Opioids – Are Seniors at Risk? (April 26, 2018)

Seniors are living longer, and with age, they become vulnerable to health challenges and the pain that may accompany them. Thus, it is perhaps not surprising that research shows that 40% of those over 85 are taking at least ten different medications; two-thirds of those over 65 take at least five (Bernier, 2017). In recent years, doctors increasingly have prescribed opioids for chronic non-cancer pain, often at the urging of pharmaceutical companies and with the endorsement of respected national organizations. Opioids play an important role in clinical care and the majority of patients do not encounter difficulty with opioid therapy (Cheatle, 2012), particularly with acute pain. In recent decades, however doctors have increasingly prescribed opioids for both acute and chronic pain, often before trying other non-opioid options. There is reason to believe non-opioid options, both pharmacological and non-pharmacological, can be effective (Chang et al. 2017).

Now more cautionary advice indicates that we have a crisis with addiction and opioid misuse in North America, much of it due to opioid over-prescription, illicit drug use and street access to synthetic drugs such as fentanyl (Lynch, 2016). As many as 200,000 Canadians and 2.3 million Americans are grappling with addictions related to illicit drug use and opioid prescriptions (Nosyk, 2013). The Public Health Agency of Canada estimates that opioid overdose deaths in this country exceeded 4,000 for 2017, nearly double the number of deaths from motor vehicle accidents (PHAC, March 27, 2018). Implications of this for older persons are just beginning to be understood. We know that seniors' addictions are often under-reported—the answer to the title question is a definite "yes." This has an impact on family, friends and all of us. In Canada, a recent Angus Reid Institute report stated that addiction affects more than just seniors, with one of eight surveyed revealing that they have family or close friends with addiction problems. The risk seems to be increasing. Data from Canadian provinces show an increase over time in the number of opioid prescriptions, according to Angus Reid (11 January 2018). For example, New Brunswick, with one of the fastest aging populations in the country, surveyed those covered by its provincial drug plan—low income seniors, residents of nursing homes, social assistance recipients, etc.—and found a pattern of increasing numbers of prescriptions for opioids and a doubling of the annual costs in the decade between 2005-06 and 2014-15. While those covered by the provincial plan represent only 14% of the population, this report also noted that those 65 and over had the highest usage rates of opioids in Canada generally (Province of New Brunswick, 2016).

Provincially, British Columbia reports the highest number of opioid deaths followed by Ontario and Alberta (*Globe and Mail*, March 28, 2018). Canada has the second highest per capita use of opioids in the world, second to the United States (Busse et al, 2017). As already noted, opioids can be valuable, but we need a better understanding of misuse and abuse.

Addiction is not the only problem; dependency on opioids can also cause confusion, falls, negative drug interactions, and overdoses as well as death. In our culture, and among seniors perhaps more so than other age groups, we have come to expect 'a pill for every ill.' Given the potential for negative outcomes, we need a better understanding of what is being done to mitigate problematic outcomes.

1. In 2017 the Canadian Medical Association revised its "Guideline for Opioid Therapy and Chronic Non-Cancer Pain." These guidelines urged use of non-opioid alternatives wherever possible and recommended a dose of less than 90 mg of morphine equivalents daily. Previously the dosage limits were much higher. Reduced prescribing of opioids presents challenges as such action may encourage the use of illegal opioids such as fentanyl. Where patients have a substance abuse disorder the guideline recommends against prescribing opioids (Busse et al, 2017). This may lead to the use of substantially more dangerous street drugs. While some types of pain can be reduced by taking over the counter drugs, ibuprophen, other non-steroidal, anti-inflammatory drugs (NSAIDs) or acetaminophen, they also can be dangerous when used to excess. A March 2018 CTV story interviewed a pain specialist from Hamilton, Ontario who himself lives with severe chronic pain; Dr. Jeffrey Ennis cautioned that doctors should not read Canadian Medical Association guidelines too literally as their patients might suffer unduly especially if their medication is not tapered gradually.

2. In Budget 2018, the federal government recognized the problem of over-prescribed opioid medications and illegal street drugs. The government committed hundreds of millions of dollars to support the Canadian Drug and Substance Strategy at the national level as well as mandating emergency funding for the provinces and territories to support projects to improve access to treatment programs. Funds were also committed to increase access to public health data and analysis, to public education, to obtain detection and identification tools for border agents and to targeted investments in First

Nations communities to address substance use issues (Government of Canada, Budget 2018). Since the budget announcement new health regulations will give doctors and nurse practitioners the ability to prescribe heroin and methadone beyond the hospital setting at treatment facilities.

3. Doctors are also realizing that there is a problem with over-prescribing opioids and are now actively working to encourage 'deprescribing.' Dr. Cara Tannenbaum is a Scientific Director with the Canadian Institutes of Health Research (CIHR) and Director of the Canadian Deprescribing Network which has developed programs aimed at educating physicians and patients on reducing inappropriate prescriptions among the elderly. The emphasis needs to be on ensuring effective pain management rather than restricting access. The Network recommends re-evaluation of the need for medications, including addressing risk factors among the very elderly and consideration of the use of non-drug therapy for the treatment of symptoms. However, these therapies (for example, non-pharma strategies such as physio, massage and psycho-social interventions) are not always covered by insurance or have limited coverage which is an impediment that needs to be addressed (CSEPM, 2017).

