

Adrienne Paddock (right) and Deborah Warren met when Paddock decided she needed help with her OxyContin addiction.

The painful

Introduced in Canada almost 16 years ago, OxyContin quickly became the drug of choice for people hoping to escape pain. As its popularity and the number of prescriptions for it soared, controversy over its addictive nature, and questions about tampering began to surface. In March of this year, OxyContin was replaced by OxyNeo, an opioid that is reportedly tougher to alter. The new formulation is now on the provincial government's exceptional access drug list, and requires special permission to prescribe. RNJ asked nurses to share their perspectives on the effect this powerful painkiller has had on patients and what the switch to OxyNeo could mean.

A year ago, Adrienne Paddock says she hit rock bottom. Her family didn't want anything to do with her, she lost contact with all of her friends, and she was involved in "a bad relationship."

Paddock was addicted to OxyContin. Her path to substance abuse and addiction begins in 2006, when she was pursuing a

master's degree in fine arts in Boston. Paddock was jogging in the city in the early evening when she was sexually assaulted. "I had never done drugs, and wasn't a big drinker in high school or university," she recalls. Frightened after the attack, she began using cocaine at night to stay awake. She stopped her studies and returned home to London, Ont., where, soon after, she was involved in a car accident. To treat the pain, Paddock was given Demerol. It wasn't long before she heard of a faster, stronger painkiller: OxyContin. She vividly remembers the first time she misused the drug. She was at a party, and snorted 10 milligrams through a \$20 bill. She immediately felt ill, and decided to leave the gathering. Paddock remembers tumbling out of a stopped car and vomiting on the way home.

"It's hard to believe that (after) this first experience, I continued to (use)," she says.

In addition to easing her pain, Paddock discovered OxyContin,



truth

Nurses discuss controversial changes to OxyContin, and the impact on patients.

BY MELISSA DI COSTANZO

OxyContin

FAST FACTS

Developed in
1995

Manufactured by
Purdue Pharma

OxyContin was developed to provide
relief from chronic pain

One
OxyContin pill
can have the
same amount of
oxycodone as
16
Percocets

In 2010, there
were more than
1.6
million
prescriptions writ-
ten for OxyContin
in Canada
and the U.S.

The effects of
OxyContin can last
12
hours

Ontario has the
highest
rate of
opioid use
in Canada

Oxycodone prescriptions increased by
900% in Ontario from 1991–2009

In Ontario
there were
35
deaths
linked to oxycodone in 2002

Oxycodone
played a role in
460
deaths
in Ontario from
2004–2008*

Sources: Centre for Addiction and Mental Health; Ontario's Ministry of Health and Long-Term Care; International Journal of Risk and Safety in Medicine; Office of the Chief Coroner for Ontario. * This is an estimated number.

which contains oxycodone, made her feel calm. It was a sensation she didn't experience very often, having suffered with anxiety and obsessive-compulsive disorder for many years. She liked the feeling, and began snorting and injecting the drug daily. Paddock paid anywhere from \$40 to \$60 for an 80 milligram tablet, and required several pills per day. She lost her apartment, maxed out her credit cards to pay for the powerful painkiller, and stole from family and friends to feed her addiction.

"There were no consequences except this constant fear of not having an Oxy," she recalls. "I had nothing in my life except these pills."

According to the Centre for Addiction and Mental Health, this time-released narcotic was developed to treat chronic pain. "There's legitimate need out there...for strong analgesics," says Joel Lexchin, a York University professor and emergency physician at Toronto's University Health Network. "I think that need, combined with the marketing message from Purdue (Pharma, manufacturer of OxyContin) led doctors to prescribe this drug." Lexchin, who has authored a number of peer-reviewed articles on physician prescribing, says Purdue promoted the drug heavily for years before informing physicians of issues with addiction. Some patients who used the drug legitimately report becoming addicted to it. Before long, the painkiller, primarily prescribed in tablet form, was being crushed and then smoked, snorted, or injected to produce an immediate high.

OxyContin's legal and illegal usage in Ontario has spiked since its arrival in the mid-90s. The number of prescriptions for oxycodone drugs increased 900 per cent between 1991 and 2009, says Ontario's Ministry of Health. Lexchin cites research on the drug's use in Canada and the U.S. showing that more than 1.6 million prescriptions were written for OxyContin in 2010, putting it in the top 60 most prescribed drugs in the country.

Purdue Pharma ceased OxyContin production in February. Its replacement, OxyNeo, is said to be tougher to crush or inject, and is only prescribed with a special access application.

When London-based RN Deborah Warren heard the news of its replacement, she recalls thinking to herself: "They should have done this a long time ago. What a great thing." Upon reflection, the methadone nurse at Oxford Recovery Clinic – where Paddock is a client – now sees things differently. She took a step back and looked at the bigger picture. "(People addicted to OxyContin) are still addicted, and they're going to use something," she says. "That's the nature of the illness – you do whatever you have to do."

