

The Coalition for Safe and Effective Pain Management (CSEPM)

Reducing the Role of Opioids in Pain Management

**FINAL REPORT
June 2019**

Preface

This report is the result of extensive collaboration, engagement and motivation among the members of the Coalition for Safe and Effective Pain Management. This report represents the culmination of the Coalition's work and should be considered final. Additional materials or reports may be released in the future as the Coalition works toward implementation of its recommendations. For further information, please visit csepm.ca.

Alison Dantas, CEO, Canadian Chiropractic Association & Chair, Coalition for Safe and Effective Pain Management.



Key Messages

- The Coalition for Safe and Effective Pain Management (the Coalition) came together to lend an important voice to the pain management discussion in Canada. The Coalition’s objective was and is to help inform the development of a better approach to managing this national health crisis. Key to a better approach is earlier access to a range of evidence-based treatments, instead of or in addition to medication, for the management of chronic, non-cancer pain.
- Tasked with looking “upstream” to understand why opioids are being prescribed as the first line of treatment, the Coalition looked at the prevention aspect of the opioid crisis (reducing the number of people being newly introduced to opioids for pain relief).
- The objective of the Coalition’s recommendations is to reduce the prevalence of opioid prescribing by optimizing upstream, non-pharmacological pain management alternatives in Canada.
- As the basis for its recommendations, the Coalition supports an inter-professional, evidence-informed, patient-centred approach to pain management that is compassionate to those in pain and does not stigmatize people who use opioids now or in the future.
- CSEPM recommends the following four strategic directions to achieve a better approach to pain management in Canada:
 - non-pharmacological pain management is embedded as essential primary healthcare;
 - patients and prescribers are empowered to be able to make safe choices in managing pain;
 - alternatives are integrated into primary care settings; and,
 - there is timely access to these alternatives for everyone in Canada.

These strategic directions are system level changes that would result in the transformation of Canada’s approach to pain management and ultimately, harm reduction from opioids.

- Additionally, CSEPM has identified six priorities for implementation. These priorities outline actionable changes that would support one or more of the strategic directions.

Introduction

There are many factors that have contributed to Canada’s opioid crisis, and efforts in many areas are essential to reduce its scale and harms. One thing we can be certain of is the first exposure to opioids, whether for an acute or chronic condition, creates a risk.

Although Canadian research is limited, much of what is known about prescribing opioids in the United States can be extrapolated to the Canadian context and understood as broadly similar. A

recent review suggests that 8-12 per cent of people who are initiated into opioid therapy for chronic pain develop an opioid use disorder.¹ The potential for long-term opioid use increases after as few as three to five days of prescription therapy.² Many people who use opioids illegally transitioned from their use through prescription.³ And, one of every 550 patients started on opioid therapy has died of opioid-related causes in a median of 2.6 years after their first prescription was written.⁴

***"This is a crisis for Canada and every community is going to have to deal with it,"
- Dr. David Milne⁵***

Since first exposure commonly occurs through a prescription, a necessary part of efforts to reduce the scale of the crisis is to look “upstream” at the reasons a patient is first started on opioid therapy. Prescription opioids have a legitimate role to play in health care and are valuable for treating serious pain from surgery, injuries, and health conditions such as cancer.

Opioid prescriptions notably increased in the early 1990s when their use was encouraged for the long-term treatment of pain associated with a wide range of chronic conditions, such as low back pain. Not only has evidence not supported this trend, prescribing opioids for chronic pain conditions has been associated with a significant increase in opioid-related deaths, a high risk of dependency and opioid use disorder, and other side effects associated with long-term opioid use.⁶ It is now better understood that the benefits of opioids decline over time, and often leave the underlying causes of pain unaddressed or more difficult to treat.

It is important that people are not left in pain or without confidence that they will find relief. However, the absence of affordable alternatives to medication in Canada’s healthcare system has contributed to an overreliance on opioids as a first-line treatment. Although the opioid crisis is complex, part of the solution is to reduce the number of people newly introduced to opioids by rethinking the role of, and access to, non-pharmacological alternatives in pain management.

