

Just Say Know 27: The Oxy Issue (Apr 2012)

Waterloo Region Crime Prevention Council

www.preventingcrime.ca

Welcome to the 27th edition of Just Say Know, an informal electronic newsletter featuring news, resources and events related to issues of substance use. Just Say Know is produced several times a year as time permits.

If you have a relevant article resource or event to share, please feel free to pass it along. The articles included here are for information only, and do not necessarily represent the views of the Waterloo Region Crime Prevention Council or our community partners.

Bon Appetite!

Michael Parkinson

Waterloo Region Crime Prevention Council

www.preventingcrime.ca

The Oxy Issue

This issue of Just Say Know is all about OxyContin, an opioid painkiller that Ontario has delisted from the Provincial Formulary as of March 1, 2012, effectively ending its distribution and providing an alternative called OxyNEO, also manufactured by the Purdue Corporation.

The policy decision is significant for both the positive and negative impacts expected to result. We've provided a sample of the media coverage for the southern part of Ontario since the decision was announced by the Ministry of Health and Long Term Care on February 17, 2012. As you can see from the breadth of issues raised in media reports, decisions on drug-related issues have wide ranging impacts on a variety of sectors, communities and individuals.

There has been much press related to the situation in northern Ontario however we have included just a few articles in this edition. In the context of the northern situation, we provide this quote that made it into several media reports in February:

“In the absence of any regular treatment, a public health catastrophe is imminent, as there are thousands of addicted individuals with rapidly shrinking supplies – likely leading to massive increases in black market prices, use of other drugs, needle use/sharing, and crime,” said Dr. Benedikt Fischer, a senior scientist at the Centre for Addictions and Mental Health.

The OxyContin/OxyNEO articles are provided in chronological order, ending with the most recent media at the time of publication.

You can access resources and articles by clicking on the links provided in the headlines below, or just scroll through the entire issue. But be careful- there is a lot!

IN THIS ISSUE

1.0 Report

1.1 Oxy to Oxy: Impact and Recommendations

2.0 Events:

2.1 Sex Workers' Action Network of Waterloo Region (SWAN) 4th Annual Community Symposium: In Her Shoes

2.2 Guelph Harm Reduction Forum

2.3 44th Annual Addictions Conference

3.0 Film + Audio

3.1 Fears That OxyContin Ban Will Cause Crime Spike (British Columbia)

3.2 Time Bomb

3.3 RAW | Recovering from OxyContin (film, 8m)

3.4 Phasing out OxyContin Not Stopping Addicts (audio, 11m)

3.5 OxyContin off the market (audio)

4.0 Full Articles

4.1 OxyContin will soon be pulled from Canadian pharmacies

4.2 Dwindling OxyContin supply has authorities nervous

4.3 Emergency session

4.4 Spike in ODs expected

4.5 The high cost of funding OxyContin

4.6 No oxy-withdrawal strategy for First Nations, leaders say

4.7 Feeling the pain

4.8 Replacing OxyContin won't end drug woes, police say

4.9 Ontario plans to help in OxyContin crisis

4.10 Man on Oxy's: 'It's saving my life'

- 4.11 Future uncertain for Guelph's OxyContin addicts, support worker says
- 4.12 OxyContin officially replaced by new drug
- 4.13 Coroner urges caution in OxyNeo prescriptions
- 4.14 First step in the battle against opioid abuse
- 4.15 Chronic pain patients collateral damage of drug-abuse policy
 - 4.16 Threat of Oxy users turning to street drugs worries school detox program
- 4.17 Local drug counselors feel OxyContin changes won't help
- 4.18 It is time for active engagement and meaningful consultation – ONWA
- 4.19 OxyContin ban may result in increased crime
- 4.20 OPP prepares for trouble as oxycodone supply dries up
- 4.21 Oxycodone class action lawsuit filed
- 4.22 Vice detective warns of overdose increase as addicts switch up
 - 4.23 D'Amato: Cold turkey cure for OxyContin abuse gives little support to addicts
- 4.24 Readers respond to withdrawal idea
- 4.25 Drug action team keeping busy here
 - 4.26 Toronto Public Health worried OxyContin addicts could overwhelm detox clinics
 - 4.27 Ontario must boost addiction services and treatment programs to help OxyContin addicts
- 4.28 Ministry moving on drug crisis
- 4.29 Durham sees spike in heroin use after OxyContin pulled off the market
- 4.30 Oxycontin addicts change narcotics
- 4.31 Addicted on the reserve: 'Now my kids are being taken away'
- 4.32 Ministry of Health and Long Term Care Health Bulletins
 - 4.33 Car theft business starts, ends on reserve: chinger
- 4.34 Car theft, Oxy linked in a big way

1.0 Report:

1.1 Oxy to Oxy: Impact and Recommendations

The Wellington Guelph Drug Strategy and the Waterloo Region Crime Prevention Council have produced an informal report called “Oxy to Oxy: Impact and Recommendations”, a summary of what was heard from area service providers and citizens between March 5-9, 2012 as a result of the Ministry of Health and Long Term Care’s decision to delist OxyContin from the Provincial Formulary effective March 1, 2012.

The predominant recommendations raised by participants relate to

- 1) Mitigating the increased risk of accidental overdose death and injury, and
- 2) Managing withdrawal symptoms, risks and treatments.

You may link to the report here:

<http://www.preventingcrime.ca/main.cfm?id=51A4A87F-B6A7-8AA0652D134862FD5CD0>

2.0 Events:

2.1 Sex Workers' Action Network of Waterloo Region (SWAN) 4th Annual Community Symposium: In Her Shoes

The program for the 4th annual community symposium hosted by the Sex Worker’s Action Network of Waterloo Region (SWAN) has been announced. “In Her Shoes” will be held from 9AM to 3PM on Wednesday, June 6th, 2012 at the Walper Terrace Hotel in Kitchener. This year’s focus will be on Sex Work & Vulnerability to Violence. For more information on speakers and how to register, please visit:

SWAN is a non-partisan group consisting of concerned individuals, including those with lived experience, agencies and groups committed to assisting and supporting individuals working in sex work in Waterloo Region.

<http://www.sascwr.org/news/june-6th-4th-annual-sex-work-symposium/>

2.2 Guelph Harm Reduction Forum

A one-day forum on harm reduction and youth support, presented by the Wellington Guelph Drug Strategy on Saturday, May 12, 2012 at 8:30 am.

<http://www.aidsguelph.org/guelph-harm-reduction-forum>

2.3 44th Annual Addictions Conference

Addictions Ontario is pleased to once again present an exciting conference which promises to deliver important and dynamic information, as well as offer an excellent networking opportunity to all participants

<http://www.addictionsontario.ca/conferences.aspx>

3.0 Film + Audio

3.1 Fears That OxyContin Ban Will Cause Crime Spike (British Columbia)

Video interviews with MD and Pharmacist at:

<http://www.ctvvancouverisland.ca/2012/03/fears-that-oxycontin-ban-will-cause-crime-spike/>

3.2. Time Bomb

<http://www.cbc.ca/fifth/>

By CBC March 9, 2012

The OxyContin epidemic: a pill that promises temporary relief has cost many Canadians a lifetime of addiction. The fifth estate investigates one of the most successful marketing campaigns in pharmaceutical history.

View the full episode from CBC's Fifth Estate, Infographics and other interviews at:

<http://www.cbc.ca/fifth/>

3.3 RAW | Recovering from Oxycontin (film, 8m)

<http://www.cbc.ca/news/canada/ottawa/story/2012/04/17/ottawa-oxycontin-transition-robberies-rising.html>

3.4 Phasing Out OxyContin Not Stopping Addicts (audio, 11m)

<http://www.cbc.ca/news/canada/ottawa/story/2012/04/17/ottawa-oxycontin-transition-robberies-rising.html>

CBC Ottawa Morning

3.5 OxyContin off the market (audio)

CBC, The Current

February 27, 2012

OxyContin has been a versatile drug for addicts. They can grind it, liquefy it, then shoot it up or snort it. Its replacement won't be as user friendly. OxyNeo will replace the opiate called OxyContin Thursday, a move many have encouraged Purdue Pharma Canada to take. But what will happen to those addicts who will lose their supply line in three short days? Today, we're examining the difficult and unintended consequences of an addictive prescription drug's demise.

<http://www.cbc.ca/thecurrent/episode/2012/02/27/oxycontin-off-the-market/>

4.0 Full Articles

4.1 OxyContin will soon be pulled from Canadian pharmacies

<http://www.thestar.com/news/canada/article/1132924--oxycontin-will-soon-be-pulled-from-canadian-pharmacies>

By Megan Ogilvie, Health Reporter, Toronto Star

February 17, 2012

The narcotic painkiller OxyContin will soon be pulled from pharmacy shelves across the country, and addiction experts warn the move will spark a public health crisis in Northern Ontario where thousands of people in remote communities face involuntary and potentially dangerous withdrawal from the addictive drug.

Purdue Pharma, the company that manufactures OxyContin, is set to replace the controversial medication with a new formulation of the drug called OxyNEO at the end of February. The new drug is formulated in such a way that it is more difficult to crush, and therefore less likely to be abused through injecting or snorting.

Among the Nishnawbe Aski Nation, or NAN, which represents 49 First Nation communities in Northern Ontario, at least half of residents are addicted to OxyContin, said Grand Chief Stan Beardy.

"In some communities, it's as high as 70 to 80 per cent of people addicted to OxyContin, including kids as young as 9 years old to people as old 65," Beardy said.

"We are very concerned that if they cease manufacturing OxyContin and if there is no replacement or treatment or detox centres for these people, there is going to be a major catastrophe."

He said health care in the communities is limited to nursing stations with visiting doctors coming to treat residents two or three days each month — not enough care to deal with the thousands of people who will be forced into withdrawal.

Benedikt Fischer, director of the Centre for Applied Research in Mental Health and Addictions at Vancouver's Simon Fraser University, agrees the situation in Northern Ontario is dire.

"We are literally watching a public health catastrophe unfolding in slow motion," he said, adding that the crisis is comparable to the spread of HIV among injection drug users in the 1980s and the overdose epidemic that hit Vancouver's Downtown Eastside in the 1990s.

People forced off the powerful painkiller could replace it with heroin, crack cocaine and other dangerous drugs, and they will be more likely to inject drugs, increasing the spread of infectious diseases, said Fischer, who estimates 10,000 of the 45,000 NAN residents are addicted. And, he added, communities will likely see a spike in overdoses, a greater risk of miscarriage in pregnant women and a proliferation of crime.

On Thursday, Health Canada confirmed that as of Feb. 15 OxyContin had been pulled from the Non-Insured Health Benefits Program, which provides drug coverage for more than 800,000 registered First Nations and recognized Inuit.

However, a spokesperson for the agency said most of those addicted to OxyContin are not receiving the drug through government-funded legal prescriptions. Fewer than 100 NAN members get the drug paid for by the department, said Health Canada spokesperson Leslie Meerburg.

The Ontario Ministry of Health has not yet said how it will fund OxyNEO, nor is it clear how much OxyContin is stockpiled in the province.

"There is little concern of withdrawal for clients switching therapy from OxyContin to OxyNeo when taken as prescribed by a physician," she said. "However, it is possible that some clients who obtained OxyContin through other sources may go into withdrawal when OxyContin is removed from the Canadian market and they are unable to find another source of supply.

"This is a concern for any individual who obtains and uses OxyContin outside of appropriate medical indications."

Grand Chief Beardy acknowledged the vast majority of OxyContin abused by NAN residents is sold on the black market, with individual pills selling for between \$300 and \$600.

The potent painkiller has helped fuel an epidemic of opioid addiction in Canada. In Ontario, the rate of deaths involving narcotic painkillers went from 13.7 per million in 1991 to 27.2 per million in 2004.

On Feb. 6, the Cat Lake First Nation declared a state of emergency because 70 per cent of residents were addicted to OxyContin.

Beardy said he and others have called on the federal and provincial governments for help, but have received little response.

"We were asking for detox centres, treatment centres, frontline health professionals, including doctors, psychologists and psychiatrists," he said.

Fischer said an emergency program needs to be put in place. Ideally, the rapid launch of prevention and treatment interventions should include, among other things, needle exchange programs to prevent the

spread of infectious disease and providing addicts with substitution drugs, such as methadone or suboxone.

“We need to find ways to get these treatments to these communities as widely and effectively as possible,” he said.

Health Canada said the NIHB program covers methadone and suboxone, but recognizes that access to the drugs is a “significant issue” for those in remote locations.

“In such instances, the NIHB Program reviews requests from health providers on a case-by-case basis and will provide coverage for suboxone to help ensure First Nations clients have access to this drug without leaving their community,” Meerburg said.

4.2 Dwindling OxyContin supply has authorities nervous

<http://tbnewswatch.com/news/190902/New-drug>

By Jodi Lundmark, tbnewswatch.com

February 21, 2012

OxyContin is to be replaced with a new formula on March 1, which has police and health officials concerned about what alternatives opiate users will turn to once the prescription drug becomes unavailable.

OxyContin will no longer be manufactured in Canada after Feb. 29. The new formula of oxycodone is called OxyNEO and the transition is expected to be smooth for people using the pain medication as prescribed.

OxyNEO is also said to be harder to divert – to crush or melt down, which are the methods of choice for the many who choose to abuse the drug.

When the supply of OxyContin runs out and opiate users are left with the new, non-divertible drug, Thunder Bay Drug Strategy coordinator Patty Hajdu said that’s when the city will see an increase in demand for alternative opiates.

The patent on OxyContin has already run out in the United States and Hajdu said they’ve had the chance to see what’s happened to some U.S. communities that are struggling with high rates of opiate use.

“A very close substitute for prescription opiates is heroin. Some communities in the U.S. have seen an increase in heroin use and heroin trafficking in their communities because the demand is still there for opiate-based drugs,” said Hajdu.

Nishnawbe Aski Nation chiefs are calling for immediate assistance as they predict an impending health catastrophe.

With thousands of people in remote First Nations addicted to the prescription drug, they are anticipating mass withdrawal that includes symptoms like severe upset stomach, muscle and bone pain, anxiety and depression.

Hajdu said it could cause a health crisis with many First Nations having no access to treatment or aftercare.

