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 OF THE NARCOTICS STRATEGY

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.*, The Coroner's Office has reported that since 2000, there has been 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 2more 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 and safety of Ontarians and pharmacists 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:

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

*Source: Haydon et al, *Prescription Drug Abuse in Canada and the Diversion of Prescription Drugs into the Illicit Drug Market. Canadian Journal of Public Health, December 2005*
**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 ***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 ****Ontario Drug Policy Research Network, 2009

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 provides 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

Dr. Lisa Bromley, Family Physician, Sandy Hill Community Health Centre

Dr. Claudette Chase, Co-Medical Director, Sioux Lookout First Nations Health Authority

Staff Inspector Randy Franks, Toronto Police Service – Drug Squad

Dr. Rocco Gerace, Registrar, College of Physicians and Surgeons of Ontario

Dr. MeldonKahan, Associate Professor, Department of Family Medicine, University of Toronto

Dr. Bert Lauwers, Deputy Chief Coroner – Investigations, Office of the Chief Coroner

Dr. Angela Mailis-Gagnon, Director, Comprehensive Pain Program, Toronto Western Hospital

Ms. Diane McArthur, Assistant Deputy Minister and Executive Officer, Ontario Public Drug Programs

Ms. Tina Perlman, Manager, Pharmacy Practice, Ontario College of Pharmacists

Ms. Anne Resnick, Director, Professional Practice, Ontario College of Pharmacists

Mr. Darryl Moore, Chair, Ontario Pharmacists' Association, Community Pharmacist

3. What is the Narcotics Monitoring System?

The Narcotics Monitoring System is a database that collects and stores information on prescribing and dispensing activities relating to prescription narcotics and other controlled substance medications in Ontario. All dispensers are required to submit prescription data to the system on May 14, 2012 and onwards.

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 does 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 and pharmacy response messages, such as, double-doctoring, poly-pharmacy, refill too soon, refill too late, and duplicate drug-other pharmacy.

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://www.health.gov.on.ca/english/providers/program/drugs/resources/narcotics_manual.pdf

THE *NARCOTICS SAFETY AND AWARENESS ACT, 2010*

General Questions

4. 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 enables 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 above)*.

The *Narcotics Safety and Awareness Act, 2010* came 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)*.

5. 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. Similarly, prescriptions of monitored drugs issued for palliative care patients are not exempted, unless the patient is an in-patient in a public hospital or a prisoner or inmate as set out in the regulations.

6. 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®, OxyNEO™), and non-narcotic controlled drugs such as methylphenidate (e.g. Ritalin®), benzodiazepines (e.g. Valium®), and barbiturates (e.g. phenobarbital).

   For the list of controlled substances under the *Controlled Drugs and Substances Act* (Canada), please see: 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®).

For a list of additional monitored drugs, please see:
http://www.health.gov.on.ca/en/pro/programs/drugs/ons/docs/list_additional_monitored_drugs_pro.pdf

The ministry has compiled a list of monitored drugs, including narcotics and controlled drugs and other monitored drugs, in order to facilitate health care providers in identifying these medications. This list is available on the ministry website at:
http://www.health.gov.on.ca/en/pro/programs/drugs/ons/docs/list_monitored_drugs_pro.pdf

IMPORTANT: This monitored drugs list may change as revisions are made to the federal *Controlled Drugs and Substances Act* or the *Narcotics Safety and Awareness Act, 2010*.

7. Some monitored drugs can be purchased over-the-counter (e.g., Tylenol 1), are these products subject to the new requirements?

The new requirements apply only to monitored drugs that are obtained through a prescription. Tylenol 1 purchased over-the-counter is not subject to the new requirements, but the new requirements apply if this same drug is obtained through a prescription.

8. Are veterinary prescriptions subject to the new requirements?

No. Prescriptions of monitored drugs for veterinary use are not subject to the new requirements.

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

Under the *Narcotics Safety and Awareness Act, 2010,* records relating to a monitored drug 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.

10. My hospital will sometimes provide a limited dose of a medication to the patient (e.g. a couple of tablets of Tylenol #3) at discharge in cases where the patient may not have reasonable or timely access to a pharmacy. Does this information need to be reported under the Narcotics Safety and Awareness Act, 2010?

No. If the medication is provided to the patient while he or she is under the care of the hospital, the ministry would consider this situation to be the dispensing of a monitored drug to an in-patient as part of his or her treatment in a hospital; and therefore, the *Narcotics Safety and Awareness Act, 2010* would not apply in this specific case.

