

**OxyContin/Narcotic
Abuse Task Force**

City of Greater Sudbury

November 21, 2005

Executive Summary

The OxyContin – Narcotic Abuse Task Force is a volunteer group of concerned community leaders who have come together to analyze and respond to an apparent abuse of prescription medication in the City of Greater Sudbury. The Committee is co-chaired by Ian Davidson, Chief of Police and Vicki Kett, Manager of Community Services at Access AIDS Network.

Our initial review indicates that the concerns raised are indeed justified with a significant presence of illegal OxyContin being used. What is equally disconcerting is the apparent lack of understanding at how dangerous and addictive this drug is if not used appropriately.

It appears that people from all walks of life – for a variety of reasons – have become addicted to this medication. Furthermore young people as early as grade 7 are experimenting with such drugs without concern.

One of the initial tasks for the committee will be to more fully analyze the flow of OxyContin and other narcotic medication from the manufacturing stage to the misuse by users.

We believe there is a direct correlation to narcotic addiction and criminal behaviour and at the very least has the capacity to destroy lives. It is clear, however, that managing pain is a critical function of the medical profession and the potential diversion of OxyContin should not limit doctors or override the critical necessity of pain management.

The goal of the Task Force to proactively develop strategies to limit the abuse of such narcotics and to provide a framework to educate our community and support those in need. Members of the Task Force are working on initiatives that their organization can do to address these problems. These strategies are based on the “Four Pillars” of universally accepted drug strategies, which include Harm Reduction, Prevention, Treatment and Enforcement.

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PART 1- Introduction

On December 20th 2004 Ian Davidson, Chief of the Greater Sudbury Police Service sent a letter to community stakeholders with his concern over the abuse and misuse of OxyContin and other prescription narcotics. As a result of this concern a meeting was held on the 26th of January 2005. Community stakeholders concurred that the City of Greater Sudbury does have a problem with abuse/misuse of prescription drugs. This resulted in the creation of a Community Task Force to examine the problem and come up with solutions. Chief Davidson and Vicki Kett, Manager of Community Services Access AIDS chair the Task Force.

The Task Force is a working partnership between the Greater Sudbury Police Service, Sudbury and District Health Unit, Northeast Mental Health Centre (NEMHC), PineGate Addiction Service (NEMHC), Access AIDS, N'Swakamok Native Friendship Center, Rainbow District School Board, Sudbury Catholic District School Board, Rockhaven Residential Support Services, CSC du Nouvel Ontario, CSD Grand Nord de l'Ontario, City of Greater Sudbury Social Services, St. Joseph's Health Center Emergency Department, local Pharmacists, Center for Addiction and Mental Health and local Physicians.

The Mandate for the Task Force is to explore the problem of OxyContin/narcotic abuse/misuse and make recommendations for a community strategy to manage OxyContin and other related narcotics.

OVERVIEW OF TASK FORCE ACTIVITIES TO DATE

The Task Force members have been gathering information to further assess the problem of OxyContin and narcotic use and abuse in the City of Greater Sudbury. Members are working through the SARA Problem Solving Model (scan, analysis, response, assess) trying to identify possible solutions.

To date the Task Force has received contributions from the following people: Claire Narbonne-Fortin Consultant, Centre for Addiction and Mental Health, Dr. Jean Guy Gagnon Northeast Mental Health Centre, Roland Peltier N'Swakamok Friendship Center Outreach Worker, Vivian Atchitawens- Roy N'Swakamok Friendship Centre Outreach Worker, Bob Deeth Rainbow District School Board Vice Principal, Derek Butler Access AIDS Network Youth Outreach Worker, Vicky Kett Access AIDS Network Manager of Community Services, Dr. Michael Franklyn Family Medicine/ Ontario Addiction Treatment Clinic, Patricia Delyea Rockhaven Director, Dr. Chris Bourdon St. Joseph's Health Center Director of Emergency Department, Melody Henry Sudbury Catholic District School Board Coordinator, Sean Thompson Nickel Center Guardian Drugs Pharmacist, Marlene Gorman Sudbury Action Centre for Youth Executive Director, Tim McCue Pharmacist Guardian Drugs Dowling, Daniel Dalcourt Ecole Secondaire Champlain, James Delsaut Pharmacist Dumas Independent Grocer Sudbury, Dr. Brian Dressler 310 Larch Street Methadone Clinic, Shelley Westhaver,

Sudbury and District Health unit, Brenda Stankiewicz, FOCUS Community Project and Jean-Guy Lévesque, Program Manager, Pinegate Addiction Service (NEMHC).