“People are really stuck there. They can wait many, many months before they can access treatment and when they do receive treatment, when they return to their communities there is often very little support for them to continue on in their recovery,” she said.

The NAN Prescription Drug Abuse Task Force has repeatedly requested assistance from Health Canada and the Ministry of Health and Long-Term Care since November 2009 when the Chiefs-in-Assembly declared a state-of-emergency.

Some communities have between 60 to 80 per cent of their population addicted to OxyContin, which deputy grand chief Mike Metatawabin said with so many people addicted, many of their communities are left in a standstill and it also puts a strain on frontline workers.

“We need to deal with this issue as soon as possible because it’s going to run out of control by early next month. This is something we’ve been working on and trying to prevent for quite some time now,” Metatawabin said, adding neither the federal or provincial government have answered their call for help since 2009.

“Because nobody responded to our call for assistance and help in dealing with the issue, our communities are not facing a scenario where there is going to be some very serious situations, not just withdrawals. Maybe violence, maybe suicidal tendencies by people that are going through withdrawals,” he said.

NAN issued a release late last week stating they require medical and nursing professionals, appropriate mental health services, aftercare programming and additional security and police resources to address the problem.

Metatawabin said they need to see a plan in place as soon as possible with input not only from NAN but from both provincial and federal governments.

St. Joseph’s Care Group’s director of concurrent disorder services Nancy Black said they also are most concerned with what effect the changeover in oxycodone formulas will have on rural and remote communities because of their lack of withdrawal supports.

SJCG operates the Lakeview methadone clinic and Black said it is running at capacity. And with the potential for more people to not have access to opiates, the demand for treatment is going to increase.

“It’s a complex issue and requires a multi-faceted approach in terms of addressing the issues and concerns,” she said. “It’s not an easy solution.”

The Thunder Bay Police Service will monitor the situation as it unfolds and Const. Julie Tilbury said it’s not a situation they can necessarily prepare for.

“There are so many different factors dealing with the legal use of OxyContin and the illegal drug issues that we do have in our community,” she said. “We’ll have to see how both sides of that are affected by this changeover and what the ramifications will be for the different groups.”

Tilbury said the police are speaking with different agencies to gather as much information as they can and will try to come up with a plan to deal with the issues as they arise.

“Our concerns are that we know people with addiction issues can become desperate and maybe creative and they are going to find alternative drugs to use if the Oxys are not available,” she said.

“Our concern here is depending on what type of alternative they go to, what the health concerns will be there for them.”

Hajdu added all they can do right now is increase the amount of conversation in the community on alternatives to the way they currently deal with substance use, particularly with a focus on education and awareness.

If opiate users begin to turn to street drugs like heroin, because it’s not constructed in a lab, people don’t know the exact amount they are consuming.

Hajdu said more education needs to be done around overdosing, mainly how to recognize an overdose.

4.3 Emergency session

<http://tbnewswatch.com/news/191494/Emergency-session>

By Leith Dunick, www.tbnewswatch.com

February 23, 2012

Thunder Bay’s deputy police chief says he’s not sure what the short-term ramifications will be when OxyContin disappears from city streets over the next few months.

Certainly demand for the drug will drive up prices and there will likely be consequences until the supply dries up completely, Andy Hay said Thursday, after a hastily called strategy session to deal with the problem that brought together health, police and drug strategy officials to discuss what could be looming.

“Any time the demand for a drug or the price increases, the associated risks socially increase too,” said Hay, after the hour-long emergency meeting concluded.

“But you have to remember too, we’re talking about a drug that will no longer be available. So within a 30 to 60 to 90 days time, that drug will no longer be available, so that risk will be eliminated at that point. It will go on to some other drug that will carry the same potential.”

Still, until then, once it is delisted on March 1, it will garner a higher demand on the streets, Hay admitted.

He's less concerned, criminally speaking, with what will happen to addicts who can no longer get their fix.

Hay said it's unlikely the withdrawal symptoms will result in more work for the police force.

"I don't know that the withdrawal will lead to more crime, but I think definitely with the withdrawal that you're looking at more health care needs," Hay said. "There are going to be people in need that are going to be in more of a health crisis. As far as withdrawal, that always raises concerns about other things, whether they're going to get the proper health they need.

"There's also the psychological effect on families, they're employments, suicide. All of these things become an issue with withdrawal, not just the criminal aspect."

Long-term, Hay has higher hopes.

"Hopefully it will eliminate much of the crime that's in the community," he said, "and the OxyContin scourge in Thunder Bay will be effectively lessened."

Health officials say the company that manufactures its replacement, OxyNeo, has put safeguards in place to ensure it won't be as easily illicitly used.

"It is being marketed as less easily tamperable, so people can't divert it, crush it, inject it as easily," said Patty Hajdu, the city's drug strategy co-ordinator, adding both the Ontario Drug Benefit Plan and Health Canada are changing the way people can access OxyNeo. "The process to access it is far more restrictive. It can take up to three months for people to access that prescription. So it's going to be much more difficult for people to access it in prescription form."

She acknowledged the tighter controls could hurt those who actually need the drug for pain management.

"But there are other very effective opiate-based medications that physicians are able to prescribe and hopefully we'll be able to work with physicians in the community to do some education, and I'm sure there's some processes going through their governing body as well," Hajdu said, blaming pharmaceutical marketing of the benefits and safety of OxyContin, and not the doctors who prescribed the drugs, for the current abuse problem."

Police are unsure what drug might replace OxyContin on the addiction chart in Northwestern Ontario, where some First Nation's communities claim up to 80 per cent of the population is addicted and have called on governments of all levels to be proactive before the drug is taken off the shelves next week.

"Heroin could be a possibility," Hay said, "although heroin really isn't a familiar drug in Thunder Bay. We expect other drugs other than heroin. Drug dependent people are very creative, so there are a lot of drugs out there that are over-the-shelf, prescription drugs that are used illegally for improper purposes."

Coun. Rebecca Johnson, who attended the meeting, said police have identified an issue facing the community and decided to be proactive about it, rather than reactive.

“I think that’s very commendable of them,” Johnson said. “I think from here now what we have to do is enlarge that. It’s a community issue and it’s been identified as such, and we have to look at how we can put some education in place as well as try to address the issues that are going to become imminent in our community.”

According to the Ontario Addiction Helpline, OxyContin rates at rehab centres have tripled in recent years.

4.4 Spike in ODs expected

<http://www.chroniclejournal.com/content/news/local/2012/02/24/spike-ods-expected>

By Kris Ketonen, The Chronicle Journal (Northwest Ontario)

February 24, 2012

Addictions workers in Thunder Bay are preparing for an increase in overdoses when OxyContin is officially delisted from the province’s drug benefit program.

The delisting of the drug — a slow-release opioid prescribed as a painkiller — means that OxyContin and its replacement OxyNEO will be more difficult to obtain.

But oxycodone (OxyContin and OxyNEO are two of the brand it’s sold under) is highly addictive, so delisting of the drug and resultant reduced availability are likely to cause their own social issues, including increased overdoses of other drugs as Oxy addicts attempt to find substitutes, says Patty Hajdu, the city’s drug strategy co-ordinator.

OxyNEO was developed to combat oxycodone addiction, as the new drug is harder to crush and turns to gel when mixed with water. That should deter those who inhale or inject OxyContin.

In addition, OxyNEO won’t be included on the province’s drug benefits plan, which means that the process to access and get a prescription for OxyNEO is more restrictive than it was for OxyContin.

“One of the risks . . . is that people won’t necessarily know the strength (of the substitute drugs),” Hajdu said Thursday. “Oddly enough, with OxyContin, in some ways there’s a benefit in that you know exactly what the milligrams of opiate are in each pill that you’re using.

“But when you start turning to other substances, such as diverting other morphine-derivative medication or illicit street drugs, then obviously you start to not really know exactly what you’re taking, and so the risks of overdose increase.”

OxyContin is expected to be pulled from shelves and replaced by OxyNEO within the next couple of months, said Thunder Bay Police Deputy Chief Andy Hay.

The city has to start working on strategies to combat issues expected to arise. To that end, city police hosted members of community agencies and groups Thursday to discuss the matter.

“It is fairly urgent that we get some type of community response together quickly,” Hay said.

“What we can anticipate, or likely expect, is that we could see alternate drugs being used, coming into the community,” he said. “OxyContin have always been a really big drive for robberies in our city. With OxyContin gone, we don’t know where that crime is going to resurface.

“But the police are prepared for it. We are working with the pharmacies, we are working with our community partners to address this in a very collaborative and proactive way.”

The changes are amounting to a delicate balancing act. Some people, Hajdu said, legitimately need oxycodone for pain relief. Others abuse it or sell the pills.

“It will be challenging for people, for sure,” she said. “But there are a lot of other very effective opiate-based medications that physicians are able to prescribe, and hopefully we’ll be able to work with physicians in the community to do some education.”

Hajdu said some physicians are welcoming OxyNEO as they were “scared to prescribe” stronger opiates because they don’t know where the drugs would end up.

But it’s no secret that OxyContin was readily available via prescription or on the street. Hardly a week goes by when the police aren’t announcing a bust. And addiction rates — particularly among First Nations people — are high.

“There’s a societal problem around prescription drug use and pain relief, and if you have a problem you take a pill,” said Hajdu. “I think it’s really difficult to sort of tease apart who’s to blame.

“It’s not a unique situation to Thunder Bay. It’s happening across North America.”

4.5 The high cost of funding OxyContin

http://www.theglobeandmail.com/life/health/new-health/health-news/the-high-cost-of-fundingoxycontin/article2352964/?utm_medium=Feeds%3A%20RSS%2FAtom&utm_source=Home&utm_content=2352964

By Carly Weeks, Globe and Mail

February 28, 2012

Ontario spent nearly half a billion dollars paying for OxyContin prescriptions in the past decade before making the decision to pull funding for the controversial drug this month.

Most of the spending was concentrated in the past six years, which coincides with the time period addictions to the powerful narcotic painkiller exploded across the province and country.

More related to this story:

[High doses of opioids tied to death risk](#)

[I was part of Big Pharma's big influence](#)

[OxyContin delisting not the answer to opioid addiction, experts say](#)

[OxyContin smuggling from Canada rises sharply](#)

Under its public drug plan, Ontario spent a total of \$412.3-million for prescriptions to OxyContin, manufactured by Purdue Pharma, from 2000 to 2011. In the first year, OxyContin prescriptions only cost the province \$900,000. By 2005-06, it had jumped to \$35.5-million.

In 2010-11, spending peaked at \$77.7-million, representing a sizeable portion of the total \$4.3-billion the province spent on prescription drug costs that year.

"It's clearly a lot of money," said Irfan Dhalla, a physician at Toronto's St. Michael's Hospital and leading expert on addiction to opioid painkillers.

Dr. Dhalla said the high spending on OxyContin renews serious questions about why so many people are taking and abusing opioid drugs.

"I wouldn't be upset at the amount we were spending if we saw that we were getting a really good value for our money," he said. "I think the issue here is there isn't very good evidence to support the use of long-term opioid therapies in patients with chronic pain."

The provincial public drug plan covers prescription costs for a variety of individuals, such as seniors, people in long-term care and those receiving social assistance.

Purdue Pharma is phasing OxyContin out of Canada and replacing it with a new pill that is tamper-resistant. The new medication, OxyNEO, is the same as its old counterpart, except that it can't be crushed or liquefied, making it difficult to snort or inject.

But Ontario and several other provinces have decided to delist OxyNEO. As of Thursday, Ontario will no longer cover the drug in its public plan.

This doesn't mean OxyNEO is being taken off the market, but that the province is introducing new restrictions to limit how many people have access and how much is spent on the drug.

Patients who had existing prescriptions to OxyContin will still be able to get access to OxyNEO.

Similarly, patients whose private insurance covers OxyNEO, or those willing to pay out of pocket, could get it.

And other opioid drugs will continue to be available, such as fentanyl or hydromorphone, which some addiction specialists predict will become the new drug of choice for addicts.

But the hope is that by delisting the drug, doctors will be discouraged from prescribing it, which could help curb the problem of addiction, said Diane McArthur, the executive officer of Ontario Public Drug Programs. Delisting the drug will also help manage the province's costs, she said.

While the OxyContin costs incurred by the province over the past decade are high, they reflect the complexities involved in treating pain, Ms. McArthur said.

“Pain is an incredibly complicated treatment to make and manage for all providers,” she said.

Prescribers must strike a balance between treating pain and preventing drug abuse, which isn’t always easy. That’s why the province has decided to delist OxyNEO, which is one part of a broader plan to crack down on the multifaceted problem of opioid addiction, Ms. McArthur says.

Dr. Dhalla agrees that delisting OxyNEO is a positive step, but thinks that much more needs to be done across Canada, such as creating guidelines for how doctors should treat chronic pain and better tracking of who is filling prescriptions for opioid drugs.

Dr. Dhalla also pointed out that in the U.S., federal agencies such as the Centers for Disease Control and Prevention have been very aggressive in the pursuit of answers to the country’s opioid problem, and suggested that federal leadership is also needed in Canada to address this issue.

4.6 No oxy-withdrawal strategy for First Nations, leaders say

Nishnawbe Aski Nation says governments have shown a lack of foresight in developing drug-withdrawal plans for First Nations

By [CBC News](#)

February 29, 2012

More related to this story:

[Addictions worker fears onslaught of Oxy withdrawal](#)

[Expect OxyContin health crisis, warns First Nations leader](#)

The Nishnawbe Aski Nation is demanding a response from the Ontario and federal governments to its call for help to address what it calls the opioid epidemic in its territory — as well as the potential mass involuntary opioid withdrawal resulting from delisting OxyContin.

NAN leaders held a news conference in Toronto Wednesday to bring the issue to light.

They said they recognize the benefits of de-listing OxyContin, since the drug has caused widespread addiction in many remote communities, however the leaders noted governments have shown a lack of foresight in working with NAN to develop a strategy.

That strategy would be built to help residents cope with painful drug withdrawal symptoms. NAN said it is still waiting for a response to community based proposals it made previously, including money for implementing drug treatment and prevention programs, and for addressing the root causes of prescription drug abuse.

A public 'catastrophe'

"We have a public catastrophe on our hands, and no one is stepping up to take responsibility to help our people" said NAN Deputy Grand Chief Mike Metatawabin.

