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**Ministry of Health and Long-Term Care**

***Presentation to the  
CPSO Methadone Prescribers' Conference***

**November 9, 2012**

# Overview

- Minister's Expert Working Group on Narcotic Addiction
- OxyNEO and OxyContin: Changes to the Ontario Drug Benefits Program
- Suboxone & Buprenorphine
- Methadone-related funding
- Current ministry community programs & services for people with addictions
- Narcotics Strategy
- Comprehensive Mental Health and Addictions Strategy

## Minister's Expert Working Group on Narcotic Addiction

- Commenced March, 2012
- Short, medium and long term advice to improve addictions treatment system
- **Response to immediate issues identified by the Expert Working Group:**
  - **\$1.75M** for 130 new units of telemedicine equipment through Ontario Telemedicine Network
    - 74 units allocated and 26 units reserved for First Nations communities. Remaining equipment to be allocated by end of 2012.
    - working with the LHINs and with Health Canada and the Trilateral Committee.
  - **\$180,000** for overdose prevention kits
    - Webinar training in March 2012.
  - **\$35,000** to enhance real time monitoring of opioid-specific indicators in 73 emergency departments.
  - Fact sheets for service providers on opioid withdrawal ([www.health.gov.on.ca/en/news/bulletin/2012/hb\\_20120522\\_oxy\\_3.aspx](http://www.health.gov.on.ca/en/news/bulletin/2012/hb_20120522_oxy_3.aspx) )
  - Temporarily relocation of physicians to high-needs areas (Sioux Lookout Zone)

## Minister's Expert Working Group on Narcotic Addiction (cont.)

- Working Group's report released October 17, 2012
- **\$15M** in new funding:
  - **\$12M:** interdisciplinary opioid substitution treatment programs and programs for pregnant and parenting women with addictions
  - **\$2M** to support Aboriginal and First Nations communities:
    - \$1.5M for Trilateral First Nations Health Senior Officials Committee's Mental Health and Addictions Working Group
    - \$0.5M for Aboriginal people living off-reserve
  - **\$1M** for indirect provincial initiatives:
    - public education and awareness
    - expanded real-time surveillance on opioids

# OxyNEO & OxyContin

- **Changes to the Ontario Drug Benefits Program**

- The ministry removed OxyContin from the Ontario Drug Benefit Formulary/Comparative Drug Index effective February 29, 2012 and replaced with OxyNEO
- OxyNEO is reimbursed under the Exceptional Access Program (EAP)
- treatment of chronic pain
  - cannot tolerate treatment with another listed long-acting opioid(s)
  - did not experience a satisfactory result with the product(s) after an adequate length of treatment
- for cancer patients or palliative care patients
  - whose prescriber is registered on the Facilitated Access list and
  - the patient has experienced intolerance or has failed an adequate trial of at least one other listed long-acting opioid product
- People who were previously receiving OxyContin have been grandfathered for a one-year transition period. New patients will be required to make a request for OxyNEO through the EAP.
- Other jurisdictions, including the federal government, have removed OxyContin from their formularies
- The Minister of Health Canada agreed to work with the provinces regarding the issues related to generic oxycodone controlled release

## Suboxone & Buprenorphine

- Effective October 30, 2012, Suboxone (buprenorphine plus naxalone) is now listed in ODB Formulary as a *Limited Use* product
- Patient's prescriber must confirm that patient meets one of the funding criteria by writing the Limited Use code on the prescription
- **Limited Use Criteria for Suboxone:**
  - **1)** For the treatment of opioid dependence in patients who have failed, have significant intolerance, have a contraindication to, or who are at high risk for toxicity with methadone.
  - **2)** For the treatment of opioid dependence when a methadone maintenance program is not available or accessible (i.e., no methadone maintenance programs available in the area or waiting list is 3 months or longer).
- Buprenorphine for pregnant women : Available through the Special Access Program, Health Canada at [www.hc-sc.gc.ca/dhp-mps/acces/drugs-droques/index-eng.php](http://www.hc-sc.gc.ca/dhp-mps/acces/drugs-droques/index-eng.php)

# Methadone-related funding

- **CPSO:**
  - centralized patient registry
  - central registry of all physicians who are authorized to prescribe methadone in Ontario
  - recruitment of new physicians to the practice of methadone prescribing
  - safe methadone subscribing practices
  - to promote the use of methadone as a viable treatment
  - patient input into the CPSO methadone program
  - manage and support methadone prescribing activities in Ontario
  - MMT Case Managers to attend Prescriber's conference
- MMT case managers across the province
- Two interdisciplinary clinics in Toronto

