



Centre for Addiction and Mental Health  
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## **Centre for Addiction and Mental Health**

Written Submission to

**The Standing Committee on Social Policy**

on

***Bill 101, An Act to provide for monitoring the  
prescribing and dispensing of certain controlled  
substances***

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*A PAHO/WHO  
Collaborating Centre*

*Un Centre collaborateur  
OPS/OMS*

*Affiliated with the  
University of Toronto*

*Affilié à l'Université  
de Toronto*

The Centre for Addiction and Mental Health (CAMH) is Canada's leading mental health and addictions teaching hospital and a centre of excellence in research in mental health and addictions. CAMH is also a pioneer in developing opioid dependence treatment, professional education in opioid dependence, and prescription opioid abuse research. CAMH's *Ontario Student Drug Use and Health Survey* was instrumental in identifying the problem of harmful use of opioids among Ontario youth. CAMH is the leading educator of health care professionals in opioid dependence treatment and has the longest running opioid dependence clinic in Ontario.

Bill 101, an *Act to provide for monitoring the prescribing and dispensing of certain controlled substances* is an initiative of the provincial government's Narcotics Strategy. The goal of the Bill is to establish the legal framework to develop a prescription monitoring program for controlled substances in Ontario. CAMH supports the government's Narcotics Strategy, including the proposed prescription monitoring program. We recognize the importance of a prescription monitoring program to the safe and effective use of prescription opioids and other controlled drugs for patients and for identifying harmful prescribing practices and use.

### ***Need for evaluation***

This legislation establishes the government's ability to collect, analyze and report on the prescribing and dispensing of controlled drugs, including what information can be collected and to whom it can be disclosed. The Bill also establishes a process for inspecting prescribing, and dispensing practices to ensure compliance with the *Act* and the process for establishing regulations under the *Act*, including a public consultation process. The *Act* does not provide detail of how the prescription monitoring program will be developed; this will be determined by the regulations. One critical element to any prescription monitoring program that is missing from this legislation is a comprehensive impact evaluation. Experience from other jurisdictions has shown that prescription monitoring programs can have unintended negative consequences that can lead to worse health outcomes for patients.

We need to learn more about how prescription monitoring programs affect clinical outcomes (e.g., reducing harmful use and dependence), access to needed pharmacological treatments (including treatments for addiction), and prescribing and dispensing practices. Stakeholders, including government, health care, industry and enforcement need to collectively discuss how to ensure prescription monitoring programs benefit all Ontarians by helping to identify potentially dangerous drug interactions and improving communication between patients, physicians, pharmacists, and other health care professionals. There is no publicly available information in Canada on the effects of prescription monitoring programs on *appropriate* prescribing; only information on the increase or decrease of prescriptions for monitored drugs. It is critical that this research be done to learn about the program's impact on inappropriate prescribing, because these programs can have unintended consequences such as the restriction of access to medications and the increase of inappropriate or clinically inferior prescribing practices.<sup>1</sup> Research from the USA has shown some reductions in the use of controlled substances after the implementation of a triplicate prescription program, but in many cases older, less effective drugs were substituted because they were not on the

list of drugs monitored.<sup>2</sup> These unintended consequences of prescription monitoring programs are very serious and could result in worse health outcomes for individuals.

### ***Learning from other jurisdictions***

Canadian examples of prescription monitoring programs include electronic prescription tracking systems and/or duplicate or triplicate prescription forms for certain controlled substances. Ontario can learn from the success and failure of systems in other provinces. The Government of Ontario should examine the benefits and problems of prescription monitoring programs based on the experiences of other jurisdictions in Canada, as well as the USA.

