

## Pharmacist's Virtual Communication Toolkit: Engaging in Effective Conversations About Opioids

New information is changing how opioids are being used.

Learn more about the **3 stages** for engaging in conversations with your patients including strategies, behaviours and sample dialogue. This virtual toolkit links to a wide range of communication tools for both pharmacists and their patients.

### **STOP** AND LISTEN



**STOP & LISTEN** to your patients. Patients are more likely to engage when you communicate your concern for their wellbeing.

[LEARN MORE](#)

### **DROP** STIGMA AND TALK ABOUT OPIOIDS



**DROP STIGMA AND TALK ABOUT OPIOIDS** Avoid assumptions about a patient's pain, life situation or willingness to talk. Share accurate information about opioids.

[LEARN MORE](#)

### **ROLL** WITH RESISTANCE



**ROLL WITH RESISTANCE** and encourage patients to work with you. Focus goals on what the patient wants to improve their quality of life – not only on pain scores.

[LEARN MORE](#)

**Success is engaging in an ongoing conversation about safe opioid use.**

[Infographics](#)

[References](#)

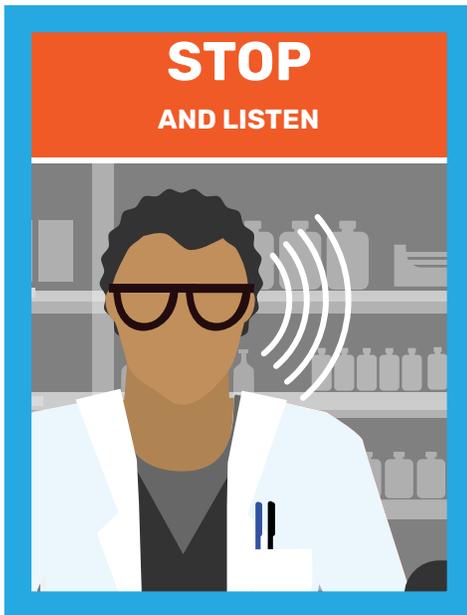
[Resources](#)

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- On average, opioids can reduce pain by up to 30% and are effective for 1 in 10 patients with chronic, non-cancer pain. <sup>1,2</sup>
- As opioid doses increase so do the [risks of serious side effects including fatal overdoses](#).<sup>3</sup>
- Opioids and [non-opioid options](#)<sup>4</sup> can have similar impact on pain and function.<sup>5,6</sup> Opioids should only be initiated for long-term chronic pain after an adequate trial of non-opioid options.<sup>7</sup>
- Feel free to use the linked resources and [infographics](#) with your patients to help communicate risks and benefits.

As you engage more patients, conversations will become easier.



**STOP & LISTEN** to your patients. Patients are more likely to engage when you communicate your concern for their wellbeing.

**BUILD TRUST WITH YOUR PATIENTS BY SHOWING THAT YOU CARE ABOUT THEM:**

**Connect with your  
patients in a private area.**



**STOP AND LISTEN: MORE**

## Strategy

Take a breath and relax your hands to [model calmness](#).<sup>8</sup> Let patients know you have time.

## Sample Dialogue

*"I know it looks hectic around here, but I have time to help you with this prescription."*

## Be curious, actively listen, and acknowledge patients' experiences with pain or opioids.<sup>9</sup>



## Strategy

Use open questions and invitations.

## Sample Dialogue

Questions: *"What are you doing for your pain? Where is the pain?"*

Invitations: **"Tell me** what you take." **"Explain** your pills to me." or **"Describe** what you are able to do each day."

Reflect back both facts and feelings to ensure the patient feels heard and understood.

Fact: *"So, you haven't been able to cook or keep up with the housework. Tell me more."*

Feeling: *"You are disappointed about missing the reunion."*

Another approach is ["Invite Listen and Summarize"](#).<sup>10</sup>

Acknowledging someone's experience with opioids helps to build rapport and does not mean you support misuse of opioids.

