OXYCONTIN TASK FORCE

FINAL REPORT

Submitted to

The Honorable Elizabeth Marshall,
Minister of the Department of Health and Community Services

The Honorable John Ottenheimer,
Minister of the Department of Education

The Honorable Tom Marshall,
Minister of the Department of Justice

June 30, 2004

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EXECUTIVE SUMMARY

In response to concerns from law enforcement, health professionals and community advocates, the Government of Newfoundland and Labrador created a Task Force to make recommendations on a comprehensive strategy for the management of OxyContin and other related narcotics abuse. The Task Force is a collaborative partnership of the Departments of Health and Community Services, Justice and Education.

From January to May 2004, the Task Force explored a number of questions including:

- *What is OxyContin?*
- *How is OxyContin different from other similar prescription drugs?*
- *Who are the users of OxyContin?*
- *Why is OxyContin a problem?*
- *What are the individual and system practices supporting OxyContin misuse?*
- *How do we prevent OxyContin abuse through education?*
- *How do we help individuals who abuse OxyContin?*
- *What are effective harm reduction strategies?*
- *What legislative and policy issues need to be addressed?*

The report of the Task Force attempts to answer these questions and to identify concrete recommendations and solutions. The report has several sections which have been broadly organized to focus on:

- defining the problem, including the various factors leading to misuse and abuse of OxyContin, and
- identifying education and prevention initiatives, treatment options (including detoxification), harm reduction strategies, and legislative and policy issues.

Findings

- OxyContin users come from a variety of environments. Police intelligence suggests that the bulk of OxyContin on the streets originates with prescriptions generated in the province.
- Information collected by the Task Force suggests a growing number of users among the adolescent population.
- There are significant changes in the number of prescriptions, the number of tablets, and the increasing strength of OxyContin available. These changes cause significant concern among professionals dealing with the misuse/abuse of OxyContin.
- Diversion of OxyContin for criminal purposes is widespread and the increased access to OxyContin supports drug seeking behavior such as double doctoring.
- There are a small number of physicians who are prescribing controlled substances in an excessive manner.

- There are gaps in the treatment available for individuals who are addicted to OxyContin.
- There is no mechanism that allows the appropriate sharing of information with the police for those individuals who are suspected of double-doctoring.
- The Newfoundland Medical Board believes its legislation does not give them the authority they need to fully investigate complaints against physicians.
- Health Canada's role in monitoring and auditing sales of controlled substances and investigating adverse events needs strengthening.

Recommendations

The Task Force's recommendations reflect the information its members have gathered and their analysis of the options available to the province to address the issues of OxyContin abuse. The Task Force recommendations include:

- Increased education and support for adolescents.
- Increased education and information concerning pain management, including the role of opioids, addictions issues, approved dosage levels, appropriate prescribing, and available resources.
- Greater monitoring and support for information sharing between the Department of Health and Community Services (DHCS) and the law enforcement agencies in the province.
- Developing, implementing and adapting current treatment resources to better meet the needs of youth and adults experiencing addictions.
- Establishing a Methadone Advisory Committee to oversee the development and implementation of methadone maintenance programs in this province, including drafting of clearly established Methadone Maintenance Guidelines, licensing and training requirements for methadone treatment programs, and other options for treatment.
- Providing government funds to support the AIDS Committee of Newfoundland and Labrador's ability to implement a formal needle exchange program for the St. John's area and further assess the extent of intravenous drug use throughout the province.
- Implementing tamper resistant prescription pads for use in the province for controlled substances.
- Dedicating additional resources to the training of officers and the allocation of officers to drug prevention, drug enforcement, and investigation.
- Continued funding for the development of a Pharmacy Network.
- Strengthen the role of Health Canada in monitoring and auditing sales of controlled substances and investigating adverse drug events.
- Implement legislative and regulatory amendments to facilitate investigation and intervention.

The Task Force believes a comprehensive strategy will help address the numerous issues arising from the misuse and abuse of OxyContin and other narcotics. Every component must be implemented if we are to see improvements and positive changes in our communities affected by OxyContin abuse. The Task Force also believes a collaborative effort is necessary to achieve and sustain long term results. It is essential that the Department of Health and Community Services take the lead in ensuring that the recommendations are implemented. Key to accomplishing these goals is the refilling of the existing, vacant Addictions Consultant position at the Department to develop and coordinate this plan.

GLOSSARY

The Task Force found it helpful to clarify terminology used in the report:

Addiction: a term used to describe a range of compulsive behaviours. Drug addiction refers to a psychological and/or physical need to take a drug on a regular basis to experience the drugs effects and to avoid the discomfort of its absence (withdrawal). Addiction is usually characterized by drug seeking behaviour whereby the individual continues to use the drug despite negative consequences.

Double-doctoring: when individuals seek or obtain a prescription for a drug listed in the Controlled Drugs and Substances Act from more than one doctor in a 30 day period, without disclosing to the doctor other prescriptions obtained for the same or similar substance.

Drug Abuse: the excessive use of a drug whereby it creates problems for the individual and /or others. The individual continues to use the drug despite these negative consequences – physical, mental, social, emotional, legal or economic. An individual may abuse different drugs without necessarily developing a physical or psychological dependence on them.

Drug Dependence: psychological and/or physical dependence on a drug resulting from use of that drug on a periodic or continuous basis. This is usually characterized by tolerance and withdrawal symptoms. An individual who uses the drug feels unable to function without taking the drug.

Drug Misuse: the use of any legal, prescription or over-the-counter (OTC) drug for a purpose for which it was not intended. These drugs may also be misused if they are taken too often, for too long, too much or in combination with other drugs.

Drug Interdiction: to find, confiscate or destroy drugs.

SECTION ONE -- INTRODUCTION

In response to concerns from law enforcement, health professionals and community advocates, the Government of Newfoundland and Labrador implemented in December 2003 a two pronged approach to addressing the misuse and abuse of OxyContin. The government developed a communications strategy to inform concerned individuals and members of the general public about OxyContin. This strategy included education sessions in the junior and senior high schools in the province, and the distribution of bookmarks and posters, outlining the dangers of OxyContin misuse and abuse. A website containing information on OxyContin as well as treatment resources in the province was also developed. This information is available on the provincial government website www.gov.nl.ca.

Secondly, the provincial government created a Task Force to make recommendations on a comprehensive strategy for the management of OxyContin and other related narcotics abuse. The Task Force is a collaborative partnership of the Departments of Health and Community Services, Justice and Education. The mandate of the Task Force is to make recommendations on a comprehensive strategy for the management of OxyContin and other related narcotics abuse.

The members of the Task Force are:

Members

- Beverley Clarke, Chief Executive Officer, Health and Community Services, St. John's Region, Task Force Chair
- Dr. Thomas Cantwell, Clinical Chief of Mental Health, Health Care Corporation of St. John's
- Joe Browne, Deputy Chief, Royal Newfoundland Constabulary
- Ralph Alcock, Assistant Deputy Minister, Public Protection, Department of Justice
- Brenda Smith, Director of Student Support Services, Department of Education
- Margot Priddle, Pharmacy Consultant, Treasury Board
- Dr. Robert Miller, Associate Professor and Chair, Discipline of Family Medicine, Memorial University of Newfoundland

Ex Officio

- Colleen Janes, Director of Pharmaceutical Services, Department of Health and Community Services

- Valerie Anderson, Program Consultant, Department of Education
- Michelle Ryan, Provincial Coordinator - Model for the Coordination of Services to Children and Youth with Special Needs, Government of Newfoundland and Labrador
- Kim Baldwin, Director of Mental Health and Addictions, Health and Community Services – St. John's Region
- Sean Ryan, Inspector, Royal Newfoundland Constabulary
- Dr. David Allison, Medical Officer of Health, Health and Community Services – St. John's Region

SECTION TWO -- OVERVIEW OF TASK FORCE ACTIVITIES

The Task Force is responsible for:

- Identifying the nature and extent of the problem related to OxyContin abuse.
- Identifying best practices related to education and prevention, detoxification, treatment, and harm reduction.
- Making recommendations to limit unauthorized access and inappropriate use of OxyContin and other related narcotics.
- Liaising with appropriate stakeholders, professional associations and experts, in particular physicians, pharmacists, police and addictions treatment specialists.
- Providing a final report with recommendations.

The Task Force submitted an Interim Report, dated January 31, 2004 that provided recommendations for short-term solutions to the provincial government. As outlined in the Interim Report, the Task Force has spent considerable time understanding the nature and extent of the problems related to OxyContin use, misuse and abuse. This included: researching best practices, discussions with experts and other knowledgeable individuals who were able to assist the Task Force, and forming working groups to deal with select issues.

The Task Force would like to acknowledge the contributions from individuals, families, community advocacy groups and other interested stakeholders. The Task Force invited the public to provide input into its deliberations. The Task Force heard 21 presentations and ensured that everyone who wanted to present had the opportunity to do so. These presentations were held in-person as well as via teleconference, the latter enabled individuals throughout the province to participate. Written submissions were also accepted.

In addition, some members of the Task Force met with individuals in treatment for addiction to OxyContin and other drugs and would like to thank them for sharing their experiences.

The Task Force members participated in several public forums focusing on OxyContin abuse. These events provided additional opportunities to listen to the experiences of people in our communities who are coping with OxyContin abuse.

The Task Force would like to acknowledge the contributions of a number of professional associations. These included the regulatory bodies – the Newfoundland Medical Board and the Newfoundland Pharmaceutical Association, and the professional associations – the Newfoundland and Labrador Medical Association and the Pharmacists' Association of Newfoundland and Labrador.

The Task Force also benefited from the participation of a variety of professionals on the working groups which examined in depth issues in:

- Continuing education for physicians and pharmacists;
- Developing and implementing tamper resistant prescription pads;

- Developing and implementing comprehensive drug education sessions for youth; and
- Researching approaches, options, and best practices for detoxification and treatment.

The Task Force explored a number of questions including:

- *What is OxyContin?*
- *Who uses OxyContin?*
- *Why is OxyContin a problem?*
- *What are the individual and system practice supporting OxyContin misuse?*
- *How do we prevent OxyContin abuse through education?*
- *How do we help individuals who are abusing or addicted to OxyContin?*
- *What are effective harm reduction strategies?*
- *What legislative and policy issues need to be addressed?*

The report of the Task Force attempts to answer these questions and to identify concrete recommendations and solutions. The report has several sections broadly organized to focus on:

- defining the problem, including the various factors leading to misuse and abuse of OxyContin, and
- identifying education and prevention initiatives, treatment options (including detoxification), harm reduction strategies, and legislative and policy issues.

SECTION THREE – WHAT IS OXYCONTIN?

OxyContin is a semi-synthetic, opioid class (narcotic) analgesic. It is manufactured by Purdue Pharma and received US FDA approval in 1995. OxyContin received approval from Health Canada in 1996. OxyContin is indicated for relief of moderate to severe pain requiring the prolonged use of an opioid analgesic preparation. The active ingredient in OxyContin tablets is oxycodone, a compound that is similar to morphine and is also found in oxycodone combination pain relief drugs such as Percocet and Percodan.

What makes OxyContin unique among products containing oxycodone is its time-released formula that allows a larger dose to be administered at one time, but released into the bloodstream over 12 hours. This controlled release formulation makes the drug beneficial for the relief of moderate to severe pain over an extended period of time. However, because of its controlled-release property, OxyContin contains more oxycodone and needs to be taken less often (twice a day) than other oxycodone-containing drugs. It is available in strengths of 10mg, 20mg, 40mg and 80mg tablets.

The package insert on OxyContin medication specifies that the pills are to be taken whole. Breaking, crushing, or altering how they are ingested will lead to a rapid release (as opposed to controlled release) of the drug. Purdue Pharma has been criticized in the United States that their warning label inadvertently provided individuals with the knowledge of how to administer the drug to obtain effects other than those intended. It is this ability to alter the controlled release feature that makes OxyContin attractive as a drug of abuse.

When prescribed appropriately and taken correctly under a doctor's supervision, prescription pain medications are safe and effective. However, OxyContin, like other narcotics, has the ability to produce drug dependency. Those who take the drug repeatedly can develop a tolerance or resistance to the drug's effects. If the dose or method of administration is inappropriate, death can occur.

OxyContin has been the focus of much discussion and debate. Since 2000, the misuse of OxyContin has been a source of concern for law enforcement in this province. Also of concern are the increasing numbers of individuals who report they have engaged in criminal activity for the purposes of obtaining OxyContin. This includes breaks and entering, shoplifting to obtain funds to purchase OxyContin on the streets, and obtaining prescriptions from physicians under false pretenses or through threats. There are also reports of individuals receiving prescriptions from physicians where it is not medically indicated.

Various professionals, as well as abusers of OxyContin, have raised concerns that the risk of dependence and/or death due to inappropriate use of this drug appears to be greater than that of other narcotics. The Task Force has reviewed this important issue but does not have enough information to address this concern. As a result, recommendations regarding the compilation of further research and data are included.

SECTION FOUR - WHO USES OXYCONTIN?

Prescription drug abuse is not a new problem. It is a complex issue that is characterized by a number of factors including the:

- level and extent of use,
- impact of use on self (health, vocational, educational, leisure, spiritual)
- impact of use on others (family, friends, society).

Prescription drug abuse involves a number of things; including the power of addiction, misperceptions about drug abuse, and the difficulty both patients and doctors have with discussing the topic. Professionals also must balance the legitimate health needs of those who require prescription drugs with the criminal activity related to drug abuse. An additional complication is the belief held by some people that legal drugs, those approved by Health Canada, are safer to use than drugs such as marijuana or heroin.

