

Rapid opioid dose tapering events temporarily increased following new clinical opioid guidelines and policies in Ontario, Canada



58,233 individuals receiving long-term opioid therapy at **very high doses** (≥ 200 milligrams of morphine or equivalent (MME) per day) in Ontario, Canada between January 2014 and December 2018

Rapid Tapering Definition:

$\geq 50\%$ reduction in opioid dose



A secondary analysis looked at abrupt opioid discontinuation

Monthly prevalence of rapid tapering events temporarily increased in response to changing drug policies and guidelines

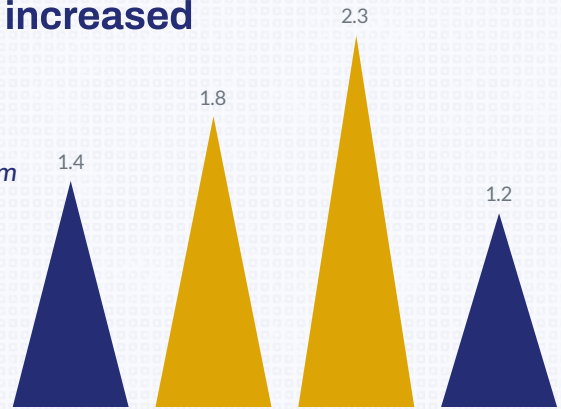
Increase from **1.4%** in October 2016 to **1.8%** in April 2017

Following the introduction of Ontario's Fentanyl Patch-for-Patch Return Program

Transient spikes reaching **2.3%** in March 2017 and again in July 2017

Following Ontario's delisting of publicly funded high-strength opioids and the release of updated Canadian Opioid Prescribing Guidelines for Chronic Pain, respectively

Reversion back to **1.2%** in December 2018



While changes appear to be **relatively rare** and **short-lived**, they may have led patients to experience unmanaged pain, opioid withdrawal or to seek alternative, unregulated sources of opioids

For more information:

Martins, D. et al. (2021). Impact of changes in opioid funding and clinical policies on rapid tapering of opioids in Ontario, Canada. *PAIN*.

