



**Opioids, Pain, and Teens:**  
**Minimizing Risks, Maximizing Benefits**  
SKIP AMA Highlights

Led by  
**Dr. Melissa Pielech & Dr. Samina Ali**

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solutions for kids in pain  
pour la douleur chez les enfants

# Highlights



Report



**Dr. Samina Ali**

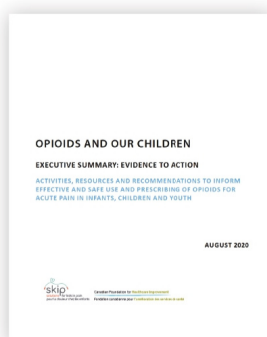
## Learn how to optimize use of non-opioid pharmacological agents in conjunction with or instead of opioids

Opioids should *always* be administered in combination with a non-opioid, such as ibuprofen (or another NSAID). Combining opioids with non-opioids decreases the overall use of opioid medications, which are known to have more adverse effects associated with them. Ibuprofen is more effective in treating children's injury-related pain than acetaminophen. If pain is anticipated to last for more than a few hours (i.e., appendicitis) patients should be treated with a combination of short- and long-acting analgesics to maximize pain management.

**What are your favourite tips and tricks to do this?**

Executive Summary:  
Evidence to Action

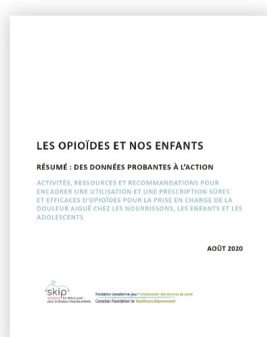
### OPIOIDS AND OUR CHILDREN



english

Résumé : Des Données  
Probantes À L'action

### LES OPIOÏDES ET NOS ENFANTS



french



Access at [tinyurl.com/y5ffueru](https://tinyurl.com/y5ffueru)

## Comments

Dr. #1: These reports are such a useful summary of key issues!

Dr. Samina Ali: Thanks, [Dr. #1]! I agree. Lots of great examples of resources to use and share in Appendix B of this document....all open access!



## Dr. Melissa Pielech

### Learn how to optimize use of multi-modal pain management strategies, in conjunction with opioids

Distraction, relaxation, mindfulness, and guided imagery exercises, sensory focused interventions, positive self-statements, and supportive coaching/ social support are helpful multi-modal strategies for patients to utilize in conjunction with pharmacological agents for pain management and for managing the psychosocial aspects of pain, such as distress and anxiety, that may arise. Collaborate with psychology, behavioral, health, and child life colleagues for additional support when introducing these approaches to patients. Brief education can be given about the relaxation response's role in pain and stress, using distraction to shift attention away from pain, and using mindfulness to be aware of our responses to pain to help patients understand the rationale behind these interventions and why they are used for pain coping. Providing preparatory information (such as before surgery or painful procedures) has also been shown to be effective in helping to minimize pain and distress.

**What are your favourite tips and tricks to do this?**



### Comments

Dr. #1: Thanks for highlighting the important role of psychological interventions!

Dr. #2: Could you provide any links for resources to practice these recommendations?

Dr. Pielech: Definitely! Here's a great [summary of pain management apps and online resources from SKIP](#).

I also have this [GIF/ website](#) bookmarked on my phone. I like this as a visual aid for teens (and caregivers!) when teaching and practicing breathing exercises. Having the visual component seems to be helpful for focusing.

"Breath ball" is a free, great app that patients can download that is similar to this.



## Dr. Melissa Pielech

### Understand potential short and long term consequences associated with using opioids for pain management with teens and how to mitigate these risks

Opioids can cause constipation, nausea, drowsiness, or dizziness. Many of these side effects can be managed with over-the-counter medicines, and families need to be counselled about what to do if they occur. Caregivers and teens need to be educated on how to identify serious adverse events (e.g., respiratory depression) and how to correctly respond to them.

There is not consistent evidence that short-term, therapeutic opioid use in youth is associated with later misuse, although emerging data suggests that opioid-naïve patients may be at increased risk for opioid misuse after being prescribed opioids. Risk factors known to be *associated* with substance use include: past or current substance use (including non-medical opioid use); chronic pain; pre-existing mental health conditions; suicidal ideation; lower level of family involvement, support, and stability; caregiver substance use history; and in utero exposure to substances. Thus, screening of all patients who receive opioids is recommended. In youth, screening for substance use should be done with a developmentally appropriate, validated tool that assesses recent frequency of use such as the S2B, BSTAD, or the CRAFFT v2.0.

