Summary Report: Best Brains Exchange (BBE)

Responsible Opioid Prescribing Practices for Pain Management

January 29, 2026, Hosted by CIHR & Health Canada

Background and Objectives

On January 29, 2026, the Canadian Institutes of Health Research (CIHR), in collaboration with Health Canada's Chronic Pain Policy Team, hosted a Best Brains Exchange (BBE) on *Responsible Opioid Prescribing Practices for Pain Management*. The session brought together 41 participants from federal, provincial, and territorial governments, clinical practice, academia, pain organizations, implementation science, and people with lived and living experience (PWLLE).

The BBE was convened in the context of Canada's ongoing toxic drug crisis, where prescribed opioids continue to play a role in exposure and risk, even as the unregulated toxic drug supply remains a primary driver of opioid-related harms and deaths. At the same time, people living with pain continue to face barriers to accessing appropriate opioid therapy and comprehensive pain care. In an effort to address these barriers, the concept of *responsible opioid prescribing* has emerged which aims to promote a balanced, evidence informed approach to reduce unnecessary exposure while ensuring access for those who need opioid medications.

The objectives of the BBE were to:

- Provide an update on recent trends and emerging guidance related to responsible opioid prescribing for pain management.
- Discuss key challenges to implementing responsible opioid prescribing practices across jurisdictions and care settings.
- Identify potential solutions and opportunities for cross-sectoral collaboration to support effective, equitable implementation.

Summary*

The session opened with remarks from CIHR and Health Canada, who emphasized the urgency of addressing opioid-related harms within the broader toxic drug crisis, the need to balance safety with access, and the importance of people with lived and living experience (PWLLE) leadership in shaping responsible prescribing practices.

Following the opening remarks were presentations by experts and those with lived experience that were grounded by both evidence and real-world experience. These presentations outlined:

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- The historical role of prescription opioids within the toxic drug crisis and the continued need for effective pain management.
- The current evidence and guidance informing responsible opioid use for the management of chronic noncancer pain.
- Several pediatric and postsurgical pain considerations, which emphasized the prevention of chronic pain and early intervention.
- Perspectives from lived experience which highlighted the harms associated with both overprescribing and the barriers to accessing opioid medications and effective pain management services, for youth, Indigenous Peoples, and racialized populations.

Together, these discussions underscored the need for a balanced, patient centred approach that supports responsible opioid prescribing while ensuring access to comprehensive pain care.

These presentations were followed by breakout sessions designed to examine the barriers to and solutions for responsible opioid prescribing across four themes:

1. Gaps in access to comprehensive, multidisciplinary pain care
2. Knowledge, communication, and opioid stigma
3. System and policy constraints influencing prescribing practices
4. Structural inequities in access to pain care and opioids for priority populations

During each breakout session the participants were asked to identify the following as they considered each theme:

- The key barriers (from a prepopulated list) that hinder the implementation of responsible opioid prescribing practices; and
- Potential solutions to address those barriers, including opportunities for system improvement, research, and collaboration.

The following sections summarize the discussions in alignment with the meeting agenda and the four thematic areas.

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I. SUMMARY OF DISCUSSIONS

Welcome & Opening Remarks

CIHR and Health Canada opened the session by emphasizing several foundational points that framed the day's discussion:

- **The urgency of addressing opioid related harms** within the broader drug crisis, noting that prescribed opioids continue to play a role in exposure and risk despite the dominance of the unregulated toxic drug supply.
- **The need for balance,** reducing unnecessary opioid exposure while ensuring that people who require opioid therapy for pain are not left without access.
- **The importance of cross-sectoral collaboration**, including the federal, provincial, and territorial governments, and clinical, academic, and community partners.
- **The central role of people with lived and living experience (PWLLE)** in shaping responsible opioid prescribing practices and ensuring that policies and clinical guidance reflect real world experiences and needs.

