



# Opioids and Chronic Pain: Case studies and Personal Experience

- Dr Rupa Patel, MD, CCFP, FCFP
  - Assistant Professor, Department of Family Medicine, Queen's University
  - Kingston Community Health Center

# Faculty/Presenter Disclosures:

- **Relationships with commercial interests:**
  - **Grants/Research Support:** None
  - **Speakers Bureau/Honoraria:** None
  - **Consulting Fees:** None

**2011**

Oxycontin 400 mg  
BID, multiple  
hospital and ER  
visits

**2011-2013**

What would you  
understand  
about my pain?  
You don't have  
pain!

**I walk for an hour  
a day and feel  
better than I have  
for a decade**

**2013-2018**

# Objectives

1. Review the evidence for opioids in chronic pain
2. Review the harms of chronic opioid use
3. Explain the current guidelines for responsible prescribing
4. Explain the need for a harm reduction approach when prescribing opioids

# Opioid deaths soaring, study finds

Opioid-related deaths in Ontario jumped by a whopping 242 per cent over two decades, according to a study by ICES and St. Mike's.

Science News

*from research organizations*

## One in every six deaths in young adults is opioid-related

Rate of opioid-related deaths in Ontario has tripled in past fifteen years, with most significant increase in young adults

Date: April 25, 2018

HEALTH

March 28, 2018 11:42 am

Updated: March 28, 2018 11:44 am

# Canada breaks record for annual opioid-related deaths as crisis worsens

By Jim Bronskill The Canadian Press



# 'One bad pill': Parents of Ottawa teen killed by opioid overdose speak out

NAOMI LIBRACH

FIRST POSTED: FRIDAY, FEBRUARY 24, 2017 08:29 PM EST | UPDATED: FRIDAY, FEBRUARY 24, 2017 08:44 PM EST



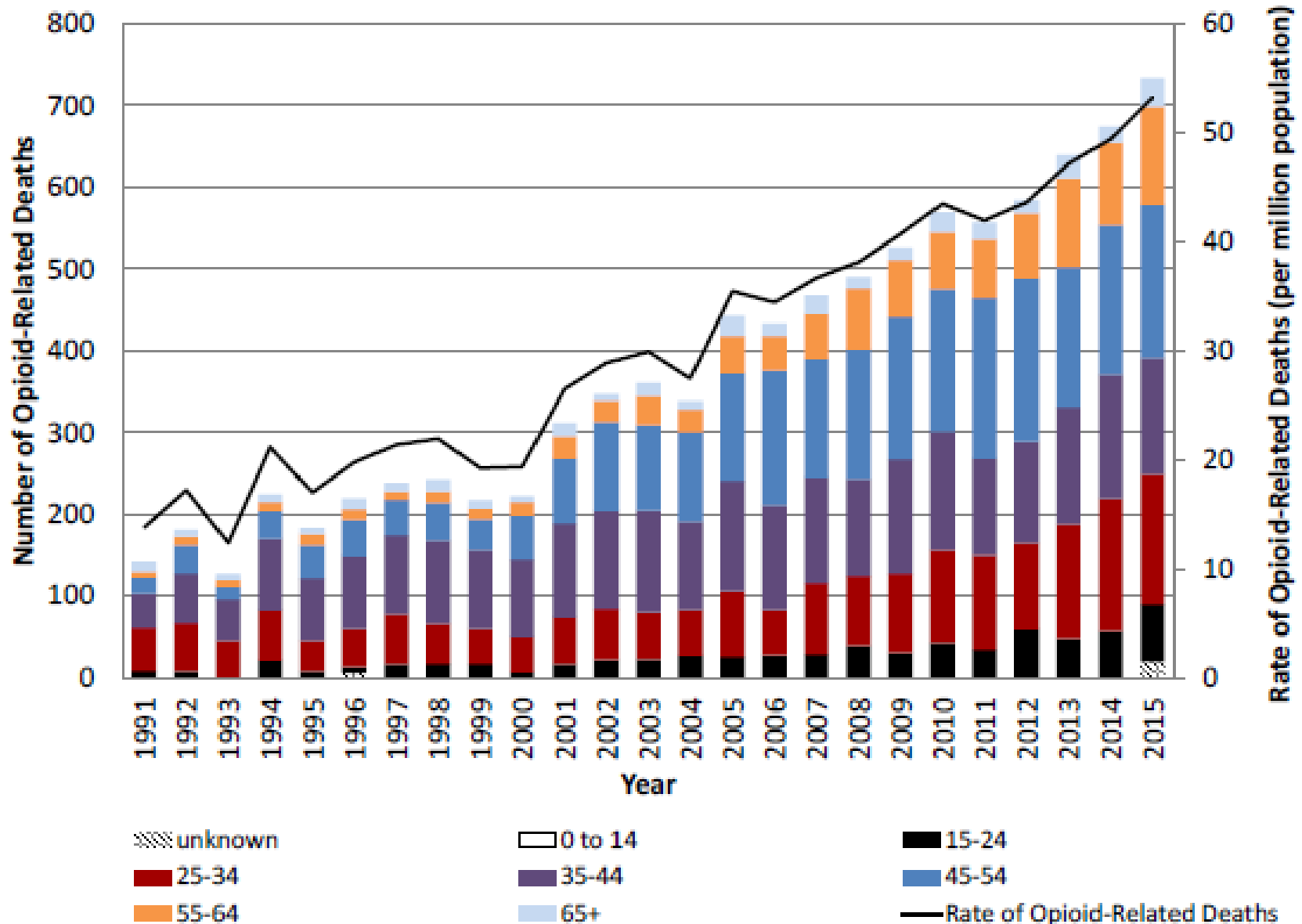
**Teslin Russell died in December. Her parents are now speaking out about opioid overdoses.**

Teslin Russell's heartbroken parents have been left with two hard-to-reconcile images of their 18-year-old daughter. One, the high-achieving student who taught children to skate every Saturday. The other, the young woman found lifeless on the family's bathroom floor after an opioid overdose.

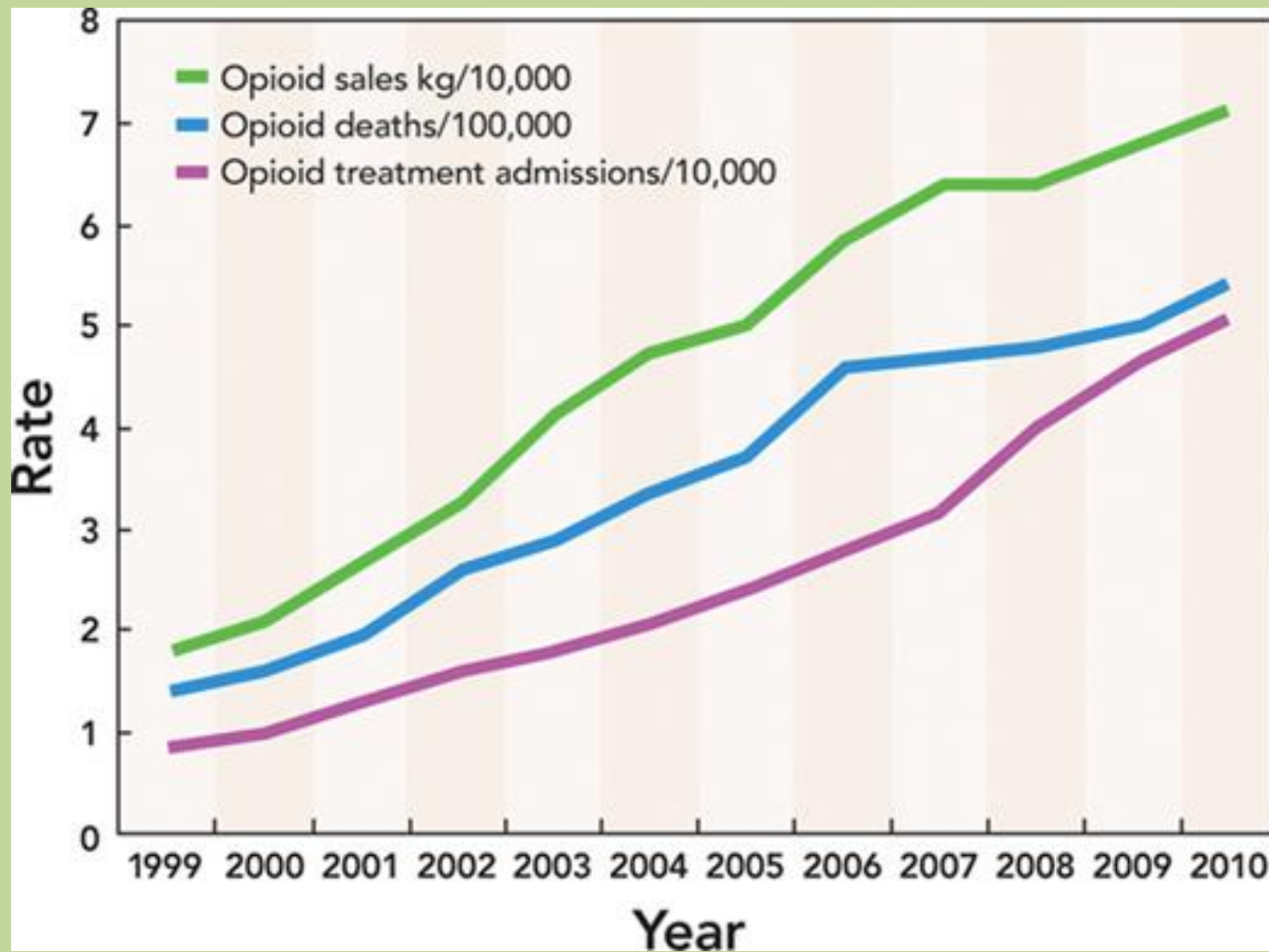
Looking back now, Rilee and Bob Russell say nothing about Teslin had changed leading up to her death: Her personality, interests and bank account yielded no clues.