The Coalition for Safe and Effective Pain Management (the Coalition or CSEPM) is a signatory of [Canada’s Joint Statement of Action to Address the Opioid Crisis](#). The Coalition (CSEPM) was formed to develop consensus recommendations to reduce the prevalence of opioid prescribing in Canada. The Coalition recommends this can be achieved by optimizing an inter-professional, patient-centred, collaborative and compassionate approach to evidence-based, non-pharmacological pain management.

Formed in February 2017, the Coalition’s membership includes the Canadian Association of Occupational Therapists, Canadian Chiropractic Association, Canadian Nurses Association, Canadian Patient Safety Institute, Canadian Physiotherapy Association, Canadian Psychological Association, the Institute for Safe Medication Practices Canada, Patients for Patient Safety Canada, the Arthritis Society, and the Canadian Association of Social Workers. The Coalition includes a broad cross-section of health system experts, associations of health professionals and patient organizations. Each organization plays an important role in supporting

patient navigation or in the delivery of physical and psychological alternatives to opioids in primary care settings. In March 2017, the Coalition was added as a signatory of [Canada's Joint Statement of Action to Address the Opioid Crisis](#).

The Role of the Coalition in Responding to Canada's Opioid Crisis

The complexity of Canada's opioid crisis requires collaborative efforts at all levels. The Coalition is focused on the simplest, and yet most challenging part of prevention — to reduce the number of patients being newly prescribed opioids in Canada. The Coalition looked “upstream” to understand the reasons opioid prescriptions are written in order to reduce the prevalence and scale of prescribing opioids to those not currently using them.

The Coalition's 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 and/or timely access to surgical interventions, as appropriate, in the role of pain management.

The Coalition's Scope

The Coalition's recommendations support the implementation of the [National Pain Centre's 2017 Recommendations for Use of Opioids in Chronic Non-Cancer Pain](#), which advocates for alternatives to opioids when considering therapy for patients with chronic non-cancer pain. In the past two years, the Coalition has focused on developing patient and practitioner strategies to offer a more effective approach to pain management. The recommendations contained within are intended to reduce the number of patients introduced to opioids in an effort to reduce the future extent of the opioid crisis in Canada.

Because of the complexity and scope of Canada's opioid crisis, it should be noted that the Coalition was specifically focused on addressing the issue of prevention and the recommendations must be read through this lens. There are many important issues that are

beyond the scope of this work that should be examined; however, prevention is the piece of the crisis directly studied and addressed by the Coalition's work.

The recommendations in this report are not intended to target people who use opioids currently or those with new prescriptions for cancer or palliative care. There are socio-economic and personal factors which increase the risks associated with opioids that are beyond the scope of the Coalition. A separate process may be required to develop recommendations for vulnerable groups and special populations. The Coalition's scope excludes illegal opioids, non-opioid pharmacology and medical cannabis. It should also be noted that although there are many therapies available to support effective chronic pain management, only occupational therapy, physiotherapy, psychology and chiropractic are addressed within these recommendations.

The Coalition knows its efforts will be complemented by initiatives that are looking at these, and other important, aspects of this crisis and the people affected. The ultimate objective of the Coalition is to reduce the use of opioids as the first-line treatment for managing chronic, non-cancer pain to diminish the future extent of this crisis.

Transformational Change: Canada's Path Forward

A Better Approach to Pain Management

The Coalition recognizes the complexity of the opioid crisis, but believes it is being made worse by Canada's current approach to pain management. There is now a strong consensus that the overreliance on opioids in the treatment of pain has contributed to the crisis and is described as "the culmination of two decades of 'pharmaceuticalization'..." of pain management.⁷ However, pain is a key reason for seeking healthcare, and leaving pain untreated is not an option.

Canada needs a better approach to pain management. One that reduces the number of opioid prescriptions being written to treat acute and chronic pain. A better approach includes improving the integration of, and access to, non-pharmacological treatment alternatives.