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Scene Setting Presentation – Why We Are Here (Tara Gomes)

Dr. Tara Gomes (Scientific Director, Urban and Community Health, Unity Health Toronto), provided a scene setting presentation related to the evolving role of opioid prescribing in the ongoing drug crisis in Canada. Her presentation noted the following key points:

- **Canada remains among the highest global consumers of opioids**, historically ranking second internationally (after the United-States).
- While opioid prescribing **declined after 2012**, opioid related deaths **increased**, driven by fentanyl and fentanyl analogues in the unregulated supply.
- **Less than 40%** of hospital treated opioid toxicities involve an active prescription, underscoring the dominance of the unregulated toxic drug supply.
- **Youth, Indigenous Peoples, and people who are vulnerably housed** are disproportionately affected by opioid-related harms.
- **Changes in the pharmaceutical market,** such as reduced oxycodone prescribing, can **unintentionally shift people** toward the unregulated supply ("squeezing the balloon").
- The system must learn from past actions that had unintended negative consequences, including:
    - Rapid or forced tapering of medications or an abrupt discontinuation of treatment; and
    - Clinician fear leading to reluctance to prescribe when clinically appropriate.

- That the environment is dynamic and that **responsible opioid prescribing requires adaptability, evidence, and system level supports**.

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Panel 1 – Emerging Guidance and Tools

Jason Busse – Updated Guideline for Chronic Non-Cancer Pain

Dr. Jason Busse, (Professor, Department of Anesthesia, McMaster University) provided an overview of the updated recommendations related to the Canadian Guideline for the Use of Opioids for the Management of Chronic Non-Cancer Pain, which emphasized that:

- **Opioids should not be first line therapy** for chronic non-cancer pain.
- A **trial of opioids may be appropriate** for some patients without a history of substance use disorder, when clinically indicated.
- **Forced tapering of opioids is strongly discouraged**; tapering should only occur through shared decision making.
- Patients on long-term opioid therapy should be **engaged every 6–12 months** to revisit goals, risks, and preferences.
- Multidisciplinary support is recommended for patients who struggle with tapering.

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Panel 2: Katie Birnie – Pediatric Pain & Youth Opioid Toolkit

Dr. Katie Birnie, (Associate Professor, University of Calgary Associate Scientific Director, Solutions for Kids in Pain) provided key considerations related to the use of opioids in youth, including guidance reflected in the Youth Opioid Toolkits published in 2024. Key points from her discussion were that:

- **1 in 5 youth** experience chronic pain, with long-term impacts on mental health, **substance use, and socioeconomic outcomes.**
- Youth often obtain opioids from **unspecified sources (39%)**, highlighting risks of diversion and unmet pain needs.
- National Pediatric pain standards emphasize the importance of:
    - Multimodal care (such as combining physical, psychological, and non-opioid pharmacologic strategies)
- Opioids being safe and effective when used correctly
    - Clinician prescribing the lowest effective dose opioid use for the shortest duration
- Psychosocial and physical pain strategies remain **underutilized**.
- There is a youth opioid toolkit which provides **publicly available resources** for acute, chronic, and dental pain.

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Panel 3: Rachael Bosma – Postsurgical Pain Management

Dr. Rachael Bosma (Director, University of Toronto Centre for the Study of Pain; Assistant Professor, Faculty of Dentistry, University of Toronto; Associate Scientist, Women's College Hospital; Chair of the Board, Pain Ontario) provided an update on the work to develop a **national consensus statement** regarding the use of opioids for post-surgical pain. She raised several key points during her presentation including that:

- The national consensus statement is organized by four components:
  - Patient education
  - Risk assessment
  - Prescribing practices (nonopioids as the foundation; opioids time-limited and tied to functional recovery)
  - **Follow-up**, recognizing that safe prescribing does not end at discharge

- There are several challenges to implementing the consensus statement including:
  - Workflow and time pressures
  - Care coordination gaps
  - System constraints

- Postsurgical and dental pain are **major points of initial opioid exposure**, making them critical intervention points.
- Dental pain is a major gap in existing guidance; **new guidelines are in development**.
- Participants were reminded that **responsible pain care does not happen by accident — it must be intentionally designed and supported by systems**.