"Our communities have minimal access to medical services to help cope with severe withdrawal symptoms. Our people have a right to timely and effective health care."

NAN said Health Canada told a reporter earlier this month that there will be primary care on the ground to help manage any possible problems that could arise from the withdrawal of Oxycontin, however that plan has yet to be conveyed to NAN.

According to NAN health officials, there are no resident doctors in its communities, and nursing stations have a 40 per cent nursing staff shortage.

They said primary care will be overwhelmed by the thousands who could be seeking health care when opiate supplies change in the coming weeks.

Doris Grinspun, executive director of the Registered Nurses Association, also attended the news conference.

"Nurses are deeply concerned about the people whose suffering will only increase if they cannot get proper access to treatment," Grinspun said.

"I Implore (Ontario Health Minister) Deb Matthews and her federal counterpart to do everything in their power to ensure First Nations people get the help they need and deserve."

4.7 Feeling the pain

<http://www.thewhig.com/ArticleDisplay.aspx?e=3485992>

By Peter Hendra, The Kingston Whig-Standard

February 29, 2012

Kingston, like many other communities across Ontario, may have difficulty coping when a much-abused painkiller is de-listed from the Ontario's drug benefit program starting Thursday, front-line workers say.

OxyContin — opioid addicts have been known to grind, dissolve, chew, snort or inject to circumvent the time-release nature of the pill — will be replaced by OxyNeo, which is bigger and softer and is resistant to being crushed but poses a choking hazard. When exposed to liquid, the new incarnation turns into a viscous gel.

Ron Shore is the clinical director of Kingston Community Health Centres, which has been offering methadone clinics for the past 15 years to OxyContin addicts and others. It offers one of three methadone clinics — the other two are privately run — in the area.

He said this area has the third-highest opioid prescription rate of 49 counties in Ontario, and the 13th highest death rate.

Shore cited statistics that stated this area has 6.2 deaths per 100,000 population compared to the provincial average of 4.7.

Provincially, Ontario is the biggest user of opioids in Canada, which is the third-largest consumer, per capita, of opioids in the world. By comparison, Canadians use five times the number of opioid of the British.

Ontario Ministry of Health statistics point to a 900% increase in OxyContin prescriptions between 1991 and 2009.

Shore fears that some might turn to illicit drugs instead.

“So people will transfer to heroin because they’re now addicted to opioids and require an opioid to function, or they’ll try to use OxyNeo (which comes with its own risks), or they’re going to use other, more harmful opioids,” he said.

And with illicit drugs come unsafe needles, Shore cautioned.

Heather Lackner liaises between researchers and front-line workers for the local Centre for Addiction and Mental Health, and is hoping addicts reach out for help.

“We imagine that what will happen is that a lot of people who are taking the current incarnation of OxyContin will end up going through some withdrawal symptoms and hopefully when that happens, they’ll reach out to either their family physician or a walk-in clinic or to the Street Health Centre and look at getting help with that withdrawal,” she said.

“Withdrawal can be dangerous when it happens suddenly, and it is something that really needs to be medically monitored.”

While Toronto health clinics have reportedly seen a surge in inquiries about methadone treatment, Shore hasn’t seen a similar rise ... yet.

“I haven’t seen an increase in the promotion or funding of methadone clinics to deal with, literally, tens of thousands of people,” Shore said.

“I don’t what the government is expecting people to do. I agree something had to be done, but it seems like a knee-jerk, very one-dimensional response, and you’re leaving a lot of people in the lurch, and you’re leaving a lot of physicians in difficult situations trying to manage it.”

Shore isn’t sure what will happen should a significant spike of people looking for methadone treatments arise.

“We have 250 people on methadone,” he said. “If we had another 50 people knock on our door in another week or two, I wouldn’t know how to treat them. We’re at our capacity.”

The OxyContin addict, Shore said, is not your stereotypical addict.

“The majority of opioid-dependant individuals have been receiving it through doctor prescription or end up on methadone because of that,” Shore said.

“That is by far the majority: they’re your neighbours, they can be stay-at-home moms, they can be students, they can be all sorts of people.”

Often, Shore said, OxyContin was prescribed to people who suffered a traumatic event or who are saddled with chronic pain.

“You had a lot of physicians early on who were just kind of working on their own with patients who were requesting the drug had a legitimate pain and it seemed the compassionate thing to do,” he said.

Also, Shore said, patients were more aware that there was an effective painkiller on the market and wanted to use it.

“You had a perfect storm: the growing population, increased awareness of an effective drug, and poor prescription practices,” he said.

Shore said a pharmacist friend of his was worried about the increased risk of violence, theft and robbery as OxyContin becomes unavailable to new users of the Ontario Drug Benefit plan, which covers seniors and those living on social assistance among others.

Shore feels there will be an increase in crime and HIV rates.

“When people enter the illicit, black market of injection use, the risk of overdose is so much higher, hospitalization is so much higher,” Shore offered.

“I think you’ll see emergency departments overrun by people seeking the narcotic, or there with harm related to illicit narcotics. So, as a solution to one problem, I just think we’ve created a whole batch of new problems.”

phendra@thewhig.com

4.8 Replacing OxyContin won't end drug woes, police say

Without prevention programs 'people are going to find something else to go to'

By [CBC News](#)

March 2, 2012

Replacing OxyContin with a new formulation that is more difficult to abuse won't end drug problems in northern Ontario, Sudbury's police chief says.

OxyNeo, the new drug, is harder to crush, making preparation more difficult for those who inhale or inject the highly addictive drug.

OxyContin has been the drug of choice in Sudbury and across the North, police Chief Frank Elsner told CBC News. However, he added, he doesn't expect drug abuse to decline as a result of it being taken off the market.

"And unless we can actually get people the help that they need, regardless of how they change prescription and types of drugs, people are going to find something else to go to," Elsner said.

Several experts have pointed out that OxyNeo, which contains the same active ingredient as OxyContin, offers the same high to those who ingest the drug in pill form.

Police have been working with local pharmacies on robbery prevention strategies since the announcement came that the drug will no longer be available, Elsner said.

4.9 Ontario plans to help in OxyContin crisis

By [CBC News](#)

March 1, 2012

The Ministry of Health says it's working to put a plan in place to help First Nations communities in Northern Ontario cope with the OxyContin crisis.

First Nations leaders made a [call for help](#) in dealing with the epidemic of withdrawal their communities are facing in the wake of the decision to stop manufacturing the drug OxyContin.

Purdue Pharma Canada will replace OxyContin with a new formulation called OxyNEO, which is formulated to make abuse of the drug more difficult.

According to a Ministry of Health spokesperson, Health Minister Deb Matthews has yet to select members of the group of experts asked to help deal with the crisis.

However, the expert group is expected to include members from First Nations and aboriginal communities as well as those who work at detox facilities, people recovering from opioid addiction and members of the province's narcotics panel.

The goal is to come up with both short and long-term strategies for the Northern Ontario communities affected by the OxyContin problem.

The province has not yet decided how much money will be allocated to this issue.

4.10 Man on Oxys: 'It's saving my life'

<http://www.thesudburystar.com/ArticleDisplay.aspx?e=3489333>

By Mike Whitehouse, THE SUDBURY STAR

March 2, 2012

Clark Sutherland's life changed immeasurably in 2005 when he was introduced to OxyContin. It will change even more when it's taken from him.

So much has been made of the controversial drug -- a powerful opiate often called "Hillbilly Heroin" -- that has come to dominate so many lives. It's associated across Canada with waves of crime and desperate tales of addiction.

It dominates Sutherland's life, too, but in a way he's proud to talk about.

Sutherland, 56, of Nairn Centre, has liver disease, which is terminal, and arthritis. Starting in 2000, when he was first diagnosed, he tried all kinds of drug regimens. Most created more health issues than they solved, until he found Vioxx. That controlled the pain and inflammation reasonably well, until it was pulled from shelves in 2004.

After again experimenting with drug regimens, he settled on OxyContin in 2005. It was, he recalls, the best thing that could've happened to him.

"My quality of life has never been better," he said. "I can manage my disease and the pain and still get out and do the things I need to do."

But there's a dark side to OxyContin. Sutherland readily admits he's addicted to it, but it's a trade off he's comfortable with.

"It's saving my life. It's prolonging my life," he said. "Without it, I'd never leave the house. I'd be dead in five years."

Also, his house was broken into two years ago just for the Oxy. Since then, he's had to have bars installed on his windows and now only keeps a week's worth of prescriptions -- rather than a month's worth -- at home, and keeps that in a safe bolted to the floor.

What's worse, he says, is that it took two days to get the prescription refilled after the robbery. In the first day he had four withdrawal-related seizures and had to be rushed to hospital. He begins suffering from withdrawal within 16 hours.

That, he says, is what he has to look forward to in a year's time should he lose access to Oxy. This week, Canadian manufacturer Purdue Pharma has stopped making OxyContin and introduced another painkiller called OxyNeo to replace it. OxyNeo will contain the same ingredients, but in a form that cannot be crushed or melted, making it useless on the black market.

Ontario health officials also said last week the new drug will be funded through the province's Exceptional Access Program, meaning prescriptions will fall under stricter regulations.

What that means for patients like Sutherland, for whom the drug has made a world of difference, is unclear. What he does know is that if he loses access to OxyNeo, too, it will kill him.

Some members of the Canadian medical community and law enforcement agencies have welcomed the move to restrict the drug. Sutherland says he understands why, but resents having to suffer for it.

"If crime is a problem, why is the government targeting the sick and infirm, seniors and pensioners?" he said.

"This is what happens when you ignore the advice of health-care professionals ... you hurt people."

4.11 Future uncertain for Guelph's OxyContin addicts, support worker says

<http://www.guelphmercury.com/news/local/article/679994--future-uncertain-for-guelph-s-oxycontin-addicts>

By Chris Seto, Mercury staff

GUELPH — Michael Matte sees dark times ahead for the city's OxyContin addicts.

The youth support worker for 40 Baker Street's Our Place Youth Centre said he works with opiate users every day, many of whom are addicted to the prescription painkiller.

"This is a big OxyContin city," he said. "Opiates itself are a huge problem."

As of Thursday, OxyContin was pulled from Ontario's drug benefit program and pharmaceutical manufacturer Purdue Pharma stopped making the drug in Canada. The prescription painkiller was taken off the shelves and replaced with OxyNEO, a drug that serves a similar purpose but is less prone to misuse.

OxyContin was designed as a long-lasting pain reliever, delivering a slow release of the generic narcotic oxycodone over a long period of time. Yet, some users have discovered that by chewing the drug, or snorting it, or even dissolving and injecting it, its intense effects could be released all at once.

Matte said the drug is a popular choice among opiate users and, speaking from his own experience, is incredibly addictive. The 35-year-old man serves on the harm reduction panel of the Wellington Guelph Drug Strategy as a lived experience member.

"I have been down that road," he said.

Having run away from his Calgary home when he was just 12 years old, Matte said he knows what it's like to be addicted to substances.

Recalling his addiction to OxyContin and cocaine, he said he became very egocentric, barely thinking of anything outside of how to get his next fix. "I would have stolen the Queen's crown to get more," he said.

When he went too long with out a fix he said his body was forced to go into a detox mode. He described it as "having the biggest flu of your life."

Now that OxyContin is unavailable and its replacement is difficult to misuse in the same way, Matte fears for those who are still hooked on the narcotic. He said they will either decide to come clean from the drug and suffer through the detox process, or switch over to other opiates such as fentanyl, dilaudid, morphine or others to satisfy their urge.

"Oxy isn't the only problem. There is a ton of opiates in town," he said.

Guelph Police Sgt. Doug Pflug said it is too early to tell how addicts in the city will respond to the lack of OxyContin on the market.

“One can only speculate — if the market dries up, what are people going to do to substitute that? We’re going to have to wait and monitor those trends,” Pflug said. Until the trends emerge, he said police will carry on with their current drug strategy.

Matte said overall, removing the painkiller from circulation is a positive thing, but asking users to give it up cold turkey is not a responsible way of helping them end their addiction.

“Without treatment and maintenance and a preventative program, I don’t think it will be effective,” he said.

4.12 OxyContin officially replaced by new drug (Snip . . .

clipped out of the Ottawa Citizen)

Police in Ottawa say OxyContin became more popular drug of choice over last year

By [CBC News](#)

Posted: March 1, 2012

Pharmacy robberies rise as OxyContin becomes drug of choice

In Ottawa, the rising number of pharmacy robberies has also made police worry about the coming months.

In less than two months this year, there have already been 26 reported pharmacy robberies in Ottawa compared to 40 in 2011, police say. There were 39 reported in 2010.

This year's number also makes up more than half of total business robberies.

"It's too early to tell what the impact is going to be on the street, but at the end of the day it doesn't get to the root cause, and that's addiction," said Staff Sgt. Mike Laviolette with Ottawa police.

The OxyContin problem has grown significantly in the past year, Laviolette added, because it is so highly addictive.

Police say the price of drugs on the street will also now rise with Oxycontin — said to be about \$20 per pill — now gone.

4.13 Coroner urges caution in OxyNeo prescriptions

Recent death of northwestern Ontario patient prompts warning

By [CBC News](#)

March 5, 2012

The Regional Coroner for northwestern Ontario is warning about the risks associated with using alternatives to OxyContin.

Dr. Michael Wilson issued the caution as the result of the recent death of a patient in the region.

He said he wants to remind medical professionals about the dangers around replacing OxyContin prescriptions, as this death that may have been caused by an improper prescription.

OxyContin is no longer manufactured in Canada. It was replaced last week by a new formulation called OxyNeo

“Transitioning from one opiate to another does carry some risks, and this death ... highlighted the case for heightened vigilance,” Wilson said.

He noted that pharmacists need to contact prescribing physicians to clarify any questionable increases in dosage — and he’s also instructed the coroners who report to him to be on alert for similar deaths.

“It is certainly anticipated that some people may find themselves on medications — either properly prescribed or obtained illicitly — and they may not be aware what their tolerance to these new medications would be,” Wilson said.

Wilson said doctors have access to resources like conversion charts to help them determine the proper equivalent dose of alternatives to OxyContin.

