Opioid Stewardship

8th Pharmaceutical Care Conference
Oman
February 21, 2018

Sylvia Hyland,
Institute for Safe Medication Practices Canada
The Institute for Safe Medication Practices Canada is an independent not-for-profit organization dedicated to reducing preventable harm from medications.

www.ismp-canada.org
Objectives

• Provide an overview of the opioid crisis in Canada, its history and the Joint Statement of Action to Address the Opioid Crisis.

• Describe Opioid Stewardship knowledge translation strategies.
What is the definition of an opioid crisis?
Opioid deaths to hit 4,000

At least 1,460 Canadians have died from opioid-related overdoses in the first half of 2017 — a number that’s expected to rise, as not all provinces have reported final data for the period, the Public Health Agency of Canada said Monday.

Dr. Theresa Tam, chief public health officer of Canada, said Ontario, Quebec and Manitoba are yet to report all of their opioid-related overdose deaths for the first half of the year.

But based on figures reported by the other provinces and territories, Tam said the number of overdose deaths are on pace to surpass 4,000 by the end of the year — far above last year’s tally of 2,861 opioid-related fatalities.

“It’s an extremely complex whole-of-society issue that we’re dealing with. This is a national public health crisis,” Canada’s top doctor said in an interview from Ottawa.

THE CANADIAN PRESS
How did we get to an opioid crisis?
Background Information

• Opioid therapy has not been shown to be safe and effective for long-term treatment for pain

• Long-term opioid therapy is often overprescribed for patients with chronic non-cancer pain

• Many patients are receiving opioids at high daily dosages

• Increasing trends in opioid addiction (opioid use disorder) and opioid-related overdose
Background Information

- Patients who take opioids develop tolerance to the drugs. This often leads the patient or prescriber to increase the dose.

- Physical dependence can make it difficult to lower the dose or stop therapy. The drugs are then continued - to prevent opioid withdrawal symptoms.

- Few physicians and even fewer patients appreciate that opioid-induced hyperalgesia can occur. Increasing the dose further increases pain and risk.
Total opioid consumption (morphine equivalence mg/capita)
1980

USA
Australia
Canada
New Zealand
Finland
Belgium
Brazil

Sources: International Narcotics Control Board; World Health Organization population data
By: Pain & Policy Studies Group, University of Wisconsin/WHO Collaborating Center, 2017
Total opioid consumption (morphine equivalence mg/capita) 2015

Sources: International Narcotics Control Board; World Health Organization population data
By: Pain & Policy Studies Group, University of Wisconsin/WHO Collaborating Center, 2017
Total opioid consumption (morphine equivalence mg/capita) 2015

Canada: Original 1980 Level Canada

Sources: International Narcotics Control Board; World Health Organization population data
By: Pain & Policy Studies Group, University of Wisconsin/WHO Collaborating Center, 2017
Sources: International Narcotics Control Board; World Health Organization population data
By: Pain & Policy Studies Group, University of Wisconsin/WHO Collaborating Center, 2017
Deaths from opioids are increasing
Figure 2: Trend in Opioid-Related Deaths in Ontario by Type of Opioid Involved, 1991 to 2015

Note: 20 deaths from 2015 where details on specific opioid involvement was unavailable are not recorded in this figure.
More harm from non-pharmaceutical opioids
Ontario Heroin and Synthetic

Number of ED visits

0 100 200 300 400 500 600 700 800 900 1,000

Heroin Synthetic

ISMP Canada 2018
The equivalent of one grain of salt of Carfentanil is enough to kill a human being.
Some Theories on the Crisis
(theses are controversial)

• Porter and Jick letter in the NEJM 1980
  • Very low incidence of addiction

• Organizations became focussed on measuring and dealing with pain
  • 5th vital sign
  • Joint Commission, Veteran's Affairs, Pain Societies
Some Theories on the Crisis
(these are controversial)

• Influence of Pharmaceutical Industry
  • Marketing to prescribers
  • Direct advertising
  • Funding for experts
  • Educational programs
  • Advocacy funding
  • Pain Societies
Some Theories on the Crisis
(these are controversial)