Task Force members have been researching this problem and have gathered information available to them in their respective area of expertise, as well as researching current strategies being used in the United States and other provinces. This information is being collected and will be disseminated throughout the group. Working groups within the Task Force have been identified and are looking into specific issues and possible solutions with respect to their area of influence.

OVERVIEW OF INTERIM REPORT

The mandate of the Task Force is to address the following:

- What is OxyContin?
- Who uses OxyContin?
- Why is OxyContin a problem?
- What are the individual and system practices supporting both OxyContin misuse and narcotic abuse?
- How do we prevent OxyContin/narcotic abuse through education?
- How do we help individuals who are abusing or addicted to OxyContin/narcotics?
- What are effective harm reduction strategies?
- What legislative and or policy issues need to be addressed?
- Is there an overlap of strategies that can be applied to other drug addiction issues?

WHAT IS OXYCONTIN?

OxyContin is a semi-synthetic opioid agonist substance with an abuse liability similar to morphine. It is prescribed for the relief of moderate to severe pain requiring the prolonged use of an opioid analgesic preparation. The active ingredient in OxyContin is oxycodone, which is a compound similar to morphine and is found in common drugs such as percocet and percodan. What sets OxyContin apart from these drugs is the slow release feature of OxyContin. This time release allows more oxycodone to be taken at a single dose. Therefore, OxyContin needs to be taken less often. OxyContin is available in 10mg, 20mg, 40mg, and 80mg tablets. Many people use OxyContin as a substitute for heroin. Oxy, Hill Billy Heroin, Killer and O.C. are common street names that refer to OxyContin. OxyContin sells on the street from \$20-\$40 per pill. OxyContin and other narcotic medication are abused/misused by crushing the tablets (negating the time release feature) and snorting the powder or mixing the powder with water and injecting it intravenously. OxyContin dissolves much easier in water than other oxycodone containing drugs such as percocet and thus, it is more easily used. OxyContin, like other narcotic medication has the ability to produce drug dependency

and increased tolerance, or resistance to it. When prescribed by a doctor and under supervision of a doctor, narcotic medications are a safe and effective method of pain management. The problem arises when abuse/misuse leads to addiction and or unintended death.

NATURE AND EXTENT OF THE PROBLEM

The Food and Drug Administration in the United States approved OxyContin in 1995. In its first full year on the market in 1996 to 2000 the number of prescriptions for OxyContin had reached 5.8 million in United States. OxyContin/narcotic abuse/misuse has been highlighted in the east coast of Canada. The province of Newfoundland and Labrador have taken the lead in Canada and formed an OxyContin Task Force and submitted a final report in June of 2004 with recommendations to address the abuse/misuse of OxyContin. Newfoundland reports a 400 percent increase in the quantity of OxyContin dispensed in the province between 2000 and 2003. A recent pilot survey by Health Canada (I-Track- Enhanced Surveillance of Risk Behaviors among Injecting Drug Users in Canada 2004) found that cocaine was the most common injected drug followed by dilaudid and then morphine in Sudbury.

POLICE

Greater Sudbury Police reports suggest the City of Greater Sudbury has had a prescription narcotic drug problem for many years. The drugs of choice have historically been percocet, hydromorphone, and morphine with the first criminal charges of Trafficking being laid back in 1997. Police reports indicate that OxyContin was first seized in Greater Sudbury in October of 2003. Since 1997 police reports indicate a steady increase of prescription narcotics seized. Anecdotal reports suggest the majority of OxyContin/narcotics on the street are a direct result from diverted prescriptions within our community. Police statistics also identify a large number of lost/stolen narcotic medication reports some of which are believed to be a diversionary tactic.

A recent survey completed by the Crime Analyst indicates that during the time period 01 January 1999 - December 31st 2003 police investigated 116 sudden deaths involving medication and 53 had "Overdose" as the cause of death. Of the 53 deaths only 20 deaths identified one specific drug. In those 20 cases pain-relieving drugs were listed as the cause of death in 70% of the cases. Oxycodone was the most common drug listed (4 times).

Police are concerned that the public is unaware of the fatal consequences of misuse/abuse of prescription pain medication. Police are also concerned about the criminal behavior that results from abuse/misuse of prescription drugs, including robberies, thefts, break and enters and fraudulent loss/theft complaints. These criminal behaviors have far reaching consequences in our community. The Task Force is continuing to research how prescriptions are being diverted for illegal use.

