NAVIGATING THE JOURNEY TOGETHER

THE ROLE OF PEER SUPPORT IN CHRONIC PAIN

Friday, May 23, 2025

9:00 AM - 4:30 PM

Health Innovation Acceleration Centre

66 Pippy Place, St. John's, NL

SPOR Evidence Alliance
Strategy for Patient-Oriented Research

Alliance pour des données probantes de la SRAP
Stratégie de recherche axée sur le patient

MEMORIAL UNIVERSITY

People in Pain Network

NL Health Services

Agenda

MORNING SESSION

9:00 - 9:10 AM — **Welcome & Introductions**

9:10 - 9:45 AM — **Experts by Experience: Creating Connection Through Chronic Pain**
Virginia McIntyre, BA, MRT(R)(MR) & Dalainey Drakes, MSc, PhD Student

9:45- 10:30 AM — **Untangling Pain: A Multidimensional Approach to Pain Management**
Dr. David Flusk, MD

10:30 - 10:50 AM — **Morning Break**

MID-DAY SESSION

10:50 - 11:10 AM — **From Patients to Partners: Research on Peer Support in Chronic Pain Care**
Dr. Jennifer Donnan, PhD

11:10 - 11:30 AM — **Hope in the Fog: Finding Resources & Support for Chronic Pain in NL**
Julie Dwyer, MSc, PhD(c)

11:30 - 12:00 PM — **Evolving Pain Care: Stepped Care 2.0 & the Future of Support in NL**
Julie Sullivan, MN

12:00 - 1:00 PM — **Lunch**

AFTERNOON SESSION

1:00- 3:00 PM — **Peer Support Fundamentals Workshop**
Facilitated by Lifewise

3:00- 3:15 PM — **Afternoon Break**

3:15- 4:15 PM — **Live Panel Discussion**
Featuring: Lifewise, Memorial Minds, People In Pain Network, & Smokers' Helpline NL. Moderated by Julie Sullivan

4:15- 4:30 PM — **Closing**

Detailed Program

Experts by Experience: Creating Connection Through Chronic Pain

VIRGINIA MCINTYRE BA, MRT
EXECUTIVE DIRECTOR | PEOPLE IN PAIN NETWORK SOCIETY
PATIENT PARTNER

DALAINEY DRAKES MSC
PATIENT PARTNER

May 23rd 2025

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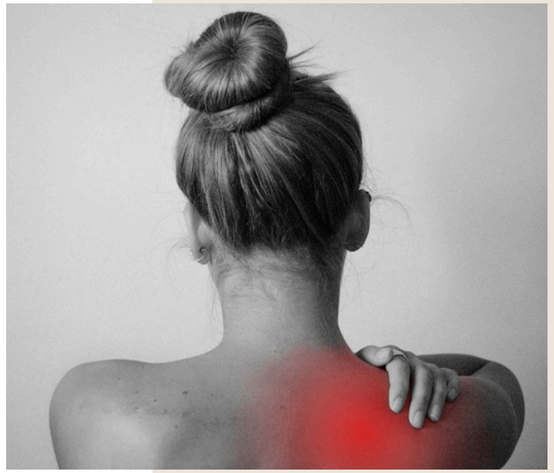
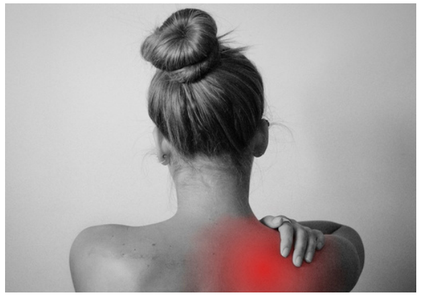
Case Study



- Absent from work
- Shoulder surgery x 2
- Upper back stabbing, burning pain, states 12/ 10 - constant
- Tried: physiotherapy x 5, massage, psychologist, back brace, osteopath, cupping, volutran, multiple corticosteroid injections
- Then on Celebrex, NSAIDS, tramadol, Tylenol 3, excessive self-medication
- 25lb weight loss
- Comorbidities: poor sleep, poor concentration, fatigue, depression, chronic back pain, and headaches

Virginia's Journey with Chronic Pain



Workplace injury (2008 Oct)

Shoulder Surgery
(July 2009)

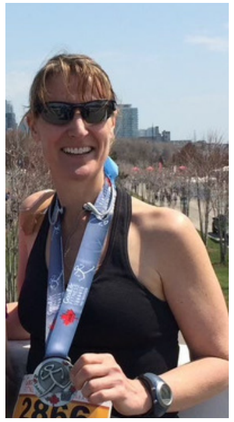
Referral Pain clinic
2nd shoulder surgery (July 2011)

Returned to work (2011 Nov)

Peer Support
1st time share I live with pain (2017)

PIPN 2021 registed society in NS

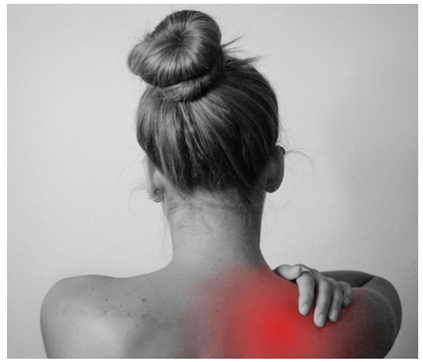
Co-lead SPOR EA (2024)



Peer support has guided me in navigating this disease

Reflection :

Then



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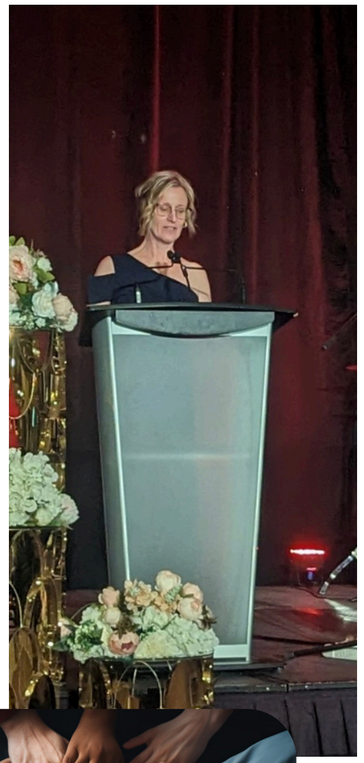
Now



- Public Presenter
- Pain Advocate
- PIPN Peer Supporter
- A Baba
- Professional
- Happy
- Living a meaningful life

A piece of the puzzle

Peer support has guided me in navigating this disease

Dalainey's Journey with Chronic Pain

Inflammation, reduced mobility, joint pain, amongst other symptoms (September 2017)

Symptoms progressed significantly reducing mobility and independent function (November 2017)

Diagnosed with Rheumatoid Arthritis at 22 years old (February 2018)

Peer support received (March 2018) and started initiatives for others (January 2019)

Completing doctoral training in clinical psychology (September 2022)

Joined SPOR EA project as a patient partner (February 2024)

Pain is present every day ever since.

What is Peer Support?