"That's the hard part for us," Rilee said Friday. "There was no indication. We're not having the luxury of having the knowledge that she had a problem to even try and fix. ... It's very difficult for us to grasp that this has even happened.

Figure 1: Trends in Opioid-Related Deaths by Year and Age Groups in Ontario, 1991 to 2015



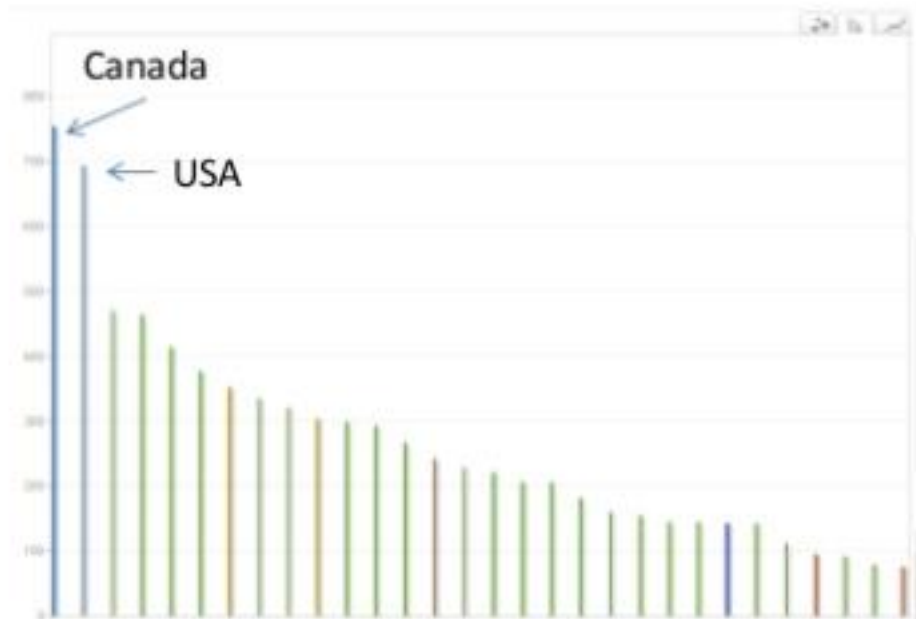




Kolodny, A et al 2015: Annu. Rev. Public Health 36:559-74.

- Canada and USA have the highest opioid consumption per capita in the world:

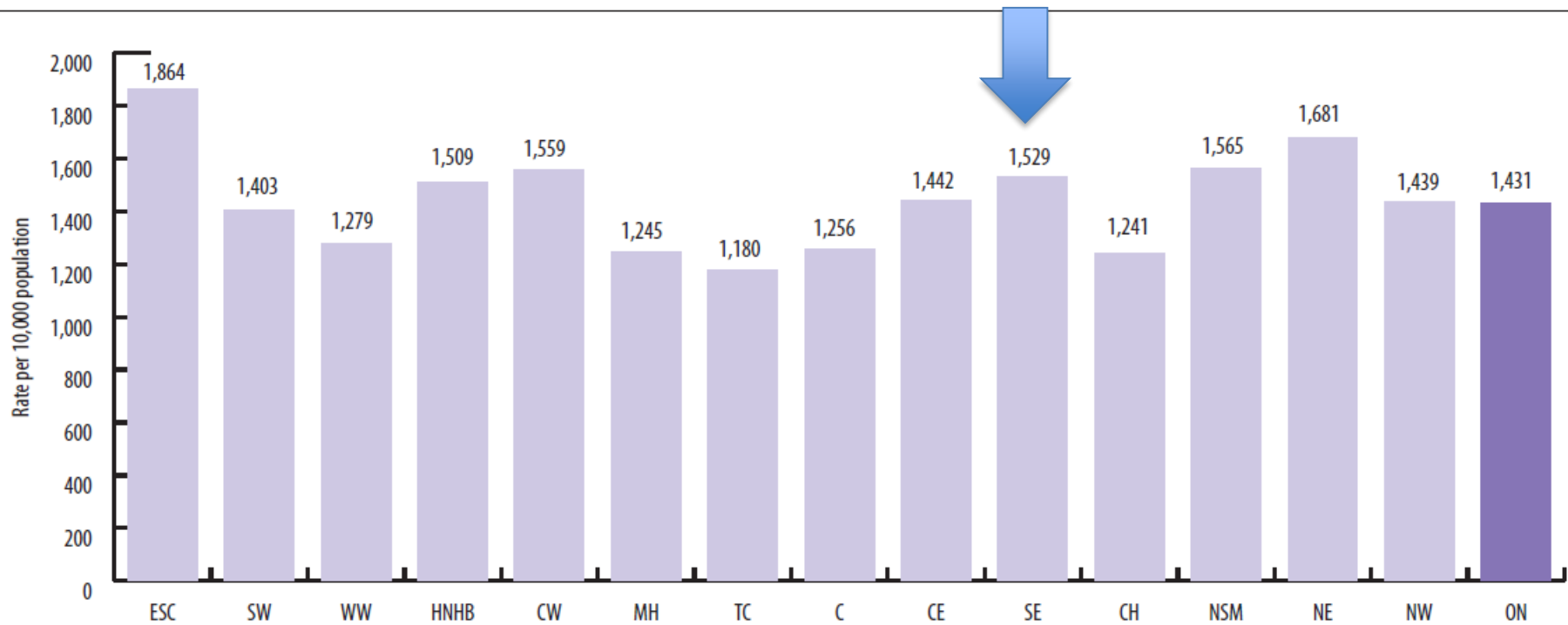
- Canada: 753 mg MEQ dispensed per capita, annually
- USA: 693 mg MEQ dispensed per capita



Note: consumption does not include hydrocodone. Inclusion of hydrocodone leads to USA having higher consumption than Canada

# Highest prescribing province

Figure 1.5: Rate of individuals dispensed an opioid per 10,000 population, by LHIN, FY 2014/15



Data source: Narcotics Monitoring System (NMS), MOHLTC, 2014/15.

# Ontario

New Record: 9 million opioid prescriptions filled in Ontario

Français

The **top prescribers** of opioids were



**Family physicians – 38%**

[mainly codeine, oxycodone, and hydromorphone]

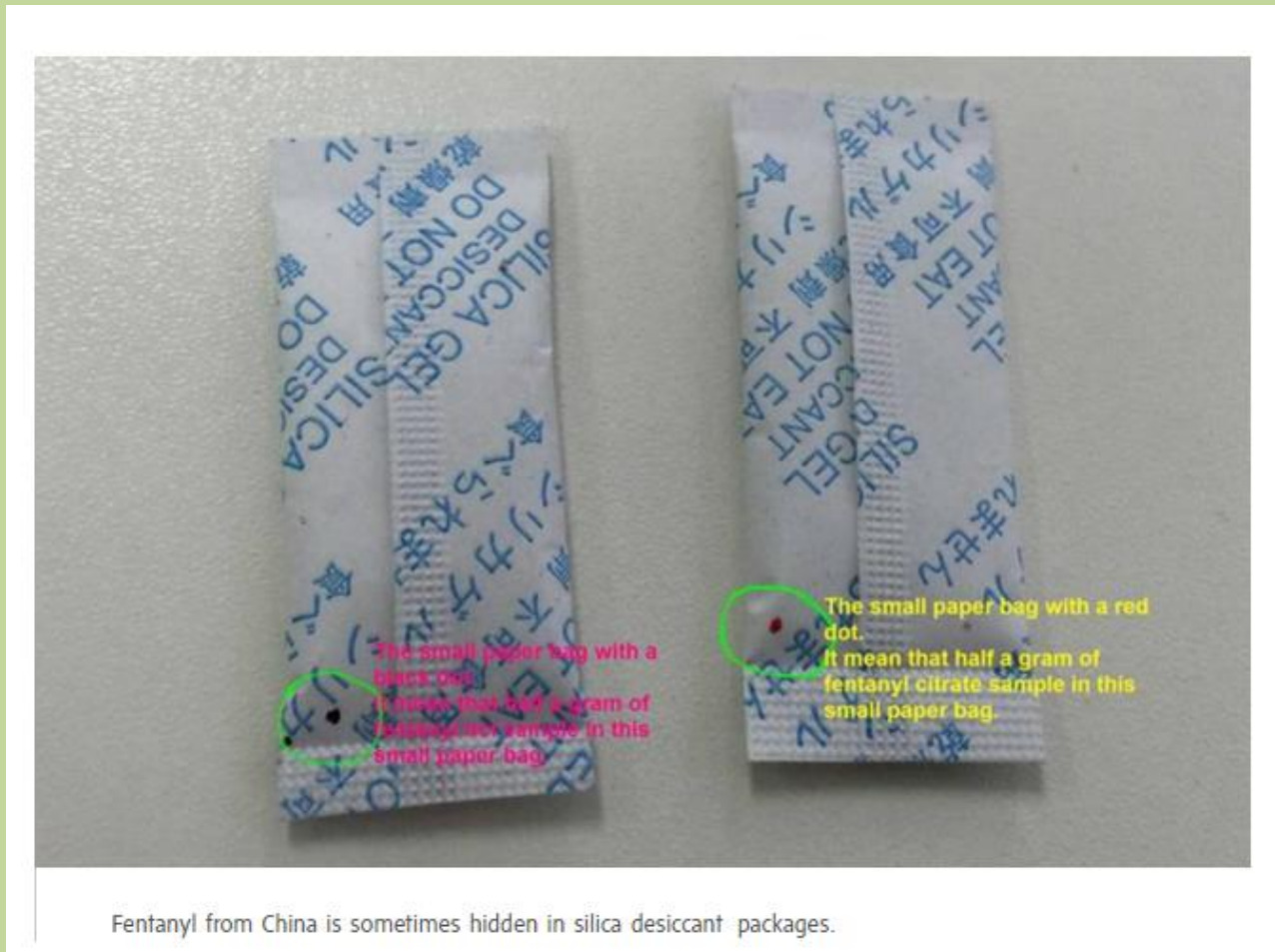
and **Dentists – 17%**

[mainly codeine]