Recently, two area pharmacies have had large quantities of narcotics stolen from their unlocked narcotic cabinets during business hours resulting in approximately a \$180.00 loss to the pharmacies. However, the diverted street value is estimated to be worth \$9700.00. This is indicative of the demand for narcotics at the street level.

PHYSICIANS and PHARMACISTS

Anecdotal reports from area pharmacists indicate they have seen a dramatic increase in the prescribing of OxyContin and other narcotic medication. They also report that physicians are more likely to prescribe “stronger” narcotics and an increased number of pills from the first visit. Pharmacists indicate that they have clients on OxyContin who show signs of addiction and are seeking to have their prescriptions filled before they are due.

Pharmacists advise they are dispensing more than a one-month supply of narcotic medication at a time. Primary indications reveal that family doctors (as opposed to specialists or emergency department physicians) are responsible for prescribing most narcotic medication in the City. This is not to imply impropriety on the part of the medical profession or individual doctors. Rather it suggests systemic challenges accompanied by very demanding and even threatening patients in some cases.

A reoccurring theme in the emergency department at St. Joseph’s hospital and the North East Mental Health Centre is that occasionally when a patient is denied pain medication they threaten to commit suicide. Some patients have gone as far as telling doctors that if they are not prescribed the medication they will go out and rob a store or bank and it will be the doctor’s fault.

One doctor on the Task Force explained the role physicians’ play in assessing and responding to severe pain. A concern identified was the limited amount of time a physician has balanced against their ethical requirement to treat people’s illness.

Doctors on the Task Force suggest that because Sudbury has a severe family doctor shortage that adequate screening and follow-up of patients on opioid medications may not be happening. Furthermore, it has been suggested that due to a reduction in certain medical treatments, such as physiotherapy, there is a corresponding increase in demand for pain medication.

Dr. Ross, an associate dean of research at the Northern Ontario School of Medicine suggested they are considering the potential for research into pain control at the new medical school.

YOUTH AND PRESCRIPTION DRUGS

Members of the Task Force have been told that people seeking prescription narcotics go so far as to have teeth pulled to obtain medication. They have also been told that people would sooner take oxycodone than consume alcohol.

They further indicate that youth in our community are experimenting with harder drugs such as cocaine and crack cocaine. According to the most recent Ontario Student Drug Use Survey (OSDUS) (Centre for Addiction and Mental Health, 2003) there has been an increase in both cocaine and crack cocaine among northern students. Members are concerned that drugs that were once feared by students (hard drugs) are now acceptable. New topics in the 2005 OSDUS questionnaire will include OxyContin use and Vicodin use.

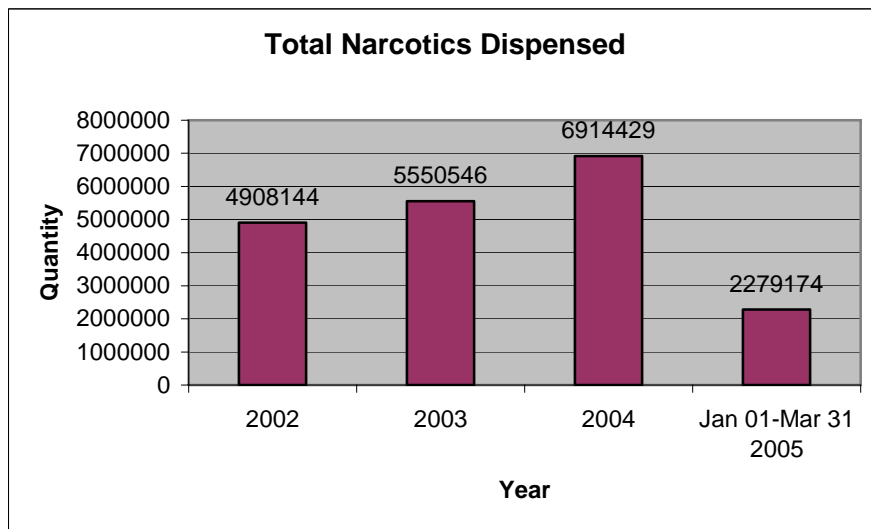
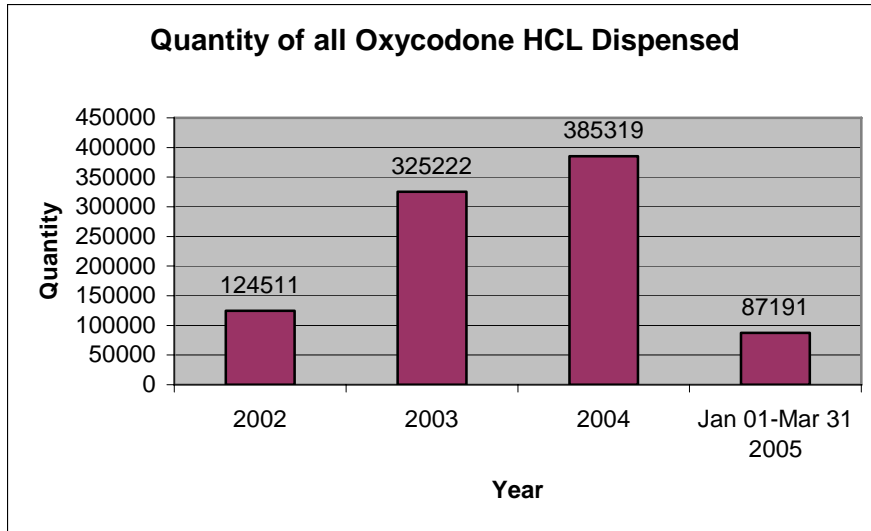
Information from members of the Task Force indicates many of the youth are obtaining prescription narcotic medication through theft from parents and grandparents. It is believed that most youth are uneducated about the hazards of abuse/misuse of prescription drugs and are attending parties where they traditionally consume alcohol and are taking pills as well because they are available.