There have been numerous developments in the pharmaceutical industry, many of which enable people to enjoy an improved quality of life with the assistance of medication. As a result, there are expectations by the public that when they are not feeling well, a pill will make them feel better. We have evolved into a society that expects quick fixes. This is an attitude that doctors and other health professionals encounter on a daily basis.

Individuals who experience chronic malignant and non-malignant pain may be prescribed this drug by their family doctor or oncologist. For these individuals, OxyContin reduces their pain and improves their quality of life. This form of pain management is the primary purpose for which OxyContin was manufactured. The Task Force heard from several individuals and professionals who state that OxyContin is another pharmacological option for treating pain. Some presenters to the Task Force suggested that continuing education for physicians regarding the use of opiates, pain management and addiction is essential to ensuring the safe use of drugs like OxyContin. Individuals who legitimately require OxyContin for pain management are not the primary focus of the work of the Task Force, however, the Task Force did explore this issue with a number of individuals, advocates and health professionals.

Information collected by the Task Force suggests a growing number of OxyContin abusers among the adolescent population. Adolescents are generally considered to be youth between the ages of 13 to 21. Although experimentation with alcohol and other drugs is a natural part of adolescence, experimentation involving opiates is high risk as addiction occurs much more rapidly than with other drugs, particularly for youth.

Adolescent House, located in St. John's, offers outpatient mental health counseling services to youth and their parents. Since 2003, they have seen an increase in the number of youth who present with OxyContin substance abuse issues. They indicate that approximately 50 young people have presented to Adolescent House for treatment of OxyContin abuse since the fall of that year. In response to this growing demand for service, Adolescent House has redirected their resources to deal with the crisis created by OxyContin abuse. This increase has had a significant impact on their services and the

limited resources that are available. The prioritization of OxyContin abusers has meant limitations on other mental health services for adolescents.

Adolescent House and the Addictions Services division of Health and Community Services – St. John's Region, are partnering, though in a limited way, to provide additional resources to better meet the needs of youth and their families. Despite this arrangement, the demand on the service continues as the number of OxyContin users presenting at Adolescent House continues to increase. This information regarding the increasing numbers of youth abusing OxyContin is consistent with information obtained from schools, the police and a private security firm that presented to the Task Force. They expressed concern regarding the rising numbers of young people abusing OxyContin.

Some of the youth assessed at Adolescent House and at Addictions Services offices in other parts of the province are referred to residential treatment. The Department of Health and Community Services provides funding for any youth who is referred to an out of province residential treatment program. Portage is an out of province residential treatment program for young people who are abusing alcohol and other drugs. Portage has treated 15 individuals for abuse of OxyContin in the past year. For seven of these individuals, OxyContin was the primary drug of choice and eight others identified themselves as polydrug users, including OxyContin.

Outpatient Addictions treatment is available to individuals and family members through the Addictions Services offices operated by the regional Health and Community Services Boards or Integrated Boards throughout the province. These offices report varying numbers of adults presenting for treatment of OxyContin abuse. As of June 15, 2004, the numbers ranged from 25 in the St. John's Region, 14 in the Eastern Region, eight in the Central Region, two in the Western Region, with no referrals in the Grenfell and Labrador Regions. Many of these individuals report using more than one substance at a time (polydrug use). It is important to note that these figures do not capture the number of telephone inquiries that addictions offices receive about OxyContin nor do they include services provided to family members affected by OxyContin abuse.

The Humberwood Treatment Center in Corner Brook is a provincial inpatient treatment program for substance abuse and gambling addiction. Since April of 2003, Humberwood has had nine OxyContin admissions; however, since its opening in 1990, Humberwood has had numerous admissions for other narcotics. Many of the admissions for OxyContin abuse also involve other substances.

The Recovery Centre is a community based, non-medical detoxification facility located in St. John's. Of the 970 admissions to the Recovery Centre from April 2, 2003 - March 31, 2004, 122 were OxyContin-related. These numbers include individuals who may have been admitted to the Center more than once. These figures also include polydrug users (OxyContin and other substance).

Within the adult corrections population, a number of individuals report addictions issues. Addictions programming is offered at Her Majesty's Penitentiary (HMP) and in the community by the John Howard Society. Although statistical information is not available, HMP staff report that approximately 30% of their population attending addictions programs experience problems with OxyContin abuse. Howard House, located in St. John's, similarly reports that approximately 20 % of the participants in their addictions program experience problems with OxyContin.

Since 2001, Dr. Simon Avis has confirmed that seven deaths occurred in this province due to oxycodone. The ages of those who have died range from 17 years to 52 years. Further conclusions cannot be made as this is too low a number. However, given the short time frame, the number of deaths attributed to OxyContin is alarming.

SECTION FIVE – WHY IS OXYCONTIN A PROBLEM?

Since the Interim Report was prepared in January 2004, there have been increasing media reports outlining the growing concern across Canada regarding the use, misuse, abuse and diversion of OxyContin. Other provinces, including Alberta, British Columbia, Nova Scotia and Ontario, have expressed concern about the growing issue of OxyContin misuse within their populations. Some provinces continue to monitor the demand for and increase in OxyContin usage while others, such as Nova Scotia, have since established a Task Force to address the broader issue of prescription drug misuse and abuse.

5.1 Criminal Diversion in Newfoundland and Labrador

Law enforcement personnel have been monitoring the growth of OxyContin as the "drug of choice" amongst street users for about two years. Prior to OxyContin becoming readily available on the streets, less potent oxycodone products such as Percocet and Percodan were prevalent.

Until recently, most abusers ingested drugs orally and intravenous use was rare. Death due to overdose was an occasional event and most victims were poly drug users. Since the arrival of OxyContin, the police report a sharp increase in intravenous drug use. Reports from a variety of sources indicate that drug abusers are crushing OxyContin tablets and snorting the powder or dissolving it in water and injecting it to obtain a “high” through the body’s rapid absorption of oxycodone.

Police intelligence suggests that the bulk of OxyContin on the streets originates with prescriptions generated in the province and certain areas of the province have a more accessible supply of OxyContin than others. Since 2001, the Royal Newfoundland Constabulary has seen an increase in the number of pharmacy break and enters, armed robberies at pharmacies where the thieves are demanding OxyContin, break and enters at homes targeted for OxyContin, and personal robberies with violence for OxyContin. This is substantiated by others who report shoplifting rings operating in St. John’s for the purposes of obtaining OxyContin, as well as individuals admitting to committing these crimes and others to support OxyContin addiction. The Royal Newfoundland Constabulary are very concerned that they are investigating more deaths as a result of drug overdoses and there is a corresponding increase in criminal activity.

5.2 Oxycodone-Related Deaths

Dr. Simon Avis, Chief Medical Examiner for the province, indicates that since 1997 this province has had 17 confirmed accidental deaths due to drug ingestion, including three deaths in 2003. Dr. Avis can confirm seven oxycodone-related deaths in total. Of these seven deaths, OxyContin was the drug taken in six. Percodan was the form of oxycodone used in the 7th death. In 2004, Dr. Avis has investigated four possible accidental drug ingestions involving prescription narcotics. Preliminary results, as of May 11, 2004, indicate that one of the deaths was oxycodone related.

Year	Total number of deaths	Oxycodone only	Oxycodone and other drugs***	Other
1997	2	0	1*	1
1998	0	0	0	0
1999	1	0	0	1
2000	1	0	0	1
2001	6	1	2	3
2002	3	0	1	2
2003	4	0	2	2
2004**	3	0	1	2

* Based on compelling circumstances
** These numbers are based on preliminary toxicological findings and may be subject to change. It includes all accidental deaths due to drug ingestions up May 31, 2004.
*** The other drugs include alcohol, marijuana, codeine, butalbital, and/or cocaine.

In Canada, data on adverse events related to the *appropriate* use of drugs is collected. However, adverse events related to the *inappropriate* use of drugs are not collected. It is the understanding of the Task Force that information on the number of drug overdose deaths is also not collected in Canada.

1) The Task Force recommends that the Department of Health and Community Services request that Health Canada collect and provide information on the number of deaths involving oxycodone reported across Canada.

The announcement by Health Canada dated June 14, 2004, that they are collecting data from the Atlantic Provinces on prescriptions for oxycodone containing products is a good first step, but much more needs to be done.

2) The Task Force recommends that the Department of Health and Community Services request that Health Canada conduct research to assess the impact of OxyContin use and misuse including risk of dependency and death.

The Task Force suggests that the Department of Health and Community Services take responsibility for follow-up when these reports are received from Health Canada.

5.3 Increase in OxyContin Accessibility

In the Interim Report, the Task Force referred to the rate of growth from 2000 to 2003 in terms of the amount of OxyContin, and other oxycodone containing products, being prescribed and dispensed in Newfoundland and Labrador. There was growing concern regarding the increasing prevalence of OxyContin and other oxycodone containing

products available in the province. Anecdotal evidence suggested that OxyContin was readily available and easily accessed in certain parts of the province.

The following tables provide a graphical representation of the amount of oxycodone containing products dispensed in this province as a result of physician's prescriptions for the years 2001, 2002, and 2003. The data for these four tables has been supplied by IMS Health Canada.

Table One: Number of Prescriptions for OxyContin and Other Oxycodone Containing Products

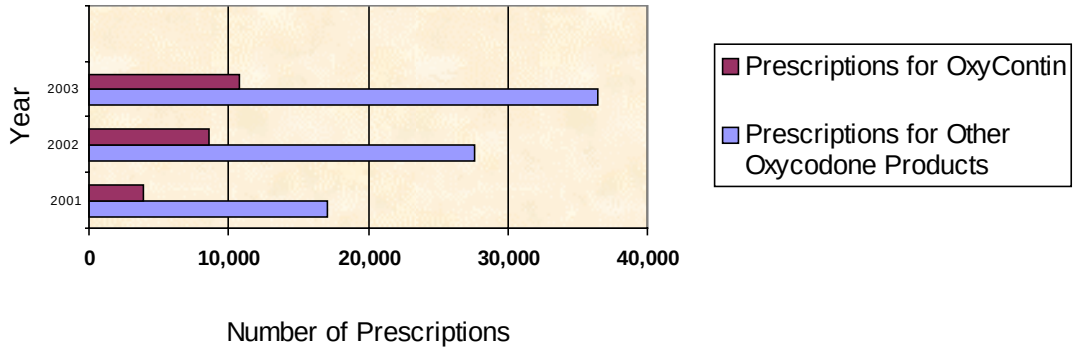


Table One shows there were 3,841 prescriptions written for OxyContin in 2001. This jumps to 10,744 prescriptions written in 2003. This represents an increase of 280% in two years. The number of prescriptions written for other oxycodone containing products was 17,039 in 2001 and this number increased to 36, 504 in 2003. This represents an increase of 214% in two years.

Table Two: Number of Tablets of OxyContin and Other Oxycodone Containing Products

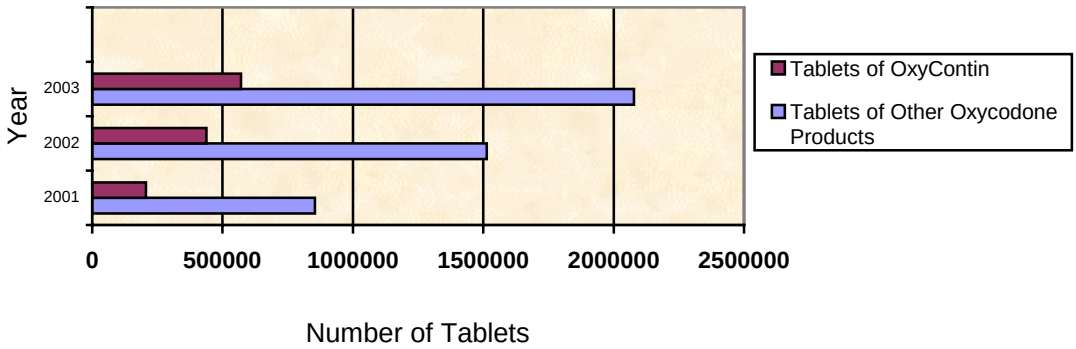


Table Two shows that the number of OxyContin tablets prescribed and dispensed in the province increased from 205,943 in 2001 to 570,489 in 2003. This indicates an increase of 277% in two years. The number of other oxycodone-containing tablets was 854,304 in 2001 and 2,077,778 in 2003, an increase of 243%.

Table Three: Number of Milligrams of OxyContin and Other Oxycodone Containing Products

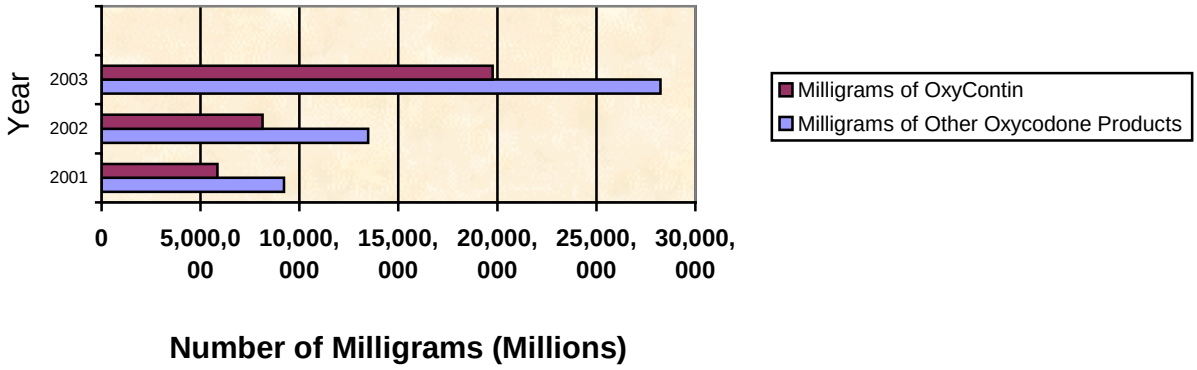


Table Three shows the number of milligrams of OxyContin increased from 5,858,920 to 19,767,655 in 2003, a 337% increase. Other oxycodone containing products increased from 9,222,180 in 2001 to 28,241,638 in 2003, a 306% increase.

