

Tracking opioid use vital to avoiding scourge

Vastly improved monitoring of addictive painkillers is needed to handle the scourge of inappropriate opioid prescribing, dispensing and use in Canada, experts say.

But dithering and empire building by federal ehealth officials has left the country vulnerable to a massive health crisis, while America and Australia are moving rapidly with ambitious plans to curb painkiller addiction and misuse through electronic tracking, according to Canadian and international analysts.

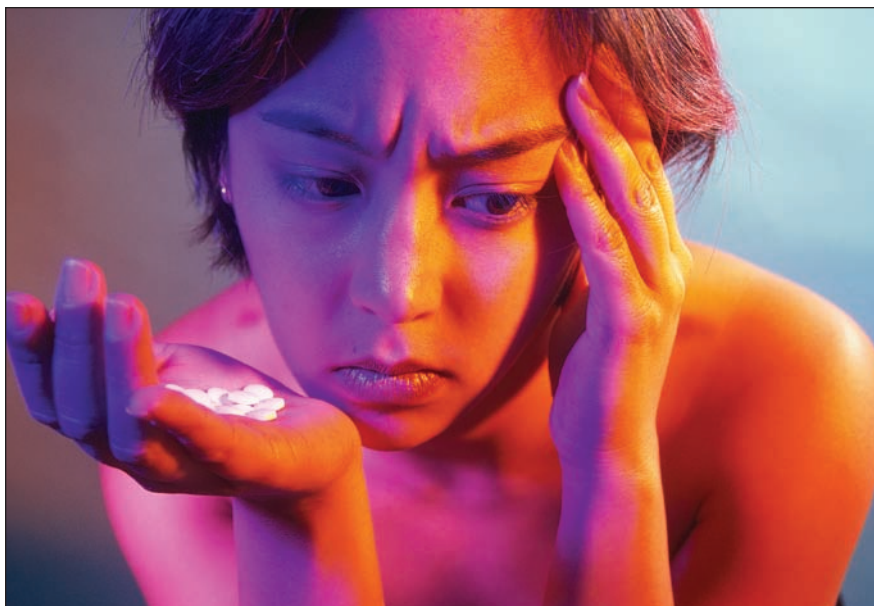
“Currently, we rely on our patients to tell us what they are taking,” says David Marsh, associate dean for community engagement at the Northern Ontario School of Medicine in Sudbury, Ontario. “That’s like asking airline pilots to fly without weather forecasts.”

Marsh and others argue that there’s a desperate need to dramatically escalate the sharing of information about prescriptions and patient drug use.

But Canada Health Infoway and other government bodies responsible for creating a national electronic health infrastructure have failed to heed the call, they argue. Only a few provinces have created local systems that may ever be capable of helping physicians and pharmacists control the usage of prescription opioids.

“Leadership on this should come from the federal level. But we don’t have a plan,” says Benedikt Fischer, director of the Centre for Applied Research in Mental Health and Addictions at Simon Fraser University in Burnaby, British Columbia. While prescription opioids were identified as a target in the federal government’s 2007 National Anti-Drug Strategy (www.nationalantidrugstrategy.gc.ca/), the federal government has since ignored the problem, Fischer argues.

By contrast, the US has placed electronic drug information systems at the heart of its ambitious plan to curb painkiller addiction and misuse (www.whitehouse.gov/sites/default/files/ondcp/issues-content/prescription-drugs/rx_abuse_plan.pdf). To help speed the



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Canada has been tagged as an “international heavyweight” in opioid use.

development of electronic controls over painkiller distribution, the US Drug Enforcement Agency removed legal obstacles to electronic control of opioid prescriptions. Meanwhile, numerous states have introduced prescription monitoring plans based on electronic prescription tracking.

“What we need to do in Canada is exactly what is already happening in many US states,” says Fischer.

Surveillance is vital to controlling misuse of addictive painkillers and understanding the scale of the problem, says Joseph Boscarino, senior investigator for Geisinger Health System, a physician-led health management organization based in Danville, Pennsylvania and author of a recent study that indicated that one-quarter of all noncancer patients given prescription painkillers for more than a few months developed dependency problems (*J Addic Dis* 2011; 30[3]:185-94).

“This can easily become a mess,” warns Boscarino. “A large percentage of the population is at risk. These drugs have to be properly managed. And health information technology is the thing needed to do it.”

Similarly, Australia is moving to greater use of ehealth information systems to tighten prescription opioid use, says Malcolm Dobbin, senior medical adviser for alcohol and drugs with the Victoria State Department of Health in Melbourne, who is developing a National Pharmaceutical Drug Misuse Strategy (<http://nceta.flinders.edu.au/index.php?cID=297>).

Dobbin tags Canada as an “international heavyweight” in opioid use, and argues that it should move immediately to at least develop a small-scale drug tracking system.

That approach was urged in September 2010 by Ontario Member of Parliament and Conservative mental health care critic Christine Elliott in the wake of a College of Physicians and Surgeons report that warned of a public health opioid “crisis” in the province (www.cpsp.ca/policies/positions/default.aspx?id=4324).

“We need to create [a] separate prescription database as sort of a band-aid solution until we have a properly functioning eHealth system across the board,” Elliott argued in the legislature.

But while the province has indi-

cated that it is planning a comprehensive, electronic drug information system, a start date has yet to be determined (www.infrastructureontario.ca/What-We-Do/Projects/Project-Profiles/eHealth-Drug-Information-System/).

British Columbia, by contrast, has adopted a more aggressive approach, commissioning systemic improvements designed to support adoption of drug tracking capabilities “within pharmacy, medical practice, health authority and other settings.”

For its part, Health Canada indicated that a coordinated national approach to

the problem isn't top of the agenda. “Psychoactive pharmaceutical abuse falls mainly under the jurisdiction of provincial and territorial governments, given their responsibility for health care service delivery and the regulation of health professionals,” Olivia Caron, spokesperson for the department, writes in an email.

And Infoway says it has done its part. “Infoway agrees with the importance of — and has invested with many jurisdictions in — tools that provide information about prescription medication use, including opioids, to authorized clini-

cians,” Dan Strasbourg, spokesman for the agency, writes in an email. “In fact, clinicians in many jurisdictions report that they are experiencing substantial benefits as a result. For example, in a 2010 survey of pharmacists conducted in conjunction with the Canadian Pharmacists Association, pharmacists reported that drug information systems enabled an average improvement of 52% in their ability to reduce fraudulent medication use.” — Paul Christopher Webster, Toronto, Ont.

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