



INSIDE STORY[®]

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Why are opioids in the news every day?

Here's what you need to know...

'Long past time' to act on Canada's deadly opioid epidemic¹

Ottawa must act quickly on opioid crisis²

Opioid overdose deaths continue to rise in Canada despite removal of OxyContin³

...Seems like every day there is another headline about opioid addiction in the news. In addition to ongoing concerns about oxycodone and fentanyl, now a powerful animal tranquilizer called carfentanil is being mixed with heroin and is responsible for a wave of overdose deaths in the United States. Carfentanil is also in Canada, adding to what is now considered "Canada's opioid crisis." Should you be worried about your plan members (and your families)?

Hitting closer to home

With the barrage of current news about carfentanil often in tandem with reports about other opioids—like prescription painkillers such as oxycodone and fentanyl, as well as illegal street drugs like heroin—it may seem like Canada's issues around opioid abuse have come out of nowhere. However, after years of declining heroin use in the 1990s, heroin and other opioids made a resurgence in the early 2000s.⁴ Adding to the situation was OxyContin—a brand-name version of the pain medication oxycodone—which quickly became one of the most highly abused drugs.⁵

Now the opioid crisis is hitting closer to home not only because the drug issues are spreading across Canada, but also because of who is taking opioids. No longer the traditional image of a drug addict, opioid abusers are increasingly coming from all walks of life:

- The soccer mom (or dad) who started taking OxyContin for back pain and then became addicted
- Teenagers who steal prescription drugs from their parents' medicine cabinets and share them with friends (there is now a name for this: skittle parties)
- And even athletes who take opioids for pain relief after a sports injury and then get hooked

The consensus is that illegal opioids like heroin have always been a problem, but many of today's addiction issues began with an opioid prescription for pain relief. Although there is always the risk of addiction when taking opioids even for medical reasons, other factors have resulted in today's escalating illicit use of opioids. Today, people addicted to opioids are from all backgrounds, social classes, and ages, as experts explain, "There's no immunity to having an opioid addiction" and "these drugs are pervasive in every population, urban and rural, young and old, rich and poor."⁶

To assess the risk to your plan members, it's helpful to understand how the opioid situation in Canada got to the crisis level.

First, here's the backstory...

OxyContin was launched in the United States and Canada in 1996.⁷ It contains oxycodone in a timed-release formula that can be effective for patients who need round-the-clock relief. Although addiction is a critical issue regarding opioid use in the treatment of non-cancer pain, an investigation revealed that the marketing efforts of OxyContin's manufacturer downplayed the risk.

Doctors began prescribing OxyContin for acute pain relief for various injuries and post-surgery. They also began prescribing it for chronic pain for conditions like arthritis, migraines, and neuralgia (a chronic pain condition that affects the nerve that runs from the face to brain).

Although OxyContin was initially marketed as non-addictive, it produces a heroin-like high and it proved to be *highly addictive*. In addition to some patients becoming addicted due to prescriptions for pain, soon OxyContin started showing up on the streets where it was crushed, snorted, and injected by those abusing it to get high. Tampering with OxyContin destroys the time-release mechanism so that the user gets the full effects of the oxycodone all at once.

By 2004, the controversy over OxyContin in Canada had become full-blown. As the situation continued to unfold, many doctors became increasingly concerned about ensuring that opioids are the best choice for their patients and started to worry about OxyContin prescriptions ending up on the streets. As a result, the OxyContin situation culminated into two seemingly contradictory issues: on the one hand, OxyContin was entering the black market and being misused, while on the other hand, many patients' pain was left untreated as their doctors became increasingly apprehensive about writing opioid prescriptions, and in turn, some patients became fearful of taking opioids.

