



## Spring 2019 Newsletter



### Update from the Board Chairs

People who live with pain face many challenges accessing the care they need. With recent national and provincial efforts underway to support appropriate opioid prescribing, it is essential that we remember:

- ◆ People living with pain are managing a complex health condition but often face stigma both for having pain and for seeking treatments like opioids or opioid substitution therapies.
- ◆ Access to culturally appropriate treatments, including non-drug approaches, is fundamental to long-term pain management and well-being. People living with pain may need care coordination to navigate complex healthcare services as well as easy access to information about care options.
- ◆ Healthcare providers need access to training, mentorship, and clinical supports to sort through the complexities of pain and other conditions that may co-exist, such as depression or substance use disorders.

SaskPain continues to advocate for healthcare services, education, clinical supports, and research needed to support people living with pain in this province. In this newsletter we profile two important new initiatives; the Saskatchewan Opioid Stewardship Program with the Saskatchewan Health Authority and the Canadian Pain Task Force with Health Canada.

The Opioid Stewardship Program (page 2) will give people living with pain and their prescribers

necessary information to make safe treatment decisions about opioids. This is important for people living with pain because individuals with opioid use disorders identify unmet pain management needs as one of the most common pathways towards misuse<sup>1\*</sup>. A recent study published by Bicket et al. (2019) highlighted that 73% of people prescribed opioids for post-surgical pain have unused pills at 1 month follow-up, 83% reported receiving no information on secure pill storage, and 89% reported receiving no information on safe pill disposal<sup>2</sup>.

On page 3-4 we profile the two people from Saskatchewan who are involved with the work of the Health Canada Pain Task Force. Dr. Jaris Swidrovich and Anshu Gupta share their hopes for the work of the Task Force and the unique perspectives they bring to the table.

Results of our recent online survey are summarized on page 2. Make sure to check into the upcoming learning events as well as opportunities for involvement in research on page 5. We hope you enjoy this issue of the SaskPain newsletter. Have a healthy and enjoyable summer.

*Susan Tupper and Glen-mary Christopher,*  
SaskPain Board Chairs

\* references on page 5

# SaskPain Survey

[www.surveymonkey.ca/r/SaskPain](http://www.surveymonkey.ca/r/SaskPain)

Thank you to the 158 people from across the province who completed our survey to identify priorities for future SaskPain activities. Respondents included healthcare providers (n=106), patient and family advocates (n=31), educators (n=31), researchers (n=16), healthcare decision makers (n=13), representative of a regulatory body (n=11), and government (n=2) [note: more than one category could be selected]. Many people indicated an interest in joining one or more of the working groups. Working group leads will connect with you in the coming months to organize meetings. Results from questions on working group priorities are summarized below. Thank you for your input and continued work as we move forward!

## Top Priorities for Future Working Group Activities:



### Education:

- 1) develop a package of patient education materials for primary healthcare providers
- 2) case-based training and mentorship for healthcare providers.



### Health services:

- 1) programs for supervised physical activity for people with chronic pain
- 2) multidisciplinary chronic pain treatment programs.



### Research:

- 1) survey of healthcare providers on pain management learning needs
- 2) establish research collaborations that include patient and family advocates.



### Public awareness:

- 1) media campaign to reduce stigma associated with pain
- 2) raise awareness of existing services and self-management options for pain.

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## Opioid Stewardship Program (OSP) Pilot Project:

- The 36 month Opioid Stewardship Program (OSP) pilot project is a Regina-based initiative with the Saskatchewan Health Authority, designed to reduce **inappropriate** opioid prescribing through partnerships with key stakeholders, improve utilization of current/existing resources, and development of necessary pain pathways and a successful audit and feedback system. Although work will begin in the Regina area, the program will move quickly to a provincial initiative.
- The objective of the OSP is to build capacity within the Saskatchewan health system to effectively address opioid addiction (substance use disorder) and develop responsible prescribing practices.
- By instituting an area wide, evidence-based approach to opioid prescribing and de-prescribing, the opportunity for success is much improved as engagement gives care providers the motivation, support, and education needed to make the right choice for patients.
- The program is funded by Health Canada's Substance Use and Addictions Program of \$2.3 million for 36 months (spread over a four year period) starting January 1, 2019. For more information on the funding announcement go to: [Opioid Stewardship Program](#)

## Canadian Pain Task Force: a new initiative of Health Canada

In March, 2019 Health Canada convened a task force to examine management of pain in Canada. The Task Force consists of a small group of clinician, researcher, and patient advocate representatives from across Canada. Their work will be supported by a larger External Advisory Panel, and additional stakeholder engagement over the next 3 years. Saskatchewan has two representatives for this work profiled below. We asked them about their interest in pain management, what they hope the work of the Canadian Pain Task Force will achieve, and the unique perspectives they bring to the discussion.



