

New analysis looks at who is receiving high-strength opioids in Ontario

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TORONTO, Aug. 2, 2016—Nine out of 10 people in Ontario who receive government reimbursement for their prescription high-strength opioid tablets or patches are not palliative care patients, a new analysis has found.

The Ontario Drug Policy Research Network undertook the analysis after concerns were raised about the impact on palliative care patients of the Ontario government's recent announcement that it would stop paying for high strength opioids.

Tara Gomes, the network's co-principal investigator, said this analysis was conducted to provide evidence to inform all parties involved in the conversation.

The network, based at St. Michael's Hospital, examined prescriptions for three long-acting opioids – morphine, fentanyl and hydromorphone – that were reimbursed by the Ontario Drug Benefits program between April 1, 2014, and March 31, 2015. That data is housed at the Institute for Clinical Evaluative Sciences (ICES).

The analysis found more than 42 million long-acting opioid tablets or patches were prescribed during that time and reimbursed by the government. Of those, almost 11 per cent were high strength – the ones the Ontario government plans to stop funding, or “de-list” in January 2017.

The analysis also found that government-funded long-acting opioid tablets and patches were prescribed to 87,453 people in the year studied. Of those, almost 16 per cent had received at least one prescription for a high-strength opioid, or 13,695 people. Only 10 per cent of those high-strength opioid users had received palliative care in the previous six months.

The study also looked at this issue from the perspective of the broader population of 62,602 people receiving palliative care in the province over the study period. In this population, 42.5 per cent (26,620 people) were treated with opioids that were reimbursed by the Ontario Drug Benefits program, but only 2.7 per cent (1,673 people) received high-strength opioids.

“This policy change takes an important step towards reducing the amount of dangerously high dose opioids that are available in the community,” said Gomes, who is a scientist at the Li Ka Shing Knowledge Institute of St. Michael’s Hospital and with ICES. “It is reassuring that the vast majority of palliative care patients will not be impacted by this policy.”

Gomes said while the number of palliative care patients affected was small compared to the total number of palliative care patients in the province, the analysis still identifies a number of individuals who could be impacted by the government's changes.

“I suggest that the focus now shift to determining how to ensure that there is a smooth, safe transition for patients once these products are delisted. That should include ensuring access to

addiction services for those seeking treatment, appropriate tapering of opioid doses by physicians, and determining whether any exemptions to the policy should be made for palliative care physicians.”

Gomes noted that new guidelines from the Centers for Disease Control and Prevention in the United States recommend that physicians avoid prescribing opioids at daily doses above 90 milligrams of morphine or equivalent for chronic pain because of evidence suggesting that the harms likely outweigh the benefits in this population. All of the high strength formulations included in Ontario’s policy exceed this threshold.

About St. Michael's

St. Michael's Hospital provides compassionate care to all who enter its doors. The hospital also provides outstanding medical education to future health care professionals in more than 23 academic disciplines. Critical care and trauma, heart disease, neurosurgery, diabetes, cancer care, and care of the homeless are among the hospital's recognized areas of expertise. Through the Keenan Research Centre and the Li Ka Shing International Healthcare Education Center, which make up the Li Ka Shing Knowledge Institute, research and education at St. Michael's Hospital are recognized and make an impact around the world. Founded in 1892, the hospital is fully affiliated with the University of Toronto.

About ICES

ICES is an independent, non-profit organization that uses population-based health information to produce knowledge on a broad range of health care issues. Our unbiased evidence provides measures of health system performance, a clearer understanding of the shifting health care needs of Ontarians, and a stimulus for discussion of practical solutions to optimize scarce resources. ICES knowledge is highly regarded in Canada and abroad, and is widely used by government, hospitals, planners, and practitioners to make decisions about care delivery and to develop policy.

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