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Lived Experience Spotlight

Two PWLLEs (Graham Lord and Vina Mohabir) shared powerful insights into the real-world impacts of pain, stigma, and opioid prescribing practices:

- Pain brings **trauma, isolation, depression, and stigma**, often compounding other life challenges.
- Participants heard how both **over-prescribing** and **overly restrictive prescribing** have caused harm, including patient abandonment and transitions to the unregulated supply.
- PWLLE emphasized that **opioids are not the goal**, but are sometimes necessary for function, dignity, and participation in life.
- Systems matter as much as prescriptions, and they should be organized to include:
    - Multidisciplinary care
    - Shared decision making
    - Culturally safe approaches
    - Continuity and follow-up
- The goal is not to eliminate opioids but to ensure they are used **thoughtfully**, and within systems that support safety, autonomy, and dignity.
- Participants were reminded that **responsible opioid prescribing must be grounded in compassion, trust, and meeting people where they are**.

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II. KEY THEMES OF DISCUSSION

During the breakout portion of the meeting, participants were divided into four rooms, each assigned a different theme. Although the themes varied, the objective of the discussions was the same across all groups:

- To identify key barriers, drawn from a pre-populated list, that prevent the implementation of responsible opioid prescribing practices; and
- To identify potential solutions to address those barriers, including opportunities for system improvement, research, and collaboration.

The following summarizes the discussions by theme, reflecting the barriers and solutions identified by participants.

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1. Gaps in Access to Comprehensive, Multidisciplinary Pain Care

Participants emphasized that responsible opioid prescribing cannot be implemented without addressing major gaps in access to pain care across Canada. Key points included:

- Long wait times for both primary and specialized pain services, leaving many patients without timely support.
- Overreliance on tertiary pain clinics, which become bottlenecks because primary care lacks resources and allied health support.
- Limited availability and affordability of nonpharmacological treatments (e.g., physiotherapy, psychology, pain focused Cognitive Behavioural Therapy), which drive patients to rely on opioids as the only accessible option.
- Fragmented care pathways, especially for people with overlapping chronic pain, mental health, and substance use needs.
- Lack of transitional pain services, despite strong evidence that early intervention after surgery can prevent chronic pain and substance use disorder.
- Digital and virtual care models (e.g., Alberta's virtual care program) were identified as promising yet underutilized solutions to expand access, particularly in rural and remote communities.
- Primary care capacity must be strengthened; simply aligning patients to a primary care provider is insufficient without integrated, multidisciplinary supports.
- Participants stressed that responsible opioid prescribing is an outcome of responsible pain care, and that system redesign is required to make multimodal care accessible.

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2. Knowledge, Communications, and Opioid Stigma

Participants identified significant challenges related to communication, stigma, and inconsistent guidance:

- Clinicians face too many conflicting guidelines, making it difficult to know which to follow and contributing to fear of regulatory scrutiny.
- Stigma affects both opioid use and chronic pain itself, particularly for youth, Indigenous Peoples, racialized communities, and people with substance use histories.
- PWLLE described experiences of being dismissed, disbelieved, or judged, which undermines trust and discourages help seeking.
- Repetitive assessments and inconsistent messaging can feel invalidating to patients and create barriers to care.
- Participants noted that remote Cognitive Behavioral Therapy and behavioural therapies are evidence based but underfunded and difficult to access.
- Warm handoffs between providers were highlighted as essential to reduce patient burden and prevent repeated storytelling, by having one provider directly connect the patient to the next.
- Participants emphasized that shared decision making must be prioritized, with clinicians listening to patients and meeting them where they are.
- Stigma also affects clinicians, who receive mixed messages about how often to reassess risk, how to document decisions, and how to balance safety with patient autonomy.

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3. System and Policy Constraints Influencing Prescribing Practices

Participants discussed structural and policy level barriers that shape opioid prescribing behaviour:

- Regulatory interventions (e.g., opioid free emergency rooms, prescription monitoring programs) can create unintended harms and increase clinician fear.
- Participants noted that while regulatory colleges play an important role, they may have limitations in driving more nuanced changes across the system.
- Lack of integration across pain, mental health, and substance use services leaves patients navigating multiple disconnected systems.
- Primary care is expected to manage complex pain without adequate training, time, or access to allied health professionals.
- Participants stressed the need for accountability mechanisms that prevent patient abandonment, especially during tapering or transitions of care.
- Surveillance systems do not adequately capture the experiences of people living with pain, limiting the ability to monitor outcomes and identify gaps.
- System design must intentionally support interprofessional care, including physiotherapists, psychologists, pharmacists, and oral health professionals.
- Participants noted that implementation science is needed to translate guidelines into practice and redesign workflows to support responsible prescribing.