Shared Experiences

People use their experiences to help each other.

Acceptance

A space where you feel accepted and understood.

Bidirectional

Involves both giving and receiving support.

Bridges Gaps

Emotional, social, practical, and knowledge-based.

People In Pain Network

1. **Registered Society**

   Since 2011, in NS since 2021.

2. **Driven by Volunteers**

   A dedicated community.

3. **Non-profit**

   Offers free monthly meetings.

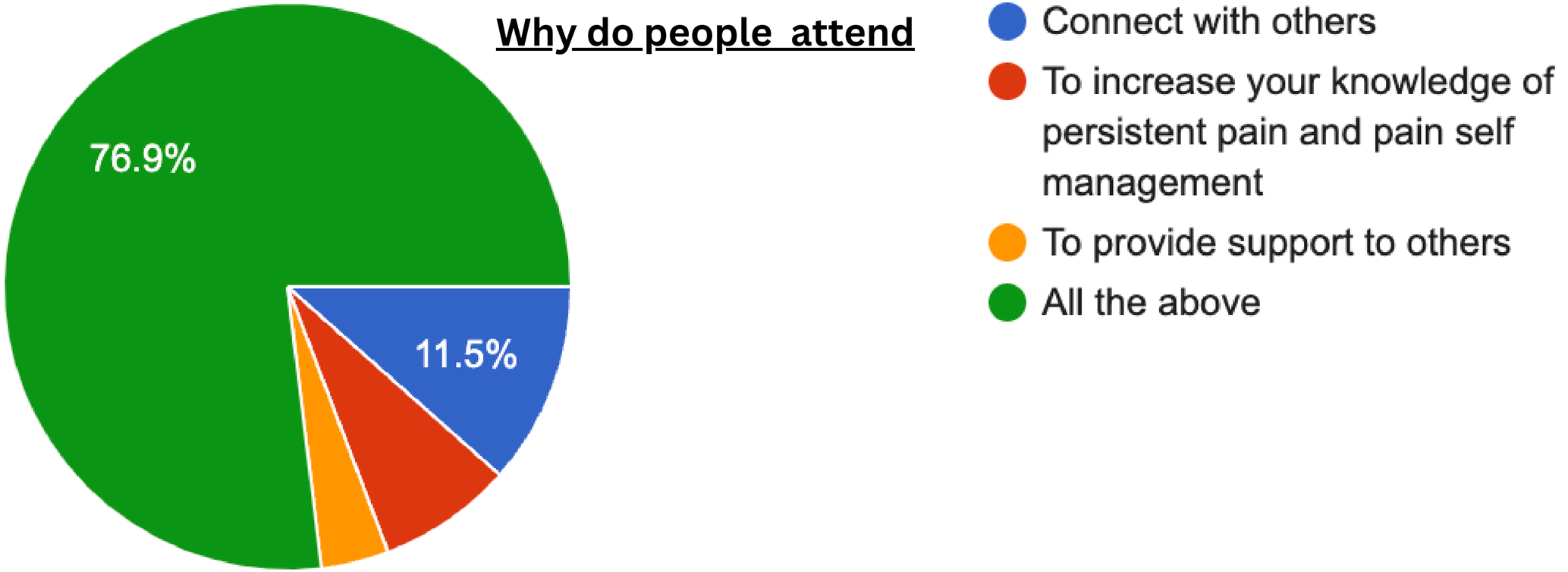
4. **Balance**

   Provides education and support.

Peer Supprt provides

- Empathy and understanding
- Increases hope, control and ability to effect changes in life
- Provides a sense of community belonging " HOME BASE"
- Confirmation you are not alone
- Improves self-esteem and self-awareness
- Builds better or/ and improves on existing self-management skills

Why do people attend



PIPN Meeting Structure

1

Welcome

Review comfort agreements.

2

Check-in

Share experiences.

3

Education

Sessions on pain management.

4

Wrap Up

Feedback and guided meditation.

PIPN Facilitators Training

1. **Attend Meetings**
   Virtual Pain Support meetings.
2. **Background Check**
   Criminal record verification.
3. **Agreements**
   Provided with facilitator agreements.
4. **Extensive training with national organizations (CMHA structure with pain component)**
5. **Training**
   Facilitator basics and PIPN overview.
   National Dashboard
6. **Continuous Support**
   Quarterly debriefs and site visits.
7. **In-person workshops**

Peer Facilitator Competency Framework

- Understand personal pain experience
- Know peer facilitator role requirements
- Use personal experiences effectively
- Practice cultural respect and safety
- Build strong interpersonal connections
- Communicate clearly and empathetically
- Handle crisis intervention
- Resolve conflicts constructively
- Demonstrate self-awareness and confidence

What people are saying

Clinicians

At the Persistent Pain Program, we often see that people living with long term pain feel isolated and misunderstood. The People in Pain Network has been a great asset to our community in helping people feel more connected, validated and supported by their peers.

