

Chapter 13

Health—Monitoring Opioid Prescribing and Dispensing

1.0 MAIN POINTS

While opioid medications can bring significant improvement to patients' quality of life by relieving pain, opioids pose a risk for misuse or diversion, leading to addictions, overdoses, and deaths. Saskatchewan had 343 deaths related to opioid toxicity in 2023, an increase of about 91% in less than five years (2019: 180 deaths).

The Ministry of Health is responsible for monitoring the prescribing and dispensing of opioid medications. The Ministry monitors prescribed opioids by funding the Prescription Review Program operated by the College of Physicians and Surgeons of Saskatchewan.

By March 2024, the Ministry improved some of its processes to better monitor opioid prescribing and dispensing in Saskatchewan.

The Ministry assessed the benefits and challenges of recording hospital-dispensed opioids in the provincial drug IT system and determined the challenges outweigh the benefits. Therefore, it does not expect to record hospital-dispensed opioids in the provincial drug IT system. Opioids prescribed at patient discharge from a hospital would be recorded in the provincial drug IT system and monitored through the Program.

In addition, the Ministry provided the Program with provincial access to urine drug-screening results to help Program staff conduct effective analysis in identifying potential opioid misuse. Urine drug-screening results can help Program staff confirm whether patients used opioid medications as prescribed or identify potential opioid misuse.

In 2023, the Ministry engaged an external consultant to assess the Program's impact on reducing opioid misuse in the province. The assessment confirmed a need for the Program's continuation and provided recommendations to strengthen the Program and enhance its effectiveness. As a result, the Ministry continued to work with key Program partners (e.g., College of Physicians and Surgeons of Saskatchewan, Saskatchewan College of Pharmacy Professionals) to implement those recommendations by 2024–25. This will include establishing clear Program objectives, as well as developing service agreements and data sharing between the Program and its partners.

The Ministry also plans to work with the Saskatchewan College of Pharmacy Professionals to better monitor opioid dispensing practices in provincial pharmacies. Without specifically collecting and analyzing data about opioid dispensing practices in Saskatchewan's pharmacies, the Ministry does not know whether any specific pharmacies contribute to Saskatchewan's opioid crisis. Since 2020–21, the number of individuals receiving prescribed opioids from Saskatchewan pharmacies increased by 19%.



2.0 INTRODUCTION

2.1 Background

The Ministry of Health is responsible for monitoring the prescribing and dispensing of opioid medications within the province under *The Prescription Drugs Act*.

Opioid medications are some of the controlled substances under *The Controlled Drugs and Substances Act* (Canada) and *The Narcotic Control Regulations* (Canada). This Act and related Regulations provide a framework for the control of substances that can alter mental processes and may produce harm to an individual or society when diverted to an illicit market.

Practitioners and pharmacists must follow the prescribing and dispensing rules set out in the Regulations. Practitioners include all persons who, by law, are entitled to write opioid prescriptions (e.g., physicians, nurse practitioners, dentists, pharmacists).

While opioid medication can bring significant improvement to patients' quality of life by relieving pain, it increases the risk for overdose or misuse. In addition, prescribed opioids have the potential for diversion and non-medical use among persons to whom they were not prescribed.¹

As shown in **Figure 1**, since 2020–21, the number of individuals receiving prescribed opioids from Saskatchewan pharmacies increased by 19%. Management indicated this increase may be due to its monitoring of additional opioids and rising surgeries, as well as an increase in patients experiencing long surgical wait times needing pain management. Hydromorphone (46%), codeine (25.2%), and morphine (10.4%) made up most prescribed opioids during this period.

Figure 1—Number of Individuals on Prescribed Opioids Dispensed from a Saskatchewan Pharmacy^A

	2020–21	2021–22	2022–23	2023–24	% Change between 2020–21 and 2023–24
Saskatchewan residents with an opioid prescription	85,131	97,788	102,239	101,676	19.4%

Source: Based on information provided by the Ministry of Health.

^A **Figure 1** does not include prescribed opioids dispensed in Saskatchewan hospitals.

According to Saskatchewan's Coroners Service March 2024 Report, the province had 343 confirmed opioid toxicity deaths in 2023, an increase of about 91% since 2019 (180 deaths in 2019).² Fentanyl, acetyl fentanyl, and hydromorphone made up the top three opioids causing death.³

The Ministry monitors prescribing and dispensing practices for prescribed opioids by funding the Prescription Review Program operated by the College of Physicians and Surgeons of Saskatchewan; it has done so since 1988.

¹ CDC Clinical Practice Guideline for Prescribing Opioids for Pain—United States, 2022, www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm (22 March 2024).

² Saskatchewan's Coroners Service is unable to determine whether opioid toxicity deaths were due to illicit use or prescription use. publications.saskatchewan.ca/#/products/90505 (22 March 2024).

