Ontario’s Narcotics Strategy

Frequently Asked Questions

This fact sheet provides basic information only. It must not take the place of medical advice, diagnosis or treatment. Always talk to a health care professional about any health concerns you have, and before you make any changes to your diet, lifestyle or treatment.

Overview

1. What is the Narcotics Strategy and why is the government initiating this?

Ontario’s Narcotics Strategy is aimed at making the prescribing and dispensing of narcotics and other controlled substance medications safer and more secure. These measures will improve the quality and value of health care practices across the system.

The Ontario’s Narcotics Strategy aims to make the prescribing and dispensing of narcotics and other controlled substance medications safer and more secure, by:

- providing education and raising public awareness about the safe use of these drugs;
- educating the health care sector on appropriate prescribing and dispensing practices;
- monitoring the prescribing and dispensing of narcotics and controlled substances through a provincial narcotics monitoring system.
- providing options for treatment and support for those addicted to prescription narcotics and controlled substances.

Reports have shown that the abuse and misuse of prescription narcotics and other controlled substances is a serious public health and safety issue in Canada, the United States and around the world. A growing number of people are addicted to these drugs, using them outside their intended medical purposes, trafficking them on the street and unfortunately, dying as a result of this improper use. In Canada, Ontario is at the top of the list for narcotic use on a per capita basis.* Since 2000, the Coroner’s Office has reported a fivefold increase in oxycodone-related deaths and a 41 per cent increase in overall narcotic-related deaths in Ontario following the addition of long-acting oxycodone to the Ontario Drug Benefit (ODB) Formulary.**

There is also a significant trend indicating patients are taking higher doses of narcotics, in some cases without any medical reason. In addition, more people are obtaining excessive quantities of narcotics leading to abuse, misuse and the diversion of these drugs for sale on the street. Between 1991 and 2009, the number of prescriptions in Ontario for oxycodone drugs rose by 900 per cent, far more rapidly than any other narcotic within the ODB Program.*** In 2008, over 10,000 ODB recipients were prescribed more than 200 mg of morphine equivalents (ME) per day, which is above the general upper threshold in
clinical guidelines for the treatment of chronic non-cancer pain.**** (ME is a measure used to compare various narcotic products and strengths to a similar standard.)

Prescription narcotics have also become a highly lucrative street commodity resulting in widespread diversion and trafficking by both individuals and organized crime groups. There has also been a significant increase in pharmacy robberies and thefts for prescription narcotics, and a corresponding increase in risk to the health of Ontarians and pharmacists’ safety across the province.

The overall problem associated with narcotics and other controlled substances has evolved over time due to a number of contributing factors. These factors include:

- A previous lack of national and provincial prescribing guidelines;
- Few limits on the quantity, dose and frequency of narcotics and other controlled substances that can be dispensed in Ontario;
- Lack of public awareness and education regarding the potential for abuse of these drugs;
- No centralized database to record and monitor prescriptions for narcotics and other controlled substances in Ontario.

In an effort to promote the overall health and safety of all Ontarians, the Ministry of Health and Long-Term Care has developed a comprehensive Narcotics Strategy. There are five key elements to the Narcotics Strategy which are as follows:

1. New legislation to support the development of a narcotics monitoring database.
2. Partnering with the health care sector to educate on appropriate prescribing.
3. Partnering with the health care sector to educate on appropriate dispensing.
4. Education to prevent excessive use of prescription narcotics.
5. Treatment of addictions.


**Source: Dhalla, I et al, Prescribing of opioid analgesics and related mortality before and after the introduction of long acting oxycodone, CMAJ, December 7, 2009; 121 (8); Office of Chief Coroner of Ontario 2009

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2. How was the Narcotics Strategy developed? What is the Narcotics Advisory Panel (NAP)?

In developing the Narcotics Strategy, the ministry established a panel of experts – the Narcotics Advisory Panel (NAP). The panel provided advice to the ministry on appropriate prescribing, dispensing, and utilization related to narcotics and pain management strategies. The ministry has also consulted with key stakeholders, including health profession regulatory colleges and associations, First Nations, pharmaceutical manufacturers, family members who have lost children to narcotic overdose, third-party payers, other public plans, law enforcement, and other ministries.