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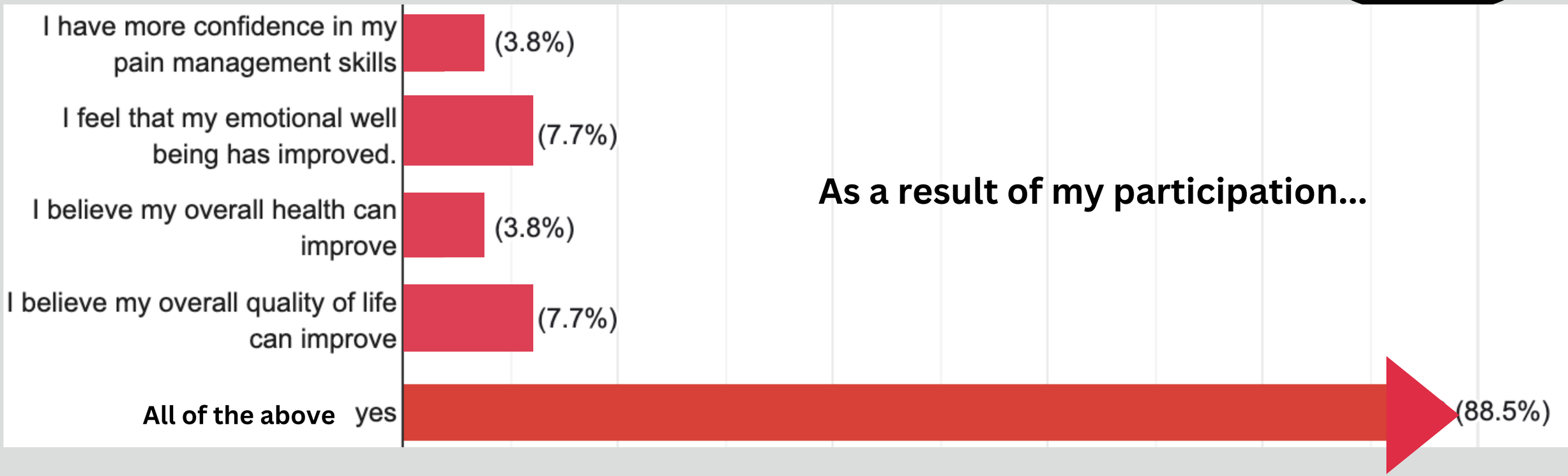
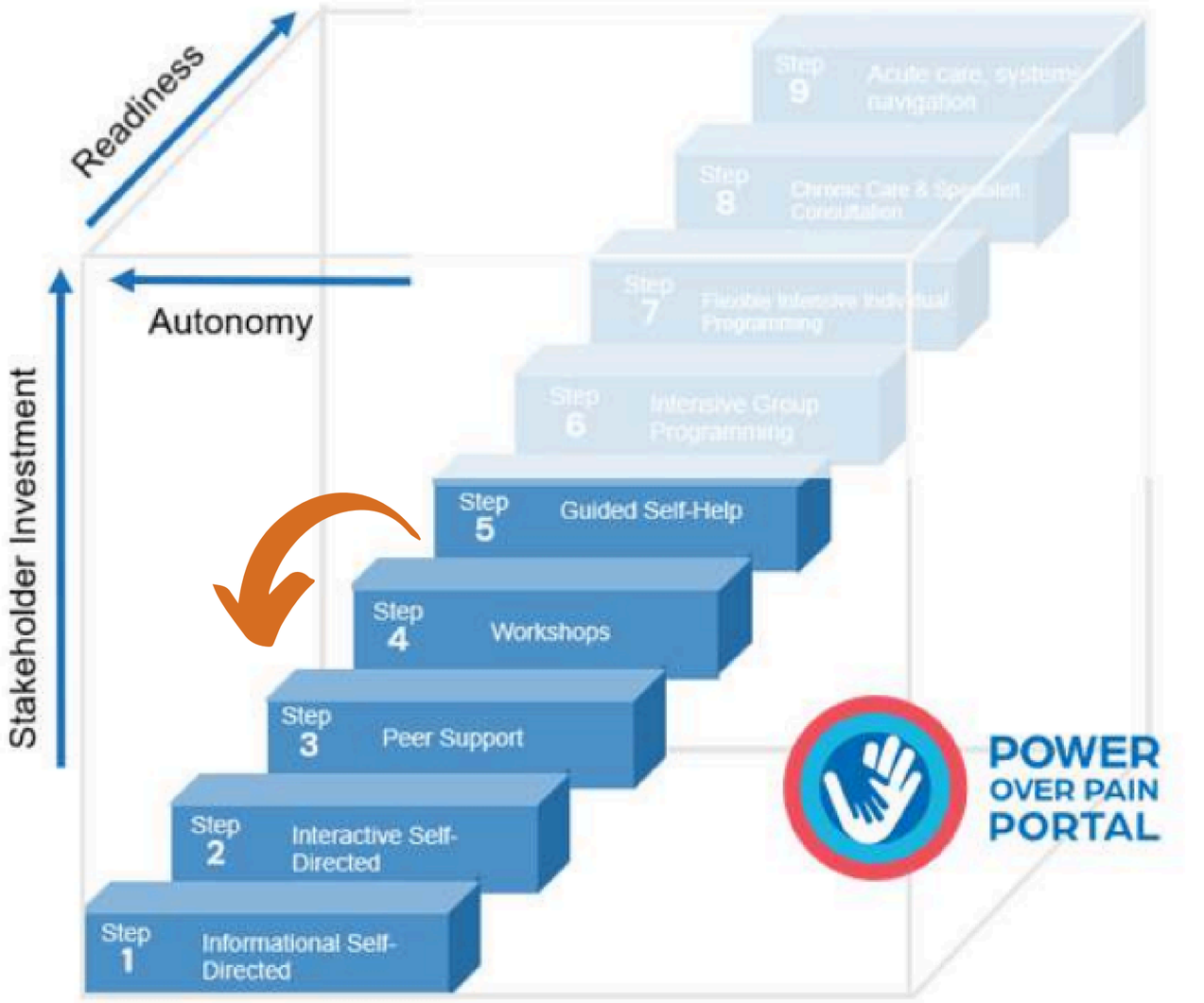
Members



Health Canada Action plan

Peer support a core recommendation of Health Canada’s Action plan

Power Over Pain Portal



Cornish, P. (2020). Stepped Care 2.0 A Paradigm Shift in Mental Health. Springer.

Peer support is recognized as part of stepped care

Getting started

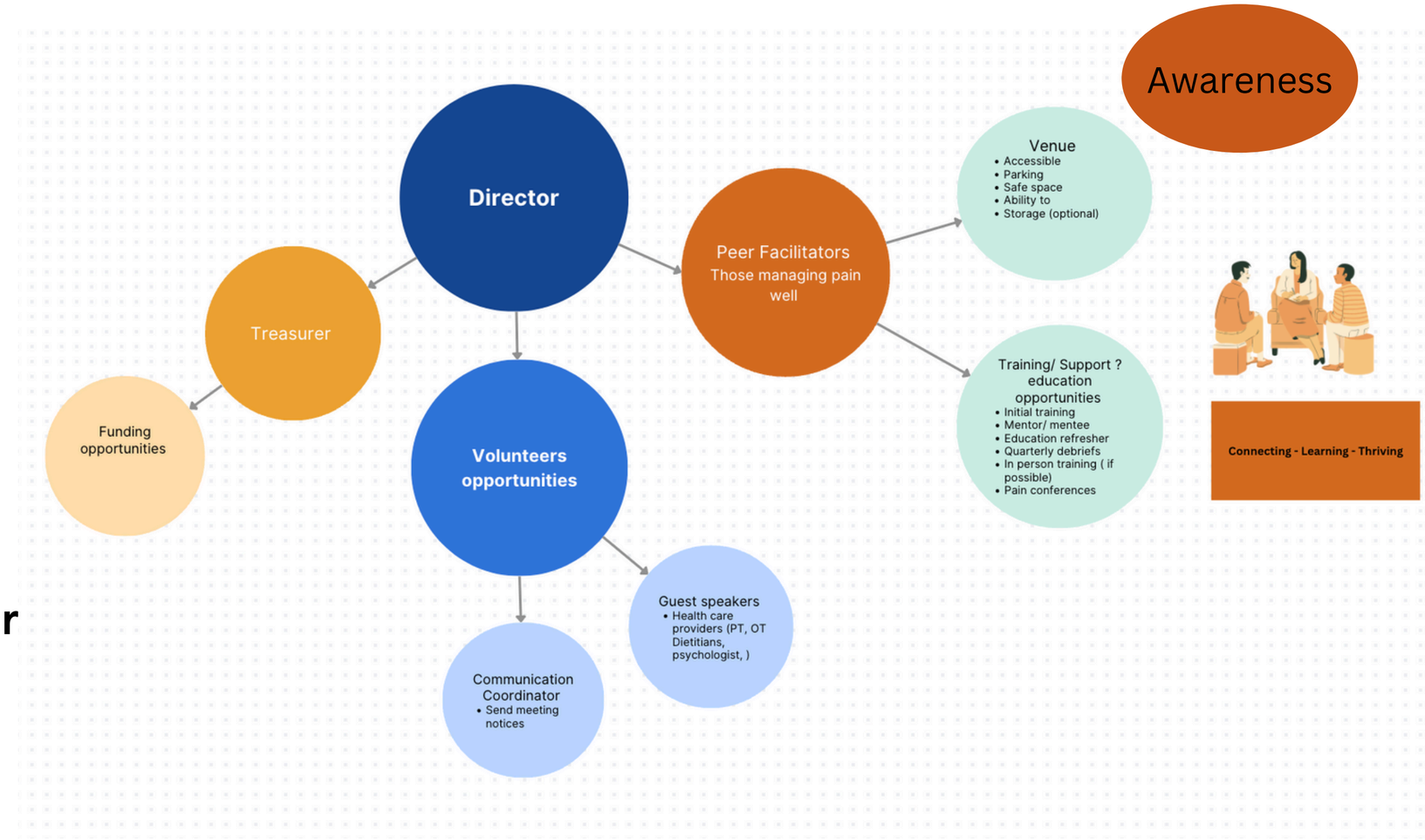
Facilitators
- Two per group
- Managing pain well
- Willingness to take training