Misrepresenting the risks of addiction proved costly: On May 10, 2007, the manufacturer of OxyContin along with three company executives "pled guilty to criminal charges of misbranding OxyContin by claiming that it was less addictive and less subject to abuse and diversion than other opioids, and will pay \$634 million in fines."⁸



Many health care professionals agree that excessive, inappropriate, and unnecessary prescriptions of OxyContin "stemmed from misinformation about the safety and effectiveness of opioids in patients with chronic pain."⁹

Next in 2012, although the United States blocked entry of generic versions of OxyContin into the U.S. market¹⁰ when the OxyContin patent ran out, Health Canada approved generic versions of OxyContin in the Canadian market.¹¹ Also, as the OxyContin patent ran out, the manufacturer replaced it with a new tamper-resistant formulation called OxyNEO that Health Canada approved for sale in Canada. Harder to break, crush, or chew, the strategy was that OxyNEO would help reduce the risk of misuse or abuse of OxyContin. However, with OxyContin now off the legitimate market—and as a result, circulation running dry on the black market, addicts then turned to other opioids like heroin—adding to the already alarming heroin situation. Overall, many experts feel that the misuse and abuse of OxyContin is one of the root causes of today's illicit drug use, acting as the forerunner to other opioid addictions.

Taking action...

Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-cancer Pain

In November 2007, Canadian medical regulators (i.e., colleges of physicians and surgeons), formed the National Opioid Use Guideline Group to develop the *Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-cancer Pain* released in 2010. It provides recommendations and tools to help physicians with safe prescribing of opioids by addressing four clinical questions: What should I do before writing a prescription for opioids? How do I determine the dosage of opioids? What should I do to ensure patient safety? When do I stop a patient's opioid therapy?

First Do No Harm: Responding to Canada's Prescription Drug Crisis

In 2013, the federal government created a National Advisory Council on Prescription Drug Misuse that released a guideline called *First Do No Harm: Responding to Canada's Prescription Drug Crisis*. It provides a range of recommendations to address prevention, education, treatment, monitoring and surveillance, and enforcement, as well as recommendations that cross over sectors regarding legislation and regulations, research, and evaluation and performance measurement.

Fentanyl takes centre stage...

Fentanyl—like OxyContin—has an accepted medical application for pain management. It comes in pills, lozenges, throat sprays, and a topical patch that releases low doses slowly over two to three days. However, fentanyl is even more potent than OxyContin and can be 50 to 80 times more powerful than morphine.¹² A dose of fentanyl the size of a grain of salt can produce a heroin-like high, a dose the size of two grains of salt is enough to kill a healthy adult.¹³ For illicit use, fentanyl is cut with powdered sugar, baby powder, or over-the-counter antihistamines or mixed with other drugs like heroin, cocaine, and ecstasy and sometimes disguised as OxyContin. In addition, users scrape out the gel contents of the patch version and then take it orally or smoke it.

What drug and at what dose?

As one expert describes, “Many recreational drug users, attempting to buy OxyContin and other drugs, are actually buying fentanyl without knowing the risks that come with it. In B.C., pink heroin laced with fentanyl has been responsible for 16 known overdoses this year. Many users think that they are taking Percocet, ecstasy, or cocaine, without knowing the risks they are taking by ingesting such a potent and addictive substance.”¹⁴

Which brings us to today...

Carfentanil is adding to the Canadian opioid crisis. Although carfentanil is a synthetic opioid like oxycodone, fentanyl, and heroin, it is an animal tranquilizer for livestock and elephants with no safe application for humans. It is considered about 100 times more potent than fentanyl, 10,000 times more potent than morphine, and 4,000 times more potent than heroin.¹⁵

Needless to say, the risk of overdose is very high; experts warn that inhaling an amount smaller than a snowflake could trigger a fatal overdose.¹⁶ Officials suspect that carfentanil has probably been in Canada as long as fentanyl, but only recently has there been successful seizures of carfentanil.

Law enforcement officials suspect that fentanyl and carfentanil are mass-manufactured in China where sellers easily conceal the drugs inside boxes of things like urine testing strips or generic vitamins. In fact, buying fentanyl online and having it shipped is described as easy as ordering a book online.

