



Safe Prescribing of Opioids and Sedatives

I W m June 1, 2016

W I M Gm May 6, 2022

I W m 4.7

I Y G P Mq/m [Access to Medical Care Without Discrimination](#); [Prescribing Methadone](#)

A **M W G G** reflects the minimum standard of professional behaviour and ethical conduct on a specific topic or issue expected by the College of its registrants (all physicians and surgeons who practise medicine in British Columbia). Standards also reflect relevant legal requirements and are enforceable under the [Health Professions Act](#), RSBC 1996, c.183 (

This document is a practice standard of the Board of the College of Physicians and Surgeons of British Columbia.

1.1 Purpose

Opioids and sedative medications have high-risk profiles. Historically, prescribing these medications has contributed to the rise in people living with substance use disorder (SUD).

The profession has a collective ethical responsibility to mitigate its contribution to problematic prescription medication use, particularly the over-prescribing of opioids and sedatives. The fundamental purpose of this standard is to reduce the risk of overdose, addiction, and other harms of the use of opioids and sedatives. Registrants are expected to follow the [2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain](#), which is complementary to, and should be read in conjunction with, this standard.

Registrants are expected to follow relevant clinical guidelines and established best practices in managing patients with these conditions. Nothing in this standard interferes with a registrant's obligation to provide aggressive symptom management to patients with active cancer or nearing the end of their lives.

In the treatment of opioid use disorder (OUD), registrants are directed to follow [accepted clinical guidelines](#) and the [Prescribing Methadone](#) practice standard, when initiating and implementing opioid agonist treatment (OAT). It is incumbent on all registrants to have an approach to identify patients with these complex care needs, and to manage or refer these patients in a manner consistent with their training, scope of practice, and location.

Long-term opioid treatment (LTOT) refers to the prescribing of opioid medications on a continuous daily schedule.

2.1 Scope

1. The CMA [Code of Ethics and Professionalism](#) and the College standard *Access to Medical Care Without Discrimination* prohibit discrimination based on medical condition and complexity. Registrants must not discriminate on the basis of medical condition and complexity. Registrants must provide care to all patients, including those with complex medical conditions, in a timely and appropriate manner. Registrants must not discriminate on the basis of medical condition and complexity.
2. Registrants must base decisions to prescribe opioids and sedatives on a thorough understanding of their patient. This includes:
 - a. Conducting and documenting a comprehensive assessment including patient history, physical examination, and relevant investigation results.
 - b. Conducting a comprehensive reassessment at least every three months.

- c. Registrants must exercise caution in prescribing opioid and sedative medications with muscle relaxants, sedating antidepressants, anticonvulsants, antipsychotics and other sedating medications.

If patients with complex care needs are receiving multiple sedating medications, the registrant must consider seeking the opinion of relevant consultants such as psychiatrists, pain specialists, addiction medicine specialists, pharmacists, and others to work toward a collaborative medication regimen that minimizes risk as much as possible.