³ Acetyl fentanyl is a synthetic opioid analgesic drug similar to fentanyl.

Actively monitoring prescribing and dispensing of opioids helps to ensure only appropriate patients receive opioids. In addition, monitoring can improve prescribing practices for opioids, lower or prevent risk of harms related to opioids, as well as help to identify patients potentially at risk of addiction. Ineffectively monitoring opioid prescribing and dispensing practices may result in increased abuse or diversion leading to overdoses and death, as well as additional costs to the healthcare system.

2.2 Focus of Follow-Up Audit

This chapter describes our second follow-up audit of management's actions on the four outstanding recommendations we first made in 2019.

In 2019, we assessed the Ministry of Health's processes to monitor the prescribing and dispensing of opioids to reduce misuse and addiction. Our *2019 Report – Volume 1*, Chapter 7 concluded the Ministry had effective processes to monitor the prescribing and dispensing of opioids to reduce misuse and addiction other than the matters reflected in our seven recommendations.⁴ By August 2021, the Ministry of Health implemented three of the seven recommendations.⁵

To conduct this audit engagement, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (CSAE 3001). To evaluate the Ministry of Health's progress toward meeting our recommendations, we used the relevant criteria from the original audit. Ministry management agreed with the criteria in the original audit.

To carry out our follow-up audit, we interviewed key Ministry staff responsible for monitoring opioid prescribing and dispensing practices. We examined and assessed relevant documentation including evaluation reports, agreements, and other documents relating to monitoring opioid prescribing and dispensing practices.

3.0 STATUS OF RECOMMENDATIONS

This section sets out each recommendation including the date on which the Standing Committee on Public Accounts agreed to the recommendation, the status of the recommendation at March 31, 2024, and the Ministry of Health's actions up to that date.

3.1 Opioids Dispensed in Hospitals Will Not Be Tracked Provincially

We recommended the Ministry of Health assess the cost and benefit to patient safety of recording hospital-dispensed opioids in the provincial drug IT system. (2019 Report – Volume 1, p. 102, Recommendation 1; Public Accounts Committee agreement January 11, 2022)

Status—Implemented

⁴ *2019 Report – Volume 1, Chapter 7*, pp. 95–119.

⁵ *2021 Report – Volume 2, Chapter 28*, pp. 211–220.



The Ministry of Health assessed the benefits and challenges of recording hospital-dispensed opioids in the provincial drug IT system.⁶ It determined the challenges outweigh the benefits. Therefore, the Ministry will not record hospital-dispensed opioids in the provincial drug IT system.

eHealth Saskatchewan manages the data in the provincial drug IT system. The Ministry tasked eHealth to complete an assessment of recording hospital-dispensed opioids in the IT system.

In June 2023, eHealth documented benefits and challenges of recording hospital-dispensed opioids in the IT system through its consultations with various parties (e.g., eHealth Drug and Pharmacy team, Prescription Review Program, College of Physicians and Surgeons of Saskatchewan).

While the assessment noted benefits of adding all hospital-dispensed medications into the IT system, such as providing more relevant information to prescribers, helping prevent prescription forgeries (related to opioid misuse/abuse), or reducing prescription errors, it also highlighted several challenges, such as:

- Other IT systems (e.g., eHR viewer) would also require changes at high costs for consulting, educating, and making the necessary changes on all IT systems
- Medication errors may occur when relying on hospital data in the IT system as it may be difficult for users to differentiate inpatient versus outpatient medications resulting in additional modifications to the IT system

Management indicated the cost and resources needed to add hospital-dispensed opioids outweigh the potential benefit to patient safety. Therefore, the Ministry does not expect to record hospital-dispensed opioids in the provincial drug IT system. Opioids prescribed at patient discharge from a hospital would be recorded in the provincial drug IT system and monitored through the Program.

Assessing the benefits and challenges of recording hospital-dispensed opioids in the provincial drug IT system allowed the Ministry to make an informed decision.

3.2 Prescription Review Program Assessed with Enhancements Needed

We recommended the Ministry of Health determine whether the Prescription Review Program is helping reduce the misuse of prescribed opioids in Saskatchewan. (2019 Report – Volume 1, p. 111, Recommendation 5; Public Accounts Committee agreement January 11, 2022)

Status—Partially Implemented

The Ministry of Health is working to enhance the Prescription Review Program based on recommendations made from an external Program evaluation. The Program needs to develop clear objectives annually, determine opioid information to share with partners, and establish service agreements with each of its partners.

⁶ The provincial drug IT system is called the Pharmaceutical Information Program or PIP.