After leaving China, the drugs make their way up through the United States to Canada. Recently, several states experienced a wave of overdoses and deaths. This June, there was a seizure in Vancouver of a one-kilogram package of carfentanil bound for Calgary—enough to cause approximately 50 million fatal doses.¹⁷ In Canada, drug trafficking typically moves from west to east, and now Alberta and Manitoba have also reported carfentanil overdoses. A Canadian official sums up the situation: “I can’t quote numbers but I can say in the last number of years throughout all provinces there has been an increase, a significant increase [in deaths linked to the drug].”¹⁸

The trifecta...

But why have fentanyl and carfentanil in particular led the situation in the United States to be described as an opioid abuse epidemic, and in Canada as an opioid abuse crisis? Experts explain these opioids are especially concerning because of these three factors:

→ **Ease of market entry:** online shopping is easy and so is concealing these drugs to get across borders, with some users having fentanyl sent to them in an envelope that looks just like a birthday card.

- **Inexpensive:** a half-gram of fentanyl—which is more than enough for a powerful high—goes for about \$40 CAD.¹⁹ By mixing carfentanil and fentanyl with heroin and other illicit drugs, drug dealers are able to boost profit margins.
- **Highly potent:** these drugs are so powerful that now emergency first responders are wearing gloves and masks to protect themselves from accidentally ingesting even a miniscule amount.

Taming the crisis

Clearly the opioid crisis is complicated, as Health Canada recently stated, “There is no single solution to this devastating problem, but we continue to find strength in numbers as we collaborate with our partners.”²⁰ This mirrors the viewpoint previously conveyed by the Canadian Medical Association: “The unfortunate reality is that no single level of government, no single health provider group and no single sector of our society can resolve this complex crisis on its own.”²¹ Fortunately, all stakeholders are taking action.

To address the role of prescription drug use in the crisis, here is an overview of some of the initiatives:

- **Physicians:** In 2015, the Canadian Medical Association released their policy statement: *Harms associated with opioids and other psychoactive prescription drugs*, which outlines its recommendations of what should be included in a comprehensive national strategy to combat the harms associated with psychoactive drugs, whether illegal or prescription based. Specifically the policy recommends enhancing optimal prescribing through evidence-based guidance, education, and supports such as clinical guidance, clinical decision support tools, educational programs, expert advice, and supportive models of care, as well as through physician regulation and the development of a Canada-wide system of real-time prescription monitoring programs.²²

At the regional level, areas most severely affected by the opioid crisis continue to put a range of measures into place. For instance, regarding prescribing, the College of Physicians and Surgeons of B.C. has issued new mandatory professional standards and guidelines: *Safe Prescribing of Drugs with Potential for Misuse/Diversion*. This should help improve the issues around opioid prescribing because it doesn’t allow for any discretion—it clearly states what doctors “must” and “must not” do—and doctors are legally bound to follow the guidelines.²³

- **Federal government:** In the spring, the federal minister of health explained that she has asked Health Canada to look into updating the *Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-cancer Pain*, which has not been updated since 2010.²⁴ In addition, this summer, Health Canada announced an *Action Plan on Opioid Abuse*, which outlines initiatives aimed at: (1) better informing Canadians about the risks of opioids, (2) supporting better prescribing practices, (3) reducing easy access to unnecessary opioids, (4) supporting better treatment options for patients, and (5) improving the evidence base.²⁵
- **In the U.S.:** The new *CDC Guideline for Prescribing Opioids for Chronic Pain* recently released by the U.S. Centers for Disease Control and Prevention addresses: (1) determining when to initiate or continue opioids for chronic pain outside of active cancer treatment, palliative care, and end-of-life care, (2) opioid selection, dosage, duration, follow-up, and discontinuation, and (3) assessing risk and addressing harms of opioid use.²⁶
- **Private drug plans:** For several years now, GSC has had a *Narcotic Pain Medication Policy* in place. As a plan member’s narcotics claims approach a set threshold, a GSC pharmacist requests detailed information from the prescribing doctor regarding why the patient needs pain management, what else has been tried, and what additional strategies are being done concurrently.