# Powdered Fentanyl (“bootleg”)





# Carfentanil:

## Powerful opioid carfentanil detected in Ontario for first time

**KAREN HOWLETT**

The Globe and Mail

Published Tuesday, Dec. 06, 2016 7:45PM EST

Last updated Tuesday, Dec. 06, 2016 7:47PM EST

**NEWS** CALGARY

**DEADLY DOSE**

## Carfentanil seizure in Calgary had potential to wipe out Canada's population

BY DAMIEN WOOD, POSTMEDIA NETWORK

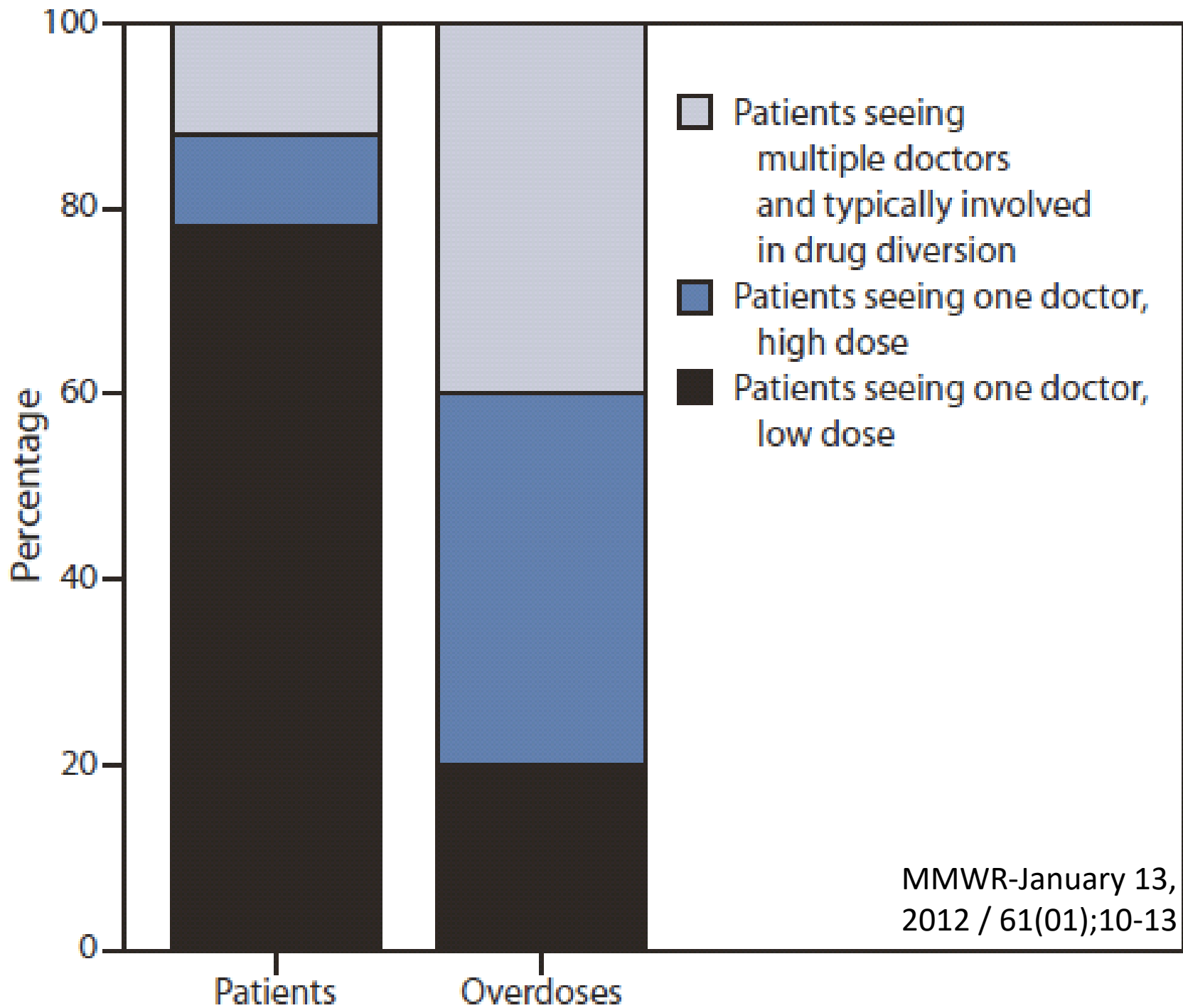
FIRST POSTED: WEDNESDAY, AUGUST 10, 2016 03:22 PM MDT | UPDATED: THURSDAY, AUGUST 11, 2016 07:37 AM MDT

## Deadly opioid carfentanil detected in two deaths in Alberta

'The smallest trace of carfentanil can be lethal and Albertans should be aware of the life-threatening dangers'

CBC News | Posted: Oct 07, 2016 3:04 PM MT | Last Updated: Oct 07, 2016 4:33 PM MT





Most patients who become addicted to opioids begin with prescription opioids

**2013-2015**

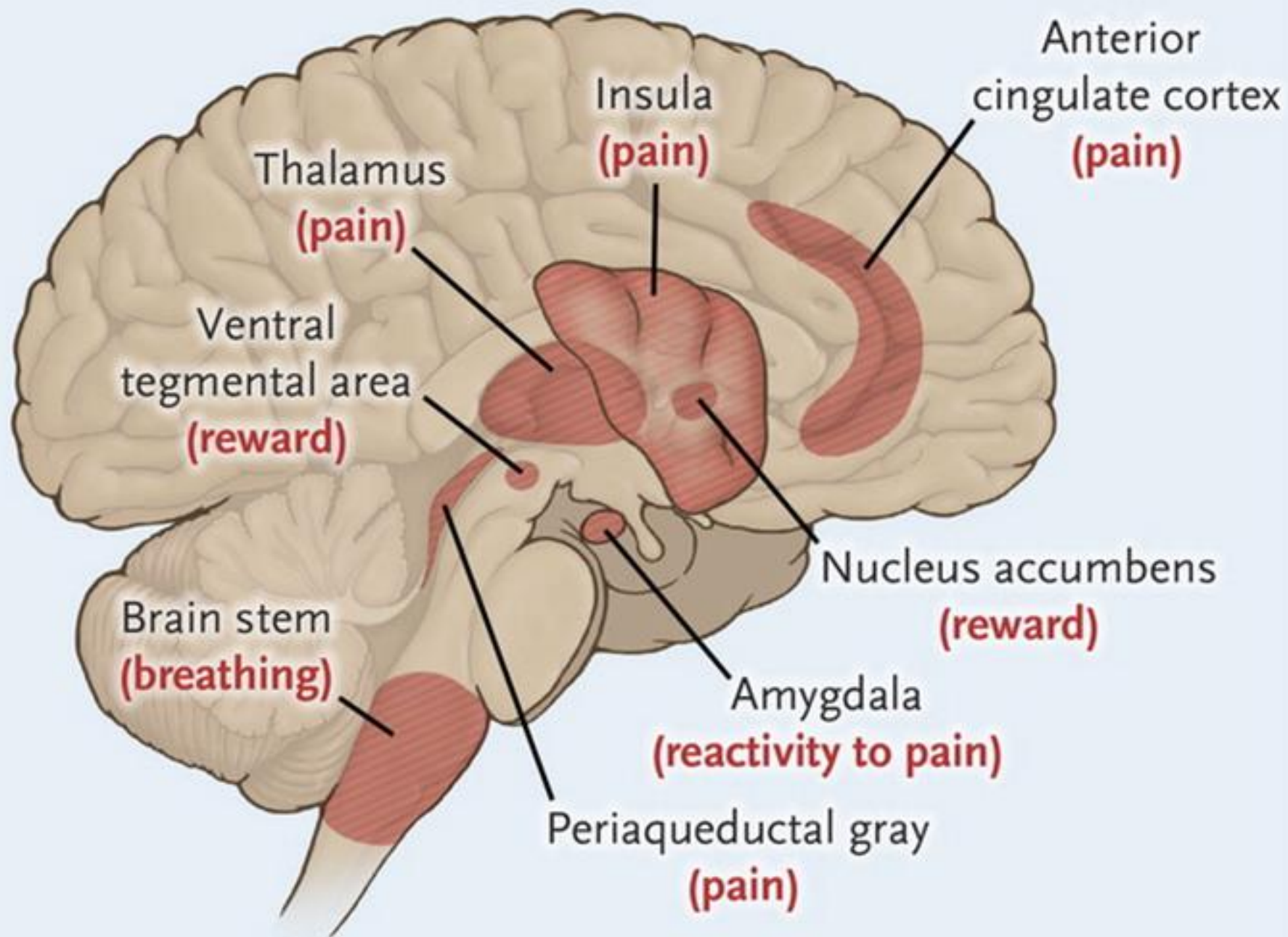
Hydromorphone 2-  
4 mg tabs, 10  
tabs/day and  
escalating

