, MPH

Queen's University

Department of Family Medicine

Background

- Canadians are the second-highest per capita users of prescriptions opioids in the world after the United States (INCB 2013) .
- In Ontario, abuse of prescribed opioids led to an 2.5 fold increase in the rate of opioid-related mortality since 1991 (Gomes et al. 2014).
- Specifically, among those aged 25-34, ***1 in every 8 deaths*** **were attributable to opioid use in Ontario in 2010** (Gomes et al. 2014).
- Naloxone, used in the reversal of opioid respiratory depression, has been approved in Canada for >40 years & has no potential for abuse.
- WHO recommendations (2014) advocate for naloxone distribution and training as part of an overall approach to reducing opioid harm.
- Since October 2013, a naloxone distribution program has been available in Ontario to clients of needle-exchange programs (NEPs) and Hepatitis C clinics.
- In addition, a number of local public health units, including Toronto and Ottawa, are funding their own programs and extending the distribution further by training peers and family in naloxone use.

Objectives

- To review the most recent available data on the opioid-related health burden for the Frontenac region in order to determine the potential impact of implementing an opioid overdose prevention program among populations that are high-risk for overdose.
- This project was developed in order to facilitate the application of Street Health to the provincial naloxone distribution program (PNDP).

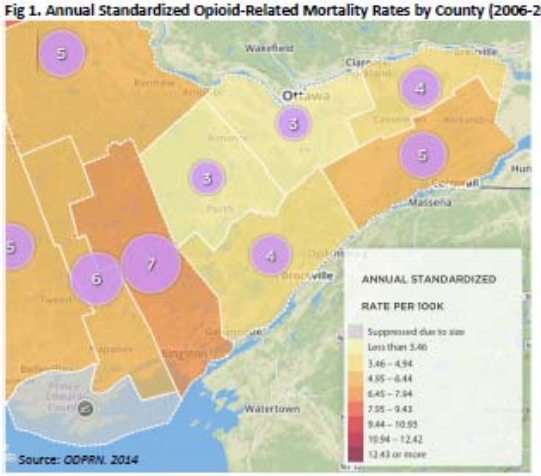
Methods

The data used in this assessment were acquired from the Ontario Drug Policy Research Network's analysis of province-wide opioid-related mortality in Ontario between 1991 and 2010. Additional data were acquired through an Applied Health Research Question request (AHRQ) to the Ministry of Health & Long-Term Care.

Results

In southeastern Ontario, Frontenac is shown below to have the highest rate of opioid-related mortality per person during the years 2006-2010 at more than twice that of mortality in the Ottawa region.

Fig 1. Annual Standardized Opioid-Related Mortality Rates by County (2006-2010)



- Prescribing rate data showed an average of **14 opioid prescriptions per year for every ODB-eligible individual** in Frontenac county
- The annual number of opioid-related emergency room visits over the years of 2006-2010 compared to 2011-2013 showed an increase among all ages by an average of 22%
- The increase in **opioid-related hospital admission rates doubled** over the same years of comparison

Discussion

- In southeastern Ontario, **Frontenac has the highest rate of annual opioid-related mortality per person** in comparison to all other counties according to data available up to 2010.
- More recent data on opioid-related emergency room visits and hospital admissions shows a marked increase, **suggesting that the burden of morbidity related to opioids continues to increase.**
- Assessments were limited by the available data for the region
- Given the trend of increasing opioid dependence and related mortality in Ontario, along with the demonstrated success of multiple naloxone distribution programs, the need to improve access to this WHO-identified essential drug and the necessary training is becoming every more apparent.
- Ideally, as the WHO recommends, **naloxone and training for its administration should be made available to all high-risk opioid users *as well as their peers and family*.**

Conclusion

Frontenac county demonstrates a high rate of opioid-related mortality in comparison to neighbouring regions. In addition, with the available data, tertiary care usage suggests a possible increase in opioid-related harm. Given the overwhelming evidence that naloxone programs save lives, it would be prudent to establish a working naloxone distribution program targeted to those at highest risk of opioid overdose, one which may be expanded to include additional clients and their peers in future.

