



Canadian
Physiotherapy
Association

Association
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Submission to the House of Commons Standing Committee on Health

INCLUSION OF PHYSIOTHERAPY IN RESPONSE TO THE OPIOID CRISIS IN CANADA

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Summary

For the past two decades, prescription opioid medications have been thought to be safe, effective, non-addictive solutions for acute and chronic pain. A 2016 report from the Centres for Disease Control and Prevention (CDC) provides evidence to the contrary. It states that there is little evidence for the efficacy of long term opioid use for chronic pain, and that opioid use is associated with serious risks.¹

In fact, short term use of prescription opioids are not even very effective for treating acute pain, providing only moderate pain relief and small benefits in functional outcomes. A multimodal approach to pain management, beyond medications and focused on gradual increases in physical function and participation in life-role activities, however, shows greater improvements with minimal risk.

The use of prescription opioids has grown in Canada and has now reached a crisis level. Canada is the second largest per capita user of prescription opioids in the world. Lack of access to interdisciplinary pain care is an important contributor to this crisis. Yet building and staffing pain care centres is not a sufficient answer to this crisis, as evidenced by the history of these centres in British Columbia and Nova Scotia.

Despite clear evidence of the effectiveness of interdisciplinary care for people with complex pain problems, people living with pain and their primary care providers often don't have access to effective pain management. This has resulted in many people living with pain and their physicians turning to opioids for pain relief. The effects of inadequate access to community-based interdisciplinary pain care is also evidenced by the disproportionate effect of increasing opioid prescribing in certain groups of people, including Canada's Indigenous communities and people with low income.^{2,3,4,5}

The Canadian Physiotherapy Association (CPA) is concerned about the negative effects of cessation of prescribing opioids without providing Canadians with effective alternatives. The role of physiotherapists and health professionals is to use the scientific evidence at hand to help patients who are in pain to

¹ Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain—United States, 2016. *JAMA*. 2016;315(15):1624-1645. doi:10.1001/jama.2016.1464

² Goldenberg DL. Multidisciplinary modalities in the treatment of fibromyalgia. *J Clin Psychiatry*.2008;69(Suppl 2):30–34.

³ Smith BH, Torrance N. Management of chronic pain in primary care. *Curr Opin Support Palliat Care*.2011;5:137–142. doi: 10.1097/SPC.0b013e328345a3ec.

⁴ Scascighini L, Toma V, Dober-Spielmann S, Sprott H. Multidisciplinary treatment for chronic pain: a systematic review of interventions and outcomes. *Rheumatology (Oxford)* 2008;47:670–678. doi: 10.1093/rheumatology/ken021.

⁵ Dobscha SK, Corson K, Perrin NA, et al. Collaborative care for chronic pain in primary care: a cluster randomized trial. *JAMA*. 2009;301:1242–1252. doi: 10.1001/jama.2009.377.

access their powerful, natural endogenous processes. Evidence supports the importance of recovering function as vital to positive pain management outcomes. Although physiotherapy is only part of the solution to pain and the opioid crisis, Canadian physicians rely on physiotherapists when medications alone do not help their patients move with more ease. Within the Canadian health care system physiotherapists hold the greatest expertise in pain and therapeutic movement. As a professional association, CPA has dedicated time effort and resources specifically to pain science and pain care. For these reasons, combined with their evidence-based solutions to pain management, physiotherapists are essential partners in the development of the Action Plan in response to the opioid crisis.

CPA believes strongly that inter-professional collaboration is the only viable solution for people with chronic pain and our health care system. We are not alone in this belief. A Canadian Medical Association member survey indicated that 84% of respondents felt that more access to specialized pain management teams could help to alleviate the over-prescribing problem.

Recommendations to the Standing Committee

1. Improve access for people in pain to community-based and inter-professional resources for the management of chronic pain.
2. Develop a community-based, interdisciplinary triage team model of care for those living with pain (those with the most urgent pain conditions, such as complex regional pain syndrome, can be moved quickly to the medical and specialist care they require).
3. Access to inter-professional pain management must be available for all Canadians including Indigenous, low-income, and rural communities.
4. Support the development of Canadian Pain Guidelines as a standard for interdisciplinary pain management curricula for all health care providers, ensuring there is ongoing support for pain education both pre- and post- licensure.

