

THE INSIDE STORY[®]

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Sherry Peister, a Canadian first

Chronic pain may be more than just a pain in the neck

Its management may be hurting your bottom line due to narcotic pain medication misuse and abuse

Nearly one in five¹ Canadians suffers from some form of chronic pain—pain that is experienced for longer than six months. As Statistics Canada reports, "Chronic pain can affect not only physical health, but also emotional well-being. It can intrude into all aspects of an individual's life, ranging from home and work to leisure and social relationships." In fact, "people with chronic pain experience more disability days, spend more time in hospital, and have more frequent doctor contacts than those who do not experience chronic pain."

Not only is chronic pain endured by pain sufferers for months on end, the implications of managing chronic pain with narcotic pain medication may be felt by society—and your benefit plan—for years to come. This is the case because the misuse and abuse of narcotic pain medication is negatively affecting the quality of life and productivity of Canadians, taking a toll on both our social and economic situation.

Narcotic Pain Medications = Opioids = Pain Relievers

Narcotic pain medications are a category of drugs used to relieve pain that are also commonly referred to as opioids. They come in the following main groups:

- Produced in the body (e.g., endorphins)
- Naturally occurring (e.g., morphine and codeine): made from the liquid that comes from the opium poppy flower
- Semi-synthetic (e.g., heroin and oxycodone/Percodan/Percocet): made by modifying the chemical structure of a naturally occurring opioid

Sounds good, right? ...but, here comes the 'but'...

The thing is, opioids can also produce euphoria, making them prone to misuse and abuse. Some people use opioids to produce a 'high'—and although the use of illegal drugs like heroin is certainly an issue, trends reveal that some of the most commonly used and abused narcotics

- Fully Synthetic (e.g., meperidine/Demerol® and methadone): made by manufacturing a compound
- Prescription opioids come in various forms like tablets, capsules, syrups, solutions and suppositories. Regardless of form, they can be effective in suppressing the sensation of pain and the emotional response to pain by traveling through the bloodstream to interact with proteins called opioid receptors in the brain, spinal cord and gastrointestinal tract.



are actually prescription pain relievers, such as codeine-containing Tylenol® (1, 2, 3 and 4), hydromorphone (Dilaudid), oxycodone (Percocet, Percodan), morphine and others.

The highs and lows of opioid use

The potential side effects of misuse and abuse go from bad to worse...

When used as directed with physician consultation, opioids are typically considered beneficial with side effects that are generally manageable. For example, although a patient may experience drowsiness and nausea at the beginning of treatment, it usually improves within a few days.

Similarly, under medical supervision, there is a low risk of addiction related to the occasional use of opioids. However, using them regularly for their euphoric effects is a different story all together. What may have begun as a genuine attempt to manage chronic pain could result in dependency, withdrawal, overdosing, drug interactions, and even death—all potential realities.

There's pain, and then there's pain...



Pain that persists for over six months is considered chronic pain. Sufferers report enduring pain from a range of specific body parts—to muscle and joint disorders—to gastrointestinal disorders—and nervous system diseases:

- Back
- Neck
- Pelvic area
- Head
- Fibromyalgia
- Endometriosis
- Irritable Bowel Syndrome
- Crohn's Disease
- Diabetic Neuropathy
- Post Herpetic Neuralgia
- Reflex Sympathetic Dystrophy

Narcotic Pain Medication misuse and abuse is on the rise

Putting the pieces together paints a painful picture

With disturbing consumption trends emerging over the past decade in Canada, it's no wonder concern about patient and public safety regarding opioid misuse and abuse is increasing. For instance, a random survey of 658 primary-care physicians in Ontario found that:

- 57% agreed that many patients become addicted to opioids
- 58% had at least one patient with an opioid-related adverse event in the past year
- another 58% had concerns about the opioid use of one or more patients ²

In fact, consider yourself warned—when you pick up the newspaper these days, it is filled with disturbing statistics about the state of the nation and opioid misuse and abuse. Piecing together the variables related to opioid misuse and abuse is revealing.

