



Promoting the appropriate use,
and reducing the abuse and misuse, of monitored drugs in Nova Scotia.

Important Information for Prescribers and Pharmacists

The Nova Scotia Prescription Monitoring Program's (NSPMP) legislated mandate is *"to promote the appropriate use and reduce the abuse or misuse of monitored drugs."* We believe that it is important to communicate relevant information about the NSPMP to prescribers and pharmacists.

The NSPMP bulletin is a way to communicate key information which can assist providers to understand the Program and issues pertaining to monitored drugs.

We encourage each of you to take some time to review the bulletin and if you have any questions or concerns about the information provided, please do not hesitate to contact our office toll free at 1-877-476-7767 or 902-496-7123. Our hours of operation are Monday through Friday, 8am-5pm.

Did you know...?

Vacation Supplies

Many Nova Scotians travel for extended periods of time either for work or for personal reasons. This may require individuals to obtain a sufficient amount of medication for the time period they will be traveling. This is often referred to as a vacation supply.

The NSPMP has been informed by law enforcement professionals that individuals in possession of large quantities of medication may be at an increased risk for assault or robbery where the target is specifically the monitored drugs.

Although the Program does not currently have specific legislation related to the dispensing of monitored drugs for vacation supplies, the NSPMP, as well as the College of Physicians and Surgeons, recommends that prescribers should exercise caution when prescribing large quantities of monitored drugs.

Labeling Duplicate Prescriptions

The Prescription Monitoring Program discourages the practice of using information labels on duplicate prescriptions to detail the quantity, drug name, strength, and directions. This information should only be provided in writing by the prescriber. Labels may be used to provide the patient information such as name, address, DOB, provincial health card number, etc. and should always be securely adhered to the duplicate pad.

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Contact Information

PO Box 2200, Halifax NS B3J 3C6
Telephone: (Toll free) 1-877.476.7767 or 902.496.7123
Fax: 902.481.3157
Email:
pmp@medavie.bluecross.ca



The Nova Scotia Prescription Monitoring Program Medical Consultant

The NSPMP Medical Consultant, Dr. Peter MacDougall, is an independent physician with expertise in prescribing opioids and other controlled substances. Dr. MacDougall is an anesthetist and pain management specialist at the Pain Management Unit at the QEII Health Sciences Centre in Halifax. He works on a consulting basis for the NSPMP to provide expert advice on prescribing monitored drugs and is also an ex-officio resource to the Program's Committees. In addition, Dr. MacDougall is available to healthcare professionals to provide advice and assistance. This may include questions about managing opioids or other monitored substances or advice on what to do when receiving a letter from the Program.

Dr. MacDougall can be contacted by telephone at 902-478-0546 or by email at pcmacdou@gmail.com (please do not email any identifiable patient information).

Research and the Nova Scotia Prescription Monitoring Program

The May 2009 installment of the NSPMP newsletter outlined some of the reasons that we are interested in research and how it can be useful to practitioners and policy makers. Since that time, interest in research using the NSPMP data base has dramatically increased. Some of the interest has been spurred by pure academic interest and some has been triggered by the recent publication of the National Opioid Use Guidelines Group (NOUGG) Recommendations in May 2010¹. The guidelines are the result of a concerted effort by the College of Physicians and Surgeons in all provinces to provide some guidance to practicing physicians in the prescribing of opioids. A comprehensive review of the literature was undertaken, initially in 2006 and updated in 2009², and a national group of experts was convened. The panel's published recommendations have some unique features. They are freely available, without copyright protection, and are housed on the Michael G. DeGroot Medical School (McMaster) website. The guidelines recognize that prescribing is a process beginning with a trial, progressing to maintenance and then either continuing as maintenance or withdrawing from prescribing. Recommendations are made for each step of the process and summarized in a point of care tool, the Opioid Manager. The Opioid Manager is also available for download at the Michael G. DeGroot Medical School.

¹ Opioids for chronic non-cancer pain: a new Canadian practice guideline. Furlan AD, Reardon R, Weppler C; National Opioid Use Guideline Group. *CMAJ*. 2010 Jun 15; 182(9):923-30.