“The various opiates that are available don't necessarily all share the same analgesic equivalents, and so the risk of a side effect or the risk of an overdose with a change to a new drug is heightened,” Wilson said.

Wilson has sent his recommendation to the province's Pharmacists' Association. The Ontario Medical Association is also advising doctors to be prepared to work closely with pharmacists.

4.14 First step in the battle against opioid abuse

PRESCRIPTIONS: Province moves to tighten up access to long-acting oxycodone

By Kathryn Burnham kburnham@standard-freeholder.com

March 5, 2012

CORNWALL – Local police and health agencies are applauding the province’s move to tighten up access to long-acting oxycodone, but warn that the problem is far from solved.

OxyContin – which is commonly abused and has been called ‘hillbilly heroin’ – has been replaced with a non-crushable version beginning March 1. There will be a one month switch over for patients with prescriptions to begin using OxyNEO.

Canadian manufacturer Purdue Pharma has designed OxyNEO to “discourage misuse and abuse” of the medication.

Christine Penney, the executive director of Addiction Services of Eastern Ontario, said this is a positive step in harm reduction.

“It will reduce harm related to injecting,” she said, as the new form of the drug turns to a gel when mixed with water. “For example, people who do so regularly are at a higher risk for Hepatitis C and HIV.” They are also more likely to overdose on the opioid.

“There is hope that there will be less harm and less death related to (this type of opioid),” Penney said.

Yet Penney cautioned that the new drug will not stop abuse.

“It will address the segment of the population that has been injecting and snorting, but in terms of the addiction process, many people are still using it orally,” she said.

POSITIVE FIRST STEPS

Yet the action by the province is a positive first step in helping to control access to the drug.

“I am pleased that the province is recognizing the problematic use of prescription opioids,” Penney said. “This is definitely signaling that.”

Prescriptions for OxyNEO will be available for one year for those under the Ontario Drug Benefit. Afterwards, only patients meeting certain criteria will be able to get the drug. This includes having tried another long-acting opioid first.

“The really good thing about this is that it raises everyone’s awareness of the problem. It raises the physicians’ awareness, so the physicians that are prescribing will have a heightened awareness around if this drug is really necessary, or are there alternatives we can use to manage the pain,” said Penney.

Prescriptions for oxycodone drugs rose by 900 per cent between 1991 and 2009 in Ontario, and each year between 300 and 400 people die from overdoses of prescription opioids. While not all of this is from OxyContin, Penney said it is a large portion of the cases.

Yet as the province’s restriction only affects those qualifying under the Ontario Drug Benefit, Penney said many people will still have prescriptions for the drug.

“I think a lot of the issue with injecting and snorting it is that it is getting on the streets, and physicians are not prescribing it in that manner,” said Penney. “So it really will address that issue.”

“We are so pleased the provincial government is taking steps to ensure there is a tightened control over the distribution of prescription narcotics,” agreed Cornwall police Chief Dan Parkinson. “This is something we fully expect to have a positive influence on future addiction levels.”

NEW CRIME PROBLEM

Restricted access to the addictive drug is something the OxyContin and Other Prescription Opioids task force of police and health services members has been pushing for.

Yet Parkinson is aware that the changes may result in two new problems for the police force: an increase in use of other illegal drugs, and an increase in thefts.

Police are monitoring local pharmacies to deter break-ins, and are warning homeowners that are known to have prescriptions that people may break in looking for the drug.

Jerry Swamp, police chief for the Akwesasne Mohawk Police Service, said their police force has also heard that illegal suppliers of the drug are stocking up, causing prices to rise as the drug becomes more scarce.

“They are going to have to find the funds to pay that, and we in the policing community don’t know if that’s going to mean additional crimes, break and enters and robberies, for them to pay for their addiction.”

Parkinson and Swamp are also anticipating an increase in heroin use, as addicts turn to other drugs to get their fix.

Yet Parkinson said he has looked to the U.S. for how they have dealt with the problem, and said similar policy changes hasn’t yet resulted in higher levels of crime, which is encouraging.

Both police chiefs, however, are also facing the reality that drug addicts and suppliers will do anything to continue the cycle.

“With the OxyNEO, we are pretty concerned that it is the same derivative as OxyContin, so it’s still addictive. Although the government is taking action to try to control the access to it, we think those that are addicted, they will always find a way to circumvent whatever methods are put in place to try to stop them,” said Swamp.

WITHDRAWAL TO HIT

What worries Swamp the most, however, is the withdrawal process for those accessing the drug illegally, he said.

“If it doesn’t affect the police service because a crime hasn’t been committed, it’s affecting the families because they are the ones coping with somebody that is under addiction,” Swamp said.

People working in the social and health fields are going to have their work cut out for them, he said.

“It’s not only a law enforcement problem, it is a social problem, an economic problem and a health problem,” Swamp said. Akwesasne is addressing the issue with a prescription drug strategy to control

prescriptions of oxycodone drugs, and help target the problem from all angles. Police are also involved with prevention presentations in schools and the community.

In Cornwall, it is the task force that has been tackling the issue on all fronts, and Robyn Hurtubise, program manager for injury prevention and substance abuse with the Eastern Ontario Health Unit, said they will continue to focus on this issue, changing their mandate as needed given the province's recent announcement.

"We definitely think it is a step in the right direction and we are excited that the province is recognizing that there is an issue," she said. "If it's not OxyContin, there are still other addictions as well."

"We are going to have to deal with the addiction levels we have now, anticipating there may be spin off crime from those people that are going to go through full withdrawal and the misery and agony that goes along with withdrawal," Parkinson said.

"But that is the short term. Long term we hope that the tightening up of distribution of this drug legally, through prescriptions, will be much more regulated."

– With files from QMI Agency

4.15 Chronic pain patients collateral damage of drug-abuse policy

By [ANDR? PICARD](#), Globe and Mail

Monday, March 5, 2012

OxyContin, a powerful painkiller, disappeared from Canada on March 1. It was replaced by OxyNEO, a chemically identical, but tamper-resistant version. The anger, confusion and physical pain that has resulted from this seemingly benign upgrade speaks volumes about what's wrong with our approach to drugs in this country.

More related to this story:

[Fatal overdose sparks warning about switch from OxyContin](#)

[Placing new restrictions on OxyContin is not enough](#)

[B.C. to limit coverage of opioids](#)

We pay far too little attention to the effectiveness of medications used for legitimate purposes like pain control. At the same time, we fret incessantly about drug abuse while doing virtually nothing to prevent or treat addiction. Worse yet, we behave as if these challenges are somehow unrelated when, in fact, they are intricately linked.

The OxyContin story is a prime example of this public-policy hash and underscores the crying need for a plan, a strategy. We need a War on Pain a lot more than we need a War on Drugs.

Getting rid of OxyContin – a drug that can be crushed by addicts who want to snort or inject it rather than use it for its intended purpose, to relieve severe pain – is a good thing, at least superficially.

Concomitant with the disappearance of OxyContin, however, a number of provincial and federal drug plans have “de-listed” OxyNEO – meaning it is no longer paid for by public drug plans. While most patients already prescribed OxyContin will be able to get OxyNEO and have it paid for by the drug plan for a transitional period of up to a year, it will be very difficult for new patients to get the drug, other than those being treated for cancer or requiring it for palliative care.

This too is a good thing, at least theoretically.

Annual prescriptions for oxycodone (the generic name for OxyContin/OxyNEO) have soared nearly 80-fold since the drug was introduced in 2000. Far too many people are taking this highly addictive drug for far too long, especially since there is no research showing that long-term use is safe or effective.

Governments hope the new rules will slow the soaring number of oxycodone prescriptions – 1.6 million last year alone – and reduce drug plan costs, which exceed \$150-million annually.

So why so much angst over a seemingly sensible change in public policy?

Two reasons: 1) Because the OxyContin decision will have a ripple effect, one that could have many unintended negative consequences; and 2) The decision, while well-intentioned, seems to ignore the harsh reality that chronic pain and addiction are sprawling societal problems that extend far beyond access – legitimate or otherwise – to a single drug.

Let’s start with the immediate consequences. There are an estimated 200,000 prescription drug addicts in Canada. (More than there are addicts hooked on illicit drugs, by the way. And the distinction is also an artificial one: Oxycodone is only a couple of molecules removed from heroin.) For many, OxyContin – known as hillbilly heroin – is the fix of choice.

With the new rules, one of two things will happen to Oxy addicts: Without access to OxyContin, they will suffer severe withdrawal, or they will switch to another form of opioids like hydromorphone (brand name Dilaudid) or heroin.

There are fewer than 100 “detoxification” beds (for those suffering withdrawal) in Canada; the waits for treatment stretch to six months and beyond. There are treatment programs that offer methadone and suboxone, but those too are in short supply.

There have been dire warnings of mass withdrawal in some first nations where OxyContin addiction is at epidemic levels, but this is unlikely. Far more likely is that new drugs will fill the void, and they will be even more costly. (The pharmacy price for OxyContin was between \$1.25 and \$6 a pill, depending on dosage; on the street, prices ranged from \$5 to \$80 a pill.) Bottom line: Those who want help kicking their opioids addiction will have little chance of getting it, and those who remain addicted will have an even more costly, desperate addiction.

But street users of OxyContin are just one part of the issue.

An estimated six million to seven million Canadians suffer from serious chronic pain. In the past decade, they have been treated increasingly with opioids, OxyContin in particular. That’s because it’s a slow-release drug that the maker, Purdue Pharma Canada, cleverly marketed as being less addictive.

(Purdue's parent company was fined more than \$600-million for these misleading claims. The drug brings in \$3.1-billion a year worldwide, so the fines weren't too burdensome.) One of the principal reasons painkillers are overprescribed is that physicians get little formal training in dealing with pain; they tend to get their information from drug reps. Moreover, alternatives to drugs like physiotherapy and psychological counselling are not funded.

And while governments are cracking down on prescribing of OxyContin's substitute, OxyNEO, they are not extending those measures to other opioids.

Without better physician education and improved prescribing guidelines, it is unlikely opioid use will be reduced.

Rather, patients will be switched to other drugs, like Dilaudid, which are just as addictive and far more powerful. These "conversions" are difficult for physicians and patients alike; the Ontario Pharmacists' Association has warned its members that "unintentional dose escalation" is a serious concern. For many patients, the risk of overdose is very real – and one death has already been linked to conversion. (Opioids depress the central nervous system, meaning people can stop breathing if the dose is too high. OxyContin alone kills an estimated 1,000 people a year in Canada.)

This double whammy – the fear of being cut off painkillers and the risk of alternatives being even more dangerous than OxyContin – is concerning. It is certainly not what policymakers had in mind.

"We cannot let people with serious pain become collateral damage of the war on prescription drug abuse," the Canadian Pain Society said in a statement.

But the reality is that people with chronic pain are already collateral damage. Frequently their physical pain is treated – often ineffectually – and the price is steep: addiction. In addition to their injuries and illnesses, those with chronic pain have been victims of aggressive marketing by Big Pharma, lack of investment in rehabilitation, inadequate research in pain control and short-sighted public policy.

It's time for some relief from the suffering, and that will require concerted action.

On April 24, in Ottawa, the first ever Canadian Pain Summit will be held. For more information go to www.canadianpainsummit2012.ca

4.16 Threat of Oxy users turning to street drugs worries school detox program

<http://www.tbnewswatch.com/news/194853/Threat-of-Oxy-users-turning-to-street-drugs-worries-school-detox-program>

By Jamie Smith, www.tbnewswatch.com

March 8, 2012

The discontinuation of and possible withdrawals from OxyContin has been a hot topic lately, but it's the idea of users turning to other street drugs which has one high school's detox program worried.

Dennis Franklin Cromarty's detox program has about 40 students enrolled, and its co-ordinators are hoping education will be enough to keep them away from opiates and other substances altogether.

School nurse practitioner Mae Katt said now that OxyContin is no longer in production, the black market supply will be diminishing.

But withdrawal from Oxy itself isn't the main concern.

The school is worried students will be seeking alternatives.

Katt said she's already seeing students using Percocet and Tylenol with codeine, along with potentially even more dangerous substances.

Katt added that since OxyContin was pulled off the shelves, the program has not seen an increase in those seeking help.

But she said there is no way of knowing just how much of the drug is still on the streets.

To help wean the students off of opiates, Katt and other nurse practitioners give those in the detox program a daily dose of Suboxone.

She's hoping education about the substitute drug will keep the students strong enough to stay on the program.

Meanwhile, regional coroner Doctor Michael Wilson is reiterating his safety warning following a recent opiate-related death in the region.

While some newer drugs have been created with the intention of being harder to abuse, it's not difficult if a person is determined to misuse them.

Wilson said he's glad to see the topic receiving so much attention lately because it will help raise awareness about the dangers of these medications.

4.17 Local drug counselors feel OxyContin changes won't help

<http://www.emcperth.ca/20120308/news/Local+drug+counselors+feel+OxyContin+changes+won't+help>

By [Desmond Devoy](#)

Mar 8, 2012, EMC News, Perth, Ontario

Two prominent local drug counselors have dismissed moves to curb addictions to OxyContin.

"What we will probably see is that people will start substituting one drug for another," said Sara Hammel, health promoter with TriCAS (Tri-County Addiction Services).

Recently, the province of Ontario decided to remove the addictive painkiller OxyContin from the list of drugs it funds. The drug will no longer be manufactured in Canada and, starting today, March 1, it is due

to be replaced by a new drug called OxyNeo, which is supposed to be harder to break down and snort, smoke or otherwise ingest.

One drug substitute of choice could be fentanyl patches which can be broken down, and Hammel said that the OxyContin changes could result in an increase in heroin use.

"They will find a way of digesting it," said Pat Delahunty, founder of the private Revitalize Lives treatment program for young people and adults in Ottawa's west end. "It might slow them down but it won't put much of a deterrent."

The two were speaking at the Municipal Drug Strategy Networking Day at the Brunton Community Hall, Blacks Corners, Beckwith Township, on Friday, Feb. 24.

Delahunty noted that OxyContin has a slow-acting coating on it that releases the drug's properties over a four-to-five hour period.

"They (addicts) are sanding the coating off of the pill," he said.

He added that addicts are able to build up a tolerance to OxyContin.