The current members of the Narcotics Advisory Panel are:

Dr. Ken Arnold, Family Practice, Port Arthur Health Centre
New Requirements for Prescription Narcotics and Other Controlled Substance Medications in Ontario

3. What is the Narcotics Safety and Awareness Act, 2010?

As an important first step in addressing the inappropriate use of prescription narcotics and other controlled substance medications, the government passed the Narcotics Safety and Awareness Act, 2010. This legislation will enable the ministry to track prescribing and dispensing activities relating to prescription narcotics and other controlled substance medications in Ontario. Information on the prescribing and dispensing of narcotics and other controlled substance medications will be collected and stored in a provincial database, the Narcotics Monitoring System (see question below).

The Narcotics Safety and Awareness Act, 2010 will come into effect on November 1, 2011. The legislation sets out requirements on the collection, use, disclosure and record keeping of information for monitored drugs (see question below).

4. What is the Narcotics Monitoring System? Will it be operational on November 1, 2011?

The Narcotics Monitoring System is a database that will be used to collect and store information on prescribing and dispensing activities relating to prescription narcotics and other controlled substance medications in Ontario. The Narcotics Monitoring System is currently under development. Dispensers will not be required to submit prescription data to the system until it becomes operational (targeted for spring 2012). The ministry will provide further communication to dispensers once the Narcotics Monitoring System is completed.
Information collected by the Narcotics Monitoring System may be used to detect unusual or inappropriate behaviour, identify trends, enhance education initiatives, and develop harm reduction strategies.

It is important to note that the Narcotics Monitoring System is not a medication management system, and will not have the capability of providing information such as patient prescription history to health care providers. The Narcotics Monitoring System will provide limited Drug Utilization Review (DUR) functionality, such as, double-doctoring, poly-pharmacy, refill too soon, refill too late and duplicate drug other pharmacy response messages. To learn more about the Narcotics Monitoring System, the ministry has posted the Narcotics Monitoring System Pharmacy Reference Manual on the ministry website at: http://staginghealth.moh.gov.on.ca/english/providers/program/drugs/resources/narcotics_manual.pdf

5. **What are monitored drugs?**

The *Narcotics Safety and Awareness Act, 2010* and its requirements apply to a list of prescription medications called monitored drugs. Monitored drugs are defined as follows:

1. Any controlled substance under the federal *Controlled Drugs and Substances Act*. Examples of these include narcotic analgesics (e.g. Tylenol 3®, Oxycontin®), and non-narcotic controlled drugs such as methylphenidate (e.g. Ritalin®), benzodiazepines (e.g. Valium®), and barbiturates (e.g. phenobarbital).

   For the complete list of controlled substances under the *Controlled Drugs and Substances Act* (Canada). Learn more. http://laws.justice.gc.ca/eng/C-38.8/index.html

   AND

2. Other opioid medications not listed in the *Controlled Drugs and Substances Act*. This consists of tramadol containing products (Ralivia®, Tramacet®, Apo-tramadol/acetaminophen®, Tridural®, Ultram®, Zytram XL®) and tapentadol ((Nucynta®).

6. **What are the new requirements for patients?**

Starting November 1, 2011, in order to obtain a prescription for a monitored drug, a patient will be required to provide an approved form of identification (e.g. an Ontario Photo Card, driver’s licence, health card, etc.) to a prescriber (e.g. doctor, dentist) and dispenser (e.g. pharmacist), in addition to other standard information for prescriptions (e.g. name, date of birth, gender, address, etc.).

Learn more about the approved forms of identification, see below.

7. **Can a patient make a request to opt out from the requirements and the tracking of their prescription?**

No – individuals cannot opt out. The *Narcotics Safety and Awareness Act, 2010* requires that all prescriptions for monitored drugs dispensed in Ontario be tracked. The *Narcotics Safety and Awareness*
Act, 2010 provides the authority to the ministry to collect, use and disclose information, including personal information, which relates to the prescribing and dispensing of monitored drugs in Ontario for the purposes of the Act.

