



Section of Chronic Pain

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National Pain Awareness Week - November 7 - 13, 2021

It's easy to imagine a pre-pandemic time when you were hanging out with five of your friends. What's hard is also imagining that one of those friends was quietly experiencing chronic pain then and still is now.

One in five Canadians live in chronic pain. For these eight million Canadians, their disease is largely invisible and often misunderstood and stigmatized. The annual Canadian Pain Task Force report this year shared staggering numbers about Canadians and the impact of COVID-19 on the already existing disparity in chronic pain treatment access across the country.

Accordingly in Alberta, the facts remain the same. Chronic pain disproportionately affects women, people living in poverty, people living with mental health and substance use disorders, seniors, people working in the trades and transportation industry, Veterans, Indigenous Peoples, certain ethnic and racialized communities as well as persons with disabilities.

The disruption to medical care by the COVID-19 pandemic has exhausted our healthcare system and has worsened chronic pain patients' access to dignified care. Chronic pain patients are experiencing high morbidity due to a lack of medical care providers who are sensitive to the needs of chronic pain patients, lack of chronic pain community resources at urgent care centres and lack of opioid prescription management by primary care family doctors.

It saddens me to share that our rural and small city chronic pain populations are affected the most. I recently received news of Lethbridge becoming the chronic pain chaos capital of Alberta. This news has travelled and has created alarm across Alberta Health Services, the municipality of Lethbridge and the Chronic Pain Section of the Alberta Medical Association.

On the eve of National Pain Awareness Week which began this week across the country, I was dismayed to learn about the crisis in Lethbridge firsthand from HELP_AB. Tracy Fossum, Director of HELP_AB, a grassroots chronic pain patient advocacy group, has been strategically working with stakeholders from the Alberta College of Pharmacy to address the prescription opioid needs of the Lethbridge chronic pain patients.

I am perplexed by the fact that a substantial number of chronic pain patients on any kind of opioid, anti-inflammatory or neuropathic pain analgesics in Lethbridge are without refills by December; leaving these patients in pain and feeling hopeless in their treatment. Unfortunately this news is not shocking, as these very same concerns have been ongoing in other rural centres as well as Edmonton and Calgary for the past two years.

As a signatory of the **“Creating a Comprehensive care plan for prescribers and chronic patients on long-term opioid therapy in Alberta”** in October 2019 as part of the Alberta Pain Strategy, I am determined to continue to advocate and uphold the concerns of chronic pain patients that have been forgotten during this COVID-19 pandemic.

Physicians and chronic pain patients alike, the burn out has been on both sides. Mental health crises and lack of access to compassionate chronic pain care are heralding in Lethbridge as a signal to watch out for the catastrophe to come. Our society is suffering amidst a fourth year of an opioid crisis, and the consequences of COVID-19 are only burgeoning now.

It is imperative that although National Pain Awareness Week is coming to a close, we collectively reaffirm and consciously recognize that the current care of chronic pain patients in Alberta can be and needs to be improved upon.

As the Chronic Pain Section, my colleagues and I are prepared to support those patients who are on long-term opioid therapy and encountering difficulty in accessing appropriate care such as medication management and prescription renewals. But the onus should not be placed on chronic pain physicians alone, it is time that we stop dialogues and start action plans amidst specialists and family physicians alike.

I remind each of us with a license to practice medicine in Alberta, that the College of Physicians and Surgeons of Alberta has provided clear messaging to its members for supporting continuity of care for individuals with chronic non cancer pain, including the use of long-term opioid therapy. Furthermore, no individual on long-term opioid therapy should be expected to abruptly discontinue or reduce their medication without consent and in partnership with their primary care provider. Most importantly, if a patient is in pain, opioids if indicated should not be withheld as treatment from the patient due to physician fears of addiction and/or loss to follow up. Instead, measures should be put in place to support the patient for mental health follow ups and prescription management should be coordinated with the patient’s pharmacist. It does take more time and effort, and it is the right thing to do.

The road work for chronic pain awareness is ongoing in Alberta. For chronic pain patients, they know there will be detours and stop signs along the way until the roads clear and a collective sigh of relief can be had. I don’t know how long it will take, but I am hopeful that Alberta’s doctors will step up as leaders in establishing innovative and scalable actions to help Alberta’s chronic pain population. Please contact me at amachronicpain@gmail.com with your concerns or questions on how you can be part of the solution in helping Alberta’s pain.

Sincerely,



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President AMA Chronic Pain Section