Venue/ or Virtual
- 3 hours per month
- Accessible
- Parking

Guest Presenters
- Volunteer healthcare provider

Funding

Collaboration



Low cost - Possible to Implement, tomorrow

1

Personal Wellness

- Comprehensive self-care strategies for individual participant growth
- Structured group dynamics to foster mutual support

2

- Targeted facilitator training and ongoing professional development
- Balanced approach integrating educational insights with emotional support

Knowledge-Driven Approach

3

Collaborative Network

- Team engagement
- Strategic organizational partnerships

Program Success: Key Drivers and Elements

Tips for Finding the Right Group for YOU

Consider your needs

What are your most pressing needs and challenges related to pain management?

Consider your values

What values are most important to you in a support group setting?

Consider your preferences

What kind of group environment and interaction style do you prefer?

Meeting Options

People In Pain Network offers a range of meeting formats to accommodate individual needs and preferences.

Virtual meetings provide flexibility and accessibility, allowing individuals to participate from anywhere with an internet connection.

In-person meetings offer a sense of community and connection, fostering direct interaction and support among participants.

Learn more at
www.pipain.com

Thank You

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Chronic Pain

Dr. David Flusk

IASP Definition of Pain

- Pain is defined by the International Association for the Study of Pain (IASP) as

- “An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage”.
- It is a multidimensional and subjective experience, highly dependent on previous life experiences and on social, educational, cultural, and environmental factors.

2020 IASP Definition of Pain

[R]

For the first time since 1979, IASP introduced a revised definition of pain, the result of a two-year process that the association hopes will lead to revised ways of assessing pain. The revised definition is "an unpleasant sensory and emotional experience associated with, **or resembling that associated with,** actual or potential tissue damage".

Click the tabs to reveal the six key notes about pain for further valuable context.

Personal Experience

Pain ≠ Nociception

Learned Experience

Respect

Adverse Effects

Verbal & Non-Verbal Communication

Pain is always a personal experience that is influenced to varying degrees by biological, psychological, and social factors.

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- Personal Experience
- **Pain ≠ Nociception**
- Learned Experience
- Respect
- Adverse Effects
- Verbal & Non-Verbal Communication

Pain and **nociception** are different phenomena. Pain cannot be inferred solely from activity in sensory neurons.

Nociception: According to IASP, nociception is the neural process of encoding noxious stimuli.

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- Adverse Effects
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Through their life experiences, individuals learn the concept of pain.

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A person's report of an experience as pain should be respected.

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- Personal Experience
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- **Adverse Effects**
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Although pain usually serves an adaptive role, it may have adverse effects on function and social and psychological well-being.

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- Adverse Effects
- **Verbal & Non-Verbal Communication**

Verbal description is only one of several behaviors to express pain. Human and non-human animals who cannot communicate verbally can still feel pain.

Types of Pain

Pain may result from damage to the tissues, or from a lesion or disease of the peripheral or central nervous systems. Pain can be categorized as nociceptive pain or neuropathic pain depending on the site of damage.

Nociceptive Pain	Neuropathic Pain
Nociceptive pain is caused by actual or threatened damage to non-neural tissue and is due to the activation of **nociceptors** in the skin, viscera, and other organs.	Neuropathic pain results from damage or dysfunction of the peripheral or central nervous systems.

Pain can be further categorized as acute and chronic pain. You will learn about the difference between acute and chronic pain on the upcoming slides.

Acute Pain vs. Chronic Pain

Acute Pain

- Occurs in response to injury or illness
- Responds well to interventions
- Resolves well as healing proceeds
- Short-lived
  - Less than three months
- Often accompanied by sympathetic nervous system arousal
- Adaptive pain response
  - Helpful pain response, which produces a behavior that promotes healing

Chronic Pain

- Multiple underlying mechanisms
- Requires multi-modal and interdisciplinary treatment approaches
- Pain that persists beyond the “normal” time expected to heal
  - Longer than three months
- Changes in both peripheral and central nervous system processing
- If acute pain is not managed well will move into the chronic phase

What is a chronic condition?

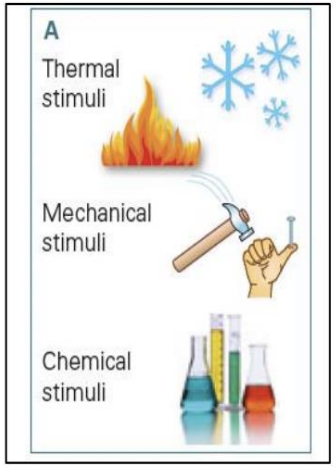
- Chronic or persistent describes health conditions that last for a long time.
- Some chronic conditions are heart disease, diabetes, hypertension, arthritis, fibromyalgia, and chronic pain
- Each of these conditions are unique in their symptoms, but share common challenges related to their management, such as:
  - Dealing with symptom severity
  - Managing medication
  - Adjusting to additional stressors or psychological demands (including lifestyle adjustments)

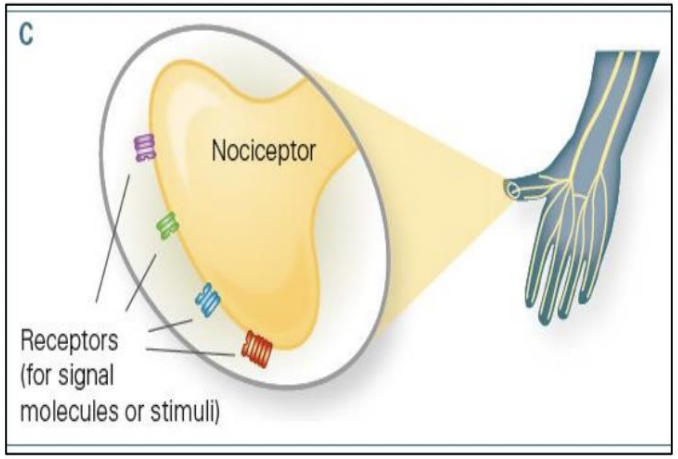
Pain is normal

- Pain is a feeling
- All pain experiences are normal responses to what your brain perceives as a threat
- The amount of pain you experience does not directly relate to the severity of injury
- Pain protects you from danger or harm
- In Canada, 1 out of every 5 people have persistent pain

Nociception: Sensing Danger

Nociception is the process of danger sensors (nociceptors) on the ends of our peripheral nerves picking up different kinds of sensation.