There is now more clarity on the emergence of the current crisis. We've come to understand their addictive qualities, their diminished efficacy over time, and their widespread availability.

Opioids are funded by all provincial and territorial drug plans and most extended health benefits programs make them accessible. Given the many competing demands already placed on Canada's public healthcare system it can be challenging to dedicate the time and resources needed to prioritize non-pharmacological alternatives. In fact, these demands can explain the evolution of opioids as a first-line treatment for patients with acute and chronic pain in primary care settings, especially for marginalized and vulnerable populations who experience a higher incidence and prevalence of chronic pain due to social determinants of health.

Many in Canada do not know that effective non-pharmacological treatments for the management of pain, exist, and if they do, they often have difficulty accessing them. These include psychological interventions, chiropractic care, occupational therapy and physiotherapy, often delivered by inter-professional teams centered on patient needs. The evidence base for non-pharmacological interventions to manage pain have been widely recognized by many health care groups and guidelines. These include the Lancet Low Back Working Group that calls for “self-management, physical and psychological therapies...”⁸ and the American College of Physicians⁹ that recommends that first line approaches for chronic low back pain include exercise, mindfulness-based stress reduction, cognitive behavioural therapy, spinal manipulation among others. Inter-professional team approaches to chronic pain are as effective as medications in reducing pain intensity and are more effective in decreasing medication use, reducing health care utilization, improving functional activities, improving mood and promoting return to work¹⁰.”

The pain management therapies offered by non-physician health professions are often unfunded by the public healthcare system; in contrast to the more integrated systems of other developed countries. A better approach to pain management would address the tremendous costs incurred by a system ineffectively organized to treat pain and provide pain sufferers in Canada with improved integration of, and access to, non-pharmacological alternatives. Optimizing non-pharmacological alternatives would thereby reduce the over-reliance on opioids as the default treatment for non-cancer, chronic pain.

A Compassionate Approach to Pain and Opioid Use

In discussing opportunities to reduce the number of people who begin using opioids, it is important to acknowledge that there is a legitimate and appropriate role for opioids in pain management. Patients who truly benefit from opioids should be able to get them. It is also important to note that compassionate care is a vital aspect of any discussion related to pain and substance use disorder. All those seeking care in Canada are deserving of respect, kindness and understanding.

Stigma is an important factor in the treatment of pain because it impacts how patients are treated in clinical settings. Stigma is harmful and marginalizes the individual or group who bear the burden of negative labels. All levels of discussion related to opioids require the protection of patients from stigmatization to ensure competent healthcare is delivered. This is especially true in the treatment of substance use disorder. Following a harm-reduction approach, respecting the rights of people who use drugs, and providing an environment of non-oppressive care can reduce the risk of harm associated with substance use disorder. While treating people with kindness and compassion will not save them from harm, it could help many who struggle.¹¹

“People with opioid addiction not only suffer the stigma of the disease, but also the stigma of its treatment.” – Dr. Samuel Ball¹²

The Pain Is Real

Pain, and in particular chronic pain, is one of the most common reasons to seek healthcare in Canada. One in five Canadians are affected by chronic pain.¹³ And chronic pain is associated with the poorest quality of life compared to other chronic diseases.

Canada has the second-highest rate of opioid prescribing in the world,¹⁴ even though there are no differences in pain care needs or outcomes compared to European nations. While Canada may over rely on opioids, there are important reasons to prescribe opioids when managing pain that is sudden or of short duration or when intervening for cancer-related pain or in palliative care. However, according to the Canadian Institute of Health Information, despite the fact that the amount of opioids per prescription overall is decreasing, the number of prescriptions for opioids is increasing¹⁵. Deaths associated with overdose continue to climb and more than 19 million opioid prescriptions were filled in Canada in 2016 – a new record.¹⁶ As opioid prescribing has increased, so too have the number of people receiving treatment for substance use disorder.