"(They can) quit for four or five months, they build up a tolerance," Delahunty said. Then, when they go back to using, they believe that they can pick up where they left off, at the levels they were losing, but their tolerance has dissipated, which often results in an overdose.

Hammel stressed that while OxyContin addiction is a serious problem, within Lanark County, the top three addictions remain alcohol, marijuana use and tobacco consumption.

"It (OxyContin use) takes over people's lives," said Hammel, with people using, on average, between six to eight times a day. "The withdrawal symptoms are like the flu, but worse. It's like the worst flu you've ever had, times 25."

desmond.devoy@metroland.com

4.18 It is time for active engagement and meaningful consultation – ONWA

<http://netnewsledger.com/2012/03/19/it-is-time-for-active-engagement-and-meaningful-consultation-onwa/>

By NNL Staff, Thunder Bay

March 19, 2012

The Ontario Native Women's Association (ONWA) has serious concerns regarding the overall lack of consultation, planning and foresight in regards to the discontinuance of OxyContin and the numerous detrimental affects it will have on Aboriginal women and their families. "ONWA calls for a joint, community based approach that will ensure timely and effective healthcare, treatment and support is

provided to Aboriginal communities and address the underlying causes of substance abuse,” states Betty Kennedy, Executive Director of ONWA.

“It is time for active engagement and meaningful consultation between our communities, organizations and governments to develop a culturally relevant and gender balanced strategy that will break the cycle of addiction and provide long-term recovery and healing for our families and communities.”

ONWA shares, “OxyContin, the highly addictive and abused prescription drug known for its heroine-like euphoric effects was introduced to the market in 1995 under the misconception that it was not addictive and was freely prescribed by doctors for pain management. As of March 1, 2012, it has been discontinued due to rampant rates of abuse and misuse and replaced by OxyNEO, a drug characterized by its properties against any tampering with its physical state. This change is meant to address the issue of misuse and abuse of the prescribed narcotic”.

The OxyContin crisis is set to have particularly drastic affects amongst Aboriginal communities where the addiction rates are between 50-70%. Immediate intervention is required to deal with the mass withdrawals that these communities are set to experience as residual access to the drug is quickly diminishing.

Eliminating OxyContin from the market may address the abuse of this particular narcotic, but it fails to address the underlying causes of substance abuse and the detrimental affects it can have on children and families. Consideration needs to be given to the socio-economical issues such as poverty, intergenerational trauma, abuse, and racism that incite and sustain addictions and relapses. There is also a dire need to address the lack of access to adequate treatment options for Aboriginal communities. This includes not only addiction centres, counselling programs, mental health workers, and healthcare facilities, but culturally appropriate and community based treatment that would address the root of the issue.

4.19 OxyContin ban may result in increased crime

<http://www.northumberlandtoday.com/ArticleDisplay.aspx?e=3505713>

By Valerie MacDonald, Northumberland Today

March 20, 2012

Northumberland OPP, as well as officers in the Port Hope and Cobourg police services are watching to see if there will be an increase in drug-related crime due to the unavailability of the pain reliever OxyContin.

The concern is that abuse of the prescription painkiller by people using it to get a quick high or euphoria will cause them to turn to other drugs, or combinations thereof, or higher-priced heroin to feed their addictions due to the new OxyContin ban in Ontario. Manufacture of the drug in Canada was halted on March 1.

This could affect the incidence of crimes such as theft and break-and-enter as people steal to feed their habits.

“We’re paying attention to what is happening (locally),” Port Hope Police Chief Kevin McAlpine told police service board members at last week’s meeting.

Officers are watching to see what the replacement drug for OxyContin abusers will be and where it comes from, he said.

“It’s being watched by various organizations.”

Northumberland OPP Inspector Doug Borton agreed that the OPP and its drug enforcement branch are in a wait-and-see mode.

“We’ve done some work monitoring,” the inspector said. “But we haven’t see anything different...and that’s province wide.”

In Toronto, a tripling of methadone use was reported, McAlpine said.

Methadone is a medically prescribed drug used frequently to weanicts from other drug addictions.

OxyContin was developed in 1995 as a gradual-release painkiller, but abusers crush the tablet and then can snort or inject it for a quick euphoric rush. Its manufactured replacement, OxyNeo, is hard to crush and when mixed with a liquid turns to a gel.

This new controlled substance is under stricter regulations for prescribing than its predecessor.

Dr. Irfan Dhalla of St. Michael’s hospital in Toronto has raised concerns about the lack of support for OxyContin abusers who are addicted to the medication.

“Those people who have dependencies, or are inclined to abuse, will continue to do so,” he said in a published report.

There hasn’t been any local crime impact yet, says Cobourg Police Chief Paul Sweet.

“It will probably take time as the current amount of illicit OxyContin is depleted,” he said. The replacement drug, for legitimate use, is more difficult to break down, the Chief added.

vmacdonald@northumberlandtoday.com

4.20 OPP prepares for trouble as oxycodone supply dries up

<http://www.atikokanprogress.ca/2012/03/19/opp-prepares-for-trouble-as-oxycodone-supply-dries-up/>

By Jessica Smith, Atikokan Progress

March 19, 2012

Police are working on a couple of fronts to prepare for a potential increase in break-ins, and overdoses as the supply of painkiller oxycodone dries up in Atikokan and the district. Nationally, production of the opiate ended March 1, and no new prescriptions will be written.

“We’re preparing for an increase in property crimes and overdoses,” said acting detachment commander for the Rainy River District OPP, S/Sgt. Steve Shouldice at the Police Services Board, last Tuesday.

Repercussions from the end of oxycodone production are already being witnessed on both coasts and in southern Ontario. Locally, police are anticipating those issues will be felt here, as desperate addicts begin substituting with other, more potent drugs unfamiliar to them, which will increase the potential for overdose.

Oxycodone’s replacement drug, Oxy NEO, is created to “be more difficult to circumvent the time-released component,” than oxycodone tablets (OxyContin) which addicts typically crushed and then either snorted or injected. The new drug’s gel substance cannot easily be abused, because taking multiple pills still does not offer the ‘high’ the user is seeking. Yet such attempts can lead to fatal overdose, and ingesting the gel from multiple pills has also proven a choking hazard, noted S/Sgt Shouldice.

PSB member Donna Kroocmo said local agencies will be meeting to discuss ways to help clients who are addicted to oxycodone.

Already the price of existing supply has skyrocketed, and the district’s Community Drug Action Team (CDAT) officer is working with all pharmacies and their delivery staff in the district, to make sure the facilities or their delivery vehicles don’t become targets for thefts, S/Sgt. Shouldice said.

Even methadone, a treatment used for opiate addicts and as a pain reliever for terminally ill patients, is increasingly being sought to stave off withdrawal symptoms.

Also, the CDAT officer will begin mentoring another officer to assist with district drug crime and the OPP hope to hire that officer to full-time next year, he added.

The drug action team is comprised of one local drug enforcement officer, who works with a Treaty #3 officer, and liaisons with regional and provincial drug enforcement teams and community partners to target substance abuse and drug-related criminal activity in the district.

The CDAT originally formed here in 2009 in response to an OPP community satisfaction survey which indicated the majority of residents were concerned with the prevalence of illicit drug use.

The CDAT officer’s work has been invaluable to many investigations and arrests in the district, and has led to the distinction of “having the most informants of any [CDAT officer] anywhere in the province.” That officer is also hearing increasing information about the drug trafficking in Atikokan, he added, and the addition of another officer will aid in the work of CDAT.

In January, five people in the district were charged with drug offences and quantities of ecstasy, marijuana, methadone, OxyContin, codeine and cocaine were seized (two arrests and prescription pill seizures involved Atikokan residents).

4.21 Oxycodone class action lawsuit filed

By Canadian Medical Association Journal: NEWS

March 21, 2012

Promotional messages for oxycodone were swallowed “hook, line and sinker,” says Dr. David Juurlink, associate professor of medicine, pediatrics, and health policy, management, and evaluation at the University of Toronto and head of the Division of Clinical Pharmacology and Toxicology at Sunnybrook Health Sciences Centre in Toronto.

Fred Coulter traces his decision to sue the pharmaceutical company Purdue Pharma (Canada) back to 1994, when a heavy roller in the London, Ontario printing plant where he worked fell and ruptured his spine. To help him cope with the pain, Coulter’s physician prescribed him various painkillers. But the only thing that seemed to work was Purdue’s opioid analgesic medication, oxycodone (OxyContin). Before long, he began to suspect that he’d become addicted, as he was craving the drug. That led to efforts to obtain oxycodone from several physicians.

“In the end, the doctors refused to see me,” recalls Coulter, who is now 57 and retired. What followed was a spiralling disaster in which Coulter began purchasing OxyContin on the street, at a daily cost of up \$100, which he could not afford. “I was addicted to them badly.”

These days, Coulter is off OxyContin, enrolled in a methadone program, and working with lawyers to launch a class action lawsuit in Ontario against Purdue Pharma (Canada), based in Pickering, Ontario.

Filed in the Ontario Superior Court of Justice, the class action suit alleges that Purdue was “negligent in the development, manufacture, distribution, marketing and sale of OxyContin and that the Defendants knew at all material times that anyone who ingest OxyContin would be at significant risk of becoming addicted to it”.

www.classaction.ca/CMSFiles/PDF/Pharmaceutical/Oxycontin/OXYCONTINfresh_as_Amended_Statement_of_Claim.PDF

“The Plaintiffs also allege that the Defendants marketed and promoted OxyContin as less addictive than they knew it to be or ought to have known it to be, and for a wider range of patients and pain treatments than approved by HC [Health Canada].” The plaintiffs are seeking roughly \$350 million in damages. An Ontario court will determine whether to certify the class action.

Coulter believes he did not receive adequate warning about the drug’s addictive properties and contends that his physician should have been better informed by Purdue about the risks associated with use of OxyContin, which the firm has since discontinued and replaced with OxyNEO, which is harder to crush and thus, theoretically, tougher to snort or inject. “There are a million other painkillers out there,” which could have been prescribed rather than OxyContin, he says.

The bid for class action status in Ontario is the second in Canada. A Nova Scotia court ruled in 2010 that a similar suit failed to meet jurisdictional requirements.

Michael Peerless, a partner and head of the class actions department at Siskinds LLP in London, Ontario who helped prepare the class action, believes the case is bolstered by the US\$634.5 million settlement reached between Purdue’s United States–based operation, Purdue Frederick Company, Inc.,

and the US Attorney's Office for the Western District of Virginia after it pled guilty in 2007 to fraudulently marketing OxyContin by "falsely claiming that it was less addictive, less subject to abuse and less likely to cause withdrawal symptoms than other pain medications when there was no medical research to support these claims and the US Food and Drug Administration had not approved the claims."

"Even in the face of warnings from health care professionals, the media, and members of its own sales force that OxyContin was being widely abused and causing harm to our citizens, Purdue, under the leadership of its top executives, continued to push a fraudulent marketing campaign that promoted Oxycontin as less addictive, less subject to abuse, and less likely to cause withdrawal," US Attorney for the Western District of Virginia John L. Brownlee stated in a press release

www.dodig.mil/IGInformation/IGInformationReleases/purdue_frederick_1.pdf

One of the foundations of Purdue's marketing plan for OxyContin was to create a database profiling the US physicians who were the highest prescribers for opioids, according to a review of oxycodone marketing (*Am J Public Health* 2009;99:221-27).

Purdue Pharma (Canada) Vice President, Corporate Affairs, Randy Steffan writes in an email that it would be "inappropriate" for the firm to comment on legal matters.

"The misuse and abuse of prescription opioids is a societal issue and the solutions require a systematic approach. Industry is only one of many stakeholders and Purdue has been making its effort to contribute to the solution," Steffan adds.

"Purdue supports a comprehensive strategy to deal with narcotics abuse, including restrictions for strong opioids in accordance with the Canadian Guidelines for Opioids Use for Chronic Pain," he writes, adding that "we advocate for careful patient selection and appropriate prescribing and we support clinician education for this purpose."

"Most importantly, we have long advocated easy-to-implement and common sense measures such as opioid limits that restrict prescriptions to no more than 30 days as well as programs to take back and properly destroy unused or expired prescription medication."

Steffan added that the firm also stands behind a real-time database to track opioid prescriptions and use.

But observers suggest Purdue Pharma (Canada) adopted a similar marketing strategy to that of its American cousin, which was alleged in the American settlement to have used a marketing strategy that was premised on the arguments that there is no ceiling dose for opioids; that addiction is rare in pain patients, and that it is safe to use opioids.

"The campaign in Canada was exactly the same as in the US," says Dr. Meldon Kahan, associate professor in the Department of Family Medicine at University of Toronto in Ontario. It was "a massive promotional campaign" that "sought to assuage fears of addiction," he adds.

It would be difficult to separate Purdue's activities in the US and Canada, adds Dr. David Juurlink, associate professor of medicine, pediatrics, and health policy, management, and evaluation at the University of Toronto and head of the Division of Clinical Pharmacology and Toxicology at Sunnybrook Health Sciences Centre in Toronto. "It's called OxyContin in Canada and the US."

Doctors swallowed the firm's promotional messages "hook, line and sinker," Juurlink adds.

EDITOR'S NOTE:

Pursuant to a letter received from Purdue Pharma (Canada), slight modifications have been made to a version of this story that was posted March 21.

That version referred to the original statement of claim filed in the Ontario Superior Court of Justice, in which the plaintiffs alleged a "conspiracy" to market and promote OxyContin as less addictive. At the time the story was written, lawyers did not inform CMAJ that an amended statement of claim had been filed, in which the word "conspiracy" was removed.

The previous version also suggested that the courts would likely conduct a class certification hearing this year. But it is not known when that hearing will occur.

DOI:10.1503/cmaj.109-4158

— Paul Christopher Webster, Toronto, Ontario

4.22 Vice detective warns of overdose increase as addicts switch up

<http://www.theobserver.ca/2012/03/22/vice-detective-warns-of-overdose-increase-as-addicts-switch-up>

By [Daniel Punch](#), Sarnia Observer

March 22, 2012

Sarnia could see a spike in overdoses as addicts switch to new drugs, a Sarnia Police vice detective said.