The number of newly diagnosed HIV and hepatitis C people in our community is alarming according to Access AIDS. Infections are clearly associated to drug use and the sharing of drug paraphernalia. Information from social agencies indicates a large number of people who abuse/misuse drugs are poly-drug users (using more than one drug). Two drugs that are commonly used are cocaine and dilaudid, which is a hydrogenated ketone of morphine.

MINISTRY OF HEALTH

The following information has been received from the Ministry of Health Ontario Drug Benefit Plan which includes reimbursements to most seniors 65years of age and over, recipients of Home Care Services, persons eligible under the Trillium Program, residents of most Long-Term Health Care Facilities, as well as persons who are eligible for drug benefits under the Family Benefit Act, the Ontario Disability Support Act and the Ontario Works Act. The geographical area of study includes Sudbury and surrounding area. The information was extracted based on the claim information included in the ministry's Health Network System for the pharmacies located in the Greater City of Sudbury.

This information will not account for people who have a Private Drug Plan or pay cash for their prescription narcotics. (See attached Graphs).



It is quite evident based on this limited information that health professionals are prescribing more Oxycodone HCL (OxyContin) each year as well as other narcotics to persons in our geographical area.

ONTARIO CORONERS OFFICE

The Chief Coroner for the Province of Ontario Dr. Barry McLellan, released the following information:

- That in 2003 - 101 Ontarians died with oxycodone in their systems.
- That this represents a ten-fold increase over the past decade.
- That this increase occurred around the same time OxyContin came onto the market.

- That he insists while some of these people who died were drug abusers, he suggests many of them were prescribed oxycodone and died either as a result of accident or suicide.
- That he is not seeing this trend with other painkillers such as codeine or morphine.

The CTV reports that in 2003 pharmacists dispensed 2.8 million prescriptions for oxycodone drugs in Canada, most of them in Ontario. That is equivalent to 2 pills for every man woman and child in the province. The most popular brand is OxyContin.

TREATMENT CENTERS

There are two residential treatment centers for opioid dependence, and one outpatient treatment service in the City of Greater Sudbury. The Salvation Army runs a treatment program for males 16 years and over. The length of the program is 2-3 months. They report that the drugs of abuse (in order of prevalence) of their clients are: crack cocaine, cocaine, and prescription drugs (dilaudid, morphine, OxyContin). They treat approximately 56 persons per year. The other treatment center is Lakeside Center for Women. They offer a 21-day program for women 16 years of age and over. They report that their clientele have a 5% higher rate of opioid use compared to the provincial average.

Pinegate Addiction Services is operated by the Northeast Mental Health Centre (NEMHC). The program is designed to offer a range of outpatient substance abuse and problem gambling services for adults and youth, as well as Withdrawal Management Service for both men and women. The Referral, Assessment and Outpatient Treatment Program provide screening/intake, assessment, treatment and aftercare services for both substance use/abuse and problem gambling. Programming is tailored to the needs of clients, and is based on "Best /Recommended Practices" with a focus on harm reduction and/or abstinence. In 2004.05, 1088 individuals requiring services, or inquiring about services contacted the Assessment Referral and Outpatient Treatment Program. PineGate Men's and Women's Withdrawal Management Service recorded a total of 1976 admissions in 2004.05 (i.e. 472 admissions for women, and 1, 504 admissions for men). The withdrawal management service has seen an increase in opiate use.