Fig 2. Annual opioid prescribing rate
(per 1,000 public drug beneficiaries)

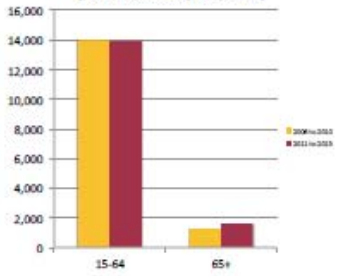


Fig 3. Annual opioid-related emergency room visits rate
(per 10,000 individuals eligible for Ontario health insurance coverage)

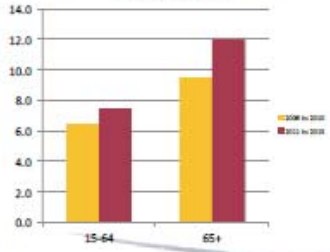
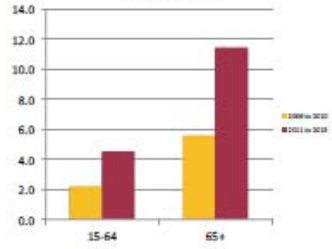


Fig 4. Annual opioid-related hospital admissions rate
(per 10,000 individuals eligible for Ontario health insurance coverage)



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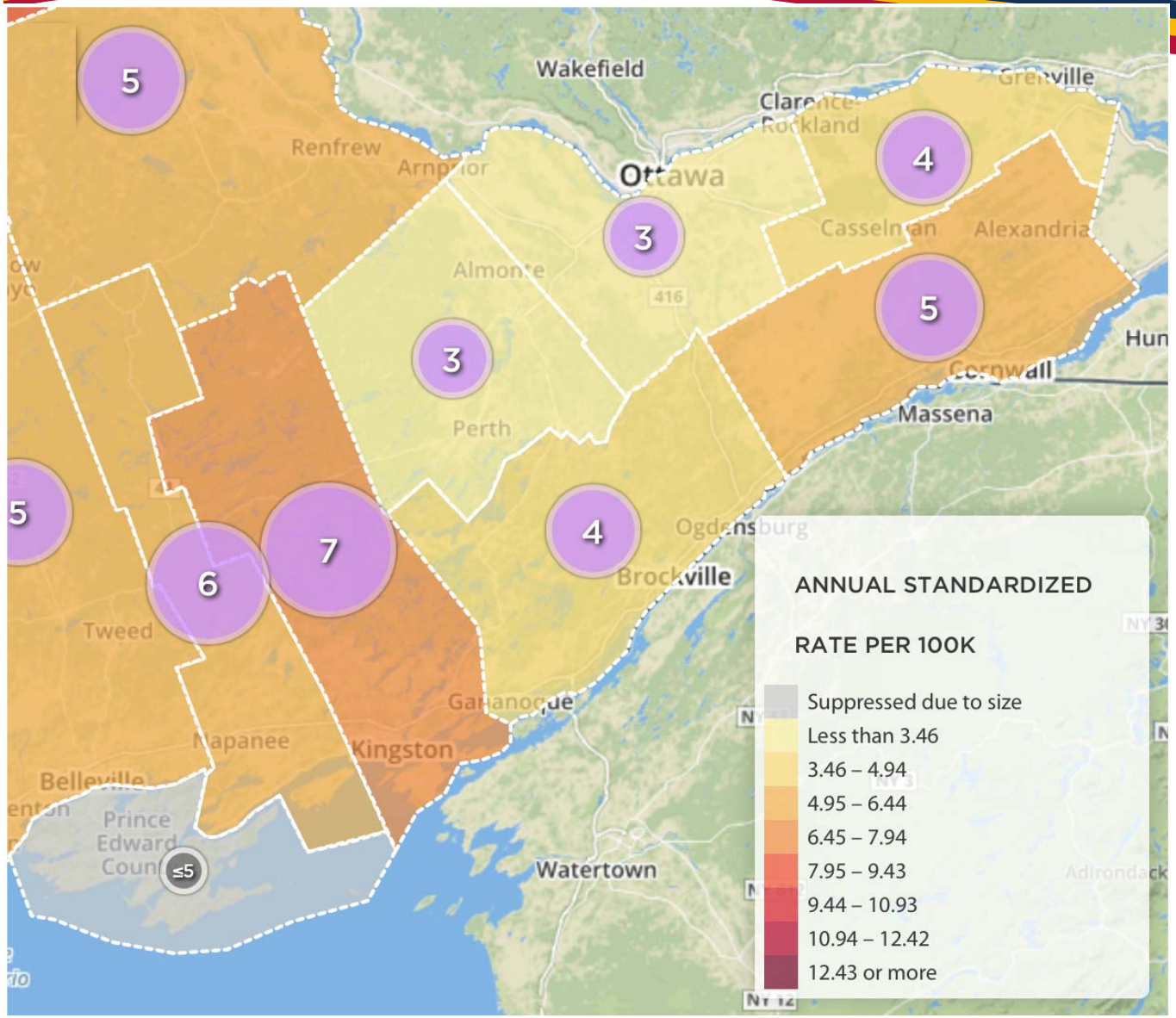
Centre for Studies in Primary Care