**What risks do you find most challenging to mitigate when prescribing opioids?**



Watch at [tinyurl.com/y2zt8vrh](https://tinyurl.com/y2zt8vrh)

### Opioids and Our Children

*Resources, Best Practices and Opportunities to Support Effective and Safe Prescribing and Use of Opioids for Acute Pain in Children & Youth*



Canadian Foundation for Healthcare Improvement  
Fondation canadienne pour l'amélioration des services de santé



# Highlights



Report



**Dr. Samina Ali**

## Understand potential short term consequences associated with under treatment of pain and how to mitigate these risks

Caregivers tend to under-treat their child's pain upon returning home from the hospital. Additionally, when a teen experiences side effects from analgesia, caregivers are more likely to cease pain treatment even if it means their child will have continued and sometimes severe pain. Caregivers must receive education about the importance of continued pain management for their child at home by their healthcare providers.

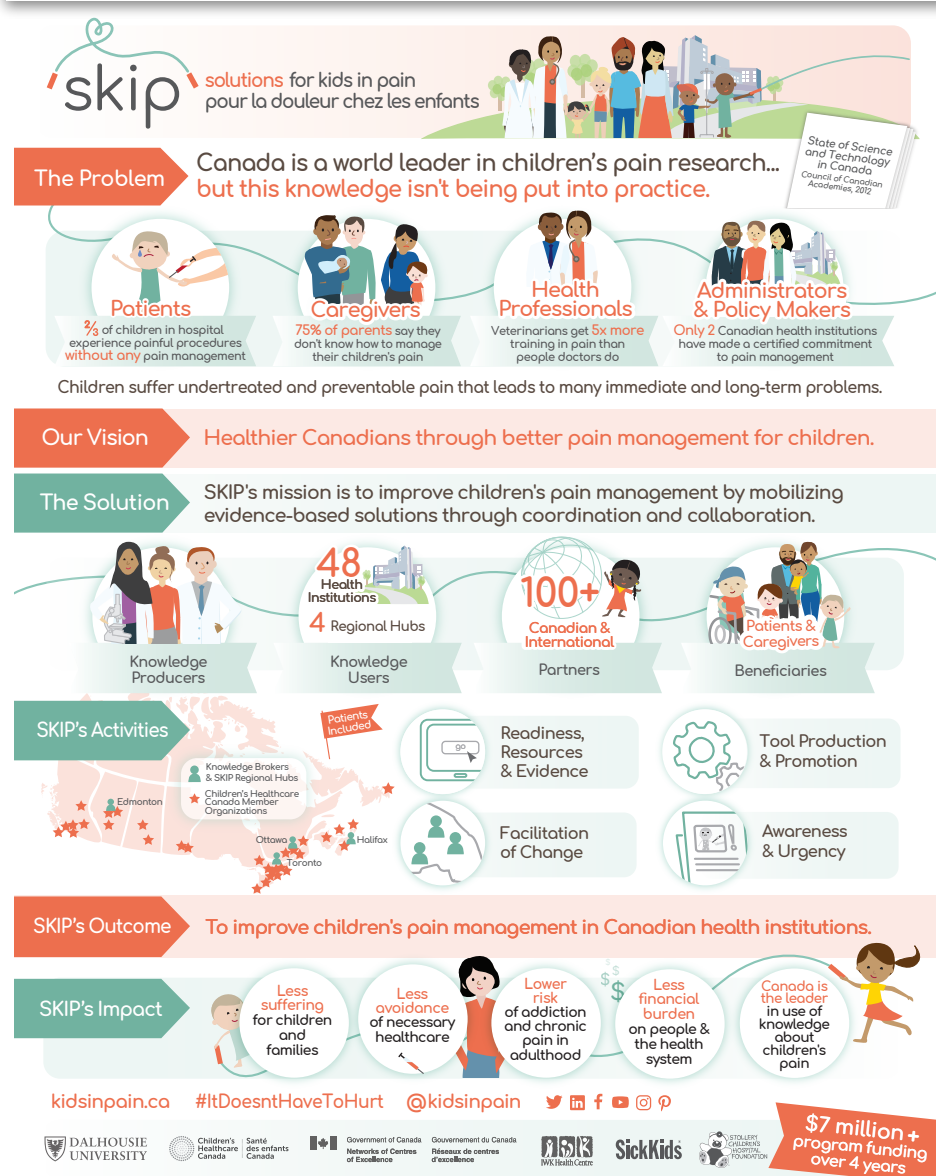
Under-treating a child's pain is associated with adverse short- and long-term outcomes and should be avoided. In the short term, it can result in extended length of stay and slower healing as well as negatively impact psychosocial and emotional functioning for the teen and caregivers. Poorly treated pain can also be associated with more unplanned returns to healthcare, chronic pain, lower quality of life, and decreased academic engagement.