Table Four: Number of Prescriptions for OxyContin by Tablet Strength

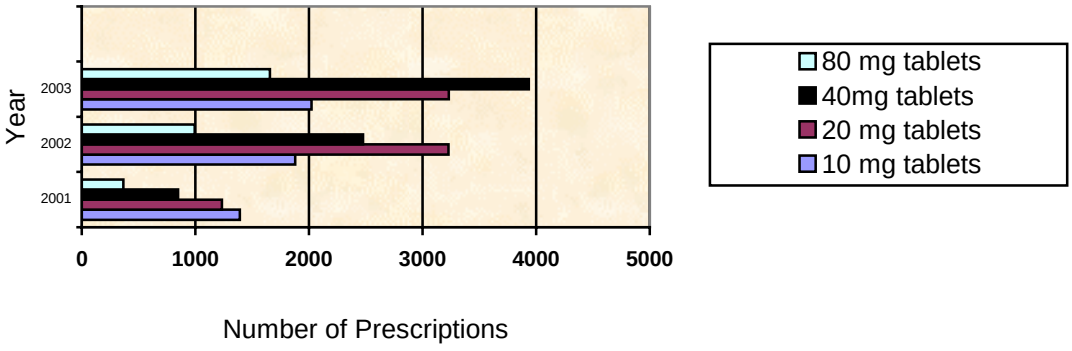


Table Four shows there has been a consistent increase in the number of prescriptions for OxyContin in the 10, 20, 40 and 80 milligram tablet strength. However, the biggest change can be seen in the number of prescriptions for OxyContin in 40 and 80 milligram tablet strength. Between 2001 and 2003, there was a:

- 145% increase in 10 mg tablets from 1392 to 2,022 tablets,
- 262% increase in 20 mg tablets from 1234 to 3231 tablets,
- 452% increase in 40 mg tablets from 848 to 3836 tablets, and a
- 451% increase in 80 mg tablets from 367 to 1655 tablets.

These changes in the number of prescriptions, the number of tablets, and the increasing strength of OxyContin that is available is alarming to professionals dealing with abuse/misuse of OxyContin. Based on this data there is concern that increased prescribing of OxyContin supports drug seeking behavior, such as double doctoring, and diversion of this drug to the street. The RNC confirm that increasing access to OxyContin results in drug seeking behavior, including double-doctoring and criminal activity. Presentations to the Task Force in February and March 2004 also demonstrated increases in addictions and drug seeking behaviour related to OxyContin.

SECTION SIX – WHAT ARE THE INDIVIDUAL AND SYSTEM PRACTICES SUPPORTING OXYCONTIN MISUSE?

There are a number of factors linked to individual and system behaviours which support prescription drug misuse. Some of these are intentional; others are unintentional.

6.1 Pain Management

Recognition of chronic pain as a public health issue with broad implications for health and social sectors is a recent phenomenon. According to Meana, Cho, & DesMeules (2002):

> *(chronic pain) is associated with deficits in quality of life, difficulties in psychological adjustment, depression, disability, and reduced income potential. The economic cost of chronic pain to society is huge in terms of health care utilization, absenteeism from work, disability, high levels of medication dependence, and the failure of multiple and often expensive medical procedures.*

As the prevalence of chronic diseases increases along with the aging population, the importance of providing effective pain relief has grown. Pain can be characterized according to intensity (mild to severe) and duration (acute or chronic). Appropriate medical treatment varies according to the intensity and duration of the pain. Pain treatment and management guidelines include the use of opioid analgesics (narcotics) in treating both cancer and non-cancer pain.

There has been both a change in practice to support the use of narcotics for the treatment of non-malignant pain and an increase in public expectation to use medications for pain management. Further, there is a gap with respect to addressing pain management in medical school curricula. Traditionally medical schools focus on the treatment of systems based problems (ie. reproductive, neurological, et cetera) as opposed to symptom based problems such as pain. Consequently the role of developing and providing educational opportunities to physicians related to pain management has been filled by the pharmaceutical companies which make the drugs.

Purdue Pharma has been criticized in the United States for its aggressive marketing of OxyContin for the treatment of noncancer pain. They conducted an extensive marketing campaign that encouraged physicians to prescribe the drug for non cancer as well as cancer pain. The United States Drug Enforcement Agency has expressed concern that OxyContin has been marketed for a wide variety of conditions to physicians who may not have been adequately trained in pain management. According to a report prepared by the United States General Accounting Office (2003), OxyContin was marketed initially as an opioid treatment for non cancer pain. Specifically, the report cites the package insert and label for OxyContin as "approved by FDA in 1995 for the treatment of moderate-to-severe pain lasting more than a few days (...)." (United States General Accounting Office

Report, December 2003 – Prescription Drugs: OxyContin Abuse and Diversion and Efforts to Address the Problem).

The United States IMS Health data reported a tenfold increase from 1997 to 2002 in the number of OxyContin prescriptions for noncancer pain. Since becoming aware of the abuse and diversion of OxyContin, United States federal and state agencies, in collaboration with Purdue Pharma, have taken action to address these issues.

In the US, direct to consumer advertising of new drugs is widely available. In Canada, this practice is not permitted. However, because so much of our reading and viewing materials have been produced for American audiences, Canadians are influenced by US media and its content. The Task Force is not surprised that OxyContin has become a preferred drug for the treatment of chronic, non-malignant pain in Canada. The Task Force believes that Health Canada has a role to play in ensuring pharmaceutical manufacturers use appropriate mechanisms to educate and inform medical practitioners, and in turn, their patients.

3) The Task Force recommends that the Department of Health and Community Services request that Health Canada ensure that pharmaceutical manufacturers use appropriate marketing strategies that includes information on the dangers of drug abuse and diversion.

6.2 Physician Prescribing Patterns

Preliminary data collected by the Task Force during the first stage of its work suggested some physicians were prescribing large quantities of OxyContin and other controlled substances (e.g. narcotics and benzodiazepines). In an effort to confirm this premise, the Task Force reviewed available data concerning prescribing patterns of physicians in the province. This data came from two sources: the former Prescription Monitoring Program and the Newfoundland and Labrador Prescription Drug Program (NLPDP).

A two year pilot Prescription Monitoring Program (PMP) for controlled substances was conducted from June 2000 to March 2002. The PMP's evaluation noted that prescribing patterns which prompted concern were limited to a small number of physicians. The data collected showed:

- 68% of physicians wrote *less than* 100 prescriptions in a 16 month period;
- 2% of physicians wrote *more than* 2500 prescriptions in a 16 month period; and,
- 1% of physicians wrote *more than* 5000 prescriptions in a 16 month period.

To address this area of concern, the evaluators recommended targeted peer prescribing, and that academic detailing or regulatory interventions be implemented immediately using either the PMP (if it were to continue) or the NLPDP databases to identify physicians requiring these interventions. The PMP was discontinued and the recommendations were not implemented.

The Newfoundland and Labrador Prescription Drug Program (NLPDP) provides prescription drug coverage for approximately 100,000 residents of the province through the Income Support Drug Program and the Senior Citizens' Drug Subsidy Program. Approximately 2.5 million claims for medications are processed each year. The NLPDP represents approximately 40% of the prescription expenditures for the province. An analysis of the claims data of the NLPDP was conducted to review the prescribing patterns for the broader group of drugs listed in the Controlled Drugs and Substances Act. Even though this represents a portion of the prescriptions previously monitored by the PMP, the patterns observed with the NLPDP are consistent with patterns identified by the PMP evaluation. Therefore, the analysis which follows is considered representative of the province's overall population.

Claims for controlled substances, including narcotics, stimulants, and benzodiazepines, were analyzed and compared for a 3 month period in 2001, 2002, 2003. The data was analyzed to show the amount of these products being prescribed by physicians in the province to individuals covered under the NLPDP. The prescribing patterns for three groupings of physicians – General Practitioners (GPs), Psychiatrists, and Oncologists - are presented in the following graphs. As the pattern of prescribing is similar in all three years, only the data analysis for the October – December 2003 period is presented.

These three groups of physicians were chosen for several reasons. First, information available to the Task Force suggests that the majority of inappropriate prescribing of controlled substances is by a small number of General Practitioners. Second, it is expected that psychiatrists would have a higher prescribing of controlled substances due to the inclusion of benzodiazepines, a drug frequently prescribed by psychiatrists. Third, it might also be expected that oncologists would prescribe a higher volume of narcotics due to their treatment of patients with malignant pain.

Table Five: Prescribing of Controlled Substances by Psychiatrists from October - December 2003

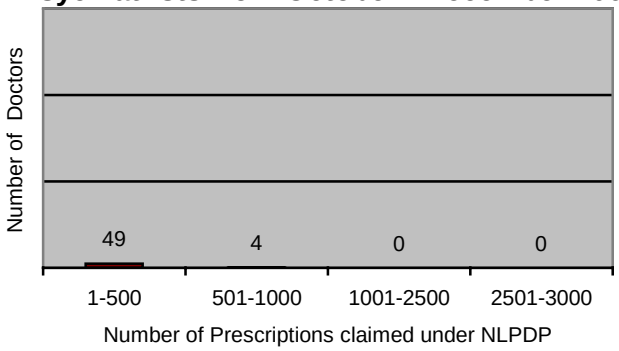


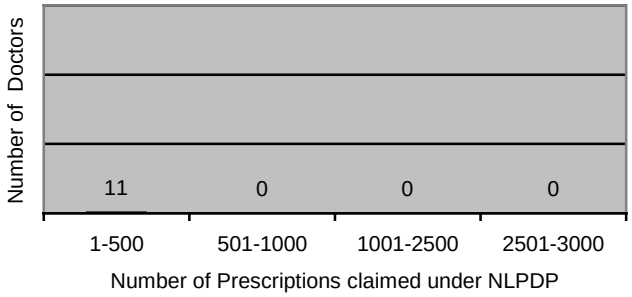
Table Five depicts the prescribing of controlled substances by 53 psychiatrists to clients of the NLPDP. The data analyzed indicates that:

- 62.3% prescribed under 100 prescriptions,
- 92.5% prescribed under 500 prescriptions; and

- 0.59% prescribed in excess of 500 prescriptions.

The average number of prescriptions per psychiatrist was 153.

Table Six: Prescribing of Controlled Substances by Oncologists from October - December 2003



The prescribing of controlled substances is minimal among the 11 oncologists included in Table Six. This is contrary to what might be expected. In speaking with oncologists, the Task Force was advised that their prescribing is limited. While the oncologist may initiate and suggest drug therapy, the on-going prescribing is generally provided by the patient's GP.

Table Seven: Prescribing of Controlled Substances by General Practitioners from October - December 2003

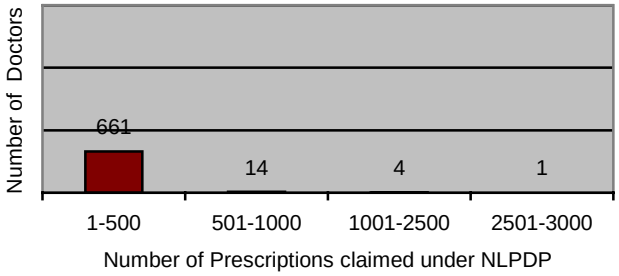


Table Seven shows the prescribing patterns of General Practitioners (GP) to clients of the NLPDP:

- 97%, or 661 GPs, prescribed *less than* 500 prescriptions, and of this number, 76%, or 501 GPs, actually prescribed *less than* 100 prescriptions,
- 2%, or 14 GPs, prescribed *more than* 500 prescriptions,
- 0.74%, or four (4) GPs, prescribed *more than* 1000 prescriptions, which indicates a rate in excess of 10 times that of the average GP.
- One (1) physician prescribed 2,967 prescriptions, which indicates a rate that is *32 times higher* than the average GP.

From the data in the tables presented, it is clear that there are a small number of physicians who are prescribing controlled substances in an excessive manner. This information supports the findings of the review of the former Prescription Monitoring Program.

6.3 Patient Behavior

The Department of Health and Community Services (DOHCS) administers the Medical Care Plan (MCP) and Newfoundland and Labrador Prescription Drug Program (NLPDP) for the province. They provide payment for fee-for-service physicians and subsidized prescription drug coverage for eligible residents, respectively. The databases for the Medical Care Plan (MCP) and the NLPDP can identify individuals with concerning patterns of multiple physician visits and prescription purchases for the same or similar drugs.

The DOHCS has reviewed these databases and can identify a small number of individuals (fewer than 50) who are strongly suspected of double doctoring despite the use of current intervention methods. Individuals may pursue illegally obtaining prescriptions for narcotics (pain medications) and benzodiazepines (sedatives) for different reasons. Some engage in double doctoring because they are addicted and need to maintain their supply. Others engage in this behaviour to obtain drugs to resell to others. Double doctoring seriously compromises the individual's and the public's safety, since these medications are potentially fatal if consumed in excessive amounts, with other medications, or with alcohol. Double-doctoring is an offense under the Controlled Drugs and Substances Act.