*"You are in pain."*

*"Many people are afraid reducing opioids will make their pain worse."*

Explore the human side of pain by asking questions outlined in the "ACT-UP" acronym: Activities, Coping, Thinking, Upset, People.<sup>11</sup>

Activities: *"How is your pain affecting your life (i.e. sleep, appetite, physical activities, and relationships)?"*

Coping: *"How do you deal/cope with your pain (what makes it better/worse)?"*

Think: *"Do you think your pain will ever get better?"*

Upset: *"Have you been feeling worried (anxious)/depressed (down, blue)?"*

People: *"How do people respond when you have pain?"*

## Success is engaging in an ongoing conversation about safe opioid use.

[Infographics](#)

[References](#)

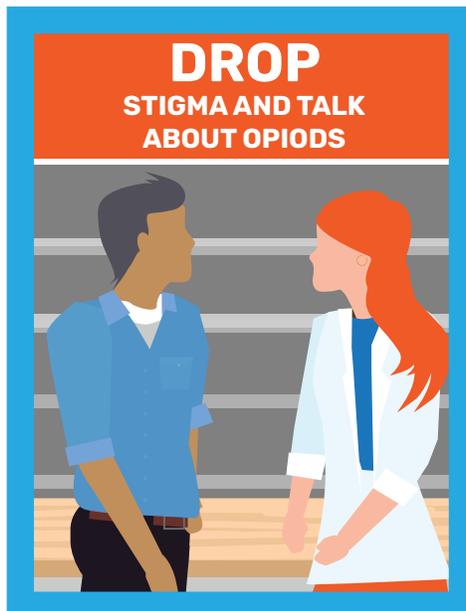
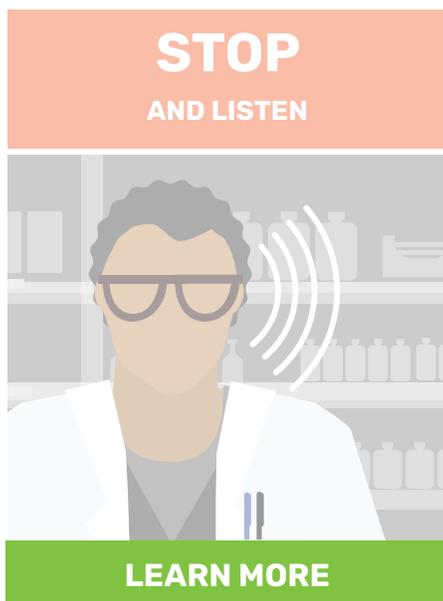
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As you engage more patients, conversations will become easier.



**DROP STIGMA AND TALK ABOUT OPIOIDS** Avoid assumptions about a patient's pain, life situation or willingness to talk. Share accurate information about opioids.

**DROP STIGMA AND TALK ABOUT OPIOIDS: MORE**

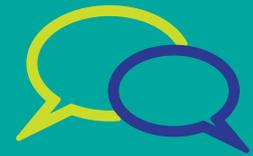
**Avoid stigma.**<sup>12,13,14</sup> **Become aware of your attitudes and use appropriate language.**<sup>15,16</sup>

**Do not label a person as an addict. Instead use the term person with an opioid use disorder.**

**Mental health disorders are a risk factor for opioid use disorders.**<sup>17</sup>

**Do not make assumptions about the patient's mental status. Be respectful of the patient's mental health needs.**

**Break the stigma by talking to patients about opioids. Try conversation starters for common topics.**<sup>18</sup>



Topic	Sample Dialogue
Chronic Opioid Use	<i>"What we know about pain has changed. [Opioids] are less effective for chronic pain than we thought. Can I share some <a href="#">new information</a> with you?"</i>
Hyperalgesia	<i>"It sounds backwards, but sometimes high dose opioids can make pain worse. Would you be interested in hearing more?"</i>
Opioid Monotherapy	<i>"Many people say managing pain can be like trying to <a href="#">drive a car with four flat tires</a>.<sup>19</sup> Okay if I explain more?"</i>
Double Doctoring	<i>"We check the shared pharmacy records for all opioid medications. I noticed you have filled [med] at another pharmacy. Things happen and I am concerned about you."</i>
Routine Medication Monitoring	<i>"At refills, we talk to all patients about their opioid prescriptions to ensure they are working and not causing bothersome side effects."</i>