Background

The Canadian Physiotherapy Association (CPA) shares concerns that opioid medications are disproportionately and inappropriately prescribed to Canadians living with pain. In 2012, Oxycodone was at the centre of the media storm regarding addictions and abuse of prescription pain killers and the first provincial ban on a pharmaceutical for its addictive properties and misuse. However, by 2016, there is seemingly little that has changed when it comes to the opioid epidemic. In fact, Canada has the second greatest number of Opioid prescriptions per Capita. The Canadian Centre on Substance Abuse states that the risks associated with prescription painkillers is one of the leading public health and safety concerns in North America. An effective solution needs to go beyond tracking of prescriptions, the delisting of products, or the manufacturing of tamper-resistant drugs to providing alternatives to prescribed opioids for pain management.

However, in order to solve the opioid addiction crisis, we need to look at the problem differently. The crisis of addiction has occurred because the crisis of Canadians in chronic pain was not adequately or

appropriately addressed. The idea of ‘pain killers’ was introduced to rid people of chronic pain, without properly educating patients on the nature and mechanisms of pain or the harmful side effects of opioids. Until the appropriate and necessary resources are in place, Canadians in pain will continue to endure the deleterious effects of pain on their body, mind and spirit while they remain on the long wait-lists of tertiary pain centres.

Context

Prescription opioids have an important role to play in the management of pain. However, in many cases of acute and chronic pain, the risk of opioid prescription is greater than the benefits to the patient. For most non-cancer pain, including headaches, back pain and fibromyalgia, opioids should not be the first-choice solution.⁶ The reality is opioid medications are effective in the treatment of acute pain, such as pain following surgery, because of the immediate relief they provide, but they are not designed for long-term use. While opioids have been used over the past 100 years, more recent studies have shown reduced analgesic efficacy with prolonged use (e.g. for chronic pain)⁷, as well as increased evidence for effective non-pharmacological interventions in the treatment of pain.^{8,9,10} CPA supports current practice guidelines that suggest in order to effectively help Canadians overcome pain and return to their normal activities of daily living, best practices in prescribing must be employed by all professionals in a patient’s circle of care.

The past two decades have seen the number of prescriptions for opioids skyrocketing, while simultaneously some non-pharmaceutical therapies have been delisted from provincial health plans. The number of Canadians who struggle with addictions to prescription opioids is rising at an alarming rate, as well as the socio-economic costs associated with drug addiction.

The crisis can be managed if we think about the current problem differently. There are three key challenges facing Canada’s health systems which this submission will focus on:

- 1) An over-reliance on prescription opioids for the treatment of acute and chronic non-cancer pain, which will require a Pan-Canadian Public Health solution.

⁶ Franklin, G. M. (2014). "Opioids for chronic non-cancer pain: A position paper of the American Academy of Neurology". *Neurology*. 83 (14): 1277–1284.

⁷ Alexander GC, Kruszewski SP, Webster DW (2012). "Rethinking Opioid Prescribing to Protect Patient Safety and Public Health". *JAMA*.**308** (18): 1865–1866.

⁸ McGrane N, Galvin R, Cusack T, Stokes E. Addition of motivational interventions to exercise and traditional physiotherapy: a review and meta-analysis. *Physiotherapy*. 2015;101(1):1–12.

⁹ Magalhaes MO, Muzi LH, Comachio J, Burke TN, Franca FJR, Ramos LAV, et al. The short-term effects of graded activity versus physiotherapy in patients with chronic low back pain: a randomized controlled trial. *Man Ther*. 2015;20(4):603–9.

¹⁰ Westman A, Linton SJ, Öhrvik J, Wahlén P, Leppert J. Do psychosocial factors predict disability and health at a 3-year follow-up for patients with non-acute musculoskeletal pain?: A validation of the Örebro Musculoskeletal Pain Screening Questionnaire. *Eur J Pain*. 2008;12(5):641–9.

- 2) The lack of interdisciplinary pain management solutions, especially in Indigenous, low-income, and rural communities.
- 3) The lag in translation of research evidence into clinical pain management, specifically in regards to the effectiveness of appropriate pain science education, and the vital importance to long-term recovery of assisting people in pain to move with ease again.