**Name one strategy that you/your institution uses to optimize pain treatment that you are especially proud of?**

## Comments

Dr. #1: Where can we find clinician guidelines for pain management/treatment in adolescents?

Dr. Samina Ali: TREKK.ca has a wonderful set of Bottom Line Recommendation that are currently being updated (but still pretty awesome!). Their evidence repository has many resources for acute and procedural pain management: [TREKK Resource 1](#) and [TREKK Resource 2](#)



# Highlights



Report



## Dr. Melissa Pielech

### Understand potential long term consequences associated with under treatment of pain and how to mitigate these risks

Negative effects of under-treated pain can also extend to adulthood and include fear of medical events or health care consultations and avoidance of or heightened sensitivity to subsequent medical care. Data also indicates that inadequate pain treatment and/or persistent pain may drive patients to seek substances, such as opioids or heroin, for pain relief. For teens with recurrent or chronic pain, engaging in multidisciplinary pain management treatment is recommended *early* in the process, comprised of at least outpatient physical or occupational therapy and behavioral treatment

**Name one strategy that you/your institution uses to optimize pain treatment that you are especially proud of?**



### Comments

Dr. Pielech: In case you have a patient presenting with persistent or chronic pain, here is a great resource for getting them connected with specialty care:

[2021 International Directory of Pediatric Chronic Pain Programs.](#)

This resource is available from the International Association for the Study of Pain's Pediatric SIG.



# Highlights



Report



**Dr. Samina Ali**

## How to counsel families about safe opioid use, storage, and disposal when prescribing

Caregivers and teens should be instructed on how to safely use, store, and dispose of opioids that are prescribed. If you are prescribing a larger number of pills (i.e. >10), the pharmacist can be instructed to split and hold part of the prescription. Caregivers and teens should be instructed on how to safely dispose of unused opioids to minimize the risk of diversion, a known source of opioid misuse. Families should be advised to keep the opioid medication locked and out of reach of children, teens, and pets. Families should be advised to never administer opioids to the teen (or another individual) for any reason other than that for which the opioids were prescribed.

**What is your local policy if a family wishes to return/dispose of unused opioids?**  
**What would make it easier to support the return of unused pills?**

**Drug Disposal Options**  
Do you have medicine you want to get rid of?

**Do you have a drug take-back option readily available?**  
Check the [DEA website](#), as well as your local drugstore and police station for possible options.

**NO**

**Is it on the [FDA flush list](#)?**

**NO**  
Follow the FDA instructions for disposing of medicine in the household trash.

**YES**  
**Immediately flush your medicine in the toilet.**  
Scratch out all personal info on the bottle and recycle/throw it away.

**YES**  
Take your medicine to a drug take-back location.  
Do this promptly for [FDA flush list](#) drugs!

www.fda.gov

## Comments

Dr. #1: We currently recommend taking back unused medication to the nearest local pharmacy. Do you have suggestions for supporting families in rural areas without adequate or reliable access to transportation?

Dr. Samina Ali: Really great question! And a tough one. I am not an expert in safe storage and disposal but if it were me in that situation, I would keep the meds in a secure, locked space at home until I could get them to a pharmacy (ie when I was going to pick up my next prescription). Anyone have experience with this that wants to share what they do/recommend?



**Dr. Samina Ali**

## How to counsel families about safe opioid use, storage, and disposal when prescribing

### Comments (continued)

**Dr. Melissa Pielech:** To add to what Dr. Ali suggested, click [here](#) for the FDA's Guidance on what to do if medication take back options are limited or not available.

