

One hour is obviously not sufficient time to clearly state all of the complex issues involved with the current opioid crisis and related issues of pain management in Ontario.

But the five individuals who participated in a panel discussion, held at the Centre for Addiction and Mental Health (CAMH) in Toronto and hosted by Health Quality Ontario as part of its Quality Rounds series, covered a huge amount of ground in their allotted time to bring some clarity to the situation.

“We have a long-term issue. We have a system issue and we are not going to get out of it overnight,” said Dr. David Williams, the chief medical officer for the Ministry of Health and Long-Term Care, who outlined the current Ontario strategy.

Catherine Zahn, the president and CEO of CAMH who introduced the discussion, which was [broadcast](#) widely over the Ontario Telehealth Network to health centres across the province, acknowledged everyone had been slow to recognize the breadth and depth of the opioid crisis when it first struck.

“There is a collective belief that people that live with substance use issues need our compassion,” said Zahn who was not the only speaker to note that compassion was one of the core elements needed in responding to the opioid crisis.

Lynn Cooper, a patient advocate for improved chronic pain management, detailed the stress and anxiety felt by many of those living with chronic pain who feared abruptly being denied opioid medications as a result of the current focus on improper opioid use. She noted that there is not “one face” to chronic pain and that one cannot tell who is in chronic pain just by looking at them.

Dr. David Juurlink, head of the Clinical Pharmacology and Toxicology division at Sunnybrook Health Sciences Centre in Toronto, said the opioid crisis was actually several interconnected issues involving addiction, prescribing, illicit drugs, chronic pain, and resource scarcity.

Dr. Jeremy Bertram, a family physician who works with Indigenous communities, also talked about the need to discuss health equity and the social determinants of health as well as cultural issues when looking at the impact of opioids and addiction in Indigenous and remote communities.

While Juurlink said it was easy to blame the pharmaceutical companies and their advocates who had persuaded physicians to prescribe opioids inappropriately, the focus should now be on helping people who are living with acute or chronic pain.

“There’s plenty of blame to go around ... but that’s unhealthy,” he said. “Let’s not throw anyone under the bus but rather get everyone on the bus,” was how Williams put it.

The anxieties faced by patients dealing with chronic pain are matched by those of physicians who fear disciplinary action or harming patients if they do not use opioids appropriately, said Dr. Arun Radhakrishnan, a family physician with a focused practice on pain management. Dr. Radhakrishnan, detailed [all of the programs](#) that have recently been developed to help clinicians better manage chronic non-cancer pain and to use opioids appropriately.

“Are we doing enough to involve patients (with chronic pain) and their families?” asked Health Quality Ontario President and CEO Dr. Joshua Tepper at the end of the session. Cooper responded that definitely more could be done and should be done to encourage patient involvement in helping plan how to manage their own pain.