

A Message to Patients Living with Chronic Non-Cancer Pain

Physicians want to relieve pain, and were taught that opioids are effective for treating chronic non-cancer pain without the risk of causing addiction. Recent evidence now tells us that high doses of opioids over long periods may actually worsen patients' pain over time and can sometimes lead to addiction.

As the regulator of Ontario's physicians, we recognize that well-intentioned overprescribing has contributed to the opioid problem, and that individual doctors and the medical profession as a whole must be part of the solution.

Are you a patient? If you are already taking a prescription opioid for chronic pain, you may wish to discuss your treatment with your doctor to make sure your medication and dose are still appropriate.

The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain urges doctors to take a much more conservative approach to prescribing opioids. The guidelines recommend trying non-opioid approaches to treatment first, and when opioids are appropriate for your pain, smaller amounts should be prescribed.

We expect physicians to appropriately prescribe for patients already on long-term opioid therapy, to take steps to help ensure that prescription medications do not end up on the street, and to be cautious about beginning opioid therapy for new patients with chronic pain.

A video series developed by SafeMedicationUse.ca called Question Opioids is aimed at patients who have not yet started opioid medications, to provide them with important information so that they can make an informed decision about whether or not to start opioid medications.

We want patients and physicians to understand:

- ▶ **It is never appropriate to abandon a patient on long-term opioid therapy or abruptly cut off or threaten to cut off a patient's medication.** Safely reducing long-term opioid medication, where clinically indicated, requires a thoughtful plan of care between both physicians and patients. While many patients report feeling better after reducing opioids, dosage reductions should never be done quickly or without the help and expertise of your doctor. If you have concerns about reducing your opioid medication, speak with your doctor, or contact the College's Public Advisory Service at 1-800-268-7096 ext. 603.
- ▶ **The lowest effective dose is the safest dose.** New Canadian Guidelines recommend that non-opioid therapies be tried first, rather than a trial of opioids. For patients beginning opioid therapy, it is recommended that the prescribed dose be lower than 50 milligrams of morphine equivalents daily for most patients, rather than no upper limit or a higher limit on dosing. Doses higher than 90 milligrams of morphine equivalents can cause more harm than good for most patients. Opioids should be discontinued if important improvement in pain or function is not achieved or if they become harmful in any way.

- ▶ **Patients taking prescribed opioids should not be stigmatized.** Any person taking an opioid medication can develop tolerance and dependence over time. These are known risks of the medication. Prescribing opioids under the right conditions is critical for good patient care and our goal is to ensure that physicians have the resources and information they need to appropriately prescribe opioids to their patients, when clinically indicated.

The College is not asking physicians to stop prescribing opioids but, rather, to prescribe responsibly and to stay in line with best practices. Safely reducing long-term opioid medication, where clinically indicated, requires a thoughtful plan of care between both you and your doctor.