**DROP STIGMA AND TALK ABOUT OPIOIDS: MORE**

Topic (continued)	Sample Dialogue (continued)
Benefits vs Risks	<p><i>"Some, but not all patients with chronic pain benefit from opioids. Opioids may not be the best option for you."<sup>1</sup></i></p> <p><i>"Opioids can reduce pain by up to a third."<sup>1</sup></i></p> <p><i>"There is no safe dose of opioids and the higher the dose, the greater the risk. Check out this <a href="#">infographic</a>."<sup>3</sup></i></p>
Opioid Exit Plan	<p><i>"Opioids work best in the short term and there are other, better options for long-term therapy. We will work with you to find a time to slowly stop the opioid drugs."</i></p> <p><i>"We are here to help with your pain. Talking about an exit plan does not mean we will pull the rug out from under you."</i></p>
Mental Health	<p><i>"People with a mental illness are two times more likely to have a substance use problem including prescription medications. How do you feel about using opioids?"<sup>17</sup></i></p> <p><i>"One in five patients with a mental illness have a substance use problem. I can't be sure how opioids will impact you."<sup>17</sup></i></p>
Opioid Agonist Therapy (OAT)	<p><i>"Some people with an opioid use disorder require medication to help with craving and withdrawal. Would you like to learn more?"<sup>20,21</sup></i></p>

**Success is engaging in an ongoing conversation about safe opioid use.**

**Infographics**

**References**

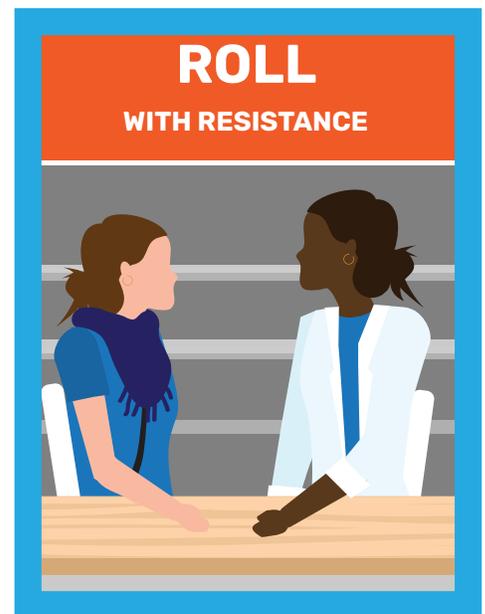
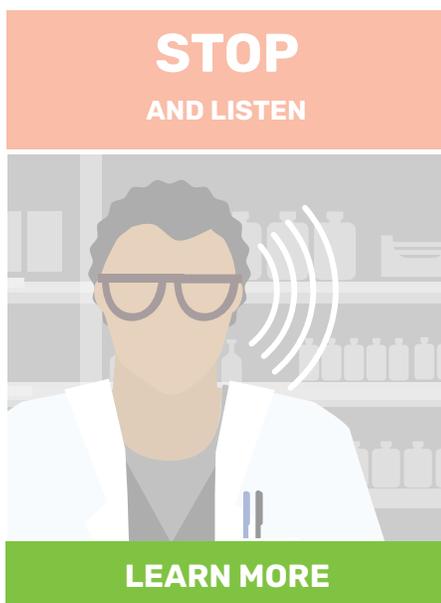
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As you engage more patients, conversations will become easier.



**ROLL WITH RESISTANCE** and encourage patients to work with you. Focus goals on what the patient wants to improve their quality of life - not only on pain scores.

**Plan how to handle conversation traps. Consider adapting ideas from the [addressing conflict section of Opioid Overdose: Communicating with Patients](#),<sup>9</sup> [Oregon's pain guidance website](#),<sup>22</sup> or [pharmacy specific examples from Australia](#).<sup>23</sup>**

**ROLL WITH RESISTANCE: MORE**

**Conversation Traps**

Defer to the Physician

No Time to Talk

**Sample Dialogue**

*Patient: "This is not your job. My doctor makes the decisions."  
Pharmacist: "Your doctor and I are both concerned about your health and want to help you find options for [pain/opioid use]."*

