



**Call to Action:
THE NEED
FOR A NATIONAL
PAIN STRATEGY
FOR CANADA**

DECEMBER 15, 2011


Canadian Pain
Coalition

 the CANADIAN PAIN SOCIETY
la SOCIÉTÉ CANADIENNE de la DOULEUR

The Canadian Pain Society (CPS) and the Canadian Pain Coalition (CPC) gratefully acknowledge the contributions and work of the CPS National Task Force on Service Delivery who produced the first draft *National Pain Strategy for Canada* (NPSC), July 2010.

In addition, approximately 50 stakeholders from across the country gathered in Toronto, Ontario on September 16, 2011 to provide input and advice to streamline the draft NPSC. We sincerely thank the Forum participants for their donation of time and expertise to improve and finalize the NPSC. For a list of Forum attendees, visit the Summit website at:

www.canadianpainsummit2012.ca

Core values

- Access to the treatment of pain without discrimination is a fundamental human right
- The treatment of pain requires an inter-professional approach to care
- The treatment of pain must be patient and family centered
- Pain is a continuum (from acute to chronic and from birth to death)
- Pain is a biological, psychosocial as well as a spiritual problem
- People in pain must be part of the solution

A National Pain Strategy for Canada

Introduction

Pain is often poorly managed in Canada. This includes both acute pain caused by ongoing tissue damage, trauma or surgery and chronic pain persisting beyond normal healing. Poor management of pain has a major impact on quality of life and the ability to function. The management of cancer pain has improved over the past decade, but the majority of Canadians still do not have access to adequate pain and palliative care at the end of life and increasingly, survivors of cancer and HIV suffer with chronic pain.¹

The economic costs of pain are significant. Extrapolating from US figures, just released, the cost of pain in Canada is estimated to be approximately \$60 Billion dollars.² The

economic cost to people waiting for pain treatment at multidisciplinary pain treatment facilities in Canada is \$17,544 per year.³ The personal cost of pain is the toll it takes on the lives of those suffering pain as well as their families and caregivers.

We have the knowledge and the tools to treat the majority of pain, however these tools are not being used and Canadians are suffering needlessly.

The cost of pain in Canada is estimated to be approximately \$60 Billion dollars, more than the cost of heart disease, cancer and diabetes.



The Call for a National Pain Strategy

Governments at the federal, provincial and territorial level must develop a coordinated approach. Education, research and health care institutions, the private sector, people with pain and their families and communities will need to be an integral part of the solution. To make this happen, a national pain strategy for Canada is necessary. This strategy will address key target areas:

1. **Awareness and Education**
2. **Access**
3. **Research**
4. **Ongoing Monitoring**

The federal government in collaboration with key stakeholders must take the lead in establishing the framework and support for a national strategy. Provincial and territorial governments will implement province-wide programs addressing awareness, prevention, health literacy, education of health care professionals, early access to care, and research and monitoring.

Poor management of pain has a major impact on quality of life and the ability to function.

Australia introduced a national pain strategy in October 2009. This strategy has stimulated implementation of state-wide initiatives. For example Queensland, with a population of approximately 4 million, has dedicated a budget of \$39 million over five years to implement a state pain care program addressing education and access to care for pain.



National Pain Strategy

Key Target Areas

1. AWARENESS AND EDUCATION

Raise awareness in the community and educate healthcare professionals, people with pain and their families about pain management

A national pain strategy will:

- 1.1 Raise community awareness about the importance of managing pain of all types including acute, chronic and cancer pain.
- 1.2 Decrease stigmatization of people with pain.
- 1.3 Increase pain health care literacy so that people with pain and their families will access and navigate the health care system efficiently and will participate actively in their pain care.
- 1.4 Establish and enhance programs educating healthcare professionals that contain comprehensive competency-based curricula for pain assessment and management.
- 1.5 Prioritize funding for the education of healthcare professionals in these programs.
- 1.6 Assure curricula include bio-psycho-social and environmental factors that prepare healthcare professionals to provide best practice care for people with pain and to work within inter-professional team settings.
- 1.7 Improve education for healthcare professionals in undergraduate, post-graduate and professional development programs.