4. A small percentage of doctors overprescribe opioids, with provincial medical regulators attempting to maintain control. The College of Physicians and Surgeons of Ontario reviewed the prescribing behavior of 84 doctors noted by the province as having a record of prescribing high dosages of opioids to multiple patients. As noted in the *Globe and Mail*, the College preferred some form of 'remediation' over harsher actions—only one doctor faced a disciplinary hearing (he admitted to professional misconduct and gave up his license), three were no longer in practice and prescribing restrictions affected three others (February 24, 2018; March 27, 2018)

5. Perhaps we need to look at other countries and examine how they handle the opioid question in general and the prescribing of opioids for chronic pain among seniors in particular. Recent reports on Portugal, for example, where the possession of small amounts of drugs (including opioids) has been decriminalized and where there is a strong support and treatment system demonstrate many fewer deaths from overdoses (National Academies, 2017). If Canada were to follow suit and also put in place more supports for

alternative treatments for chronic pain, perhaps we would see fewer overdoses/deaths and fewer prescriptions needed for opioids.

6. In addition, it seems clear that more emphasis is needed on educating health care professionals in pain management. In general, there is a need to keep up the pressure on Big Pharma and governments to support research on affordable, effective and non-addictive medications and non-pharmacological management of chronic pain. Government health care plans also ought to support non-drug therapies for those who can benefit from them and it is increasingly evident that many people with chronic pain would benefit. Underlying this tangled web of opioid prescribing is also the question of economics. For those who need opioids the costs are often high—not just monetarily but also from potentially harmful health side-effects. Economic inequality not only means some turn to street drugs to control pain but also underlines the lack of availability of pain-relieving medication in many parts of the globe. There are no simple remedies to the problem of opioids but it is clear there needs to be more careful discussion and coordinated action at all levels of government and in the health care system before more lives are lost.

   As a final note this is a rapidly unfolding problem. We have attempted to summarize a complex series of problems. More and better data are needed if the challenges are to be understood and resolved.

Sources:

Angus Reid Institute. “Opioids in Canada: One-in-eight have family or close friends who faced addiction.” 11 January 2018

Nicole F. Bernier. “Improving Prescription Drug Safety for Canadian Seniors.” IRPP. January 2017

Jason W. Busse et al. “Guideline for Opioid Therapy and Chronic Non-Cancer Pain.” *Canadian Medical Association Journal*. 189 (18) 8 May 2017 E659-666

A.K. Chang et al. “Effect of a Single Dose of Oral Opioid and Non-opioid Analgesics on Acute Extremity Pain in the Emergency Department: A Randomized Clinical Trial.” *JAMA*, 318(17) 2017, 1661-1667

Martin D. Cheatle and Seddon R. Savage. “Informed Consent in Opioid Therapy: A Potential Obligation and Opportunity.” *Journal of Pain and Symptom Management*. 44 (1) July 2012, 105-116

Coalition for Safe and Effective Pain Management (CSEPM). “Reducing the Role of Opioids in Pain Management.” November, 2017

CTV. March 9, 2018

Government of Canada, Budget 2018, Part 3. “Upholding Shared Values. Supporting the Health and Wellness of Canadians.”

Kelly Grant, “Ontario review of 84 ‘overprescribing’ doctors yields one disciplinary hearing,” *Globe and Mail*. February 24, 2018

_____ “Ontario Doctor Gives Up License as Physicians’ College Grapples with Opioid Crisis.” *Globe and Mail*. March 27, 2018

M. Lynch. “The Opioid Pendulum and the Need for Better Pain Care.” *Pain Medicine*. 17 (2016) 1215-1219

National Academies of Sciences, Engineering, and Medicine. *Pain Management and the Opioid Epidemic: Balancing Societal and Individual Benefits and Risks of Prescription Opioid Use*. Washington, DC: National Academies Press, 2017

Bohdan Nosyk et al. “A Call for Evidence-based medical treatment of Opioid Dependence in the United States and Canada.” *Health Affairs*. 32.8 (2013) 1462-1469

Public Health Agency of Canada. Statement from the Co-Chairs of the Special Advisory Committee on the Epidemic of Opioid Overdoses on Updates to Opioid-Related Mortality Data. March 27, 2018

Province of New Brunswick. “Prescription Opioids and Population Health.” Profiles on Health. September 2016

Andrea Woo and Mike Hager. “The Escalating Toll: Latest Public Health Figures Reveal 2017 Is Set to Be the Worst Year on Record for Overdoses.” *Globe and Mail*. March 28, 2018

Written by: CURAC Health Care Policy Committee (K. Craig, D. Dennie, G. Paterson, M. Tousignant, L. Kealey (chair). Comments to lkealey@unb.ca