

Five Things the Family Physician Needs to Know about Addiction and Harm Reduction

Dr. Sharon Koivu
Palliative Care Physician Consultant,
London Health Sciences Centre,
Department of Family Medicine,
Western University

Five Things the Family Physician Needs to Know about Addiction and Harm Reduction

Presenter Disclosure:

Sharon Koivu has **no** potential for conflict of interest with this presentation

1) Most Common Drugs Abused IV London, Ontario, 2013

1. Opioids
2. Methamphetamine (Crystal Meth)
3. Methylphenidate (Ritalin)
4. Cocaine

All are contributing to premature deaths of young people

2) Misguided Physician Prescribing Habits has Contributed to the Problem

- Almost all opioids on the street are prescribed drugs that have been diverted,
- The age group most likely to divert their drugs is:
60-75

Deaths due to Prescription Opioids has Surpassed Illicit Street Drugs!

- ~60% of all drug overdoses were due to opioids (2006-2008)
- Death by drug overdose is equal to motor vehicle crashes as a cause of unintentional deaths, (as of 2006)
- Deaths from infections related to IV drug use are not captured in the statistics (therefore overall deaths surpass MVC)

Canada now has the highest opioid use per capita in the world!

- USA 2nd
- Norway 3rd @ 40% lower
- 50% lower: Switzerland, Austria, Germany, Australia, UK, Belgium, New Zealand, Spain, Iceland
- 66% lower: France, Sweden, Netherlands, Finland
- 70% lower: Japan

Ontario has the Highest Rate of Opioid Prescribing in Canada!

London Middlesex Data

- 7,399 annual opioid prescriptions per 1,000 people aged 15-64 eligible for publicly funded drug coverage (**top 40%** in ON)
- 7.5 deaths per 100,000 from opioid overdose, (**fourth highest** amongst all health units)

(2004-2006)

Misguided Physician Prescribing habits has Contributed to the Problem

- 14 % of adolescents say they have used prescription opioids recreationally
- 75% got them from the medicine cupboard in their own home

(OSDUHS 2011)

- ✓ Tell all your patients to lock up their opioids
- ✓ Opioids kill more people than loaded guns

Misguides Physician Prescribing habits has Contributed to the Problem

- Pain does not mask the euphoric effect of drugs
- People in pain can become addicted to opioids
- Susceptible people who would never have taken illicit drugs may be legally exposed to opioids by their physician

Misguides Physician Prescribing habits has Contributed to the Problem

There is a ceiling on opioids!

- higher than 100mg morphine equivalent per day increases the risk of unintentional death
- higher than 200mg morphine equivalent per day increases the risk of hyperalgesia
- CPSO, Canadian Guidelines recommend a maximum of 200mg morphine equivalent per day in CNCP unless really good evidence that function is improving

Misguides Physician Prescribing habits has Contributed to the Problem

- Purdue lost a \$600 million lawsuit in 2007 for deceptive marketing about the addiction risk of OxyContin yet many physicians are still influenced by their message

Misguided Physician Prescribing habits has Contributed to the Problem

- Prescribing opioids too often, too much and too little have all been shown to increase the risk of addiction
- Stopping opioids too quickly increases the risk of street use
- We need to prescribe wisely

3) Harm Reduction Strategies Save Lives

- Over 2 million needles were exchanged in London (2013)
- We need to enhance our message
- Many IV drugs users do not understand the risk

Infections Associated with IV drug use

Can be Fatal

- Infective endocarditis
- Sepsis
- Respiratory
- Abscesses: lungs, spine
- HIV
- Hep C
- STD's

Infections Associated with IV drug use Can be Fatal

- 33% of patients admitted to LHSC with endocarditis die within 1 year regardless of treatment