11. 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.

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

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 is also required to comply with the Act.

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.

13. 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.

For Patients

14. What are the requirements for patients?

Prescriptions for monitored drugs must contain an approved form of patient identification (e.g. any valid health card, driver's licence, etc.), in addition to other standard information for prescriptions (e.g. name, address, etc.). Upon request by a prescriber or dispenser, patients are required to present an approved form of identification.

The complete list of approved forms of identification is available on the ministry website at: http://www.health.gov.on.ca/en/public/programs/drugs/ons/publicnotice/identification_list.aspx

IMPORTANT: There are no specific requirements that the approved forms of identification must contain a photo. For example, the "red and white" health card is an acceptable form of patient identification.

15. 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.

For Prescribers

16. What are the requirements for prescribers?

A prescriber **MUST** record all of the following information on the prescription for 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

In addition to requirements already found in other existing legislation, the *Narcotics Safety and Awareness Act, 2010* requires prescribers to record on a prescription for a monitored drug their College registration number and the patient's identification number and the type of patient identification used (e.g., health card, driver's licence, etc.). Note that the version code on the patient identification number (e.g. the version code on a health card) is not required to be included on the prescription.

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.

17. What happens if a new patient is unable to provide any of the approved forms of identification? What steps should I take in this case?

In situations where a patient is unable to present any of the approved forms of identification, an exemption is permitted if the prescriber records on the prescription the reason the patient needs the monitored drug before he or she can obtain the appropriate identification. It is up to the prescriber's professional judgment to determine if the circumstance warrants this exemption.

The prescriber should inform the patient that for the exemption to apply, the patient must personally pick up the monitored drug directly from the dispenser at the pharmacy or receive directly through the pharmacy's delivery service, if applicable. The patient cannot use an agent (e.g., family member, friend, etc.) or a third party mail or courier service (e.g., Fed Ex, Kinkos, Canada Post, etc.) to pick up or deliver the monitored drug.

The dispenser would need to keep a record of the prescription which sets out the reason the patient needs to receive the monitored drug before he or she can obtain the appropriate identification.

18. My hospital/clinic already has a reliable admission/intake process in place to record the patient's health card number. Must I also ask to review and verify each patient's identification information when issuing a prescription for a monitored drug?

The legislation requires the prescriber to record on a prescription of a monitored drug the patient's identification type and number. A prescriber should exercise his/her professional discretion to determine the appropriate course of action with respect to reviewing and verifying a patient's identification. Note that photo identification is not required for the approved forms of identification.

Health care providers are not expected to validate the patient identification but if there are obvious concerns with the document, e.g., suspected forgery, the identification should not be accepted. The regulation sets out the requirements for acceptable forms of identification which includes the following:

- have a unique identifying number

- be issued by a government (federal, provincial or municipal) or government agency
- bear the name of the individual,
- be approved by the Minister, and
- be listed on the website of the Ministry of Health and Long-Term Care

The ministry has set out a list of forms of identification that meet the above criteria, and which have 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. Health care providers are encouraged to report to the appropriate bodies if they suspect that the document presented is invalid.

19. Prescribers may issue "repeat" authorizations on prescriptions without necessarily seeing the patient at their office on each occasion. Must the prescriber now ask all patients to come in for the sole purpose of reviewing the patient's identification in order to issue a "repeat" prescription?

No. With respect to patient identification, the legislation requires the prescriber record on a prescription of a monitored drug the patient's identification type and number. The prescriber should exercise his/her professional judgment to determine whether to review and verify the patient's identification prior to issuing a prescription or a repeat authorization.

20. For pediatric patients, whose information do I need to record on the prescription (i.e., that of the child or the parent)? Do I also need to record the parent's information in order for them to obtain the monitored drug on behalf of the child?

The prescriber is required to record the identification number of the patient; in this specific example, this would be the child's information that would be recorded on the prescription. A prescriber does not need to record the parent's information.

When the prescription is being picked up by the parent from the dispenser, the dispenser is required to comply with the record keeping requirements relating to monitored drugs received by an agent.

21. 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, including the College registration number.

22. Our computer software generates prescriptions that include the patient identifier. Does the patient identification number or prescriber College registration number need to be handwritten on the prescription?