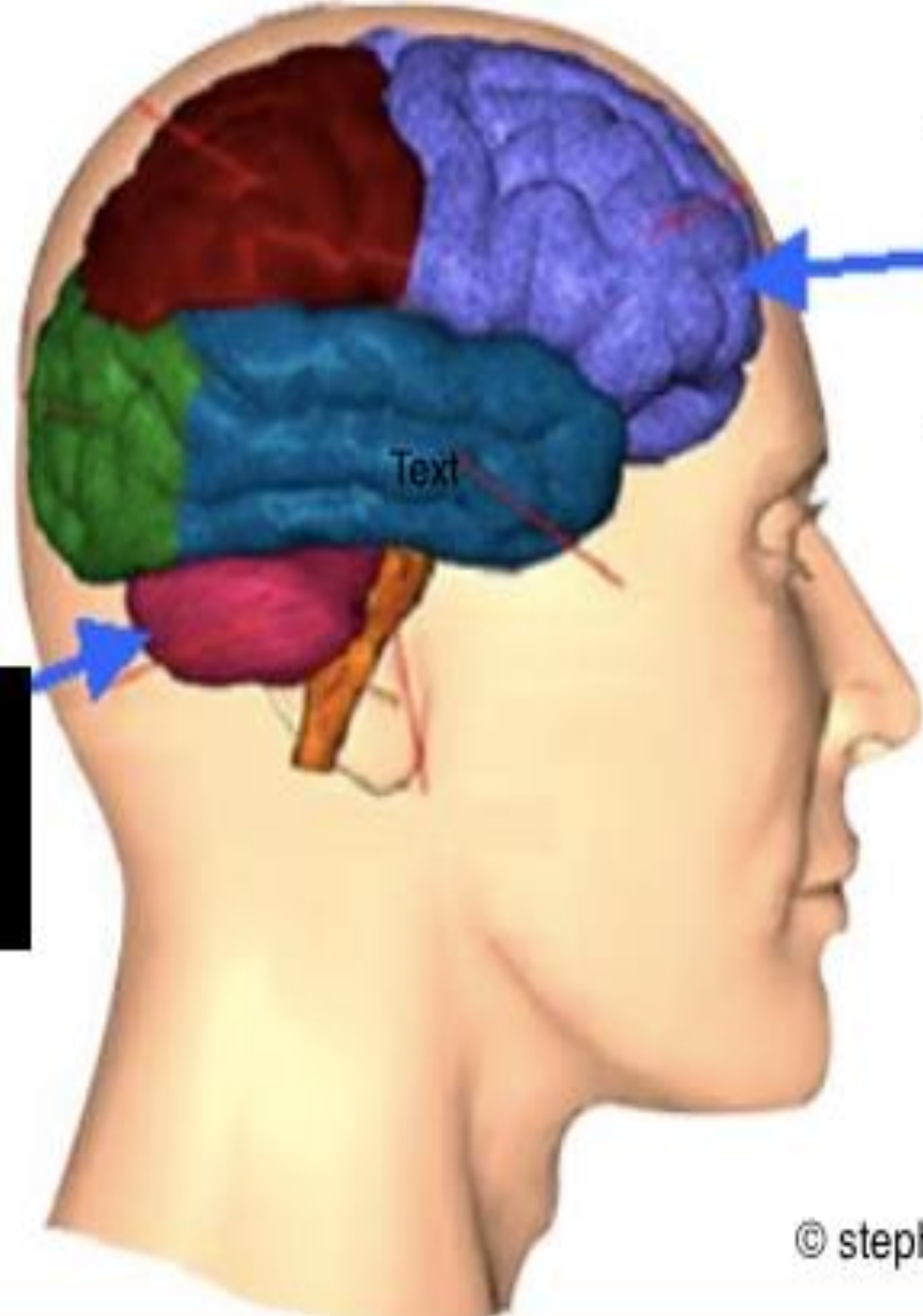
**2015-2016**

**I can't live  
like this  
anymore**

I wish doctors  
were never  
allowed to  
prescribe pain  
pills.

**2016-2018**





Thinking  
Brain

Fast  
5x more  
powerful

Emotional  
Brain

Irrational  
Emotional  
Illogical

Rational  
Thinking  
Logical

Slow  
5x weaker

# Opioid Tolerance





# Opioid Dependence

- Anxiety
- Muscles aches
- Restlessness
- Irritability
- Inability to sleep
- Frequent yawning
- Flu-like symptoms:
  - Diarrhea
  - Nausea / Vomiting
  - Rapid Heartbeat





# Opioid Addiction

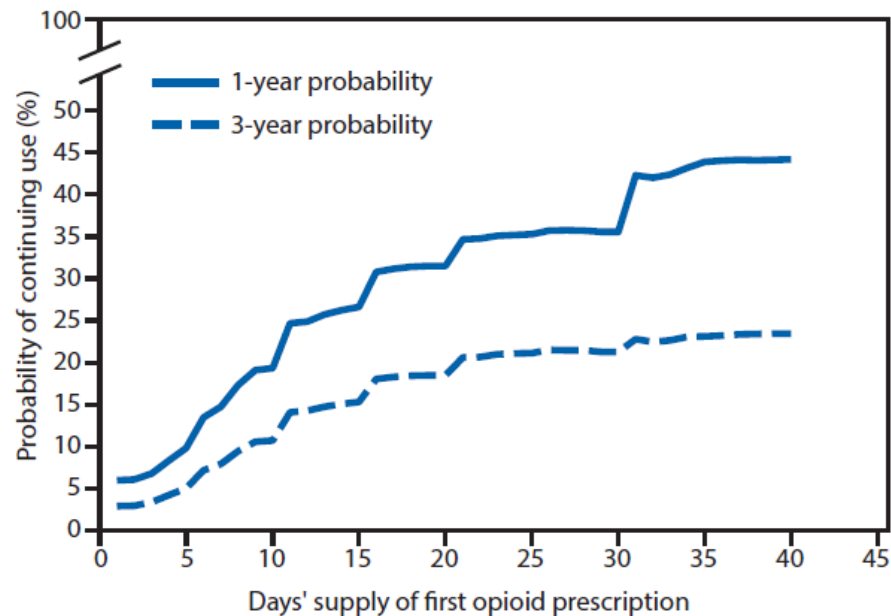


- Craving
- Compulsion
- use despite  
Consequences
- loss of Control

# MMWR March 17 2017:Vol 66/No.10

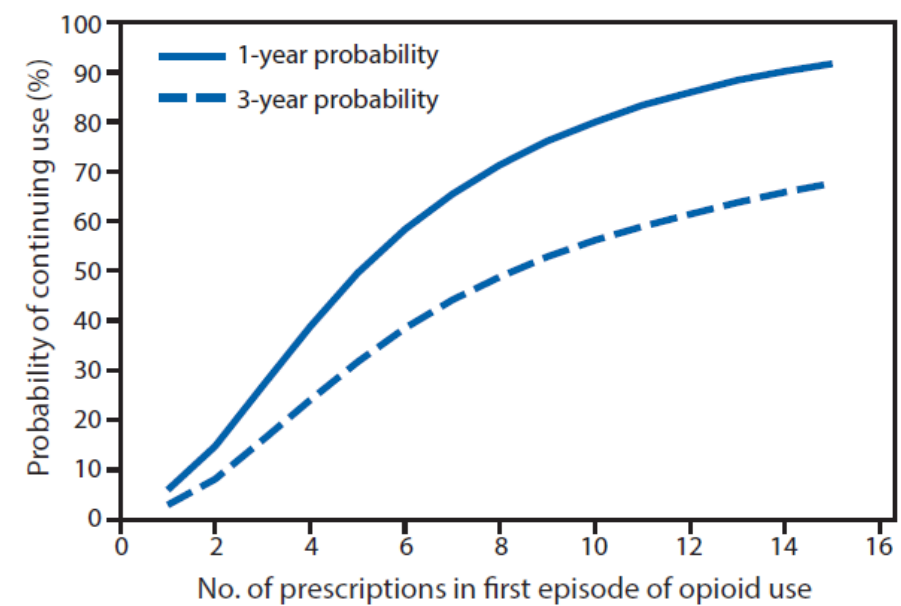
## A. Shah **FIRST EXPOSURE**

FIGURE 1. One- and 3-year probabilities of continued opioid use among opioid-naïve patients, by number of days' supply\* of the first opioid prescription — United States, 2006–2015



\* Days' supply of the first prescription is expressed in days (1–40) in 1-day increments. If a patient had multiple prescriptions on the first day, the prescription with the longest days' supply was considered the first prescription.

FIGURE 2. One- and 3-year probabilities of continued opioid use among opioid-naïve patients, by number of prescriptions\* in the first episode of opioid use — United States, 2006–2015



\* Number of prescriptions is expressed as 1–15, in increments of one prescription.

Second information on pain intensity or

# Risk

- 1 day script = 6% rate of long term use
- 6 day script = 12%
- 12 day script = 24%
  
- 3 days or 30 tabs should be the max amount people are given....we need a policy!

**2011**

Oxycontin and  
Percocet tabs.  
multiple hospital  
visits, knee and  
back pain

**2011-2013**

You're the worst doctor I've  
ever had! I'm going to  
report you to the college.

**I feel the best I  
ever have now.**

**2013-2018**

[◀ PREV ARTICLE](#) | [THIS ISSUE](#) | [NEXT ARTICLE ▶](#)

REVIEWS | 17 FEBRUARY 2015

## 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 FREE

*Roger Chou, MD; Judith A. Turner, PhD; Emily B. Devine, PharmD, PhD, MBA; Ryan N. Hansen, PharmD, PhD; Sean D. Sullivan, PhD; Ian Blazina, MPH; Tracy Dana, MLS; Christina Bougatsos, MPH; Richard A. Deyo, MD, MPH*

[Article, Author, and Disclosure Information](#)

### Data Synthesis:

No study of opioid therapy versus no opioid therapy evaluated long-term (>1 year) outcomes related to pain, function, quality of life, opioid abuse, or addiction.