The PharmaNet system in British Columbia is perhaps the most comprehensive prescription monitoring system in Canada. The system is managed by the BC Ministry of Health and collects data on patient drug profiles including drugs dispensed, drug allergies, clinical conditions, patient demographics, and claim information. The program has a broad application in BC, covering all drugs dispensed (not just controlled substances) and for all those on the provincial health care plan. Individual pharmacists, the colleges of physicians and pharmacists, the Ministry of Health, emergency physicians and authorized medical practitioners in private practices, hospitals and mental health facilities have access to data on PharmaNet. According to the Ministry of Health, PharmaNet prevents potential drug interactions by providing profiles of medication usage to doctors prescribing medications and pharmacists dispensing medication. The system also prevents fraud by tracking duplication of prescriptions. PharmaNet is an example of a data system used to monitor prescription medications.<sup>3</sup>

More recently, Nova Scotia has developed a legislative framework to support the operations of a prescription monitoring program. The "Prescription Monitoring Act" was proclaimed in June 2005 and an independent Prescription Monitoring Board was appointed with the legislated mandate to establish and operate a prescription monitoring program for Nova Scotia. The Board consists of representatives of medical, dental and pharmacy regulatory authorities, independent members without conflict of interest and non-voting members from the Department of Health. The Board is responsible for recommending drugs to be monitored, evaluating the effectiveness of the Program, providing policy direction for the Program, making recommendations for regulations considered necessary, providing reports and advice to the Minister, establishing policies with respect to privacy and confidentiality regarding information held by the Program, subject to the approval of the Minister. The Board has identified key components of an effective prescription monitoring program:

- identifying and addressing issues of inappropriate prescribing practices;
- assisting prescribers and pharmacists in decision-making around controlled substances, including providing easy access to patient information prior to prescribing/dispensing;
- decreasing the incidence of multiple doctoring;
- having the design, implementation and oversight based on input from all stakeholders; and

- capturing all prescription information for monitored drugs regardless of payer.

The Board indicates that the value of the Program is not just in collecting data, but in analyzing, sharing, and using it to support proactive, outcome-based initiatives as well as providing real-time information to prescribers and dispensers working with patients. Outcomes that have been demonstrated in the Nova Scotia Prescription Monitoring Program include a consistent decrease in the number of prescribers seen by patients after a multiple prescriber notification was issued by the program and a decrease in the prescribing of oral meperidine following a targeted intervention to provide information to the top 100 prescribers of this medication.<sup>4</sup>

### ***Providing support for addiction treatment***

CAMH was pleased to see that the purpose of Bill 101 clearly states that the monitoring of information on controlled drugs will "...support access to monitored drugs for medically appropriate treatment, including treatment for pain." (Bill 101, 1 (a)) CAMH recognizes that the treatment of pain represents a significant concern for patients and a significant challenge for medical practitioners. CAMH would like to see the legislation extend this assurance to the treatment of addiction. The prescription monitoring program must also ensure access to pharmacological treatments for addiction and the treatment of co-occurring pain and addiction. The appropriate treatment of medical conditions including pain in those with substance use problems will result in less risk of morbidity and mortality resulting from the use of monitored drugs, another of the Bill's objectives. Therefore CAMH would recommend that "and addiction;" be added to the end of Section 1 (a), the purpose of the Bill.

Bill 101 is an important step in ensuring health care providers have the information they need to provide the best care to patients and to prevent and/or address instances of harmful prescribing and use of controlled prescription drugs. In order to make this prescription monitoring program effective, its impact must be analyzed and studied, in particular to ensure that those in treatment are not being denied access to the drugs they need.

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<sup>1</sup> Fishman, S.M., Papazian, J.S., Gonzalez, S., Riches, P.S. and Gibson, A. (2004) Regulating opioid prescribing through prescription monitoring programs: Balancing drug diversion and treatment of pain. *Pain Medicine* 5 (3), 309-324.

<sup>2</sup> Sproule, B. (2008) *Abuse of Psychotropic Pharmaceuticals in Canada: A Situational Analysis*. Prepared for the Office of Research and Surveillance, Health Canada.

<sup>3</sup> British Columbia Ministry of Health. (2006) *PharmaNet*. Retrieved 02/07/2008 from <http://www.health.gov.bc.ca/pharme/pharmanet/netindex.html>.

<sup>4</sup> [www.nspmp.ca](http://www.nspmp.ca)