

Opioid Misuse and Addiction - a Concern in Peterborough

Opioids are

strong painkillers that can be addictive. Doctors and dentists prescribe opioids to people with acute or chronic pain resulting from disease, surgery or injury. Though pain medications are available by prescription and are slowly released into the body, many people who misuse these substances crush, chew, or inject them, eliminating the time-release properties.

The Misuse of Opioids is Increasing

Opioid medication abuse is on the rise in both Canada and the United States, especially among youth^[1]. In Canada, a large study was completed to examine the trends among illicit opioid users in 7 large cities. The results show that opioid abuse is more prevalent amongst young adults aged 18-25, followed by adolescents (12-17) and only then by adults (26+)^[2].

An Ontario-wide study of students by the Centre for Addiction and Mental Health^[3] found:

- 21% of students in grades 7 to 12 had used prescription opioids non-medically in the past year. This is the third most common substance after alcohol (61%) and marijuana (26%).
- Frequent use of opioid pain relievers is reported by about 8% of students.
- Among all drugs asked about, OxyContin[®] was the only drug to show a significant, but small, increase in non-medical use since the last survey. 2% of students reported use in 2007 Vs, 1% in 2005.

The number of needles distributed by the local Four Counties Needle Exchange Program (FCNEP) has increased from 6,394 in 2000 to 133,452 in 2008. A study of FCNEP users found that OxyContin[®]/oxycodone was injected most often by the greatest proportion of participants (22%) followed by cocaine (21%). Non-prescribed morphine, crack and Dilaudid[®] were all injected by 14% of the participants. 42% of respondents had also used oxycodone orally^[4].

Addiction Rates to Opioids are Rising

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

Data from assessments at Ontario treatment centres show that 17% of the clients entering treatment report problematic use of prescription opioids^[5].

Of the people coming to the Medical Withdrawal Service of CAMH for the treatment of opioid dependence, those having a problem with OxyContin[®] increased steadily from fewer than 4% to 55% over a five-year period^[6].

Commonly Misused Prescription Opioids

- Oxycodone (e.g., Percocet[®], OxyContin[®])
 - Codeine (e.g., Tylenol #3[®], Tylenol #1[®])
 - Morphine
 - Hydromorphone (e.g., Dilaudid[®])
 - Meperidine (e.g., Demerol[®])
 - Methadone or Buprenorphine^{®*}
- (*used to treat addiction to other opioids)

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

A study of the Four Counties Needle Exchange Program^[4] identified the following as the most common injection drugs used (opioids in bold):

- Cocaine 85%
- Crack 78%
- Oxycodone/OxyContin[®] 72%**
- Dilaudid[®] 69%**
- Non-prescribed Morphine 62%**
- Prescribed Methadone 9%**
- Crystal meth 3%

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

Dr Graeme Cunningham, leading expert in addiction treatment.

Locally, the Four County Addiction Service Team (4CAST) has seen a significant number of clients presenting with addiction to opioids. 352 individuals sought help from their Community Withdrawal Management Service. The primary substances they presented with were: alcohol (35%), cocaine/crack (25%), and opioids (24%). The majority started using opioids legitimately for pain management and a high percentage are under the age of 25.

Methadone is a long-acting opioid that helps manage cravings and alleviates withdrawal symptoms so people with opioid addictions can achieve stability and return to healthy and productive lives. Currently there are 920 patients in Peterborough receiving Methadone Maintenance Treatment (MMT)^[7]. Representatives of three of the four MMT clinics report that the majority of patients are using prescription pain relievers (specifically OxyContin[®]).

In 2005, there were 44 Peterborough residents who started MMT and 39 started in 2006. This number swelled in 2007 to 402 and in 2008 with, 374 new individuals registered for MMT^[7].

Deaths Due to Opiate Misuse

An estimated 464 deaths in Ontario have been attributed in 5 years to OxyContin[®]^[8]. Overdose on prescription opioids is very dangerous, as one of the effects of opioids at high doses is slowing breathing to a low rate which can be fatal.

Dr. Peter Clarke, the Regional Coroner for the Central East Region, reports that there were 20 overdose deaths in Peterborough in 2007. In 2006, there were 13 deaths; in 2005, there were 17 deaths directly related to drugs overdoses.

Where Are the Drugs Coming From?