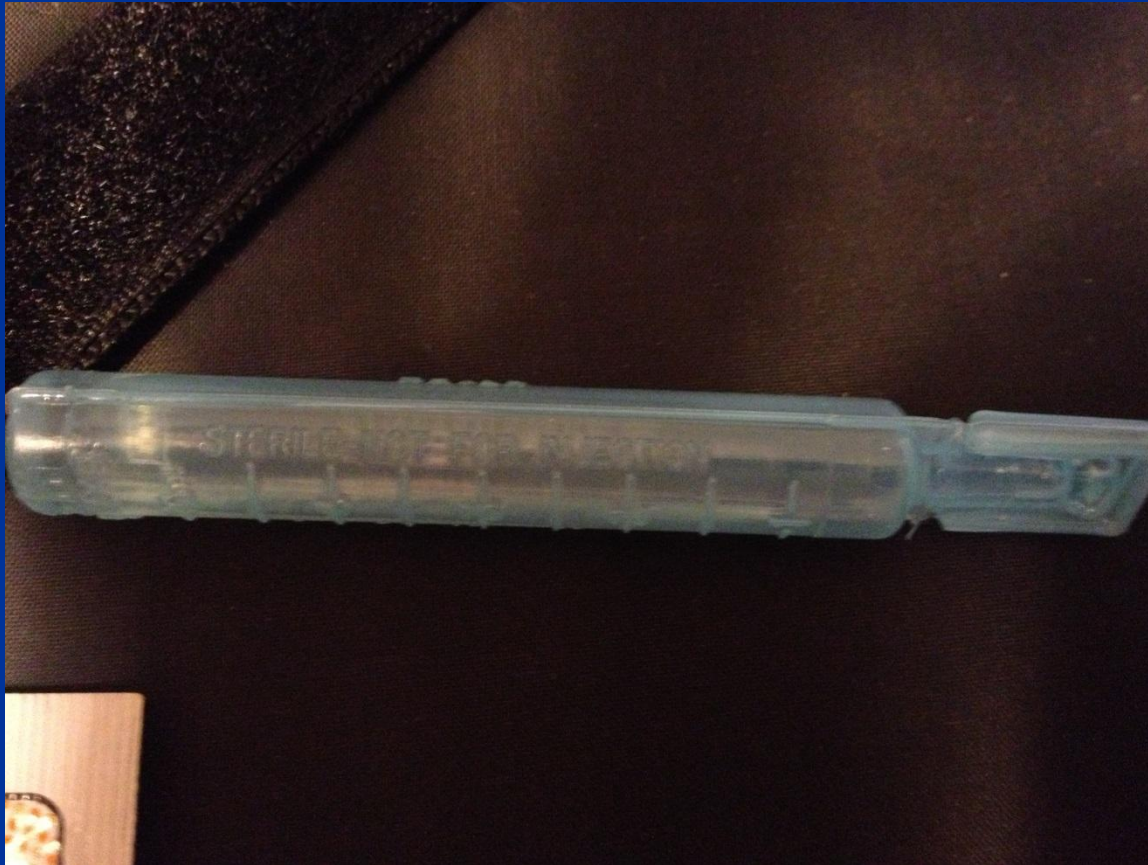
Harm Reduction Strategies

- ✓ Do not share needles
prevents spread of HIV
- ✓ Do not share spoons, cookers or washes
Prevents spread of Hep C

Harm Reduction Strategies

What else do you need to tell your patients to prevent other infections?

- **Do not reuse** your own needles
- Do not be 2nd on the needle
- **Do not use tap water**
- Use sterile water only
- Do not use saliva
- Do not use corrosives to dissolve drugs



Sterile Not for Injection

Harm Reduction Strategies

What else do you need to tell your patients to prevent other infections?

- **Use a filter** each time you inject
- Do not reuse filters
- Use a proper filter not a cotton ball, tampon or cigarette filter
- Use the filter properly, Do not let the needle poke through the filter



Try using this filter properly after a night of call

Harm Reduction Strategies

What else do you need to tell your patients to prevent other infections?

- Use sterile technique to inject
- Find a safe injection site when and where possible

Harm Reduction Strategies

What else do you need to tell your patients to prevent other infections?

- Let your patients know that IV drug use can lead to fatal infections such as infections of the heart valve
- Even if they do everything properly they cannot dissolve all the filler in prescription drugs
- These undissolved particles damage blood vessels and can lead to serious infections