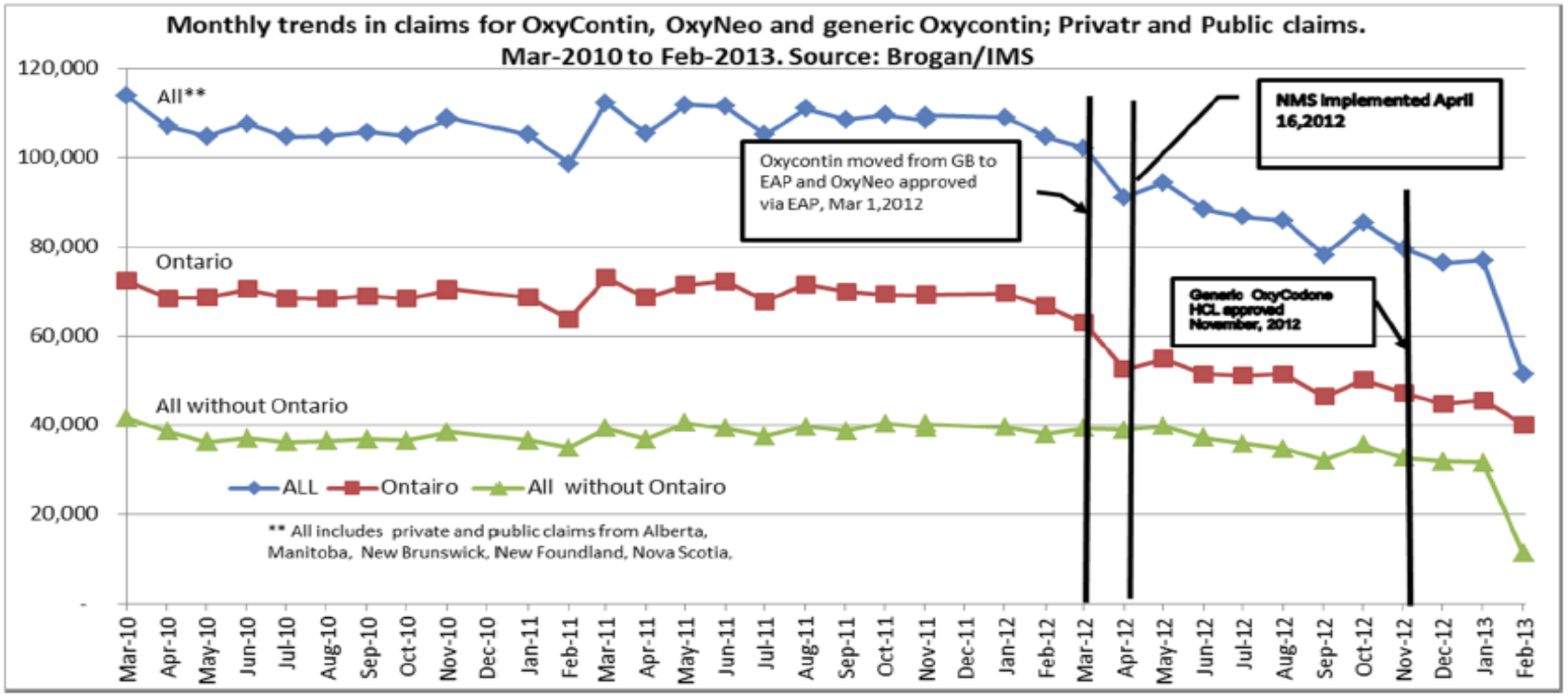
Annual Standardized Opioid-Related Mortality rates by County 2006-2010