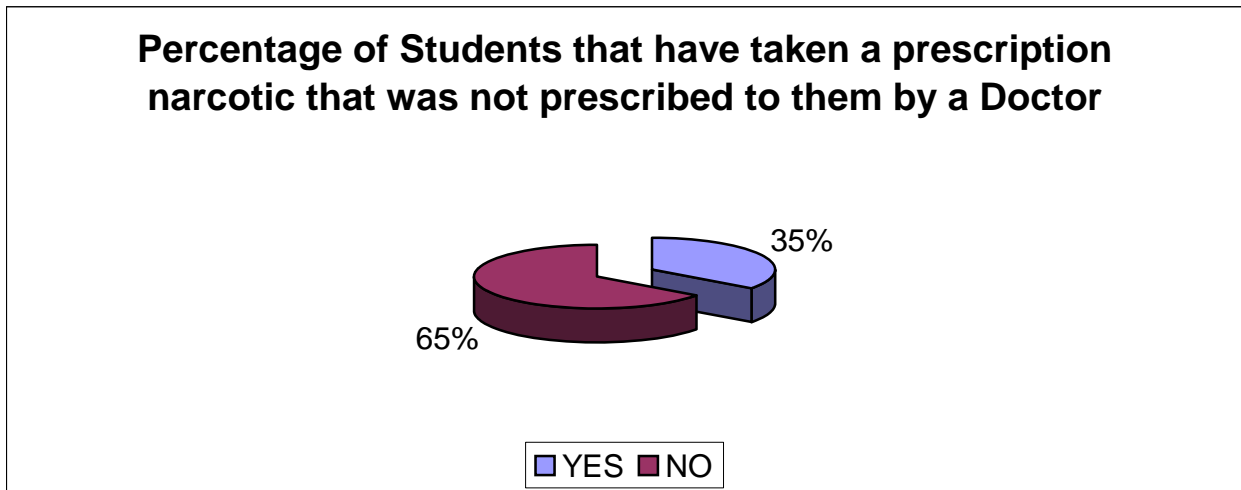
Anecdotal reports from Greater Sudbury Social Services and Rockhaven advise that in limited circumstances there are senior citizens in our community who are selling their narcotic prescription medication to supplement their limited income. Further, they advise that there may be people living in pain because they are diverting their medication to obtain extra money.

SCHOOL BOARDS

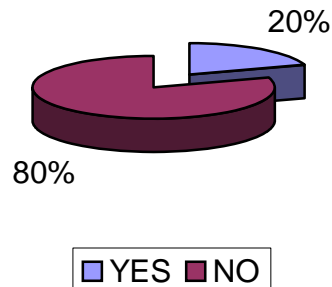
Officials have indicated a concern in the detection of prescription drug abuse. Traditional drugs, such as marijuana, are more easily detected. Subsequently, the use of prescription drugs may go unnoticed. Schools report that the number of students being detected with drugs has decreased in the last year. Board officials attribute this to the zero tolerance policy on drug possession on school property. A partnership with the Greater Sudbury Police K9 Units permits locker checks throughout area schools for illegal drugs. They believe the students are becoming cautious and not bringing the drugs onto school property.

As a result of the Task Force initiative, area school boards are now collecting data from a survey trying to identify the extent of OxyContin/narcotic abuse/misuse among their students. Seven hundred forty five students from grade 7 to 12 from three school boards (urban and rural) were surveyed. The surveys conducted are not scientific; however, they do represent a random sample of students. Students were asked the following two questions with a yes / no response required.

- 1) Have you ever taken a prescription narcotic that was not prescribed to you by a doctor? (Morphine, Codeine, Tylenol 3, OxyContin, Dilaudid, Percocet)
- 2) Have you ever taken a prescription narcotic to get high?



Percentage of Students that have taken a prescription narcotic to get high



Given the age of the students surveyed and the extreme risk associated to such narcotic use, these data are alarming. Stakeholders in the community will need to work together to develop an educational curriculum to be presented to youth in area schools. The Task Force believes that the earlier students can be educated about drug abuse/misuse the better. The educational programming must however be suited to their level of maturity. The education targeting the students receive must also involve a drug awareness strategy for their parents.

