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**Addressing the Opioid Crisis:
Dosing Limits or Responsible Prescribing?
A Joint Statement from the Pain Society of Alberta and the AMA Section of
Chronic Pain**

With the recent release of the CDC guidelines for the use of opioids for chronic pain management, there has been renewed interest in restricting the dose of opioids used for chronic pain management.

The desired outcome of limiting the dose of opioids given for the management of chronic pain is to deal with prescription drug abuse. However is there any evidence that reducing the dose of opioids for chronic pain patients does anything to curb the abuse of opioids? On the contrary, there is evidence that limiting the dose of opioids drives primary care physicians away from using opioids and limits access to necessary treatment for chronic pain patients while at the same time does nothing to limit opioid abuse.

The best example of this is the introduction of reformulated Oxycontin in the United States in 2010. Whilst there was a clear and well documented decrease in the abuse of oxycodone in the range of 30-40%, there was a subsequent rise in heroin use. This rise paralleled the decrease in oxycodone abuse. In other words, addicts did not get treatment for there disorder but rather shifted which opioid they were abusing!!

In fact, if one looks at substance abuse over the last decade, there has been little change in the rate of opioid abuse disorder. What changes is what addicts are abusing and that is largely driven by what is available on the streets.

So if the desired outcome is to curb prescription drug abuse, help patients with opioid abuse disorder and not limit access to opioids for valid chronic pain patients who need these medications, what can be done? We propose the following:

- 1) Promotion of abuse deterrent formulations of opioids
- 2) Increase in the availability of treatment programs for patients with opioid abuse disorder
- 3) Focus on responsible opioid prescribing

Does this approach work?

There is at least on published trial showing that responsible prescribing works. The study was called Project Lazarus. It involved going to a community in North Carolina and educating the public and primary care providers on responsible use of opioids. What the study demonstrated was nearly a 70 percent drop in opioid

related deaths while virtually no change in opioid prescribing. This demonstrates that responsible prescribing works.

That AMA Section of Chronic Pain strongly endorses the responsible prescribing of opioids. At the same time we feel it is arbitrary and dangerous to set dosing limits lower than the current Canadian guidelines which set as a watchful dose 200 mg morphine equivalents. We feel that limiting the dose to 50 mg or less as the CDC suggests will drive primary care physicians away from managing chronic pain patients and result in other well managed chronic pain patients having their current opioid doses reduced without sound clinical reasons.

The AMA Section of Chronic Pain and the Pain Society of Alberta will continue to work with the AMA Section of Addiction Medicine to ensure safe treatment of all patients with chronic pain and substance abuse problems.

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