8. **What are the new requirements for prescribers?**

Effective November 1, 2011, a prescriber **MUST** record **all** of the following information on the prescription of a monitored drug:

- Identification number of the patient and the type of identification used
- Registration number on the certificate of registration issued to the prescriber by the College of which he or she is a member
- Name of the person for whom the monitored drug is prescribed
- Name, strength (where applicable) and quantity of the monitored drug
- Directions for use of the monitored drug
- Name and address of the prescriber
- Date monitored drug is prescribed

The new requirements to record the prescriber registration number and patient identification number on the prescription of a monitored drug serve to improve the accuracy and completeness of prescription data collected. This will ultimately lead to better patient outcomes by enabling interventions, such as the ability to generate appropriate alerts when a person is accessing monitored drugs from multiple prescribers and/or pharmacies. *(Please note that the Narcotics Monitoring System is currently under development and is not yet operational. Please see question above for details.)*

It is important to note the Narcotics Safety and Awareness Act, 2010 requires prescribers of monitored drugs to record their registration number issued by the College (i.e. the prescriber license number) on prescriptions for monitored drugs. This is a legislated requirement.

9. **What are the new requirements for dispensers?**

Effective November 1, 2011, in addition to the requirements under the Drug and Pharmacies Regulation Act (as applicable), a dispenser **MUST** record and keep on file **all** of the following information when dispensing a monitored drug:

- Prescriber’s registration number issued to the prescriber by the College of which he or she is a member
- Identification number of the patient and the type of identification
- Name of the person for whom the monitored drug is prescribed
- Name, strength (where applicable) and quantity of the monitored drug
- Directions for use of the monitored drug
- Name and address of the prescriber
- Date the monitored drug is dispensed
- Address, date of birth and gender of the person for whom the monitored drug is prescribed
- Drug identification number
- Quantity of the monitored drug dispensed
Most of these requirements are consistent with the information that dispensers currently record and keep on file for prescriptions. **The new requirements to record the prescriber registration number and patient identification number on the prescription of a monitored drug** serve to improve the accuracy and completeness of prescription data collected. This will ultimately lead to better patient outcomes by enabling interventions, such as the ability to generate appropriate alerts when a person is accessing monitored drugs from multiple prescribers and/or pharmacies. *(Please note that the Narcotics Monitoring System is currently under development and is not yet operational. Please see question above for details.)*

Because the Narcotics Monitoring System is not yet operational, dispensers are not required to submit prescription information for monitored drugs to the narcotics monitoring system at this time. The ministry will provide further communications before such requirements are put in place. *(Please see question about the Narcotics Monitoring System above).*

In addition to the above, there are also new requirements for third-party pick-ups, effective November 1, 2011. In situations where a patient has authorized a representative (e.g. friend, family member,) to pick up a monitored drug, the dispenser MUST record and keep on file the following:

- Name and address of the representative;
- Form of identification provided by the representative that verifies the name and address of the representative (for example, this may include a driver’s licence, the Ontario Photo Card, a billing statement, etc.); and
- Distinguishing number on the form of identification

Dispensers are required to record the above information at the time that the representative picks up the monitored drug. They are not required to record this information prior to dispensing the prescription.

**N.B. Designating a representative for the pick-up of a monitored drug is only permitted if the patient has provided an approved form of identification for the prescription at the time the prescription is written. A third party-pick-up is not permitted where a patient has not presented an approved form of identification for the prescribing and dispensing of the monitored drug [see the next two questions below].**

The operator of a pharmacy or employer is required to ensure that every dispenser employed or retained by the pharmacy or other institution complies with the above requirements when dispensing a monitored drug.

