



Impact of the Overdose Crisis on Chronic Pain Sufferers

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Background

An estimated one in five Canadians is believed to be living with chronic painⁱ which is a multifaceted condition that requires a flexible, patient-centred approach to care.ⁱⁱ Until recent years, opioids were prescribed as the preferred way to help people manage chronic pain.ⁱⁱⁱ However, when the overdose crisis was declared in 2016, challenges related to the over-prescribing of opioids were brought to light, and the prescription of opioids as a first-line method to manage chronic pain has changed. New prescribing guidelines were introduced and, in some cases, chronic pain patients were left ill-equipped to deal with the changes without alternative treatment options.^{iv}

Chronic pain is a serious condition, but knowledge and understanding of the condition remains ambiguous. Health care professionals and medical researchers alike recognize that chronic pain is not well understood, and current methods of assessment and treatment are often lacking. Reasons for this lack in understanding include under-recognition of the condition, inadequate funding for pain research and insufficient education regarding pain assessment for graduating professionals.^v Chronic pain is also associated with poor quality of life, and the risk of suicide is double that of patients without chronic pain.^{vi} As such, there is slow advancement in the understanding of how to effectively assess and treat chronic pain conditions. It was however recently recognized by the World Health Organization (WHO) as a chronic disease, and was added to the International Classification of Diseases, validating the experience of many sufferers around the world.^{vii}

Until 2016, many chronic pain patients were treated with the use of opioid medications. However, several recommendations were made in the [Canadian Guideline for Opioids for Chronic Non-Cancer Pain](#), which was updated in 2017. These changes were implemented in response to 'concerns that Canadians are the second highest users per capita of opioids in the world.'^{viii} The new guidelines were meant to reduce overdoses and the number of people experiencing opioid addiction, but numbers have shown that overdose deaths have only continued to increase.^{ix} New recommendations included reducing the dose of prescription opioids, or transitioning patients off of opioids entirely. Unfortunately, many chronic pain patients reported that they were either weaned off their opioid medications too quickly or were cut off altogether.^x Risks associated with these rapid changes include the patient experiencing withdrawal symptoms, and being forced to find opioids through alternative means. This could include turning to street or off market drugs to find the medications they previously had access to. According to a [2017 BC Coroners Service report](#), '79% of people who died of illicit drug overdose had contact with health services in the year preceding death... over half (56%) of those people had contacts for pain-related issues [and] more than half of the cohort (455/872) [completed overdose investigations] were reported to have had a clinical diagnosis or anecdotal evidence of a mental health disorder.'^{xi}

Since changes were made, chronic pain patients have been left with few alternatives for effectively treating their pain. Many people with chronic pain are either unable to find suitable non-pharmacological pain management resources or are unable to afford them.^{xii} A [2020 consultation review](#) reported that many Canadians struggle with navigating a health reimbursement system including the public system, private insurance and personal expenses.^{xiii} There is also very little public funding for chronic pain management services, including treatments such as physical therapy, massage therapy and psychological and mental health support.^{xiv} In addition, many primary health care professionals have reported that they do not have adequate time to fully assess and monitor the pain of chronic pain patients during standard clinical visits.^{xv}

In some circumstances chronic pain sufferers have turned to acquiring opioids via the illicit or 'street' market. However, despite better efforts to know where these drugs may be coming from, toxic substances such as fentanyl and carfentanil are extremely prevalent. In 2017, fentanyl was detected in 81% of illicit substance overdose deaths, and that number increased to 83% in 2020.^{xvi,xvii} Without access to adequate pain management treatments, some chronic pain sufferers now face potential exposure to these toxic and poisoned substances which can lead to fatal overdose.



Evidence shows that a patient-centred, team-based, multidisciplinary approach to care can significantly improve the pain experienced by chronic pain sufferers.^{xviii} An effective multidisciplinary approach to treating patients with chronic pain could include the services of a psychiatric nurse, registered nurse or nurse practitioner, as well as other allied health professionals including physiotherapists, occupational therapists, kinesiologists, massage therapists and psychologists, among others.^{xx} Chronic pain is a very complex condition and this holistic approach ensures that the patient has access to specialized care to not only focus on managing the pain specifically, but to also address the concurrent effects on mental health and well-being, the ability to return to work, and interpersonal relationships.^{xx} In a [report published by the Canadian Pain Task Force in 2019](#), one recommendation was that health care professionals allow the patient to lead their own care, and apply treatment methods based on that patient's individual needs.^{xxi} [Patient-centred care](#) puts the individual at the heart of their own care, allowing them to lead the way in how they would like to be treated. The first step that health care professionals can take is by acknowledging that the pain the patient experiences is real, and enable them to share openly their long-term expectations on the outcome of their pain management.^{xxii} By employing a patient-centred approach, health care professionals validate the pain experienced by chronic pain patients by trusting the patient in understanding their own body.

Nurses are the most trusted health care professionals in Canada, and the largest group of health providers worldwide. As such, nurses are well situated to share evidence-based information about the impact that the overdose crisis has had on those suffering with chronic pain, and to advocate on behalf of people suffering with chronic pain so that in future they may have better access to pain management services. Additionally, nursing professionals are integral members of an effective patient-centred, team-based approach to care. Nurses are essential to validating the experiences of chronic pain sufferers, respecting the rights and autonomy of each person as an individual and using evidence-based science in a way that shows basic human kindness and empathy for those dealing with often debilitating chronic conditions.

