

Ontario Opioid Prescribing Research Misleading Statement from the Canadian Pain Society and Canadian Pain Coalition

Toronto, ON - March 16, 2011 – A paper recently published in the journal *Canadian Family Physician* entitled “Clustering of opioid prescribing and opioid-related mortality among family physicians in Ontario,” implies that a small number of Ontario’s family physicians are irresponsibly prescribing large amounts of opioids for patients with pain, putting their patients at unnecessary risk of death. The authors further suggest that these physicians should be targeted for “education” or closer regulatory scrutiny. The Canadian Pain Society (CPS) believes that the authors of this study, none of whom claim to have any expertise in pain management, have over interpreted data based on questionable methodology and they failed to consider alternative explanations for their results.

The problem of poorly treated pain creates a huge burden of illness in Canada with approximately 20 per cent or 6 million Canadians suffering moderate to severe chronic pain. This unacceptable situation exists because of inadequate pain research, limited pain education of health care professionals and a severe shortage of inter-disciplinary pain treatment programs. Ontario does not have a single, fully publically funded inter-disciplinary pain management program. Canada, unlike Australia, the U.K and the U.S., does not yet have a pain specialist training program. Thus the burden of chronic pain management falls on the shoulders of overworked family physicians who do the best they can with the limited resources available.

It is not surprising that only a small percentage of family physicians are prescribing the largest percentage of opioids for pain. Due to the shortage of qualified pain experts, a small number of experienced and compassionate Family Physicians are providing the bulk of front line chronic pain care in Ontario. A number of these doctors are likely consulting for colleagues in their communities. Sadly, an increasing number of family physicians today simply choose not to get involved in treating people with challenging pain problems. One sided, sensationalistic reporting of data, such as in the papers by Dhalla and colleagues, and increased scrutiny by the College of Physicians and Surgeons has resulted in a number of physicians simply opting out of treating patients with chronic pain and refusing opioids even when they are indicated.

“I have been approached by two patients in the past two months who have tried to find a family physician to take over their pain care. In one case the patient was refused care by 50 family doctors and in another case a patient was refused care by 30 family doctors. In all cases these doctors were advertising that they were accepting new patients,” said Dr. Roman Jovey, a Mississauga Family Physician who has a focussed practice in pain management and addiction medicine. “The Big Brother tactics suggested as a solution by Dhalla et al will simply discourage these doctors from providing any pain management altogether and should put a chill up the spine of anyone with a loved one who suffers from severe chronic pain.”

“In a majority of cases, sufferers do not have access to the necessary inter-disciplinary healthcare that would help them reduce the effects of pain in their lives. For some this would include the use of prescribed medications as part of their chronic pain management plan,” said Lynn Cooper, a person who lives with pain and president of the Canadian Pain Coalition. “It is vital that those burdened by chronic pain have access to effective treatment methods and receive the care and quality of life that they deserve. Research of this nature is a disservice and could, tragically, limit further access to effective chronic pain treatment.”

“In many cases, family physicians are treating complicated patients with severe pain and other serious medical problems. We know that the suicide rate for patients with chronic pain is at least twice that of the population of people without pain,” says Dr. Mary Lynch, President of the Canadian Pain Society. “It is also important to keep in mind that the database used in this study was from the Ontario Public Drug Program. This group is a vulnerable population that have less access to the determinants of health and are more at risk than the general population of Ontario. They would also have even less access to appropriate non-medication based care than most Ontarians. We know from another study involving 3 of these authors (CMAJ(2009)181:891-896) that close to 25% of the prescription related opioid deaths were determined to be suicides in people with pain or mental health related problems. In short, there may have been many reasons contributing to the higher death rates for the people on opioids in this study and it is critically important to recognize this and develop solutions that address access to appropriate pain care.”

Although the published scientific evidence for the use of opioids to treat chronic pain is still evolving, the balance of current evidence suggests that opioids can be an effective treatment in some people with a low overall risk of adverse effects, including addiction. However no treatment is risk-free. Canada’s pain management experts agree that pain medication, when prescribed properly and taken as directed, can effectively treat suffering and dramatically improve a patient’s quality of life.

By focussing too narrowly on the issue of opioid-related adverse effects, we ignore the real solutions to the problem. Canadians need better access to appropriate care for pain. This includes access to non-pharmacological and self management treatments for pain, access to well-trained professionals on the front lines and when necessary for more complex care, access to specialist teams in interdisciplinary pain management programs. The Canadian Pain Society and Canadian Pain Coalition are working with other partners to develop a National Pain Strategy to improve pain management for all Canadians.

About the Canadian Pain Society (CPS):

The Canadian Pain Society has been a chapter of the International Association for the Study of Pain since 1982. The aim of the CPS is to foster and encourage research on pain mechanisms and pain syndromes and to help improve the management of patients with acute and chronic pain by bringing together the basic scientists and health professionals of various disciplines and backgrounds who have an interest in pain research and management. www.canadianpainsociety.ca

About the Canadian Pain Coalition (CPC):

The Canadian Pain Coalition (CPC) is THE National Voice of People with Pain. Incorporated in 2004 as a non-profit organization, the CPC is a partnership of pain consumer groups, individuals, health professionals who care for people in pain and scientists studying better ways to treat pain. CPC promotes sustained improvement in the understanding, prevention, treatment and management of all types of pain in Canada. CPC accomplishes this through pain education, awareness activities and advocacy initiatives. CPC obtained the Senate Declaration of National Pain Awareness Week in 2004. www.canadianpaincoalition.ca

For further information or to schedule an interview with a pain expert, please contact:

Rob McEwan
Argyle Communications
416-968-7311
rmcewan@argylecommunications.com