The Department of Health and Community Services (DHCS) currently has limited options to address these problems. The DHCS can limit some NLPDP clients to one pharmacy of their choice. The DHCS corresponds with individuals and physicians when there appears to be an excess numbers of visits to multiple general practitioners and/or multiple prescriptions from more than one physician for drugs of potential misuse/abuse in a short time period. While effective in most instances, these actions have not deterred the most serious cases.

The Prescription Monitoring Program evaluation recommended that the Department of Health and Community Services report these individuals, identified from their MCP and NLPDP databases, who are suspected of double-doctoring, to the police. However due to unresolved issues pertaining to patient confidentiality, these cases were not reported to the police for investigation.

The police currently access information from the MCP and NLPDP databases only with a court order. To get the order, the police must be aware that the specific information exists in these databases (by means of drug informants and/or through other investigations). This has limited effectiveness as the police may not be aware that these individuals are involved in this activity or they may not have enough evidence to request a warrant. This has resulted in much frustration and inaction as both the police and the Department are limited in their ability to share information and to initiate investigations.

6.4 Role of the Newfoundland Medical Board

The Newfoundland Medical Board (NMB) is a self-regulating body enacted by the Provincial Legislature and derives its authority from the Medical Act. Its mandate is the protection of the public and regulation of the practice of medicine and medical practitioners.

According to the website for the Newfoundland Medical Board, the role of the Board includes:

- setting of standards for the practice of medicine in the province;
- setting of practice policies and guidelines for medical practitioners;
- monitoring the practice of medical practitioners through peer assessment review;
- investigating complaints made against medical practitioners;
- conducting disciplinary hearings when the Board has reasonable cause to believe that a medical practitioner has committed professional misconduct or malpractice or may be guilty of conduct unbecoming a medical practitioner.

Where the Department of Health and Community Services, health care professionals, or the public, have identified physicians they believe are knowingly engaged in inappropriate or indiscriminate prescribing, complaints may be made to the Newfoundland Medical Board.

The Task Force met with Dr. Robert Young, Registrar of the NMB, to discuss issues related to the investigation of physicians where complaints have been made and/or there is a public call for action. The Task Force discussed with Dr. Young the issue of physicians who had been identified by the former Prescription Monitoring Program, and through other means, as having abnormal practice patterns with respect to the prescribing of controlled substances. The Board's position was that its legislation, according to the Board's interpretation in consultation with their legal counsel, prohibits the Board from taking action to deal effectively with these complaints. The Newfoundland Medical Board believes it is limited in its ability to fulfill its mandate of public protection.

SECTION SEVEN – HOW DO WE PREVENT OXYCONTIN ABUSE THROUGH EDUCATION?

It is important that the public has accurate information on prescription drug use, and its misuse and abuse. Education and prevention activities create a greater awareness of the issues related to prescription drug use. There have been many advances in the development of drug therapies to treat disease. This has led to the expectation that drug therapies can be used to treat or cure any kind of problem.

Presenters to the Task Force have asked how OxyContin is different from other drugs that can be misused. Media coverage and public forums have highlighted the rapid rate of addiction for those who misuse or abuse this narcotic. The Task Force heard how families are devastated by the effects of OxyContin addiction in loved ones.

Best practices in addictions education suggest developing and implementing strategies based on patterns of use in the areas of concern. This includes looking at the level of risk involved or the severity of the problem. Educational programs could then address either universal needs, selected needs or targeted at risk populations.

7.1 Physicians and Pharmacists

A working group comprised of individuals representing physicians, pharmacists, addictions specialists, the Department of Health and Community Services, and the staff from the Office of Professional Development with the Faculty of Medicine, Memorial University, has been formed to develop and implement a comprehensive provincial continuing education program for physicians and pharmacists. The learning objectives for this program are to:

- Provide an overview of the best practices associated with chronic pain syndrome and chronic non-malignant pain assessment, treatment and management
- Understand the role of opioids in the management of chronic non-malignant pain
- Explore the process of addiction, from social use to dependency
- Provide information that will help in the assessment of, and approach to, individuals who may have addiction problems
- Learn about the resources available to assist individuals who abuse substances
- Discuss the obligations of physicians in the emerging challenge of opioid diversion

Continuing education sessions will be delivered throughout 2004 and 2005 via live sessions and distributed learning methods such as video conferencing, CD-ROM and an online course for delivery through the MDcme.ca website. The first live session was held May 26, 2004 and was offered via video conferencing at select sites throughout the province. There were 105 physicians and pharmacists in attendance from across the province. Other professionals also attended including medical students/residents, nurses, and nurse practitioners. The evaluations were positive and indicated that the group felt the information was presented clearly and applicable to what physicians and pharmacists see in their practices.

The Task Force would like to acknowledge the contribution of the pharmaceutical industry. Through unrestricted educational grants, Purdue Pharma and Janssen Ortho Inc, are supporting this series of continuing professional education sessions for physicians and pharmacists. Both pharmaceutical companies have also made educational materials available to the working group to use or adapt as needed.

Although a Working Group struck by the OxyContin Task Force will coordinate efforts over the coming months, a lead organization needs to take responsibility for sustaining comprehensive, best practice focused, continuing education in this area.

> **4) The Task Force recommends that the Newfoundland and Labrador Medical Association and the Pharmacists' Association of Newfoundland and Labrador take responsibility for ensuring the continuing educational initiative on chronic pain management and related addictions issues is maintained and supported on an ongoing basis.**

7.2 Youth

As reported in the Interim Report (January 2004), the provincial government embarked upon an intensive public awareness campaign in senior and junior high schools in the province. A working group with representatives from the Provincial Department of Education, Addictions Services division of Health and Community Services - St. John's Region, and the Royal Newfoundland Constabulary planned education and awareness sessions. Regional addiction services staff and the local law enforcement delivered the sessions. Many of the regions incorporated information about OxyContin in a general presentation on prescription and other drug abuse.

Although the goal was to have completed education and prevention sessions in all junior and senior high schools in the province, resource and time limitations impacted the attainment of this goal. In the province, there are approximately 221 junior and senior high schools. Many of these schools are in remote areas, some inaccessible by road. With existing resources, it was not possible for Addiction Services staff and/or RNC/RCMP personnel to visit each school in the six month time period identified. Despite these limitations, each region has completed school visits and will conclude these visits in the fall 2004.

There are several elements of a comprehensive drug abuse prevention and education program. These are:

- Regular and consistent education for all students from Grades K – 12;
- Honest and factual information that presents the dangers and benefits of using drugs as well as the short term and long-term effects; and
- Specific skill development in areas like communication, decision making and conflict resolution.

In addition, drug abuse prevention and education should include components that span beyond the school curriculum to include media campaigns, family and parent education and special programs for high risk youth.

Currently, provincial curriculum outcomes from Kindergarten to Grade 8 Health include sections on drug abuse education. The Drug Education component promotes the development of knowledge and skills that will enable young people to make responsible decisions regarding drugs. "Special attention is given to developing and practising communication, refusal, decision-making and problem solving skills" (Towards a Comprehensive School Health Program: primary, p. 16).

A high school course, *Healthy Living 1200*, includes drug education and has outcomes under the categories: The Impact of Substances; Substances and You; Substances and Society; Technology, The Media and Substances; and Life Choices and Controlling Substances. Another High School Course: *Peer Counselling 2101* often addresses drug abuse prevention and addiction in its covering of 'adolescent oriented problems' and in a section on understanding the network of helping agencies. *Human Dynamics 2200* looks at the impact of drug use under the outcomes related to developing an understanding of aspects of prenatal care, development and birth. However, these high school courses are not required for high school graduation.

Drug abuse prevention and intervention topics are also addressed by many schools through their comprehensive Guidance and Counselling program or are part of the schools' safe and caring schools action plan. In addition, many schools offer prevention and education sessions to students through programs such as Lions Quest, DARE, Sense and Nonsense, or other community-based initiatives. Other schools, in cooperation with the local Addictions Services staff, offer programs such as Peer Drug Education to their students.

Although many schools are offering some drug abuse prevention education, preliminary consultation has identified gaps in these efforts. These include:

- lack of consistency in the delivery of the provincial health curriculum;
- out-dated resources to support the curriculum; and
- particularly a lack of resources with respect to prescription drug abuse.

Also, the mandatory curriculum for Grades 9 - 12 does not include specific outcomes related to substance use and abuse. Education efforts with a different approach are not evident for high risk youth, including those youth that do not attend school regularly or who are educated in other settings. Education efforts do not target parents on a regular basis professional development for school personnel in this area is rare.

The long term strategy for drug abuse prevention and education in schools will be developed as part of the Department of Education's Safe and Caring Schools Initiative. This collaborative, interagency initiative recognizes that a comprehensive school wide approach is required to provide safe and caring learning environments. This approach values every person and encourages respect and caring among students, while

emphasizing personal rights and responsibilities. It emphasizes the importance of skill development in areas such as assertiveness, conflict resolution, and healthy decision-making. Substance use and abuse education is a natural part of this initiative.

5) The Task Force recommends that the long term strategy for drug abuse prevention and education in schools be developed as part of the Department of Education's Safe and Caring Schools Initiative.

6) The Task Force recommends that the Substance Abuse Education Working Group remain in place and be expanded to include provincial representation including at risk youth and parents. This committee will be a sub-group of the Safe and Caring Schools Advisory Committee.

7) The Task Force recommends that Purdue Pharma provide funding of $50,000.00 to provide current resources to support existing Provincial Curriculum in the area of substance abuse prevention and to address the gaps identified.

8) The Task Force recommends that the Minister of Education direct school boards to ensure that the substance abuse education components of the provincial Health curriculum are implemented in all classrooms from grades Kindergarten to Eight.

9) The Task Force recommends that the Minister of Education endorse the recommended programming in substance abuse education for students in grades Nine to Twelve that is developed by the working group.

It is the responsibility of the Department of Education to ensure that these recommendations are implemented.

7.3 Pain Management

The Task Force heard from several presenters concerning the treatment of cancer and non-cancer pain.

Best practice for the treatment of pain includes a comprehensive assessment and interdisciplinary treatment. OxyContin is one of a number of pharmacological options available to physicians, generally in combination with non-pharmacological methods, in the treatment of chronic pain. Health care providers strive to work with the individual, his or her family and community supports, to ensure a comprehensive, effective approach to pain management is developed. This approach is monitored and adjusted as needed.

General Practitioners report that today they are treating patients for illnesses and issues once seen by specialists. This is changing the way physicians practice, and therefore how they need to be educated. Some general practitioners have suggested that a lack of access

to non-pharmacological methods and interdisciplinary treatment teams impacts their prescribing practices.

There is a need for comprehensive programs for individuals with long-term chronic non-malignant pain. There had been one centre in this province, the Centre for Pain and Disability Management, which operated out of the Leonard A. Miller Centre in St. John's that provided a pain management program. This centre was originally mandated to provide service to Workers' Compensation clients, but was expanded to include the public. The number of referrals to this program continued to increase until it was recently closed. Requests for services had been received from across the province; however, access was limited for a number of reasons including geography, financial considerations, and work or family commitments.

The Centre reported that they saw clients who were over-medicating as well as clients who were under-medicating. Issues regarding drug usage are the same regardless of the drug taken, including OxyContin. When needed, the Centre referred individuals for addictions treatment. The Centre used an interdisciplinary team approach to care that focused on the individuals day to day functioning. Recently, the Centre had been successful in obtaining funding to conduct workshops on the biopsychosocial approach to pain management among health care professionals throughout the province.

Unfortunately, the staff have received their redundancy notices and the Centre is being closed. The Workplace Health Safety and Compensation Commission now refers to the private sector to obtain services for their clients. As a result, this service will no longer be available to the general public and the loss of this expertise is imminent.

10) The Task Force recommends that the pain management curriculum be enhanced in the undergraduate and postgraduate program for all physicians and that interdisciplinary assessment and non-pharmacological interventions receive the same attention as pharmacological interventions.

11) The Task Force recommends that the closing of the Centre for Pain and Disability Management be re-evaluated and that it continue to be funded.

SECTION EIGHT — HOW DO WE HELP INDIVIDUALS WHO ARE ADDICTED TO OXYCONTIN? – DETOXIFICATION

Repeated use of OxyContin can lead to a physical dependence. This means that when an individual stops taking the drug they will experience withdrawal. The withdrawal symptoms can vary in nature and intensity but generally include chills, insomnia, nausea, muscle cramping, diarrhea and anxiety. The typical duration for withdrawal is 7 – 10 days. Although there are no withdrawal management guidelines specific to OxyContin, standards developed for opioid withdrawal have been adopted. The detoxification process focuses on managing acute withdrawal symptoms and facilitating entry into ongoing treatment.

The Task Force has been researching detoxification best practices for individuals undergoing OxyContin withdrawal. Visits have been made to detoxification centers in Nova Scotia and New Brunswick and contact has been made with facilities in Ontario and Maine. These centers have identified a number of elements of best practices related to detoxification from OxyContin.