# The 90% of chronic pain for which opioids have not proven helpful



**Axial low back pain without a pathoanatomic diagnosis**

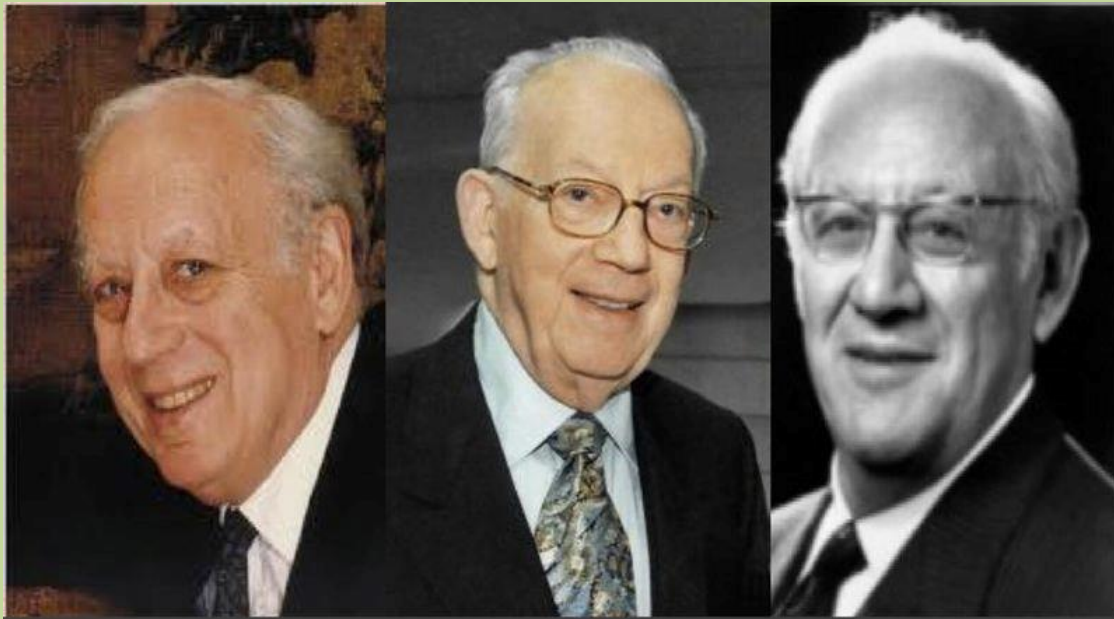


**Fibromyalgia**



**Headache**





**L – R Mortimer, Raymond & Arthur Sackler  
The 3 Psychiatrists who Hooked the US on Opiates**



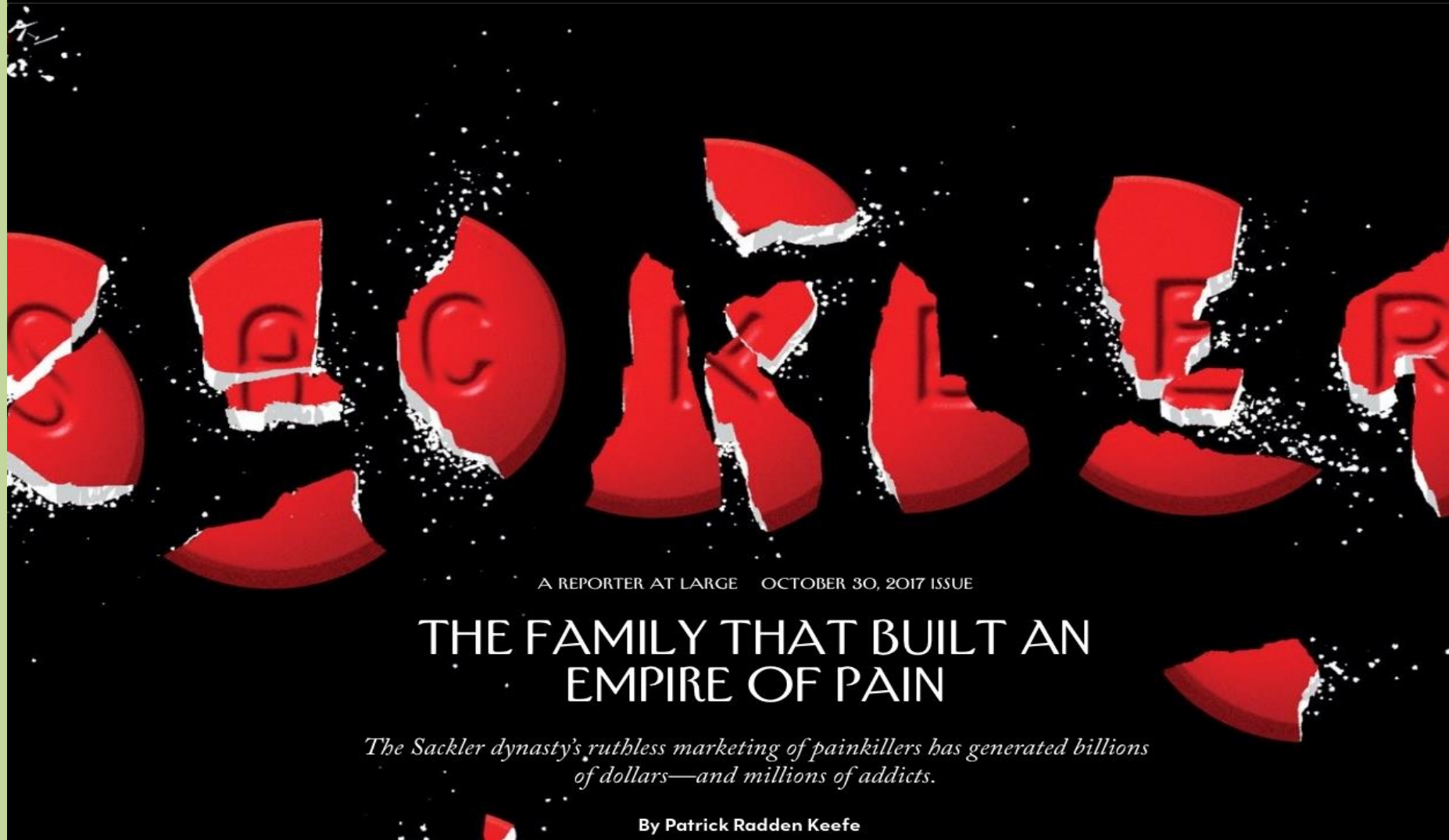
- “He recognized that selling new drugs requires a seduction of not just the patient but the doctor who writes the prescription.”





**KENTUCKY TAKES  
PURDUE PHARMA TO COURT  
OVER OXYCONTIN ADDICTION**





A REPORTER AT LARGE OCTOBER 30, 2017 ISSUE

# THE FAMILY THAT BUILT AN EMPIRE OF PAIN

*The Sackler dynasty's ruthless marketing of painkillers has generated billions of dollars—and millions of addicts.*

By Patrick Radden Keefe

**2011**

Oxycontin for  
fibromyalgia, knee  
pain, depression

**2011-2013**

I'm in so much pain  
you don't  
understand

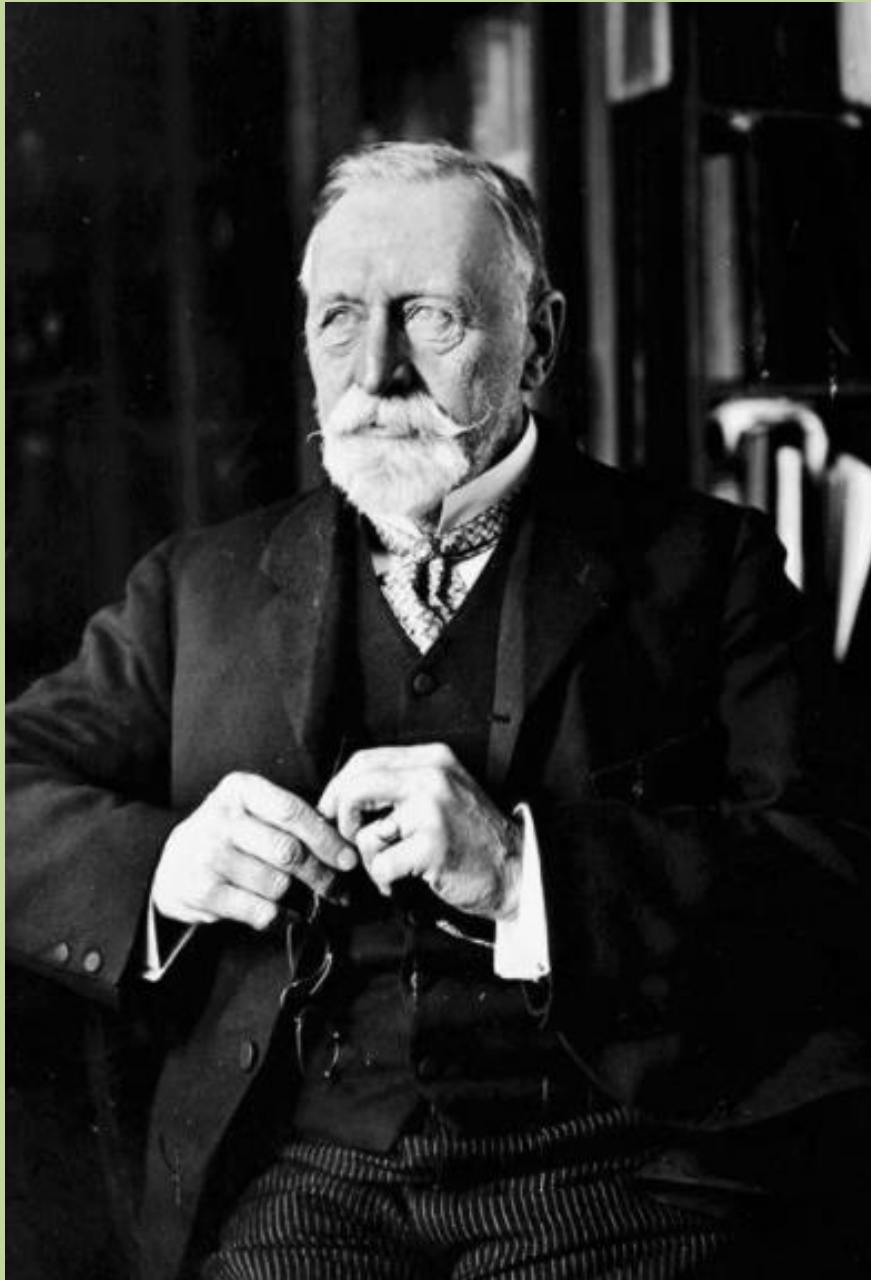
I do online tai chi  
and mindfulness  
every day

