

Impact of Opioid Crisis on Québec and British Columbia

Chronic pain patients who take opioids are stigmatized: study

Montréal, Wednesday, May 31, 2018—A poll among 1,404 patients in Québec and British Columbia suggests that the “opioid crisis” receiving such wide media attention over the past few years has had a major impact on the lives of Canadians suffering from chronic non-malignant pain, which affects 20% of our population. A team from the Centre de recherche du Centre hospitalier de l'Université de Montréal (CRCHUM), headed by Manon Choinière PhD, in conjunction with researchers at McGill, Laval and Sherbrooke universities, has studied this question and presented its report yesterday at the annual meeting of the Association québécoise de la douleur chronique (AQDC).

New restrictions triggered by the “opioid crisis,” accompanied by public misunderstanding, have had an adverse impact on chronic pain sufferers. From 1992 to 2010, as we know, opioid prescriptions more than doubled in the US. Canada is the world’s second-largest opioid prescriber, after the US. This surge paralleled a big spike in opioid overdose deaths and inappropriate use of such medications (abuse, addiction, illicit sale, etc.). In 2016, the US Centers for Disease Control and Prevention published a Guideline for reducing the number of opioid prescriptions. This Guideline was soon adopted by the Colleges of Physicians and Surgeons of British Columbia and Nova Scotia. In 2017, the Canadian Medical Association Journal published a similar Guideline. Québec’s Collège des médecins du Québec is currently revising its own 2009 guidelines on the matter.

Method

The online survey was conducted from January to April 2018. Among other things, patients were asked about their opinions, concerns and difficulty obtaining opioid-based treatment.

“Of a total 1,404 patients who completed our questionnaire, 1,097 lived in Québec and 307 in British Columbia. Québec’s participants were mostly (78%) women, with a mean age of 50. For at least 12 years, half had been suffering from pain, such as that resulting from chronic headaches, arthritis and neuropathy,” said Jean-Luc Kaboré, a doctoral student at CRCHUM and the Département de pharmacologie of the Université de Montréal.

Of Québec’s participants, 551 were taking opioids, 149 had stopped taking them over the prior year and 397 had never used any. Of current opioid users, 19% had cut their dosage from 2010 to 2018 for various reasons, such as reduced pain and fewer side effects, etc.

A small (2%) percentage of opioid users experienced a refusal by their pharmacy to fill their prescription or reported that their insurance company had over the prior 12 months denied reimbursement of their prescription.

Québec-British Columbia Comparison

To compare results for Québec and British Columbia, the research team selected 294 participants from each province with profiles that were comparable in terms of age, sex and duration of pain. Doctors recommended

that about 1 in 4 (26%) British Columbia patients stop taking opioids, while only 14% of physicians did so in Quebec—a statistically significant difference.

“Of patients who had their opioid prescriptions interrupted over the past 12 months, 19% disagreed with the decision—although this was only true among 5% of Québec patients. This difference is also statistically significant,” said CRCHUM researcher Manon Choinière PhD.

The percentage of patients who have not used opioids over the past year was significantly higher in Québec (37%) than British Columbia (25%), which is consistent with the fact that Québec is the Canadian province that prescribes the least opioids with respect to dosage.

Participant concerns were greater in Québec, where 20% of current opioid users were worried about becoming “addicts,” compared with just 7% in BC.

Finally, participants in both British Columbia and Québec agreed that media coverage of the opioid crisis has created a very negative impression of people who take opioids to manage chronic pain (mean score = 7.6/10, where 0 = very good impression, 10 = very bad impression).

Conclusion

“While it appears that the opioid crisis has had a greater impact on British Columbia than Québec, we believe we must pursue our university’s mission of public health promotion, research and teaching. We plan to communicate the results of our survey throughout Quebec and elsewhere in Canada to increase awareness of these issues among health professionals, decision makers, victims of chronic non-malignant pain and the public. We are also counting on the participation of university pain clinics and organizations like the Association québécoise de la douleur chronique and Pain BC in British Columbia, family doctors and other healthcare practitioners, professors involved in different healthcare sectors and, of course, the media to help relay this information. We must avoid stigmatizing patients or imposing inadequate chronic pain treatments. While opioids must be used with caution and can be combined with other types of treatment, many prejudices about this medication persist and contribute to unfair labelling of chronic pain sufferers. A certain proportion of these patients can benefit from opioids and, with them, function on a day-to-day basis,” noted CRCHUM researcher Manon Choinière.

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About the Centre de Recherche du CHUM (CRCHUM)

The Centre de recherche du Centre hospitalier de l'Université de Montréal (CRCHUM) is one of North America’s largest university hospital research centres. Its mission is to improve the health of adults through a research continuum ranging from fundamental public health to clinical research. More than 1,819 people work at CRCHUM, including 465 researchers and 641 students and research assistants. chumontreal.qc.ca/crchum

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