8.1 Opioid Withdrawal Management

There are two widely accepted approaches to withdrawal management of opioids:

Non-medically assisted detoxification - This is the provision of support during the abrupt cessation of the drug (what is referred to as "cold turkey"). Since opiate withdrawal generally does not lead to the seizure activity that can result from some other substances (e.g. alcohol or benzodiazepines), this approach is considered a safe method. It can, however, result in extreme discomfort for the individual with symptoms peaking around the 3rd day. The fear of experiencing these withdrawal symptoms can often stop someone from using non-medically assisted detoxification.

Medically assisted detoxification - This is the use of pharmacological (drugs) assistance for withdrawal. This approach can include symptom modification through the use of the medication clonidine or substitution with a longer acting opioid that is gradually tapered, such as methadone.

The current situation in this province with respect to detoxification includes:

Home Detoxification - Many individuals, especially those in rural communities, detoxify at home with or without physician supervision. This option is extremely difficult for the individual withdrawing from OxyContin and their families. Additionally, there are no provincially accepted protocols for physician-monitored detoxification.

Community-Based Detoxification – The Recovery Center in St. John's offers a non-medical withdrawal management program that addresses all substances, including narcotics such as OxyContin. In addition to providing a safe/supportive environment, the Recovery Center offers education, counseling and referrals to appropriate addictions

treatment services. Although there have been a number of OxyContin users who have availed of this service to date, it is not a viable option for others who require/desire pharmacological support.

Hospital Detoxification – There are no structured medical detoxification programs for OxyContin or any other substance in this province. Individuals requiring medical attention may be admitted to a hospital bed for opioid withdrawal, however, there are no established guidelines. Based on information provided by physicians, there does not appear to be a consistent approach for treating OxyContin withdrawal in hospital settings. Attempts at opiate tapering using OxyContin have not been successful and have been reported to result in drug seeking behaviour.

Efforts are being made to better connect the medical and non-medical systems in responding to OxyContin detoxification needs. A working group is looking at what needs to happen to prevent individuals from "falling through the cracks." It is generally accepted that individuals experiencing uncomplicated opioid withdrawal do not need to be hospitalized. This is a very costly and often ineffective option due to the unavailability of addictions intervention and programming.

12) The Task Force recommends that the Department of Health and Community Services, in consultation with the relevant partners, develop a provincially accepted protocol for opioid withdrawal, including OxyContin.

This protocol is to be developed and used consistently by physicians in hospital and community based settings. Initial work has been completed by the Task Force for consideration by the DHCS. These guidelines should encourage stronger links between medical and psychosocial treatment services as the combination of the two have shown to have more positive outcomes for individuals seeking help.

For those individuals who require an inpatient service, a more cost effective alternative would be admission to a detoxification facility that would provide medication as necessary. The Task Force believes that the addition of medical services to the Recovery Centre is a priority that must be addressed.

13) The Task Force recommends that the addictions services currently provided by the Recovery Center be expanded to include a medical component.

This enhancement will require additional resources, including the addition of medical personnel to its existing staff complement.

14) The Task Force recommends that the Regional Planning Steering Committee of the four health boards in the St. John's region consider this issue and assess its feasibility. There may be the opportunity to

transfer resources from the hospital to the community to address this need.

The Humberwood Treatment Center in Corner Brook is a provincial residential service that addresses substance abuse and gambling addictions. One of their admission requirements includes abstinence from alcohol and other drugs. Individuals from across the province who require detoxification services before admission are currently referred to the Recovery Center in St. John's. This can present a barrier to treatment and the result has been to detoxify some individuals when they admit to the Humberwood program. Regional staff responsible for the Addictions program in Western Newfoundland have long advocated for the addition of detoxification beds accessible to clients of Humberwood.

15) The Task Force recommends that the Department of Health and Community Services fund four detoxification beds for the Humberwood Treatment Center located in Corner Brook.

8.2 Detoxification Services for Youth

It is recognized that young people require a higher degree of structure than adults when they experience withdrawal. The environment needs to be compatible with youth needs while promoting respect and acceptance.

16) The Task Force recommends that the services of the Recovery Center, which currently admits individuals 16 years and over, be adapted to better meet the unique needs of youth.

This adaptation includes providing enhanced training for staff on youth issues, creating bedrooms specifically designed for youth and physically expanding the Center to include additional space for youth activities. These changes, in addition to the provision of medical services suggested above, will make the Recovery Centre welcoming and appropriate for adolescents who require detoxification.

17) The Task Force recommends that children under age 16 continue to be referred to the Janeway Hospital for detoxification.

SECTION NINE – HOW DO WE HELP INDIVIDUALS WHO ABUSE OXYCONTIN? — TREATMENT

Detoxification is not the same as treatment. It is often considered an entry point to the treatment process. Sometimes individuals may require detoxification services more than once. Other individuals may choose not to follow-up with treatment after detoxification. Those individuals who become dependent on narcotics because of chronic pain will also need alternative options for pain management.

The Canadian Center on Substance Abuse (CCSA) reports that treatment outcome studies specific to OxyContin are lacking. It has been suggested that established best practice guidelines for opioid treatment can also be applied to OxyContin. These traditional psychosocial approaches include self-help, outpatient counseling and residential treatment (short stay inpatient programs and long term therapeutic communities). Best practice guidelines recommend that treatment be community based, interdisciplinary in nature, and start with the least intensive method of intervention possible.

9.1 Adult Treatment

Outpatient treatment is available to individuals and family members through the Addictions Services offices operated by Regional Health and Community Services or Integrated Health Boards throughout the province. A listing of Addictions Services sites is included in Appendix B. Addictions counsellors offer assessment and individual/group counseling to those who are using or are affected by another's use of alcohol and/or other drugs as well as gambling. Using a broad based approach, counsellors work with individuals experiencing problems with prescription drugs such as Percocet, Demerol, Morphine, Codeine, and OxyContin.

Community based addictions resources in this province are limited and the current system is often overburdened. The number of dedicated outpatient addictions counsellors per region range from one in Grenfell to six in Western for a total of 21 counsellors for the province. These counsellors are challenged to provide outpatient addictions services to large geographic areas and/or highly populated areas. They offer alcohol, other drugs and gambling counselling; provide assessment and treatment services for repeat impaired drivers as required by legislation; and some regions also offer treatment services for smokers. As previously indicated they offer education and/or counselling services to family members who have been impacted by substance abuse/gambling.

There are nine Addictions Coordinators and a number of Social Work/ Mental Health Counsellors across the province who also provide clinical addictions services but have a much broader role. According to Best Practice Guidelines, community based outpatient services are the desired option for addictions treatment, however, this is assuming an adequate level of resources that are easily accessible.

Given the current level of resources, waitlists for outpatient addictions counselling services exist across the province ranging from two weeks to several months and in some

cases, up to a year. This is not considered best practice for addictions treatment. When individuals are ready for and request treatment, they are generally motivated to attend treatment sessions. Addiction counselling services need to be available. Delays in initiating treatment at that point can result in individuals changing their minds and continuing to use substances, thus increasing potential harm to the individual, the family and the community.

18) The Task Force recommends increasing the number of addictions counsellors across the province. This expansion should be based on regional needs to determine the actual numbers of counsellors needed in each region.

As previously mentioned, the Humberwood Treatment Center in Corner Brook provides an inpatient program for alcohol, other drug abuse, and/or gambling addictions. It offers a 21 day program that is based on the Bellwood program in Ontario. A recent evaluation of Humberwood commented positively on the quality of its staff and programming, making it comparable to other short term, residential treatment programs operating outside of this province.

Humberwood has been operating since 1990 and has treated numerous individuals with opiate addictions. Although the number of OxyContin users admitted to Humberwood has been relatively low, staff members have not noticed any significant differences in the needs of these clients compared to the needs of clients who abuse other narcotics. Before individuals leave Humberwood, their ongoing needs are assessed. Further treatment recommendations are provided, including the option of an extended stay and/or follow up counselling in their home region.

19) The Task Force recommends that the Humberwood Treatment Center in Corner Brook continue to be used by adults requiring inpatient treatment.

A select number of individuals from this province have traveled to other in-patient centres in Canada for treatment. These individuals present with multiple problems, such as complex mental health issues, as well as addictions issues. Their needs may be better met by centers that are able to offer specialized treatment options. Individuals are able to avail of these services following a thorough assessment by experienced, knowledgeable professionals and funding approval from the Department of Health and Community Services

20) The Task Force recommends the continued use of out-of-province addictions treatment programs for individuals requiring specialized services as assessed by an addictions professional.

9.2 Youth Treatment

Best practice guidelines for adolescent addictions treatment suggest that a continuum of services including assessment, education and prevention, outpatient counselling, day treatment and residential treatment should be available. Best practice guidelines also recommend that treatment for youth should be considered within the larger context of their families, school, peers, and community. Providing treatment to youth in their own communities is generally regarded as the best option as it helps them to practice skills and coping strategies within a realistic environment.

The treatment continuum for youth includes:

- street outreach;
- pre-treatment (ongoing assessment and motivational counseling);
- family involvement;
- outpatient counselling (treatment that is provided on a non-residential basis, usually in regularly scheduled sessions. It should be experiential and group based as much as possible);
- day treatment (intensive, structured, non-residential treatment that is typically provided five days per week);
- residential treatment as a select option on a short-term (less than 40 days) or long-term (more than 40 days) basis; and
- maintenance that focuses on relapse prevention and ongoing support.

Best practice guidelines also suggest that the least intrusive and most appropriate intervention be undertaken first. However, it should be noted that the *most appropriate* intervention may be residential treatment. The individual needs of the youth must determine what services are to be provided.

In an ideal situation, the continuum of treatment options for youth should be available within the province. It is important to acknowledge that unless the infrastructure is available within the community (for the preparation, family and follow up work), any meaningful changes achieved through residential treatment may be difficult to sustain.

A collaborative approach is recommended to determine the most appropriate interventions. The Model for the Coordination of Services to Children and Youth with Special Needs provides an appropriate framework in this context. The Model is a framework, which enables the partner departments of Education; Justice; Health and Community Services; and Human Resources, Labour and Employment to:

- collaborate in the delivery of programs and services to children/youth and their families,
- work in partnership to ensure each child/youth with special needs receives services in a child-centered, coordinated manner.

The Model aims to meet the needs of children/youth with special needs through shared decision making and planning. The Model and its planning process, the Individual Support Services Plan (ISSP), are helpful to youth and their families. The ISSP is a

coordinated, single written plan that identifies the youth's strengths and needs. It also outlines goals for the youth that are attainable within a one year period.

The Model also provides a mechanism to address gaps in services through the profiling process. A profile is completed on each child/youth on an annual basis. The profile identifies the needs of children/youth in each region and identifies barriers to service delivery. This enables service providers to problem solve around these issues.

Addictions programs specific to the needs of youth have not been widely available or accessible in this province. In many cases, youth are treated the same as adults with services provided from the same setting as those for adults. Youth are often coerced into treatment without acknowledgement of their personal treatment goals. Without commitment by young people to change their behaviour, there is generally increased resistance. This may mean a failure to remain in treatment and/or a resumption of drug use.

Outpatient Services:

Outpatient Addictions counselling for youth is currently available through Adolescent House in St. John's and regional Addictions Services and Youth Services staff across the province. There is recognition that the existing community based services are inadequate for effectively responding to the needs of adolescents. There is a need for more adolescent addictions counsellors who can provide outreach services and work with youth in their own environment. These specially trained counsellors could work with other community partners to best respond to the needs of the youth.

> **21) The Task Force recommends that one youth counsellor be hired for Addictions Services in every region of the province for a total of six (6).**

Demands on each of these positions will need to be monitored over time with consideration given to expanding this number in order to appropriately respond to community needs.

Day Treatment Program

Young people who access outpatient counseling services and the staff who work with them indicate that these adolescents need more structured services available on a regular basis. A day treatment program that is community based and involves family members would allow for longer term assessment, short term structured treatment and preparation for out of province treatment, if necessary. It would have open admission so that services are accessible with no wait lists. To date, the majority of youth presenting for treatment with OxyContin and other polydrug issues are from the St. John's and surrounding areas.

> **22) The Task Force recommends that an Adolescent Day Treatment Program be developed. The Task Force recommends that this day treatment program operate from the Recovery Center, located in Pleasantville.**

This program would be open to adolescents who are staying at the Recovery Center as well as adolescents who continue to live at home. The implementation of such a program would require an expansion to the Recovery Center as well as the recruitment of two Addictions counsellors and one support staff.

Residential Treatment Program

Adolescents requiring more intensive treatment are referred outside of the province to programs such as Choices in Nova Scotia or Portage in New Brunswick, Quebec or Ontario. Choices is an intensive residential program for adolescents 16 years and older operated by Addictions Prevention and Treatment Services in Dartmouth. It offers an 8 week, broad based program that consists of individual/family and group therapy; school and recreational activities. Group/activities address adolescent development and include parental involvement. A member of the Task Force visited the Choices facility in Nova Scotia.

Portage is a non-profit North American organization that is based on a therapeutic community model of treatment. It is a long term (at least six months) program that emphasizes self help through role modeling, individual/group counseling, and collaborative treatment planning with the creation of family-like support systems. Members of the Task Force had the opportunity to travel to Portage in New Brunswick and meet with a number of the youth receiving treatment at that facility. Feedback from the youth included the need for: a detoxification facility appropriate for youth; immediate access to services (that is, no wait lists); and more addictions services appropriate for youth.

Given the numbers of young people requiring long-term residential treatment and the need for additional community resources, it is not known how the early intervention strategies proposed in this report will change the number of youth requiring residential treatment. Therefore, the Task Force does not recommend the development of a provincial adolescent addictions treatment center at this time. As community services are enhanced, the need to add an inpatient program to the continuum should be monitored and re-evaluated.

