



## PAIN BC ADVOCACY ON ACCESS TO OPIOID PAIN MEDICATIONS

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Over the past several years, the rules for prescribing opioid medications in BC have changed due to new evidence about the effectiveness of opioids for treating chronic pain and concern among physicians, medical regulators and government about addiction and risk of overdose. While well-intentioned, these changes have harmed some people with pain who use opioid medications and have failed to decrease overdose deaths. Find out more below about why prescribing practices have changed in BC, what Pain BC is doing about it, and what to do if your opioid medications are being decreased without your consent and if the decrease is having a negative effect on your quality of life.

### HOW DID WE GET HERE? OPIOIDS, OVERDOSE AND PAIN

The overdose crisis has taken the lives of thousands of people in North America since 2016. In Canada, the crisis has been most deadly in BC where more than 6500 people have died since 2016. The origins of the crisis are complex and vary significantly from region to region. Through the 1990s and early 2000s, prescriptions for opioid medications increased as pharmaceutical companies heavily marketed the medications to doctors while downplaying their risks. Pain management wasn't very well understood and opioids provided a publicly-funded treatment option to many people with pain who could not afford non-pharmacological pain treatments.

Research began to show that many people on long term opioid therapy were not seeing significant improvement from the medication. At the same time, there was increasing concern about the risk these medications created for addiction and overdose. To address this, the US Centre for Disease Control issued new guidelines aimed at reducing prescribing. Many people with pain who had been using opioid medications long term were abruptly cut off or had their medication tapered too quickly. Some turned to street drugs to relieve their uncontrolled pain. Soon after this change in prescribing rules, street drugs started being mixed with a strong synthetic opioid called fentanyl that increased the danger of overdose. As a result of this change in the content of illicit drugs, deaths from overdose began to increase dramatically.

Here in BC, overdose deaths also began to increase around 2015. At that time, it was widely assumed the crisis had similar origins to the one in the US. The College of Physicians and Surgeons of BC (CPSBC), which sets the rules for how BC doctors must practice medicine, responded by issuing a new prescribing standard for opioids in June 2016. A new Canadian Guideline for Opioids for Chronic Non-Cancer Pain was released nationally in 2017. Both of these intended to reduce prescribing as a way to reduce the risk of opioids.

The cumulative effect of these changes led to reductions in opioid prescribing in BC and across Canada. Many people living with chronic pain had their prescriptions reduced or discontinued entirely. Many people have reported that reducing their use of opioids has had positive effects (reduced side effects, less pain, better quality of life) but a sizable group has suffered as a result, experiencing withdrawal, increased pain and increased disability. Devastatingly, some people who have had their pain medications reduced have turned to the illicit drug supply and overdosed or have died by suicide.

Meanwhile, overdose deaths in BC continued to climb. Evidence from the BC Centre for Disease Control (BCCDC) continues to show BC's overdose crisis is not driven by prescription opioids. While the roots of substance use are complex and involve many factors - including poorly managed pain - overdose deaths in BC largely occur in people without a history of long-term prescribed opioid use. Primarily, the cause of overdose in BC is a toxic street drug supply poisoned by illicit fentanyl and too few safe alternatives for people who use drugs to avoid it.

#### WHAT IS PAIN BC DOING ABOUT IT?

Since the CPSBC announced its opioid prescribing standard in June 2016, Pain BC has been advocating to the CPSBC, the provincial and federal Ministries of Health, and through the media to ensure people who need opioid medications to manage pain are able to access them. Since that time, the CPSBC has twice updated its opioid prescribing standard to allow a more individualized approach in prescribing and to reduce discrimination against patients who use opioids.

Despite the language of the standard being changed, we know that many people with pain in BC are still being aggressively weaned from opioids or denied them when they need them, often due to physicians' fears or misunderstandings of the rules. Pain BC continues to fight for change on this issue both here in BC and nationally, through the work of the Canadian Pain Task Force, a body established by Health

Canada in 2019 to recommend an improved approach to chronic pain in Canada, and which is co-chaired by Pain BC's Executive Director, Maria Hudspith.

WHAT SHOULD YOU DO IF YOUR MEDICATIONS ARE BEING TAPERED/DISCONTINUED WITHOUT YOUR CONSENT?

### Get informed:

- Read the current CPSBC prescribing standard: [Safe Prescribing of Opioids and Sedatives](#).
- Read the [Canadian Guideline for Opioids for Chronic Non-Cancer Pain](#). A brief summary of the guideline is [available here](#).
- It's important to note that both of these documents **do not** set a maximum allowable dose or prohibit long-term prescribing and **do** emphasize the importance of pausing or abandoning a taper if a patient's pain becomes significantly worse when medication is reduced.

### Talk to your prescriber:

- Talk to your prescriber as openly as possible about your wishes, fears and willingness to change your prescribed medications.
- Bring a copy of the CPSBC Safe Prescribing of Opioids and Sedatives to your appointment and ask your provider to explain how their plans to reduce/stop your medications align with it.
  - In particular, ask your provider how their treatment plan factors in the guidance to taper slowly, pause the taper if pain worsens, and to individualize prescribing for people who have been on high doses of opioid medications for a long time.
- Share [this article for prescribers](#) from the CPSBC newsletter called "Patients with chronic pain need care—it is unprofessional to turn them away." Among other things, the article reminds doctors that:
  - Physicians must not exclude or dismiss patients from their practice based on their current use of, or request for, opioids, or a suspicion of problematic use of prescription medications.
  - The safe prescribing standard does not prohibit long term opioid medication.
  - Abrupt tapering or discontinuation of long-term opioid therapy is both inappropriate and potentially dangerous.
- File a complaint. All doctors in BC are regulated by the CPSBC. If you believe your doctor is not following the regulations set out in [Safe Prescribing of Opioids and Sedatives](#), or if you have any other serious concerns about their professionalism or clinical competence, you call [file a written](#)

[complaint via the CPSBC website](#), or by fax or letter mail. Find out more about the complaint process at [www.cpsbc.ca/for-public/file-complaint](http://www.cpsbc.ca/for-public/file-complaint).