

# STANDING COMMITTEE ON HEALTH: STUDY ON OPIOIDS

Brief submitted by the Canadian Association of Occupational Therapists (CAOT)

March 2024



Preventing falls



Helping seniors  
age in place



Improving home and  
community care



Assisting children  
in classrooms



Supporting  
caregivers



Accelerating hospital  
discharge

OCCUPATIONAL THERAPY:  
CHANGING LIVES FOR THE BETTER



Increasing  
accessibility



Managing chronic  
illnesses



Alleviating  
chronic pain



Improving  
mental health  
outcomes



Ensuring fitness  
to drive




# Canadian Association of Occupational Therapists

Established in 1926, the Canadian Association of Occupational Therapists (CAOT) is the national voice of more than 20,000 occupational therapists (OTs), occupational therapist assistants (OTAs), and students in Canada. CAOT's mission is advancing excellence in occupational therapy. CAOT fosters excellence by equipping the occupational therapy workforce with current, relevant, evidence-informed knowledge, competencies, skills, and promising/innovative best practices in occupational therapy to meet the needs of the people of Canada. CAOT collaborates with provincial occupational therapy associations and regulatory bodies, 14 university programs, and the Canadian Occupational Therapy Foundation (COTF), to facilitate excellence in research, academia, and clinical practice that supports the delivery of cost-effective occupational therapy solutions, and results in positive health and wellness outcomes for people living in Canada.

## Summary of Recommendations:

- 1. In consultation with the provinces and territories, create a national pain management standard that ensures that people in Canada are made aware of non-pharmacological pain management interventions, such as occupational therapy, prior to the prescription of opioids.**
- 2. Increase federal health transfers to support the integration of opioid use disorder and pain management services within primary care settings.**



## **In consultation with the provinces and territories, create a national pain management standard that ensures that people in Canada are made aware of non-pharmacological pain management interventions, such as occupational therapy, prior to the prescription of opioids.**

Canada is facing an unprecedented opioid-related public health crisis that is affecting every community across Canada, and individuals from all walks of life. In 2021, about one in eight Canadians received at least one prescription for opioids from a community pharmacy – a number estimated to be more than 4.6 million Canadians nationally (IQVIA Canada, 2022). A recent review suggests that 8-12% of people who start opioid therapy for chronic pain develop opioid use disorder. The potential for long-term opioid use increases after as few as three to five days of prescription therapy. People who use substances and their families report a lack of appropriate pain care as a contributor to their substance use and a barrier to successful treatment and recovery (Health Canada, 2021).

This opioid crisis in Canada has led to critical questions concerning the adequacy of the use of current intervention strategies – interventions for opioid deaths have been insufficient to effectively contain the public health crisis (Fischer, 2023). The Canadian Association of Occupational Therapists (CAOT) recognizes that while opioids and other pharmacological treatments must remain available to those who need them, non-pharmacological interventions in pain management are critical to reducing reliance on opioids. To date, solutions to address opioid use have been focused on substance use, treatment, harm reduction, and enforcement. There has been little attention paid to prevention through increasing knowledge and raising awareness about non-pharmacological interventions, such as low-cost, high-impact occupational therapy services. Integrating equitable access to non-pharmacological pain management interventions within health care is a key response to Canada's opioid crisis.

By understanding an individual's pain experience, occupational therapists can implement an appropriate combination of intervention strategies to address the physiological, psychological, and social aspects of pain and provide an effective alternative or complement to pain management. These interventions to address pain have the potential to minimize existing opioid use, and potentially reduce the number of new opioid users. Involving occupational therapists early in the pain management treatment process has the potential to prevent reliance on opioids and/or development of opioid dependence.

Occupational therapy can also support relapse prevention. Occupational therapists help individuals by supporting their participation in meaningful everyday occupations that lead to enhanced health outcomes while serving as a distraction from cravings, alleviation of boredom, and providing a sense of purpose, and well-being. These are all factors that contribute to relapse prevention of opioid use for pain management. Occupational therapists work in a variety of settings, including hospitals, communities, rehabilitation settings, homes, communities, and workplaces, which allow them to complete a full, comprehensive assessment that assists with tailoring interventions related to pain management.

