"Hillbilly heroin" arrives in Cape Breton

Illegal use of the prescription painkiller oxycodone has risen significantly in Cape Breton, calling into question the effectiveness of Nova Scotia's 10-year-old prescription program concerning opioid drugs.

"I was stunned to hear oxycodone is the number 1 street drug in Cape Breton," says Dr. Richard MacLachlan, head of the Department of Family Medicine at Dalhousie University. "We obviously have a big problem. We have in Nova Scotia arguably the best program for monitoring prescription narcotics. ... It's the tightest in the country, and it's obviously not working."

The move of oxycodone abuse into rural Nova Scotia follows a similar development in the US, where "hillbilly heroin" has been blamed for numerous overdose deaths in several economically deprived states.

Nova Scotia's drug-monitoring program requires physicians who prescribe opioids such as oxycodone to use a triplicate prescribing pad, with copies for the doctor's records, the pharmacist and the prescription monitoring program. The prescription, valid for only 7 days, carries the name and billing number of the physician as well as the patient's name and address.

"It's a sluggish system," says MacLachlan. "Months can go by before patients and physicians come to the surface." As a result, doctors who are overprescribing and patients who are double-doctoring can slip through the cracks.

Dr. Harry Pollett, an anesthetist in North Sydney, isn't convinced the oxycodone problem in Cape Breton is greater than elsewhere in the country. In fact, he says local pharmacists have told him that the number of oxycodone prescriptions is down from last year. "Where are the drugs coming from?" he asks.

MacLachlan says illegal manufacture is an unlikely option, and so is theft from a patient who was prescribed the drug, since doctors would learn about the thefts when patients requested new prescriptions. Robbery of a pharmacy — there were 2 in Cape Breton between December and March — and a prescription from a physician are the other options.

"I have to fear that my profession is being lax about prescribing," says MacLachlan. — *Donalee Moulton*, Halifax

Much ballyhooed biohazard training yet to begin

Time, it seems, dissipates urgency. In the wake of the 9/11 terrorist attacks and the subsequent anthrax scares, the Canadian government rushed to produce a $12-million health-security package that promised to train a cadre of 1500 biohazard experts and to provide courses for front-line health professionals on the treatment of victims of chemical and biological agents (*CMAJ* 2001;165[10]:1371).

Canapress: Andre Forget

Are we ready? A Montreal firefighter is decontaminated after bioterrorism scare.

But 18 months after the package was announced, the training courses for physicians, nurses, paramedics and others have yet to start. And they won't until at least later this year, and then only after results of a pilot training initiative are assessed. The training is being tested on a volunteer group of 32 emergency response professionals in New Brunswick.

The delay is largely the product of a decision to train "teams" of police, firefighters and health professionals to respond to the threat of bioterrorism, says Frank Welsh of the Centre for Emergency Preparedness and Response. "It's not so much a change but a growth in understanding of how the various systems work and trying to get an understanding of how they fit together."

Welsh, director of the Office of Emergency Preparedness, Planning and Training, says time was needed to develop an appropriate series of courses that would define the various responsibilities of all parties in responding to bioterrorist threats.

At advanced levels, the courses will be aimed at integrating all parties into cohesive units capable of responding to threats within a given municipality or health region, Welsh says. The physician component of the training will ultimately involve instruction in areas such as decontamination and psychosocial response, as well as recognition of the symptoms of biological, chemical, radiologic and nuclear agents.

Welsh eventually hopes to have biohazard response teams available in all regions of the country, but the number of trainees will be determined by the extent to which provinces and local health authorities support the initiative. "We're committed to taking it out as broadly as they would like us to."

Although nationwide training of health professionals was delayed, Welsh said Health Canada has been "fairly aggressive" in providing other forms of biohazard training to staff at biological containment laboratories and to customs officers who handle suspicious packages. — *Wayne Kondro*, Ottawa