



OPIOIDS, CHRONIC PAIN AND THE OVERDOSE CRISIS

The overdose crisis has taken the lives of thousands of people in North America over the past decade. In Canada, the crisis has been most deadly in BC where more than 13,000 people have died since 2016.

Since the onset of overdose crisis, many people using opioids for chronic pain have had their prescriptions abruptly reduced or discontinued entirely. Reducing opioid use has been beneficial for many, with fewer side effects, less pain and better quality of life. However, a significant number have faced challenges like withdrawal, more pain and increased disability. Devastatingly, some have even turned to the illicit drug supply for relief and have overdosed or died by suicide.

Evidence from the BC Centre for Disease Control (BCCDC) continues to show BC's overdose crisis is not driven by prescription opioids. The roots of substance use are complex and involve many factors, including poorly managed pain. However, in BC most overdose deaths occur in people without a history of long-term prescribed opioid use. The primary factor is a toxic street drug supply, contaminated by illicit fentanyl, and limited access to safe alternatives.

How did we get here? The timeline on the next page shows how opioids came to be widely used and the factors that have contributed to the overdose crisis today.

WHAT IS PAIN BC DOING ABOUT MEDICATION ACCESS?

The College of Physicians and Surgeons of BC (CPSBC), which sets the standards for how BC doctors must practice medicine, issued a new standard for opioid prescribing in 2016 in a document called Safe Prescribing of Opioids and Sedatives. Since that time, Pain BC has advocated to the CPSBC, the provincial and federal Ministries of Health, and through the media to ensure people who need opioid medications for pain management can access them.

Despite two further updates to the standard, discrimination and unwarranted opioid tapering persist due to physicians' fears or misunderstandings. Pain BC remains committed to driving change and addressing this issue both provincially and nationally through our national action network, [Pain Canada](#).

HOW DID WE GET HERE?

LATE 1990s –
EARLY 2000s



Surge in opioid prescriptions fueled by pharmaceutical marketing campaigns promoting their safety and effectiveness for chronic pain, while downplaying the risks.

2000s



Accessibility and affordability drive increasing dependence on opioids for managing pain, contributing to a growing health issue.

2010s



The US Center for Disease Control issues prescribing guidelines for opioids, leading to prescriptions being abruptly cut off or tapered too quickly.

2010s



A growing number of people begin using illicit alternatives to prescribed opioids such as heroin and fentanyl, a highly potent synthetic opioid. Deaths from overdoses begin to surge.

MID 2010s



Research begins to show limited improvement in chronic pain with long-term opioid therapy, while addiction and overdose concerns continue to grow.

APRIL 2016



A public health emergency is declared in BC, heightening concern amongst doctors, regulators and the government about opioid addiction and overdose risks.

JUNE 2016



A new prescribing standard is issued by the College of Physicians and Surgeons of BC with the goal of reducing opioid overdoses by reducing prescriptions.

MAY 2017



The Canadian Guideline for Opioids for Chronic Non-Cancer Pain is published, also with the goal of reducing opioid overdoses through reducing prescriptions.

2016 -
PRESENT



Many people using opioids to manage chronic pain have their prescriptions abruptly reduced or cut off, sometimes with devastating consequences.

2016 -
PRESENT



Despite the efforts of the government and regulators, the overdose crisis persists, claiming at least 13,000 lives in BC since the public health emergency was declared.

WHAT TO DO IF YOUR MEDICATIONS ARE BEING REDUCED WITHOUT YOUR CONSENT

GET INFORMED

1. Read the current [College of Physicians and Surgeons of BC Safe Prescribing of Opioids and Sedatives Standard](#).
2. Read the [Canadian Guideline for Opioids for Chronic Non-Cancer Pain](#). A summary of the guideline is available [here](#).

It's important to know that these documents:

- Recommend pausing or abandoning a taper if pain becomes significantly worse when medication is reduced.
- State that physicians must not refuse to provide care for patients based on their current use of, or request for, opioids.
- Do not set a maximum allowable dose or prohibit long-term prescribing.

TALK TO YOUR PRESCRIBER

Talk to your prescriber as openly as possible about your wishes, fears, and willingness to change your prescribed medications.

1. Share the [College of Physicians and Surgeons of BC Safe Prescribing of Opioids and Sedatives Standard](#). Ask how their plans to reduce or stop your medications align with the standard.
2. If you have concerns about your doctor not following the standard or other serious concerns about their professional or clinical competence, [file a complaint](#) with the College of Physicians and Surgeons of BC. If you would like more information about the College's complaints process, please call them at 604-733-7758 or 1-800-461-3008 (toll-free in BC).

EXPLORE NON-MEDICAL APPROACHES TO CARE

Research shows that effective management of chronic pain requires a multi-modal approach, which uses a variety of treatments that may or may not include medications. The goal of pain medication is to improve function and reduce pain, but it may not take away all your pain. Combining medication with other approaches like self-management, paced movement and emotional support can be beneficial. Talk with your provider about the importance of integrating self-management alongside medication for management of pain. Pain BC offers several helpful resources, including:

[LivePlanBe+](#): An interactive online self-management learning tool that supports you in making small changes that can add up to big improvements in your well-being.

[Pain Support and Wellness Groups](#): Free groups for people living with pain to help build a community of support while learning about pain management and coping strategies.

[Coaching for Health](#): A free one-one-one telephone or video coaching program designed to help people living with pain learn self-management skills, regain function and improve well-being.

[Pain Support Line](#): Free information, support and a listening ear to help empower people living with pain and their loved ones to find help and advocate for themselves. Call the Pain Support Line at 1-833-261-PAIN (7246).

[Making Sense of Pain Online](#): A free group self-management program designed to empower you to improve your quality of life and well-being.

[Gentle Movement @ Home](#): A series of 50 to 65-minute guided movement and relaxation videos to help you manage pain at home.