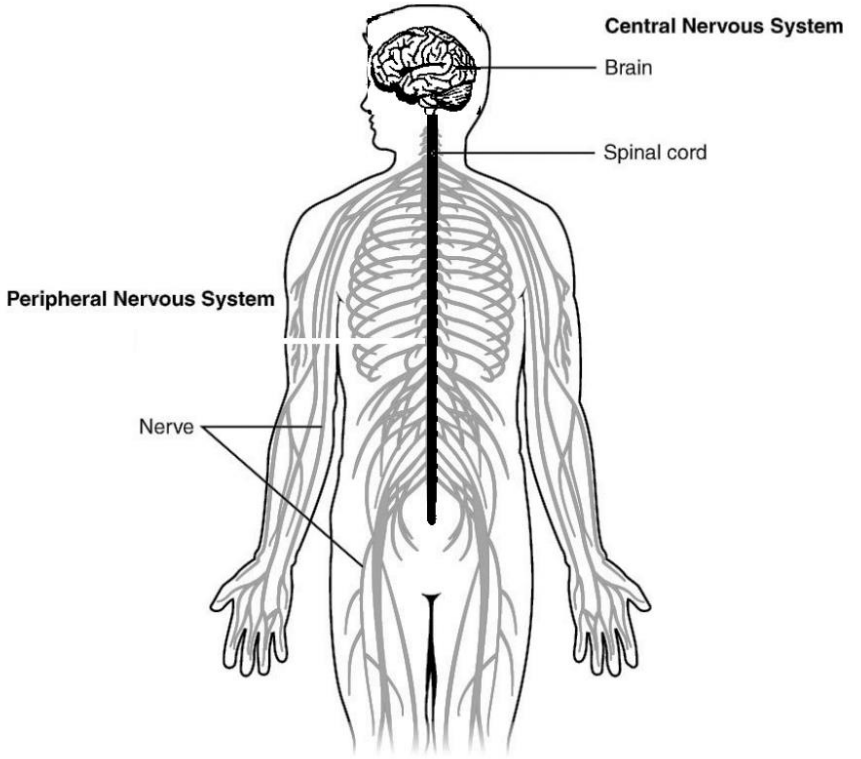


Sensation can be:

- Temperature, such as hot and cold
- Mechanical, such as pinch, pressure, sharp
- Chemical, including lactic acid, allergens, or inflammation in the body

The nervous system: Your danger alarm

- The nervous system can be thought of like a fire alarm.
- The alarm system detects changes in the body and tells the brain about them.
- When the alarm system senses danger, it goes off.



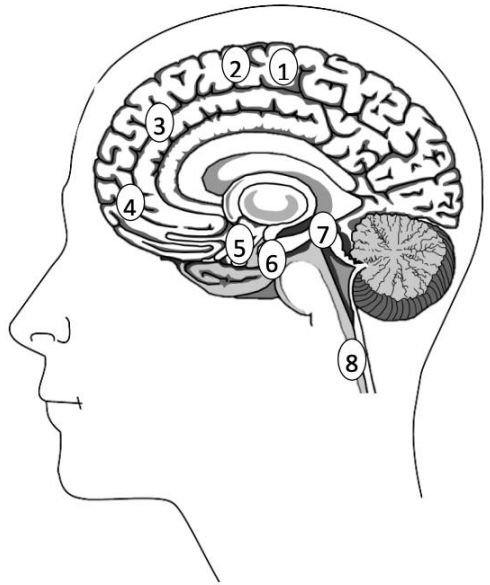
The nervous system has 3 parts:

- Brain
- Spinal cord
- Peripheral (body) nerves

All pain is experienced in your nervous system.

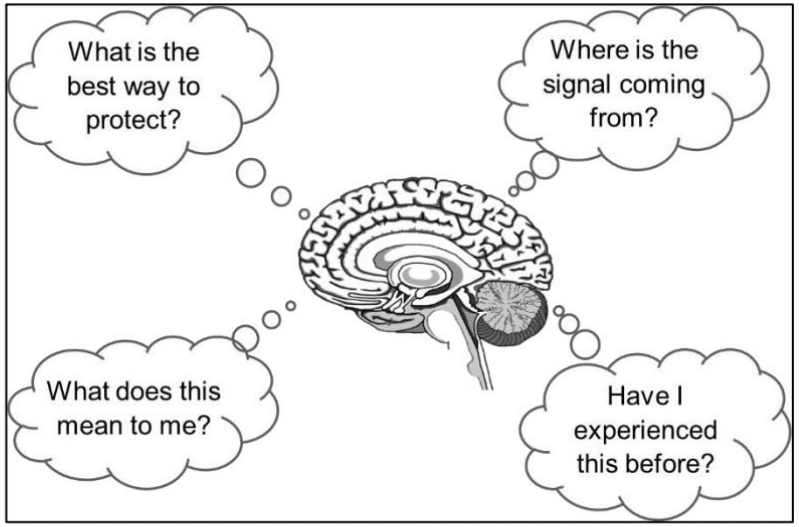
The Brain

- When a danger message reaches the brain, it is sent to many different areas.
- All these areas of the brain work together to process the message.
- The brain then decides what needs to be done next to protect you.
- All these areas of the brain connect to one another in a network.
- This establishes a pattern of connected sensations, thoughts, actions, and emotions over time.
- We can think of this network like an orchestra playing a song. Everyone's song is a little different.



1	Sensory Cortex	Identifies body parts
2	Premotor/ motor cortex	Organizes movements
3	Cingulate cortex	Concentration and focus
4	Prefrontal cortex	Problem solving
5	Hypothalamus/ thalamus	Stress response, regulates autonomic system
6	Amygdala	Fear, anxiety, anticipation, emotions
7	Hippocampus	Memory
8	Spinal cord	Gateway from the peripheral nerves

Pain is an output of our nervous system



If the brain decides protection is needed, then pain is experienced!

Key points:

- Pain is there to protect us
- Chronic pain is a common experience
- Danger messages go to many areas of the brain
- No matter where we feel pain in the body, all pain is processed by the brain

WHY DOES PAIN PERSIST?

Over time the nervous system gets more sensitive, like a fire alarm going off even after the fire has been put out. This is why we can still feel pain even after an injury has healed.

The brain is trying protect you from future dangers by changing brain pathways that regulate emotions, memory, movement, stress, and so on.

https://www.youtube.com/watch?v=gwd-wLdlHjs

Dr. Lorimer Mosely
TED Talk
“Why Things Hurt”

What factors can affect whether pain will persist?

