New national strategy on prescription drug abuse

In response to wider concerns about prescription drug abuse, a new national strategy was released Mar. 27 in Ottawa.

Fourteen months in the making, the federally funded Canadian Centre on Substance Abuse (CCSA) released *First Do No Harm: Responding to Canada's Prescription Drug Crisis*, a comprehensive report from 46 members of a national advisory council, including pain and addiction specialists, researchers, pharmacists, medical professionals, regulators, law enforcement officials and industry leaders. The strategy focuses on five areas: education, prevention, treatment, enforcement and monitoring of patients and physicians

This report for the first time attempts to define the scope of the prescription drug abuse crisis in Canada and provides a 10-year guideline to reduce the harms associated with prescription drug abuse, by laying out a total of 58 comprehensive, short- and long-term recommendations that the council believes are achievable and will have a collective impact.

"I think a lot of folks have known that there is a problem for some time now, but what is really great about what's happening here is that the CCSA has taken a leadership role in convening a lot of different stakeholders ... to create what really can be viewed as a consensus about how we move forward from here and so my hope is that this is the turning point," says Dr. Irfan Dhalla, a member of the national advisory council and a physician at St. Michael's Hospital in Toronto, Ontario.

"There are a lot of recommendations in the strategy and if those recommendations are followed I think we can finally start to bring down the number of overdose deaths and the number of people who become addicted to prescription drugs."



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Aglukkaq said during a press conference that prescription drug abuse "represents a serious health and safety issue in Canada" and that the report is a "road map" to guide work over the next decade.

"We must ensure that patients who require appropriate pain management get what they need, at the same time we must continue to promote the safe use of potentially addictive drugs while preventing their misuse and abuse."

When asked whether her approval of the generic version contradicted the expert advice in the report, Aglukkaq said "[I] make my decisions on the basis of science and the patient needs."

"There's lots of comments coming out that maybe we should just ban it, but at the end of the day, again, we have to put the patients first — the patients who require [oxycodone] for legitimate reasons," she said.

Health Canada itself has been criticized for not taking decisive action on the issue of prescription drug abuse in the past, and for keeping at arm's length from this new report (www.cmaj.ca/lookup/doi/10.1503/cmaj.109-4379). Doug Spitzig, a pharmacist and member of the national advisory council said that Health Canada was "not even mentioning that [strategy] at all," which prompted two officials from Health Canada to respond that their department was participating in the strategy but that it was "just not our lead."

"It is definitely fair to say that Health Canada has not been very active on this file over the last decade, and it's not just the current health minister," says Dhalla.

"Hopefully in the next decade we'll see a very different approach." — Adam Miller, *CMAJ*

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