*Patient: "I don't have time to talk. I'll just take my pills."  
Pharmacist: "I can see you are in a hurry. I need a few minutes to make sure things are working safely for you."*

**Consider motivational interviewing techniques<sup>9,24</sup> to help patients consider the risks and benefits of therapy.<sup>25</sup> Here are the principles for motivational interviewing.**



**Strategy**

Roll with Resistance

Express Empathy

Avoid Arguing

Develop Discrepancies

Support Self-efficacy

**Sample Dialogue**

**Reflecting Back.** *Patient: "I need my [opioid med] to get through the day."  
Pharmacist: "You think tapering your opioids will not work for you."  
**Shifting Focus.** *Patient: "I don't want to cut back on my opioids."  
Pharmacist: "You are ahead of me. Right now, we are just talking about other options."  
**Reframing.** *Patient: "My doctor won't prescribe more [opioid med]."  
Pharmacist: "Sounds like your physician is concerned about you."***

*"The thought of reducing your opioid makes you uncomfortable."*

*Avoid "Yes, but" responses.  
"It's up to you if and when you want to stop."  
"If you change your mind, just let me know. I would like to talk again."*

*"On the one hand you're unsure about decreasing your dose, but on the other you are concerned about opioid use disorder."*

*"You are taking charge."  
"It sounds like you already have several strategies to manage your pain."*

**ROLL WITH RESISTANCE: MORE**

**Involve patients in deciding on common goals and plans to address resistance. Patients can decide on the rate of tapering or choice of alternative therapy. Sometimes agreeing to talk again is a good first step.**



**Provide them with evidence-based information with which to make their decisions. [Here are some useful resources to assist you in developing a care plan with your patient.](#)**

**Success is engaging in an ongoing conversation about safe opioid use.**

Strategy	Sample Dialogue
Thank patients for talking about opioids.	<i>"Thanks for talking to me about how you use opioids for your back pain."</i>
Invite patients to take time to make decisions about altering opioid use. Change may take time.	<i>"Take some time to think. Feel free to call me or we can touch base at your next refill."</i>
Build relationships, so patients feel supported and return to talk about opioids.	
The quality of patient-clinician relationships has significant positive impacts on patient outcomes including pain. <sup>26</sup>	
It is possible to talk about opioids and maintain high levels of trust for most patients. <sup>27</sup>	

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[Infographics](#)

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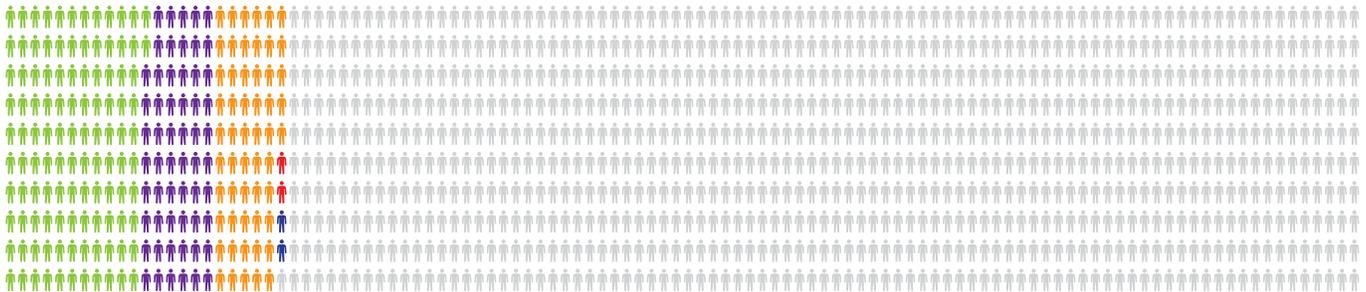
[Resources](#)

# INFOGRAPHICS

Feel free to use with your patients to help communicate risks and benefits.

## HERE ARE THE RESULTS OF 1,000 PEOPLE STARTING AN OPIOID FOR CHRONIC PAIN

\*These people have persistent problematic pain despite optimized non-opioid therapy.