Ontario's move to delist OxyContin from the Ontario Drug Benefit program will force drugs users to move to stronger painkillers like fentanyl, Det.-Const. Ivan Skinn told the Police Services Board at its Thursday meeting.

Addicts won't know their tolerance to the new drug, which could be very dangerous, he added.

"That's going to cause huge, huge problems with overdoses," Skinn said.

Sarnia has been hit hard by prescription painkiller addiction over the past few years, said Skinn, part of Sarnia Police's five-member vice unit.

While these drugs are available legally, most addicts are buying them illegally for recreational use, he said.

OxyContin is the most publicized of these drugs, and community leaders have demanded steps be taken to limit its use. The province announced in February that OxyContin would no longer be on the benefit list.

The drug is to be replaced by OxyNEO, touted as a more difficult form to abuse.

Delisting OxyContin will also lead to increased use of heroin in the community, Skinn said. Heroin has very similar affects to OxyContin, and could replace the high for OxyContin addicts, he noted.

“Heroin is in Sarnia now and its use is growing,” Skinn said, adding that the opioid was previously considered extreme, even among addicts.

“People have softened up to the idea of heroin,” he said.

dan.punch@sunmedia.ca

4.23 D'Amato: Cold turkey cure for OxyContin abuse gives little support to addicts

<http://www.therecord.com/opinion/columns/article/691302--d-amato-cold-turkey-cure-for-oxycontin-abuse-gives-little-support-to-addicts>

By [Luisa D'Amato](#) , The Record

March 21, 2012

OxyContin is both your best friend and your worst enemy. As a painkiller, this opioid drug is brilliantly effective. But its addictive powers are legendary too, and so it is nicknamed “hillbilly heroin.”

When used as prescribed, OxyContin is a time-released capsule offering lasting relief. When bought on the street or stolen, and abused, the capsule is crushed and either snorted up the nose, or mixed with water and injected. The peaceful high produced is intense, sometimes so intense that it shuts down your central nervous system and you die. In Waterloo Region, two people die every month from a drug overdose, according to the region's crime prevention council.

The government of Ontario, and the drug's manufacturer, understood that prescriptions for OxyContin were soaring, and that a lot of it was being stolen or sold on the street. So on Feb. 17, the Ministry of Health announced that OxyContin would be removed from the list of drugs funded by the government. The manufacturer would replace it with a reformulated drug called OxyNeo, which forms a thick gel when mixed with water, more difficult to abuse. This would all happen by March 1 — only 12 days' notice.

You can't blame the authorities for trying to control addiction to narcotics. But it has happened too fast, and without enough support for the thousands of people across Ontario who are addicted to it. The unintended consequences will be dreadful — perhaps even worse than the original problem.

Experts on drug addiction are worried, for example, that people who used OxyContin will instantly move to other drugs that are even more dangerous. Heroin, for example, is already “creeping back into our

communities,” says Michael Parkinson, community engagement co-ordinator of the crime prevention council. One of the main dangers of heroin is that it's sold on the street and you don't know what's in it. A psychotic stranger could have added rat poison.

Or how about Fentanyl, a prescription pain-control patch with an opioid gel absorbed through the skin? Addicts will scrape off the gel and smoke it. But depending on how much they get, they could overdose and die.

Suppose you are ready to fight your addiction. You want to go to a methadone clinic or other detox centre, and you want counselling to help you through this difficult task. The end of OxyContin's availability would be a great time to kick your habit, wouldn't it? But — oops — the methadone clinics across the province are already packed, with long waiting lists. Same with the detox centre, where there are just three beds for women and nine for men to serve addicts all over Waterloo Region and Wellington County. Sorry about that.

After the news broke that OxyContin would not be available, the region's crime prevention council surveyed local organizations who provide services to drug users. Fewer than 10 per cent of these groups had made plans for increased demand for treatment. More than half said they just couldn't handle increased demand — there was no capacity left in their organization.

Getting help from your doctor sounds like a reasonable strategy — for a middle-class person who obeys the law. But if you're not that person, if you're someone who doesn't trust the system, your doctor is one of the last people you'll talk to. Women with children who are addicted to OxyContin sometimes are afraid to discuss it with their family doctor, in case the doctor feels a duty to report it to child welfare authorities, says Tara McTeer of Kitchener. She volunteers in a local program to train drug users to spot signs of overdose — and possibly save a friend's life.

McTeer is close to a few people who are addicted to OxyContin, and she sees her loved ones boxed in, with no options. “I'm worried they have a wall put up in front of them,” she says, “that they don't know how to get through.” And so, in a perverse way, the well-meaning cure may turn out to be worse than the disease.

ldamato@therecord.com

4.24 Readers respond to withdrawal idea

<http://www.windsorstar.com/health/Readers+respond+withdrawal+idea/6377244/story.html>

By Dr. W. Giffordjones, Special to The Windsor Star

March 29, 2012

I recently suggested the best treatment for OxyContin addicts was Course 101, Chopping Wood in Northern Canada. I asked for a reaction and got it, a ton of emails!

ML writes, "The things I love about Canada, our compassion and understanding, are also the things I dislike. The back of the hand approach is surely needed. I totally agree with everything you said in the column. I hope others in powerful positions take notice."

GT responds, "I'm a corrections officer. I've also seen inmates joking about how they've fooled doctors to get large supplies of methadone. I agree with your idea of chopping trees or have them suffer withdrawal in a segregation cell."

From Oshawa, "The methadone clinic here is a joke and the busiest place in town. But there was no money for a palliative centre when my Mother was dying of cancer. Thanks for bringing this out into the open. You seem to be the only one that does."

"Wow, what a column! I'm a police officer in southwestern Ontario. I deal with narcotic and prescription use every day. The public has no idea of the extent of the problem and the enormous cost to taxpayers to subsidize needle exchange, methadone clinics and druggies who hope to support themselves by getting disability benefits."

From another police officer, "I see useless buggers sitting around half stoned on everything from OxyContin to gas fumes. They avoid work and responsibility and then we have misguided people intent on saving them. The way things are going we soon won't have a country left. Bravo for calling a spade a spade."

From EC, "Your column is the height of arrogance. You have no experience treating addicts. You, sir, are the problem, and your pomposity is staggering. Get one of your colleagues to write a prescription for 90 OxyContin and then stop cold turkey, and you'll be singing a different tune."

Another critic says, "You probably think depressed people should suck it up. I suggest you shoot up OxyContin for a few weeks and see how hard it is to get off it".

Some sent scripture from the Bible along with this advice, "Chopping wood in northern Canada would make addicts strong, but do nothing to overcome their addiction. Your suggestion is quite shocking and shows you know nothing about addiction."

From Vancouver, "Your article will have the politically correct crowd in a dither, and bravo for speaking the truth. There's nothing like exercise to sweat the bad stuff out of your body".

Some readers were enraged that addicts get needles free and diabetics have to pay for them. Others were tired of the "poor me syndrome" that has to come to an end. And several readers volunteered to help me find a lumber camp site in northern Canada.

There was no disagreement on one matter, the need for more palliative care centres to care for those nearing the end of life.

An editor once told me it was the job of a journalist to make people think. This column did it. For the record, fewer than five per cent of readers wanted to tar and feather me. The rest showed that people were fed up with our soft approach to addicts and believed it was high time for a reality check.

Write to Dr. Gifford-Jones at 1 First Canadian Place, P.O. Box 119, Toronto, Ont. M5X 1A4 or visit his website at docgiff.com.

? Copyright (c) The Windsor Star

Read more:

<http://www.windsorstar.com/health/Readers+respond+withdrawal+idea/6377244/story.html#ixzz1sEOJHBpc>

4.25 Drug action team keeping busy here

<http://fftimes.com/node/250339>

By Duane Hicks, Fort Frances Online

Friday, 30 March 2012

The Fort Frances Community Drug Action Team continues to be busy in Fort Frances. With OxyContin banned in Ontario as of March 1, CDAT has contacted all district pharmacies to provide them with information warning them of potential break-ins or thefts of opiate-based medication, A/Insp. Steve Shouldice reported at this morning's Police Services Board meeting here.

Pharmacists are taking measures to secure their businesses as well as safeguard their delivery persons and vehicles, he added.

CDAT has been involved in investigations related to exploiting persons by offering drugs, an incident at Canada Customs, two incidents related to Fort Frances High School, drugs being transported from Thunder Bay to Fort Frances, drugs sent via Canada Post, and an incident of possession in a restaurant parking lot. During the month of February, police seized marijuana, OxyContin, and Oxycocet, and laid seven charges of possession for the purpose of trafficking and three for possession of a controlled substance.

(snip...)

4.26 Toronto Public Health worried OxyContin addicts could overwhelm detox clinics

<http://www.thestar.com/news/article/1154978--toronto-public-health-worried-oxycontin-addicts-could-overwhelm-detox-clinics?bn=1>

By [Megan Ogilvie](#) Health Reporter, Toronto Star

April, 1 2012

One month after OxyContin was replaced with a harder-to-abuse pill, Toronto Public Health warns treatment and detox programs are already stretched beyond capacity.

As street supplies of the prescription painkiller dry up, public health officials are concerned that clinics won't be able to cope with people seeking addiction treatment.

Staff also say the switch in drugs, coupled with the province delisting both forms of the narcotic from the Ontario drug benefit program, could cause an increase in overdose deaths as addicts are forced to turn to more harmful drugs, such as heroin.

And they worry people are getting hurt as they experiment with how to abuse the replacement drug, OxyNeo.

A report, to be tabled Monday at the Toronto Board of Health meeting, will urge Health Minister Deb Matthews to make the drug Suboxone — a drug similar to methadone that is used to treat opioid addiction — more easily available to patients who need it.

Currently, Suboxone is only available through the province's Exceptional Access Program — the mechanism that allows doctors, on behalf of their patients, to request access to drugs not listed on the provincial formulary.

"We certainly anticipate there will be more people seeking treatment from opiate withdrawal of OxyContin," said Dr. David McKeown, Toronto's chief medical officer of health. "For some clients, Suboxone is more appropriate ... It would be helpful if the provincial government would streamline access."

On March 1, Purdue Pharma replaced OxyContin with OxyNeo, a tablet the manufacturer says is harder to crush, and therefore harder to abuse by snorting or injecting.

At the same time, Ontario delisted both narcotics from the province's drug benefit program to make it more difficult for physicians to prescribe — and patients to get — the drugs.

The move was made to curb the number of people who get addicted to OxyContin, which is sold on the street for its heroin-like high. The drug causes hundreds of overdose deaths each year.

Toronto Public Health agrees provincial action was needed to curtail the addiction epidemic. But Monday's report highlights the negative affects that could arise from the policy change.

One concern is that addicts who are unable to get OxyContin will turn to potentially more harmful drugs, such as heroin or fentanyl, another prescription opioid available as a skin patch. People who abuse fentanyl cut the patch into pieces, scrape off the drug and inject it for the high.

"Fentanyl can lead to more overdoses, it's much more potent," said Dr. Rita Shahin, associate medical officer of health at Toronto Public Health. "When injecting a (crushed) tablet, you know the dose you are getting. With a patch, you don't know the dose. It's more concerning when people are not able to judge the dose they are using."

There are also signs that people in Toronto are starting to abuse OxyNeo by heating up the gel capsule and injecting the substance, Shahin said.

"It's a concern to us because we don't know what the impact will be of injecting it, especially since it's a gel formulation."

Front line staff are monitoring the OxyNeo situation and are contacting U.S. health professionals for advice on how to prepare harm reduction materials, Shahin said. The reformulated version of OxyContin was introduced in the United States in 2010.

Dr. Anita Srivastava, an assistant professor of family and community medicine at the University of Toronto, said removing Suboxone from the province's Exceptional Access Program would be a clear benefit to people who are addicted to opioids.

"It's important to have more than one option for our patients," said Srivastava, who includes addiction medication as part of her practice.

Right now, doctors who believe their patients would benefit from Suboxone must go through a lengthy process to request the drug be funded by the province. In its report, Toronto Public health called the approval process, which can take up to three months, "cumbersome and restrictive."

Srivastava said both methadone and Suboxone are effective treatments for opioid addiction, with each having its own set of risks and benefits. Suboxone, for example, is less potent than methadone so there is less risk of overdose, especially for patients who are heavy drinkers, she said.

She said many of her patients are unable to afford Suboxone on their own and do not want to wait out the three-month approval process for the drug.

"Patients should be given a choice. The more we have in our arsenal to treat addiction the better we can treat it."

The spokeswoman for Health Minister Deb Matthews told the *Star* on Friday that the Ministry has been in touch with the manufacturer of Suboxone and is "interested to get any information from them to help evaluate whether this drug should be available more broadly."

On March 12, Ontario detailed its strategy to help OxyContin users find addiction treatment. The plan was released after the government faced weeks of criticism for not being prepared to handle mass withdrawals.

4.27 Ontario must boost addiction services and treatment programs to help OxyContin addicts

<http://www.thestar.com/opinion/editorials/article/1155522--ontario-must-boost-addiction-services-and-treatment-programs-to-help-oxycontin-addicts>

Editorial, Toronto Star

April 2, 2012

Addiction to OxyContin is such a severe problem that the drug's manufacturer decided to replace the prescription painkiller with a version that is much harder to abuse.

But just a month after that change took effect in Ontario, public health officials are warning that treatment and detox programs are already swamped. Their fear is that addicts who can't get help will turn to more dangerous drugs to get their fix.

“Treatment services in Toronto are already stretched beyond capacity,” says a Toronto public health report urging the province to take additional steps. “The waiting lists for drug treatment can be six months or longer.”

What exactly did provincial health officials think was going to happen when thousands of addicts suddenly couldn't get the drug they've come to rely on? Surely they should have expected an increased need for services. Yet no additional treatment and detox beds were made available to meet the demand.

Why didn't officials better prepare for the fallout? Why didn't they ramp up access to addiction services and drug treatment programs ahead of time?

The province knew as far back as December that OxyContin was coming off the market. Yet it did not put out its withdrawal and treatment strategy until March 12, nearly two weeks after the manufacturer stopped making the drug. And the bulk of that plan includes measures that Ontario is just starting to undertake, such as developing withdrawal and treatment plans with the Centre of Addiction and Mental Health and identifying communities that need additional resources.

