

OXYCONTIN

JEFF GILHOOLEY, ANNOUNCER: Well over the past week we've heard a lot of complaints about OxyContin. Security guards, police and even an abuser has criticized the drug. This morning a different medical perspective. Josh Foley is a doctor of Burin. He has a lot of experience treating chronic pain patients. He's on the line now. Good morning.

JOSH FOLEY, BURIN DOCTOR: Good morning, Jeff.

GILHOOLEY: We start with you and your practice. How often do you prescribe OxyContin?

FOLEY: I prescribe a lot of opiates and a lot of narcotics, the phrase is interchangeable. And I am not stranger to prescribing medications such as OxyContin.

GILHOOLEY: For what ailments?

FOLEY: Usually for severe refractory, which means it doesn't respond to anything else, non-cancer pain or on some occasions severe cancer pain.

GILHOOLEY: Can you give us a number, like how often you would do it? How often you would prescribe it? How many patients in your practice you have on this at any given time?

FOLEY: OxyContin itself or the heavier narcotics?

GILHOOLEY: I'm thinking of OxyContin, specifically.

FOLEY: Three or four.

GILHOOLEY: Three or four, all right. How do you ensure that you're not prescribing it to abusers?

FOLEY: Every physician has a very specific set of criteria they should look for and, myself, I demand and there's no exception to this a very specific history. I want documentation of the history and the reason the drug is prescribed. I want a past drug history. I want to know what they've left previous physicians. I will check with pharmacies that they've used to see if they're using other opiates or other compounds such as Diazepam, that's the valium family.

GILHOOLEY: Uh-huh!

FOLEY: And if there's any suspicion, whatsoever, I will, if I then decide that they're a legitimate person to try the drug probably give it in very small amounts for short periods of time and have the patient come back on a very regular basis to make sure that the usage pattern is something that we can, you know, identify as legitimate.

GILHOOLEY: So it sounds like you're confident that none of your patients are getting it as well from other doctors because we've heard evidence here in St. John's and granted we have more doctors here where an abuser was getting prescriptions for this from different doctors.

FOLEY: Well there's no way that physicians can guarantee that patients aren't getting it from other physicians. We have to make an educated, and I hate to use the word

"guess," but that's the word, on how they're obtaining the drug. But if you legitimately screen your patients and try very diligently to make sure that they're using appropriately and check with what safeguards are available, in most cases you can wean out the abusers. I'm sure every physician in this province has been burnt by people who have obtained drugs illegitimately.

GILHOOLEY: All right. So what do you think of all the stories we've been hearing lately about OxyContin?

FOLEY: I think you're castigating an exceptionally good drug. The drug itself is very effective when it is used appropriately, and any drug that is used inappropriately is dangerous and OxyContin and some of the other very potent narcotics are dangerous drugs. You can also say that alcohol is a dangerous drug when used inappropriately but I'm not going to try and belittle the dangers of strong narcotics.

Um, any medication that is obtained fraudulently, obtained through theft or illegitimate means such as double-doctoring, forging prescriptions will cause trouble, and by its very nature this drug is going to be used for that because it gives what abusers want and that it's an illegitimate high on the drug.

GILHOOLEY: All right, so just listening to you, the drug is over shadowing the issue. The issue is drug abuse you're saying.

FOLEY: Yes.

GILHOOLEY: But when you just say that sometimes it's guesswork as to whether a patient is getting it from other physicians what are we to do?

FOLEY: Well the Canadian Pain Society and other pain experts over the years have strongly recommended that there be monitoring programs in place for narcotics and benzodiazepines and most provinces have these in place right now.

To date Newfoundland doesn't, and there has been lobbying suggesting that this should be done, and you know it's not - it's not in the physician's court to do that, that's a government issue. And I'm not trying to cast a buck by saying that, I'm not saying that a physician should not be diligent in their prescribing of these drugs.

GILHOOLEY: But do all doctors know how to use it? Do all doctors do what you do?

