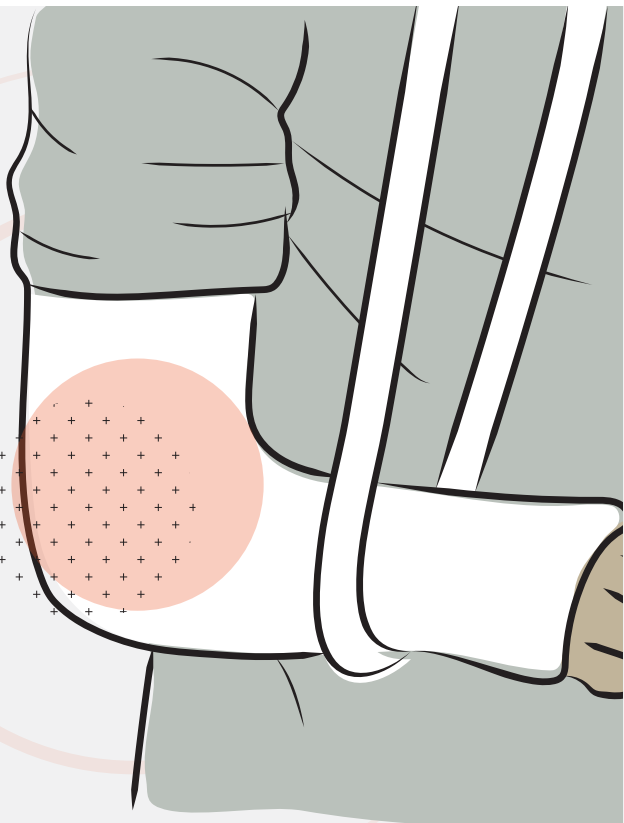


WHY WE NEED A **QUALITY STANDARD** FOR

Opioid Prescribing for Pain in Ontario

Despite the considerable risks associated with opioid use — **which include addiction, overdose and death** — opioids are often prescribed to manage pain.

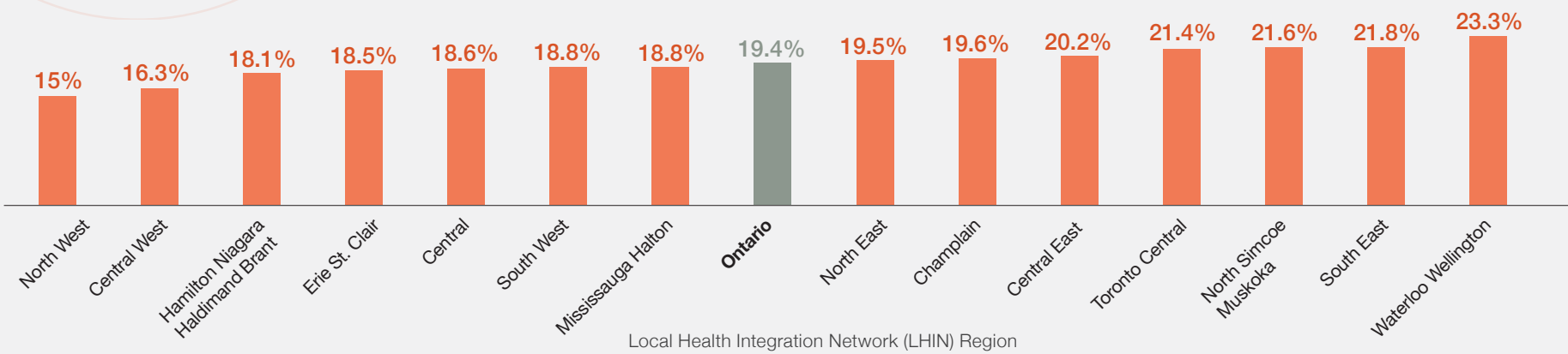
In 2016, 1 in 9 people in Ontario were dispensed an opioid to treat pain. There has been a dramatic rise in the rate of opioid prescribing in the province over the past 20 years, accompanied by increases in opioid-related emergency department visits, hospitalizations and deaths.¹



Nearly **1 in 5** of all new starts of opioids in Ontario exceed the **maximum recommended dosage** for people who do not regularly take opioids, which is 50 mg morphine equivalents per day. Higher dosages increase the risks of overdose and death.²

New starts are prescriptions filled for people who have not filled a prescription for opioids in six months.

