

CPSO OPIOID STRATEGY



The College's Opioid Strategy comprises a four-pronged approach reflecting our mandate, namely to: Guide; Assess; Investigate; and Facilitate Education for Ontario's doctors. The strategy is supported through effective communication and collaboration with physicians, the public and health-system partners, and using data and analytics to inform prescribing practices and our regulatory responsibilities.

The objectives of the initiative are to:

- **Facilitate safe and appropriate opioid prescribing by physicians to patients,**
- **Protect patient access to care, and**
- **Reduce risk to both patients and the public.**

Addressing the opioid crisis requires health-system-wide solutions and collaboration amongst government and government agencies, health-care educators, regulators, doctors and other health professionals, and patients to ensure patient well-being and public safety.

- Our role is to ensure that physicians practice competently.
- The College is collaborating with national and provincial partners to help ensure that physicians receive the education, training and resources they need to appropriately prescribe opioids.
- The College has developed an Opioid Position Statement that clearly sets out the role of the College, and the role of physicians and health-system partners in helping to address the opioid crisis.
- Chronic pain and opioid use disorder which may result from treatment are complex conditions that have significant consequences for patients. We are assisting physicians in the management of these conditions by providing access to information and resources on our website to promote appropriate prescribing to ensure patient well-being.
- The College has revised our Prescribing Drugs policy to reflect the release of the 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain. The policy references both the Canadian Guideline, and the U.S. Centers for Disease Control and Prevention guideline, and includes updated guidance and recommendations for physicians who prescribe opioids for non-cancer pain.



The updated guidelines address much more than just dosage amount. They also include guidance about how to safely taper opioids; and state that physicians need to stem the tide of prescribing and not so readily start new patients on opioids. – Rocco Gerace, Registrar



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- ▶ The College assesses physicians in their family medicine and other specialty practices to ensure that they are meeting the current standards of practice.
- ▶ Our peer assessments will include a review of opioid prescribing when appropriate and other relevant scopes of practice, e.g., addiction medicine, buprenorphine.
- ▶ We also conduct regular assessments of physicians who are authorized to prescribe methadone for the treatment of addiction.
- ▶ We continue to collaborate with the Ministry of Health and Long-Term Care and system partners to enable the identification of levels of opioid prescribing from the Narcotics Monitoring System to use this data when necessary to inform an appropriate response, by the College and other stakeholders.
- ▶ Planning is underway to explore an alternative approach to responding to potentially moderate-risk prescribing, including, in future, focused assessments of opioid prescribers by the College.



Accessing, analyzing and acting on prescribing data are key enablers of the strategy framework. The College cannot fulfill its regulatory responsibilities to assess and investigate without access to information about physician prescribing. – Rocco Gerace, Registrar



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- Narcotics are primarily prescribed by physicians, who must be accountable for their prescribing practices.
- The College is using our investigative authority when in receipt of information about potentially concerning prescribing practices inconsistent with best practice and good patient care, and we will take appropriate action, as required.
- Understanding and questioning prescribing practices is not intended to discourage appropriate opioid prescribing, and we remind physicians that suddenly stopping opioid therapy is not safe for patients.
- Prescribing opioids under the right conditions is essential to good patient care. Our goal is to ensure that physicians have the resources and information they need to appropriately prescribe opioids, when clinically indicated.
- Our goal where possible is to support education and continued prescribing under supervision, where the physician's capacity for remediation is apparent.



The College will take a remedial approach, whenever appropriate, to help physicians practice to current standards. Our role is to identify and connect physicians with learning needs to educational resources to improve their opioid prescribing. – Rocco Gerace, Registrar



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- ▶ The College is collaborating with national and provincial partners to help ensure that physicians receive the education, training and resources they need to appropriately prescribe opioids.
- ▶ We are working with educational partners on the development of an Opioid Prescriber's Educational Series that will focus on the fundamentals of appropriate prescribing.
- ▶ Foundational undergraduate and postgraduate education and continuing education for physicians in practice is paramount in helping practitioners to appropriately treat chronic pain and opioid use disorder.
- ▶ Our role is related to identifying and connecting physicians to educational resources to improve their prescribing practices and identified learning needs. The College initially supported the development of the University of Toronto's Safer Opioid Prescribing Program and continues to support updates to the program.
- ▶ We are also identifying and supporting physician supervisors who oversee and advise physicians undergoing education/remediation to address their identified learning needs.

“ *There are many contributing factors to the opioid crisis – socioeconomic, the availability and increased strength of illicit drugs, and a lack of services to support chronic pain, mental health and addiction. However, well-meaning prescribing by physicians has contributed to the problem, and improvements to prescribing practices must be part of the solution.* ”

– Rocco Gerace, Registrar