A country hooked on painkillers

According to a recent United Nations report, Canada is now the second largest user of prescription opioids. The social and economic costs associated with this are staggering. It is estimated that in 2014, public drug programs spend \$93-million on medications to combat addiction to prescription painkillers—a 60 per cent increase in only four years. Addiction rates, though difficult to measure, are on the rise in all areas of Canada, while the problem is most acute in Indigenous communities.

Rather than vilifying or criminalizing those using opioid medication for pain control, simply restricting the availability or sale of high dose opioid medication, or opening up access and availability to over-the-counter overdose treatments, the CPA calls on the federal government to adopt a Public Health approach to this epidemic by creating and supporting a National Action Plan for Pain Management to guide the work of all professionals working with patients with acute and chronic pain conditions.

Accessible service in Indigenous, low-income, and rural communities

There is evidence to show that the most effective treatment for chronic pain is a multimodal, interdisciplinary approach that includes movement therapy. Tertiary interdisciplinary pain centers offer improved outcomes, but they are expensive and not accessible to all Canadians. Residents of Indigenous, low-income, and rural communities have fewer options for pain management than Canadians residing in higher-income urban centres. We need to build capacity to treat these patients as close to home as possible, through better education for all health care providers, community based networks of care providers, or other innovative solutions. At this time in BC, such a process is being led by PTs with the support of Pain BC, in the small communities of Tofino and Ucluelet and the First Nation's community of Hitacu.

The cost of inter-professional pain management is a consideration for all governments; however, the personal and societal costs of doing nothing are far greater. Interdisciplinary pain centres may be unrealistic for most communities, but a local network of clinicians accessible to all Canadians is an attainable goal. Effective examples of this can be seen in several Community Health Centres and Family Health Teams in Ontario where physiotherapists, social workers, nurse practitioners, and physicians (and sometimes dietitians, pharmacists and Occupational Therapists) work together to provide multimodal pain management programs. These programs demonstrate effectiveness at improving the function and participation of people living with pain and are a small investment in comparison to current practices in most settings. These types of community based interdisciplinary pain management strategies may help improve the lives of Canadians living with pain, reduce the use of opioids through provision of effective treatment options with lower risk profiles, and reduce the burden of pain on the health care system.

However, solutions must be approached with caution and appropriate oversight. We cannot prescribe our way out of the opioid crisis. The emerging industry of private methadone clinics serving populations that have limited options for pain management cannot be the only solution. Canadians in pain deserve access to community-based interdisciplinary pain management services, which are more effective and cost-effective. Ontario alone is paying \$156 million a year to support addiction treatment programs.¹¹

Better Prescribing

The cost of treating Canada's opioid crisis is quickly becoming as costly as the crisis itself. To date, legislative changes and industry-led modifications to pharmaceutical design have not provided the solution that was intended. For example, tracking prescriptions, while important to monitoring trends, has not changed behaviours in prescribing opioids for pain based on best evidence. Likewise, changes to the design of OxyContin by the manufacturer Purdue Pharm to a tamper-resistant pill was seen as an innovative solution to an addiction crisis. Ontario was quick to enact legislation and delist the drug that was seen as causing the problem (oxycodone). Federal changes announced by the former Minister of Health, Rona Ambrose, in June 2015 will give manufacturers of oxycodone products three years to develop tamper-resistant products, which may give Purdue Pharma a monopoly on this opiate while not addressing the new drug sweeping the nation, fentanyl.

Innovations come in many forms. We believe that the innovations in pain care require a shift not only in prescribing, but in the process of and rationale for using medications for persisting pain. We provide people in pain with opioids and other pain medications to help them move better, yet we tell them they are pain killers. The evidence is clear that using these medications to decrease pain alone is not the answer. The treatment goal of all interventions for people in pain requires a shift to improving ease of movement, enhancing quality of life, and decreasing pain. As such, when patients are prescribed opioids and other medications, they should be educated that the medications are designed to make movement easier, rather than to 'kill pain'.

