CSHP Forum on Hospital Pharmacy in Canada Survey – February 3, 2018
Roundtable Topic: Opioid Crisis Management and Leadership

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In 2016, Health Canada issued a joint statement of action to address the opioid crisis. Many health professionals associations and colleges, including CSHP and all pharmacy colleges in Canada, joined this call to action. Health Canada states: “Canada is facing a national opioid crisis. The growing number of overdoses and deaths caused by opioids, including fentanyl, is a public health emergency. This is a complex health and social issue that needs a response that is comprehensive, collaborative, compassionate and evidence-based.”

Dr. Theresa Tam, chief public health officer of Canada, said Ontario, Quebec and Manitoba have yet to report all of their opioid-related overdose deaths for the first half of the year. But based on figures reported by the other provinces and territories, the number of overdose deaths are on pace to surpass 4,000 by the end of the year — far above last year’s tally of 2,861 opioid-related fatalities. Car accidents, in contrast, killed about 1,850 Canadians in 2015, the last year for which data is currently available.

What can we, as hospital pharmacy leaders, do to prevent patients from becoming opioid-addicted after a hospital encounter and reducing the opioid “reservoir”?

Here are a few conclusions from recent studies to help orient the debate:

“Postoperative prescription opioids often go unused, unlocked, and undisposed, suggesting an important reservoir of opioids contributing to nonmedical use of these products, which could cause injuries or even deaths.”

“Approximately 3% of previously opioid naïve patients continued to use opioids for more than 90 days after major elective surgery. Specific patient and surgical characteristics were associated with the development of prolonged postoperative use of opioids.”

“Ideally, opioid prescriptions after surgery should balance adequate pain management against the duration of treatment. In practice, the optimal length of opioid prescriptions lies between the observed median prescription length and the early nadir, or 4 to 9 days for general surgery procedures, 4 to 13 days for women’s health procedures, and 6 to 15 days for musculoskeletal procedures.”

“Transitions from acute to long-term opioid therapy can begin to occur quickly: the chances of chronic use begin to increase after the third day supplied and rise rapidly thereafter. Consistent with CDC guidelines, treatment of acute pain with opioids should be for the shortest durations possible. Prescribing <7 days (ideally ≤3 days) of medication when initiating opioids could mitigate the chances of unintentional chronic use.”

References:

https://www.cshp.ca/opioid-crisis


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