In sum, the FDA recommends flushing medications that are on the **FLUSH LIST**

For medications **not** on the flush list- follow these steps:

1. Mix medicines (liquid or pills; do not crush tablets or capsules) with an unappealing substance such as dirt, cat litter, or used coffee grounds;
2. Place the mixture in a container such as a sealed plastic bag;
3. Throw away the container in your trash at home; and
4. Delete all personal information on the prescription label of empty medicine bottles or medicine packaging, then trash or recycle the empty bottle or packaging.
5. [Click here for more information about disposing of non-flushable medications](#)

I also want to acknowledge that these last-resort recommendations feel imperfect (at least to me)- especially the idea of flushing these kinds of medications into our water supply.

The FDA attempts to address those concerns here:

#### "Impact of flushing medicines on the environment

FDA recognizes that the recommendation to flush a few specific medicines when a take back program is not readily available raises questions about the impact of the medicines on the environment and the contamination of surface and drinking water supplies.

In an effort to address this concern, FDA staff published a paper entitled "[Risks Associated with the Environmental Release of Pharmaceuticals on the U.S. Food and Drug Administration 'Flush List'](#)". This paper evaluates the environmental and human health risks associated with the flushing of 15 active ingredients found in these medicines. FDA concluded that these medicines present negligible risk to the environment. However, some additional data would be helpful for confirming this finding for some of the medicines.

FDA believes that the known risk of harm, including toxicity and death, to humans from accidental exposure to medicines on the flush list far outweighs any potential risk to human health and the environment from flushing these unused or expired medicines. Remember only flush medicines on the flush list if a take-back option is not readily available. FDA will continue to conduct risk assessments as a part of our larger activities related to the safe use and disposal of medicines."

# Highlights



Report



Dr. Samina Ali

## Let's Work to Remove the Stigma of Medical Opioid Use

For any opioid risk or substance use screening measures to be effective, teen's disclosures of use must be met with compassion, empathy, and curiosity rather than judgment. Providing regular opportunities to talk about substance use in clinical contexts (e.g. via regular screening) can help to de-stigmatize these conversations.

Taking opioids prescribed for medical use is **not** equivalent to substance use or "doing drugs" and it can be done in a safe manner. Further, with the proper precautions, the benefits outweigh the risks when opioids are being taken for medical reasons.

**What do you want to prioritize changing in your practice to better treat pediatric pain?**



### Pain Management Apps and Online Resources

#### Symptom Tracking and Pain Self-Management



##### WebMAP

A cognitive-behavioral program where teens can learn about chronic pain, set goals for increasing physical activities, learn relaxation and imagery strategies.

App Store: <https://apple.co/3acqAvM>



##### Cara Care

Daily food logging and tracking for a variety of symptoms and health concerns. Specifically designed for people with chronic gut conditions.

App Store: <https://apple.co/2UgjpA5>

Google Play: <https://bit.ly/3dw85HR>



##### Symple

Daily pain symptom tracker. Includes 5 free symptoms/pain areas.

App Store: <https://apple.co/2QGepCz>



##### myIBD

Daily symptom tracking (pain, food, appetite, mood) for people with Inflammatory Bowel Disease.

App Store: <https://apple.co/2UBXJxw>

Google Play: <https://bit.ly/3boqBQC>



##### Liv

Daily pain management and symptom tracker. Provides insight and pain education within the app as well.

App Store: <https://apple.co/2UzDdgl>



##### CareClinic

Daily symptom and medication tracking.

App Store: <https://apple.co/2QEWyff>

Google Play: <https://bit.ly/3biQuRE>



##### Migraine Buddy

Daily symptom tracking for migraine and headache. Includes free pain tracking and educational tools.

App Store: <https://apple.co/33Gf38p>

Google Play: <https://bit.ly/2J65ne6>

#### Websites

To learn how pain develops, how it is assessed, and how it can be treated:

[www.aboutkidshealth.ca/pain](http://www.aboutkidshealth.ca/pain)

Mycare path is a free online tool for self-management strategies for adolescents with chronic pain. It has three little animated videos, one on pacing: [www.mycarepath.ca/](http://www.mycarepath.ca/)



The Comfort Ability:

[www.thecomfortability.com](http://www.thecomfortability.com)



PainBytes:

[www.aci.health.nsw.gov.au/chronic-pain/painbytes](http://www.aci.health.nsw.gov.au/chronic-pain/painbytes)



TAPMI Pain U Online:

[www.tapmipain.ca/patient/managing-my-pain/pain-u-online/#/](http://www.tapmipain.ca/patient/managing-my-pain/pain-u-online/#/)

kidsinpain.ca #ItDoesntHaveToHurt

@kidsinpain  
Twitter, Facebook, Instagram, Pinterest



# Highlights



Report



**Dr. Melissa Pielech**

## **Pain treatment is a fundamental human right.**

In light of the current opioid epidemic, there can be much stigma and fear associated with using opioids for pain management, and healthcare providers must address this with our patients and families through providing education and support to help patients make an informed decision about what is the best pain management approach for them. **Care is needed to ensure that mitigation of risk associated with using opioids for pain management does not equate to inadequate pain treatment for teens or further perpetuate racial and ethnic disparities in pediatric pain care.** For example, data demonstrates that racial and ethnic minority youth are *less* likely to be prescribed opioids for treatment of painful conditions despite reporting higher levels of pain than white youth.

**What do you want to prioritize changing in your practice to better treat children and teen's pain?**

## **Comments**

Dr. #1: There is still a long way to go when it comes to addressing racial bias in pain care. What are best practices (i.e. screening protocol) to promote evidence-based treatment so we can ensure every child is provided with the same standard of care?

Dr. Pielech: I completely agree- we have so far to go. One suggestion: the more we talk about pain and substance use with teens, and the more that we integrate pain and substance use screening and assessment into pediatric clinical care, the better.

In order to minimize provider bias in deciding who to screen and to limit screening based on the teen's presentation, pain/ substance use assessment is recommended for **all** patients during well-child visits as well as in the context of acute care.

Above all, I also want to echo what Dr Ali said in the next post- **meet a teen's report of pain, substance use, opioid misuse, etc, with compassion, empathy, and curiosity rather than judgment.** They are the expert of their own experience and it's our job to help them navigate their lives effectively and safely.



## Dr. Melissa Pielech

### Pain treatment is a fundamental human right.

#### Comments (continued)

Dr. #2: Opioid prescribing swings on a pendulum. When I was in medical school, opioids were only for end-stage palliative patients. Even codeine. If you gave Tylenol#3 to a person for arthritic pain you were creating an addict.

Then the pendulum swung and pain became "the fifth vital sign". Suddenly everyone was getting opioids because the existence of pain was intolerable!

Then we got the opioid crisis and the pendulum swung back. Now it's not uncommon to hear a lecture or podcast on pain control and hear the speaker piously state that opioids are almost never indicated and besides, they don't even work so never use them.

So what is the confused physician supposed to do? If I give them opioids, I'm creating addiction and prescribing ineffectively. If I sit back and say "Well sorry you're in pain but I can't give you opioids even though you tried a friend's T3 and got great relief. You must've been wrong!" I feel like I'm being cruel.

Dr. Samina Ali: You are so right. Public and healthcare opinion re opioids does shift with time. The approach I currently teach and practice is

1. optimize all physical and psychological options to minimize pain.
2. use ibuprofen (usually preferentially for most conditions in children) or acet, or other non-opioid pain medication.
3. if this is not enough, then consider opioids as adjuvants, never alone....using them with NSAIDs is opioid-sparing.
4. this combination therapy is true even for parenteral opioids...i sometimes forget that in the ER, but am getting better.
5. we know fairly certainly that opioid exposure in childhood does increase risk for later opioid use disorder. but the risk is hard to quantify and there is no definitive evidence to support that short-term opioid use leads to opioid use disorders.

Within opioids, hydrocodone and codeine should be avoided for children (see Health Canada and FDA warnings) in most scenarios. and when used, short-term, small number of pills, and follow up if the pain is not resolving. i wish you luck, my colleague! it is a complex road to navigate, as you have highlighted.



# Resources

- [Executive Summary: Evidence to Action, OPIOIDS AND OUR CHILDREN](#)
- [Résumé : Des Données Probantes À L'action, LES OPIOÏDES ET NOS ENFANTS](#)
- [Pain Management Apps and Online Resources](#)
- [“Breath Ball” GIF/Website](#)
- [Opioids and Our Children Webinar](#)
- [TREKK Pain Treatment Resources](#)
- [TREKK Procedural Pain Resources](#)
- [Disposal of Unused Medicines: What You Should Know](#)
- [Drug Disposal: Dispose “Non-Flush List” Medicine in Trash](#)
- [2021 International Directory of Pediatric Chronic Pain Programs](#)