WHY WE NEED A QUALITY STANDARD FOR

Opioid Prescribing for Pain in Ontario

Despite the considerable risks associated with opioid use — which include addiction, overdose and death — opioids are often prescribed to manage pain.

In 2016, 1 in 9 people in Ontario were dispensed an opioid to treat pain. There has been a dramatic rise in the rate of opioid prescribing in the province over the past 20 years, accompanied by increases in opioid-related emergency department visits, hospitalizations and deaths.¹

Nearly 1 in 5 of all new starts of opioids in Ontario exceed the maximum recommended dosage for people who do not regularly take opioids, which is 50 mg morphine equivalents per day. Higher dosages increase the risks of overdose and death.²

In 2016, the proportion of new starts that exceeded the maximum recommended dosage varied between regions, ranging from 15.0% to 23.3%.

About 1 in 9 new starts of opioids prescribed in Ontario by surgeons — who are likely to prescribe for acute pain — are for a supply of more than seven days.

Prescribing opioids for more than seven days is associated with approximately double the likelihood of continued use a year later.³

New starts of opioids prescribed by surgeons for periods longer than seven days varied between regions in 2016.

Opioid-related emergency department visits have increased substantially in Ontario in recent years.

Together, we can improve the quality of care for people with acute or chronic pain who have been prescribed or are considering opioids.

That’s why Health Quality Ontario — in collaboration with health care providers, people who have experienced acute or chronic pain, and their families and caregivers — has developed this quality standard outlining what quality care looks like.


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