**2013-2018**

# 51 percent of opioid prescriptions go to people with depression and mood disorders

Health Jun 27, 2017 12:12 PM EDT

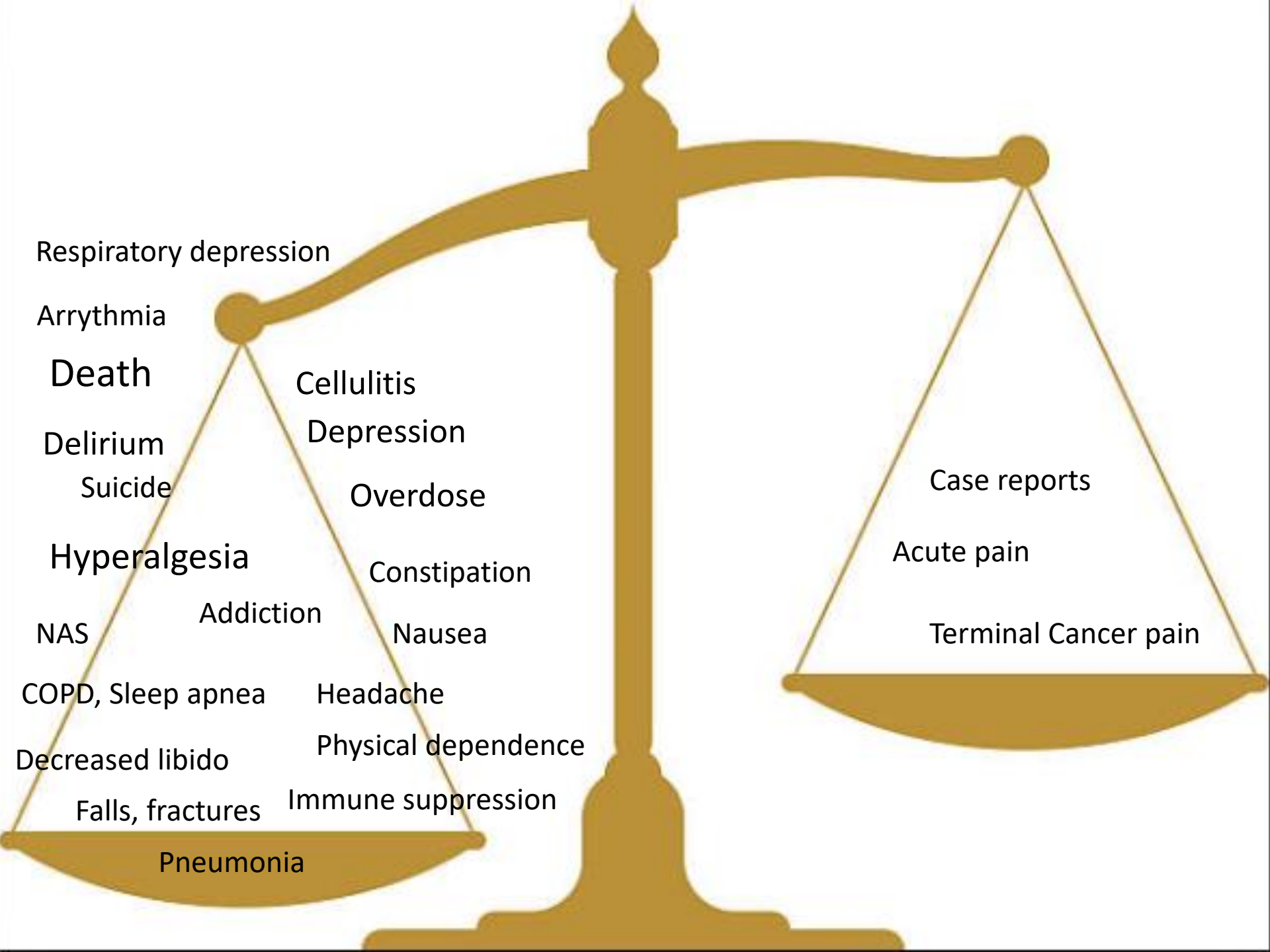
Prescription Opioid Use among Adults with Mental Health Disorders in the United States  
Matthew A. Davis, Lewei A. Lin, Haiyin Liu, and Brian D. Sites:  
J Am Board Fam Med July-August 2017 30:407-417;



## Historical Evolution

- Sir Thomas Clifford Albutt, 1836-1925
- “Does morphia tend to encourage the very pain it pretends to relieve? I have much reason to suspect that a reliance upon hypodermic morphia only ended in that curious state of perpetuated pain.”





Respiratory depression

Arrhythmia

**Death**

Delirium

Suicide

**Hyperalgesia**

NAS

COPD, Sleep apnea

Decreased libido

Falls, fractures

**Pneumonia**

Cellulitis

Depression

Overdose

Constipation

Nausea

Headache

Physical dependence

Immune suppression

Case reports

Acute pain

Terminal Cancer pain



# Opioid Efficacy and Safety:

- Opioids **DO** have proven efficacy in acute pain and cancer pain
- Opioids **DO NOT** have proven efficacy or safety for treating chronic pain long term
- **Analgesia from opioids deteriorates over time, and patients develop opioid refractoriness**
- **Addiction is a far greater problem than once thought**

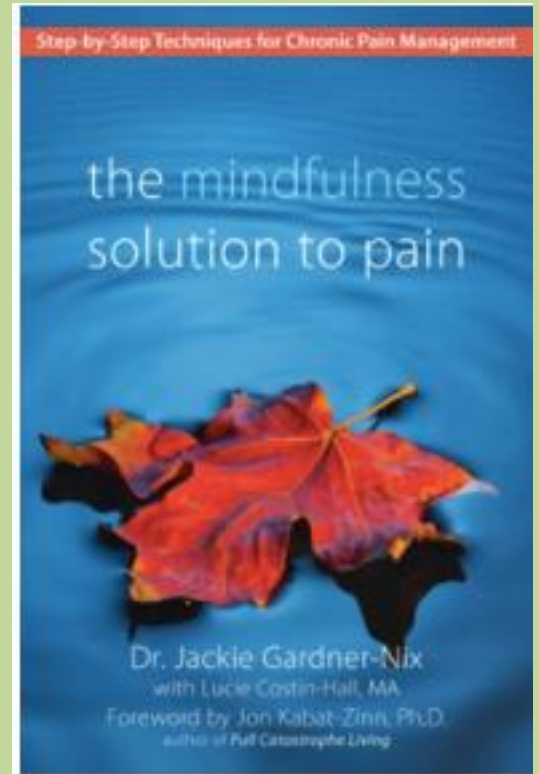


## MINDFULNESS BASED STRESS REDUCTION

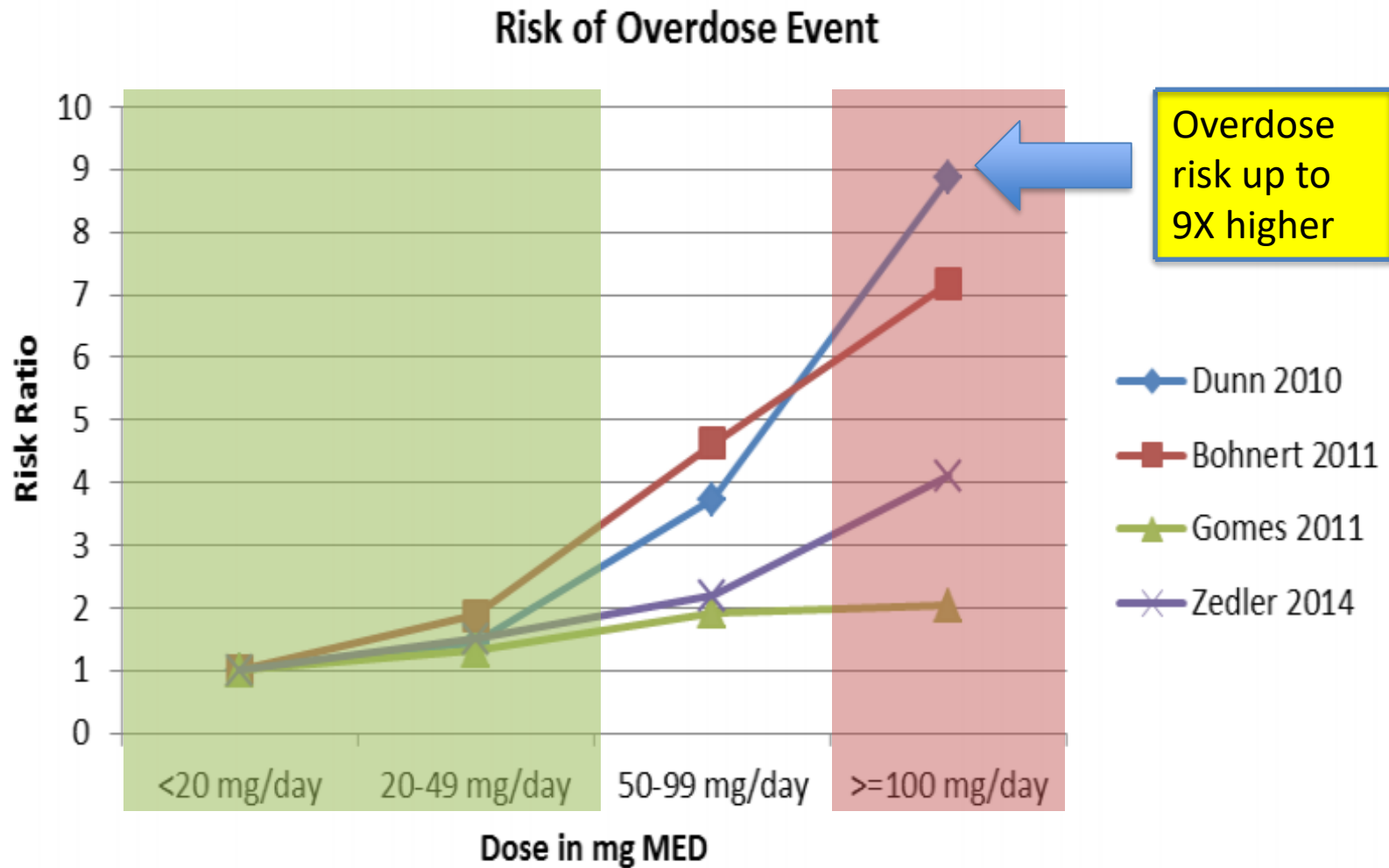


**LivingWell**  
South East

Self-Management Program  Ontario



# What is the upper limit??



opioid-related causes a median of 2.6 years after the first opioid prescription; the proportion was as high as 1 in 32 among patients receiving doses of 200 MME or higher.<sup>5</sup> We know of no other medication routinely used for a nonfatal condition that kills patients so frequently.