MEDIA

The media can play a vital role in communicating the dangers of narcotic drug use. The Task Force to date has received excellent coverage. During the past few years the problems associated with OxyContin/narcotic abuse have been identified on both television and the printed media. Television shows such as W5 have educated the public on the problems Newfoundland and Labrador have had with OxyContin. There have been numerous stories about people who have become addicted to OxyContin and it has ruined their life, or taken their life. This was brought close to home back in October 2004 when two males aged 17 and 19 years overdosed on MS Contin a powerful narcotic, and died in the City of Timmins. In the March issue of Chatelaine there is an article about one mother's battle with OxyContin addiction and how it affected her life. The Toronto Sun reports that a 15-year-old male died after ingesting a combination of drugs including morphine at a party on the 12th of March 2005.

These are just a few examples of the effect of abuse/misuse of narcotic medication has had on our society. Anecdotal reports suggest that the general public is somewhat aware of the negativity surrounding OxyContin, however, the level of education the public has about its abuse/misuse is unknown.

An editorial in the Sudbury Star dated the 29th of March indicate that chronic pain is becoming one of the most common reasons why people seek medical treatment in Canada.

PART 2- Prevention Strategies

The Task Force has adopted the benefits of the 4 Pillar Strategy of Drug Harm Reduction. The four pillars include:

- Harm reduction
- Prevention
- Treatment
- Enforcement

With the commitment from key community stakeholders, education and prevention strategies should include focusing on the following target groups in the City:

- Youth in area high schools including grade 7 and 8 from the primary schools
- Physicians and Pharmacists
- The General Public
- People addicted to Drugs

SCHOOLS

Ministry of Education mandate for Healthy Living includes healthy eating, growth and development, personal safety and injury prevention and substance use and abuse.

Education is critical to the prevention of drug abuse. Parents, guardians, educators, the police and other professions all have key roles to play in educating students about drug use and abuse.

Alcohol and tobacco are the drugs most readily available to Ontario students, and smoking is the primary cause of preventable illnesses, disabilities, and premature deaths in Canada. The substance use and abuse learning expectations respond to these facts by focusing on an understanding of the effects of drugs – prescription drugs, non-prescription drugs, illicit drugs, tobacco, alcohol – and the consequences of their use. This knowledge is integrated with the development of a variety of living skills that help students make and maintain healthy choices.

By using problem-solving, decision-making, refusal, and assertiveness skills effectively, learners can select healthy, drug-free behaviors based on accurate information (*The Ontario Curriculum, Grades 1-8: Health and Physical Education, 1998*)

Substance abuse information is integrated in to the curricula of various courses at the grade 9 – 12 level, including Health and Physical Education, Science and Social Sciences.

The Ministry of Health has mandated health unit's to work with school boards, school advisory councils, principals/teachers and parents to promote and provide information and skill development programs on the risk associated with illicit substance use and the non-medical use of drugs and of other psychoactive substances.

The Sudbury & District Health Unit's School Health team and Sudbury FOCUS Community Project and partners work with the school to present accurate and current information about drug and alcohol use, counter measures, life skills and refusal skills. Awareness days in high schools and community events are popular vehicles for distributing this information to teens. In 2004, a Wellness Day event for elementary schools drew 600 students and an evening event for parents and students was visited by 297 people. Activities for high-risk youth highlight the dangers of drug use.

Adjunct to the drug awareness education, strategies to strengthen personal/life skills, which will help people, make healthy choices about substance use, are encouraged. The Task Force also supports zero tolerance substance use policies in all schools.

PHYSICIANS AND PHARMACISTS

Physicians and Pharmacists are the gatekeepers of prescription narcotics. They are the individuals who first see persons requiring prescription narcotics. They are also the primary sources of information for persons acquiring such prescriptions. St. Joseph's Health Center Emergency has a policy to never refill narcotic prescriptions unless under special circumstances.

The Task Force is relying on the expertise and influence of the doctors/ pharmacists on the Task Force to assist in the education of pain management and narcotic dispensing practices. The area Professional Associations of Doctors and Pharmacists will be relied upon to assist in the delivery of education.

Purdue Pharma, the maker of OxyContin will also be called upon to assist in the education of health care providers.

GENERAL PUBLIC

The Task Force will examine ways to educate the public about the narcotic abuse/misuse problem.

A growing body of research indicates that parental involvement with their children may deter their children from abusing drugs and alcohol. Educating parents to talk to their children will be pivotal in any educational campaign. Tips on how to listen to and how to talk with teens will be key.