Paddock recalls spending entire days on the hunt for a pill. At her lowest, she thought it was impossible to regain control. Then she decided she didn't want the life she was living anymore. "My mom (went) to sleep every night wondering if I (was) going to be dead by the morning. My dad had a couple of heart attacks," she says, noting she had attempted detoxing three times between 2010 and 2011. "Methadone was my last chance."

Paddock met Warren on Valentine's Day, 2011. It's a date that's ingrained in her memory because it's the day she started methadone treatment, and her journey to wean off OxyContin. Paddock admits she started with misconceptions about methadone. She heard it made people's teeth fall out and that it was more difficult to stop than OxyContin. But Warren "tore down any of my misconceptions." She says she can think of "300 instances when (Warren) helped me make a big decision and helped me leave (the clinic) with a different point of view."

Warren has worked at the Oxford Recovery Clinic for almost two years. In addition to providing clinical care to those addicted to drugs including OxyContin, Warren's role includes a coaching aspect: she supports her patients with everything from securing bus passes to setting up bank accounts. Simple things like helping them to hydrate or putting a Band-Aid on a finger are "little things that go a long way, and opportunities to engage the patient," she says.

Paddock reached out for treatment, but there are many who continue to struggle with their addiction, whether it's from recreational or legitimate use of the drug, says Warren. She has already seen and heard of drastic consequences linked to the switch to OxyNeo. Other opioid use has escalated in London, a city of over 350,000, she says. People have started resorting to other dangerous substances such as heroin or Fentanyl, a painkiller that is said to be stronger than codeine.

be provided for people with addictions, Watt-Watson says "we also need more help for people who are living with pain."

Opioids can improve quality of life, when prescribed and used properly, she says. "I think discussion needs to be balanced between what appropriate use is, and what isn't. Unfortunately, people who abuse drugs will continue this without OxyContin, and we need to address this difficult problem."

Nurses play a key role in properly informing their patients and colleagues about appropriate pain management, and must keep abreast of current research studies, Watt-Watson adds. RNAO's best practice guideline (BPG), *Assessment and Management of Pain*, which is currently under review, acknowledges the unique position nurses are in to assist patients and their families to effectively manage pain. This is one such tool RNs can use to stay informed. "Nurses are key to providing the education and co-ordination of care in many situ-

"There were no consequences except this constant fear of not having an xy."

"The risk with Fentanyl is huge. They're not necessarily applying the patch as intended. They're cooking it and injecting it," she says, adding she's noticed more abscesses than she's ever seen before. In particular, Warren has seen a growing number of abscesses from neck vein injections. "Their drug is gone, so they're moving to an IV drug...and they're willing to risk different things."

The forgotten group

AS for those who are using the drug legitimately, they haven't been as vocal, and haven't received the media attention the other group has, says Judy Watt-Watson, professor emerita at the University of Toronto's Lawrence S. Bloomberg Faculty of Nursing. "By far, this is the largest group of people using opioids, and that's getting lost," she says. While the switch to OxyNeo should not make any difference in pain control for people currently on opioids for pain, Watt-Watson says she is concerned that nurses and physicians will back away from prescribing the drugs following all of the reports that have fed into the "fear factor" of using them. Although RNs and NPs cannot yet prescribe opioids, the role of the nurse is crucial in educating people about taking analgesics appropriately, and assessing and treating patients who have become addicted to an opioid.

The Canadian Pain Society reports one in five Canadian adults suffer from chronic pain. It's "a huge, costly problem for those dealing with it on a daily basis," Watt-Watson says, adding there's double the risk of suicide in chronic pain patients. In fact, some of her research has focused on establishing risk factors for chronic pain after cardiac surgery. While she acknowledges more help needs to

ations (with the patient and interprofessional team)," says Watt-Watson. "We have to be very knowledgeable about the variety of strategies available for pain management – pharmacology is one."

Watt-Watson believes nurses also have a role to play in supporting patients who are concerned they may no longer have access to painkillers. "These patients...need a lot of reassurance," she says, noting patients have told her they were considering suicide before being treated with an opioid. "Nurses can reassure them that if they need pain medication, their physician will work with them, and access will continue."

Primary care nurse practitioner Kathy Hardill raises another concern related to the recent switch to OxyNeo: the dosage, especially when those using the drug illicitly switch from OxyContin to heroin. "When people use OxyContin, 80 or 40 milligrams, they know precisely the amount of drug they're going to get. With heroin, they have no idea what the purity is," she explains. "They've gone from predictable...to something that is a crap shoot every time." As a result, Hardill, who works at the Bancroft Medical Clinic, expects to see a rise in overdoses, and deaths related to overdoses. This community has already seen a number of suicides and overdoses related to substance use, says Hardill. In 2010, five

people took their lives in the area. "Almost everyone knows someone who had a tragedy related to substance use."

