PAIN BC™ Changing pain. Changing minds.

Provincial Pain Summit
2017

PHARMACOLOGICAL PAIN MANAGEMENT:

Improve assessment, balance harms and benefits of medications, and advance appropriate pain management for patients across the continuum of care

Chronic Pain is:

- An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.
- It may start with an acute pain experience (injury, illness, or surgery) or result from another condition (e.g., arthritis, diabetes, heart disease, HIV).
- Typically involves pain that lasts longer than 3 months.

Background:

Over the past two decades, physicians have increasingly relied on opioids in the management of chronic pain. Some evidence suggests that this reliance has resulted in harms to individuals, families, communities, and to the health care system. The pendulum is now swinging rapidly in the other direction and medical regulators, insurers, and physicians are moving away from opioids in the management of chronic pain. Policy makers and prescribers are promoting multi-modal therapies, including non-pharmacological approaches. Unfortunately, many of these pain management approaches are not publicly funded or accessible in rural and remote communities.

For patients who have been well managed on opioids and who may be dependent on, rather than addicted, to opioids, the sudden reduction in access to these medications can cause adverse health effects such as uncontrolled pain, or depression and suicide. Evidence suggests that between 8 to 12% of people using opioids for pain will develop addiction; conversely, undertreated pain is a gateway to illicit drug use, depression and anxiety, loss of employment, and suicide.

The National Opioid Use Guidelines for Canada will be released at the end of January. The new guidelines are expected to address limitations of previous documents and to outline the different approaches needed when prescribing opioids for naïve patients (those who have never taken opioids before) and “legacy patients” (those who have been reliant on opioids to function – sometimes in high doses – for years.

The challenge facing health care providers and policy-makers province-wide is how to ensure adequate pain management for British Columbians while reducing the harms of medications.

Key Challenges in BC:

1. A paradigm shift is taking place in the management of chronic pain generally and opioid use specifically. Its success requires the support of patients and health care providers alike. Education will play a key role in bringing this about. *How can this be done? Education around allied health care including evidence-based training programs (Occupational Therapists, Physiotherapists, Pharmacists, Mental Health providers, and others).*
2. Multimodal approaches, including the "three Ps" (pharmacological therapy, physical therapy, and psychological support) are evidence-based and considered the best practice in pain management. *How can we improve access to physical therapy and psychological support as adjuncts to pharmacological treatment?*
3. The distinction between dependence and addiction is not being made in response to the new provincial opioid prescribing guidelines; consequently, some patients who have been doing well and functioning on opioid therapy are suffering as a result of the new prescribing standards and guidelines. *How can clinicians best support their patients in the face of new opioid prescribing guidelines for chronic non-cancer pain?*
4. General Practitioners receive little training for pain assessment, management, and addiction-creating knowledge gaps that can lead to suboptimal clinical outcomes. *How can we build on existing programs like the Practice Support Program for GPs? What additional training or support is needed?*

Promising Practices, Policies, or Programs

Suboxone has been de-regulated in BC, and training is available for physicians. Suboxone is used to treat opioid addiction by stopping cravings and preventing withdrawal symptoms.

New Ontario Provincial Strategy for Pain and Addictions includes:

- Investing $17M annually in expanding interdisciplinary, specialized pain clinics; in the last year, wait lists for these services have dropped from 2-3 years to 6-8 weeks. In addition, Ontario has funded a mentoring program (Project ECHO) to increase capacity of primary care providers and a "transitional pain clinic" to prevent post-surgical acute pain from becoming chronic.
- Modernizing opioid prescribing and monitoring (quality standards, training for prescribers, patient education, monitoring of prescribing and overdoses, delisting of high dose opioids, patch-for-patch program). Enhancing addiction supports and harm reduction (access to Naloxone and Suboxone, indigenous mental health and addiction supports, primary care integration. May include supervised injection sites and other harm reduction efforts) (Ontario Pain and Addictions Strategy (https://news.ontario.ca/mohltc/en/2016/10/ontario-taking-action-to-prevent-opioid-abuse.html)

Resources and Examples

- CPSBC Guidelines (https://www.cpsbc.ca/files/pdf/PSG-Safe-Prescribing.pdf)
- NOUGG Guidelines – coming at the end of January