Key Messages

- Chronic pain is a serious condition that affects an estimated 1 in 5 Canadians.
- Prior to the declaration of the overdose crisis, chronic pain had been commonly treated with opioids.
- Opioids, in conjunction with alternative methods, can be used effectively to manage the symptoms of chronic pain.
- Opioid- and substance-related deaths have been increasing in BC, which led to the declaration of the overdose crisis in 2016, and changes to the recommendations in the 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain.
- Many chronic pain sufferers do not have adequate access to pain management resources or are unable to afford them.
- Some chronic pain sufferers were forced to turn to street drugs to obtain the opioids that they had previously been prescribed, when their prescriptions were either cut off, or significantly reduced.
- NNPBC supports a patient-centred, team-based care approach to caring for patients with chronic pain.
- Nurses are well situated to inform the public of the effects that the overdose crisis has had on people suffering with chronic pain, and to lead the way to change by being key players in a team-based, person-centred approach to care.
- As the most trusted health care professional, nurses can help to advise the public of alternatives to medication for chronic pain symptoms, and work with patients to find resources to support their individual needs.



Further Reading/Resources

- [Pain BC](#)
- [Self-Management BC: Chronic Pain Self-Management](#)
- [BCCSU: Opioids, A Survivor's Guide](#)
- [Patient and Family Centred Care](#)
- [Government of Canada: Canadian Pain Task Force Report, October 2020](#)
- [Government of Canada: Canadian Pain Task Force Report, June 2019](#)
- [The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain](#)
- [BC Coroner's Reports- Illicit Drug Toxicity Deaths](#)

Please feel free to direct questions and additional comments to info@nnpbc.com.

ⁱ Health Canada. [Chronic Pain in Canada: Laying a Foundation for Action](#). 2019 June;1-50.

ⁱⁱ Schopflocher D, et al. [The prevalence of chronic pain in Canada](#). Pain Res Manag. 2011 Nov-Dec;16(6):445-450. PMID: 22184555.

ⁱⁱⁱ Rosenblum A, et al. [Opioids and the treatment of chronic pain: controversies, current status, and future directions](#). Exp Clin Psychopharmacol. 2008 Oct;16(5):405-16. doi: 10.1037/a0013628. PMID: 18837637; PMCID: PMC2711509.

^{iv} Clarke H, et al. [Canada's hidden opioid crisis: the health care system's inability to manage high-dose opioid patients: Fallout from the 2017 Canadian opioid guidelines](#). Can Fam Physician. 2019 Sep;65(9):612-614. PMID: 31515308; PMCID: PMC6741787.

^v Lynch ME. [The need for a Canadian pain strategy](#). Pain Res Manag. 2011 Mar-Apr;16(2):77-80. doi: 10.1155/2011/654651. PMID: 21499581; PMCID: PMC3084407.

^{vi} Lynch ME. [The need for a Canadian pain strategy](#). Pain Res Manag. 2011 Mar-Apr;16(2):77-80. doi: 10.1155/2011/654651. PMID: 21499581; PMCID: PMC3084407.

^{vii} Health Canada. [Chronic Pain in Canada: Laying a Foundation for Action](#). 2019 June;1-50.

^{viii} National Pain Centre. [Guidelines: The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain](#). 2017.

^{ix} Sutton K. [The Chronic Pain of Pain Management: How the New Opioid Prescribing Guidelines Risk Patient Care](#). Visions. 2018;13(3):26-28.

^x Health Canada. [Chronic Pain in Canada: Laying a Foundation for Action](#). 2019 June;1-50.

^{xi} BC Coroners Service. [Illicit Drug Overdose Deaths in BC: Findings of Coroners' Investigations](#). Ministry of Public Safety and Solicitor General. September 27, 2018.

^{xii} Sutton K. [The Chronic Pain of Pain Management: How the New Opioid Prescribing Guidelines Risk Patient Care](#). Visions. 2018;13(3):26-28.

^{xiii} Health Canada. [Canadian Pain Task Force Report: October 2020](#).

^{xiv} Sutton K. [The Chronic Pain of Pain Management: How the New Opioid Prescribing Guidelines Risk Patient Care](#). Visions. 2018;13(3):26-28.

^{xv} Sutton K. [The Chronic Pain of Pain Management: How the New Opioid Prescribing Guidelines Risk Patient Care](#). Visions. 2018;13(3):26-28.

^{xvi} BCCDC. [Opioid Overdose Emergency in BC: A Snapshot of the Problem in BC](#). BCCDC.

^{xvii} BC Coroners Service. [Fentanyl-Detected Illicit Drug Toxicity Deaths January 1, 2012 to November 30, 2020](#). 2020 December.

^{xviii} Burnham R, et al. [Multidisciplinary chronic pain management in a rural Canadian setting](#). Can J Rural Med. 2010 Winter;15(1):7-13. PMID: 20070924.

^{xix} Burnham R, et al. [Multidisciplinary chronic pain management in a rural Canadian setting](#). Can J Rural Med. 2010 Winter;15(1):7-13. PMID: 20070924.

^{xx} Lynch ME. [The need for a Canadian pain strategy](#). Pain Res Manag. 2011 Mar-Apr;16(2):77-80. doi: 10.1155/2011/654651. PMID: 21499581; PMCID: PMC3084407.

^{xxi} Health Canada. [Chronic Pain in Canada: Laying a Foundation for Action](#). 2019 June;1-50.

^{xxii} Health Canada. [Canadian Pain Task Force Report: October 2020](#).