2. ACCESS

Increase access to best practice care for pain

A national pain strategy will include prevention, self-management, and early intervention as core principles and will:

- 2.1 Recognize the Declaration of Montreal and assure that all Canadians have access to pain management as a human right.
- 2.2 Assure timely best practice pain care.
- 2.3 Include timely best practice pain care in the 2014 Canada Healthcare Accord.
- 2.4 Recognize chronic pain as a chronic disease entity and fully integrate chronic pain into the chronic disease management primary care redesign initiatives.
- 2.5 Assure all healthcare institutions in Canada meet the Accreditation Canada standards on pain assessment and management.
- 2.6 Require all long-term care institutions to make pain assessment and management a priority and to develop feasible and working clinical models of care.
- 2.7 Provide a continuum of care that integrates self management, community services, primary healthcare, and inter-professional pain programs.
- 2.8 Assure that Inuit and First Nations (with specific health needs and cultural and traditional influences) are addressed within the national pain strategy.
- 2.9 Assure publicly funded access to evidence based non pharmacotherapeutic treatments for pain such as physiotherapy, occupational therapy and psychological approaches within the community.
- 2.10 Assure publicly funded access to evidence based pharmacotherapeutic treatment for pain.

3. RESEARCH

Enhance Canada's pain research capacity

A national pain strategy will:

- 3.1 Promote the development of a National Centre of Excellence for Pain Research.
- 3.2 Mandate training of pain researchers at all levels including doctoral and post-doctoral in basic and clinical research.
- 3.3 Enhance pain research funding initiatives through CIHR with dedicated funding for pain research for prevention and management of pain.
- 3.4 Establish integrated patient-engaged research to enhance quality of life in the workplace and community.
- 3.5 Enhance public and private sector partnerships to stimulate pain research capacity.

4. ONGOING MONITORING

Monitor timely delivery of care, the patient experience, quality of life and level of function

A national pain strategy will:

- 4.1 Apply outcome measures related to pain care consistently across the provinces and territories.
- 4.2 Require the development of information management systems, including provincial and national databases, which will assess the epidemiology of pain, the impact of improvement in access to care and the gaps in care.
- 4.3 Require collection of clinical outcomes and healthcare utilization data related to pain care to ensure best practices care.
- 4.4 Require that investment in pain care, education and research be measured against expected outcomes to ensure accountability and sustainability.
- 4.5 Expect outcome data to be disseminated amongst all stakeholders.

Timelines

April 1, 2012

Obtain endorsement from Canadians and stakeholders from coast to coast to coast, supporting the call for a national pain strategy.

April 24, 2012

The Canadian Pain Summit, Ottawa, ON.

April 24, 2012

Federal Minister of Health announces a task force to develop a detailed national pain strategy, including a business plan that will accomplish the key targets listed above.

April 1, 2013

Federal Minister of Health announces funding to implement the national pain strategy.

The Declaration of Montreal affirmed that access to pain management is a fundamental human right

The National Pain Strategy Working Group

A consortium of national, provincial, territorial and regional professional, government, patient and private groups working together to assure implementation of a national strategy for pain. For a full list of organizations, visit the website at: www.canadianpainsummit2012.ca

The Declaration of Montreal

The Declaration of Montreal was established at the International Pain Summit in Montreal on September 3, 2010, where over 250 professional and human rights organizations representing 84 countries declared that access to pain management is a fundamental human right.

Understanding Pain

The International Association for the Study of Pain (IASP) defines pain as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage”.⁴ Pain is divided into two broad categories; acute pain, which is associated with ongoing tissue damage and chronic pain, which is generally considered to be pain that has persisted for longer periods of time.

Acute pain

Acute pain can typically be controlled by physical, pharmacological and psychological treatments. However, Canadians continue to receive inadequate pain control in the emergency room and after common surgeries. Less than 30% of medication prescribed for post-operative pain control after coronary artery bypass grafting, a common procedure to prevent heart attacks, was given, despite the fact that 50% of patients reported moderate to severe pain one to five days post surgery.^{5,6} Patients undergoing ambulatory or “same day” shoulder surgery continue to report severe pain and poor sleep seven days after surgery.⁷ Uncontrolled pain compromises immune function, promotes tumor growth and increases morbidity and mortality following surgery;⁸ in this and other ways pain can kill.⁹

Pain accounts for up to 78% of visits to emergency departments (ED) and the under-treatment of pain in the ED was recognized more than three decades ago.¹⁰ A recent study in 20 US and Canadian EDs, most of which were located in urban centers, continues to demonstrate that pain remains poorly treated in the ED with only 60% of patients in severe pain receiving pain medications and 74% discharged in moderate to severe pain.¹¹ Acute pain continues to be poorly managed.

Chronic pain

Traditionally, all pain has been conceptualized as a symptom of disease or injury and it was assumed that once the disease was treated or the injury healed, the pain would resolve. It is now recognized that approximately 10-15% of the time, pain persists beyond the time where normal healing should take place and becomes chronic.