² Opioids for chronic non-cancer pain: a meta-analysis of effectiveness and side effects. Furlan AD, Sandoval JA, Mailis-Gagnon A, et al. *CMAJ* 2006; 174:1589-94.



Two recent studies utilizing the NSPMP database have demonstrated the utility of the data and the ability of the NSPMP to assist prescribers. A group led by Dr. Judith Fisher undertook a study to evaluate the impact of an intervention initiated by the Nova Scotia Prescription Monitoring Program (NSPMP) in March/April 2007 to reduce meperidine use in Nova Scotia. Monthly totals for the number of patients who filled a prescription for meperidine tablets, the number of prescriptions filled and the number of tablets dispensed from July 1 2005 to December 31, 2009 were obtained from the NSPMP database and analyzed using interrupted time-series statistical methodology. An overall downward trend was observed for all outcome measures. The time-series analyses also demonstrated that the intervention was associated with a statistically significant reduction in meperidine use, after adjusting for the overall trend. The monthly number of patients decreased by 12% (95% Confidence Intervals, 5%, 18%), the number of prescriptions by 10% (95% Confidence Intervals, 3%, 17%) and the number of tablets by 13.5% (95% Confidence Intervals, 6%, 29%). Given the risks associated with meperidine use, determining that this targeted, but simple, intervention successfully reduced meperidine use is encouraging and has implications for enabling safe, appropriate and effective pain management.

During the summer of 2010, Roderick Clark worked with the Prescription Monitoring Program as a resident with the Drug Use Management and Policy Research Residency Program, Dalhousie University, to examine trends in acetaminophen/opioid prescription use in Nova Scotia. The Residency program is supported by the Canadian Health Services Research Foundation, Canadian Institutes for Health Research and the Nova Scotia Health Research Foundation. Roderick worked under the supervision of faculty advisors Drs. Grace Johnston and Judith Fisher, and preceptor Denise Pellerin.

Acetaminophen/opioid combination drugs are among the most commonly prescribed analgesics in Canada. However, acetaminophen use is associated with chronic hepatotoxicity at doses above the Health Canada recommended daily limit (4.0 grams per day). During 2009-2010, approximately 59,000 individuals in Nova Scotia filled prescriptions for acetaminophen/opioid combination tablets. Approximately six percent of these individuals filled prescriptions that exceeded this recommended daily dose. Further research is warranted to explore patterns of use in populations at greatest risk, the reasons for use above the recommended dose and the impact on patient outcomes.

As well, recent work by Dr. Monika Rowicka to determine the pattern of prescribing of synthetic cannabinoids (not including medical marijuana) demonstrated that there was an increase in the overall amount of these medications prescribed in Nova Scotia from 2004–2008. Her work demonstrated that more patients are receiving these medications. This trend may indicate a growing awareness of the utility of these medications for the management of pain.



Studies such as these bring to light the importance of a robust data set that can be used to determine emerging trends in the prescribing of controlled substances. Further studies using this data may help prescribers, regulatory bodies and policy makers to determine the impact of changes made in prescribing patterns. Such changes may include education programs, guideline development or funding policy. Ultimately, this data assists in ensuring that the patient receives the best care possible.

What Services Does the Nova Scotia Prescription Monitoring Program Provide?

The NSPMP offers a variety of services to assist prescribers and pharmacists. Such services include the monitoring of patient/prescriber agreements, patient profiles, methadone program monitoring, prescriber peer comparison reports, and data sharing for research.

Patient/Prescriber Agreements – In situations where a prescriber deems a patient agreement to be appropriate, the NSPMP will monitor a patient's profile to ensure adherence to the agreement.

Patient Profiles – Prescribers and pharmacists can access detailed information regarding a patient's use of monitored drugs in the form of a patient profile. These patient profiles are available upon request.

Methadone Program Monitoring – The Program can assist Methadone clinics in monitoring patients to ensure no other monitored drugs are being obtained during their treatment.

Prescriber Peer Comparison Reports – This report is available to prescribers upon request. It provides a graphical representation of their individual prescribing pattern in relation to their peers in their District Health Authority as well as on a provincial basis.

Data Sharing for Research – The Program acts as a resource to researchers by providing statistical information and aggregate data on monitored drug use.

***Look for our next bulletin which will feature key information related to law enforcement.**