Hardill's concern has prompted her to join a community network of health, mental health, and social service

To find out more about RNAO's pain management and methadone best practice guidelines, visit www.RNAO.ca/bpg/guidelines and search by topic.



Becky Opyc (left) and Kandace Belanger, street nurses in Thunder Bay, say the switch to OxyNeo won't do anything to address addiction issues in northwestern Ontario.

agencies that have banded together to help educate the public and health-care practitioners about drug abuse in the community. At a recent workshop, the group discussed the role of first responders during an overdose. We need to "...shine a light on a problem no one wants to talk about, normalize it, and say, hey: people are struggling in our community. Families are struggling. Everybody needs to know how to help," Hardill says. "If we can reassure people who are just afraid because they don't know, then the people who need help will...get it."

This same situation is playing itself out thousands of kilometres away in northern Ontario, where the effects of OxyContin addiction are ravaging Aboriginal communities. RNAO's CEO Doris Grinspun participated in a media conference in February hosted by the Nishnawbe Aski Nation (NAN) when news of the switch to OxyNeo broke. NAN, a political organization representing 49 First Nation communities in northern Ontario, publicly expressed its concern that the suffering of thousands of people will only increase without proper access to detox treatment. It's estimated 10,000 First Nations people living in northern Ontario are addicted to OxyContin. On some reserves, as many as 70 per cent of residents are addicted, some as young as nine years old.

In a letter to the provincial and federal health ministers in January, Grinspun and then-president David McNeil wrote that there are almost 200 people who are doing well within six community based Suboxone programs in NAN communities. Suboxone, like methadone, is a drug used to wean people off OxyContin. "Despite its cost-effectiveness and value as being least intrusive to community members, access to Suboxone is being curtailed," the letter said.

In response to these concerns, the provincial government has

said it will monitor the impact of prescription narcotic changes and expand access to addiction services. An expert group has been assembled and tasked with providing advice for strengthening the existing addiction treatment system in support of Ontarians with opioid addictions. The province has also said it is streamlining access to Suboxone.

Street nurses Becky Opyc and Kandace Belanger are unsure of the government's response. The duo, who work at the Thunder Bay District Health Unit's street nursing program, say a plan should have been in place before the switch to OxyNeo. "I don't think (the switch) does anything to address the addiction problem, particularly in northwestern Ontario," says Opyc, noting the area, besides contending with geographic isolation, faces severe poverty and unique cultural needs. OxyContin use is very prevalent in the young Aboriginal population, Belanger says. Opyc and Belanger estimate about 75 per cent of the people they see are addicted to prescription drugs.

A 2005 Thunder Bay Street Youth Drug Use Questionnaire, created by Superior Points Harm Reduction Program to pinpoint drug use among street-involved or at-risk youth under the age of 24, found OxyContin was one of the top five drugs of choice in the area (cocaine, marijuana, and ecstasy were also listed). According to the document, prescription drugs, including OxyContin, were reported by almost 16 per cent of those surveyed as their drug of choice. One participant commented: "there are too many young people using drugs in our community...morphine and Oxys are killing us." Another respondent was more jaded: "However bad you think it is, it's 10 times worse. It's a bloody epidemic. The problems are being swept under the carpet and allowed to grow."

Opyc and Belanger say the respondents have it right. People with addictions face stigma and a lack of services (there are only five methadone programs in the area, they add). "It's concerning to think of what other drugs people will use because their addictions are not being addressed," Opyc says.

Clean for almost one year, Paddock, now 31, wakes up every morning thankful she's living under her parents' roof again.

She's completing a graphic design diploma at Fanshawe College, and her family is "interested in my life again, and supportive." She's also volunteering at My Sister's Place in London, a drop-in centre for women. While there, Paddock helps assemble kits for addicts. She says she's paying the centre back for "all the times I (needed) their assistance."

Her path to recovery was dotted with setbacks, and her addiction was "embarrassing and shameful," she acknowledges. But she takes solace in knowing just about anyone can become addicted to OxyContin. "I open the paper and read about NFL quarterbacks, actors and politicians," she says of others who have come forward to share their stories. She hopes, like them, to encourage others not to give up on the idea of one day being clean again.

"Every day you walk out the door, it's a little like going out into a battlefield," she says. "You have to really become a warrior." **RN**

Nurses have a role to play in assessing a patient's risk of becoming addicted to OxyNeo before they even begin taking the drug. Find out what some of the red flags are by visiting www.RNAO.ca/Oxy.

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