CPA believes that medications have a role in effective interdisciplinary care. Physiotherapists often treat patients in whom the pain is so intense and their nervous systems so sensitized that they struggle with even gentle attempts to move with ease. Coordination between the MD's prescription and the PTs treatment could then focus on helping the individual experience the benefits of moving with more ease. Since movement itself is hypoalgesic when performed correctly, over time the individual would require less medication.

The innovation required to curb this health crisis is not necessarily new technology or pharmaceutical patents. What Canada needs is better integration of health services and prescriptions based on best evidence. As trustees of our public health system, it is irresponsible for the federal government to work towards bulk purchasing of drugs without working to change the system that is over-prescribing

¹¹ National Post - <http://news.nationalpost.com/news/canada/critics-question-methadone-usage-as-patient-numbers-soar-in-canada>

medications that are causing harm to Canadians and costing provincial health systems significant amounts of money to treat the problems of addiction.

Considerations

With a national pharmaceutical strategy and bulk purchasing on the agenda for federal, provincial and territorial ministers of health, CPA believes appropriate prescribing of opioids using best practices and evidence in the management of pain should be the focus of this discussion. If we are to Choose Wisely about unnecessary prescriptions, we need to also look beyond a prescription pad to other health professionals in the patient's circle of care to provide relief and improve function and mobility.

There is a lot of synergy in offering advice for better prescribing, which fit nicely with recent recommendations coming out south of the border around opioid use. As health care is primarily under the jurisdiction of the provinces, the federal government is often limited in its ability to implement programs that will impact specific health issues. Nevertheless, there are opportunities to work within the constitutional structure to allow for cooperation, collaboration, and federal leadership to improve the health of Canadians. The prescription opioid epidemic is an example of a problem that has the potential to be impacted by the federal government's available levers.

By looking at the problem as one of Public Health, the federal government is ideally positioned to implement national standards and guidelines, which as part of a National Action Plan on Pain Management and inter-professional development of Canadian Pain Guidelines could inform the behaviours of all health professionals. The CDC has begun this initiative in the United States by issuing guidelines for the safe use of opioid medication. "Turn the Tide"¹² is a Public Health campaign adopted from these guidelines and led by the Office of the Surgeon General to call on health professionals to use best practices in prescribing. CPA would like to see this kind of leadership in Canada, not only by governments and policy makers, but with health professionals who are part of patients' primary and secondary care teams.

Canada has the opportunity to become a leader in pain management, and to move beyond the recommendations in the CDC report. By changing the way we think about pain and the people who are suffering from it, the conversation can be changed from one of opioids and addiction to one of solutions to chronic pain. Pain is not immutable. All pain is a result of what is happening in the body and how the body's systems are dealing with it. Medications are not the answer. Physiotherapy alone is not the answer, but physiotherapy does have evidence-based solutions that allow for pain relief, increased ease of movement, and increased return to normal function.

Psychological and cognitive treatment of pain must also be considered as part of the solution. Without appropriate pain management and coping strategies in place, merely removing opioid prescriptions from people in pain may eventually drive them to seek other solutions, including alcohol, illegal drugs and suicide.

¹² Turn the Tide <http://i2.cdn.turner.com/cnn/2016/images/08/25/opioidpocketguide.pdf>

Conclusion

The signing of a new Health Accord presents an opportunity for the federal government to chart a new course when it comes to health care. We ask that decision makers choose wisely when it comes to investments in health. For example, if governments are working towards a bulk purchasing agreement for pharmaceuticals there be consideration of evidence and best practice for prescribing and performance of medication as well as consideration of the evidence for effective community based interdisciplinary pain management. Choices must also take into consideration the health professional groups whose work is supported by research, especially those with systematic reviews and meta-analyses.

CPA is the national professional association representing 14,000 physiotherapists, physical rehabilitation therapists, physiotherapist assistants and physiotherapy students. Like the federal government, we understand that health care in Canada is changing at a rapid pace and we need to be partners in shaping a better future for Canadians. We are eager to partner with the federal, provincial and territorial governments to develop strong, community-based models of care that improve access to rehabilitation for First Nations and Inuit peoples, as well as a National Action Plan for Pain Management and Canadian Pain Guidelines as a means to addressing the current crisis created by opioids as a first line of defence for pain.