*For some prescriptions in which the length of therapy may vary (e.g., with directions for the patient to take 1-2 tablets every 4-6 hours as needed), the dispenser should use their discretion and professional judgment in determining the best estimate on the length of therapy.*

**10. What are the different forms of patient identification that could be used?**

Approved forms of patient identification include:
• Ontario Health Card or other health card issued by a Province or Territory in Canada
• Valid Driver’s Licence or Temporary Driver’s Licence (issued by Ontario or other jurisdiction)
• Ontario Photo Card
• Birth Certificate from a Canadian province or territory
• Government-issued Employee Identification Card
• Ontario Outdoors Card
• BYID (age of majority card)
• Certificate of Indian Status
• Valid Passport – Canadian or other country
• Certificate of Canadian Citizenship
• Canadian Immigration Identification Card
• Permanent Resident Card
• Old Age Security (OAS) Identification Card
• Canadian Armed Forces Identification Card
• Royal Canadian Mounted Police/Provincial/Municipal Police Identification
• Firearms Possession and Acquisition Licence (PAL)

11. What if the patient is unable to present any of the approved forms of identification?

In situations where a patient is unable to present any of the approved forms of identification as listed above, an exemption is permitted if all of the following conditions are met:

• The prescriber must note on the prescription the reason the patient needs to receive the monitored drug before he or she can obtain the appropriate identification from the approved list; and
• The dispenser keeps a record of the above (i.e. the reason the patient needs to receive the monitored drug before he or she can obtain the appropriate identification from the approved list); and
• The patient receives the monitored drugs directly from the dispenser (i.e., the patient cannot use a third-party to pick up the drug or does not use a mail or courier service to receive the monitored drug).

12. In cases where a patient was unable to provide identification at the time the prescription was written, are they required to produce identification later? Would this need to be recorded in the narcotic monitoring system?

Dispensers (e.g., pharmacists) must ensure that the information required to be on the prescription in cases where patients who do not have identification is recorded on the prescription. If an identification is produced prior to dispensing of the prescription, the information can be submitted at the time of dispensing. If the patient provides the identification after the prescription has been dispensed, the dispenser does not need to make any adjustments to the claim that was previously submitted and recorded on the narcotics monitoring system.
13. What is my responsibility when a patient or an agent presents a form of identification for a monitored drug?

The ministry has set out a list of forms of identification that has been approved by the Minister as providing an acceptable level of certainty of identification of the individual that a patient can present to a prescriber or dispenser. The law requires prescribers to record, and dispensers to keep on file, the patient’s identification number and the type of identification that is used. Prescribers and dispensers should use their professional judgement to determine the appropriate course of action when a patient presents his/her identification to obtain a monitored drug.

For third-party pickups of prescriptions for monitored drugs by an agent, health care providers should use their professional judgment when reviewing the agent’s identification to determine the appropriate course of action with respect to dispensing the monitored drug. *(Please see the requirements for prescribers and dispensers above for further details of these requirements).*

14. What are the record-keeping requirements for monitored drugs?

Under the *Narcotics Safety and Awareness Act, 2010,* records relating to a monitored drug (e.g., must be retained for no less than two years. Records are expected to be maintained in a method that is easily retrievable and auditable.

It is important to note that additional record-keeping requirements (e.g., information that is considered to be part of the patient health record) may be set out in other legislation for both prescribers and dispensers. For example, the record-keeping requirements for pharmacies are set out in Ontario Regulation 58/11 under the *Drug and Pharmacies Regulation Act* (DPRA), and the record-keeping requirements for physicians are set out in Ontario Regulation 114/94 under the *Medicine Act, 1991.* In certain cases, the record keeping and maintenance requirements may be done at the facility level in accordance with the applicable laws and policies.

15. Are any Ontarians exempt from the new requirements?

The new requirements do not apply if a monitored drug is prescribed and dispensed to a hospital in-patient, an inmate in a correctional facility, or a young person in a youth custodial facility. Please note that residents of long-term care homes are not considered to be hospital in-patients and are subject to the new requirements.