The Task Force will be relying on the local media to spotlight the issues of narcotic misuse and abuse. Along with any information about substance use and abuse will be signs and symptoms of misuse, prevention tips and tips about how to talk with teens.

Prevention

To prevent narcotic abuse one must understand why these substances are used. When prescribed legally, narcotics are used to control pain, usually associated with Chronic or terminal disease. However, there is a portion of society who will use substances for pleasure in social situations. Life skills, including communication and coping skills will prevent abuse for people uncomfortable in social situations.

With the added pressures of our busy lifestyle, people may turn to substance to reduce stress. Skills to cope with a constantly changing society are an essential piece of any public education process for substance abuse prevention. The easy availability of these drugs may also contribute to their prevalence in society.

Education and Awareness

Education and increased awareness are key to preventing drug use. Decreased access, to drugs is another cornerstone; however determinants of health also play a role in drug abuse. Not just the poor and marginalized people of our population are abusing addictive drugs. However, the immediate impacts on the poor and more vulnerable often result in a need for affordable housing, meaningful work, and a supportive social network in an effort to prevent drug abuse. Shifting negative societal attitudes towards marginalized people will help these people to gain acceptance, raise self-esteem and decrease the need for narcotic abuse as an escape from society.

DETOXIFICATION

Currently, there are many forms of treatment for detoxification for people undergoing opioid withdrawal. The “cold turkey” method although safe is very uncomfortable for the patient. Withdrawal symptoms include muscle aches, nausea, diarrhea, and loss of appetite, restlessness, trouble sleeping, runny nose, teary eyes, sweating and an uncontrolled craving for the drug. Withdrawal symptoms usually last for 7-9 days. Medical detoxification includes a number of options from weaning off the opioid, (reducing the amount of opioid administered), methadone (an opioid substitute which a patient will eventually be weaned off), and other medications including clonidine. The Task Force will continue to examine these options.

Medical Detoxification

The City of Greater Sudbury has two Methadone Clinics. Preliminary data reveals that the 310 Larch Street Clinic has over 200 patients and there is a 6-7 week waiting list to join the program. The clinic treats a small number of patients for pain. The Ontario Addiction and Treatment Center report that they serve approximately 140 patients locally and also some patients from other O.A.T.C. clinics. The clinics advise that they have the capacity to treat more patients if the Provincial Government does not limit

doctors billing hours. It is believed that the new contract between the province and the doctors association will address this concern.

Non-Medical Detoxification

The Pinegate Men's and Women's Withdrawal Management Programs (NEMHC) serve people 16 years of age and over. Fifteen hundred (1500) men and five hundred (500) women are admitted annually. Currently, as the program awaits renovation, it operates 12 male and 7 female beds. Once construction is complete, the bed number will total 28 overall. Withdrawal Management provides educational groups and support, with an average length of stay of 3-4 days. The Program relies heavily on its partnerships with other services in the substance abuse and mental health sectors, and actively facilitates client care by facilitating links to other community service providers. The Withdrawal Management Program has recorded an increase in opiate drug use from 2003 to 2005.

Sudbury also does provide a residential supportive treatment service to males sixteen years of age and over committed to abstinence from substances. Rockhaven empowers males to develop a personal program of recovery in a safe, positive environment. In the 2004/2005 fiscal year, there were 121 admissions. 31% were between 16 and 24 years old, 51% were between 25 and 34 years old, 13% between 35 and 54 years old and 5% between 55 and 64 years old. The maximum length of stay is six months with the average being 46 days.

TREATMENT

The Task Force continues to gather information about the most effective strategies for opioid dependency. Information has been requested from the Canadian Center for Substance Abuse and a report by the Scottish Executive Drug Misuse Research Program on Effective Interventions is being considered.

Adult

Currently, in the Greater City of Sudbury there are two residential treatment centers Lakeside Center and The Salvation Army and one outpatient service, PineGate Addiction Service (NEMHC).

Lakeside Treatment Center offers residential addiction services to women 16 years of age and over. The treatment is based on a 21- day program. They can accept 12 clients per session. The rate of completion for the program is 70%. The Ministry of Health and Long Term Care provides funding for the center. Lakeside has statistics from two sources; the Treatment Program and the Assessment Program. For the purpose of the Task Force we will be examining the assessment program, as it involves a greater number of persons (350) versus (170) in the treatment program.

Statistics provided by Lakeside Treatment Centre reveal:

- That 25% of open admissions between 01 April 2004 and 31 March 2005 identify prescription opioids as a problem substance
- That 6% of the 25% are between the age of 16-24
- That 11% of the 25% are between the age of 25-34
- That 7% of the 25% are between the age of 35-44
- That 1% of the 25% are between the age of 45-54
- That compared to the provincial average, Lakeside Center clients report a 5% higher rate of opioid use.

