Standard of Practice for Prescribing Opioids  
(Excluding Cancer, Palliative, and End-of-Life Care Patients)

Consultation to Members and Stakeholders

INTRODUCTION:

The College of Physicians and Surgeons of Manitoba (CPSM) has launched a consultation process to seek feedback from its members, related stakeholders and the general public, regarding the way in which doctors prescribe opioids to patients across the province, excluding those with active cancer, in palliative care or at the end-of-life.

The proposed STANDARD OF PRACTICE FOR PRESCRIBING OPIOIDS clearly identifies the safest way for doctors to treat pain and ensure maximum patient well-being. This is in accordance with current clinical evidence, the knowledge of the risk to benefit ratio, which has altered over time, and the need to address both the addiction and the pain, when considering the prescribing of opioids.

Once finalized, the new Manitoba Standard will set the mandatory code of conduct and assist doctors in their practices and will, in part, be influenced by the 2017 Canadian Guideline for Opioids for Chronic, Non-Cancer Pain, issued by the National Pain Centre at McMaster University, as well as the American practice guidelines issued by the Centre for Disease Control.

Based on all of the above, the CPSM considers the creation of a Standard of Practice for Prescribing Opioids as timely.

A Working Group was gathered composed of representatives from medicine and other health professions with each person chosen for their diverse knowledge and clinical experience with opioids. With this diversity in the Working Group, it was understood that there would also be differences of professional opinion. The Working Group consisted of representation from:

- Pain Clinic
- Addiction Medicine
- Psychiatry
- Manitoba College of Family Physicians
- College of Physicians & Surgeons of Manitoba
- College of Pharmacists of Manitoba
- College of Registered Nurses of Manitoba
- Manitoba Dental Association

Why a Standard of Practice?

The purpose of this Standard is to assist members in prescribing opioids for maximum patient safety in accordance with current evidence. As a Standard of Practice, this is a mandatory requirement of expected conduct of all members. Standards of Practice describe how a practitioner is to practice, at
a minimum, as evidenced by their observable behaviour and actions. The Standard uses the language of “shall” which is imperative, not the permissive “may”. The Standard is established to regulate the quality of practice by the members of the College. The Standard will be used to assist members in their practice.

This draft Standard is developed NOT to admonish or discourage prescribing of opioids, but to clearly identify the requirements of practice so that physicians can prescribe opioids with maximum patient safety and in accordance with current clinical evidence and new guidelines. Additionally, like all standards, it will be used sometimes for assessing physician performance in peer review processes or in complaints and investigations.

**Contents of this Standard of Practice for Prescribing Opioids**

This draft Standard addresses instances of prescribing opioids for acute, post-operative, and non-cancer pain. It excludes palliative, active cancer, or end-of-life care. Recognizing that different categories of patients require different approaches to prescribing opioids, the Standard differentiates prescribing opioids by the following patient categories:

- Acute or post-operative analgesia patients
- Initial trial for non-acute non-cancer pain in opioid naïve patients
- Patients new to a member’s practice and already taking opioids for a significant period
- Patients currently prescribed more than 90 mg morphine equivalents per day
- Adolescent patients
- Continued prescribing of opioids for patients with non-cancer pain

It is expected that this document will have a direct impact on how some physicians prescribe opioids and on patient care for some of those patients. It is also expected that this draft Standard will have an impact on certain health care resources in the province.

The College is both proud and excited to share this draft Standard. This is the first and only standard for prescribing opioids in Canada that provides physicians with a differentiation by patient category. It is also the only standard for prescribing opioids in Canada that includes specific provisions for adolescents. These patient differentiations should enable physicians to quickly access the relevant provisions to prescribe opioids for their particular patient to enhance their patient’s safety and well-being.

As mentioned above, the Working Group has relied partially upon the strong recommendations in the 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain, published by the National Pain Centre at McMaster University. Several other regulators have established Standards of Practice for Prescribing Opioids which were reviewed and some of their provisions were also incorporated into this draft Standard. The visual resource on the next page may be particularly helpful for practicing physicians.
Navigating Opioids for Chronic Pain

Sometimes the best of intentions lead to unexpected outcomes. Canada and the U.S. are the two highest consumers of prescription opioids even though we don’t have good evidence that they are effective for chronic pain. Since there are many different opioids used for the same purpose, we use morphine equivalence to compare how strong they are.

As the number of morphine milligram equivalents per day (MME/D) increases, the harms associated with opioid therapy also increase.

0-50 MME/D
- Codaine Contin 100mg: 2 tabs/day 20 MME
- Tylenol #3: 8 tabs/day 24 MME

50-100 MME/D
- MS Contin 30mg: 2 tabs/day 30 MME
- Percocet: 1 tab/day 75 MME
- Hydromorphone 4mg: 4 tabs/day 90 MME

100-200 MME/D
- Hydromorphone SR 12mg: 2 caps/day 120 MME
- OxyNEO 40mg: 3 tabs/day 180 MME
- Fentanyl 50mcg Patch: 200 MME

>200 MME/D
- Oxycodeone CR 80mg: 2 tabs/day 240 MME
- Hydromorph Contin 30mg: 2 caps/day 300 MME
- Fentanyl 100mcg Patch: 400 MME

Is high dose prescribing saving or sinking you?

