CPS Position Statement on Opioid Analgesics in Pain Management – 2018 Update


This declaration recognizes the intrinsic dignity of all persons and states that withholding of pain treatment is profoundly wrong, leading to unnecessary suffering which is harmful and further recognizes the right of all people to have access to pain management without discrimination. This includes those with mental health and /or substance use disorders who may require special precautions to reduce risks associated with opioid treatment. Approaches to resolve the current opioid crisis requires a coordinated strategy that comprehensively considers the needs of people suffering from pain, those suffering from opioid use disorders, those who are vulnerable to opioid related harms, and individuals in whom these three situations may overlap. The CPS supports the creation of a national pain strategy to improve research, education and better access to care for people living with pain conditions in Canada.

The Canadian Pain Society:

1. Supports the use of opioids at all ages for the relief of severe acute pain, cancer pain and pain at end of life, using reasonable precautions to avoid misuse, diversion and other adverse outcomes.

2. Acknowledges the need for evidence-informed physical and psychological therapies and non-opioid pharmacotherapy as first line treatments for chronic non-cancer pain. If pain remains inadequately controlled there may be a role for a trial of opioid therapy in carefully selected patients who must be managed in a monitored setting (including primary care) using reasonable precautions to avoid misuse, diversion and other adverse outcomes.

3. Emphasizes that any strategy aiming to prevent diversion or misuse of opioid analgesics must contain measures to assure that they remain available to those patients who require them.

4. Agrees that clinicians discuss potential benefits and harms of opioids with all patients either considering or already taking opioids. This includes the potential for risk reduction with a mutually agreed upon trial of patient centered tapering to assure optimal dose. The CPS advises against mandated opioid tapering.

5. Encourages better education for health professionals and patients about the management of pain.

6. Acknowledges in principle the 2017 Canadian Guideline for opioid therapy and chronic non-cancer pain which should be regularly updated to reflect current best evidence, available at: https://www.magicapp.org/app#/guideline/2178