TAPMI Spoke site and Referral Network Members Position Statement on the use of Opioids in Chronic Non-Cancer Pain Management

Situation

Canadian physicians have dramatically increased their opioid prescribing since the 1990s. This has provided short-term benefits for select patients with chronic non-cancer pain (CNCP), but for the majority there has been a rise in harms such as serious injuries, medical complications*, addiction and overdose deaths. As such, there has been growing concerns both from the public and health care practitioners in Canada about the use of opioids.

It is incumbent on health care practitioners to act responsibly and sensitively in addressing the un-intended consequences that have developed as a result of over-reliance of opioid therapies in the management of chronic pain.

Position Statement

Patient:

Effective pain management and risk mitigation in collaboration with patients will be the guiding principle for pain management in all the TAPMI Spoke sites and Referral Network Members. We will educate patients on the benefits and harms of opioids in chronic pain management to ensure patients are making informed choices. We will encourage opioid tapering strategies at each visit particularly for patients who are not doing well with opioids. We will teach patients to have valuable conversations with their practitioners regarding chronic pain management and opioids. We will help prevent orphaned patients, patients who are already on opioids and are currently being discriminated against when finding new primary care practitioners.

Primary Care:

We will provide primary care providers with education, mentoring (on line and in person practice interventions) as well as real-time support to encourage patient-centered approach to opioid stewardship practices. We will offer education to primary care providers around having meaningful discussions regarding opioids with their patients and encourage opioid sparing options. We will improve access for patients requiring assistance with opioid tapering by collaborating with various opioid tapering and substance use programs across spoke sites and network. Collaboration between these programs and primary care will address gaps in care seen in a variety of circumstances among people who use opioids.

TAPMI Spoke sites and Providers:

We will strive to promote safe opioid prescribing practices that reduce harm and decrease variability within our own spoke sites and referral network.

We will develop and provide a formal interdisciplinary pain self-management program that emphasizes non-pharmacological and non-opioid modalities to support our TAPMI patients who are interested in tapering with the goal of improved health outcomes.

Specific Recommendations

There is insufficient evidence supporting use of long term opioid therapy in chronic pain for improving pain, function and quality of life. There is however clear evidence showing increased harms such as overdose, addiction, significant medical complications* with long term opioid, and for some harms these risks are dose related.

To reduce harm, TAPMI spoke sites endorses the following practice principles for adults with chronic non cancer pain:

- We will discourage the use of opioids to treat the psychosocial dimensions of pain.
- We will discourage the use of opioids if patients are at a high risk of overdose or falls including patients with alcohol and/or benzodiazepine use, advancing age or worsening co morbidities.
- We will discourage using opioids for chronic pain in patients with active substance use disorder, history of substance use disorder, unstable psychiatric disorder.
- We will discourage using opioids for treating patients with fibromyalgia, headaches, chronic low back or neck pain.
- We will discourage the abrupt cessation of opioids as this may cause patients to experience severe withdrawal and seek other sources of opioids, putting them at risk of overdose.

The TAPMI spoke sites and referral network members will endorse the recommendations in the 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain from the National Pain Center. We specifically will adhere to the recommendation (Recommendation 6) that for patients with chronic non-cancer pain beginning a trial of opioids that prescribed dose of opioid should be less than 90mg morphine equivalents daily rather than no upper limit or a higher limit on dosing.

We will also adhere to the recommendation (Recommendation 9) that for patients with chronic non cancer pain who are currently using 90 mg morphine equivalents of opioids per day or more that tapering opioids to the lowest effective dose, potentially including discontinuation, rather than making no change in opioid therapy. Clinical Indications for tapering will include failed opioid therapy illustrated by continued pain and pain related disability despite doses above 90 mg MED, opioid related medical complications and or development of an opioid use disorder. We recognize that following this recommendation must be based on subjective and objective clinical findings, and that for some patients tapering opioids may equate to worsened health improvements, function, mood and pain. In these cases it may be reasonable to pause the taper and re-evaluate the taper plan at another time.

Regardless of patient's opioid dose and opioid management strategy, we support the adoption of universal precautions for all chronic pain patients. This includes:

- Clear diagnosis of pain condition
- Psychological Assessment Including Risk of Addictive Disorders
- Informed Consent
- Treatment agreement
- Regular assessment of the "Four A's" (analgesia, activity, adverse effects, and aberrant behavior) pre and post opioid trial
- Documentation of met or failed clinical goals

Adoption of this approach will help to reduce stigma around opioid use, improve patient care and decrease overall risks.

References:

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3. Chou R, Turner JA, Devine EB et al. The Effectiveness and Risks of Long-Term Opioid Therapy for Chronic Pain: A Systematic Review for a National Institutes of Health Pathways to Prevention Workshop *Ann Intern Med.* 2015;162:276-286
4. Centre for Effective Practice- Chronic Non-Cancer Pain [Internet]. Toronto: the University of Toronto's Department of Family and Community Medicine.; 2017 [cited 8 Feb 2018]. Available from: https://thewellhealth.ca/cncp
5. Opioid Manager [Internet]. Toronto: University Health Network. Toronto Rehabilitation Institute; 2018 [cited 8 Feb 2018]. Available from: https://www.opioidmanager.com/
6. Gourlay DL, Heit HA, Almahrezi A. Universal precautions in pain medicine: a rational approach to the treatment of chronic pain. Pain Med. 2005 Mar-Apr;6(2):107-12

**Medical Complications include but are not limited to:* sexual dysfunction, opioid induced hyperalgesia, central sleep apnea, fractures, immune dysfunction

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