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General FAQs

Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain

- 1) What is the *Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain (CNCNP)*?**
 - It is an evidence-based guideline with 24 recommendations outlining how to use opioids to treat patients with chronic non-cancer pain.
- 2) Why was the guideline developed?**
 - Existing treatment information and guidelines were found to be outdated or too focused on specific health problems other than CNCNP.
 - Canadian physicians asked for clear, evidence-based guidance to safely manage treatment for CNCNP patients, using opioids.
- 3) Why is the guideline necessary?**
 - To improve the safety and care of chronic non-cancer pain patients being treated with opioids.
 - To safely manage potential side effects (including addiction) and the risk of opioid misuse; there is growing concern that opioid misuse is creating patient and public safety issues.
- 4) If there are risks associated with using opioids to treat chronic non-cancer pain, why use them?**
 - Opioids have been proven effective to reduce the intensity of pain for CNCNP patients, and can be part of an effective treatment process.
- 5) How many chronic non-cancer pain (CNCNP) patients are treated with opioids?**
 - We don't know because opioid prescriptions are not tracked in every province.
- 6) Will the new guideline prevent opioid misuse?**
 - Not completely. However, use of the new guideline may decrease the likelihood of misuse.
- 7) Are opioids the only treatment for chronic non-cancer pain (CNCNP)?**
 - No. Opioid treatment for CNCNP is only one of many treatments.
- 8) Does the new guideline cover other methods of treatment for chronic non-cancer pain (CNCNP)?**
 - No. The guideline only applies to treatment of CNCNP using opioids.

9) Who developed the new guideline?

- Several groups were involved in the research, drafting, reviewing and approval of the new guideline. These included:
 - A **Research team** of academic experts (research librarian and associate, epidemiologist and physician-researchers) who researched and drafted the initial recommendations.
 - A **National Advisory Panel (NAP)** consisting of 49 individuals from across Canada who reviewed the recommendations. The panel included:
 - ♦ Pain specialists
 - ♦ Family physicians
 - ♦ Addiction experts
 - ♦ Pharmacists
 - ♦ Academics
 - ♦ Nurses
 - ♦ Patient group representatives
 - ♦ The **National Opioid Use Guideline Group (NOUGG)** - 18 representatives from Canadian Medical Regulatory Authorities and the Federal Medical Regulatory Authorities of Canada (FMRAC) who coordinated the development and implementation of the guideline and were responsible for final approval.

10) Were chronic non-cancer pain (CNCP) patients consulted during the guideline's development?

- Yes, representatives from a national patient group provided feedback as part of the National Advisory Panel (NAP).

11) How long did it take to develop the guideline?

- It took nearly three years to research, review and approve the guideline.

12) Who made the final decision on the new guideline?

- The National Opioid Use Guideline Group (NOUGG), with input from the research team and the National Advisory Panel (NAP).

13) When will the guideline be released?

- Release of the guideline is expected in Spring 2010.
- Implementation will follow throughout 2010 and into 2011.

14) Who will use the new guideline?

- Primary-care physicians and specialists who manage patients with chronic non-cancer pain (CNCP).
- It may also be useful for pharmacists who dispense opioids, and nurses and dentists involved in the treatment of patients with CNCP.

15) Does a physician have to follow the new guideline?

- No. Use of the guideline is voluntary.

Patient Treatment for Chronic Non-Cancer Pain (CNCP)

- 1) Will the new guideline affect a patient's treatment for chronic non-cancer pain (CNCP), if he or she is currently prescribed opioids?**
 - Under the new guideline, modifications to a patient's treatment may be considered, with the understanding that each patient/situation is different.

- 2) If a physician chooses not to follow the new guideline, will this put current and/or new patients at risk?**
 - All physicians have an obligation to ensure patient treatment is safe and effective, regardless of whether they choose to follow the new guideline.

- 3) Does the new guideline limit the dose of opioids a physician can prescribe for a patient with chronic non-cancer pain (CNCP)?**
 - The guideline makes recommendations on what is safe and effective opioid treatment for chronic non-cancer pain (CNCP). Whether this is less or more than what a physician currently prescribes will depend on the individual patient and situation.

- 4) If the new guideline recommends a lower dosage than a physician's current prescription, is the physician obligated to modify their treatment?,**
 - No. However, the physician should consider the most safe and effective treatment for his/her patient.
 - Note: The guideline recognizes that some patients may require higher doses of opioids. For example: cases where a patient benefiting from opioid treatment for CNCP develops a tolerance to the current dose.

- 5) What if patients 'doctor shop' or 'double doctor' to supplement a reduced opioid prescription?**
 - The same measures currently employed by regulatory bodies will be in effect to monitor and identify if this occurs.
 - If a physician's regulatory body doesn't track 'doctor shopping' or 'double doctoring', it will be important for the physician to use available information regarding the patient's prescription history and opioid use.

- 6) Can a physician refuse to treat patients with opioids for chronic non-cancer pain?**
 - Yes, but only if the physician determines there is a risk to the patient's safety or the physician does not feel qualified to handle treating CNCP with opioids.
 - In either case, alternate methods for treating chronic non-cancer pain should be considered.

- 7) Is there a risk that physicians will stop treating, or refuse to treat, chronic non-cancer pain patients with opioids because of the complexity and extra work involved?**
 - Most physicians are interested in providing quality care to their patients, however some may choose to defer treatment to others more familiar with treating CNCP.

Chronic Non-Cancer Pain (CNCP)

1) What is Chronic Non-Cancer Pain (CNCP)?

- Chronic non-cancer pain (CNCP) is classified as non-malignant pain that exists for more than six months. More specifically, CNCP is:
 - a symptom of many diseases including arthritis, spinal disc herniation, stroke and trauma
 - most commonly caused by low-back pain
 - associated with increased use of health services
 - the most common cause of long-term disability.

2) How many Canadians suffer from chronic non-cancer pain (CNCP)?

- Approximately 29 per cent of Canadians suffer from CNCP including:
 - 38 per cent of institutionalized seniors, and 27 per cent of seniors living in households.
 - Three million (10 per cent) Canadians who suffer from osteoarthritis.
 - One million (three per cent) Canadians who live with neuropathic pain, including headaches and nerve pain.