No. The prescriber would need to ensure that all of the information required under the Act and regulation, including the patient identifier and College registration number, is recorded on the prescription; but there is no requirement that any of this information must be handwritten.

23. If a prescriber has both a hospital practice and a private practice, which address should be used for the prescription?

The address used for the prescription should be the work address from which the prescription is issued.

24. Are faxed or verbal prescriptions permitted for monitored drugs?

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 (e.g., patient identifier, College registration number, etc.) set out under the *Narcotics Safety and Awareness Act, 2010*, its regulation and all other applicable laws and policies, are met.

For Dispensers

25. What are the requirements for dispensers?

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
- Length of therapy, in number of days, of the monitored drug*
- Prescription number

  **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.*

If a monitored drug is being received by an agent of the patient (e.g. friend, family member, staff in a long-term care home, etc.), the dispenser MUST record and keep on file the following:

- Name and address of the agent;
- Form of identification provided by the agent that verifies the name and address of the agent ***(Note:*** *There are no specific requirements with respect to acceptable forms of agent identification. The identification is required to provide assurance of name and address and may include, but is not limited to, a driver's licence, the Ontario Photo Card, a billing statement, an employee identification card, etc.)*; and
- Distinguishing number on the form of identification

There are no specific requirements that the agent information must be recorded on the actual prescription. The information could be recorded electronically or apart from the actual prescription. All records must be traceable and auditable. Dispensers are not required to record agent information if the agent is solely dropping off a prescription that is to be picked up by the patient himself/herself.

If the exemption for patient identification was exercised (please see question above regarding situations where patients are unable to provide identification), the patient is not permitted to ask an agent to pick up his/her monitored drug from the dispenser, and the dispenser is not permitted to use a mail or courier service to deliver the monitored drug to the patient. The patient must receive the monitored drugs directly from the dispenser or directly through the dispenser's delivery service.

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.

26. What information will the dispenser/pharmacy need to submit to the NMS?

A dispenser/pharmacy will be required to submit all of the following information to the NMS when dispensing a monitored drug:

- Prescriber's registration number issued to the prescriber by the College of which he or she is a member
- Prescriber ID reference (identifying the professional college to which the prescriber belongs, e.g., member of CPSO, RCDSO, etc.)
- Identification number of the patient
- Name of the person for whom the monitored drug is prescribed
- Date of birth and gender of the person for whom the monitored drug is prescribed
- Date on which the monitored drug is dispensed
- Drug identification number
- Quantity of the monitored drug dispensed
- Length of therapy, in number of days, of the monitored drug
- Prescription number
- Pharmacist ID (registration number from the Ontario College of Pharmacists)
- Pharmacy ID

For further information about the requirements on the different data fields and codes, please refer to the Narcotics Monitoring System Pharmacy Reference Manual, available at: http://health.gov.on.ca/english/providers/program/drugs/resources/narcotics_manual.pdf.

27. When dispensing a monitored drug, must I ask to see the patient's identification for verification purposes and do so every time a prescription is dispensed?

No. With respect to patient identification, the legislation requires the prescriber to record on a prescription for a monitored drug the patient's identification number and the type of the identification provided by the patient, and the dispenser has to keep a record of this information. The dispenser should use her professional judgment to determine whether or not the patient's identification needs to be presented for verification purposes.

Health care providers are not expected to validate the patient identification but if there are obvious concerns with the document, e.g., suspected forgery, the identification should not be accepted. The regulation sets out the requirements for acceptable forms of identification which includes the following:

- have a unique identifying number
- be issued by a government (federal, provincial or municipal) or government agency
- bear the name of the individual,
- be approved by the Minister, and
- be listed on the website of the Ministry of Health and Long-Term Care

The ministry has set out a list of forms of identification that meet the above criteria, and which have 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. Health care providers are encouraged to report to the appropriate bodies if they suspect that the document presented is invalid.

28. I have a prescription for a monitored drug and the prescriber has omitted to write down the patient identification and the prescriber's college registration number. Is a verbal or faxed confirmation from the prescriber acceptable?

Yes. A verbal, faxed, or written confirmation from the prescriber or his/her delegate (e.g. nurse, receptionist, hospital staff, etc.) is acceptable in the event that required information on patient identification and/or prescriber college registration number is missing. Note that a dispenser should not 12 simply transcribe the information onto the prescription without confirming the information with the prescriber or his/her delegate, as the legislation requires the prescriber to record on a prescription of a monitored drug his/her college registration number and the patient's identification type and number, among other information required for a prescription.