16. Is a patient identification number needed for prescriptions intended “for office use”?

No. If a monitored drug is prescribed and dispensed for use at the prescriber’s practice (i.e. for office use), prescribers are exempt from having to record on the prescription a patient identification number, such as a health card, photo card, etc. (i.e. one of the approved forms of identification listed on the ministry website). However, all other documentation and record-keeping requirements for a monitored drug still apply as it relates to the prescription.
17. Are faxed or verbal prescriptions permitted for monitored drugs? Can a dispenser accept a faxed or a verbal prescription if the prescriber forgets to include any of the required information on the original prescription?

A faxed or verbal prescription for monitored drugs may be accepted similar to the current requirements for a faxed or verbal prescription, provided that the documentation requirements set out under the Narcotics Safety and Awareness Act, 2010, its regulation and all other applicable laws and policies, are met.

Please note verbal authorizations are not permitted for a narcotic drug*. Verbal prescriptions, however, may be permitted for a “verbal prescription narcotic”** or for “targeted substances.”*** For further information relating to the standards of practice requirements on verbal authorizations, please contact your appropriate regulating body.

* A “narcotic drug” is defined in Ontario Regulation 58/11 under the Drug and Pharmacies Regulation Act as “a substance referred to in the Schedule to the Narcotic Control Regulations under the Controlled Drugs and Substances Act (Canada) or anything that contains any substance set out in that Schedule.” For the complete Schedule under the Narcotic Control Regulations (Canada), please visit the federal government website at: http://laws-lois.justice.gc.ca/eng/regulations/C.R.C.,_c._1041/page-24.html#h-10

** A “verbal prescription narcotic” means a substance:

(a) That contains one narcotic drug;
(b) That also contains, in a recognized therapeutic dose, two or more medicinal ingredients that are not narcotic drugs;
(c) That is not intended for parenteral administration; and
(d) That does not contain diacetylmorphine (heroin), hydrocodone, methadone, oxycodone or pentazocine.

*** A “targeted substance” means:

(a) A substance that is included in Schedule I of the Benzodiazepines and Other Targeted Substances Regulation under the Controlled Drugs and Substances Act (Canada), or
(b) A product or compound that contains a substance that is included in Schedule I of the Benzodiazepines and Other Targeted Substances Regulation under the Controlled Drugs and Substances Act (Canada);

18. What types of information can the ministry collect and what will the ministry do with the information?

The Narcotics Safety and Awareness Act, 2010 authorizes the ministry to collect, use and disclose information, including personal information, that relates to the prescribing and dispensing of monitored drugs in Ontario for the purposes of the Act. The Act permits the ministry to collect information directly from a prescriber (e.g. doctor, dentist), dispenser (e.g. pharmacist) or operator of a pharmacy about the monitored drugs they prescribe or dispense.

The ministry plans to use the information in several ways, including identifying patterns of inappropriate or excessive prescribing/dispensing, and implementing a province-wide system of alerts when attempts to visit multiple prescribers or multiple pharmacies are detected.
The primary use of this data is to educate and inform health care providers to help improve prescribing and dispensing practices. Stronger interventions, such as reporting to regulatory colleges and to law enforcement, may also occur where there is suspected professional misconduct or illegal activity.

19. What types of information can the ministry disclose to health care providers?

The Narcotics Safety and Awareness Act, 2010 gives the ministry the authority to disclose information, including personal health information, relating to the prescribing and dispensing of monitored drugs for the purposes of the Act, the Freedom of Information and Protection of Privacy Act, and the Personal Health Information Protection Act, 2004.

The ministry will be working with the Narcotics Advisory Panel and health care professional bodies to examine various types of information that it could share with health care providers to promote and support appropriate prescribing and dispensing of narcotics and other controlled substances.

20. Can the ministry disclose information relating to monitored drugs to regulatory colleges and/or law enforcement and if so, under what circumstances?

The Narcotics Safety and Awareness Act, 2010 gives the ministry the authority to disclose information, including personal health information, relating to the prescribing and dispensing of monitored drugs for the purposes of the Act. Therefore, it does permit the ministry to report such information to regulatory colleges and/or law enforcement authorities where there is suspected unlawful activity.