NMS Data Trends

Decrease in oxycodone controlled release product utilization in Ontario and nationally

Nationally, about 3% of oxycodone CR claims are for the generic product



Canadian Guideline for Safe and Effective Use of Opioids for CNCP

KFL&A Public Health

Ontario

Queen's University

Figure 1: Opioid "Population Pyramid" and Potential Data Sources

News Release

Health Canada Santé Canada

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Minister Ambrose Talks Prescribing Practices with Healthcare Professionals in Effort to Curb Prescription Drug Abuse

Announces nearly $8 million in additional federal funding

May 15, 2015 - Hamilton, Ontario - Health Canada

The Honourable Rona Ambrose, Minister of Health, attended the Prescribing Practices Forum in Hamilton today, marking an important milestone in the federal government's efforts to work closely with partners to tackle prescription drug abuse.

The Forum, funded by the Government of Canada and hosted by McMaster University, brings together regulatory authorities, health professionals, provinces and territories and experts to identify steps to improve prescribing practices, with the ultimate goal of reducing the abuse of prescription drugs.

During her address, the Minister underscored the Government's commitment to fighting prescription drug abuse by announcing federal funding in the amount of nearly $8 million to support 6 projects focused on improving prescriber education and the development of a coordinated national approach for the monitoring and surveillance of prescription drugs.

Prescription drug abuse is a significant public health and safety concern in North America. Drugs like opioids, sedative-hypnotics and stimulants are legal when properly prescribed and have proven therapeutic benefits. However, when prescription drugs are over-prescribed, misused or abused, they also have a high potential for harm such as addiction, withdrawal, injury, and death.

The Prescribing Practices Forum is one of several ways the Government is supporting initiatives to combat prescription drug abuse. Recent investments include $13.5 million over five years to improve addictions prevention and treatment services for First Nations living on-reserve, and through the Canadian Institutes of Health Research (CIHR) we have expanded the national research network aimed at improving the health of Canadians living with substance abuse to include prescription drug abuse.

Canadian Guideline for Safe and Effective Use of Opioids for CNCP

Bill 33

1ST SESSION, 41ST LEGISLATURE, ONTARIO
64 ELIZABETH II, 2015

1re SESSION, 41e LÉGISLATURE, ONTARIO
64 ELIZABETH II, 2015

Bill 33

(Chapter 33
Statutes of Ontario, 2015)

An Act to reduce the abuse of fentanyl patches and other controlled substance patches

Projet de loi 33

(Chapitre 33
Lois de l'Ontario de 2015)

Loi visant à réduire l'abus de timbres de fentanyl et d'autres timbres de substances désignées

PATCH4PATCH INITIATIVE

Fentanyl Abuse Prevention – A Shared Responsibility

Ontario Association of Chiefs of Police – Substance Abuse Committee 2014

Canadian Guideline for Safe and Effective Use of Opioids for CNCP

Prevention:P4P Physician Responsibility

- Education-secure the patches, track
- Prescription-10 patches maximum-30 days
- Write the pharmacy location, fax
- Fentanyl agreement if patches not returned
- Note to pharmacist and patient: must return (non – sticking) patches with opiod patch exchanges disposal sheet prior to any subsequent dispensing
- Change management process….steps locally….describe…feedback from others?
- OMA, OMR, Newsletter, MAC , Pharmacists, Primary Care, Provincial

