A Canadian Patient Advocacy Group Presses the CMA on Opioid Denial. With Help from ACSH

By Josh Bloom — September 25, 2020

Although pain patients in the U.S. continue to struggle mightily to get the prescription opioids they need, at least they -- finally -- have the American Medical Association behind them. But in Canada, patient advocacy groups are also fighting the Canadian Medical Association, something that can be seen in an open letter to the CMA from the Chronic Pain Association of Canada. Here are some of the letter's highlights, especially those involving contributions from ACSH.

It should be no secret to Canadian pain patients that things aren't exactly rosy up there. Our neighbors to the north have their own set of anti-opioid fanatics (1) to make their lives miserable. They also have an advocacy group, the Chronic Pain Association of Canada [2]. Barry Ulmer is the Executive Director.

The pain patient crisis is playing out a bit differently in Canada. Although it took far too long, the American Medical Association finally sent a letter [3] to the CDC this past June challenging the agency's 2016 "one size fits none" approach to opioid prescribing. But in Canada, the Canadian Medical Association has been anything but supportive of pain patients. Mr. Ulmer made his displeasure clear in an open letter to the CMA. Here are some highlights of this letter, focusing on
some of the contributions that ACSH has made.

An Open Letter to The Canadian Medical Association:

WHY HAVE YOU ABANDONED PAIN PATIENTS WHILE U.S. DOCTORS SUPPORT THEM?

"We are of course referring to the very flawed and immoral opioid prescribing guideline first developed by the U.S. Center For Disease Control (CDC) with an impetus from the highly biased and zealous adherents of the Physicians for Responsible Opioid Prescribing (PROP). This 2016 guideline has been criticized for its lack of scientific rigor and was allegedly introduced to deal with growing addiction and overdose deaths.

Unfortunately, our Liberal government under former Health Minister Dr. Jane Philpott, decided to copy the U.S. and arranged for McMaster University to virtually replicate that report complete with representation of PROP zealots and whose main editor is a chiropractor who has no license to prescribe any medication whatsoever. Once this guideline was passed down to the provincial regulatory colleges, the result was that chronic pain patients were forcibly tapered against their will from their opiate medication with no treatment as an equally effective replacement. The fall out has been extreme and immeasurable. Pain and disability have increased exponentially. Some patients committed suicide (well documented) while others went to street dealers out of sheer desperation for pain relief who now had an expanded clientele (also well documented). See our survey of pain patients [4]...

"...The U.S. and Canada – at least used to be -- the 1st and 2nd highest users of medical opiates because "the rest of the world has limited or no access [5] to these life-saving and life-giving medications. It's a good thing, not a bad thing, to have access to high quality pain and palliative care. But now due to bad policy, our access is also dangerously limited [6]."

"[Cato Institute's] Dr. Jeffrey Singer, [who is also a member of the ACSH Scientific Advisory Board] commented [7] that “As researchers at the University of Pittsburgh reported in 2018 [8], overdoses from the nonmedical use of licit and illicit drugs have been increasing steadily and exponentially since at least the late 1970s (well before the invention of OxyContin in 1996), with different drugs dominating the fatality statistics during different periods.”

He added that "In the end, the fact remains that drug prohibition caused [9] the overdose crisis. A growing population of nonmedical users of licit and illicit drugs are accessing increasingly dangerous drugs provided by the black market fueled by prohibition. The emphasis on prescription opioids only makes patients needlessly suffer [our emphasis] and drives nonmedical users away from “diverted” prescription opioids and towards heroin and fentanyl...."

"Finally, this July, the CDC which is being accused of bending to the political will of self interest groups appointed a new panel to investigate pain treatment. This new panel has one group that is noticeably absent – PROP [10]: the anti-opioid zealots heavily involved with both the U.S. and Canadian guidelines. A great deal has been written about the PROP bias and, as Dr. Josh Bloom [11] of the American Council on Science and Health wrote in 2017:
“The CDC ended up incorporating many of PROP's recommendations, which were supposedly designed to help the US mitigate the damage done by opioid drugs, despite the fact that the "evidence" contained in the recommendations had been carefully scrutinized and found unsupportable by FDA scientists [12].”

“There are a few pain specialists in this country who have been swimming against the current to continue to do right by their patients; you need to recognize their work and get direction from them. We will be happy to provide contact information to you.

What are you, the CMA, the national advocate, and planner for positive health care change, going to do to rectify this egregious problem immediately?”

Barry Ulmer, Executive Director, Chronic Pain Association of Canada

(Mr. Ulmer’s entire letter can be found here [13].)

NOTE
(1) There is considerable overlap in the group of "experts." Many have done damage to both countries. You know who they are.