• Literature on treatment of non cancer pain with opioids

• Pain guidelines
  • Expanded role of opioids
  • Multiple pain guidelines from many organizations
What is Canada doing about the Opioid Crisis?
CANADIAN DRUGS AND SUBSTANCES STRATEGY

A COMPREHENSIVE, COLLABORATIVE, COMPASSIONATE AND EVIDENCE-BASED APPROACH TO DRUG POLICY

PREVENTION
Preventing problematic drug and substance use

TREATMENT
Supporting innovative approaches to treatment and rehabilitation

HARM REDUCTION
Supporting measures that reduce the negative consequences of drug and substance use

ENFORCEMENT
Addressing illicit drug production, supply and distribution

SUPPORTED BY A STRONG EVIDENCE BASE
To better identify trends, target interventions, monitor impacts and support evidence-based decisions

ISMP Canada 2018
• Prevention
  – Education to patients/consumers
  – Public awareness
  – Prescribing education
  – Investment in non-opioid therapies for pain
    • Pharmaceutical and non-pharmaceutical
  – Tamper resistant formulations
• Treatment
  – Opioid replacement therapy
    • Methadone/buprenorphine
  – Counselling and Support
  – Mental Health wellness programs
  – Health care worker education
  – Addiction is a disease
• Harm Reduction
  – Supervised injection sites
    • Sterile needles and syringes
    • Staff able to respond to overdose
  – Naloxone programs
    • Take home naloxone
    • First responder naloxone
• Enforcement
  – More resources to investigation
  – Stronger border controls
  – Control on pre-cursor chemicals
  – Change focus from low-level drug users to higher level distributors and suppliers
How do we as a society ensure opioid access to those who benefit?

How do we minimize harm?

Very nuanced and complex issue
Joint Statement of Action to Address the Opioid Crisis

• Th Joint Statement of Action to Address the Opioid Crisis reflects a combined commitment to act on this crisis.

• We have agreed to work within our respective areas of responsibility to improve prevention, treatment and harm reduction.
Opioid Stewardship

Coordinated interventions designed to improve, monitor, and evaluate the use of opioids in order to support and protect human health.

Note: We need to explore how other countries manage pain without opioids; we can do better.
Essential Clinical Skills for Opioid Prescribers

Safer Opioid PRESCRIBING

ACUTE PAIN in the Emergency Department or Walk-in Clinic
- Avoid opioids if possible.
- Prescribe a small supply of weak opioids (codeine, buprenorphine patch, tramadol) for only 3 days, until patients can see their family doctor.
- Do not prescribe potent opioids (morphine, oxycodone, hydromorphone, fentanyl) for minor pain, e.g., muscle strains.

CHRONIC PAIN: Patient selection
- Reserve opioids for severe pain that impairs daily function (e.g., spinal stenosis, neuropathic pain) that has not responded to an adequate trial of all appropriate non-opioid treatments.
- Do not prescribe for fibromyalgia, headaches, low back or neck pain.
- Get a second opinion before prescribing to patients at high risk for opioid use disorder (younger, have an underlying psychiatric disorder (e.g., anxiety, PTSD) or have current or past problematic substance use).

Opioid TAPERING

- High doses (greater than 90 mg MED/D) are not safe and usually not necessary: Most pain patients respond to doses of 50 mg MED/D or less. High doses increase the risk of overdose, addiction, motor vehicle collisions, and falls.
- Tapering can improve mood, pain, and function in patients with severe pain despite a high opioid dose.
- Abrupt cessation of high opioid doses is dangerous: Patients will seek other sources of opioids to relieve withdrawal. Opioid tolerance is lost within days, putting patients at high risk of overdose.

INDICATIONS FOR OPIOID TAPERING:

Available from: www.ismp-canada.org/opioid_stewardship/
Navigating Opioids for Chronic Pain

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.

Is high dose prescribing saving or sinking you?