Chronic pain is also associated with chronic diseases such as arthritis, multiple sclerosis, inflammatory bowel disorders and recurrent kidney stones. It is important to address the underlying disease but equally important to treat the chronic pain.

Changes within the nervous system occur with chronic pain. The nervous system becomes “sensitized” and the pain defense network is “disinhibited”. In this situation the nervous system can generate pain spontaneously or normal stimuli that do not cause pain, such as touch or light pressure, can cause pain.¹²

Pain is a disease in its own right¹³ and causes changes in complex biological and psychosocial functions.

Research has demonstrated that in Canada veterinarians get 5 times more education regarding pain treatment than doctors treating people

Children

Children are not spared from suffering with pain. In the past, many healthcare professionals believed that children did not have fully developed nervous systems and did not experience pain as much as adults, which led to infants and children not receiving appropriate pain relief when undergoing painful procedures. Research has firmly established that all infants experience pain and demonstrate this pain behaviorally and physiologically¹⁴. Further, there are reliable ways of measuring¹⁵ and managing infant pain, both with medications¹⁶ and nonpharmacological modalities.¹⁷ However, pain management for this most vulnerable population is lacking despite the established long-term consequences of experiencing significant pain during infancy.¹⁸

Fifteen to 30 per cent of children experience recurring or persistent pain.¹⁹ Recurrent and chronic pain leads to significant interference with daily functioning, poor school performance,²⁰ mental health problems and increased

Most children in Canada do not have access to best practice care for management of pain.

risk of chronic pain in adulthood.²¹ There are only seven centers with dedicated pain management facilities for children in Canada.²² Most children in Canada do not have access to best practice care for management of pain.

Older adults

Pain is also a major concern among older adults with a prevalence as high as 80 per cent among individuals in long term care facilities and 65 per cent for those living in the community.

By the year 2036, one in four Canadians will be over 65 years of age.²³ Inadequate assessment and treatment of pain in older adults reflects systemic failure to address the needs of this rapidly increasing segment of the population and represents one of the most pressing ethical concerns for healthcare professionals.²⁴

Chronic pain after cancer and HIV

Many people with previously fatal conditions such as cancer and HIV are living longer lives, but pain is often a detriment to their quality of life. The incidence of HIV sensory neuropathy (nerve damage caused by the HIV virus and/or the treatments for HIV) is increasing²⁵ and is estimated to range from 20–50 per cent.

Cancer survivors face similar issues,^{26,27} which are frequent, under recognized and undertreated. Management of pain must be integrated into comprehensive cancer care so that cancer survivors can fully enjoy their lives.



Pain costs Canada

Chronic pain affects every aspect of a person's life including their ability to work, their emotional, mental and physical health, as well as their relationships with family, friends and society. The general lack of understanding about the nature of pain results in the stigmatization of people living with chronic pain as malingerers and drug seekers.

A survey of moderate to severe chronic pain sufferers revealed that more than 60 per cent had lost their job, suffered loss of income or had a reduction in responsibilities as a result of their pain.²⁸ Chronic pain sufferers report the lowest health related quality of life when compared to others with chronic health conditions including advanced heart disease.²⁹ Chronic pain is associated with high rates of depression, anxiety and suicidal thoughts. The risk of suicide compared to people without chronic pain is double.³⁰

Wait times for care are greater than one year at more than one third of publicly funded inter-professional treatment programs. Large parts of Canada have no inter-professional treatment programs.³¹ Twenty one per cent of Canadians who experience chronic pain have to wait more than two years for a diagnosis of their condition and only 54 per cent of those who have a diagnosis have a treatment plan. Forty five per cent of Canadians with pain believe there are no treatment options that can help them with their condition.³²



A recent survey of health science and veterinary training programs across Canada discovered that veterinarians receive five times more education about pain than doctors treating humans.³³ Healthcare professionals are poorly equipped to provide proper pain care.

Pain research is grossly under-funded in Canada. A recent survey found that less than one per cent of total funding provided by the Canadian Institutes for Health Research (CIHR) and only 0.25 per cent of public and private funding for all health research is allocated to research about pain.³⁴

Inadequate pain assessment and treatment is a growing problem in Canada. The incidence of pain increases as we grow older. Necessary actions are not being taken to address the gaps that exist in prevention, pain assessment and management, timely access to care, the lack of education for healthcare professionals, and inadequate private and public funding for pain research.

Pain research is grossly under-funded in Canada, and only 0.25 per cent of public and private funding for all health research is allocated to research about pain

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