Harm Reduction Strategies

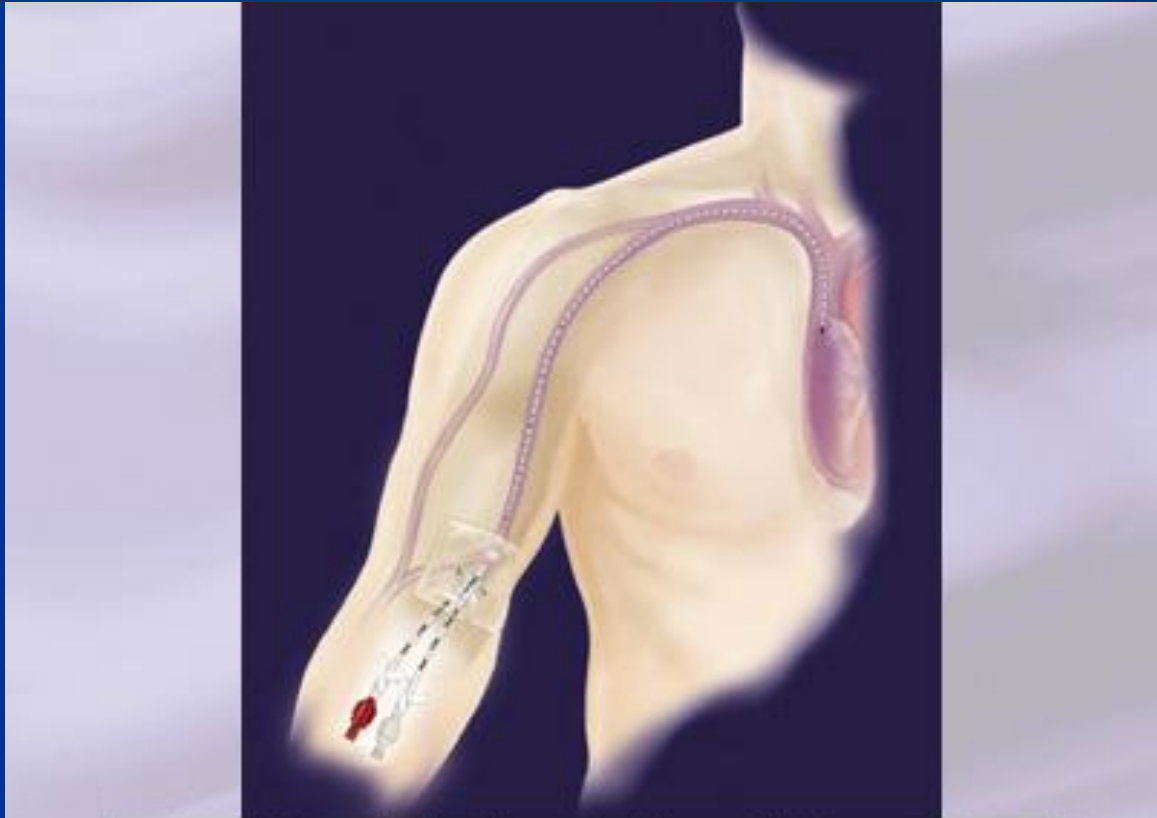
What else do you need to tell your patients to prevent other infections?

- Tampering with a PICC line increases the risk of fatal infections



What is this?

You call this a PICC Line, I call this a trigger.



©2008 Navilyst Medical, Inc., or its affiliates. All rights reserved.

4) Addiction Treatment Programs Do Work

Family physician is key to success

- Non-judgemental Support
- Recognize the patient may now be in a different stage of change in addiction

Addiction Treatment Programs Do Work

Family physician is key to success

SBIRT:

Screening

Brief Intervention

Referral to treatment

- Motivational Interviewing
- Celebrate successes

Addiction Treatment Programs

Abstinence:

Withdrawal/De-tox

Out-patient counseling

In-patient residential

AA-NA

Addiction Treatment Programs

Harm Reduction:

Opioid Maintenance Programs:

opioid agonist : Methadone

Buprenorphine/Naloxone

Opioid agonists are the only prescription medications approved for addiction treatment

Prescribing opioids for addiction is NOT approved by CPSO

Addiction Treatment Programs

Most successful:

Opioid Maintenance Programs in the context of an interprofessional team

5) Opioid Overdose Prevention Strategies Save Lives

- As much as two-thirds of witnessed overdose deaths might be prevented if basic life support and the drug naloxone were given at the time of overdose.
- The training of drug users constitutes an essential resource in the management of opioid overdoses.

5) Opioid Overdose Prevention Strategy

- There is identified and underused potential for peer education and intervention where significant others are trained in overdose recognition and management.
- Friends, family members and carers are often the ones to encounter someone overdosing on opioids and should be offered overdose training.

Opioid Overdose Prevention Strategy

Starting Spring 2014 MLHU will be:

- Offering overdose training to IV drug users, peers, friends, family and caregivers
- Trained people will be provided with Naloxone Kits

THANK YOU