In 2023, the Ministry engaged an external consultant to evaluate the Program's effectiveness and impact on reducing the misuse of prescribed opioids in Saskatchewan. In June 2023, the consultant assessed the Program in four areas—design and delivery, effectiveness, efficiency, and sustainability—and reported that while the Program demonstrated positive results in changing prescribing practices for some opioids, the opioid crisis persists in Saskatchewan.

The report recommended the Ministry continue the Program but included recommendations to help strengthen the Program, such as:

- Clearly define its objectives, and report on such activities within the Program's annual report at least annually
- Enhance communication with its partners (e.g., schedule bi-annual discussions between Program management and partners to discuss the Program and trends)⁷
- Establish service agreements with each of its partners, including scheduled Program reporting

In fall 2023, the Ministry developed an engagement strategy to seek input from the Program's partners (e.g., College of Physicians and Surgeons of Saskatchewan, Saskatchewan College of Pharmacy Professionals). It met individually with each partner by February 2024. The feedback included each partners' agreement on Program continuation, as well as the need for enhancements such as establishing an advisory committee with regular meetings, consistent communication, and data sharing with the Program's partners.

The Ministry plans to meet with all partners in late May 2024 to establish an advisory committee and a working group to implement agreed-upon recommendations—this includes developing clear program objectives, determining opioid information to share with partners, and establishing service agreements with each of its partners. It expects to complete this work in 2024–25.

Having clear Program objectives with regular information sharing and reporting between key Program partners would strengthen the Program and give the Ministry a sense of the number and nature of potential opioid misuse cases in the province. In addition, it would help the Ministry determine whether it is doing enough to reduce prescribed opioid misuse.

3.3 Risk-Based Monitoring of Opioid Dispensing in Pharmacies Needed

We recommended the Ministry of Health establish a risk-based approach to identify concerns in opioid dispensing in Saskatchewan pharmacies.

(2019 Report – Volume 1, p. 102, Recommendation 3; Public Accounts Committee agreement January 11, 2022)

Status—Not Implemented

⁷ The Prescription Review Program's partners include the Ministry of Health, College of Physicians and Surgeons of Saskatchewan, the College of Dental Surgeons of Saskatchewan, the Saskatchewan College of Pharmacy Professionals, and the Saskatchewan Registered Nurses Association.



The Ministry of Health has not yet determined how to better identify concerns with opioid dispensing in Saskatchewan pharmacies.

The external assessment of the Prescription Review Program in June 2023 identified a need for better collaboration between the Program's partners, specifically having the Program share regular monitoring results with the Saskatchewan College of Pharmacy Professionals to monitor opioid dispensing in pharmacies.

We found the Ministry discussed the report findings and recommendations with the College, but still needs to formalize its partnership (i.e., develop a service agreement) to better identify inappropriate dispensing practices in the province. The Ministry expects to have a more detailed approach to better monitor pharmacy dispensing after all Program partners meet in May 2024.

At present, Program staff continue to refer any potential cases of inappropriate pharmacist dispensing practices to the Saskatchewan College of Pharmacy Professionals. In 2022–23, Program staff referred 15 pharmacists with potentially inappropriate dispensing practices to the College.⁸ At December 2022, Saskatchewan had just over 1,200 pharmacists and 140 pharmacy technicians in 418 community pharmacies.⁹

Because the Program does not specifically collect and analyze data about dispensing practices in Saskatchewan's pharmacies, the Ministry does not know whether any specific provincial pharmacies contribute to Saskatchewan's opioid crisis. Not having a risk-based approach to consider whether pharmacies consistently and properly dispense opioids could lead to the Ministry missing potential opioid misuse, and opportunities to reduce misuse.

3.4 Patient Information Access Granted to Identify Inappropriate Prescribing Practices

We recommended the Ministry of Health give those responsible for monitoring inappropriate opioid prescribing access to necessary patient information. (2019 Report – Volume 1, p. 112, Recommendation 6; Public Accounts Committee agreement January 11, 2022)

Status—Implemented

The Ministry of Health gives those responsible for monitoring inappropriate opioid prescribing access to necessary patient information.

In spring 2019, the Ministry requested eHealth Saskatchewan provide Prescription Review Program staff access to urine drug-screening results stored in eHR Viewer. In July 2023, eHealth signed a five-year data sharing agreement with the College of Physicians and Surgeons of Saskatchewan.

Under the agreement, we found Program staff have access to provincial laboratory data for reviewing urine drug-screens to evaluate inappropriate drug use.

Having urine drug-screening results to potentially identify drug diversion help Program staff confirm whether patients used medications as prescribed. It also helps to identify potential opioid misuse or inappropriate prescribing practices.

⁸ Prescription Review Program, 2022 Annual Report, p. 6.

⁹ Saskatchewan College of Pharmacy Professionals, Annual Report 2022, pp. 9–10.