The Salvation Army Treatment Program offers a two to three month residential treatment program for males over the age of 16 years who are suffering from severe chemical dependency. They have 10 beds funded by the Ministry of Health and Long Term Care and one bed funded by Corrections Canada. Prior to acceptance in the program clients must be stabilized on their medications for three months.

The modality of treatment is the Bio-Social Model, Reality and Cognitive Therapy. Anecdotal reports from the Salvation Army suggest that in order of prevalence, crack cocaine, cocaine, prescription drugs (dilaudid, morphine, oxycontin) are the drugs that people present themselves addicted to most often.

They further suggest the average age of their clients is approximately 38 years, and that they come from all walks of life. They treat the un-employed, blue-collar workers and white-collar workers.

Statistics provided by the Salvation Army indicate that between April 1st 2004 and March 31st 2005 they had 56 persons in their treatment program. They advise that 43 of these clients came from Southern Ontario, 7 from Northern Ontario, 3 from Western Ontario and 2 from Eastern Ontario. Most of the clients (44) admitted to being poly-drug users (more than one drug). Twenty-three persons in the program admitted to using prescription opioids.

As indicated previously, the Assessment, Referral and Outpatient Treatment component of PineGate Addictions Services (NEMHC) provides screening/intake, assessment, and treatment and aftercare services for both substance use/abuse and problem gambling. Intake clinicians use standardized screening tools to identify the pattern of substance use and resulting problems, and to determine where the individual requesting service is situated on the stages of change continuum. Individualized treatment plans are developed based on information gathered. Both individual and group interventions are available.

Youth

The Pinegate Assessment/Referral and Outpatient Treatment Service (NEMHC) offer counseling, as well as variety of programs for youth 18 and under who reside in the

Manitoulin and Sudbury Districts. Lakeside Center and Rockhaven (which provides residential support treatment services) accept females and males respectively 16 years old and over.

HARM REDUCTION

Harm reduction is a set of practical strategies that seek to reduce the harm associated with substance use. It can but does not require abstinence, which is not a realistic goal for some people. Harm reduction strategies may include drug substitution/maintenance services, outreach, counseling, support services housing services and referrals. (Toronto Drug Strategy Initiative: Four Pillar Approach and Toronto Staff Report, Harm Reduction Programs Targeting Drug Users in the City of Toronto, Dr. Sheela Basrur)

Stakeholders are also considering what if any legislative changes are required to support the sharing of information among doctors, pharmacies, and law enforcement agencies. Stakeholders are also considering a more coordinated approach in prescribing narcotics including a possible prescription-monitoring program considered for the province. Input from the medical profession, local stakeholders and the Province may be necessary to fully address and respond to this issue.

The Task Force is also looking into alternative treatments for pain.

TARGET HARDENING

Information from Police reports suggests that the majority of narcotics including OxyContin that are being used illegally are being obtained through legal prescriptions. Police statistics indicate that the city has had 6 robberies within the past 3 years where narcotics have been targeted, and also has had 12 break and enters to pharmacies in the past 3 years where narcotics have been targeted. Problem Oriented Policing Strategies such as Target Hardening (making the target more difficult) of Pharmacies is essential, limiting the availability of narcotics and stopping the diversion of drugs for illegal use. This problem solving approach will also be applied to individual person's medicine storage.

CONCLUSION

The Task Force will continue to research the problems and opportunities associated with OxyContin/narcotic abuse/misuse. A further review of what solutions other cities, provinces and states have recommended or implemented must be considered. These strategies will be examined for their feasibility for the City of Greater Sudbury.

The Task Force is also considering holding a Town Hall meeting to hear concerns and ideas from members of our community and is planning to meet with Purdue Pharma in the Fall for an information session. It is our goal after fully considering the local

environment to identify solutions that can be implemented in the short term and long term.

We believe that a comprehensive educational strategy for physicians, dentists pharmacists, youth, general public and police is crucial in addressing OxyContin/narcotic abuse/misuse. The Task Force will also look at the best practices of presenting the educational material to the groups identified.

The Task Force will continue to work together and come up with initiatives that their specific organization can implement to deal with this problem.

The Task Force will also be making a presentation to city council in the near future about their concerns.

The eventual outcome of the Task Force will be to come forth with recommendations to address the problems associated to OxyContin/ narcotic abuse/ misuse.