■ First piece of the puzzle: More patients are receiving opioid prescriptions in larger quantities

- "Canada's recorded prescription-opioid consumption increased by about 50% between 2000 and 2004", "Canada is currently the world's third largest opioid analgesic consumer per capita." ³
- "Canadian per capita retail spending on opioid drugs (adjusted for inflation) more than doubled between 1998 and 2007" ⁴
- "Trends show that 40 per cent more injured workers have been prescribed narcotics (opioids) compared to 10 years ago." ⁵
- "In Ontario, oxycodone prescriptions rose by 850% from 1991 to 2007, from 23 prescriptions/1000 individuals per year to 187 prescriptions/1000 individuals per year, and the average amount per prescription of long-acting oxycodone increased from 1830 mg to 2280 mg." ⁶

■ Next piece of the puzzle: Increased consumption leading to serious consequences

- The increase in opioid prescribing has been accompanied by simultaneous increases in abuse, serious injuries, and overdose deaths among people taking them: In Ontario, "painkillers are causing twice the number of overdose deaths they were two decades ago." ⁷
- From 1991 to 2004 in Ontario, the mortality rate due to unintentional opioid overdose increased from 13.7 per million to 27.2 per million per year, more than double the mortality rate from HIV." ⁸

■ Final piece of the puzzle: Legitimate prescriptions rather than "street drugs" playing a huge role

- "Of 1095 overdose deaths in Ontario, 56% of patients had been given an opioid prescription within four weeks before death." ⁹
 - "In a study of opioid-dependent patients admitted to the Centre for Addiction and Mental Health in Toronto, 37% received their opioid from physician prescription, 26% from both a prescription and 'the street', and only 21% entirely from the street." ¹⁰
 - "United States national study found that "of the 1408 patients entering treatment for opioid abuse, 79% of male and 85% of female patients were first exposed to opioids through a prescription to treat pain." ¹¹
- It could be argued that this final piece of the puzzle—the role of legitimate opioid prescriptions—could be seen as the final nail in the coffin as prescription opioid consumption appears to be paving the way for increased misuse and abuse leading to serious injury and overdose deaths. So, "What Next?" Time to work together to find a better way to manage chronic pain—a way that involves each of us taking responsibility.

Pain relief for pain reliever misuse and abuse

We all have an important role to play...

The facts speak for themselves; as a society, we are experiencing a serious problem related to the misuse and abuse of opioids. Although the statistics give the illusion that the situation is clear-cut in black and white, there are in fact many shades of grey just like any other societal issue. As a complex issue, improving the situation requires a united front as we work together to conquer the issue from *all* fronts:

- **Legislation:** can continue to restrict the sale and use of drugs that are considered to have "psychoactive properties", meaning drugs that affect the mind and mental processes. For example, not only are opioids regulated like all other drugs under the *Food and Drugs Act* and the *Food and Drug Regulations* to make sure they are safe, effective and appropriately labelled, they are also subject to the *Controlled Drugs and Substances Act* (CDSA). The CDSA doesn't allow activities like "possession, possession for the purposes of trafficking, trafficking, importation, exportation, possession for the purposes of exportation and production."
- **Benefit specialists:** can establish appropriate policies to ensure that the pain medications that plan members

are taking fall within appropriate therapeutic guidelines. For example, with the *Green Shield Canada Narcotic Pain Medication Policy*, there is a maximum amount a plan member can claim without providing further documentation from their doctor. The maximum amount is based on the medication prescribed and its industry approved dosage in conjunction with the individual's medical condition and needs.

- **Plan sponsors:** can help plan members avoid potential issues by providing awareness and educational information about the risks associated with pain medication. For example, they can consider passing on suggestions like these to plan members:



Pain medication: Know the risks – Check it out...

Before taking pain medications, make sure that you...

- Never take any drug that was not prescribed for you from a health care professional.
- If your physician or pharmacist recommends a pain medication, make sure you have thoroughly discussed the benefits and risks.
- Tell your physician and pharmacist about any other prescription, over-the-counter, and natural health products you are taking, as well as your consumption of alcohol and illegal drugs to avoid potentially harmful drug interactions.
- Discuss any concerns regarding a personal or family history of substance abuse, including alcohol.
- Make sure you understand how to take the medication correctly by discussing it with your physician or pharmacist, and by reading the label and any directions that came with it.
- Make sure you take the medication exactly as directed; the right dose at the right time, and find out from your physician or pharmacist what to do if you miss a dose.
- Follow any additional directions that came with the medication like no driving and no alcohol.
- Keep track of how much medication you have left and store it in a safe place, out of the reach of children and teenagers.
- Never share the medication with anyone else.
- Return any unused medication to the pharmacy for safe disposal.