FOLEY: I have probably sounds like - I have a lot of experience in using these medications and I have thought out and attended many, many courses, and I have lectured on the management of chronic pain and chronic, both malignant and non-malignant pain. And unfortunately a lot of physicians don't have the experience that some of us do when it comes to prescribing for chronic malignant and non-malignant pain.

GILHOOLEY: Isn't that then a medical issue and not a government issue?

FOLEY: Yes, no doubt. I certainly feel that any doctor who is going to be prescribing any medication, especially one that has the potential for abuse should be very well trained in its use and in its potential for abuse, absolutely.

GILHOOLEY: How much abuse do you think there is of OxyContin compared to other drugs?

FOLEY: In our area?

GILHOOLEY: Yeah.

FOLEY: Very, very little.

GILHOOLEY: All right.

FOLEY: Because we are extremely tight in using this drug in this area.

GILHOOLEY: Okay. All right so who's to blame then for the amount of abuse for OxyContin if we cut right to the bottom line here?

FOLEY: Jeff, if a drug is abused and it's abused for illegitimate reasons then it is the person who is abusing the drug. If a drug is being obtained for - with a lack of due diligence on the part of the prescriber then the prescriber has to take some of the blame. But I don't think it's - you could say that there is a singular cause or a singular blame to be laid. If a drug is obtained illegally it is an illegal act, and that part must be recognized.

The issue itself now is overshadowed the whole - the whole issue of appropriate chronic pain management and this one drug is being named. There are others out there and I won't name them because I don't want to set up a feeding frenzy on those. There are other drugs out there that have just as much potential for abuse or more and they are being sought, but not to the extent OxyContin is, but I think simply because a lot of it is being driven now by the knowledge that OxyContin is being used illegally.

GILHOOLEY: But short of going back or trying to get this prescription monitoring system in place is there anything else we should be doing?

FOLEY: Well if you're going to use a prescription monitoring system first off you must use a program that properly monitors the use of the drugs. The previous monitoring program we had did not do - it was not designed to look at prescription patterns to see if there was abuse and to see if something could be done about it. If you're going to have a monitoring program you must have education programs or physicians, and the physicians must be well aware that these drugs must be tightly controlled. But at the same time I can't let it go without saying that if somebody is going to drive into a pharmacy, rip the front doors down, haul a safe out of a wall, and take the narcotics the physician can't be held responsible for that and I'm not trying to pass the buck here.

GILHOOLEY: No, but on the other hand the evidence that we heard yesterday from an admitted abuser that wasn't the case.

FOLEY: Uh -

GILHOOLEY: They weren't robbing the drug store.

FOLEY: No, I'm not - I just said that if a physician is not prescribing the drug appropriately there should be monitoring programs in place and that physician should either be taken to task or there should be an education program to prevent stuff from happening.

But what I am saying is that I'm afraid that you're going to over shadow the issue. I watched the television news last night on CBC and the comments that people called in were fairly unanimously blaming physicians for this issue. And I would just like to know if in the cases they were speaking of the only abuse came from physicians.

GILHOOLEY: Right.

FOLEY: I listened to your radio program yesterday morning and there was talk about people streaming into a "crack house" in St. John's, or maybe TV I'm not sure.

GILHOOLEY: No that was here.

FOLEY: Was it. Then if that's the case then you know is this not a legal issue? Are physicians to be held in account for this? This is a very broad issue and the Canadian Pain Society and other pain experts have been saying for years that we must tighten up on drugs that have potential for abuse. And I say again not only the strong opiates but also drugs like benzodiazepines, anabolic steroids, these are being abused almost with impunity in this province and the time has come, if indeed this issue is going to be carried further, that there's a multi-faceted approach, legal, medical pharmacologic, pharmaceutical addict-based.

GILHOOLEY: Okay, all right we're right out of time there. I get your last point there clearly. Thanks very much for speaking with me.

FOLEY: I think this will be lasted by them Jeff.

GILHOOLEY: Okay, I guess it will.

FOLEY: Take care.

GILHOOLEY: Thanks very much. Bye now. That's Josh Foley. He's a doctor in Burin.

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