Sometimes the best of intentions lead to devastating consequences. Canada and the U.S. are the two highest consumers of prescription opioids even though we don’t have good evidence that they are effective for chronic pain. Since there are many different opioids used for the same purpose, we use morphine equivalence to compare how strong they are.

As the number of morphine milligram equivalents per day (MME/D) increases, the harms associated with opioid therapy also increase.

There is no safe dose of opioids. Harms and complications can happen at any dose, but are less likely at lower MMEs/D.

There is up to a 5x increase in overdose risk in this range as compared to lower doses. Guidelines recommend that prescribing above 90 MME/D be avoided.

There is up to a 9x increase in overdose risk in this range as compared to lower doses. Overdoses that happen at doses greater than 100 MME/D are more likely to be fatal.

People on higher doses tend to have higher rates of complications like sleep apnea, generalized pain, addiction, low testosterone levels and disability from work. Most chronic pain can be managed well below 200 MME/D.

Sources: Canadian Guideline for Opioids for Chronic Non-Cancer Pain (2017); CDC Guideline for Prescribing Opioids for Chronic Pain (2016)

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