# Current Community Programs & Services

## Provincial Information and Referral – ConnexOntario

- 24/7 telephone, web access for information & referral for *health care providers and the public* to:
  - 350+ community mental health services & supports
  - 150+ substance use and gambling treatment programs & services

## Community Substance Abuse Treatment – for people with substance use problems, their families & significant others

- Community treatment (counselling)
- Specific programming for women
- Adult residential treatment programs (addictions)
- Youth residential and non-residential programs
- Withdrawal Management
- Supportive housing – rent supplements and supports



# **Narcotics Strategy**

## **Narcotics Advisory Panel**

### **Narcotics Strategy - five key elements :**

- new legislation (narcotics monitoring database)
- education on appropriate prescribing
- education on appropriate dispensing
- education to prevent excessive use of prescription narcotics
- treatment of addictions
- launched August 2010

### **Narcotics Advisory Panel**

- Established to assist the ministry in addressing the issue of inappropriate use and diversion of prescription narcotics in Ontario
- 12-member multi-disciplinary group representing diverse professional and regional perspectives
- mandate is to provide advice and recommendations on appropriate prescribing, dispensing, and utilization related to narcotics and optimal pain management strategies

## ***Narcotics Safety and Awareness Act, 2010***

- The ***Narcotics Safety and Awareness Act, 2010*** (NSAA ):
  - to address the abuse of prescription narcotics while ensuring access to pain medication
  - regulation under NSAA support government's ability to collect, analyze and report on the prescribing and dispensing of monitored drugs
- Regulation (came into force on November 1, 2011)
  - requires the prescriber to include a patient identification number
  - specifies the information the dispenser must record
  - dispensers required to record the name, address and identifier
  - provides exemptions if patients do not have appropriate identification
  - ensures that all opioids are monitored drugs in Ontario
  - exempts some prescribers from requirements in certain setting (e.g., a hospital or prison)

# Narcotics Monitoring System (NMS)

- Activated in Spring 2012
  - collects dispensing data from pharmacies
  - all monitored drugs including publicly funded, by private insurance or cash
  - all 3500+ pharmacies have been submitting information about monitored drugs into the NMS
- To be used to:
  - detect unusual or inappropriate behaviour
  - identify trends
  - enhance education initiatives
  - develop harm reduction strategies
- Real-time Drug Utilization Review (DUR) capabilities
  - when a record is submitted to the NMS, the system will conduct DUR checks
  - if potential issues are detected, NMS will issue an alert to the pharmacy at the time that the prescription is being dispensed
  - has enabled doctors and pharmacists to work together to determine if abuse or misuse may be occurring and to take appropriate action

## Narcotics Monitoring System (cont.)

- As of September 30, 2012:
  - approx. 9.3M submissions for almost 1.6M recipients
  - submissions from 3,555 different dispensers attributed to almost 41,000 different prescribers
- Working with CPSO & OCP to determine how NMS data would be most useful
- Positive feedback from pharmacists on the impact :
  - appreciate information NMS provides them with
  - helps to dispense narcotics and controlled drugs more safely and appropriately
- Several instances where a pharmacist received an alert and contacted the patient's prescriber to adjust the patient's drug therapy

# Comprehensive Mental Health and Addictions Strategy: Released June 2011

## VISION

EVERY ONTARIAN ENJOYS GOOD MENTAL HEALTH AND WELL-BEING AND ONTARIANS WITH MILD TO COMPLEX MENTAL ILLNESS AND ADDICTIONS RECOVER AND PARTICIPATE IN WELCOMING, SUPPORTIVE COMMUNITIES (MA)

**MISSION:** To reduce the burden of mental illness and addictions by ensuring all Ontario residents have timely access to an integrated system of excellent, coordinated and efficient promotion, prevention, early intervention, treatment and community support programs (SC)

**PRINCIPLES:**

- Respect and understanding
- Healthy development, hope and recovery
- Person-directed service
- Diversity, equity and social justice
- Excellence and innovation
- Accountability (MA)

### GOAL 1: IMPROVE MENTAL HEALTH AND WELL-BEING FOR ALL ONTARIANS

- Lay the foundation for good mental health early in life
- Improve mental health literacy, foster resilience and mental wellness
- Develop workplace programs

### GOAL 2: CREATE HEALTHY, RESILIENT, INCLUSIVE COMMUNITIES

- Reduce stigma and discrimination
- Harmonize policies and improve housing and employment supports
- Create community hubs for activities and services