Pain – persistent or chronic pain in particular – is a complex problem. Pain is a distressing experience associated with actual or perceived tissue damage with sensory, emotional, cognitive and social components.¹⁷ The demand for opioids is based on the misconception that all pain, including chronic pain, can be treated with a pill. While acute pain can be more easily understood, chronic pain may have no external causes or any precipitating events. Both patients and practitioners are eager to pursue information provided through medical imaging and diagnostic tests, yet studies have shown that these tests are often uninformative when pain is the only symptom.

To complicate things further, patients can have pain with damage, no pain with considerable damage and high levels of pain with minimal damage. These results demonstrate that pain has multiple factors and influences other than just body tissue. Emotions, sensations, cognitions and social aspects are involved with the experience of persisting pain — meaning that all areas of your life can impact pain perception. This is known as the *bio-psychosocial* model of pain, which considers how the interaction of the biological, psychological and social factors in a person's life influence and impact pain. The Coalition's recommendations are intended to promote an improved approach to helping people in Canada manage pain through the integration and provision of a variety of alternatives to opioid prescriptions such as psychotherapy, chiropractic care, physiotherapy, and occupational therapy.

Opioid Harms, Risks and Limits on Effectiveness

There is an increased understanding of the many opioid-related harms and risks, including substance use disorder, potentially fatal respiratory depression, depression, chronic constipation, osteoporosis, an overall increased risk of death and, paradoxically, more

pain.^{18,19,20,21,22,23,24} Evidence on long-term opioid therapy for chronic pain is very limited but suggests an increased risk of serious harms that must be weighed against potential benefits.²⁵

Less publicized risks of opioids exist beyond death and substance use disorder. The effectiveness of opioids is limited in terms of improvements in pain and function when compared to other treatment options.²⁶ Opioids treat pain as a symptom, but do not address the cause or underlying condition and have demonstrated poor health outcomes in restoring function, returning to work, and increasing quality of life.²⁷ The effectiveness of opioids in treating chronic pain beyond 12 weeks has not been reliably established.²⁸ For example, a recent study found that those receiving an opioid prescription shortly after developing acute low back pain were less likely to return to work compared to those who did not receive an opioid.²⁹ In addition, there is a strong correlation between increasing duration of opioid use for patients with back pain and increasing prevalence of mental health conditions.³⁰

Some individuals are at greater risk than others for opioid misuse. These include individuals with a history of substance misuse, psychological distress, smoking, and obesity. For patients with these risk factors, reducing initial exposure offers clear safety benefits.

Overprescribing can also result in leftover prescriptions, which can be a major source of improper use.³¹ Leftover pills create a supply that can be diverted for illegal sale and use. Patients prescribed opioids for long periods of time become physiologically dependent on them and some turn to new sources, sometimes illegal and unsafe, to access them.

The limited improvements in pain that opioids provide in the short term come at a cost.³² In contrast, alternative pain management approaches offer similar benefits and without the significant risks. Most Canadians will experience some form of pain in their lifetime. Opioids need to be more cautiously prescribed while pain is managed more cohesively and comprehensively, and the underlying causes of pain addressed. Reducing first exposure is clearly safest, given the many potential risks and harms associated with opioids.

It is once again worth noting that the Coalition is referring to patients experiencing and/or presenting with non-cancer, non-surgical or non-palliative care related pain.

Why Opioids are being Prescribed

Given the devastating impacts of the opioid crisis, including for those who are first exposed to opioids as a result of a prescription, it is surprising that there is only limited evidence and published data available concerning opioid prescribing practices in Canada. This is an area where more research is needed.