Health care professionals: can continue to monitor the situation and then take action by developing strategies to most effectively deal with the issues. For instance, April 30, 2010, Canada's medical regulatory authorities published the first Canadian guideline for opioid painkillers: *Canadian Guideline for Safe and Effective Use of Opioids for CNCP*. The purpose of the Guideline is "to assist physicians with decisions to initiate appropriate trials of opioid therapy for patients with chronic non-cancer pain, to monitor long-term opioid therapy, and to detect and respond appropriately to situations of opioid misuse including addiction." The guideline includes tools intended to assist busy clinicians in decision making and twenty-

four practice recommendations organized into five clusters:

- Deciding to Initiate Opioid Therapy
- Conducting an Opioid Trial
- Monitoring Long-Term Opioid Therapy (LTOT)
- Treating Specific Populations with LTOT
- Managing Opioid Misuses and Addiction in CNCP Patients

For more information, download the complete guideline or its Executive Summary at <http://nationalpaincentre.mcmaster.ca/opioid/>.

Forward Thinking Working together now and in the future...

Based on a solid understanding of the situation and working together, we all need to address the current situation and keep a sharp eye to the future. For our part, not only will Green Shield Canada continue to monitor narcotic pain medication use according to the policy, we will also be looking at other narcotic compounds like acet-

aminophen-based (e.g. Tylenol) narcotic medications to ensure safe levels of acetaminophen consumption. Overuse can lead to severe health risks like liver damage. Working together, we can all take responsibility and learn from the past—and Canada's narcotic medication use and abuse experience—to work toward a better future.

Footnotes:

¹ Struggling to Work through chronic pain, The Globe and Mail, March 10, 2010

^{2, 3, 6, 8 - 11} Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-cancer Pain, National Opioid Use Guideline Group, April 30, 2010

⁴ Regulatory colleges to set painkiller guidelines, CMAJ, October 13, 2009

⁵ Workers Safety and Insurance Board website, Questions and Answers: A Graduated Narcotic Management Approach Narcotic Formulary: <http://www.wsib.on.ca/wsib/wsibsite.nsf/public/WorkersNarcoticsStrategyQA>

⁷ Painkiller deaths double in Ontario, The Globe and Mail, December 8, 2009

NEWS & EVENTS

"e-service" at your...service

Wouldn't it be great if a hand-held device like a BlackBerry or iPhone could tell your plan members when their claim has been processed and how much money they're getting back? Well...it can. Once a plan member registers for Online Services, they can choose to be notified by e-mail as soon as their claim statement is posted online - telling them that their claim has been processed and any applicable payment has been

deposited into their bank account. It's fast - but it's also easy. In three simple steps, all they have to do is:

1. Register for Plan Member Online Services (using their unique Green Shield Canada ID number)
2. Sign up for Direct Deposit
3. Sign up for e-notification of claim statements

Winner of the draw for a 'night out on the town'



Congratulations to **Juliet Laxa**, of Guelph, ON, the winner of Green Shield Canada's monthly draw for gift certificates for a 'night out on the town'. Through this contest, one name will be drawn each month from plan members who have registered for Plan Member Online Services for that month. To learn more, visit greenshield.ca.



WHAT'S NEW

SKILL TESTING QUESTION:

What do Sherry Peister, newly appointed Green Shield Canada Chair of the Board, and these people have in common?

- Barbara Stymiest, first woman Governor of the Toronto Stock Exchange
- Louise Frechette, first Canadian woman Ambassador to the United Nations
- Kim Campbell, first woman Prime Minister of Canada
- Jeanne Sauvé, first woman Speaker of the House of Commons
- Bertha Wilson, first woman appointed to the Supreme Court of Canada



ANSWER :

They are all Canadian women "firsts"

As an accomplished pharmacist ...as a successful entrepreneur... as a health care industry activist ...and now as Green Shield Canada's first woman Chair of the Board—Green Shield Canada will continue to benefit from Sherry's long history of achievement:

- Graduated as a pharmacist from the University of Toronto and now works as a pharmacist consultant dedicated to pharmacy practice enhancement and continual improvement.
- Over 25 year practicing in a community pharmacy in Southwestern Ontario.
- Actively involved in a range of capacities over the years with the Ontario Pharmacists' Association, the Canadian Pharmacists' Association, and Canada Health Infoway (electronic health records system); recently elected Vice-President of the Canadian Pharmacists' Association
- Currently sits on the Professional Practice Committee of the Ontario College of Pharmacists and the Advisory Council of the School of Pharmacy, University of Waterloo, and recently joined the Board of Governors of Cambridge Memorial Hospital.
- Joined the Green Shield Canada Board in 1997; served as Vice Chair since 2007; appointed to Chair of the Board in June 2010.
- Received her ICD.D designation recognizing her expertise regarding the key competencies for Directors from the Institute of Corporate Directors and Rotman School of Business in May 2010.

We are pleased to welcome Sherry to her new role as first woman Chair of the Board—an important history-making "first" for Green Shield Canada



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