If the ministry has reason to believe that a health care provider may be practising in a manner that is inconsistent with applicable law and/or professional practice standards, the ministry may refer the information to their regulatory college for further review. The ministry may provide a regulatory college with information regarding the activities of a member, and shall provide the regulatory college with all relevant information.

If the ministry has reason to believe an offence has been committed, it may provide the appropriate information to law enforcement authority.

21. What are the consequences for not complying with the requirements?

Being convicted for not complying with the Narcotics Safety and Awareness Act, 2010 may result in fines and jail time. However, no action or legal proceedings would be taken against a prescriber, dispenser or operator of a pharmacy for any act done in good faith in the performance or intended performance of a duty under the Act.
22. Will the new requirements impact new prescribers and/or dispensers in the future?

The Narcotics Safety and Awareness Act, 2010 applies to all prescribers and dispensers who are authorized to prescribe and/or dispense a monitored drug. Any new prescriber and/or dispenser who will be authorized to prescribe and/or dispense a monitored drug must comply with the Act.

23. How will the government ensure personal information is protected?

The ministry has policies and procedures in place to protect the confidentiality and security of information in its custody and under its control. Such security features would include physical safeguards, such as facility/premises access controls, in addition to technical safeguards, such as unique user identification for access to electronic systems and security features to protect information transmitted electronically.

The ministry’s Statement of Information Practices is available at www.ontario.ca/privacy.

Other Related Issues

24. Will the ministry be providing additional information and support for prescribers and dispensers about changes related to Ontario’s Narcotics Strategy?

Yes. The passage of the Narcotics Safety and Awareness Act, 2010 is the first phase of a broader provincial strategy for pain management, addictions treatment and optimal use of prescription narcotics and other controlled substances. The ministry will continue to work with professional associations and regulatory colleges to provide ongoing communications supporting the implementation of each phase of Ontario’s Narcotics Strategy.

25. Are there any clinical guidelines being developed to promote safe and appropriate prescribing of prescription narcotics?

Yes. The regulating bodies for physicians in each province established the National Opioid Use Guideline Group to produce and implement a national consensus guideline on opioid use. The Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non–Cancer Pain was published in May 2010 and can be accessed at: nationalpaincentre.mcmaster.ca/opioid/.

26. Where can I find additional resources on issues related to prescription narcotics?

A key component of the Narcotics Strategy is to develop educational initiatives and to promote awareness for health care providers and the public. The ministry has included relevant and important external resources on the ministry website, which are intended to provide information for prescribers and dispensers of prescription narcotics and other controlled substances.
A compilation of website resources for health care providers and the public is available on the ministry website.

27. Are there resources to better assist me in providing care to a patient who has a drug or addiction-related problem?

The ministry has partnered with the Centre for Addiction and Mental Health (CAMH) to provide the Addiction and Clinical Consultation Service (ACCS) telephone line for health care providers. The ACCS is designed to serve health care providers, such as physicians, nurses, pharmacists and others, who provide care for patients who have drug or addiction-related problems.

The ACCS is intended to provide advice on:

- Medical complications of drug and alcohol use
- Management of clients with addiction problems
- Counselling for individuals, couples and families
- Prescription and over-the-counter drugs, alcohol, tobacco and illicit drugs
- Drug interactions
- Concurrent disorders

Health care providers may wish to contact the ACCS to obtain advice at: 1-888-720-ACCS (2227), or (416) 595-6968 in the Toronto area.

Notes: CAMH staff will assess the query, contact the appropriate consultant team (medical, psycho-social or pharmacy), and provide relevant information and materials. A consultant will return the call within four (4) hours. It is important to note that the ACCS is not designed to deal with health emergencies. If your patient's health is in immediate danger, he or she should be referred to the nearest available hospital emergency department.

Ontario’s Narcotics Strategy includes exploring opportunities to provide additional support for the treatment of addiction. The ministry currently provides funding for a number of substance abuse treatment programs, including withdrawal management, community counselling and residential treatment and support services. Additional information on specific treatment programs can be accessed at: www.health.gov.on.ca/english/public/program/addict/addict_mn.html