There are indications that relying on opioids to treat conditions that can become chronic is an area of higher risk. A Canadian study of patients who had been using opioids for more than six months for chronic non-cancer pain found the leading clinical conditions being treated were chronic low back pain, chronic neck pain, fibromyalgia, and chronic headaches.³³

The United States, which has had the largest surge in opioid prescribing, has determined that the bulk of opioid prescribing has been used to treat chronic non-cancer pain.^{34,35} A study found low back pain was the most common diagnosis for which opioids were prescribed; other chronic pain diagnoses in which opioids were prescribed included osteoarthritis, migraine headaches, degenerative joint disease, and fibromyalgia.³⁶

While Canadian data is limited, acute or chronic pain accounts for almost two-thirds of Emergency Department visits in the United States.^{37,38} Opioid prescribing for pain-related visits in Emergency Departments has increased over the years while prescribing of non-opioid analgesics remains unchanged.³⁹

“Until there is a realistic strategy to revolutionize the treatment of chronic non-cancer pain, physicians will continue to use the only convenient tool they have at hand: their prescription pad.” - Drs. Andrea Furlan and Owen Williamson⁴⁰

There is a critical need for more research into the reasons for opioid prescribing, as well as for safer alternatives that can reduce its prevalence and prevent future problems. Often, physicians see no other options for people without insurance benefits, who have low incomes or who are on disability. Opioids are covered, but non-pharmacological interventions are not. In addition, the belief that relying on a pill will eliminate pain without any repercussions must be reconsidered. Education of both the public and prescribers will help transform this pre-existing attitude and help re-establish evidence-based strategies for managing pain.

Evidence-Informed, Non-Pharmacological Alternatives

Coalition members include primary providers of evidence-based, non-pharmacological pain management treatments who also play a major role in multidisciplinary pain management. The Coalition includes the following professions: psychology, physiotherapy, chiropractic and occupational therapy. As part of the Coalition process, a number of the Coalition members have developed “evidence overviews” to provide a better understanding of current best evidence within their respective clinical approaches. The Coalition has also collaborated with the Canadian Agency for Drugs and Technologies in Health (CADTH), a Canadian not-for-profit organization focused on evaluating health evidence, in the assessment of evidence associated with non-pharmacological approaches to pain. The Coalition has not evaluated the evidence of non-pharmacological alternatives beyond those offered by its members.

Coalition members believe it is vital to acquire better evidence of the safety and positive health outcomes of non-pharmacological alternatives to opioids for pain management. This aligns with [Canada’s new opioid prescribing guideline](#) which recommends optimizing evidence-based alternatives prior to considering opioids.

The goal in pain management is to afford the patient more benefit than harm and to provide safe and effective treatment options. To help in decision-making, more research is needed to compare the safety and outcomes of opioids (and other pharmacological approaches) to non-pharmacological treatment alternatives in both the short and long term. This research should consider safety, side effects and other risks, as well as function and quality of life, along with pain measurement benefits.

Section 2: Strategic Directions & Priorities for Implementation

Strategic Direction #1: Embed non-pharmacological pain management as part of essential healthcare in Canada.

Pain is a leading cause for patients to seek healthcare, but the overreliance on opioids in managing pain is causing harm, has unintended consequences and comes at a cost.⁴¹ Opioids are an important clinical tool, and compassion for those in pain is vital. However, it is clear that Canada needs a better approach to pain management that optimizes pain treatment alternatives.

To reduce the pressure to prescribe opioids, the Coalition recommends that the prevention and management of pain must be embedded as an essential part of healthcare in Canada, supported by a comprehensive strategy for integration and access to evidence-based, inter-professional, non-pharmacological pain management. This is particularly important because drugs are one of the few pain management tools funded within Canada's public healthcare system — a notable difference compared to other developed nations that offer broader and more comprehensive public coverage. By embedding non-pharmacological alternatives, prescribers will be able to just as easily offer alternatives as turning to a prescription pad. Increasing access to and embedding alternatives into primary healthcare will help to alleviate the pressure to prescribe.

Changes that optimize alternatives also directly support the implementation of Canada's new opioid prescribing guideline. Transforming Canada's approach to pain management can be informed by successful efforts to improve integration and access to mental healthcare in Canada.