Canada is one of the largest consumers of prescription narcotics internationally, ranking fourth in per capita usage in the world. Diversion of prescription drugs away from legitimate use can occur in many ways (see box at right)^[9].

A January 2009 study found that the majority of people seeking detox help received their opioid pain medication by prescription from a doctor, and a smaller number identified purchasing it on the street or both by prescription and the street. A very small number of people identified receiving pain medication from friends and family^[5].

72% of Grade 7 to 12 Ontario students that have used opioids in the past year, report that they got it at home^[3].

Opioids are increasingly available for purchase on Peterborough's streets. The street value of opioids seized by police has risen from \$2,000 in 2006 to \$24,000 in 2008. The number of people charged with drug related offences rose from 125 to 209.

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

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

In 2007, there were 20 overdose deaths in Peterborough. Comparatively, there was one traffic fatality in the City.

Diversion of prescription drugs can occur anytime from manufacture to consumer:

- “Double-doctoring” or “doctor shopping”—obtaining multiple prescriptions from different physicians;
- Prescription pad theft and tampering resulting in forged or altered prescriptions;
- Physician fraud—fraudulent prescriptions written by doctors in return for money;
- Purchases from friends, relatives, or dealers for whom the drug has been legitimately prescribed;
- Diversion of drugs from substance abuse treatment programs (for example, methadone);
- Diversion from supplies intended for patients in health care facilities or in home-care situations;
- Break-ins and theft from homes, doctors’ offices, pharmacies, manufacturers, wholesalers, courier companies, clinics and hospitals;
- Purchase of drugs on the Internet.
- Diversion of pharmaceutical products in the manufacturing and supply chain.

Social Costs

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

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

Health Costs

The misuse of prescription drugs has an untold impact on our health care system, with a 2002 estimate of the costs to Canadian society at \$1.1 billion^[10].

The Peterborough County City Health Region has the 5th highest rate of Hepatitis C per capita. The majority of these cases are due to intravenous drug use. HIV rates continue to rise in Ontario^[11].

Crime

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

In 2002-2005 in Toronto, Ontario, 47% of illicit opioid users had committed a property offence in the last 30 days, 36% engaged in shoplifting/minor thefts, 68% were themselves involved with the trafficking of drugs^[1].

Crime statistics for the City of Peterborough find that:
- 35 of the 63 robberies committed in Peterborough in 2008 could be directly linked to drugs.

- Drug possession charges increased by more than 30%, between 2000-2007, despite the fact that the Peterborough population has grown only slightly over that same period.

We need a strategy to tackle this problem. We need a solution that really helps people and we need it quickly.

Helen Stevenson, Ontario's assistant deputy health minister in charge of drug programs.



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What can be done about Opioid Misuse?

Many communities have created drug strategies to combat local concerns. The most successful have a comprehensive approach including the following “four pillars”:

Prevention

Educating the public about the risks of opiate use so they can make an informed decision; including environmental supports and policy work.

- ◆ Public education
- ◆ Raising awareness among prescribing health care professionals
- ◆ Advocating for federal & provincial drug strategies & funding
- ◆ Prevention programming for youth in schools and other settings
- ◆ Increased supports for families

Enforcement/Justice

Maintaining community order by reducing the supply of illicit drugs available and resulting crime and court costs.

- ◆ Reducing diversion of drugs
- ◆ Allocating more human resources to drug concerns
- ◆ Increased surveillance
- ◆ Prescription monitoring program(s)
- ◆ Drug courts
- ◆ Educating community partners

Harm Reduction

Providing resources and materials to reduce the harm from drug use, including HIV& Hepatitis C transmission, infections, and overdose.

- ◆ Overdose prevention
- ◆ Provision of safer injection equipment & training
- ◆ Tainted drug alert protocols
- ◆ Outreach and skills building with people using illicit drugs
- ◆ Educating community partners

Treatment

Providing programming to people already dealing with problematic substance use ranging from total abstinence to managing use, depending on the needs of the individual seeking that treatment.

- ◆ Advocating for increased funding for treatment
- ◆ Comprehensive Methadone Maintenance Treatment
- ◆ Peer Support Networks
- ◆ Increasing availability of treatment options and timing
- ◆ Increased support around mental health concerns

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

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

Want to get involved? Contact The Peterborough Drug Strategy
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