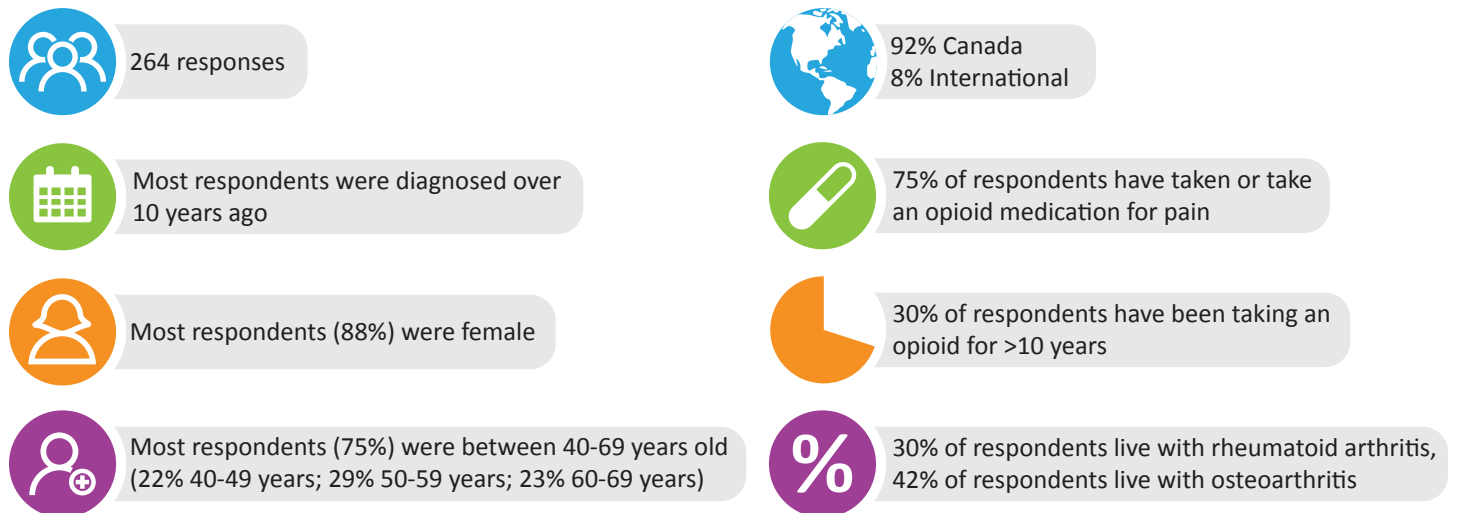


## For Policymakers: Working with People who Live with Chronic Pain

One unintended consequence of the opioid crisis has been the neglect of the needs of people living with chronic pain. People who live with chronic pain often rely on opioids, along with other forms of treatment, to manage their quality of life and to allow them to contribute to society.

The Canadian Arthritis Patient Alliance (CAPA) is a grassroots, not for profit organization of people who live with arthritis. CAPA uses the power of information, research, and communication to help people living with arthritis find their voice and support others. CAPA developed this document based on the results of an online survey hosted in 2018. The survey aimed to understand the unintended consequences of opioid policy directly from people living with chronic pain. We've built on the survey results by creating guidance for policymakers and people in government about how it would be helpful to work with people who live with chronic pain to develop policies that affect them.

### A Summary of the Survey



### What People With Chronic Pain Told Us

- 11% of respondents are no longer on opioids.
- Over half (53%) of respondents' doctors had talked to them about or tapered their opioid medication.
- Just over two thirds (69%) said that tapering or stopping their opioid medication affected their pain:

*"Tapering does not necessarily help manage my pain. It does help me feel clearer overall, more clear minded."*

*"If I do not take an opioid at night to take the edge off the pain, I can't sleep which just makes my pain worse. It is an endless cycle."*

*"My overall daily pain has increased."*



## Recommendations for Policy Makers from People who Live with Chronic Pain

- **Allow more time between required prescription renewals for people with a history of opioid use for chronic pain.** Less frequent appointments to renew prescriptions helps people take less time off work; save money on co-pays and dispensing fees, and gas or transit/cab fare; and prevents medicine rationing and therefore increased pain when individuals travel or go away.
- **Ask people who live with chronic pain to participate in decision-making.** This may be at the individual care level or at the broader health system level. Patients may be willing to make tradeoffs not anticipated or offer innovative solutions based on their own experiences. Patients might also consider mindfulness, physiotherapy, medical cannabis, acupuncture, and other therapies as methods to help them reduce their opioid use.
- **Create education for the public about opioid use for chronic pain** to help with issues associated with stigma and for healthcare providers on the National Opioid Guidelines (especially with respect to chronic pain) so they understand the guidelines thoroughly.
- **Provide resources for: comprehensive pain clinics** (people experience less stigma and have a better experience in these settings); **research** on efficacy of and other therapies as alternatives to opioids (so that there are alternatives for pain therapies); **non-pharmacologic therapies** currently not funded by public plans (e.g. massage, counseling, physiotherapy, acupuncture, etc.).