

October 24, 2016

Canadian Pain Society
250 Consumers Road, Suite 301
Toronto, ON, M2J 4V6, Canada

Re: Opiates and Chronic Pain in Canada

Dear Dr. Brian E. Cairns,

I write to you as Chair of the Board of the Canadian Pain Society during National Pain Awareness Week. I am a member of one of the most vulnerable sectors of our Canadian community, those living with chronic pain, and I am worried about how reactionary responses to the very real problem of opiate misuse might affect the quality of my daily life and the lives of others like me. When my jaw was damaged during a routine dental procedure in 1999 and I was diagnosed with a severe case of Temporomandibular Joint Disorder (and later with the additional diagnosis of Complex Regional Pain Syndrome) my whole life changed. I had been on the Dean's Honour List in my last year of university and applying to graduate schools when I was injured, preventing me from completing my Honours thesis or taking up the graduate scholarship I had won. All of my dreams had to take a backseat to the daily struggle of just living with the pain. I live day to day, moment to moment, trying to make it until the next lull in the pain. Unfortunately, those lulls are brought about, more often than not, by taking opiates. Opiates were a last resort for me, I held common fears about opiates and addiction, and unsuccessfully searched for any other means to effectively treat my pain. Conversations with various pain specialists and my own extensive research on the subject convinced me that the scientific consensus on opiates and chronic pain is very different from what the media and popular culture had led me to believe and that the actual estimated 0.19-3.3% addiction-rate for Canadian chronic pain patients cannot justify allowing our citizens, or myself, to suffer unnecessarily.

Nevertheless, a Canadian survey of palliative care specialists and of GPs with a specified interest in chronic pain found that up to 35% will not prescribe opiates of any kind (even codeine) to any non-cancer patient, regardless of the nature of their patient's condition or the severity of their pain. Imagine: bandaged burn victims, soldiers with battle damage, those with mangled limbs from car accidents, seniors suffering at the end of their lives in palliative care; up to one third of their doctors reject the most effective tool medical science currently has for relieving suffering. This is not a policy supported by Canadian medical regulators or by the vast majority of scientific consensus statements. Instead, this anti-opiate trend is an unintended consequence of our legitimate struggle to prevent prescription misuse.

Recently, health minister Jane Philpott called for the development of a new national opiate strategy and, while federal leadership is essential to set an evidence-based and people-centered tone for our policies, I fear that a rush to be seen to *do something* could result in many more such unintended consequences. Ontario and B.C. have both instituted policy changes in 2016 which include some regulations that may unintentionally increase the suffering of those already perpetually in pain (as well as some other more reasonable regulations). These policies affect the *daily* lives of 15-29% of the Canadian population and if we take the time to fully understand this complicated issue, we can write policies which will lead to practices that will increase chronic pain sufferers' ability to be productive employees, to effectively parent their children and to be more involved in their communities. To this end, I have prepared a report which attempts to provide context for, and facts about, the current state of opiates and pain treatment in Canada and which collects key high-quality evidence, as well as important findings and declarations about opiates and chronic pain produced by

reliable medical and governmental bodies. I have included below an outline of the contents of my report, referencing subtitles, margin-headings and page numbers.

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(I prioritized recent systematic reviews, randomized controlled trials & articles from well-cited, peer-reviewed journals)

Writing this report was difficult for me; it took many weeks, caused me a significant amount of pain and had a high opportunity cost because I have so few productive hours in a week. Every time I considered stopping, I thought of all the other Canadians who are in pain like me, but worse. People who *couldn't* create a report like this, or for whom the consequences in terms of future pain are just too great. I thought of my fellow sufferers who weren't lucky enough to have received a university education before getting injured as I did, allowing me to read scientific studies and communicate clearly. Fears for my own future were also a strong motivator. You have my permission and heartfelt encouragement to pass any information you consider relevant from this report on to any policy-makers for whom you think it may be useful. My hope is that you will keep at the front of your mind chronic pain sufferers like me and the many thousands of Canadians with similar health challenges. I am very grateful for your time and your work on behalf of all Canadians,

Sincerely,