

<p><b>Situation</b></p> <ul style="list-style-type: none"> <li>• Saskatchewan lacks essential services for pain management thereby placing residents with pain at increased risk of many negative health outcomes, and places the health system at risk of increased wait-times and costs due to inappropriate management.</li> <li>• Saskatchewan has the highest per capita rates of opioid related hospitalizations in Canada (CIHI, 2016).</li> <li>• SaskPain (<a href="http://www.saskpain.ca">www.saskpain.ca</a>) is a grass-roots group of multidisciplinary clinicians, healthcare administrators, educators, researchers, and patient/family advocates that has grown through initiatives of the Saskatchewan Registered Nurses’ Association Professional Practice Group in Pain Management. The goal of SaskPain is to develop and support the implementation of a provincial pain strategy. Two reports have been produced which identify priority strategies of key stakeholders in Saskatchewan (Tupper et al., 2015, 2017).</li> </ul>
<p><b>Background</b></p> <ul style="list-style-type: none"> <li>• Chronic pain affects 20% of the Canadian prairie population with approximately 3.4% reporting an extreme problem with pain (Schopflocher et al., 2011; Agborsangaya et al., 2013).</li> <li>• People with persistent pain are twice as likely to develop prescription opioid use disorders compared to those without pain (Blanco et al., 2016). Individuals with opioid use disorders identify unmet pain management needs as one of the most common pathways towards misuse (Stumbo et al., 2017).</li> <li>• People with persistent pain are at 2-3 times increased risk of developing depression and anxiety (Gerrits et al., 2014) and twice as likely to attempt suicide compared to those without pain conditions (Ratcliffe et al., 2008).</li> <li>• Pain can present as a symptom of underlying tissue damage and/or a disease of abnormal nervous system sensitivity (Walk &amp; Poliak-Tunis, 2016). Clinicians require skills to effectively assess pain and associated risks in order to selectively prescribe and recommend opioid, non-opioid, and non-pharmacological treatments (Busse et al., 2017).</li> <li>• Recommendation #13 of the House of Commons report of the Standing Committee on Health (HESA, 2016) calls for a broader approach to reducing opiate prescribing through integration of alternatives for pain management.</li> <li>• The 2017 Canadian opioid guidelines call for optimization of non-opioid pharmacotherapy and non-pharmacological treatment strategies prior to initiation of an opioid trial (recommendation #1) and referral to a formal multidisciplinary program to support those with pain experiencing challenges with opioid tapering (recommendation #10) (Busse et al., 2017).</li> </ul>
<p><b>Analysis</b></p> <ul style="list-style-type: none"> <li>• Without appropriate multidisciplinary services for chronic pain, residents of Saskatchewan with chronic pain face unnecessary suffering, disability, increased risks of hospitalization, suicide, development of mental health conditions, and substance use disorders. Without appropriate services for acute pain management, patients are at increased risk to develop chronic pain.</li> <li>• The province of Saskatchewan urgently needs a broad range of multidisciplinary services for chronic and acute pain management, education and supports for healthcare providers for better pain and substance use disorder management, and increased public awareness about pain and substance use disorders.</li> </ul>
<p><b>Recommendations</b></p> <ul style="list-style-type: none"> <li>• Ministry of Health recognition of improved pain management as a key strategy to accomplish the goals of Better Health, Better Care, Better Value and Better Teams.</li> <li>• SaskPain wishes to partner with the Ministry of Health and other key stakeholders to develop a coordinated and collaborative infrastructure for better pain management.</li> </ul>

Prepared May 11, 2017 by:

Dr. Susan Tupper, PT, PhD  
Karen Juckes, RN, MN  
Glen-mary Christopher, RN

### References:

Agborsangaya CB, Lau D, Lahtinen M, Cooke T, Johnson JA. Health-related quality of life and healthcare utilization in multimorbidity: results of a cross-sectional survey. *Qual Life Res.* 2013;22:791-799.

Blanco C, Wall MW, Okuda M, Wang S, Iza M, Olfson M. Pain as a predictor of opioid use disorder in a nationally representative sample. *Am J Psychiatry* 2016;173:1189-1195.

Busse JW, Guyatt GH, Carrasco A, Akl E, Agoritsas T., da Costa B, Vandvik PO, et al. The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain.

Canadian Institute for Health Information, Canadian Centre on Substance Abuse. Hospitalizations and Emergency Department Visits Due to Opioid Poisoning in Canada. Ottawa, ON: CIHI; 2016. Available at: [https://secure.cihi.ca/free\\_products/Opioid%20Poisoning%20Report%20%20EN.pdf](https://secure.cihi.ca/free_products/Opioid%20Poisoning%20Report%20%20EN.pdf).

Gerrits MM, van Oppen P, van Marwijk HW, Penninx BW, van der Horst HE. Pain and the onset of depressive and anxiety disorders. *Pain* 2014;155(1):53-59.

House of Commons Standing Committee on Health (HESA), 42<sup>nd</sup> Parliament December 2016. Report and Recommendations on the Opioid Crisis in Canada. Available at: [http://publications.gc.ca/collections/collection\\_2016/parl/xc62-1-1-XC62-1-1-421-6-eng.pdf](http://publications.gc.ca/collections/collection_2016/parl/xc62-1-1-XC62-1-1-421-6-eng.pdf)

Ratcliffe GE, Enns MW, Belik SL, Sareen J. Chronic pain conditions and suicidal ideation and suicide attempts: an epidemiologic perspective. *Clin J Pain* 2008;24:204-210.

Schopflocher D, Taenzer P, Jovey R. The prevalence of chronic pain in Canada. *Pain Res Manag* 2011;16(6):445-50.

Stumbo SP, Yarborough BJH, McCarty D, Weisner C, Green CA. Patient-reported pathways to opioid use disorders and pain-related barriers to treatment engagement. *J Subst Abuse Treat* 2017;73:47-54.

Tupper SM, Juckes K, Jeffery C. Provincial Pain Strategy: Saskatchewan stakeholder meeting report. March 19, 2015. Saskatchewan Registered Nurses' Association Pain Management Professional Practice Group. Available at: [http://www.saskpain.ca/images/Provincial\\_Pain\\_Stakeholder\\_Report\\_March192015\\_final.pdf](http://www.saskpain.ca/images/Provincial_Pain_Stakeholder_Report_March192015_final.pdf)

Tupper SM, Jeffery C, Christopher GM, Juckes K. Report from the inaugural meeting of the Saskatchewan Pain Strategy working groups. April 11, 2017. Saskatchewan Registered Nurses' Association Pain Management Professional Practice Group. Available at: [http://www.saskpain.ca/images/SK\\_Pain\\_Strategy\\_report\\_April\\_11\\_2017.pdf](http://www.saskpain.ca/images/SK_Pain_Strategy_report_April_11_2017.pdf)

Walk D & Poliak-Tunis M. Chronic pain management: an overview of taxonomy, conditions commonly encountered, and assessment. *Med Clin N Am* 2016;100:1-16.