**Dr. Jaris Swidrovich** is an Assistant Professor in the College of Pharmacy and Nutrition at the University of Saskatchewan (U of S). He is a Saulteaux First Nations and Ukrainian man and pharmacist from Yellow Quill First Nation. He is the first self-identified First Nations Doctor of Pharmacy in Canada and the first and only self-identified Indigenous faculty member in pharmacy in Canada. He received his Bachelor of Science in Pharmacy from the U of S and a Doctor of Pharmacy degree from the University of Toronto. He is active in the community and was named one of CBC Saskatchewan's "Top 40 Under 40" in 2016.



**Anshu Gupta** is an Occupational Therapist with over 20 years experience in Asia and Saskatoon. Anshu was the Senior OT at the Chronic Pain Centre in Saskatoon for 7 years. She now works as a Health Educator with the LiveWell with Chronic Conditions and LiveWell with Chronic Pain program for almost 5 years.

### **Question: Explain how you became interested in pain and pain management.**

**Jaris:** My first advanced practice experience in my Doctor of Pharmacy degree at the University of Toronto was spent at Altum Health at Toronto Western Hospital, which is an outpatient chronic pain management clinic. My interest in pain and pain management grew and has continued to grow ever since. Additionally, in the fall of 2016 my younger sister seemingly suddenly developed excruciating pain that would not go away, did not respond to any therapies, and even still remains somewhat of a mystery to health providers. My sister's experiences have, of course, affected her drastically but also have impacted the lives of each person in our family in profound and life-changing ways.

**Anshu:** I was working with clients in Singapore post complex upper limb surgeries and found it rewarding when clients returned to their usual activities post therapy. I worked with clients diagnosed with conditions such as Complex Regional Pain Syndrome, phantom limb pain, tendon transfers, and crush injuries. In Saskatoon I applied for the Senior. O.T position at Chronic pain Center and thoroughly enjoyed working with an amazing team. (Continued on next page.)

## Canadian Pain Task Force Interview (continued from page 3)

### Question: What are you most excited about with the Canadian Pain Task Force/External Advisory Panel work?

**Jaris:** I am excited to contribute to positive change and at this national level. I am excited to be part of this work that so many people before me have advocated for and worked toward. Also, since health care for First Nations and Inuit people is a federal jurisdiction, I am excited to contribute to positive changes in terms of what care for Indigenous people living with pain looks like.

**Anshu:** For me it has always been about the clients who benefit from our services. I am also very attached to Saskatchewan where I have received so much love. I am excited to be a part of a team who will be contributing to something that will benefit people and families who are dealing with pain issues in Saskatchewan.

### Question: What voice are you hoping to represent on the task force/panel and why is it important that this voice is represented?

**Jaris:** My participation on the Task Force is a composite of a few different (but complementary) perspectives. I speak as a pharmacist, as an Indigenous person, as a citizen of the prairies, and as the brother of a person living with pain. I think all of these “voices” are important given the unique considerations each of these “hats” I wear brings to the Task Force. I am aware, though, of all the other important perspectives that I do not bring, which is why we have the diverse Task Force and Panel members that we do. Overall, I think the Secretariat and Task Force did an excellent job in capturing a variety of voices; however, recognizing that every person is a unique individual who is a composite of their own life experiences and worldview, no Task Force or Panel could ever represent all voices.

**Anshu:** I hope to represent the voice of an O.T clinician. How will our work ( task force and advisory committee) effect and improve client care and services available for people living with pain? O.T.s bring a lot to the table when it comes to managing acute and chronic pain. Our philosophy really fits well with client centered care and improving the quality of life of people living with pain. The biopsychosocial model resonates very well with O.T. practice and we can contribute not only physical but psychosocial well-being of individuals living with chronic pain.

## Recent Events

### ECHO © for Chronic Pain

This 10 session series of case-based learning modules wrapped up on May 22, 2019. Sessions attracted an average of 25 interprofessional clinician and healthcare administrator participants from across the province. Results are being summarized and will be shared in an upcoming newsletter.