Despite the clinical effectiveness of non-pharmacological pain management interventions, there is a gap in accessing alternatives to opioids. At present, occupational therapy services available through extended health benefits are patchy at best, leaving many people in Canada with little to no coverage. In addition, other health professionals may not refer individuals to occupational therapy services due to concerns about the financial implications for their clients/patients. This lack of coverage results in individuals failing to experience occupational therapy benefits to address pain management and may result in opioids as the only perceived solution to treat chronic pain.



## Increase federal health transfers to support the integration of opioid use disorder and pain management services within primary care settings.

Hospitals across Canada are straining under the weight of increased demand for services amid chronic staffing shortages and are at a breaking point. Emergency departments are ill-equipped to respond to increasingly complex chronic conditions that encompass physical, cognitive, and mental comorbidities, yet emergency rooms often become the first point of contact in the absence of primary care access. In addition, the urgency of the opioid epidemic is amplifying the need for health professionals to work together to provide immediate solutions.


While the reasons for the crisis are multi-fold, opioids have quickly emerged as one of the primary means for managing acute and chronic non-cancer pain in primary care settings. However, people in Canada currently have inconsistent and insufficient access to pain services in primary care settings (Health Canada, 2021). In addition, the lack of system coordination in Canada can further complicate access and exacerbate substance-use related harms as the substance use system is poorly connected to other systems such as primary care (Health Canada, 2021).

The federal government, in concert with the provinces and territories, must support the integration of opioid use disorder and pain management services within primary care settings. Primary care is the first point of contact with the health care system and is defined as “the element within primary health care that focusses [sic] on health care services, including health promotion, illness and injury prevention, and the diagnosis and treatment of illness and injury” (Health Canada, 2012, para. 1). Canada has an opportunity to transform the current broken, expensive, and hospital-centric care model to a client/patient/community centric, health- and wellness- based model of care – with an emphasis on health promotion and injury/disease prevention. Preliminary analysis estimates that a 3% to 5% annual improvement in functionality, and related improvements in productivity, among individuals living with activity-limiting chronic pain could result in an average annual saving of \$132.4 million to \$217.4 million in indirect costs between 2020 and 2030 (Health Canada, 2021).

Occupational therapists can fill the role of primary care practitioners or health promotion experts and help address and relieve multiple stressors on Canada’s health system, including chronic disease management, provision of mental health services, pain management (Donnelly et al., 2022; Lagueux et al., 2023), and health promotion and injury/disease prevention. The goal for occupational therapy in primary care is to offer people in Canada direct and first access to occupational therapy and provide services longitudinally, with the potential to follow clients over their lifespans (Donnelly et al., 2022). An occupational therapist can also facilitate the coordination of services both within the team and with community services (Donnelly et al., 2022).

More specifically in pain management within primary care, occupational therapists can provide individuals with practical interventions that can be done at home or with intermittent supervision before referral for extended interventions (Muir, 2012) or prescription of opioids, thereby decreasing health care costs and possibly the rate of opioid prescription. A primary care team is an environment that is well-suited for occupational therapists to adopt a preventive and forward-thinking approach (Lapointe et al., 2013), which is necessary to effectively manage pain and prevent and/or reduce opioid use for those who are currently using opioids.

The inclusion of occupational therapists on interprofessional teams to support non-pharmacological pain interventions is supported by the [2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain](#), which strongly recommends a formal multidisciplinary program, including an occupational therapist, “for patients with chronic noncancer pain who are using opioids and experiencing serious challenges in tapering” (Recommendation #10).



As the pandemic has exacerbated the lack of access to qualified health providers in Canada, especially in rural, remote, and Indigenous communities, and has led to extensive wait lists and a lack of community care, there is a need for increased federal investments in primary care settings. Providing early intervention and timely access to care, including non-pharmacological pain interventions, is essential to prevent long-term negative impacts on the health and well-being of the people in Canada. Investments in pain prevention and management and the increased coordination of services within primary care are necessary to not only improve health outcomes but to also deliver sizable long-term cost savings.

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