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

Available from: www.ismp-canada.org/opioid_stewardship/
Appendix C – The McGill Top 3 Exercises

1. Bird Dog
   - Position yourself on all fours with your knees and wrists under your shoulders.
   - Rest one leg until it is straight and lift your hips while also,' stretching your opposite arm and walk in parallel to the floor.
   - Keep head and shoulders aligned with the body.
   - Hold for about 10 seconds and other.

2. Side Plank
   - Lie on your side.
   - Fully extend your legs with one arm on top of the other (may have knee on floor).
   - Bend the arm, at floor level to 90 deg, your upper arm should be parallel to your body, while your hand is at your side (this is the starting position).
   - Lift your body off the ground and raise your forearm and the side of your foot while keeping the body straight line (may choose to balance between the feet instead of fastening it).
   - Hold for about 10-15 seconds.

3. Modified Curl Up
   - Place yourself on your back and place your hands on either side of your hips and bend knees.
   - Preserve natural curve of the back and flatten the back and align it to the floor because it may stress the discs.
   - Raise the head and shoulders as you curl up and flex, as this can actually contribute to back pain in some individuals.
   - Hold for about 10 seconds.

References:
Opioid Pain Medicines
Information for Patients and Families

You have been prescribed an opioid pain medicine that is also known as a narcotic. This leaflet reviews some important safety information about opioids.

Patients, family, friends, and caregivers can play an important role in the safe use of these medicines; share this information with them.

With opioids, there is a fine balance between effective pain control and dangerous side effects.

**Signs of Overdose**

Stop taking the drug and get immediate medical help if you experience the following:

- Severe dizziness
- Inability to stay awake
- Hallucinations
- Heavy or unusual snoring
- Slow breathing rate

Your family member or caregiver needs to call 911 if:

- You can’t speak clearly when you wake up
- They can’t wake you up

Available from: www.ismp-canada.org/opioid_stewardship/
Opioids for pain after surgery: Your questions answered

1. Changes?
- You have been prescribed an opioid. Opioids reduce pain but will not take away all your pain. Ask your prescriber about other methods of reducing pain including using ice, stretching, physical therapy, or non-opioid drugs like acetaminophen or ibuprofen. Know your pain control plan and work closely with your prescriber if your pain does not improve.

2. Continue?
- Opioids are usually required for less than 1-2 weeks after surgery. As you continue to recover from your surgery, your pain should get better day by day. As you get better, you will need less opioids. Consult your doctor or pharmacist about how and when to reduce your dose.

3. Proper Use?
- Use the lowest possible dose for the shortest possible time. Overdose and addiction can occur with opioids. Avoid alcohol and sleeping pills (e.g., benzodiazepines like lorazepam) while taking opioids. Do not drive while taking opioids.

4. Monitor?
- Side effects include: sedation, constipation, nausea and dizziness. Contact your doctor or pharmacist if you have severe dizziness or inability to stay awake.

5. Follow-Up?
- Ask your prescriber when your pain should get better. If your pain is not improving as expected, talk to your healthcare provider.

Did you know?
- About 14 Canadians are hospitalized each day with opioid poisoning. — Canadian Institute for Health Information, 2017

Examples of opioids used for pain after surgery:

<table>
<thead>
<tr>
<th>Hydromorphone</th>
<th>Morphine</th>
<th>Codeine</th>
<th>Oxycodone</th>
<th>Tramadol</th>
</tr>
</thead>
</table>

Notes:

Available from: www.ismp-canada.org/opioid_stewardship/
Storage and Disposal

PREVENT MEDICATION ACCIDENTS

1. Store medications out of sight and reach of:
   - Children and teens
   - Visitors
   - Pets

2. Place unused medications in a bag and bring to a pharmacy.

3. For locations that accept returns:
   - 1-844-535-8889
   - healthsteward.ca

Ask a healthcare provider if you have questions.

Available from: www.ismp-canada.org/opioid_stewardship/
Opioid Prescriptions Over Time

Figure 5. Patterns in opioids dispensed to treat pain

Ontario Drug Policy Research Network
Thank You

Sylvia Hyland: shyland@ismp-canada.org

General Inquiries: info@ismp-canada.org

There are no commercial financial affiliations related to the content of the presentation or enduring material.