Thoughts

- Beliefs
- Expectations
- Memories
- Inner Self Talk

Feelings

- Depression
- Anxiety
- Anger

Actions

- Avoiding Activity
- Resting a lot
- Trouble following through on tasks

Stressors

- Busy Schedule
- Lack of Social Supports
- Limited Financial Resources

Beliefs and thoughts can have an effect on our pain.

Alarm-raising Beliefs or thoughts	Calming beliefs or thoughts
This pain is killing me!	This pain is unpleasant but I can find ways to cope with it.
“I’m in pain so there must be something harmful happening to my body.”	Pain does not mean damage to the body. Pain is there to protect us.
“The MRI shows lots of degeneration, someone should fix my back so it stops hurting.”	Degeneration is not always linked to pain. This could be like “wrinkles on the inside.”
“I am so worried that this pain means I’ve injured my back again - I am not going to do anything until it goes away!”	Moving may feel uncomfortable right now, but hurt is not harm.
“We can send people into space, someone should just fix this pain for me!”	Pain is complex! It is something my nervous system learned over time, and will take time to retrain my nervous system to become less sensitive.

Chronic Pain Syndrome: CPS

"A chronic pain syndrome is the combination of chronic pain and the secondary complications that are making the original pain worse"

Functional Effects of Pain

BODY SYSTEM	ANTICIPATED CHANGE
Brain	• Anxiety and fear • Depression • Poor concentration • Inhibition or promotion of pain
Cardiovascular	• Increased heart rate and blood pressure • Increased need for oxygen • Water retention • Potential fluid overload
Endocrine	• Increased blood glucose • Increased cortisol production
Gastrointestinal	• Reduced gastric emptying and intestinal motility • Nausea and vomiting • Constipation

Functional Effects of Pain

Body System	Anticipated Change
Immune	• Increased susceptibility to infection • Increased or decreased sensitivity to pain • Activation of hypothalamic-pituitary-adrenal axis (HPA) • HPA is the central stress response system in the brain
Musculoskeletal	• Tense muscles local to injury • Shaking or shivering • Pilo-erection or goose bumps
Nervous	• Changes in pain processing
Respiratory	• Increased respiratory rate • Shallow breathing • Increased risk for infection
Urinary	• Urge to urinate/incontinence

Psychological Effects of Pain

	Anticipated Change
Physical	• Sleep disturbances • Chronic fatigue • Inability to keep up with daily activities • Adverse Rx effects
Psychological	• Rapid escalation or changes in mood • Crying, anger, anxiety, irritability • Low emotional distress tolerance • Irrational thinking or behavior • Fear • Helplessness
Social	• Work-related challenges • Relationship challenges • Intimacy challenges • Social isolation • Loss of role/identity
Spiritual	• Hopelessness • Questioning faith • Guilt • Self-pity

Key Elements of an Interprofessional Approach:

Education

YouTube videos

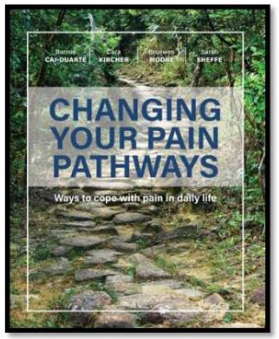
- Tame the beast
- Understanding Pain in 5 minutes or less

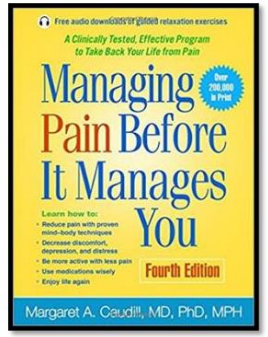
Books

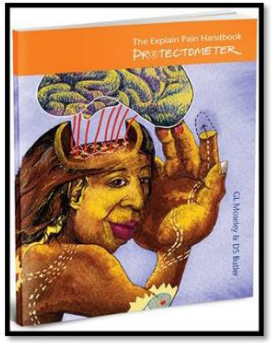
- Managing pain before it manages you
- Explain Pain 2nd Edition
- Changing Your Pain Pathways: Ways to cope with pain in daily life
- The Explain Pain Handbook Protectometer

Websites

www.tapmipain.ca
https://www.liveplanbe.ca/
www.painscience.com
https://www.paintoolkit.org







Collaboration and Communication

Healthcare professionals from various disciplines such as:

- physicians
- nurses
- physical therapists
- psychologists
- pharmacists

Work together, sharing information, insights, and expertise.

Comprehensive Assessment

- A holistic assessment of the patient's pain and function is conducted, including:
- Physical
- Psychological
- Social
- Functional aspects

Personalized Treatment Plans

- Tailored treatment plans are developed based on the individual patient's needs and goals, considering their specific pain experience and underlying factors.

Diverse Interventions

A range of interventions, including:

- Medication/Pharmacotherapy
- Physical therapy
- Behavioral therapy
- Other complementary therapies

May be used to manage pain effectively

Patient-Centered Care

- The focus is on the patient's experience and well-being, ensuring that their preferences and values are respected.

Ongoing Evaluation and Adjustment

- Pain management is an ongoing process, and the treatment plan is regularly evaluated and adjusted to ensure that it remains effective

Benefits of an Interprofessional Approach

Improved Patient Outcomes:

- By combining the expertise of multiple disciplines, interprofessional teams can deliver more comprehensive and effective pain management, leading to improved patient outcomes.

Enhanced Quality of Care:

- Collaboration among professionals can help to ensure that all aspects of the patient's pain experience are addressed, leading to a higher quality of care

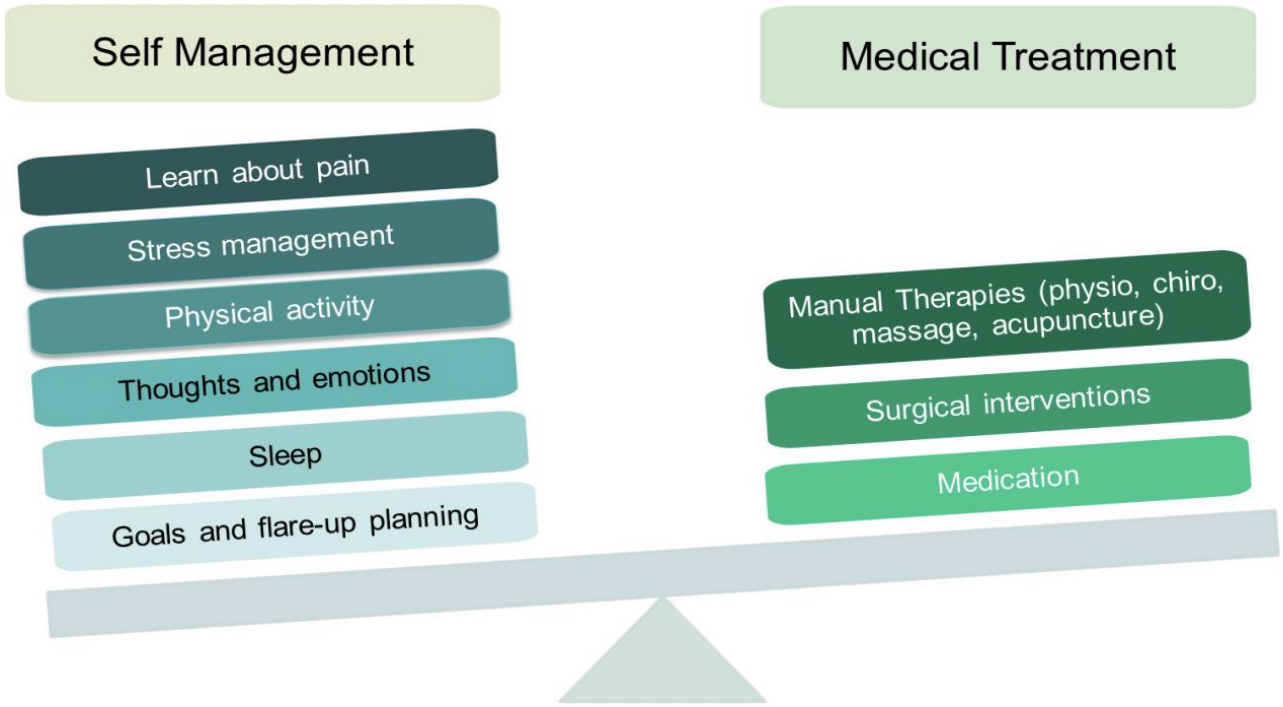
Increased Patient Satisfaction:

- Patients may feel more supported and empowered when they are involved in a collaborative approach to their pain management.

Reduced Costs:

- By preventing unnecessary medical procedures and medications, interprofessional teams can help to reduce healthcare costs.

How can you manage your pain?



How do I get ready for self-Management?

- I am ready to learn new strategies for coping with persistent pain.
- I am ready to commit to trying new strategies at home.
- I am addressing any unstable medical issues that require priority treatment.
- I am addressing any mental illness, including active psychosis, self-harm, or dissociation.
- I want to increase my participation in important activities.
- I want to develop a plan for better pain management.
- I will look for ways to connect with my community and find available resources.

dflusk@gmail.com

THANK YOU

From Patients to Partners: Research on Peer Support in Chronic Pain Care

A Patient Co-Led Research Project

Dr. Jennifer Donnan, PhD
Virginia McIntyre, BA, RTR (MR)
May 2025

MEMORIAL UNIVERSITY

SPOR Evidence Alliance
Strategy for Patient-Oriented Research

Alliance pour des données probantes de la SRAP
Stratégie de recherche axée sur le patient

People in Pain Network

Chronic Pain: A Widespread Challenge

- **Affects 1 in 5 Canadians**
- Can impact , , &
- Economic impact: ~$40B annually
- Long for specialized treatment (months to years)
- Need for complementary approaches alongside traditional care

What is Peer Support?

- Across the literature, not one singular definition of peer support
- Emotional, social, and informational support provided by trained individuals with lived experience of chronic pain
- Offers , , &
- Delivered through various formats:
  - In-person or virtual/telephone
  - Group or one-on-one settings

Our Research Approach

How We Explored Peer Support

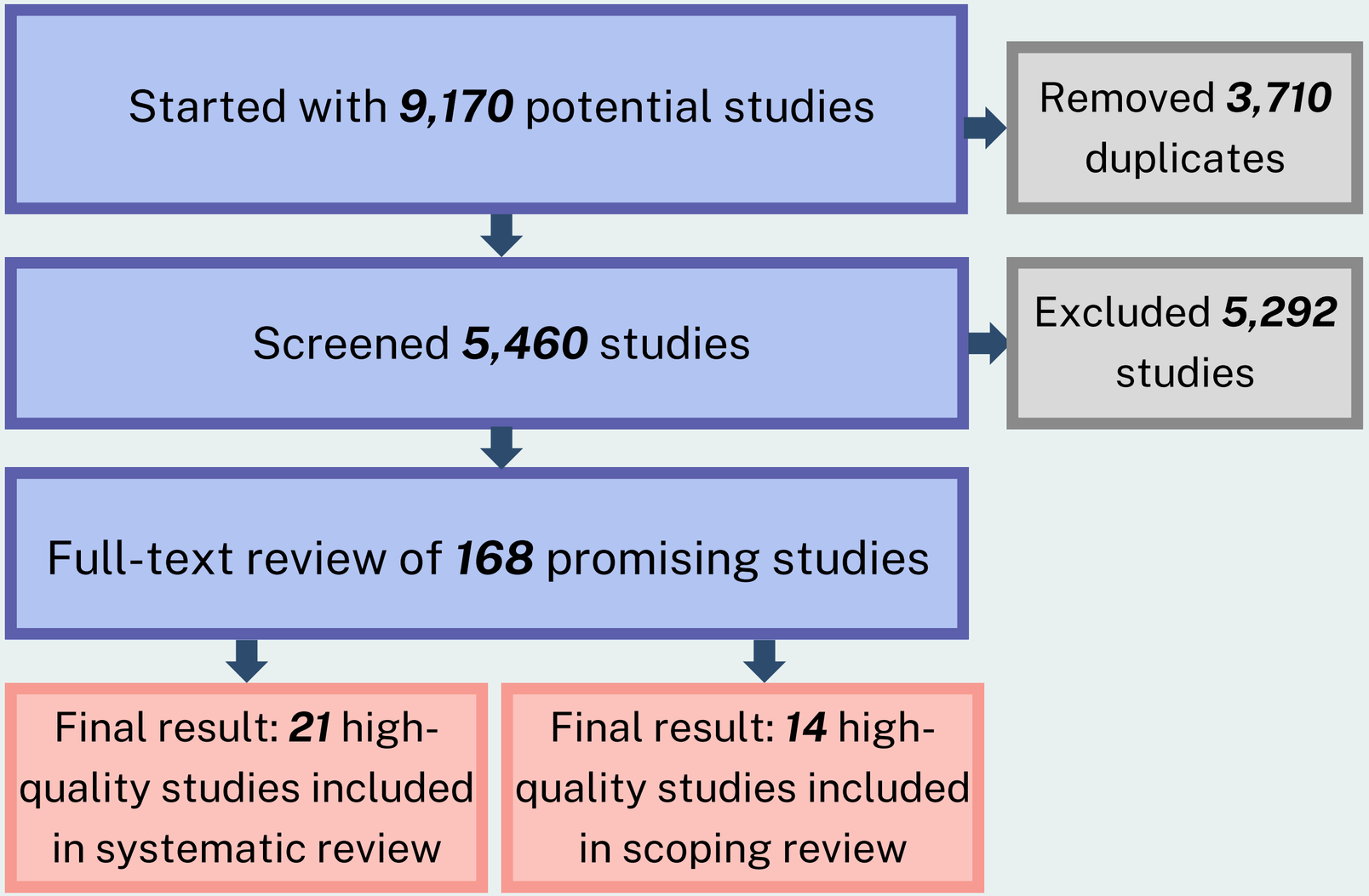
Does It Work? (Systematic Review)