In 2016, the proportion of new starts that exceeded the maximum recommended dosage **varied between regions, ranging from 15.0% to 23.3%.**

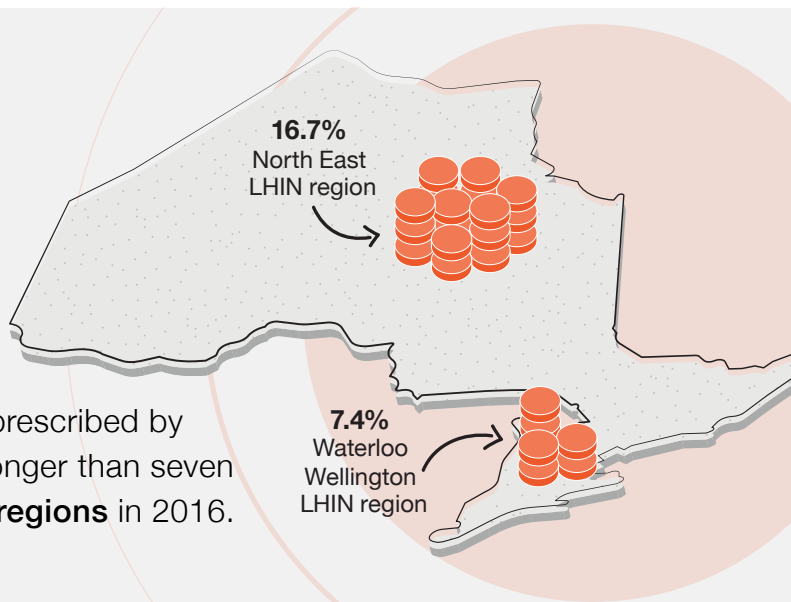


About **1 in 9** new starts of opioids prescribed in Ontario by surgeons — who are likely to prescribe for acute pain — are for **a supply of more than seven days.**

Prescribing opioids for more than seven days is associated with approximately **double the likelihood of continued use** a year later.³



New starts of opioids prescribed by surgeons for periods longer than seven days **varied between regions** in 2016.



Opioid-related emergency department visits have **increased substantially** in Ontario in recent years.



VISITS TO EMERGENCY DEPARTMENT
32 per 100,000 in **2016**
23 per 100,000 in **2013**⁴

Together, we can improve the quality of care for people with acute or chronic pain who have been prescribed or are considering opioids.

That's why Health Quality Ontario — in collaboration with health care providers, people who have experienced acute or chronic pain, and their families and caregivers — has developed this quality standard outlining what quality care looks like.

 hqontario.ca/qualitystandards

¹ Martins D, Greaves S, Tadrus M, Paterson M, Bandola D, Singh S, et al. Opioid use and related adverse events in Ontario [Internet]. Toronto (ON): Ontario Drug Policy Research Network 2016 [cited 2016 Nov]. Available from: <http://odprn.ca/wp-content/uploads/2016/11/ODPRN-Opioid-Use-and-Related-Adverse-Events-Nov-2016.pdf>

² Bohnert AS, Valenstein M, Bair MJ, et al. Association between opioid prescribing patterns and opioid overdose-related deaths. JAMA. 2011;305:1315–1321.

³ Shah A, Hayes CJ, Martin BC. Characteristics of initial prescription episodes and likelihood of long-term opioid use - United States, 2006-2015. MMWR Morb Mortal Wkly Rep. 2017;66(10):265-9.

⁴ Public Health Ontario. Opioid-related morbidity and mortality in Ontario. Retrieved September 22, 2017 at <http://www.publichealthontario.ca/en/dataandanalytics/pages/opioid.aspx#maps>