We’ll keep you posted

Ironically, although opioids like fentanyl—and now carfentanil—are in the news daily, the media also report that many Canadians still have very little awareness of these drugs and their potentially dangerous effects. It’s important to not only know about the problem—and its many intricate issues—but also to keep up to date as the situation continues to unfold. As we learn more, you’ll be the first to know.

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FEWER WOMEN TAKING THE BIRTH CONTROL PILL

Oral contraception remains the most popular form of birth control for women with about three-quarters of North American females taking it at some point in their lives. However, over the last five years, the number of prescriptions for oral contraceptives in Canada has steadily decreased. Canadian pharmacies dispensed 1.17 million fewer prescriptions in 2015 than 2011.

The reasons behind this trend are not clear. It could be due to women switching to alternative forms of contraception like estrogen-free and non-hormonal methods, as well as IUDs and fertility-tracking apps. In addition, although the pill's safety has only improved since it was introduced in 1960, experts feel that there is still a lot of concern about safety which may be influenced by anecdotal stories and dramatic headlines on websites. As well, some birth control pill users complain of mood problems they feel are linked to the pill.

Society's growing emphasis on natural health could also be a contributing factor as many women report being uncomfortable with putting synthetic hormones in their bodies. In Canada, the number of prescriptions for the pill without estrogen actually increased 11% from 2011 to 2015. In addition, during the same timeframe, the number of prescriptions for an injection given four times a year that contains only progestin, more than doubled.

For more information, visit https://www.thestar.com/life/health_wellness/2016/10/10/over-the-pill.html.

CANADIAN MEDICAL ASSOCIATION RELEASES RECOMMENDATIONS FOR NEW HEALTH ACCORD

The Canadian Medical Association (CMA) is pleased that the federal government is negotiating a new health accord, which is a legal agreement between the federal, provincial, and territorial governments regarding health care funding. The health accord provides a way for the provincial and territorial governments to set a common direction for our national health care system and to identify objectives and approaches for the health programs funded by the provinces and territories.

To effectively meet the chronic and complex care needs of Canada's growing and aging population—and to put into effect what the CMA considers a modern vision for health care—the CMA provides the following recommendations for a new accord in their report called *Improving the health of all Canadians*:

- Targeted extra funding for provinces and territories with more seniors to "top-up" the Canada Health Transfer,
- Coverage for very expensive medication so that Canadians who are sick do not experience excessive financial hardship,
- Additional financial support for family caregivers by making tax credits refundable,
- National strategy for palliative and end-of-life care,
- Coordinated home care plan so that healthy seniors can continue to live in their homes and get the support they need, and
- Key infrastructure investments to improve and provide more long-term care.

The last health accord was signed in 2004 with a ten-year time span that ended in 2014; a federal government funding scheme has been in place since then. Ideally, if a new accord is signed in 2017, it would help governments to better meet Canadians' health needs while providing greater value for money and remaining sustainable.

For more information, visit the CMA at http://www.demandaplan.ca/cma_releases_platform_for_new_canadian_health_accord.

COMMUNITY GIVING PROGRAM

HERE'S HOW WE ADD TO THE GREATER GOOD...



Paving the way for a brighter future

Take a look at how our grant recipients are making a difference

Health and social service programs—like dental services, vision care, prescription drugs, disease management, and mental health supports—can act as catalysts for change. That's why the GSC Community Giving Program is focused on supporting organizations and initiatives that provide services for underinsured or uninsured populations. And all grant recipients include a navigator component—this means ongoing positive change as clients are referred to any additional services they may need.

Community Giving Program grant recipients in action...



Hope Place Centres – Smile, You're In Recovery

As its name implies, Hope Place Centres helps people who are experiencing the many challenges of alcohol and drug addiction and inspires hope for the future. Through a women's live-in treatment centre, a men's live-in treatment centre, and a community treatment centre, clients struggling with addiction receive gender-specific addiction treatment, as well as a range of recovery services—all provided in collaboration with community partners. The services empower clients to make responsible, well-informed choices so they find a new way of living that is free from addiction.

