



CPhA POSITION STATEMENT

MAY 2018

TRAMADOL

Tramadol is a prescription-only opioid medication, used as an analgesic for the treatment of pain, and marketed in Canada since 2005. It increases serotonin levels and converts within the liver to an opioid that relieves pain. The analgesic effect of tramadol is unpredictable and dependent on a specific enzyme, which varies from person to person as well as between ethnic groups. Like other opioids, tramadol poses risks of opioid addiction, abuse, and misuse, which can lead to overdose and death.^{1,2}

Despite the classification of tramadol as an opioid analgesic and its inclusion in the *2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain*, the drug has never been scheduled under the Controlled Drugs and Substances Act (CDSA). This classification would list tramadol alongside other opioids, such as morphine and codeine, and subject it to stricter controls, including enhanced reporting.³ As tramadol is not currently subject to the reporting requirements as narcotics listed in the CDSA, there is a lack of information available about the extent of its abuse and misuse.⁴

In November 2017, the Canadian Institute for Health Information released a report on the amount of opioids prescribed in Canada. The report revealed that while, overall, the amount of opioids being prescribed is dropping, tramadol prescriptions had increased by 30 percent from 2012 to 2016, and tramadol is among six opioids that account for more than 96 percent of all opioid prescriptions in Canada.⁵ In light of this information, Health Canada has indicated that it will give consideration to regulating tramadol as a narcotic.

CPhA Statement

CPhA strongly supports the reclassification of tramadol as a Schedule 1 narcotic under the Controlled Drugs and Substances Act. Given the current national opioid crisis in Canada, where 2,861 apparent opioid-related deaths were recorded in 2016, it is essential that tramadol be classified appropriately as an opioid in the CDSA.⁶ This classification would eliminate the perception among health care providers and patients that it may be a safer analgesic alternative than other opioids. The reclassification would also ensure that the prescribing, dispensing and storage of tramadol are subject to strict control requirements in order to prevent its potential abuse and diversion.

Beyond the recommendation to reclassify tramadol, CPhA holds ongoing concerns regarding opioid-containing analgesics, such as Tramacet, which contains both tramadol and acetaminophen. Pharmacists understand first-hand the addictive nature of opioid-containing pain medications and the potential for abuse is especially dangerous in with combination products such as Tramacet. It is widely known that, in high doses, acetaminophen may result in serious adverse effects, including liver toxicity, gastric perforation, haemorrhage



and peptic ulcer, renal failure, and low blood potassium (with potential fatal heart and neurological complications). Those addicted to opioid combination products are at risk of ingesting dangerous amounts of these analgesics. Therefore, CPhA further recommends that Health Canada undertake a critical review of the clinical evidence in support of combination opioid analgesics and consider removing these products from the market to reduce the risk of accidental acetaminophen overdose.

CPhA acknowledges the importance of involving patients in dialogue regarding the reclassification of tramadol and policies related to opioids. We must ensure that patient positions are heard on this issue and that access to appropriate pain management therapy is not compromised. Should tramadol be rescheduled as a Schedule 1 narcotic under the Controlled Drugs and Substances Act, it will be critical for pharmacists and other health care practitioners to communicate this change and help patients manage its impact, particularly patients who are experiencing addiction.

Pharmacists' Role in Opioid Management

As medication experts and the most accessible health care practitioners, pharmacists have a critical role to play in controlling inappropriate opioid prescribing and dispensing practices. Regulatory changes have been introduced in most provinces to authorize pharmacists to prescribe or adapt prescriptions. This can involve making adjustments to dosing, quantities, dosage forms or directions for a particular medication. However, the Controlled Drugs and Substances Act (CDSA) does not currently include pharmacists in the list of practitioners who can prescribe and adapt CDSA-scheduled drugs.

It is common for community pharmacists to receive prescriptions for inappropriate dosages and quantities of initial opioid prescriptions. Amending the CDSA to include pharmacists would allow pharmacists to taper and reduce the dosage of opioids for patients where appropriate and, instead, recommend and prescribe alternative therapies. This would enhance medication management oversight as well as improve patient outcomes.

In order to effectively control the opioid crisis in Canada, we must reexamine outdated and dangerous drug policies and fully leverage the skills and expertise of the pharmacist profession. Through the appropriate classification of tramadol, a critical review of combination opioid analgesics, and by empowering pharmacists to adapt opioid prescriptions, we can achieve meaningful and effective action to combat the opioid crisis in Canada.

CPhA provides health care professionals with evidence-based resources, such as e-Therapeutics, for prescribing and managing drug therapy at the point of care to ensure that all frontline practitioners have access to reliable Canadian drug and therapeutic information.



CANADIAN
PHARMACISTS
ASSOCIATION

ASSOCIATION DES
PHARMACIENS
DU CANADA

¹ Canadian Pharmacists Association. *Opioids product monographs*. RxTx; Oct 2017. Available: <https://www.e-therapeutics.ca> (accessed: 2018 Jan 23)

² Juurlink, David. "Why Health Canada must reclassify tramadol as an opioid." *The Globe and Mail*. Toronto. 27 Nov 2017. Available: <https://www.theglobeandmail.com/opinion/why-health-canada-must-reclassify-tramadol-as-an-opioid/article37089174/> (accessed: 2018 Jan 23)

³ National Pain Centre. *The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain*. 2017. Available: http://nationalpaincentre.mcmaster.ca/documents/Opioid%20GL%20for%20CMAJ_01may2017.pdf (accessed: 2018 Jan 23)

⁴ Howlett, Karen; Baum, Kathryn B. "Health Canada eyes opioid restrictions for popular painkiller." *The Globe and Mail*. Toronto. 22 Nov 2017. Available: <https://www.theglobeandmail.com/news/national/health-canada-eyes-opioid-restrictions-for-popular-painkillertramadol/article37048483/> (accessed: 2018 Jan 23)

⁵ Canadian Institute for Health Information. *Amount of opioids prescribed dropping in Canada; prescriptions on the rise*. 2017. Available: <https://www.cihi.ca/en/amount-of-opioids-prescribed-dropping-in-canada-prescriptions-on-the-rise> (accessed: 2018 Jan 23)

⁶ Health Canada. *Apparent opioid-related deaths*. 18 Dec 2017. Available: <https://www.canada.ca/en/health-canada/services/substance-abuse/prescription-drug-abuse/opioids/apparent-opioid-related-deaths.html> (accessed: 2018 Jan 23)