**112 more people will have noticeable pain relief**

**58 more people will have constipation/upset stomach**

**55 people will develop an opioid use disorder\***

**2 people will have an overdose and live**

**1-2 people will die from an overdose\***

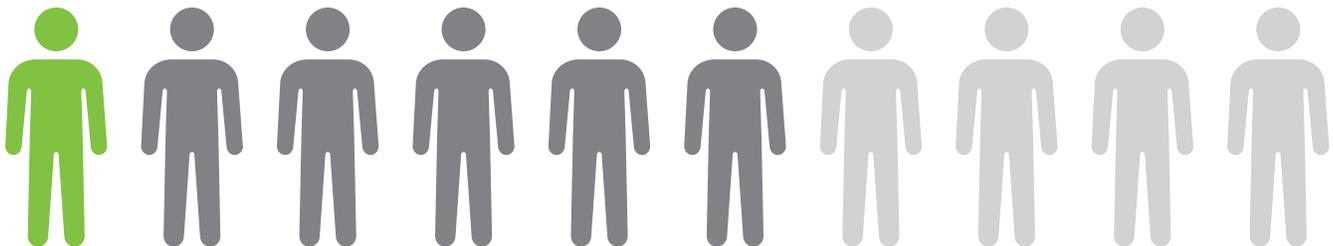
An individual could experience one or more of these results. There is no way to predict which outcomes an individual will experience.

\*For 1,000 people with a substance use disorder, 90 people would develop an opioid use disorder, 10 people would have non-fatal overdoses and 5 people would have fatal overdoses.

For 1,000 people with an active psychiatric disorder, 80 people would develop an opioid use disorder, 3 people would have non-fatal overdoses and 2 people would have fatal overdoses.

## HERE IS WHAT HAPPENS WHEN WE GIVE 10 PEOPLE OPIOIDS AND SUPPORTING CARE FOR 3-6 MONTHS

\*These people have persistent problematic pain despite optimized non-opioid therapy.



**1 person will have adequate relief**

**5 people have relief, but would have improved without opioids**

**4 people no response**

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## Resources

### Resources for Pharmacists

- [2017 Canadian Guideline for Opioids for Chronic, Non-Cancer Pain](#)
- [RxFiles: Chronic Pain and Opioids Mini-Book](#)
- [Pharmacy 5in5 Opioid Module](#)
- [The Opioid Manager](#)
- [Rx Files: Tapering Opioids Resource](#)
- [Canadian Family Physician Article: Tapering Opioids Using Motivational Interviewing](#)
- [CPJ Article: Guidance on Opioid Tapering in the Context of Chronic Pain: Evidence, Practical Advice and Frequently Asked Questions](#)
- [Canadian Medication Appropriateness and Deprescribing Network: Opioid Tapering Protocol](#)
- [Treating Opioid Use Disorder in Primary Care](#) (Also refer to the opioid agonist therapy protocols in your province or territory)

### Resources to Share With Your Patients

#### For patients just starting opioids

- [ISMP Canada: Opioid Pain Medicines – Information for Patients and Families](#)
- [Get on the Road to Recovery \(Non-Opioid Options\)](#)
- [Choosing Wisely Canada: Opioids – When You Need Them and When You Don't](#)
- [Patient Decision Aids for Starting Opioid Therapy –Online Tool at 2017 Canadian Guidelines for Opioids for Chronic Non-Cancer Pain.](#)
  - Click on the link to the MagicApp, then look under “Section 4 – Initiation and Dosing of Opioids in Patients with Chronic Noncancer Pain” and then, at the bottom of Recommendations 2-7, you will link to the Decision Aids for different patients including those with and without past substance use disorder and other active psychiatric disorders.

#### For patients on chronic opioids

- [ISMP Canada: Navigating Opioids for Chronic Pain](#)
- [Get on the Road to Recovery \(Non-Opioid Options\)](#)
- [A Car With Four Flat Tires](#)
- [Rx Files Booklet on Opioids](#)
- [Choosing Wisely Canada: Opioids – When You Need Them and When You Don't](#)
- [Opioid Tapering – Information for Patients](#)

#### For patients on opioid agonist therapy

- [CAMH: Opioid Agonist Therapy](#)
- [Patients Helping Patients Understand Opioid Substitution Treatment](#)