Treatments for pain and opioid use disorder are costly and contribute greatly to the financial burden on Canada's healthcare system. A better approach to pain management can be funded

by the many opportunities for savings, such as decreasing long-term financial costs to the system by examining other treatment options.

A challenge to solving this problem is the dearth of Canadian research on non-pharmacological pain management, including comparisons to opioids for safety and effectiveness. This complicates evidence-informed decision-making and is an important gap that should be addressed. More research is needed to fully understand the correlation between first exposure and long-term use.

Strategic Direction #2: Empower patients and prescribers to make safe choices in pain management.

An important prevention effort in responding to the opioid crisis involves educating and empowering patients and prescribers to improve decision-making related to pain management, including the optimization of non-pharmacological alternatives. Improved education and awareness of options and alternatives would promote more collaboration while improving shared decision-making between patient and clinician.

A public health approach, which aims to maximize benefits for the greatest number of people, would increase awareness of the risks of opioids, and of the alternative treatment options available. This would foster increased and better-informed dialogue between providers and patients and allow for a more informed discussion on the risks and benefits of both opioid and non-pharmacological treatment options to manage pain. It would also provide an opportunity to improve patient safety and reduce potential adverse effects. This also aligns with a patient-centred approach to care that ensures patient preferences and values guide clinical decisions.

During the 1990s, doctors were counselled to treat pain as a serious medical issue, which was supported by the United States Veterans Health Administration (VHA) adoption of ‘pain as the fifth vital sign’. Despite noble intentions to reduce pain related suffering, this approach led to unintended consequences, especially when the *fifth vital sign* concept was used in settings where the pain presentation was not acute.

Systematic training in pain management is needed to overcome the impacts of treating pain as the “fifth vital sign” to increase clinician awareness, competency and integration of alternatives. Opioids will relieve pain; however, they may also simply mask it without fully addressing the underlying condition. More emphasis should be placed on function, instead of limiting pain to just a number on a scale.

***“Your child is in pain and you want them to feel better.
You don’t know there are dangers.” - Emily Walden⁴²***

Nurses, pharmacists and other front-line care providers can play an essential role in supporting patients in navigating pain management options. This also requires continuing and ongoing

education to ensure that front-line providers understand and can support the use of available alternatives. The provision of supports, such as practice resources and referral tools to provide continued competence, ensures that clinicians have the most up-to-date knowledge and skills to optimize safety and integrate effective non-pharmacological alternatives into their practice.

Strategic Direction #3: Integrate non-pharmacological pain management into primary care settings.

Reducing the number of people who begin using opioids can occur only when there is less pressure on healthcare providers to prescribe. This pressure can be relieved by enhancing and facilitating prescribers' ability to provide non-pharmacological alternatives to their patients in pain.

Since pain is a leading reason for seeking care, the Coalition believes that every primary care setting where opioids are prescribed should develop or have access to a "pain pathway". These are protocols that formalize how common pain conditions will be managed without an opioid prescription. By establishing criteria and defining appropriate interventions, alternatives to opioids can be optimized and more timely care provided.

In smaller settings, this pathway may be informal and based on a referral network. Larger primary care settings may expand their inter-professional pain management team or collaborate on the development of multidisciplinary triage and treatment clinics. Hospital Emergency Departments could reduce the prevalence of first exposure to opioids by establishing triage or treatment teams that optimize alternatives. In all cases, the goal is to reduce the pressure to prescribe by building confidence among both patients and prescribers that alternatives are available and supported by standard operating procedures for treating those in pain.

Strategic Direction #4: Ensure everyone in Canada has timely access to non-pharmacological pain management.

Better integration of non-pharmacological pain management relies upon access, yet most non-pharmacological alternatives are outside Canada's publicly funded system. Access to appropriate care includes that it is timely, affordable and within a geographical location where commuting is reasonable.

