



New legislation aims to curb abuse of fentanyl patches



New legislation is now in effect which aims to make it more difficult for patients to abuse or divert their fentanyl patches.

The *Safeguarding our Communities Act (Fentanyl Patch for Patch Return Policy), 2015* requires physicians who prescribe fentanyl patches to participate in a program which is already informally operating in 45 Ontario communities.

Under the Patch4Patch program, patients with a prescription for fentanyl would only be given new patches of the drug when they turn in used patches to their pharmacist.

The bill was primarily prompted by fentanyl's role in the rising number of accidental overdose deaths. Fentanyl has been blamed for 655 deaths across Canada between 2009 and 2014, with most deaths appearing to be the result of valid prescriptions being abused – either by the patient or by someone using the patches intended for the patient.

The Patch4Patch program requires close collaboration between physicians and pharmacists. For example, physicians must note on all prescriptions for fentanyl patches where the patient intends to fill the prescription (i.e., which pharmacy), and the physician must notify the pharmacy that each prescription has been written (e.g., by faxing a copy). For more specific guidance about the requirements of the leg-

islation, please read the fact sheet developed by the College and the Ontario College of Pharmacists for their members at www.cpso.on.ca.

Subsequent prescriptions can only be filled by the pharmacist if the used patches from the previous prescription are returned (there are limited exceptions). Whenever fewer patches are returned than were prescribed, the pharmacist must notify the physician.

Unlike other opioids, abuse of fentanyl (by smoking, burning, or cutting it up) destroys the patch. In theory, a patient who has abused or sold their patches will not be able to return them to the pharmacy. If a pharmacist suspects that a returned patch is counterfeit or has been tampered with, they are expected to notify the prescribing physician, and may take additional steps, including contacting the police.

Physicians are required to note on each new prescription for fentanyl that it is the “first prescription” that they have written for a specific patient. This lets the pharmacist know that the patient will not have patches to return when filling the prescription.

Requiring physicians to note “first prescription” will assist pharmacists in filling prescriptions for patients who have not received fentanyl before, however, the notation simply confirms that it is the first prescription that has been written by *that* physician, and cannot be treated as an assurance that the patient has not received a previous fentanyl prescription from ▶



another provider, or a concurrent fentanyl prescription from another provider.

The prescribing physician is expected to be “reasonably satisfied” that the patient has not already received/is not already receiving fentanyl from another prescriber, based on their discussion with the patient and any other information available to them.

Physicians who prescribe fentanyl patches must explain to patients what is required of them under the regulations. This explanation must stress the importance of patients keeping track of every patch, whether used or unused, until it is returned to the pharmacy, because patients who misplace patches will have difficulty obtaining new ones, and because unattended or carelessly stored patches are frequently lost or stolen.

Physicians are also expected to make themselves available in a timely and professional manner to pharmacists who call to confirm the validity or other details related to a prescription, or to raise questions or concerns regarding the number of patches returned by a patient (among other potential issues).

As is already required by the College’s **Prescribing Drugs** policy, patient choice must be respected in selecting the pharmacy that is named on each prescription (specifying the pharmacy that will fill the prescription is required under the *Act*).

Earlier, during the consultation on the proposed regulation, the College expressed support for the introduction of a patch-for-patch fentanyl program. In the submission, however, the College was clear that any individual effort to reduce the abuse, misuse, or diversion of a specific drug must be part of a coordinated, system-wide strategy in order to ensure a lasting effect.

For this reason, the College believes that the Min-

The College of Physicians and Surgeons of Ontario and the Ontario College of Pharmacists developed a fact sheet about the requirements under the new legislation. Please read at www.cpso.on.ca.

istry of Health and Long-Term Care should evaluate the outcome of the implementation of this legislation. “History has shown that with any drug control mechanism that focuses on a specific drug, limiting access often results in increased demand for other prescription or illicit drugs. The Ministry should establish baseline

data and monitor this anticipated consequence of the proposed regulation,” wrote Dr. Rocco Gerace, College Registrar, in the College submission.

The College also stated that the Ministry should ensure that physicians who prescribe opioids have more complete and timely access to information about a patient’s opioid medication history prior to prescribing, such as through the provincial Narcotics Monitoring System (NMS). There may also be value in considering new or revised NMS alerts, particularly in order to better inform physicians when a new patient has previously received a fentanyl prescription from another prescriber, wrote Dr. Gerace.

Originally developed as an operating room drug, fentanyl is approximately 100 times more potent than morphine and 40 times more potent than heroin. It has been described by *The Canadian Guideline for Safe and Effective Use of Opioids* as a second line drug for severe pain, and should only be considered if morphine, oxycodone or hydromorphone are not appropriate for the patient.

Physicians who prescribe fentanyl patches are advised to review guidelines. *The Canadian Guideline for Safe and Effective Use of Opioids* is available at <http://nationalpaincentre.mcmaster.ca/opioid> and the Centers for Disease Control guideline is at <https://www.cdc.gov/>. Physicians must also ensure that they comply with the requirements of the College’s **Prescribing Drugs** policy when prescribing fentanyl. ^{MD}