It is also not known at this time if the problems created by the use of prescriptions drugs, like OxyContin, will continue with other drugs. It is hoped that if other components of the youth treatment continuum are added this will better meet the needs of youth; however, this will need to be monitored and evaluated.

23) The Task Force recommends that youth requiring intensive addictions residential treatment should continue to be referred to programs outside the province.

To ensure that youth and their families are able to access the services they need at the time they need them, efforts need to be taken to ensure a smooth transition process. This will help youth prepare for going to residential treatment and prepare for returning to the province.

24) The Task Force recommends that all youth prior to receiving out-of-province treatment will either be referred to the Day Treatment Program for assessment and preparation or have this work completed by regional Addictions Services staff.

9.3 Family Involvement

Families play an integral role in providing ongoing support to loved ones who are in treatment for substance abuse. This applies equally to both adults and youth. Family members can be a source of support for individuals throughout the treatment process, including assessment and aftercare. They provide important information that is helpful in allowing substance abusers to see the impact of their use on others and on themselves.

This emphasis on family connection does not mean that every parent and child can live together full time. As articulated by many presenters to the Task Force, substance abuse affects the entire family. Understanding these relationships is an important part of treatment for substance abusers and their families. Educating family members about substance abuse plays a key role in helping them understand how the drugs affect their loved one. Education also helps family members relate to their loved one as they undergo detoxification and treatment. Counselling may also be recommended for families to help them cope with feelings and issues which result from dealing with the drug use of their loved one.

25) The Task Force recommends that an addictions counsellor who coordinates out of province residential treatment referrals be hired to work with the regional outreach staff.

This counsellor will also work with the Day Program staff in providing preparation and aftercare services to adolescents and their families, including those who receive care out of the province. Maintaining and/or reconnecting these youth to the school system is an important part of their recovery. The counsellor will also have a role in facilitating this transition.

9.4 Treatment for Adult Offenders

Her Majesty's Penitentiary (HMP) – St. John's

Current addictions programming offered at HMP include two provincial programs and one core federal program. The provincial Department of Justice programs are facilitated by a Classification Officer and an externally contracted Addictions Therapist. Treatment is offered via group work.

In these groups, a number of individuals present with addiction issues naming OxyContin as their drug of choice. While statistical information is not currently available, at least

one third of the participants in each group report OxyContin abuse. Treatment for these individuals falls under the auspices of opioid addiction.

Community Based Treatment

Currently offenders who are on a conditional release to the community gain access to addictions treatment for OxyContin and other drug abuse at Howard House through a seven week program. As with the institutional programming, approximately 20% of the participants in any group present OxyContin as a drug of choice since the program began in February 2004.

It is worth noting that not all offenders who present with OxyContin addiction are involved with treatment, that is, the actual numbers are higher. This may be due to lack of available programming fitting with the offender's sentence or space availability for community based programming.

While the Federal Correctional Services system has well established methadone maintenance guidelines, the provincial facilities do not. Opioid dependent individuals who reside in federal correctional facilities can access methadone whereas individuals in provincial facilities cannot. This also means that offenders who were receiving methadone in federal facilities and transfer to provincial facilities are not able to continue their methadone. This puts offenders at a high-risk for drug diversion and other criminal activity.

> **26) The Task Force recommends that the provincial Department of Justice consider developing and implementing a methadone maintenance program for provincial correctional facilities.**

SECTION TEN — WHAT ARE EFFECTIVE HARM REDUCTION STRATEGIES?

Public attention and media scrutiny have focused on the risks and seriousness of OxyContin misuse and abuse. There has been a certain notoriety associated with OxyContin use that is disconcerting for individuals who use this drug appropriately and as prescribed. Many find it effective in alleviating their long-term pain, where other drugs have been ineffective. The Task Force has received reports indicating that these individuals are concerned that they may be targeted for theft of their medication.

Equally alarming is the concern expressed by family members, pharmacists, the police, and other interested individuals that OxyContin is available on the street and that prescriptions for OxyContin are easy to obtain. Balancing the needs of those who legitimately need the drug against those who abuse the drug has been a consideration for the Task Force.

Harm reduction focuses on a set of practical strategies to reduce the negative consequences of drug abuse to individuals, families, and communities. These strategies include safer use (needle exchange) and managed use (methadone maintenance). The benefits of these strategies include decreased risk for communicable diseases and criminal diversion. While abstinence is not strictly a strategy of harm reduction, some individuals may choose abstinence after a period of time.

10.1 Methadone Maintenance

OxyContin abusers who have a chronic dependence upon the drug may benefit from opioid substitution therapy. Chronic dependence may be demonstrated by repeated relapses.

The focus of these programs is maintenance on longer-acting opioids such as *methadone*, which is the most widely studied and accepted form. In the US, another option being used, but not yet available in Canada, is *buprenorphine*, which is a newer, possibly safer, substitute that is showing positive results. These drugs work by decreasing the euphoric effects ("high") of other opiates such as OxyContin, while preventing the development of withdrawal symptoms. Individuals in a methadone maintenance program take their medication orally.

The goals of methadone maintenance programs are to reduce other opioid use, decrease mortality rates, decrease criminal activity, and reduce high-risk behaviours that can result in the transmission of HIV, Hepatitis C, and other health problems. Studies have shown that methadone maintenance programs improve physical and mental health, social functioning, and quality of life.

Methadone is not a harmless drug. There are a number of side effects associated with its use and it is a *potential* drug of abuse. The Task Force has learned that in this province methadone is being diverted from its intended use and is available on the street.

Methadone is not suitable for every person with a narcotic or opioid addiction, therefore, it should *not be considered as "the" answer* for all OxyContin (or other opioid) abusers. It is, however, an important part of the treatment continuum and should be considered as one option. The Task Force is concerned about the number of individuals now being referred for methadone maintenance without the appropriate screening; or adequate follow-up and support.

Physicians can apply to Health Canada to receive a license allowing them to prescribe methadone for addictions purposes; however, formal training in methadone maintenance is not required. Some other provinces have made training a provincial requirement. Health Canada has established best practice guidelines for methadone maintenance but these guidelines have not been updated since 1979.

This province does not have any provincially accepted guidelines that set the standards and regulate the use of methadone in treating opioid dependence. There are no formal methadone maintenance programs in this province, however there are a few physicians who prescribe methadone for opiate addiction. For the most part, this service has been isolated from other necessary treatment components. Best practice indicates that methadone alone is not treatment.

Before participating in methadone programs, individuals need to be appropriately screened for suitability. A comprehensive program generally includes the following components:

- methadone dose;
- addictions/mental health counseling and support;
- urine drug screens;
- routine medical care;
- health promotion/disease prevention education; and,
- linkages with other community based supports.

Program delivery methods for methadone maintenance range from a physician's office to primary health care settings to specialized clinics to correctional facilities. To increase effectiveness, methadone maintenance programs should be accessible and multidisciplinary in nature. Ideally, methadone should be available in the community in which the person resides and should be part of or have linkages with other comprehensive programs. To best meet the diverse needs of the residents of Newfoundland and Labrador, a range of delivery options will need to be considered.

> **27) The Task Force recommends that a Methadone Advisory Committee (consisting of representatives from the Department of Health and Community Services, the Newfoundland Medical Board, the Newfoundland Pharmaceutical Association and Addictions specialists) be established immediately to develop Methadone Maintenance Guidelines for the province.**

The Task Force has completed some preliminary work to assist this committee.

28) The Task Force recommends that an approved methadone-training program be *mandatory* for any physician who requests and obtains or currently holds a methadone license in this province. This training should be made available to designated pharmacists, nurses, and addictions specialists who would be required to support a methadone maintenance program.

29) The Task Force recommends that the Methadone Advisory Committee oversee the development and implementation of methadone maintenance programs in this province. These programs need to be in keeping with best practices while recognizing our unique geographic and resource challenges.

30) The Task Force recommends that the Department of Health and Community Services request that Health Canada update its guidelines for methadone maintenance as part of the range of options available for addictions treatment.

31) The Task Force recommends that the Department of Health and Community Services request that Health Canada develop guidelines for the use of methadone in pain management.

32) The Task Force recommends that the Department of Health and Community Services request that Health Canada review its practices and processes for the issuing of licenses for the prescribing of methadone, and include criteria for revoking licenses.

10.2 Needle Exchange Program

Many OxyContin abusers have identified that they inject this drug into their bodies. Although the number of infections attributed to injection drug use in this province is below the national average, the Task Force is concerned about a possible increase in HIV and Hepatitis C infections caused by injecting OxyContin and other drugs. Injection drug users can transmit infections to others.

The AIDS Committee of Newfoundland and Labrador (ACNL) is also concerned with the rise in this form of drug use as it is poses a risk for transmission of blood borne diseases. The ACNL operates from a harm reduction approach. This means the staff does not condemn or condone drug use. They provide injection drug users with the opportunity to prevent illness and death until they can stop using drugs. The ACNL offers a needle exchange program in which users get syringes, needles, and swabs, as well as access to used needle disposal. This program is also a primary source of health information for some individuals who will not go to hospitals or talk to doctors about their injection drug use and other related health issues. Treatment resources and options are also provided by the ACNL as part of the organization's harm reduction approach.

Since September 2003, the ACNL reports that approximately 450 needles have been exchanged. The ACNL is unable to determine if this increase is due to increased needle use or an increase in the awareness of ACNL services. The ACNL receives no funding for this program and expenses come from an already limited budget. Due to financial constraints, the Needle Exchange Program is offered in the St. John's area only.

The ACNL has been successful in obtaining funding from Health Canada to conduct a two-year needs assessment titled, *Reaching Injection Drug Users in St. John's Newfoundland*.

33) The Task Force recommends that the Department of Health and Community Services provide $40,000.00 annually to the AIDS Committee of Newfoundland and Labrador to implement a formal needle exchange program for the St. John's area.

34) The Task Force recommends that the provincial government provide matching funds of $60,000.00 to enable the AIDS Committee of Newfoundland and Labrador to expand the scope of this needs assessment, *Reaching Injection Drug Users*, across the province.

10.3 Tamper Resistant Prescription Pads

A working group comprised of individuals from the Department of Health and Community Services, the Newfoundland and Labrador Medical Association, the Pharmacists Association of Newfoundland and Labrador, the Newfoundland Medical Board, the Newfoundland Pharmaceutical Association, and the Royal Newfoundland Constabulary has developed an implementation strategy for the use of tamper resistant prescription pads. These tamper resistant prescription pads will be used for narcotics and some other controlled substances that have a high potential to be abused.

Purdue Pharma has committed to providing funding to support this initiative. Representatives from the pharmaceutical company have met with the working group several times to finalize the specifications for the tamper resistant prescription pads. The working group has developed guidelines for the use of these prescription pads.

The purpose of tamper resistant prescription drug pads is to reduce prescription drug abuse and diversion by reducing the likelihood for prescription forgeries and/or alterations. The tamper resistant prescription pads contain a number of security features that make it difficult to duplicate or alter. These features assist physicians and dentists to fulfill their professional responsibilities by allowing appropriate access to these medications for patients who require them, while being vigilant against drug abuse and drug diversion.

Participation of all physicians, pharmacists, and dentists in a tamper resistant prescription pad program will be mandatory and all three groups have agreed to participate. Changes

will be made to the Pharmacists Regulations which will be endorsed by the Newfoundland Medical Board and the Newfoundland Dental board. The changes will indicate that the prescription drugs listed in the *Schedule of Drugs* should be completed according to the guidelines of the program. This protocol also applies to prescriptions that are faxed to pharmacies.

The tamper resistant drug pad program is not a monitoring program. It is in response to the issue of prescription drug abuse and concerns regarding the diversion of certain prescription drugs, some of which is the result of prescription forgeries and alterations.

35) The Task Force recommends the use of this tamper resistant prescription pad be mandatory for controlled substances prescribed within the province.

36) The Task Force recommends that tamper resistant prescription pads be used in the province for narcotics, including OxyContin and other controlled substances as recommended by the working group.

37) The Task Force recommends that the Department of Health and Community Services, through the Pharmaceutical Services and Physician Services Divisions take responsibility for the roll-out and administration of the tamper resistant prescription pad program.

10.4 Policing

The increasing availability of controlled substances leads to increasing opportunities for diversion. As a result, addressing the abuse and diversion problems requires the collaborative efforts of a number of agencies. While law enforcement represents only one component in the strategy to combat prescription drug abuse, it is a necessary and important one. Periodic special police operations are resource intense undertakings and are only marginally successful over the long term. Police resources must be constantly focused on drug interdiction (finding, confiscating and/or destroying drugs) if long term results are to be achieved. The Royal Newfoundland Constabulary must be capable of fielding an adequately staffed, properly trained, equipped, and dedicated drug investigative unit.

The Task Force was pleased to see government's commitment to expanding the police force and to see that recruitment for additional RNC and RCMP police officers has started.

38) The Task Force recommends that resources be dedicated to the training of police officers and the allocation of officers to drug prevention, drug enforcement, and investigation.

SECTION ELEVEN — WHAT LEGISLATIVE AND POLICY ISSUES NEED TO BE ADDRESSED?

Government tries to balance the need for social control with the individual's right to privacy. Advances in technology allow large amounts of data to be linked and stored. Governments and society are challenged to determine the conditions under which health data can be retrieved and used. There is much discussion and debate regarding how far they may go to preserve the rights of the individual versus the protection of society.