There is no safe dose of opioids. Harms and complications can happen at any dose, but are less likely at lower MME/D.

There is up to a 5x increase in overdose risk in this range as compared to lower doses. The CDC recommends that prescribing above 90 MME/D be avoided.

There is up to a 9x increase in overdose risk in this range as compared to lower doses. Overdoses that happen at doses greater than 100 MME/D are more likely to be fatal.

People on higher doses tend to have higher rates of complications like sleep apnea, generalized pain, addiction, low testosterone levels, and difficulty returning to work. Most chronic pain can be managed well below 200 MME/D.

Resources:
- University of Toronto
- CADTH
- Prop

Design by Saffari
**Prescribing Opioids Practice**

Once the Standard is in place, the College will obtain opioid prescription information from Manitoba Health and, if required, will contact some prescribing doctors to advise of the amount of morphine being prescribed for those individual patients, review their prescriptions, inquire about the nature of the practice, (for instance, whether oncology, orthopaedic clinic, general family practice, etc.), question whether they are in conformance with the new Standard, and seek a reasonable explanation as to why they may not be. The College may then follow up with further inquiries regarding that patient’s opioid prescription and the member’s opioid prescribing practices, amongst other inquiries. The College will concentrate on those patients with the very highest daily prescribed milligram morphine equivalents per day.

**Other College Work on Prescribing Opioids**

Even with a new Standard, the College will be working with physicians to ensure safe prescribing of opioids. We are also aware of the resource challenges facing the health care system and the need for the CPSM to work with government, other health care providers, social service agencies, and many others to address this public health crisis and ensure resources are accessible. This Standard is just one piece of the puzzle.

Currently, the College receives a report from the Medical Examiner’s Office on each patient’s prescription opioid death. The College informs individual physicians of any deaths of their patients with a purpose to:

1. Make physicians aware of the risks of opioids/benzodiazepines prescribing and that all opioids, including codeine, are implicated in these deaths;

2. Remind physicians to review the Canadian Guidelines for Opioid Use in Chronic Non-Cancer Pain by the National Pain Centre at McMaster University;

3. Allow the physician to reflect upon their own patterns of opioid and benzodiazepine prescribing to decide if any changes or further education would be useful.

If the College receives additional concerns about other prescribing issues, more detailed communication of practice review may occur.

As part of implementing the Standard of Practice for Prescribing Opioids (Excluding Cancer, Palliative, and End-of-Life Care), the College intends to update its website on matters relating to prescribing opioids. The section will have links to literature and toolkits such as conversion charts, treatment agreements, tools for assessing substance abuse, opioid risk tools, amongst other resources. The College will also be offering more sessions for the Opioid Replacement Therapy course, held jointly with the Colleges of Pharmacists and Registered Nursing.
Consultation Process

All CPSM Standards of Practice are distributed to the membership for consultation. Recognizing the public health crisis of opioids, this draft Standard of Practice for Prescribing Opioids is being distributed not only to the members, but also to the public, including key stakeholders, for consultation. Key stakeholders include the other regulated health professions, government, addictions organizations, patient safety groups, health organizations, Doctors Manitoba, CMPA, and police services, just to include a few of the many stakeholders in this matter.

Hearing and receiving input from diverse professional opinions within the College’s membership, the public, other regulated health professions, and other stakeholders will create a standard that is stronger, comprehensive, and a much better document to ensure best prescribing practices for patient safety and balance different societal concerns.

The consultation will be for the period commencing January 11 to February 16, 2018. The feedback from the consultation will be reviewed, and where appropriate, incorporated into a new Standard of Practice. It is proposed that the Council at CPSM will then be asked to approve the final version.

It is expected that the consultation will elicit significant interest from many physicians and diverse professional opinions will arise. The College also anticipates significant interest from key stakeholders and the public. We would like to hear your views during the consultation period to ensure this Standard is the very best to assist our members with this difficult area of practice and to protect the public.

How to Comment on the Standard of Practice for Prescribing Opioids

To create the strongest, most comprehensive Standard of Practice for Prescribing Opioids in Manitoba, all views are welcome. Given the importance of this issue, feedback is requested in writing and can be emailed to: cpsm-sop-op@cpsm.mb.ca.

It is expected that the consultation will elicit significant interest amongst many physicians and others, and likely diverse opinions will arise. The College looks forward to hearing from you.

Deadline for feedback is February 16, 2018.

CLICK HERE TO REVIEW THE STANDARDS OF PRACTICE, SCHEDULE N – PRESCRIBING OPIOIDS