Frequently Asked Questions – For Patients

Why is there a Standard of Practice for Prescribing Opioids?

Should I start taking opioids?

I am already taking opioids, what should I know?

My physician says they will no longer write me prescriptions for opioids because they will get in trouble with the CPSM. Why are you preventing my physician from prescribing the opioids I need? My physician is lowering my opioid dose and it is no longer effective. How can I get access to appropriate care?

I suffer from chronic pain and my doctor has recommended that I use opioids, but I'm worried about becoming addicted. How can I tell if my doctor is prescribing me too much?

As a patient with chronic pain, what other non-drug treatments are available other than opioids?

Some of the information contained in this document was reproduced from the College of Physicians & Surgeons of Ontario's FAQ regarding Opioids

Why is there a Standard of Practice for Prescribing Opioids?

Physicians want to relieve pain and were previously taught that opioids are effective for treating chronic non-cancer pain, without the risk of causing addiction. Recent evidence now tells us that higher doses of opioids over long periods may actually worsen patients' pain over time and can sometimes lead to addiction.

As the regulator of Manitoba's physicians, the College of Physicians and Surgeons of Manitoba recognizes that well-intentioned overprescribing has contributed to the opioid problem, and that individual doctors and the medical profession as a whole must be part of the solution.

The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain urges physicians to take a much more conservative approach to prescribing opioids. The guidelines recommend trying non-opioid approaches to treatment first. When a trial of opioids are appropriate for your pain, smaller amounts should be prescribed.

We expect physicians to be cautious about beginning opioid therapy for new patients with chronic pain. We also expect physicians to appropriately prescribe for patients already on long-term opioid therapy and to consider tapering if prescribing higher doses. All physicians are expected to take steps to help ensure that prescription medications do not end up on the street.

The College is not asking physicians to stop prescribing opioids but, rather, to prescribe responsibly and to stay in line with best practices. We have patients' best interests in mind as we advise physicians to examine their prescribing of these powerful medications.

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Should I start taking opioids?

A video series developed by SafeMedicationUse.ca called "Question Opioids" is aimed at patients who have not yet started opioid medications. It provides guidance on prescribing opioid medications which may be of assistance.

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I am already taking opioids, what should I know?

If you are already taking a prescription opioid for chronic pain, you may wish to discuss your treatment with your doctor to make sure your medication and dose is still appropriate.

It is never appropriate to abandon a patient on long-term opioid therapy or abruptly cut off or threaten to cut off a patient's medication, absent exceptional circumstances. Safely reducing long-term opioid medication, where clinically indicated, requires a thoughtful plan of care between the prescribing physician, patient and other members of the health care team, such as the pharmacist. Many patients report feeling better after reducing opioids, however, dose reductions should never be done quickly or without the help and expertise of your doctor. If you have concerns about reducing your opioid medication, speak with your doctor.

The lowest effective dose is the safest dose. New Canadian Guidelines recommend that non-opioid therapies be tried first, rather than a trial of opioids. For patients starting opioid therapy, it is recommended that the prescribed dose be lower than 50 milligrams of morphine equivalents daily. Doses higher than 90 milligrams of morphine equivalents can cause more harm than good. Opioids should be discontinued if important improvements are not achieved, if side-effects outweigh the benefits or if they become harmful in other ways.

Patients taking prescribed opioids should not be stigmatized. Any person taking an opioid medication can develop tolerance and physical dependence on the medication over time. These are known risks of the medication. Opioid withdrawal is a treatable medical complication of taking opioids. If you are experiencing opioid withdrawal, discuss this with your doctor as soon as possible.

Prescribing opioids the right way and under the right conditions is critical for good patient care. Our goal is to ensure that physicians have the information and resources they need to appropriately prescribe opioids to their patients, when clinically indicated.

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My physician says they will no longer write me prescriptions for opioids because they will get in trouble with the CPSM. Why are you preventing my physician from prescribing the opioids I need?

Physicians want to relieve pain and were previously taught that opioids are effective for treating chronic non-cancer pain, without the risk of causing addiction. Recent evidence now tells us that higher doses of opioids over long periods may actually worsen patients' pain over time and can sometimes lead to addiction.

When prescribed properly, opioids can be a useful tool for pain relieve. **The College is not asking physicians to stop prescribing opioids but to prescribe responsibly and in line with best practices which are incorporated in the Standard.** We have also told physicians that it is never appropriate to abandon a patient on long-term opioid therapy or to abruptly cut off or threaten to cut off a patient's medication, absent exceptional circumstances.

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My physician is lowering my opioid dose and it is no longer effective. How can I get access to appropriate care?

If you are already taking prescription opioid for chronic pain, we encourage you to discuss your treatment with your doctor to make sure your medication and dose is still appropriate.

The College expects physicians to be aware of and follow this Standard of Practice. Decisions about prescribing opioids are always a matter of a doctor's individual professional judgment in consultation with their patient and other members of the health care team. It is important that patients and family members involved in decision making be fully informed of the risks and benefits of opioid therapy.

It is never appropriate to abandon a patient on long-term opioid therapy or abruptly cut off or threaten to cut off a patient's medication, absent exceptional circumstances. Safely reducing long-term opioid medication, where clinically indicated, requires a thoughtful plan of care between you, your doctor and pharmacist. If you have concerns about reducing your opioid medication, speak with your doctor.

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I suffer from chronic pain and my doctor has recommended that I use opioids, but I'm worried about becoming addicted. How can I tell if my doctor is prescribing me too much?

If your doctor is recommending opioid treatment, it is important that you get information to help you decide whether this therapy is right for you. Patients considering opioid therapy should have a conversation with their physician about the risks and benefits of the medication, including the risk of addiction and overdose.

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As a patient with chronic pain, what other non-drug treatments are available other than opioids?

The College has advised physicians that patients living with chronic pain can reasonably expect to experience at best a modest improvement in their pain when treated with opioids. Indiscriminate opioid prescribing can be associated with significant patient and societal harms. There is no evidence that long term opioid treatment is indicated or effective for certain medical conditions including chronic headache disorders, fibromyalgia, and axial low back pain.

The Standard states that physicians should optimize available non-opioid treatment options, including non-opioid medications and non-medication treatment options. These non-medication treatment options may include psychology, psychiatry, sports medicine, physiotherapy, occupational therapy, kinesiology, chiropractic, and dietary experts.

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