

BC ECHO FOR CHRONIC PAIN: DAYTIME SERIES ON OPIOID WEANING

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 2016ⁱ. 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.ⁱⁱ Pain management was not 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.ⁱⁱⁱ At the same time, there was increasing concern about the risk these medications created for addiction and overdose. 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 and, as more street drugs began to be mixed with fentanyl, deaths from overdose began to increase dramatically.

This daytime ECHO series is directed specifically to primary care providers around their prescribing and medical pain management concerns and questions related to opioid tapering and opioid agonist therapy (OAT). This series allows for a much deeper dive into the topic than could be covered in the standard monthly evening ECHO session and will ensure that participants understand current guidelines and will feel confident implementing best practices with their patients.

The learning objectives were adapted from those in the Ontario Chronic Pain & Opioid Stewardship ECHO eight-session series to fit a four-session format that will be delivered every other week for eight weeks. The objectives for each session below include content on the role of the medical expert and one-on-one communication techniques.

Session #1

- Review a differential diagnosis of, and factors contributing to opioid dependence
- Identify who is at risk of opioid dependence
- Review the components of motivational interviewing as a tool to facilitate challenging conversations about opioids
- Discuss tapering recommendations and practical information from the 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain

Session #2

- Discuss how to work collaboratively with patients to initiate opioid tapering
- Describe the indications and contraindications of methadone vs. buprenorphine
- Explain how to manage precipitated withdrawal
- Discuss in-office opioid agonist therapy (OAT) induction

Session #3

- Describe at least three strategies to support patients with managing opioid withdrawal
- Outline an approach to stabilizing a patient on opioid agonist therapy (OAT)
- Examine when a dose increase or reduction is indicated

Session #4

- Discuss how to have conversations about opioid tapering with interprofessional colleagues
- Identify an approach to pain management while on opioid agonist therapy (OAT), including the role of immediate release opioids
- Discuss effectiveness of OAT for pain
- Describe the role of urine drug testing in OAT maintenance

Evaluation

Pre- and post-survey instruments currently used in monthly ECHO sessions will be adapted for this series. An additional survey will be developed to be administered one month after the fourth session, to measure knowledge and practice change, e.g. confidence, willingness, empathy, skills and knowledge, prescribing and practice behaviours. Physicians will be paid for one half-hour at the sessional rate to complete the final survey.

Accreditation

A CME accreditation application is being prepared for submission.

ⁱ <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf>

ⁱⁱ Ayoo K, Mikhaeil J, Huang A, Wąsowicz M. The opioid crisis in North America: facts and future lessons for Europe. *Anaesthesiol Intensive Ther.* 2020;52(2):139-147. doi: 10.5114/ait.2020.94756. PMID: 32419434.

ⁱⁱⁱ Chou R, Turner JA, Devine EB, Hansen RN, Sullivan SD, Blazina I, Dana T, Bougatsos C, Deyo RA. 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 Feb 17;162(4):276-86. doi: 10.7326/M14-2559. PMID: 25581257.