The new CDC guideline em-

in c  
veal  
help  
prov  
in p  
did  
oids  
redu  
mer  
infl



# Guidelines and more Guidelines

- ~~• Canadian Pain guidelines (McMaster) 2017~~
- ~~• Health Quality Ontario Opioid Prescribing Standards 2018~~
- **CDC Guidelines for Prescribing Opioids for Chronic Pain, March 18, 2016.**

# 2016 CDC guidelines for opioid prescribing for chronic pain

## Guideline Resources: Clinical Tools



The [Guideline for Prescribing Opioid for Chronic Pain](#) is intended to help providers determine when and how to prescribe opioids for chronic pain, and how to use nonopioid and nonpharmacologic options that are effective with less risk. The clinical tools below have been developed with you, the primary care provider, in mind, to help you carry out the complex task of balancing pain management with the potential risks that prescription opioids pose.

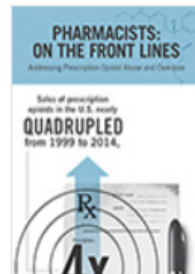
### Mobile App



[Opioid Prescribing Guideline Mobile App](#)

[PDF - 648 KB]

### Pharmacists' Brochure



[Pharmacists: On the Front Lines](#)

[PDF - 1 MB]

### Pocket Guide: Tapering



[Pocket Guide: Tapering Opioids for Chronic Pain](#) [PDF - 2 MB]

### Fact Sheet



[Guideline for Prescribing Opioids for Chronic Pain: Recommendations](#)

[PDF - 690 KB]

### Checklist\*



[Checklist for Prescribing Opioids for Chronic Pain](#)

[PDF - 537 KB]

### Nonopioid Treatments



[Nonopioid Treatments for Chronic Pain](#)

[PDF - 2 MB]







# Harm Reduction

- Monitor Drug related infections-Hep C/HIV
- Naloxone-to everyone on chronic opioids above 50 MME/day
- Needle Exchanges in all communities
- Safe Injection Sites
- Methadone
- Suboxone
- Addiction and Mental Health Services

# Community Opioid Load: Concept to Action in Kingston-KFLA





# Tapering: Opioid Rotation for Faster Dose Reduction

- Change opioid but reduce daily dose by 50%
- Principle of incomplete cross tolerance (critical to avoid risk of overdose)

## Slow Opioid Tapering

- Reduce opioids as patient acquires more coping skills
- Taper 10% of daily dose Q 4 weeks
- Regular appts at each dose decrease (q 4 weeks)
- Remain calm & supportive
- Your support will be internalized by your patient



RX: Kadian SR 100 Mg tabs

Take 3 tabs every 12 hours

Dispense 42 tabs every 7  
days starting Tuesday, May  
10, 2016

M: 168 tabs

Call me if any questions at  
613-888-8242 cell

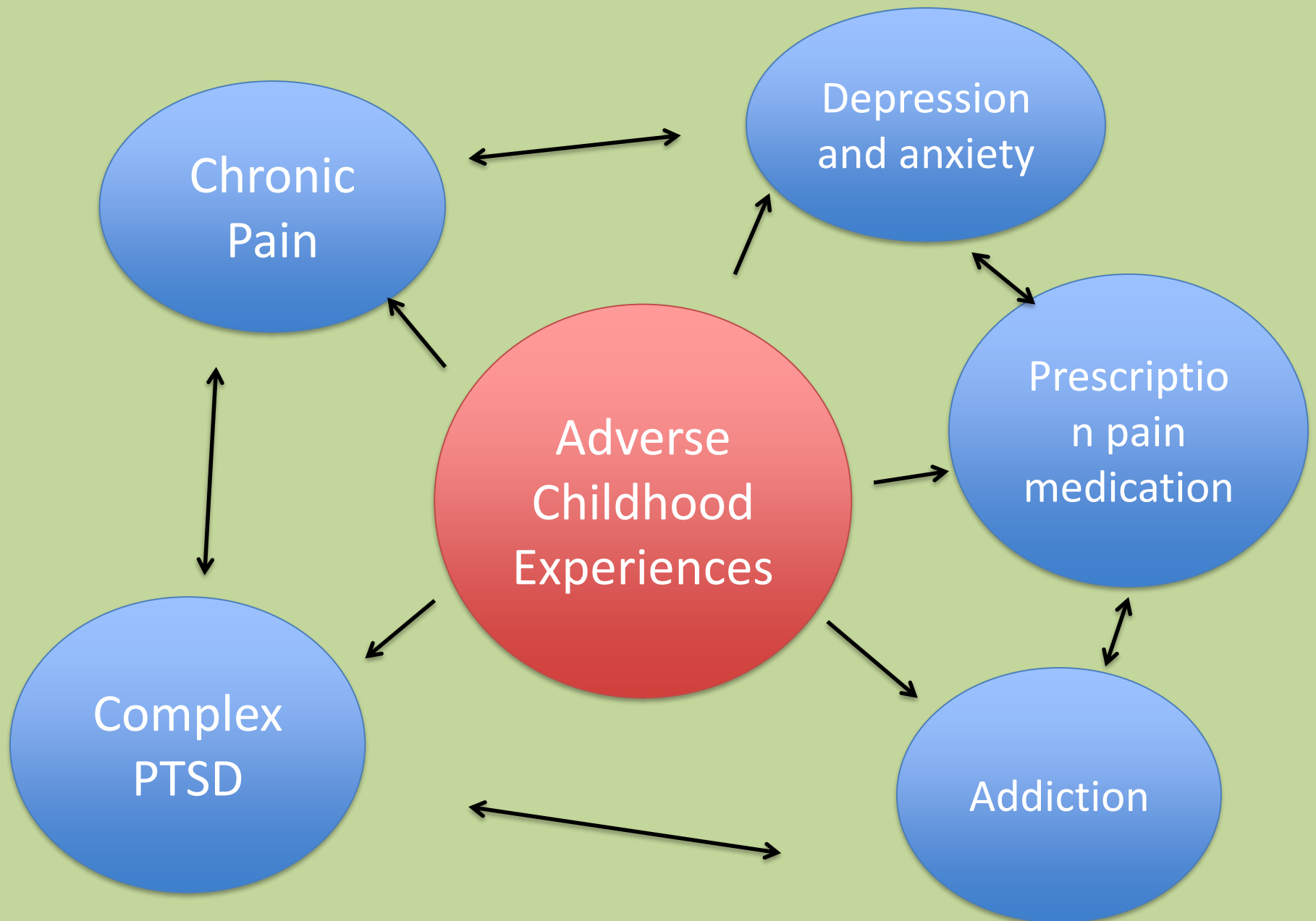
<b>Opioids Dispensed to Your Patients</b> (pages 5-9)	# Patients Dispensed an Opioid	# Patients Newly Dispensed an Opioid	# Patients Dispensed an Opioid and Benzodiazepine	# Patients With a High-Dose Opioid >90 mg MEQ Daily
	<b>1 to 5</b>	<b>0</b>	<b>0</b>	<b>0</b>