Those are certainly important steps, but they will do little to help addicts right away. That's why Dr. David McKeown, Toronto's chief medical officer, is urging the province to at least streamline access to drugs designed to treat the symptoms of withdrawal.

Suboxone, a drug similar to methadone, is used to treat opioid addiction. But getting approval for the drug can take up to three months. What are addicts supposed to do in the meantime?

The province says it is now working on streamlining applications for Suboxone. That's good, but officials are fast running out of time to get help to those who need it. Street supplies of OxyContin are rapidly drying up, leaving addicts more desperate than ever.

OxyContin was always far too readily available. It is incredibly addictive and prone to abuse. Doctors hope that OxyNeo, the drug that is replacing it as a pain medication, will be harder to abuse by snorting or injecting. And in Ontario, it will be much harder to get a prescription for the new drug; that alone should cut down on abuse.

But just getting rid of OxyContin doesn't end all the problems. Hundreds of overdose deaths each year are attributed to this dangerous drug. Ontario needs to move quickly to make sure that hundreds more aren't now caused by its withdrawal.

4.28 Ministry moving on drug crisis

Re: Move quickly on drug crisis, Editorial, April 3

<http://www.thestar.com/opinion/letters/article/1157552--ministry-moving-on-drug-crisis>

Toronto Star, Letters

April 6, 2012

OxyContin abuse is life-threatening, which is why it's so important to address some of the issues raised in your recent editorial.

Your editorial claims that there is a three month delay for patients to be approved for Suboxone, a treatment option for opioid dependence. In fact, in January, shortly after receiving notice that OxyContin would be withdrawn from the Canadian market, my ministry streamlined the review of applications for Suboxone. The turnaround time for completed Suboxone requests is currently three business days, and there is no current backlog of requests.

The McGuinty government has taken strong action when it comes to mental health and addictions. We have increased funding for addiction programs by 50 per cent, which means additional treatment and detox programs are now available to help manage withdrawal across Ontario in both residential and community settings.

With the support of my colleagues Eric Hoskins, Minister of Children and Youth Services, and Kathleen Wynne, Minister of Aboriginal Affairs, the government has devoted new resources to collect real time information on withdrawal, expand access to addiction treatment and deploy emergency overdose kits across the province, including to First Nation communities.

Deb Matthews, Minister of Health and Long-Term Care

4.29 Durham sees spike in heroin use after OxyContin pulled off the market

<http://www.durhamregion.com/community/health/article/1331199--durham-sees-spike-in-heroin-use-after-oxycontin-pulled-off-the-market>

By Jillian Follert, www.Durhamregion.com

April 8, 2012

A recent decision to discontinue OxyContin is having unintended consequences in Durham Region.

"We're seeing people switch to heroin in significant numbers," says Beth Whalen, harm reduction coordinator at the John Howard Society of Durham Region. "It has not been a drug of choice here until now."

There has also been a small uptick in crack cocaine use.

On March 1 Purdue Pharma took OxyContin off the market and replaced it with OxyNEO -- a time-released oxycodone pill manufactured to be "tamper resistant" and difficult to crush, making it harder to abuse.

Both OxyContin and OxyNEO have also been delisted from the Ontario drug benefit program, making access difficult.

"People can't get the drug they rely on so they're switching to heroin because it works as a pain reliever as well," explains Ms. Whalen, who works closely with local drug users through programs such as Project X-Change, which provides users with clean needles and collects used ones.

She estimates 75 to 80 per cent of Project X-Change clients are addicted to an opioid pain killer, most after receiving legitimate prescriptions for pain.

The added risks of heroin use are significant.

With OxyContin, Ms. Whalen says users knew the dose they were getting and how it would affect them.

Heroin is unpredictable -- there is no way to know what it has been cut with and the risk of illness and overdose is higher.

The John Howard Society and the Durham Region Health Department are working together to provide weekly updates to the Province on the impact OxyContin discontinuance is having locally.

Marion Megesi, a program manager with the health department, says the changes may result in increased demand for addiction treatment, counselling and withdrawal services such as methadone clinics.

"Like any addiction client, the person has to be ready to receive that treatment for it to help," Ms. Megesi notes.

Other communities in the GTA are taking note of the problem, too.

A report tabled at a recent Toronto Board of Health meeting urges Health Minister Deb Matthews to make the drug Suboxone -- a drug similar to methadone that is used to treat opioid addiction -- more easily available to patients who need it.

Currently, Suboxone is only available through the Province's Exceptional Access Program, which requires doctors to go through a lengthy approval process that can take up to three months.

On March 12, the Province unveiled a strategy to help OxyContin users find addiction treatment.

Initiatives include monitoring emergency departments to identify cases of withdrawal and partnering with the Centre for Addiction and Mental Health to create withdrawal and treatment guidelines.

Ms. Whalen says more needs to be done. She is urging the Province to step up supports available to drug users including harm reduction services, detox beds and treatment programs.

At the local level she is also hoping for funding for safer inhalation kits -- also known as "crack kits" -- which will help with harm reduction if there is an increase in crack cocaine use.

Reporter Jillian Follert can be found on Twitter @JillianFollert and on Facebook by searching Jillian Follert

This article is for personal use only courtesy of DurhamRegion.com - a division of Metroland Media Group Ltd.

4.30 OxyContin addicts change narcotics

Treatment backlog caused even though limited number seeking help

<http://www.cbc.ca/news/canada/ottawa/story/2012/04/17/ottawa-oxycontin-transition-robberies-rising.html>

By CBC News

April 17, 2012

The transition from the painkiller OxyContin to a new formulation has led to some troubling trends in Ottawa, as police report a rash of pharmacy robberies and doctors say addicts are moving on to other narcotics.

The drug company Purdue Pharma stopped manufacturing OxyContin in Canada in March, and replaced it with a new type of oxycodone called OxyNeo that is harder to abuse because it cannot be easily crushed or injected to get high.

OxyContin can no longer be prescribed, but some pharmacies still have the drug in small quantities, making them a target for robberies, police say.

The Royal Ottawa Mental Health Centre addictions expert Dr. Melanie Willows said OxyContin addicts are taking less of the drug, but only a small number are seeking help to wean off the drug.

The majority, she said, are moving to other narcotics such as fentanyl and dilaudid.

"Probably quite a few number of them will turn to other opioids ... Fentanyl ... tomorrow it's something else," said Willows.

Recovering addict Tony Sabourin said the transition to the new drug has already claimed three people he knows who unsuccessfully tried to cook OxyNeo and inject it earlier this month.

"He had been struggling with oxy addiction for five years and he ended up trying to inject it and didn't make it," said Sabourin.

Backlog at The Royal

The problem has also added to a backlog for treatment at The Royal as addicts battle withdrawal.

There are just 12 beds in the treatment centre and currently there are 70 people on the waiting list. Willows said it will be six months before anyone on the wait list gets treated.

Pharmacy robberies are also up this calendar year, as so far in 2012, 38 drug stores have been robbed in Ottawa. That nearly matches the 40 drug store robberies in all of 2011.

Staff Sgt. Mike Haarbosch said the low supply of the drug and high demand is the likely reason for the spike in robberies.

"Demand for some of the drugs both to sustain a habit and alternatively for resale on the street to satisfy the need and habit," said Haarbosch.

4.31 Addicted on the reserve: 'Now my kids are being taken away'

Cat Lake. The band office at the Cat Lake reserve in northwestern Ontario. About 80 per cent of the population over the age of 13 is considered addicted to prescription drugs.

<http://www.thespec.com/news/canada/article/706583--addicted-on-the-reserve-now-my-kids-are-being-taken-away>

By Heather Scoffield, The Canadian Press

April 16, 2012

Samuel Wesley cracked when the child welfare authorities took his daughter away.

The sturdy thirty-something member of the Cat Lake First Nation in northwestern Ontario had already tried to conquer his OxyContin addiction a couple of times over the past year. He had already seen each of his other six children sent away to foster homes.

This time, he said it was too much.

"I had a flashback of myself as a kid," Wesley told a tiny clutch of reporters visiting his remote reserve.

"I just remembered when I was crying for my parents to come get me and take me home. I was in foster care. I didn't do nothing. Now my kids are being taken away. They didn't do nothing."

Wesley, like the large majority of the adults in Cat Lake, is addicted to prescription painkillers.

Wesley's experience is being repeated on remote reserves across the country, with thousands of addicts trying to stare down their increasingly expensive and devastating ties to illegally traded prescription drugs.

Now that OxyContin is no longer in production, the price on reserves has spiked to as much as \$1,000 for a full-strength pill in Cat Lake, officials say.

Alcohol used to be the substance of choice for abusers on reserves. Nowadays, it's prescription drugs such as OxyContin or Percocet. Hundreds of people in Cat Lake alone are addicted, and thousands across the North.

Dealers and traffickers are reaping enormous profits from the misery on remote reserves. Local police can't search bags or people on their way into the fly-in community 400 kilometres north of Thunder Bay unless they have a warrant or specific complaint. The pills are easy to hide and dealers in the tight-knit communities are protected by their friends and family. Prevention efforts are constantly butting up against sparse funding and resources.

“This drug is totally destroying homes and houses, the community, family well-being. It’s dividing and conquering,” says Mike Metatawabin, deputy grand chief of the region’s Nishnawbe Aski Nation.

The organization has ramped up its awareness campaign, and is campaigning for tough talk on reserves, as well more government funding for treatment. It was only at the urging of the association’s grand chief, Stan Beardy, that Wesley came forward.

The experts also point to cultural breakdown on reserves — the loss of a way of life and attachment to the land that used to give families a deep sense of community and meaning.

Wesley reflects some of that. He says he turned to oxy because he was bored, and because everyone else was doing it.

Cat Lake is turning to “land-based” treatment now in the hopes of reconnecting addicts with their culture and with nature, so they can replace oxy with something far healthier.

Recovering addicts are treated with medication and then spend a few weeks out in the bush, under supervision but with freedom to build a camp and hunt for food.

Wesley tried something like this last year. “It helped me a lot. You don’t have to look over your shoulder ... You’re free, eh?” But like so many oxy addicts who try to quit, he relapsed.”

The Canadian Press

4.32 Ministry of Health and Long Term Care Health Bulletins

http://www.health.gov.on.ca/en/news/bulletin/2012/hb_20120404_1.aspx

Update on OxyContin Partnership Strategy

April 4, 2012

"Ontario has taken strong action to address the potential health effects of OxyContin's removal from the Canadian market. Working with my colleagues Ministers Wynne and Hoskins, we've put in place a strategy to monitor the impact of prescription narcotic changes and to immediately expand access to addiction services.

"With guidance from the Expert Working Group on Narcotic Addiction, we're expanding harm-reduction measures, reinforcing clinical best practices for opioid use and have streamlined access to Suboxone. There is still more work to do, but our health care system is ready to respond so that recovering OxyContin users get the care they need."

- Deb Matthews, Minister of Health and Long-Term Care

Timelines

In January 2012, Purdue Pharma formally notified the ministry of its firm intent to cease OxyContin production by February 29, 2012.

On March 1, 2012, an Expert Working Group on Narcotic Addiction was convened by Minister Matthews to provide advice for strengthening the existing addiction treatment system in support of Ontarians with opioid addictions.

On March 12, 2012, Minister Matthews announced a partnership strategy with the support of the Ministry of Children and Youth Services and the Ministry of Aboriginal Affairs, and with guidance from the Expert Working Group on Narcotic Addiction, to monitor the impact of the removal of OxyContin from the Canadian market and to expand access to addiction services in Ontario.

Investments in Treatment

With support from the Ministry of Children and Youth Services through the Comprehensive Mental Health and Addictions Strategy, Ontario is providing additional resources for:

Telemedicine: The Ontario Telemedicine Network has purchased equipment to expand access to addiction treatment and consultation. The Ministry is working with its partners, including the LHINs and Health Canada, to determine priority areas for distribution.

Overdose Kit Training and Supplies: The Ontario Harm Reduction Distribution Program has purchased Naloxone for use in overdose kits intended for distribution to harm reduction programs throughout the province. Last week, front-line workers in harm reduction programs were trained via Webinar on the use of Naloxone overdose kits; and

Surveillance: Implementation of real-time surveillance of opiate overdose and withdrawal in 73 emergency departments across Ontario.

Expanded Treatment Options

Ontario has expanded addiction treatment options for people addicted to opioids, including:

Methadone: The College of Physicians and Surgeons of Ontario, which administers the provincial physician methadone program, has physicians available to temporarily relocate in order to provide methadone treatment in high-need communities across the province. Communities in need are encouraged to contact ConnexOntario: 1-800-565-8603

Suboxone: In January 2012, Ontario streamlined the review of applications for Suboxone as a treatment option for opioid-dependence. The turnaround time for Suboxone requests is currently three business days, and there is no current backlog of requests.

Available under the Exceptional Access Program, Suboxone may be provided:

To patients who have failed, have significant intolerance, have a contraindication to, or who are at high risk for toxicity with methadone; or

In cases when a methadone maintenance program is not available or accessible; or

If a patient has been on a waiting list for three months or longer for methadone treatment.

Withdrawal Management: detoxification programs are available across the province in both residential and community settings.

Ongoing Monitoring And Updates

The government has been monitoring the OxyContin situation since late February and is receiving regular updates and data to help guide decisions:

Trends of drug use and what's being identified by drug users from public health unit needle exchange programs and other harm reduction programs;

Opioid-related emergency department visits and hospital admissions;

Opioid-related deaths from the Office of the Chief Coroner;

Calls about opioid use and wait list for addiction treatment programs from Ontario's Drug and Alcohol Helpline;

New admissions of people who identify opioids as a problem drug to Ontario addiction agencies from the Drug and Alcohol Treatment Information System (DATIS);

Demand for methadone services from the College of Physicians and Surgeons of Ontario; and

Impact on and demand for addiction treatment programs and services from Local Health Integration Networks.

To date, the surveillance information has not shown any significant increases in demand for addiction and treatment services across the province. However, Ontario continues to monitor the situation very closely with our healthcare partners and the Expert Working Group on Narcotic Addiction.

QUICK FACTS

Since 2003, Ontario has increased funding by 49.6 per cent for addiction programs.

