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OXYCONTIN USE IN NOVA SCOTIA

IAN MCNEIL (Host): Three recent deaths in Cape Breton have been linked to prescription drug abuse. Although police can't say yet what drugs were used in these cases, OxyContin is again at the centre of discussions. Last year on *Information Morning* we prepared a special report on prescription drug abuse. Part of that coverage included a discussion of OxyContin; its uses and potential abuses. Dr. Harry Pollett runs the pain clinic at the Northside General in North Sydney and he spoke with CBC Cape Breton reporter Wendy Martin.

DR HARRY POLLETT (Pain Clinic, Northside General): It's a major part of it but certainly not the only thing I use. Because I was anticipating I would get called on this I looked to see what proportion of patients would go out with a prescription for an opiate medication. It would be approximately one out of every ten patients that comes in through the clinic.

WENDY MARTIN (Reporter): What about the drug OxyContin? Why would you use it?

POLLETT: It's in a sense a relatively clean drug; it has fewer side effects than most of the other opiate medications, and is a long lasting drug. Because it is a sustain release form it doesn't give patients the same kind of high they would get if they were taking it in a short release form such as Percocet or Oxy IR. And I have quite a large number of people who are functioning very well taking OxyContin on a sustained basis, and if it's taken appropriately people will do very well on it.

But I have to emphasise this is not the only treatment people use for treating chronic pain. There are many other things that are used as part of pain management and the use of opiate medications is not my number one treatment. This is only an adjunct, it is part of the treatment but it is not the whole treatment.

MARTIN: What sort of pain would you prescribe OxyContin for, what would people have?

POLLETT: It can be used for low back pain. It can be used for a condition called complex regional pain syndrome. It can be used for fibromyalgia. It can be used for a number of things. It's certainly not the first thing I do. I don't reach for my prescription pad to prescribe narcotics when I first see a patient. As a matter of fact I will not prescribe narcotics to people on the first visit. I try other means of

controlling the pain first, but all things have to be put in context and if you have a problem to solve, you use whatever means are at hand.

MARTIN: What precautions do you take when you actually prescribe OxyContin to make sure the drug is going to be taken as you intend it to be?

POLLETT: First of all I don't prescribe it the first time I see somebody. I have people who come in here and that seems to be their number one aim when they come in here. They come in looking for medication and no matter what I do, no matter what else I do, they say when are you going to do for the pain doctor; that makes me very suspicious. There are a lot of signs that people will give that they are drug seeking rather than being straightforward. I don't really want to discuss them over the radio because I don't want to give them any tips as to how to avoid that, but there are plenty of signs that these people give that will give you an idea that this person is not as he seems.

MARTIN: And what advice do you give your patients if you send them home with a prescription for OxyContin. What do you tell them?

POLLETT: Oh I do a number of things. Any patient that I do decide to prescribe this medication, I have them sign a contract and they are told that the only doctor they are to get this medication from is me, and if they decide to get it from somebody else that they can continue to get it from somebody else because they won't be getting it from me anymore. I also advise them of security with it as well. The triplicate prescription is easily recognizable by somebody who knows what they are looking for so I tell them to keep the prescription out of sight. I tell them not to tell other people what medications they are taking, or if they must tell somebody they can lie and tell them they are taking something else. But I don't want them telling other people they are on this medication. They are told to put this medication in a secure place, preferably under lock and key. They are told that if the medications are stolen or lost, the pills will not be replaced and they will have to wait until the next release of their prescriptions before they can get anymore. I have had sometimes to be a bit strict with the drugstores on the same issue and tell them that I don't want patients getting the prescriptions a day early. They are to get them on the date that they are to be released and no sooner. And all these measures are designed to prevent diversion and prevent the medications from going where they don't belong.

MCNEIL: Dr. Harry Pollett runs the pain clinic at the Northside General Hospital in North Sydney. He spoke last year with CBC reporter Wendy Martin. In the next half hour Police Chief Edgar MacLeod on recent developments on the prescription drug abuse issue.