A smile as bright as their future in recovery

Many clients that Hope Place Centres helps have lost everything to the disease of addiction and have a history of trauma and a broken spirit, so an important part of the healing process is feeling good, seeing well, and looking great. Accordingly, the philosophy of the *Smile, You're In Recovery* program is that although the road to recovery from dependency issues is a long one, some key supports help make the road to recovery a lot smoother. Being able to manage health conditions by receiving appropriate prescription drugs, see clearly by receiving eyeglasses or contact lenses, and reclaim important aspects of life with a big smile made possible by dental care, all help make a big difference.

The *Smiles* program works with practitioners who provide services at a discount—or no cost—so that clients get prescription medications, glasses or contact lenses, and restorative dental work, which otherwise they would not be able to afford. Most clients in the program live in poverty, whether the working poor, on social assistance, or those without any income source at all. The program's priority population is youth 18-24 years old and women, especially those who are pregnant or parenting children under six years old.

Supporting the road to recovery

Funding from GSC is making sure that more clients who are turning their lives around through addiction treatment are able to enter the *Smile* program. A peer support worker helps determine priority clients and then for approved clients, schedules appointments, as well as follows up by ordering prescribed items. This year the program aims to give 300 clients the chance to look in the mirror and see a brighter future—as they recover, they also recover their smile. To learn more, visit www.hopeplacecentres.org.

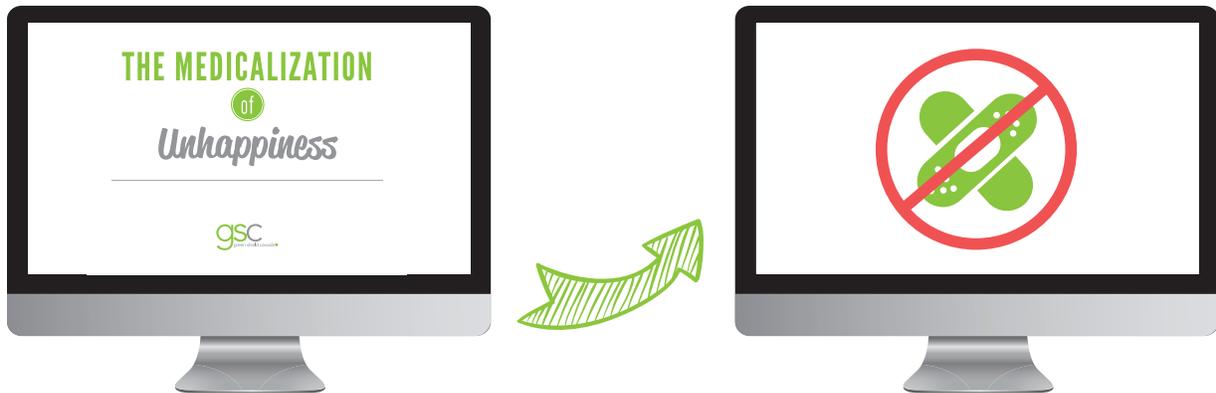
OUT & ABOUT... *An event not to miss*

2016 Mental Health Summit Vancouver – December 13, 2016

Fairmont Hotel, Vancouver, B.C.

<http://www.benefitscanada.com/conferences/mental-health-summit-vancouver>

GSC's Innovation Leader for Health Management, Peter Gove, will speak about "The Medicalization of Unhappiness."



November
Haiku

Headlines every day
But few solutions at hand
So the new normal?

WINNER OF THE DRAW FOR A FITBIT

Congratulations to **K.SHARMA**, of **Burlington, ON**, the winner of our monthly draw for a Fitbit. Through this contest, one name will be drawn each month from plan members who have registered for Plan Member Online Services for that month.



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