29. Are prescriptions with patient identification generated from computer software or printed labels acceptable?

Yes. There are no specifications on whether this information must be recorded on the prescription by hand. With respect to patient identification, the legislation requires the prescriber to record the patient's identification number and the type of the identification used on the prescription for a monitored drug, and the dispenser has to keep a record of this information.

30. I have a prescription for a monitored drug that predates November 1, 2011 to be filled at my pharmacy, and the prescription does not have the necessary patient identification and/or prescriber registration number. What are the expectations for these prescriptions and for prescription refills?

The requirements with respect to patient identification and prescriber registration number do not apply to prescriptions for a monitored drug that have been written prior to November 1, 2011. This also applies for prescription refills for which the original prescription predates November 1, 2011.

If a prescription for a monitored drug is written prior to November 1, 2011, a third-party pick-up is allowed even though information on patient identification has not been included on the prescription. The dispenser is however required to verify the name and address of the agent, as well as keep a record of the name and address of the agent, the form of identification provided that verifies the name and address of the agent, and the number on the identification.

31. What are the requirements for "repeat" authorizations (e.g. the pharmacy faxes or calls the prescriber to get a new authorization of a monitored drug that the patient has had in the past)?

A "repeat" authorization represents the issuance of a new prescription of a treatment that the patient has previously had and is subject to the same requirements as those for a new prescription. For prescriptions of monitored drugs, the prescriber would need to ensure that all of the following information is recorded on the prescription:

- 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

32. I regularly deliver medications to an elderly patient. The patient resides with her husband. Would I need to ask the delivery driver to verify the identification of the person who receives the prescription monitored drug?

If the person who receives the monitored drug is the patient and the patient identification information has been recorded on file, there is no requirement for the pharmacy delivery person to verify or record the patient information upon providing the monitored drug to the patient. It is important to note that pharmacies must ensure that deliveries of prescription medications are made in a method that is both traceable and auditable as required under the *Drug and Pharmacies Regulation Act*.

If the person who receives the monitored drug **is not** the patient (e.g. the husband), then the requirements that are set out for an agent under the *Narcotics Safety and Awareness Act, 2010* apply. These include keeping a record of the name and address of the agent, the form of identification that verifies the name and address of the agent, and the distinguishing number on the identification.

33. A patient of mine regularly asks a taxi service to pick up medication on her behalf. Do requirements pertaining to monitored drugs received by an agent apply in this circumstance?

Yes. In this case, the patient has designated an agent to pick up her medication; as such, requirements pertaining to monitored drugs received by an agent apply. The dispenser would need to record the information of the cab driver that picks up the monitored drug on behalf of the patient, assuming that the dispenser has on record the identification information about the patient. If the patient has not provided an identifying number to the dispenser, this method of pick up/delivery is not compliant with the regulations.

34. My pharmacy services to long-term care homes, retirement homes, hospices, etc. As part of the existing delivery process, staff at the home (e.g., the nurse) who receives the medications provides a signature to confirm receipt. In certain cases, staff at the home may also pick up the medication at the pharmacy on behalf of the patients. What steps should the pharmacy take in order to meet the new documentation requirements with respect to monitored drugs in these cases?

The requirements for a monitored drug received by long-term care homes, retirement homes, hospices, etc. are the same as those for a monitored drug received by an agent in any other circumstance.

Pharmacies are required to ensure that deliveries of prescription medications are made in a method that is both traceable and auditable as required under the *Drug and Pharmacies Regulation Act*. Because the staff of the home is accepting the monitored drugs on behalf of the residents, additional documentation that will be

needed includes: (1) the name of the employee that receives the medication, (2) the address of the place of employment (e.g., the LTC home, retirement home, hospice), and (3) the identification type and number that confirms the receiver is an employee of the facility (e.g. employee identification number, College of Nurses of Ontario licence number, etc.). Pharmacies will need to keep this information on file. This information is collected to ensure transparency and accountability throughout the drug delivery/handling process. Similarly, the above requirements would apply if staff from the home is picking up the medication directly from the pharmacy on behalf of their patients.

OTHER RELATED ISSUES

35. 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 for chronic non-cancer pain. 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: www.nationalpaincentre.mcmaster.ca/opioid

36. 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 www.ontario.ca/narcoticsstrategy

37. 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