Opioid dependence

Roger Ladouceur MD MSc CCMF FCMF, ASSOCIATE SCIENTIFIC EDITOR

[A]necdotally, as much as 80% of the adult population [in First Nations communities in the Sioux Lookout Zone] uses prescription drugs illicitly.

Fatima Uddin[1]

According to a survey published more than 10 years ago, nearly one-third of Canadians (29%) experience severe chronic pain and nearly one-quarter of those (22%) have used narcotics to relieve their pain.[2] If these estimates are accurate, then—as there are approximately 25 million people older than 18 years of age in Canada[3]—the potential number of people taking opioids would be 1.5 million!

Yet opioid prescribing is not without harmful effects. Beyond the well-known immediate adverse effects (constipation, nausea, dizziness), these medications are associated with much more serious complications: overdose, intoxication, and death. Nevertheless, of all the problems associated with prescribing narcotics, we are surely most concerned about illicit use. Indeed, it appears that the probability of developing an addiction to narcotics is approximately 3%[4]; some people believe, however, that the risk of addiction to illicit drugs is closer to 8%.[5] Even using the most conservative estimate, the number of Canadians who are opioid dependent would approximate 50 000. Incidentally, a similar figure appears in a 2011 Canadian Executive Council on Addictions report, according to which more than 55 000 individuals in Canada are opioid dependent and are being treated with methadone maintenance therapy.[6]

Opioid dependence created by physicians

What is disturbing is that according to the Quebec surveillance network monitoring infectious diseases among injection drug users[7] and the Canadian I-Track surveillance network,[8] there has been a shift among opioid-dependent individuals from heroin to prescription drugs. This will not come as a surprise to anyone, given the disturbing revelations surrounding OxyContin.[9] Physicians who prescribe narcotics appear, somehow and unwittingly, to have become "pushers"!

Certainly, no one will dispute the need for powerful analgesics to treat unbearable pain. We have all seen patients in excruciating pain and most of us have prescribed opioids in the hope of providing relief. That is not the issue. However, if we compare all the attention given to the management of cancer and noncancer pain to the attention given to the potential dependence generated by the opioids we prescribe, we must acknowledge that the focus on the former is much greater. Of course, targeted training is available depending on local needs or the local or regional prevalence of narcotic addiction, but, in general, undergraduate or postgraduate training programs and even continuing professional development programs in this area are rare and sporadic. Therefore, it is not surprising that so few family physicians hold licences that allow them to prescribe methadone; in some provinces, there are barely a few dozen![6]

Time for change

Knowing that the problem increasingly stems from deviations from the prescriptions we write, it is not acceptable that family physicians know how to control pain, but are unqualified to manage the dependence engendered by the medications they prescribe.

It is certainly time to do something about it.

Cet article se trouve aussi en français à la **page 334.**

Competing interests
None declared

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