Naloxone:http://www.treatmentdirectories.com/naloxone-narcan-training-to-save-life-from-heroin-overdose/

- Prevention for Life report:
- Add to formulary
- Expand access….corrections, Emergency departments, methadone treatment centers, Health Canada-Aboriginal, Inuit, and Metis, bystanders
- Allow other health professionals can prescribe…nurses, pharmacists
- Good samaritan laws
- Health Canada formulations
- Need to promote to decision makers…ALPHA, OMA etc.

CPSO-Consistent Policies in Acute care

The emergency room: not the right place for chronic pain management

Dr. Jennifer Blake is a Gynecologist/ Obstetrician at Sunnybrook Health Sciences Centre and a College Medical Advisor.

"Doctor I can't take the pain, please do something. I've used up all my pain pills; nothing is helping."

If you have seen this patient in your Emergency Department, you are not alone. And chances are good that you will be seeing more patients coming to the ER, looking for opioids, than ever before.

by their primary care physicians, with a team including knowledgeable and vigilant pharmacists and supportive help for any underlying mental or social issues. But what to do when they present in your emergency department?

It helps everyone if there is a robust structure in place for managing these challenging situations. Patients who exhibit a pattern of repeated unscheduled visits for narcotics may benefit form a multi-disciplinary team approach, with frequently scheduled visits to anticipate and plan for their needs. Facilities may also benefit from a proactive plan. Developing a policy for safe prescribing helps keep narcotic use under close supervision, may make it easier to deny inappropriate requests for prescriptions, and reduces the risk of harmful behaviour.

The Canadian Guideline for Safe and Effective Use of

CMA /OMA Motions-MOORE

- Coroner document prescriber of opiates and inform the physician of the death
- Coroner report physician(s) to CPSO in the event of aberrant prescribing
- Call for a provincial naloxone strategy and increased Naloxone availability and expansion of distribution
- Mandatory bi annual education regarding opiates prescribing to maintain license
- Enhanced Narcotic monitoring system
- Physicians monitor community prescribing through the Ontario Drug Policy research website(http://odprn.ca/opioid-prescribing-and-hospital-visits

Public Health rules of E's…least coercive to most coercive

- Evidence/Effective
- Ethical
- Equity
- Education
- Encourage
- Engineer
- Environment
- Enable
- Enforcement
- Economic

Approach-rule of Es

- Evidence-ongoing research , surveillance strategy
- Education-persistent and consistent
- Environment-P4P,Naloxone
- Engineer-EMR/Evidence/Best Practice
- Empowerment-patient and family education
- Enable-alternatives
- Equity-differential effects
- **Enforcement-multiple approaches**
- **Economic-penalties, practice audits**

Safe And Effective Opioid Prescribing: Resources For Physicians

- **Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain** (http://nationalpaincentre.mcmaster.ca/opioid/)

- **National Pain Centre — Opioid Manager** (http://nationalpaincentre.mcmaster.ca/opioidmanager/)

- **Patch4Patch Initiative** (http://www.oacp.on.ca/news-events/news-releases/new-resource-document-addresses-fentanyl-abuse)

- **Choosing Wisely Canada** (http://www.choosingwiselycanada.org/)

- **Interactive Map of Opioid Prescribing and Opioid-Related Hospital Visits in Ontario** (http://odprn.ca/research/research-reports/prematureopioidmortality/)

Kotter

Model of Change

Canadian Guideline for Safe and Effective Use of Opioids for CNCP

Objectives

- Understand the epidemiology of the opioid epidemic
- Describe the role of physicians in this outbreak
- Describe policy changes that are required at a local, provincial and national level

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