### Webinar: Gabapentinoids for Chronic Pain

Dr. Waill Khalil, MD, from the Department of Physical Medicine and Rehabilitation, and Colleen Donder from the Canadian Agency for Drugs and Technologies in Health (CADTH.ca) presented a webinar on research evidence and clinical considerations for gabapentinoids for chronic pain. The session attracted 148 participants to the live presentation. An archived copy of the webinar can be accessed on YouTube at this link: [Gabapentinoids Webinar](#).

# Upcoming Education

## Western Canadian Pain Conference

October 17-20, 2019, Fairmont Chateau Lake Louise. The Alberta Pain Society, SaskPain, PainBC, and representatives from Manitoba, Yukon, and the Northwest Territories have worked together to support a conference highlighting the latest information about pain assessment and management. Early-bird conference registration fees (includes President's Gala banquet ticket on Saturday Oct 19th):

- Physician \$529
- Non-physician healthcare providers \$399
- Student \$299

CME registration fees for Oct 17th are extra.

[Registration Information Link](#)



## Save the Date, October 5, 2019 Pain & Therapeutics Conference

Hosted by the University of Saskatchewan  
Continuing Education Interprofessional Group.

[Link to More Information](#)

# Participate in Research

## Dementia, Pain, and Virtual Reality Study

We are seeking people living with dementia and their family caregivers (relative or friend who spends 4 hours/week or more providing company or assisting with care) to take part in one interview. Share your experiences on pain management and your opinions on virtual reality for pain education. For more information contact Dr. Susan Tupper at 306-655-1041; [susan.tupper@saskhealthauthority.ca](mailto:susan.tupper@saskhealthauthority.ca) or Kirstie Gibson at [kig579@usask.ca](mailto:kig579@usask.ca).

## Pediatric Chronic Pain Research Studies

Looking for youth and young adults aged 12-25 who live with chronic pain and their parents to sign up to learn about future research studies. For more information or to sign up go to: <https://is.gd/permissiontocontact> or email [cj.mcmahon@usask.ca](mailto:cj.mcmahon@usask.ca)

## Parents And Teens Needed

The Family Health Lab at the University of Saskatchewan is conducting a study on parent-teen interactions and painful experiences. We are seeking teens (13-18) who do not have chronic pain AND teens who have experienced pain at least once a week for 3 months. Participation involves completing questionnaires and a variety of tasks, including a discussion between the parent and teen and the hand-in-cold-water task. The questionnaires take approximately 30-45 minutes to complete and can be done online. The tasks are completed at the Family Health Lab and take approximately 1 hour to complete. Those who participate can receive up to \$50 for their time (\$100 per parent/teen dyad). For more information: [family.health.lab@usask.ca](mailto:family.health.lab@usask.ca) [www.familyhealthlab.com/painstudy](http://www.familyhealthlab.com/painstudy)

## Pediatric Chronic Pain Registry

- Youth aged 12-18 who live with chronic pain are invited to join a pediatric chronic pain registry
- You would be asked to complete forms every 3 months for the first year and once every year until you turn 18
- This will help us learn more about how chronic pain effects youth and young adults over time
- For more information, email [cj.mcmahon@usask.ca](mailto:cj.mcmahon@usask.ca)



## **Include your announcements in upcoming newsletters**

SaskPain distributes quarterly newsletters to over 250 healthcare providers, healthcare administrators, and people living with pain in the province— and we continue to grow. Share your news or announcements about upcoming pain-related events in the next newsletter. Upcoming deadlines for submission are: September 1, December 1, March 1, June 1. Email your announcement to [info@saskpain.ca](mailto:info@saskpain.ca).

**Visit our website:** [saskpain.ca](http://saskpain.ca)

Find past issues of newsletters, SaskPain reports, the Saskatchewan Pain Charter, and links to resources at [www.saskpain.ca](http://www.saskpain.ca)



**All newsletter images can be found at [pixabay.com](http://pixabay.com)**

### **References for Update from the Board Chairs (page 1):**

1. 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.
2. Bicket MC, While E, Pronovost PJ, Wu CL, Yaster M, Alexander C. Opioid oversupply after joint and spine surgery: a prospective cohort study. *Anesthesia & Analgesia* 2019; 128(2): 358-364.