



## Coalition for Safe and Effective Pain Management (CSEPM)

There are many factors that have contributed to Canada's current opioid crisis, and efforts in many areas are essential to reduce the scale and harms.

***More than 10,000 Canadians died between 2016 and 2018 from opioid overdose.***

Although the opioid crisis is complex, part of the solution is to reduce the number of people newly introduced to opioids by reexamining the role of, and access to non-pharmacological alternatives in pain management.

As a signatory of Canada's Joint Statement of Action to Address the Opioid Crisis, the Coalition for Safe and Effective Pain Management (CSEPM) supports an interprofessional, patient-centered, collaborative and compassionate approach to pain management.

CSEPM's primary objective is to reduce the prevalence of opioid prescribing by optimizing non-pharmacological pain management alternatives in Canada, while recognizing the importance and necessity of pharmaceuticals, as well as timely access to surgical interventions. CSEPM's recommendations must be qualified by its primary objective – which is on prevention.

### Strategies

These strategies, developed through an extensive consensus-building exercise, can help make a significant contribution in reducing the use of opioids as first-line treatment. CSEPM identified four strategic directions which serve as system level changes that would result in the transformation of Canada's approach to pain management and ultimately, harm reduction from opioids:

### Strategic Directions

**#1:**

**Embed** non-pharmacological pain management as part of essential healthcare in Canada.



**#2:**

**Empower** patients and prescribers to make safe choices in pain management.



**#3:**

**Integrate** non-pharmacological pain management in primary care settings.



**#4:**

**Ensure everyone in Canada has timely access** to non-pharmacological pain management.



- #1 **Embed non-pharmacological pain management as part of essential health care in Canada.** Most non-pharmacological alternatives fall outside Canada's publicly funded universal health care system, creating a barrier especially for vulnerable and marginalized populations. A more integrated approach would present opportunities for savings, such as reducing long term financial costs with pain and opioid addiction services.
- #2 **Empower patients and prescribers to make safe choices in pain management.** The belief that relying on a pill will eliminate pain without any repercussions has long persisted. Education of both the public and health care providers will help transform this pre-existing attitude and will help establish evidence-based strategies for managing pain.
- #3 **Integrate non-pharmacological pain management into primary care settings.** Many new opioid prescriptions are for common pain conditions for which opioids are not recommended, thus establishing a pathway to ensure that non-pharmacological alternatives are being properly integrated. The concept is that it would be just as easy for a clinician to offer their patient an alternative, as it is to write a prescription.
- #4 **Ensure everyone in Canada has timely access to non-pharmacological pain management.** Long wait times for care may contribute to substantial worsening indices of mental, social, and physical health.

## Recommendations

CSEPM's recommendations include six priorities for implementation. These priorities outline actionable changes that would support one or more of the strategic directions.

<p>Encourage the establishment of pain pathways that optimize non-pharmacological pain management at points of care where opioids are commonly prescribed.</p> <p><b>1</b></p>	<p>Workplace benefits include clinically effective coverage for inter-professional, non-pharmacological pain management.</p> <p><b>2</b></p>	<p>Prioritize marginalized, vulnerable and at-risk populations to support timely access to inter-professional, non-pharmacological pain management.</p> <p><b>3</b></p>
<p>Provinces and territories each develop a prevention strategy to optimize alternatives prior to initial opioid prescription.</p> <p><b>4</b></p>	<p>Public health campaign to empower those in pain to understand opioid risks and optimize non-pharmacological alternatives.</p> <p><b>5</b></p>	<p>Prescribing professionals support uptake of educational modules and protocols to optimize non-pharmacological alternatives in pain management.</p> <p><b>6</b></p>