Regulatory bodies govern professional groups. Their responsibilities include:

- setting standards for the professional's scope of practice;
- ensuring members practice ethically and within the profession's code of conduct; and
- investigating complaints and conducting discipline hearings.

Professional groups have the dual responsibility to set standards that regulate their members' practice as well as to ensure the protection of the public.

11.1 Dosing

All prescription drugs used in Canada have a recommended dosage level that is approved by Health Canada. Health Canada licensed OxyContin for sale in this country based on studies conducted by Purdue Pharma that examined the drug's safety, efficacy, and indication for use. The Health Canada-approved product monograph indicates that appropriate dosing for OxyContin is every 12 hours. This means that OxyContin should *only* be prescribed to be taken every 12 hours.

The Drug Information Center at the School of Pharmacy, Memorial University of Newfoundland, conducted a literature search on the dosing frequency of OxyContin. The search did not locate any articles or reports that referenced dosing more frequently than every 12 hours.

This is contrary to what is reported by some pharmacists in this province. At the request of the Task Force, the Newfoundland Pharmaceutical Association asked pharmacies to indicate the frequency of dosing of OxyContin they were asked to fill in their pharmacy. Questionnaires were sent to 182 pharmacies in Newfoundland and Labrador and 72 responses were received for a response rate of approximately 40 %.

Of these 72 respondents, 30 (41%) indicated that they encounter dosages for OxyContin more frequently than every 12 hours. In addition, 17 (24%) reported the dosing frequency as three times a day, seven (10%) reported the dosing frequency as four times a day, three (4%) indicated the dosing frequency was five times a day, and two (3%) reported that the dosing frequency was greater than five times a day. This self report questionnaire supports other information conveyed to the Task Force that indicates individuals are receiving prescriptions for OxyContin beyond the recommended frequency of dosing.

The Newfoundland Pharmaceutical Association and the Task Force, followed up with Purdue Pharma to discuss the dosing practice related to OxyContin. Purdue Pharma confirmed that prescribing of OxyContin outside of the recommended dosing frequency of every 12 hours is concerning for them. This reinforces information found in the Product Monograph for OxyContin and various clinical treatment guidelines, which recommend that if breakthrough pain repeatedly occurs, it is generally an indication that the *dose*, not the dosing frequency, should be increased.

The Task Force shares concerns regarding the apparent inconsistency between prescribing patterns and recommended frequency of dosing.

39) The Task Force recommends that narcotics should not be prescribed outside the indications and dosing in the approved Health Canada product monographs. The Newfoundland Medical Board and the Newfoundland Pharmaceutical Association should monitor compliance with this among their members.

40) The Task Force recommends that the Department of Health and Community Services request that Health Canada develop and distribute a cross-country advisory to health care professionals, referencing the approved indication and dosing for OxyContin.

41) The Task Force recommends Purdue Pharma further assist in addressing the approved indication and dosing of OxyContin by ensuring that their detailing to physicians also includes that increasing the frequency of dosing of OxyContin is *not* recommended and in fact can be detrimental to effective pain management.

11.2 Release of Information

The Department of Health and Community Services (DOHCS) has been examining the circumstances under which it could release information regarding suspected double-doctoring to the police. Under the Medical Care Insurance Act, 1999, the Minister of Health and Community Services may, with Cabinet Approval, release information to the police.

The Task Force members recognize that the reporting of private individual health information obtained from Departmental databases to the police is a serious matter. Task Force members also believe that the protection of privacy is an important principle; however, privacy should not be protected at the expense of significant risk to individuals or the public.

42) The Task Force recommends that Cabinet authorize the Department of Health and Community Services, to release to the police, carefully screened information on individuals suspected of engaging in criminal activity for the purposes of obtaining controlled substances.

The release of this information would be based on a protocol established by the Department of Health and Community Services. This information will enable the police to conduct thorough investigations.

11.3 Medical Act

At the request of the Task Force, the Department of Justice has conducted a comprehensive review of the province's Medical Act and similar legislation in other provinces. The Medical Act, RSNL 1990, c. M-4, 1974 was passed in 1974 and came into force January 17, 1975. While it has had numerous amendments (1975, 1976, 1979, 1981, 1984, 1986, 1992, 1995, 1997, 1998, 1999, 2001) the Act needs to be revised to reflect what is viewed as appropriate transparent mechanisms for public protection today.

Every piece of equivalent legislation governing self-regulating professions in Canada has a more comprehensive discipline section than that contained in the Medical Act. Other self-regulating bodies in Newfoundland and Labrador have Acts and Regulations that provide more comprehensive authority allowing these professional bodies to fulfill their mandates of public protection.

The Newfoundland Medical Board (NMB) does have the authority to conduct a full inquiry, which may result in suspension of license, if they have "reasonable cause to believe" that a medical practitioner has committed professional misconduct or malpractice. What constitutes reasonable cause is not defined in the Medical Act and open to interpretation.

The Medical Board has not defined what constitutes reasonable cause in its policies. If reasonable cause is determined and the Board proceeds to a full inquiry, they have significant powers under which to obtain all necessary information to investigate fully the complaint. It should be noted that the NMB already has the authority, with the approval of the Minister, to make regulations regarding the disciplining of medical practitioners.

43) The Task Force recommends that the Minister of Health and Community Services direct Legislative Counsel to draft amendments to the Medical Act.

The Amendments should address the following areas:

- Define what constitutes *reasonable cause* to begin an investigation;
- Outline the Board's responsibility to act on complaints;
- Specify the rights of complainants;
- Outline the authority of the Board to copy medical records and/or documents relating to investigations, and subpoena records and/or summons individuals whose information may be relevant to its investigation during the pre-inquiry stage;
- Stipulate time frames in which requested records are to be made available;

- Include a duty to report for physicians who have knowledge related to another member's misconduct, incapacity or unfitness;
- Stipulate that the Board submit an Annual Report to the Minister of Health and Community Services outlining complaints received by the Board, and the status and outcomes of any investigations; and,
- Outline in the Annual Report any inability to act, or any limitations on the Board's ability to thoroughly investigate and/or take disciplinary action due to legislative restrictions.

44) The Task Force recommends that any legislative limitations of Medical Act, identified in an Annual Report submitted by the Medical Board, be acted on promptly by the Minister of Health and Community Services so that they can be resolved in a timely manner.

45) The Task Force recommends that legislative amendments to the Medical Act be prepared for the fall 2004 session of the House of Assembly. It is extremely important that these timelines be met to protect individual and public safety.

The Task Force heard from a number of individuals who stated they could provide the names of physicians who are knowingly, inappropriately prescribing controlled substances. The Task Force encourages health care professionals or members of the public who have information that identifies physicians who are potentially engaged in inappropriate or indiscriminate prescribing to make a formal complaint to the Newfoundland Medical Board. The NMB's role is to act on this information through appropriate investigative procedures.

11.4 Monitoring, Information Systems, and the Newfoundland and Labrador Pharmacy Network

In June 2000, the Government of Newfoundland and Labrador provided funding to support the implementation of a pilot Prescription Monitoring Program (PMP). After two years of operation, researchers evaluated the PMP from both clinical and policy perspectives. The evaluation concluded that the PMP had a marginal positive impact. The program's potential effectiveness was limited by a number of factors, including the:

- compliance problems by some pharmacists with respect to the submission of data to the program,
- lack of investigation of physicians whose prescribing practices were shown to be of concern; and
- failure to report individuals suspected of criminal behavior to obtain prescription narcotics and benzodiazepines to the police.

In addition to the evaluation, research on similar programs across the country found that although prescription monitoring programs are broad based interventions, the problems of over-prescribing and double doctoring are limited, albeit serious ones. Data gathered from the PMP, similar to the data presented earlier in this report from an analysis of the

NLPDP database, showed that over prescribing is limited to a small number of physicians (fewer than 20 physicians).

The PMP evaluators urged caution in implementing a broad-based policy option to address a very specific problem. As an alternative, they suggested that the Provincial Government make changes to permit MCP, NLPDP, and the PMP (if continued) to begin sharing information regarding individuals suspected of criminal activity (double doctoring) with the police. The Task Force supports this direction and has made recommendations elsewhere in this report addressing this issue (see page 48).

> **46) The Task Force recommends that the Provincial Government make the necessary legislative changes to the Medical Act to permit the release of appropriately screened information sharing from MCP and the NLPDP to law enforcement agencies in the province, when there is a reasonable belief of fraudulent or criminal activity. The results of this information sharing should be evaluated to determine its effectiveness.**

In addition, the Provincial Government should consider laying the framework for a real-time monitoring program. This program is already built into the current proposal for the Newfoundland and Labrador Pharmacy Network. The proposed Pharmacy Network is the second component in the development of the Health Information Network and Electronic Health Record for the province. It is an information system that will create individual prescription profiles for everyone who receives medications in the province. Extensive consultations with over 800 stakeholders including health care professionals from many different disciplines (e.g. physicians, pharmacists, social workers, and nurses), regional health boards, regulatory bodies, and the DHCS, informed the work of the Project team.

Pharmacies in the province maintain computerized medication histories for patients; however, these histories are fragmented across all pharmacies, hospitals, and physicians that patients use. The proposed pharmacy network will help health care providers make better-informed and timely decisions about each patient's care. The network will provide tools and processes to support electronic prescribing, medication dispensing, compliance monitoring, research, and policy development. Increased access to, and use of, appropriate medication information may enhance the quality of care, improve patient safety, facilitate accountability, and promote the cost effective use of medications. The Pharmacy Network will provide health care providers with the opportunity to deliver better patient care and provide increased patient safety.

It is recognized that the collection of this information is only one step toward addressing the problem. Legislation will be required to ensure complete submission of data by pharmacies, allow for reporting to the police of individuals who fail to respond to other interventions, and to ensure that physicians identified as having concerning prescribing patterns are thoroughly investigated. Human resources will be required to support such a monitoring program, so that the information collected is acted on in a timely and appropriate manner.

47) The Task Force recommends that the provincial government continue to fund the development of the provincial Pharmacy Network for a 2006 implementation.

The Task Force strongly believes that if the recommended changes are made immediately to the Medical Act and changes are made that permit information sharing among the appropriate authorities, this province will be able to address the issues related to double-doctoring and over-prescribing. A real-time prescription monitoring program will further enhance this monitoring component as well as the quality of patient care. In addition, the NLMA is pursuing the development of an electronic medical record which may further improve the quality of patient care.

11.5 Role of Health Canada

Health Canada approved OxyContin for use in Canada in 1996. OxyContin and other oxycodone containing products are scheduled federally in both the Controlled Drug and Substances Act (CDSA) and the Narcotic Control Regulations (NCR). In particular, the regulations require pharmacists to maintain records on narcotic sales and be ready to supply the information to the federal Minister of Health upon request. This information on the sales of narcotics is regularly maintained at individual pharmacies with the expectation that Health Canada may request this information. However, currently there are not any requirements to submit regular reports to Health Canada or to participate in any audits or other monitoring mechanisms.

Adverse drug effects which result from taking the drug as prescribed for intended use are recorded. If an individual experiences an adverse drug reaction as a result of taking the drug inappropriately, this information is not recorded. The Task Force is concerned that the high risk for fatality as a result of OxyContin misuse and abuse is not being monitored.

Health Canada recently sponsored a meeting concerning the prescribing and usage of oxycodone in the four Atlantic Provinces. Participants, representing health care boards, professional associations and regulatory bodies, highlighted the following concerns with respect to federal responsibilities:

- The Narcotic Control Act needs to be revised to ensure consistency and harmonization between the provinces, particularly within the Atlantic Provinces. This includes balancing public safety and individual privacy concerns; and including provisions to make the Act enforceable in provincial jurisdictions.
- The reporting of adverse drug reactions should not be voluntary or limited to reactions which result from appropriate use only.
- The approval process for new drugs should include a risk management plan.

Health Canada agreed to review and analyze the information collected during this session and identify the next steps to be implemented. Recently, Carole Bouchard Director of the

Office of Controlled Substances with Health Canada indicated that Health Canada is collecting data from the pharmacies in Atlantic Canada on the sales of oxycodone containing products.

48) The Task Force recommends that the Department of Health and Community Services request that Health Canada develop and implement a formal reporting system, including an auditing component, for all narcotics as outlined in the existing Controlled Drug and Substances Act and the Narcotic Control Regulations.

49) The Task Force recommends that the Department of Health and Community Services request that Health Canada make the reporting of adverse drug reactions mandatory for all drugs, including those that are used inappropriately.

SECTION TWELVE – CONCLUSION

The Task Force believes a comprehensive strategy, as outlined in the recommendations of this report, will help address the numerous issues arising from the misuse and abuse of OxyContin. A collaborative effort, such as the one used to support the work of the Task Force, is necessary to achieve and sustain long term results. This Final Report outlines a comprehensive response to a complex issue. Health professionals, law enforcement personnel and educators worked together and with input from a number of professional groups, and concerned individuals to formulate these recommendations.

It is important to note that although the mandate of the Task Force was to deal with OxyContin abuse, a number of the recommendations will result in positive effects for all prescription drug users and abusers. As outlined in the Task Force's terms of reference, the recommendations include changes in the areas of prevention and education; detoxification; treatment; harm reduction; and legislative and policy issues. While the recommendations can be prioritized, every component needs to be implemented if we are to see improvements and positive changes in our communities affected by OxyContin abuse.

The Department of Health and Community Services must take the lead role in coordinating and monitoring the implementation of these recommendations.