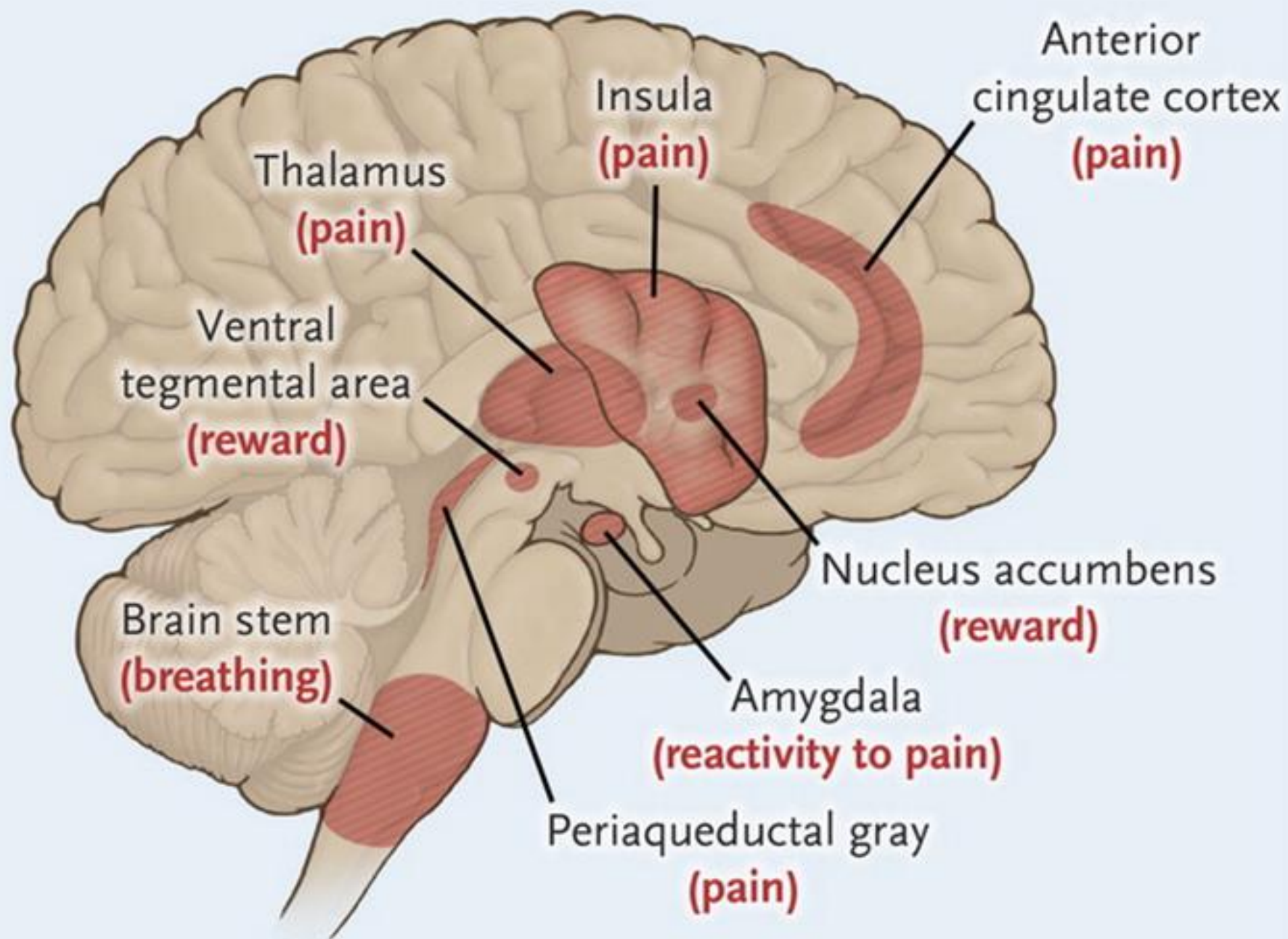
# Opioid prescribing

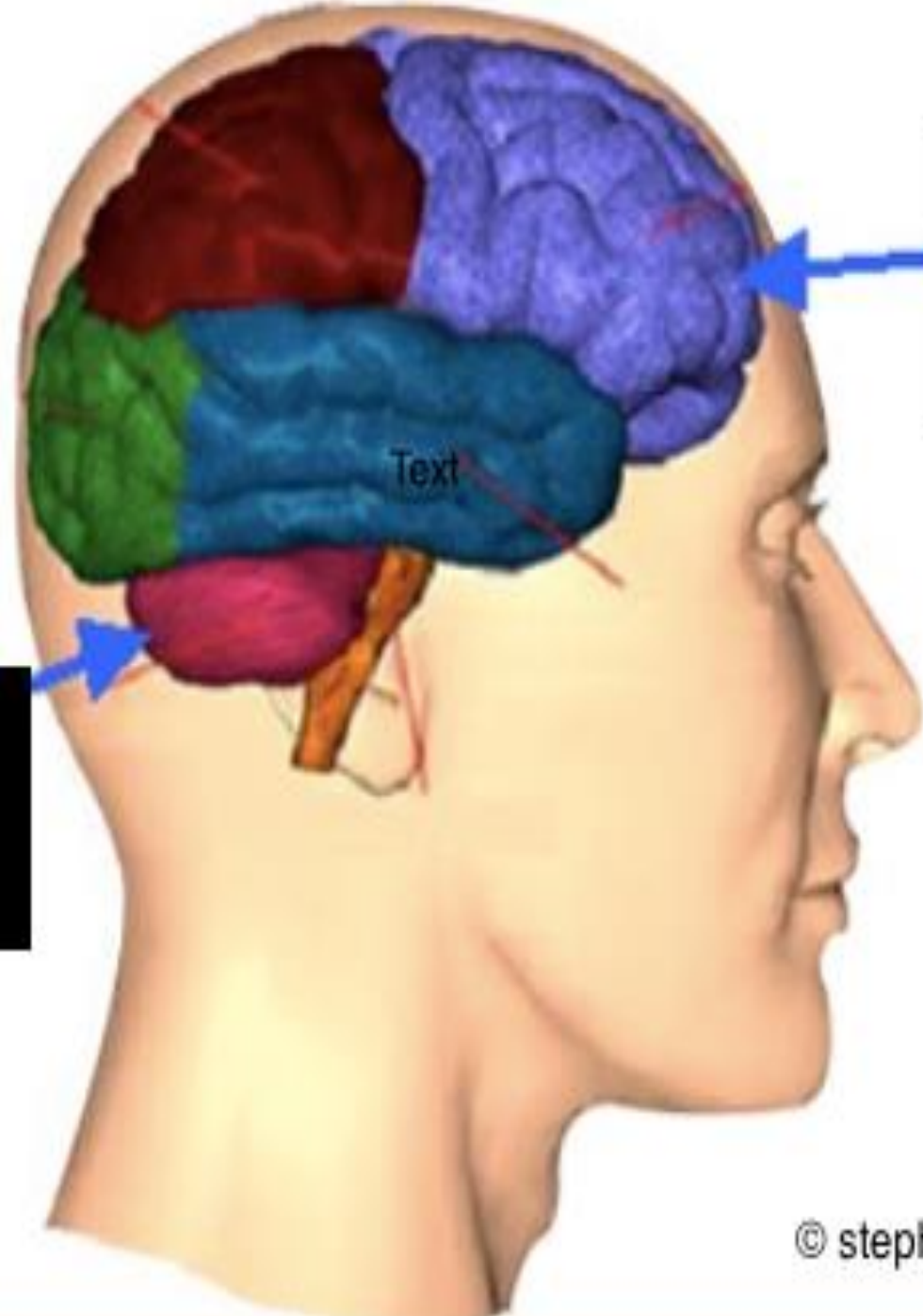
- Reducing prescribed opioid diversion
  - Evidence supports for every 8 percent reduction in prescribing, 12 percent reduction in overdose death

Mandatory Provider Review And Pain Clinic Laws Reduce The Amounts Of Opioids Prescribed And Overdose Death Rates. Deborah Dowell, Kun Zhang, Rita K. Noonan, and Jason M. Hockenberry. Health Affairs 2016 35:10, 1876-1883

# The ACE study- the most important study in medicine







Thinking  
Brain

Fast  
5x more  
powerful

Emotional  
Brain

Irrational  
Emotional  
Illogical

Rational  
Thinking  
Logical

Slow  
5x weaker



"We believe that here is a key to what in mainstream epidemiology appears as women's natural proneness to ill-defined health problems like fibromyalgia, chronic fatigue syndrome, obesity, irritable bowel syndrome, and chronic non-malignant pain syndromes. In light of our findings, we now see these as medical constructs, artifacts resulting from **medical blindness** to social realities and ignorance of the impact of gender."

# MOTIVATIONAL INTERVIEWING

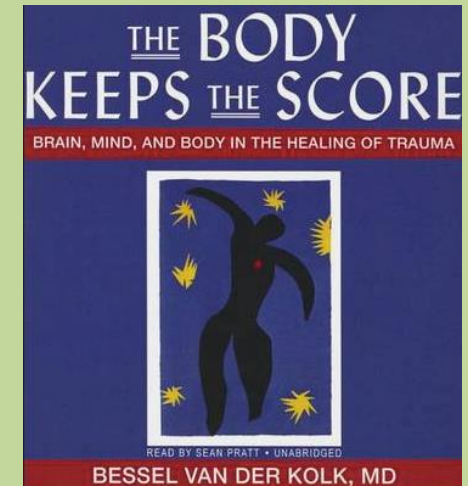
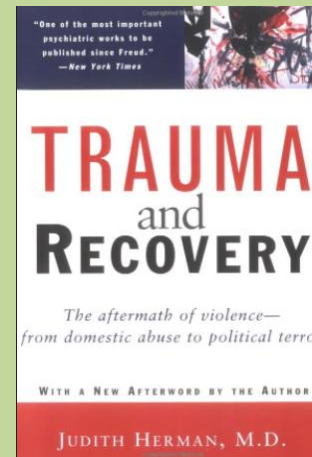
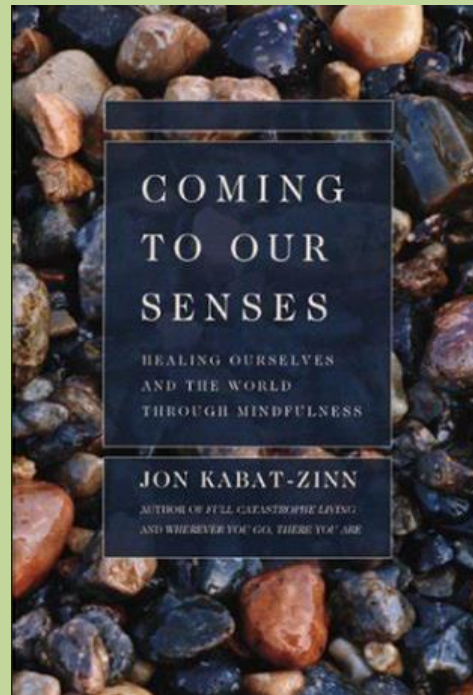


## Trauma-informed care

**Better care for everyone**

Eva Purkey, Rupa Patel and Susan P. Phillips

Canadian Family Physician March 2018, 64 (3) 170-172;



I wish I had known  
these pills were  
addictive

I do online tai  
chi and  
mindfulness  
every day

I lost a  
decade of my  
life to  
oxycontin

I wish  
doctors  
were never  
allowed to  
prescribe  
pain pills.

I feel the  
best I have  
ever felt  
now