### GOAL 3: IDENTIFY MENTAL HEALTH AND ADDICTIONS PROBLEMS EARLY AND INTERVENE

- Enhance capacity by all first responders to identify problems early and intervene appropriately
- Build school-based capacity
- Strengthen family health care in early identification and intervention

### GOAL 4: PROVIDE TIMELY, HIGH QUALITY, INTEGRATED, PERSON-DIRECTED HEALTH AND OTHER HUMAN RESOURCES

- Strengthen and integrate mental health and addictions services
- Enhance the capacity of the health system to provide integrated services for people with mental illnesses and/or addictions
- Integrate health and other human services, and improve transitions between services

### LEADERSHIP AND ACCOUNTABILITY:

Strong integrated governance structure across ministries and sectors  
Performance measures and public reporting

## Implementation of the *Comprehensive Mental Health and Addictions Strategy*

- 3 Year Action Plan on Child and Youth Mental Health, led by Ministry of Children and Youth Services
- \$93 million by 2013-14 to:
  - increase access to mental health and addictions services and
  - improve mental health outcomes across sectors including health, child and youth services, education and justice
- initiatives led by MOHLTC in the first 3 years include:
  - **\$8.4M** - Mental Health and Addiction Nurses in District School Boards Program
  - **\$5.96M** - Service Collaboratives to support coordinated services for children, youth and adults
  - **\$9.00M** - Expansion of eating disorders treatment programs, including 19 new Nurse Practitioners
  - **\$2.00M** – Strategy Evaluation and Mental Health and Addictions Scorecard (including outcomes and performance indicators)

# Overview of the Three-Year Action Plan on Child and Youth Mental Health

## Starting with Child and Youth Mental Health

**Our Vision: An Ontario in which children and youth mental health is recognized as a key determinant of overall health and well-being and where children and youth reach their full potential.**

THEMES	<p>Provide fast access to high quality service</p> <p>Kids and families will know where to go to get what they need and services will be available to respond in a timely way.</p>	<p>Identify and intervene in kids' mental health needs early</p> <p>Professionals in community-based child and youth mental health agencies and teachers will learn how to identify and respond to the mental health needs of kids.</p>	<p>Close critical service gaps for vulnerable kids, kids in key transitions, and those in remote communities</p> <p>Kids will receive the type of specialized service they need and it will be culturally appropriate</p>			
INDICATORS	<ul style="list-style-type: none"> <li>• Reduced child and youth suicides/ suicide attempts</li> <li>• Educational progress (EQAO)</li> <li>• Fewer school suspensions and/or expulsions</li> <li>• Higher graduation rates</li> <li>• More professionals trained to identify kids' mental health needs</li> <li>• Higher parent satisfaction in services received</li> <li>• Decrease in severity of mental health issues through treatment</li> <li>• Decrease in inpatient admission rates for child and youth mental health</li> <li>• Fewer hospital (ER) admissions and readmissions for child and youth mental health</li> <li>• Reduced Wait Times</li> </ul>					
INITIATIVES	<p>Improve public access to service information</p>	<p>Pilot Family Support Navigator model</p>	<p>Implement <i>Working Together for Kids' Mental Health</i></p>	<p>Implement standardized tools for outcomes and needs assessment</p>	<p>Enhance and expand Telepsychiatry model and services</p>	<p>Provide support at key transition points</p>
	<p>Funding to increase supply of child and youth mental health professionals</p>	<p>Increase Youth Mental Health Court Workers</p>	<p>Amend education curriculum to cover mental health promotion and address stigma</p>	<p>Develop K-12 resource guide for educators</p>	<p>Hire new Aboriginal workers Implement Aboriginal Mental Health Worker Training Program</p>	<p>Improve service coordination for high needs kids, youth and families</p>
	<p>Reduce wait times for service, revise service contracting, standards, and reporting</p>	<p>Outcomes, indicators and development of scorecard</p>	<p>Implement school mental health ASSIST program and mental health literacy provincially</p>	<p>Provide designated mental health workers in schools</p>	<p>Expand inpatient/outpatient services for child and youth eating disorders</p>	<p>Hire Nurse Practitioners for eating disorders program</p>
	<p>**The blue boxes indicate MOHLTC Initiatives</p>		<p>Implement Mental Health Leaders in selected School Boards</p>	<p>Provide nurses in schools to support mental health services</p>	<p>Create 18 service collaboratives</p>	<p>Strategy Evaluation</p>