> **50) The Task Force recommends that the Department of Health and Community Services take immediate steps to recruit and hire an individual for the existing provincial Addictions Consultant position. This position has been vacant for some time. This provincial Addictions Consultant will develop and coordinate an implementation plan for the recommendations of the Task Force.**

The Task Force believes that existing resources may be reallocated to support the implementation of some of the recommendations. Other recommendations will require the allocation of new funding. The cost of these recommendations will need to be finalized by the Departments of Health and Community Services, Education and Justice.

SECTION THIRTEEN – SUMMARY OF RECOMMENDATIONS

1) The Task Force recommends that the Department of Health and Community Services request that Health Canada collect and provide information on the number of deaths involving oxycodone reported across Canada.

2) The Task Force recommends that the Department of Health and Community Services request that Health Canada conduct research to assess the impact of OxyContin use and misuse including risk of dependency and death.

3) The Task Force recommends that the Department of Health and Community Services request that Health Canada ensure that pharmaceutical manufacturers use appropriate marketing strategies that includes information on the dangers of drug abuse and diversion.

4) The Task Force recommends that the Newfoundland and Labrador Medical Association and the Pharmacists' Association of Newfoundland and Labrador take responsibility for ensuring the continuing educational initiative on chronic pain management and related addictions issues is maintained and supported on an ongoing basis.

5) The Task Force recommends that the long term strategy for drug abuse prevention and education in schools be developed as part of the Department of Education's Safe and Caring Schools Initiative.

6) The Task Force recommends that the Substance Abuse Education Working Group remain in place and be expanded to include provincial representation from at risk youth and parents. This committee will be a sub-group of the Safe and Caring Schools Advisory Committee.

7) The Task Force recommends that Purdue Pharma provide funding of $50,000.00 to provide current resources to support existing Provincial Curriculum in the area of substance abuse prevention and to address the gaps identified.

8) The Task Force recommends that the Minister of Education direct school boards to ensure that the substance abuse education components of the provincial Health curriculum are implemented in all classrooms from grades Kindergarten to Eight.

9) The Task Force recommends that the Minister of Education endorse the recommended programming in substance abuse education for students in grades Nine to Twelve that is developed by the working group.

10) The Task Force recommends that the pain management curriculum be enhanced in the undergraduate and postgraduate program for all physicians and that interdisciplinary assessment and non-pharmacological interventions receive the same attention as pharmacological interventions.

11) The Task Force recommends that the closing of the Centre for Pain and Disability Management be re-evaluated and that it continue to be funded.

12) The Task Force recommends that the Department of Health and Community Services, in consultation with the relevant partners, develop a provincially accepted protocol for opioid withdrawal, including OxyContin.

13) The Task Force recommends that the addictions services currently provided by the Recovery Center be expanded to include a medical component.

14) The Task Force recommends that the Regional Planning Steering Committee of the four health boards in the St. John's region consider this issue and assess its feasibility. There may be the opportunity to transfer resources from the hospital to the community to address this need.

15) The Task Force recommends that the Department of Health and Community Services fund four detoxification beds for the Humberwood Treatment Center located in Corner Brook.

16) The Task Force recommends that the services of the Recovery Center, which currently admits individuals 16 years and over, be adapted to better meet the unique needs of youth.

17) The Task Force recommends that children under age 16 continue to be referred to the Janeway Hospital for detoxification.

18) The Task Force recommends increasing the number of addictions counsellors across the province. This expansion should be based on regional needs to determine the actual numbers of counsellors needed in each region.

19) The Task Force recommends that the Humberwood Treatment Center in Corner Brook continue to be used by adults requiring inpatient treatment.

20) The Task Force recommends the continued use of out-of-province addictions treatment programs for individuals requiring specialized services as assessed by an addictions professional.

21) The Task Force recommends that one youth counsellor be hired for Addictions Services in every region of the province for a total of six (6).

22) The Task Force recommends that an Adolescent Day Treatment Program be developed. The Task Force recommends that this day treatment program operate from the Recovery Center, located in Pleasantville.

23) The Task Force recommends that youth requiring intensive addictions residential treatment should continue to be referred to programs outside the province.

24) The Task Force recommends that all youth prior to receiving out-of-province treatment will either be referred to the Day Treatment Program for assessment and preparation or have this work completed by regional addictions services staff.

25) The Task Force recommends that an addictions counsellor who coordinates out of province residential treatment referrals be hired to work with the regional outreach staff.

26) The Task Force recommends that the provincial Department of Justice consider developing and implementing a methadone maintenance program for provincial correctional facilities.

27) The Task Force recommends that a Methadone Advisory Committee (consisting of representatives from the Department of Health and Community Services, the Newfoundland Medical Board, the Newfoundland Pharmaceutical Association and Addictions specialists) be established immediately to develop Methadone Maintenance Guidelines for the province.

28) The Task Force recommends that an approved methadone-training program be *mandatory* for any physician who requests and obtains or currently holds a methadone license in this province. This training should be made available to designated pharmacists, nurses, and addictions specialists who would be required to support a methadone maintenance program.

29) The Task Force recommends that the Methadone Advisory Committee oversee the development and implementation of methadone maintenance programs in this province. These programs need to be in keeping with best practices while recognizing our unique geographic and resource challenges.

30) The Task Force recommends that the Department of Health and Community Services request that Health Canada update its guidelines for methadone maintenance as part of the range of options available for addictions treatment.

31) The Task Force recommends that the Department of Health and Community Services request that Health Canada develop guidelines for the use of methadone in pain management.

32) The Task Force recommends that the Department of Health and Community Services request that Health Canada review its practices and processes for the issuing of licenses for the prescribing of methadone, and include criteria for revoking licenses.

33) The Task Force recommends that the Department of Health and Community Services provide $40,000.00 annually to the AIDS Committee of Newfoundland and Labrador to implement a formal needle exchange program for the St. John's area.

34) The Task Force recommends that the provincial government provide matching funds of $60,000.00 to enable the AIDS Committee of Newfoundland and Labrador to expand the scope of this needs assessment, *Reaching Injection Drug Users*, across the province.

35) The Task Force recommends the use of this tamper resistant prescription pad be mandatory for controlled substances prescribed within the province.

36) The Task Force recommends that tamper resistant prescription pads be used in the province for narcotics, including OxyContin and other controlled substances as recommended by the working group.

37) The Task Force recommends that the Department of Health and Community Services, through the Pharmaceutical Services and Physicians Services Divisions, take responsibility for the roll-out and administration of the tamper resistant prescription pad program.

38) The Task Force recommends that resources be dedicated to the training of police officers and the allocation of officers to drug prevention, drug enforcement, and investigation.

39) The Task Force recommends that narcotics should not be prescribed outside the indications and dosing in the approved Health Canada product monographs. The Newfoundland Medical Board and the Newfoundland Pharmaceutical Association should monitor compliance with this among their members.

40) The Task Force recommends that the Department of Health and Community Services request that Health Canada develop and distribute a cross-country advisory to health care professionals, referencing the approved indication and dosing for OxyContin.

41) The Task Force recommends Purdue Pharma further assist in addressing the approved indication and dosing of OxyContin by ensuring that their detailing to physicians also includes that increasing the frequency of dosing of OxyContin is *not* recommended and in fact can be detrimental to effective pain management.

42) The Task Force recommends that Cabinet authorize the Department of Health and Community Services, to release to the police, carefully screened information on individuals suspected of engaging in criminal activity for the purposes of obtaining controlled substances.

43) The Task Force recommends that the Minister of Health and Community Services direct Legislative Counsel to draft amendments to the Medical Act.

44) The Task Force recommends that any legislative limitations of the Medical Act, identified in an Annual Report submitted by the Medical Board, be acted on promptly by the Minister of Health and Community Services so they can be resolved in a timely manner.

45) The Task Force recommends that legislative amendments to the Medical Act be prepared for the fall 2004 session of the House of Assembly. It is extremely important that these timelines be met to protect individual and public safety.

46) The Task Force recommends that the Provincial Government make the necessary legislative changes to the Medical Act to permit the release of appropriately screened information sharing from MCP and the NLPDP to law enforcement agencies in the province, when there is a reasonable belief of fraudulent or criminal activity. The results of this information sharing should be evaluated to determine its effectiveness.

47) The Task Force recommends that the provincial government continue to fund the development of the provincial Pharmacy Network for a 2006 implementation.

48) The Task Force recommends the Department of Health and Community Services request that Health Canada develop and implement a formal reporting system, including an auditing component, for all narcotics as outlined in the existing Controlled Drug and Substances Act and the Narcotic Control Regulations.

49) The Task Force recommends that the Department of Health and Community Services request that Health Canada make the reporting of adverse drug reactions mandatory for all drugs, including those that are used inappropriately.

50) The Task Force recommends that the Department of Health and Community Services take immediate steps to recruit and hire an individual for the existing provincial Addictions Consultant position. This position has been vacant for some time. This provincial Addictions Consultant will develop and coordinate an implementation plan for the recommendations of the Task Force.

APPENDIX A — PRESENTATIONS AND SUBMISSIONS TO THE TASK FORCE

February – March 2004

- Humberwood and Addictions Services – Health & Community Services – Western Region
- Overview of the DARE Program, Brad Butler and Kevin Foley – Royal Newfoundland Constabulary
- An Overview of the Pain Management Program – Edgar Gaulton & Barbara Myles, The Centre for Pain and Disability Management, Health Care Corporation
- Overview of Newfoundland & Labrador AIDS Committee – Michelle Boutcher
- The Medical Advisory Committee – Western Health Care Corporation – Dr. Bob Young, Chair
- An Overview of the North American Chronic Pain Association of Canada, Helen Tupper, President
- The Role of Narcotics in Palliative Care – Dr. Susan MacDonald, Divisional Chief of Palliative Care, Health Care Corporation of St. John's
- A Proposal for Treatment Services for Addicted Youth in Newfoundland – Peter Vamoos, Pierre Robert, The Portage Program for Drug Dependency Youth from Newfoundland and Labrador,
- Residents of the Portage Program
- The experiences of two guidance counsellors – Carolyn Tilley, Bishop's College and Harry Hunt, Prince of Wales Collegiate
- Response to OxyContin Crisis, the Janeway Family Centre, Health Care Corporation – Michelle Sutherland, Donna Ronan
- OxyContin Abuse, A Parent's Perspective – Maureen Harvey and another concerned parent
- The Passing of Gordon Newell Jr. – Linda Ebsary and Family
- The Experiences of a Community Chaplain – St. John's Metro Community Chaplaincy Inc. – Ron Fitzpatrick, Chaplain
- The Newfoundland & Labrador Prescription Monitoring Program – Carol Ann Mason
- Development, Implementation and Evaluation of the Pilot Prescription Monitoring Program – Michael Doyle, Department of Health & Community Services
- Dr. Manhas - Psychiatrist
- OxyContin and Oxycodone Deaths in the Province - Dr. Simon Avis – Chief Medical Examiner for Newfoundland and Labrador
- The Newfoundland and Labrador Pharmacy Network – Margot Priddle
- Adolescent Residential Treatment Facility – Colleen St. George, Vicky Pinsent, and Renee Gilbert
- Purdue Pharma, the Manufacturers of OxyContin – Jon Stewart, Dr. Lance Payne, Catherine Raymond

<u>Forums and Conferences:</u> January – April 2004

- Municipalities OxyContin Forum – sponsored by the Cities of St. John's, Mount Pearl, Conception Bay South, & Paradise

- CBC National Public Forum/Town Hall Meeting
- Addictions Treatment Services Association (ATSA) Conference - OxyContin and Other Drugs

APPENDIX B — ADDICTIONS SERVICES OFFICES

St. John's Region		
Recovery Center	Tel: (709) 752-4980	Fax: (709) 752-4985
St. John's Office	Tel: (709) 752-4919	Fax: (709) 752-4920
Eastern Region		
Clarenville Office	Tel: (709) 466-5700	Fax: (709) 466-5718
Harbour Grace Office	Tel: (709) 945-6581	Fax: (709) 945-6514
Holyrood Office	Tel: (709) 229-1558	Fax: (709) 229-1591
Bay Roberts Office	Tel: (709) 786-5219	Fax: (709) 786-5221
Burin Peninsula Office	Tel: (709) 891-5030	Fax: (709) 891-5096
Service to Bonavista is provided bi-weekly through the Clarenville office		
Central Region		
Gander Office	Tel: (709) 256-2813	Fax: (709) 651-3645
Grand Falls-Windsor Office	Tel: (709) 489-8180	Fax: (709) 489-8182
Western Region		
Bonne Bay Health Center Norris Point	Tel. (709) 458-2381 Ext. 266	
Burgeo Office	Tel: (709) 886-2185	Fax: (709) 886-2301
Corner Brook Office	Tel: (709) 634-4506	Fax: (709) 634-0160
Humberwood Treatment Center	Tel: (709) 634-4506	Fax: (709) 634-0160
Port Saunders Office	Tel: (709) 861-9125	Fax: (709) 861-3762
Stephenville Office	Tel: (709) 643-8720	Fax: (709) 643-6212
Deer Lake Office	Tel: (709) 635-4286	Fax: (709) 635-5211
Grenfell Region		
St. Anthony Office	Tel: (709) 454-0262	Fax: (709) 454-2052
Labrador Region		
Happy Valley-Goose Bay Office	Tel: (709) 897-2343	Fax: (709) 896-4900
Labrador City	Tel: (709) 944-5000	Fax: (709) 944-3722
Cartwright Office	Tel: (709) 938-7256	Fax: (709) 938-7235

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