In 2011/12, the ministry allocated approximately \$172.3 million for addiction programs for over 150 substance abuse and problem gambling treatment organizations that offer withdrawal management, community counselling, residential treatment and support services, as well as supportive housing for people with problematic substance use.

Learn More:

[ConnexOntario](#) provides information about drug and alcohol addiction services in Ontario through its [Drug and Alcohol Helpline](#) (1-800-565-8603).

For information on addiction and withdrawal, visit [CAMH](#) online.

Find out more about [Open Minds, Healthy Minds](#) Ontario's Comprehensive Mental Health and Addictions Strategy.

4.33 Car theft business starts, ends on reserve: chinger

<http://www.simcoereformer.ca/2012/04/30/car-theft-business-starts-ends-on-reserve-chinger>

By Susan Gamble, Brantford Expositor

April 30, 2012

There's a nasty connection between the high number of vehicles stolen in this area, underage drivers and the now-banned drug, Oxycontin.

Saturday, in a series on "chinging" -- the local slang for stealing cars because it sounds like ka-ching, or making money -- the series explored the way drug addiction has led to a booming industry in car thefts, how things are changing with since Ontario delisted Oxycontin from the legal drug list and the way the Oxycontin cycle has looped people back into drugs and car thefts.

In Day 2 of the series, we look at three chingers from Six Nations who have been caught, the surprising end story of one Brantford vehicle that was recovered and the often deadly results of car chases that start as car thefts.

Timothy is doing hard time for a string of "chinging" incidents that outraged the court.

When they caught him, he had a piece of property dotted with stolen vehicles, a propensity for driving at the police when challenged and an \$800-a-day Oxy habit.

"I've been doing pills since I was a little kid," Timothy said during a jailhouse phone interview.

Timothy's real name, like others in this article, has been changed to protect his identity. All three of these chingers are clients of lawyer Sarah Dover, who found them to be open, honest about their problems and a tremendous source about what goes on in the "business" and the impact of Oxycontin.

"Started with Talwin (a prescription narcotic painkiller)," says Timothy. "When I was chinging I had so much money I didn't know what to do with it so I bought Oxys."

When asked whether there are outside influences running the car theft business on Six Nations, Timothy laughs.

"That's (crap)," he says. "It's the people from Six. They just don't want to take responsibility."

And it's not just the chingers at fault, he continues.

There's a wholesale attitude in the native community and the surrounding area that accepts and buys into the stolen vehicle business.

"Everyone's got stolen parts on some of their cars. If people want to stop it, they should stop buying from the chop shops."

Before he got busted, Timothy dealt mainly with off-reserve suppliers, but not in Brantford.

"I stay away from Brantford. It's hard to trust anyone there. Mostly, I sell in the country: Burford, Waterford, Simcoe, Glanbrook."

He kept clear of Brantford when he was stealing too, saying heading to this city to ching is asking for trouble.

"I would go to Toronto, Niagara Falls, Barrie, London. Then they're not looking for them on the reserve so fast. If you get them from Brantford, the chase is on."

Timothy is highly skilled as a chinger: he can steal a car in four seconds.

His favourite way to work involved getting a list from his buyer and he'd just go a target the wanted cars.

"Sometimes they needed parts, like a certain set of rims, and sometimes they want the whole truck."

If the order is just for a part, like the rims, Timothy would pull into a field, strip the car of sellable parts and leave it.

He often dealt in high-end vehicles, including Hummers.

"Once I ran over another car with a Hummer just to get it out of the driveway."

Matthew is in his 20s and doesn't consider himself a chinger.

But he's facing charges of theft over \$5,000 for participating in the crime as a transporter.

"I don't actually go out and do the stealing. I just drop them off. I would take those guys out and for \$150 or \$200 I drop them off in Toronto, Brampton, Mississauga, Oakville, Niagara Falls or St. Catharines.

Matthew was using Oxy for years but then he got clean and held down a regular job.

When he was charged with theft, he lost that job and hasn't been able to find another. His bail conditions mean he can't be in the driver's seat of a car and, if he's riding, the registered owner of the car has to be with him.

"It bothers me that people think natives are just out to steal cars," Matthew says, complaining that he's been pulled over by the police when in a family member's Grand Prix.

"They automatically think it must be stolen."

The police are getting smarter and more aggressive, Matthew says. Sometimes they follow chinging suspects right off the reserve to wherever they're targeting vehicles.

The cops have been known to hover around the residences of car thieves who are on bail or monitor the Methadone clinic in Brantford to watch for infractions regarding stolen, uninsured or wrongly plated vehicles.

“To them, they say it's gathering intelligence.”

On Six Nations, there's a different culture when it comes to cars and driving.

It's not uncommon for young boys, especially, to drive cars years before getting a licence and vehicles aren't always insured or plated properly.

“You don't need your licence around here. As long as you aren't doing anything bad they won't bother you.”

Matthew is trained as an ironworker and says he's trying to make an honest living.

“But sometimes you gotta do what you gotta do to make some extra money.”

Robert, the chinger who says he was spending \$1,000 a day on Oxy pills, says some of his fellow chingers “run kids” because they're easier to manipulate.

“If you offer \$1,000 to a kid for a stolen vehicle, that's a lot to them but you can turn around and sell it for \$5,000.”

And, he says, there are some gangs and some ethnic groups operating in the chinging business on Six Nations, but they're mingled in with the homegrown car thieves.

The situation means there are teens running around the reserve in \$100,000 Escalades, Robert says, which leads to more violent encounters with the police when the young drivers, fearful of being caught, simply ram their way out of the incident.

“If (a cop) jumps out and points a gun at me, I don't want to get shot. That's why more cops are getting rammed.”

Robert says he also avoids stealing or selling in Brantford.

“The cops don't like natives in Brantford. The only time I go to Brantford was when I went to jail. I used to sell all over the place, but not Brantford.”

Robert has served his time for his most recent crimes and came out of jail clean. He's been going to Narcotics Anonymous and addiction meetings to try and delve into the source of his problems.

Meanwhile, Timothy's got a few years to ponder his ways as he serves his sentence.

“I'm thinking of stopping. I've got to stay out of jail. Chinging isn't all I know. I got my Grade 12 when I was in prison before so I'm far from stupid.”

But a few moments later, he reflects on the all-encompassing business he's involved in and how it tends to suck you back in.

“Chingers are chingers for life.”

sgamble@theexpositor.com

4.34 Car theft, Oxy linked in a big way

<http://www.simcoereformer.ca/2012/04/27/car-theft-oxy-linked-in-a-big-way>

By Susan Gamble, Brantford Expositor

April 30, 2012

It looks so easy in all the movies, TV shows and video games.

Gone in 60 Seconds, Grand Theft Auto and Need for Speed have indoctrinated kids, especially young men, with the impression that stealing, speeding and crashing cars is very cool.

And as a city that was dubbed the Stolen Car Capital of Canada in 2010, Brantford has a nasty reputation as the playground for these car thieves.

While improvements are being made notably with a joint policing effort called Team Shutdown, two area teens have died as a result of car chases in the past five years and there have been numerous injuries, not to mention millions of dollars in damages to cars and costs in insurance.

Some say it's non-natives who are stealing cars from outside the county and dumping them on Six Nations for natives to take the blame.

Others believe that, at the heart of this, is a gang of outside influences who are directing native kids to steal cars. The kids are young and have a grid of back roads on the reserve where cars can be hidden and chopped, and where police can be evaded.

But a series of interviews by The Expositor indicates the recent problems didn't start with Mafia connections or Asian gangs.

The problem has been a little pain pill called Oxycontin.

“I got in a bad car accident where I was ejected out of the vehicle and broke all my ribs. I broke my arm and my shoulder. I started taking Tylenol 3 and Percoset prescribed by the doctor but pretty soon it wasn't working.”

That's how one young man, "Robert" became a 'chinger' on Six Nations.

Chinging is the local slang for the act of stealing cars, derived from the word 'cha-ching!', meaning easy money.

Robert's dependence on narcotics for his pain lead him to the well-known, but highly addictive "hillbilly heroin" — Oxycontin.

"It's an expensive habit and stealing vehicles is easy money. People getting Oxy can turn around and sell it for \$50, \$60 or \$100 on the reserve and that's a good chunk of change."

Eventually, Robert was spending \$1,000 each day on his Oxy habit and there are no jobs that can support that kind of expenditure.

He quickly got involved in chinging, learning the ropes from older friends and, eventually, setting up his own system of buyers.

"There were times when I didn't sleep for three or four days. I would be out stealing every day, all day. I'd take at least five vehicles in a night. Sometimes more."

He was shot at and chased by police more times than he can count. When he looks back at his escapades now, it's terrifying.

"It's easy money but in the long run, you get caught, addicted to Oxy and not caring about your family. You end up sitting in jail and are told when you can go to bed and when to get up."

Robert is on probation now, trying hard to stay clean and away from Six Nations.

"I'm trying to take care of me right now."

Robert's lawyer, Sarah Dover, has become somewhat of an expert on chingers.

Dover says she represents a "significant number" of Six Nations residents who have been arrested after dangerous car chases or repeatedly stealing cars.

"I've had maybe one or two clients who are not addicted to Oxycontin and all the others are."

Dover knows a lot about Oxy.

She's researched it and has daily anecdotal evidence of what it does to a user. Oftentimes, Dover is the first one to talk to a chinger about his Oxy habit and where it's heading.

"There's been greater access to Oxy on the reserve than alcohol and you become addicted in a very short time — within a week of your first use. The symptoms of withdrawal are excruciating. It's like having barbed wire pulled through your veins."

And here's the problem: the No. 1 course of treatment for Oxy addiction is methadone. There's no methadone program available on Six Nations and no detox there. To get their daily methadone dose Dover's clients have to get to Brantford. But most are on probation for driving crimes and aren't allowed to drive. Unless a supportive family member or friend volunteers to drive them to Brantford every single

day, a lot of chingers are faced with a choice of stealing a car or dropping methadone and going back to Oxy.

And there's another problem: if you're already on a methadone program when you go to jail, they make sure that you continue treatment. But if you're not on the program, you can't get on it in jail. Instead you face about a week of acute withdrawal and then a chemically induced depression for 12 to 18 months.

“In jail, (prisoners) have no education around their addiction, no access to counselling and when they come out of jail they're no further ahead in accessing services for addictions. It's a huge set-up for them to fail.”

The results are heavily tinged with irony: chingers sometimes steal cars to get to their methadone appointments or even take a car at the courthouse to get home after being released from jail; one of Dover's addicted clients had her newborn taken from her at the hospital by Children's Aid but walked out of the facility with an Oxy prescription in her hand; native boys are facing dozens of driving charges before they even get their licences.

And they all talk about the big bucks they generate from the chinging business. But Dover says it's a sham.

“I ask them 'Where's the money?' Where are the guys with the massive houses and gorgeous cars? They don't exist because the money's going into opiates.

“If people are really serious about ending car chases, do something about Oxy.”

That was Dover's statement a few months ago when Oxy use was rampant on Six Nations.

Now, with the introduction of OxyNEO, a “tamper-proof” drug that can't be crushed, ground or liquified for snorting or injecting she says the situation is in a muted chaos.

Prices for Oxy have gone up and new suppliers are being sought outside of Ontario; addictions are switching drugs, some have overdosed; the drug world is hard at work trying to tamper with the new tamper-proof drug; and yes, some hard cases are turning to methadone as they try to drop their old habit.

MPP Dave Levac is pushing to get a new residential rehab-detox centre in the city and others are suggesting the methadone clinic at St. Andrew's Church be moved to wherever that new location is.

Wherever it is, it won't be on the reserve — so the problem for addicts will remain.

“We need to help those getting treatment to succeed,” said Levac.

“We want to stop people from reoffending and remove the obstacles, so that may (lead to) a transportation service or taxi chits – something so we can tackle this in a whole community way.”

Levac is one of those who believes Six Nations has been unfairly targeted because of the car theft industry.

“The idea it's all natives doing this is a long-standing mythology. If we actually broke down the number of first nations people involved we'd see it's not just them. It's just a favourite dumping ground.”

Six Nations Chief Coun. Bill Montour agrees, saying it's "outside influences" controlling many of the young people on the reserve.

"We're getting more blacks, Asians and motorcycle gangs operating here and we've had four incidents involving Jamaican enforcers."

The chief said he's been a victim himself: his own car was stolen by thieves who used it to go to Mississauga in order to steal there.

"My son is a cop and they're all over this."

But lawyer Dover says it's not gangs controlling the kids – it's drugs.

Dover's typical client has a Grade 8 education, is 20-something years old and has severe addiction issues.

"They come from pain. When they're released the only thing they're good at is stealing cars."

Dover speaks often and passionately in court about the Oxy-car theft problem.

She's hugely frustrated by what she considers a broken system.

"Jail is not effective in deterring my clients. I've had clients shot by police before being jailed and when they're released, because the underlying dynamic hasn't been addressed, they return to the behaviour despite a desire to have a normal life."

Some have suggested to Dover that if her clients truly wanted to get better they'd be willing to go far afield to find help.

"The folks from Six Nations are deeply connected to their community, land and way of life. To say if you want to be sober, go to another community, you might as well say 'be shot into space'."

Native Horizons is the drug rehab program on Six Nations. Dover says that every year the agency puts in a proposal for a more comprehensive addictions service and every year they are denied.

It takes one to three months to get into the current rehab program and you have to qualify by being out of jail and sober for 30 days.

"If some of my clients could stay out of jail and sober for 30 days they wouldn't need rehab," says Dover.

There are two Alcoholics Anonymous meetings on the reserve, she adds, and people can go to counselling meetings at Native Horizons, but there are no regular Narcotic Anonymous meetings there.

"My clients are white-knuckling through withdrawal and they get out of jail and relapse.

Which, of course, leads to the theft of more cars, or worse, the rising suicide problem on this and other reserves.

What's needed, says Dover, is a crisis approach to the Oxy problem that targets the underlying issues: too much Oxy availability; not enough rehab and methadone help; more counselling for family problems, including the residual angst of the residential schools issue.

“Robert” is glad to be done with his \$1000-a-day Oxy habit.

“Looking back, I'm scared about what I was doing. I've been shot at and stuff. I was constantly looking over my shoulder for police and owners. Now a weight's been lifted.”

susan.gamble@sunmedia.ca