Because most non-pharmacological pain management is unfunded by the public healthcare system, marginalized and vulnerable populations must be the priority for access to publicly funded, inter-professional, non-pharmacological care. Over one-third of publicly-funded pain clinics in Canada have wait times greater than one year, and there are people in vast areas of the country who have no access to appropriate care.⁴³ Triage methods are needed to ensure these individuals are not without treatment options.

Seventy-five per cent of people living in Canada have access to non-pharmacological pain management through extended healthcare plans. Extended healthcare providers and plan sponsors have a responsibility to ensure pain management coverage is adequate. As with mental health, primary care providers should determine availability of alternative pain management care as part of the pain pathway model in order to optimize coverage for their patients.

Recommendations & Priorities for Implementation:

Significant opportunities exist to improve how Canada's healthcare system provides pain management. The strategic directions outlined above are system level changes that would result in the transformation of Canada's approach to pain management and, ultimately, harm reduction from opioids. In contrast, the Priorities for Implementation outline actionable changes that would support one or more of the strategic directions. The Coalition recommends six priorities for implementation.

Priority 1: Encourage the establishment of pain pathways that optimize non-pharmacological pain management at points of care where opioids are commonly prescribed

The federal government should fund the development of pain pathways in small, medium and large primary care settings. The hospital sector should include the development of pain pathways as part of the implementation of Canada's new opioid prescribing guideline, with a focus on Emergency Departments and opioid usage for conditions where opioid therapy is not supported by evidence.

Priority 2: Workplace benefits include clinically effective coverage for inter-professional non-pharmacological pain management

Most people in Canada who access non-pharmacological pain management do so through extended healthcare coverage. A study found that those with extended healthcare coverage were less likely to consume opioids for chronic low back pain than those who did not have coverage.⁴⁴ In an effort to reduce opioid usage, extended healthcare providers should develop a common understanding of an adequate level of coverage for clinically effective non-pharmacological pain management to reduce the risk that plan members will resort to an opioid.

Priority 3: Prioritize marginalized, vulnerable and at-risk populations to support timely access to inter-professional, non-pharmacological pain management

The prevention-oriented strategies of provinces and territories should prioritize access for non-pharmacological pain management for vulnerable and marginalized populations. An initial focus could include providing support for existing clinics serving these populations to expand inter-professional pain management as an opioid reduction strategy.

Priority 4: Provinces and territories each develop a prevention strategy to optimize alternatives prior to initial opioid prescription

The Coalition believes provinces and territories should establish a prevention-oriented strategy to demonstrate to the public, health professions and other stakeholders how they intend to reduce the number of people introduced to opioids through prescription. Following the 2017 *Canadian Guidelines for Opioids for Chronic Non-Cancer Pain*, this comprehensive strategy should be developed through an inclusive public process and include how non-pharmacological alternatives to opioids will be integrated and accessed.

Priority 5: Public health campaign to empower those in pain to understand opioid risks and optimize non-pharmacological alternatives

The opioid crisis is a public health emergency that has mobilized a tremendous response by public health authorities. Prevention efforts should be expanded to include a comprehensive public and prescriber education awareness campaign about the risks of opioids. Adequate knowledge is a key component of empowering patients to make safe choices in pain management and aligns with prevention strategies. This means providing information about alternatives, as well as understanding the risks of opioids. It is important that these efforts be compassionate to people who use opioids and not stigmatize their legitimate use.

Priority 6: Prescribing professionals support uptake of educational modules and protocols to optimize non-pharmacological alternatives in pain management

Organizations with a responsibility or interest in improved prescribing practices should extend efforts to include promotion of stronger competencies to properly integrate alternatives into practice and develop or support the dissemination of resources and tools to help prescribers optimize pain management alternatives to opioids.

Section 3: Next Steps

Following the release of our final report, the Coalition for Safe and Effective Pain Management will implement an awareness campaign to reach key stakeholders and decision makers to encourage the implementation of these cost-effective lifesaving changes to Canada's healthcare sector.

We welcome your feedback on this report and the recommendations on how to transform pain management in Canada. To comment, share feedback or ask for additional information, please visit our website: csepm.ca

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