

# ARPO

## Advocates for the Reform of Prescription Opioids

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January 19, 2016

Honourable Minister Jane Philpott  
Honourable Provincial/Territorial Health Ministers

Dear Health Ministers:

Canadians are looking for leadership on the issue of overprescribing and inappropriate prescribing of opioids and other controlled drugs and substances. The opioid epidemic is a result of both medical and non-medical use of opioids. To simply focus on non-medical use is to deny the root of the problem. For far too long Pharma marketing, misinformation, conflict of interest and weak regulatory controls have manipulated science and downplayed the inherent risks of opioids within a legally sanctioned system. Both patients and clinicians have been operating under ‘impaired choices’.

*“The widespread use of opioids for chronic noncancer pain is in direct violation of the established cardinal principle of medical intervention – that there be compelling evidence of the benefit of a therapy prior to its large-scale use.”* Dr. Manchikanti

*“Making sure that our medical community understands the risk and benefits of opioids will benefit people suffering from pain since this is a population that is most at risk from the harms of opioid overprescribing.”*  
Dr. Andrew Kolodny

*“We need to reduce our reliance on opioids because of their addictive potential and unacceptably high rates of injury and death associated with their use. Efforts to rein in runaway prescribing is NOT a threat to quality of care; quality of care for patients in pain isn’t jeopardized by such efforts, it demands it.”* Dr. Caleb Alexander

Many prescribers and patients truly believe opioids are helping relieve pain but fail to link the drugs’ impact on pain long term. Tolerance, dependence, opioid induced hyperalgesia, withdrawal and substance use disorder are all interrelated. Pain is often a surrogate for addiction and the two are not mutually exclusive. Patients deserve pain relief that is safe and does not cut their life short or reduce their quality of life.

Opioids must be used with care and selectivity, and only when all other options, as well as the known risks of opioids, have been fully considered. Informing patients that opioids are pharmaceutical grade heroin would make clear that these drugs do not have to be misused or abused to cause harm. Looking at the increase in babies born with neonatal abstinence

syndrome (NAS) to mothers taking opioids as directed for pain should have made us stop and take notice. (<http://cmajopen.ca/content/3/1/E55.full.pdf>)

Prescribers cannot change the inherent properties of opioids and using opioids “as prescribed” for pain does not protect them. Relying on REMS and other external measures to mitigate harm is important, however, the natural physiological reaction within a human body cannot be stopped or prevented when an individual ingests an opioid, even an abuse deterrent one. Many healthcare professionals do not understand substance use disorders, the impact of opioids on the limbic reward system and believe that harm only comes to those who abuse opioids. This should not come as a surprise as the medical community bought into Pharma’s ‘false dichotomy’ of the ‘legitimate patient’ vs the ‘abuser’, that ‘less than 1% would become addicted’, ‘if taken for pain, the pain would protect the patient from addiction’ etc. Medicine must be based on science.

Patient safety is the responsibility of all stakeholders and the response to this crisis should be synergistic prompting a collaborative urgent response. Responding to this crisis with comments such as ‘this is not within our purview or mandate’ demonstrates an unwillingness to address the problem. Until meaningful systemic changes are made to the drug approval process, the standard of care and Canadian Prescribing Guideline, to ensure transparency and eliminate conflict of interest and influence, more patients will suffer. Effective regulatory strategies are essential to reduce the harm from iatrogenic opioid addiction. (<http://www.cbc.ca/player/play/2681546720>)

I hope this issue will be addressed at the Federal/Provincial/Territorial health ministers meeting in Vancouver this week.

Thank you,

A handwritten signature in cursive script that reads "Ada GiudiceTompson". The signature is written in dark ink and is positioned above the printed name.

Ada GiudiceTompson