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4. Structural Inequities in Access to Pain Care and Opioids for Priority Populations
Participants highlighted inequities affecting priority populations and emphasized the need for equity informed approaches:

- Indigenous Peoples, racialized communities, and youth face disproportionate barriers to accessing pain care and appropriate opioid therapy.
- Rural and remote communities experience geographic isolation, limited-service availability, and high travel burdens.
- Cost barriers for nonpharmacological treatments disproportionately affect low-income individuals.
- Participants noted the lack of youth specific pain services, despite high rates of chronic pain and opioid exposure among youth.
- Hub and spoke models were identified as helpful but limited; whether a patient is at a "hub" or a "spoke" often depends on personal resources rather than need.
- Participants emphasized the need for culturally safe care, particularly for Indigenous communities, and for integrating Indigenous and non-Indigenous care options.
- Structural inequities also shape how stigma is experienced, with marginalized groups more likely to be labelled as "drug seeking" or denied appropriate pain care.
- Participants stressed that responsible opioid prescribing must not exacerbate existing inequities, and that equity must be embedded in all implementation efforts.

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III. Potential Solutions and Early Gains Identified by Participants

Participants identified a range of opportunities to strengthen pain management and responsible opioid prescribing in Canada, including short-term actionable items that could be advanced immediately, as well as broader system-level solutions requiring longer-term coordination and investment.

1. Mobilize and Promote Existing Resources

Participants emphasized better promotion and coordination of national tools such as the Power Over Pain Portal and Partnership for the Engagement of Patients in Pain Research (PEPR), and integrating pain more directly into broader health priorities and policy discussions.

2. Strengthen Knowledge Mobilization and Clinical Guidance

Participants emphasized the need to ensure that trusted evidence is reaching clinicians, policymakers, and communities. Although Canada has a strong evidence base, it is not consistently mobilized, leading to variability in practice. Participants highlighted the importance of clearer, more actionable clinical guidance, better use of forums such as national pain rounds, and stronger collaboration with organizations including the Canadian Pain Society to support consistent uptake of evidence.

3. Integrate Pain Care into Primary Care and System Initiatives

Embedding pain care into primary care reforms, as well as mental health and substance use care pathways can improve early intervention and reduce reliance on tertiary pain clinics. Building capacity including access to allied health professionals is essential.

4. Expand Access to Non-Pharmacological and Early Interventions

Affordability remains a major barrier to nonpharmacological care, and participants stressed the need for greater funding and availability of evidence-based treatments such as virtual cognitive behavioural therapy and physical therapies, along with early intervention strategies to reduce chronicity.

5. Advance Prevention and Public Health Approaches

Participants recommended incorporating pain prevention into public health messaging, school curricula, and workplace programs, with tailored strategies for populations facing structural barriers.

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6. Reduce Stigma and Support Culture Change

Destigmatizing pain and opioid use across systems is essential. Participants encouraged approaches focused on continuity of care rather than punitive or stigmatizing practices.

7. Improve System Integration and Coordination

Better integration across pain, mental health, substance use, and community services, combined with harmonized provincial and territorial approaches, is needed to support coherent pathways.

8. Advance Equity in Pain Care

Implementation efforts must embed equity, ensuring access to culturally safe care for Indigenous communities and youth specific pain services.

9. Caution Regarding Regulatory Approaches

Regulatory colleges should be part of the conversation but not relied upon as the primary driver of system change due to risks of unintended harms.

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IV. CONCLUSION AND NEXT STEPS

In the closing remarks, Health Canada reflected on the importance of the BBE discussion in shaping effective policies that support responsible opioid prescribing practices in the context of the ongoing drug crisis. The importance for continued cross-sector collaboration to advancing this important issue was also emphasized. As a next step, Health Canada committed to drafting a high-level summary report to be shared with participants, as well as other partners with the aim of supporting ongoing discussion around the issue of responsible opioid prescribing practices for pain management.

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