

Discontinuation of OxyContin: Key Facts

Opioid medications are a double-edged sword. They are necessary to treat both cancer and non-cancer pain, but misuse does occur, and it reduces the public health benefit of these medications. The misuse of prescription opioids has emerged in the past decade as a significant health and social problem for Ontario and Canada. The Centre for Addiction and Mental Health (CAMH) is working with several partners to develop a balanced approach to this complex problem through treatment, research, clinical and public education, prevention, and public policy.

The effects of harmful use of prescription opioids have been particularly devastating in Ontario's Aboriginal communities. Since the beginning of 2008, CAMH's Aboriginal Services has worked with the First Nation communities and political organizations to identify the extent of the problem and to develop individual community responses that begin to address the issue.

Key facts:

- 1) Addiction is a chronic, relapsing brain disorder that is affected by environmental factors. It is as legitimate a condition as any psychiatric diagnosis. Public discourse on this issue must be grounded in evidence and not rely on stereotypes of "addicts," or a dichotomization of "legitimate" and "illicit" users. A significant proportion of those seeking treatment for prescription opioid dependence have periods of using them regularly for therapeutic purposes.
- 2) Addiction in general, and opioid dependence in particular, are treatable. Evidence suggests that opioid dependence can be successfully treated with either methadone or buprenorphine, especially when behavioural treatments alone are not working.
- 3) However, current policies make highly abusable forms of opioids easily accessible, while safer forms – and those used to treat dependence – are more difficult to obtain.*
- 4) The need for treatment of pain continues to be under-recognized. It is of concern to patients and also represents a significant challenge for medical practitioners: preventing harms in those who need opioids for pain while identifying and managing those who do develop problems.
- 5) Improving training on the effective prescription of opioids by physicians and other prescribers for either pain, opioid dependence or both during their undergraduate, post graduate and professional careers – is one of the key long-term solutions to reducing the harmful consequences while maximizes the benefits to society of these drugs.
- 6) The remoteness of Nishnawbe Aski Nation (NAN) and other Northern communities presents a particular challenge for individuals seeking treatment. Standard treatments are not readily available to these communities, and the problem is made worse by poverty, unemployment, lack of education and other social and health problems.
- 7) In many First Nations communities, addiction is seen as a symptom of historical injustices as well as continuing inequities such as poverty, social exclusion, and the lack of adequate opportunities for education and employment. Treatment providers should be cognizant of these issues, and treatment should be culturally sensitive and appropriate.

*The abusable forms similar to oxycontin include other opioids such as MS CONTIN, HYDROMORPH CONTIN, AKADIAN, MORPHINE SULPHATE, FENTANYL. (These can be injected or snorted and the contin variety can be crushed.) There is no restriction on these being prescribed or covered on the formulary. OxyNEO, which is less abusable (can't be injected or snorted), and Suboxone, which is least likely to be injected or snorted, still have restrictions on their use. This forces prescribers to switch to the abusable form rather than the safer forms, since prescribers generally choose the path of least resistance.