- Reviewed 21 high-quality studies on peer support
- Focused on real-world outcomes that matter to people with pain:

How Does It Fit Into Healthcare? (Scoping Review)

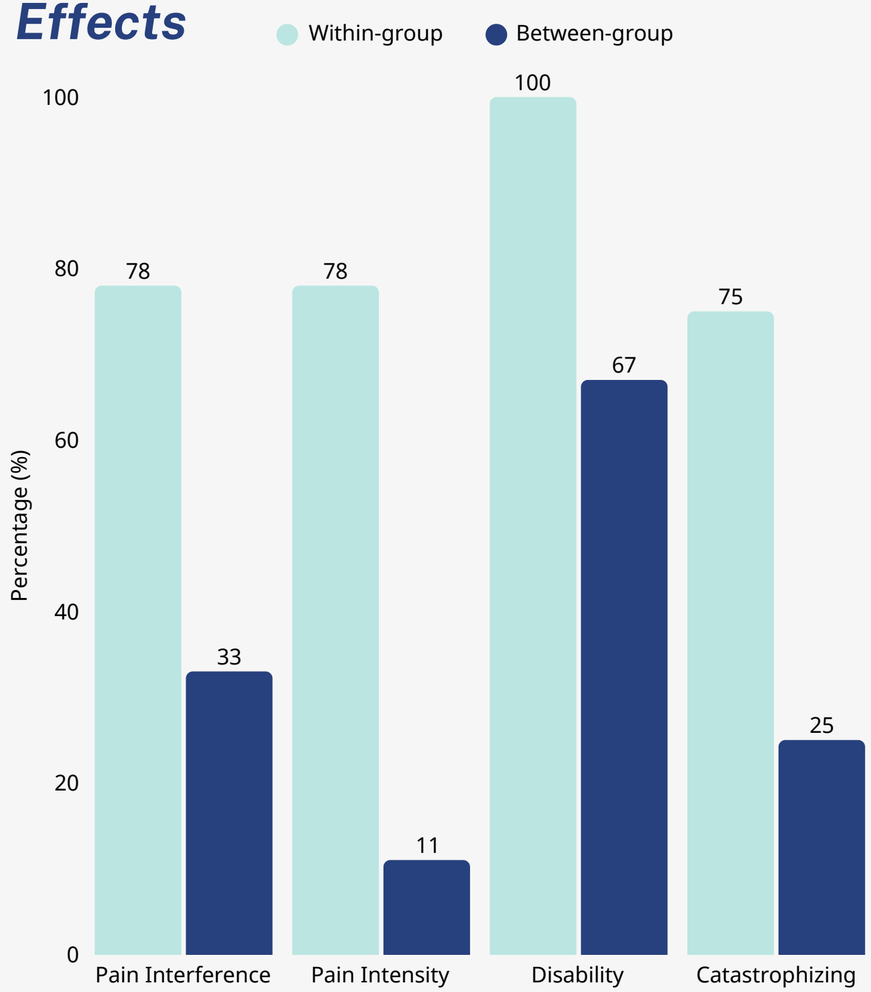
- 14 relevant articles reviewed
- Healthcare provider opinions on peer support
- How leading a peer support group may affect one's wellbeing

Finding the Best Evidence



Systematic Review: Impact on Pain

Within-Group vs. Between-Group Effects



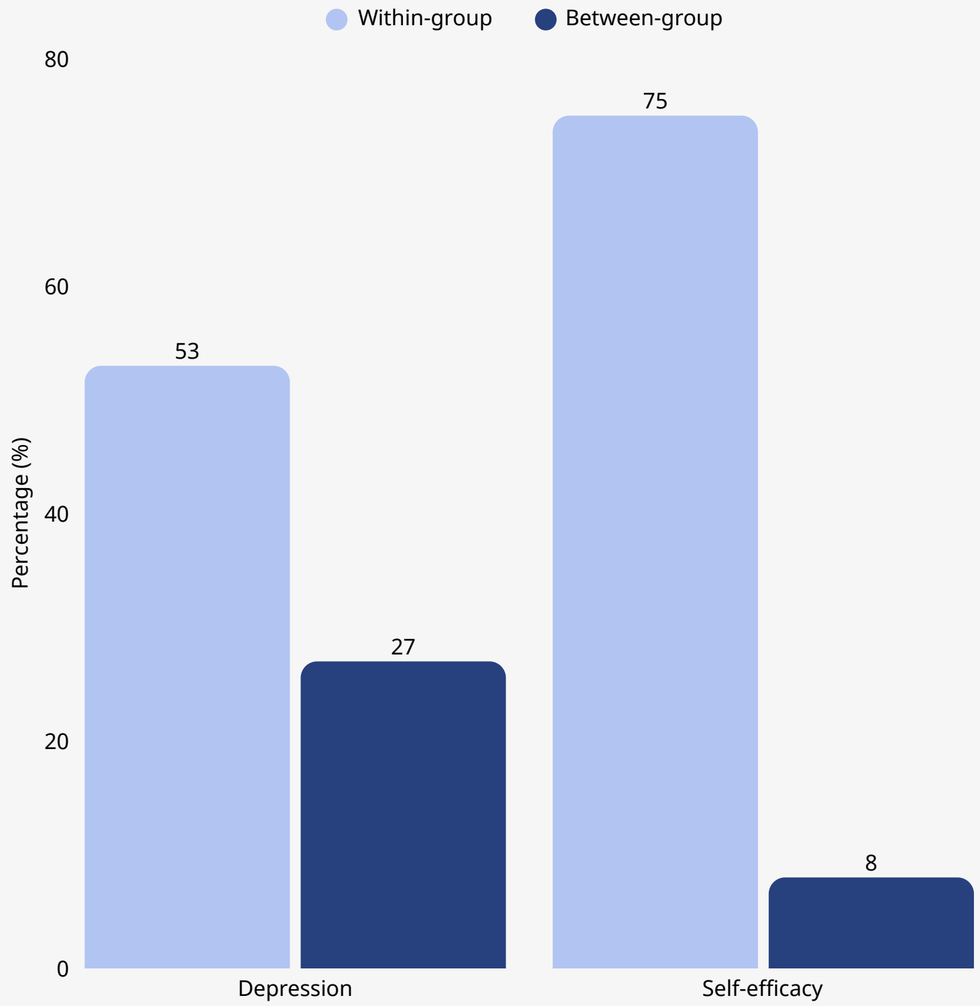
Outcome Measure	Studies Showing Improvement	Studies Showing Differences vs. Controls
Pain Interference	78% (7/9)	33% (3/9)
Pain Intensity	78% (7/9)	11% (1/9)
Disability	100% (3/3)	67% (2/3)
Catastrophizing	75% (3/4)	25% (1/4)

Improvements seen but often small & not significantly better than control groups

Control groups: People receiving usual care, no special intervention, or different types of support

Systematic Review: Mental Health & Self-Efficacy

Within-Group vs. Between-Group Effects



Outcome Measure	Studies Showing Improvement	Studies Showing Differences vs. Controls
Depression	53% (8/15)	27% (4/15)
Self-Efficacy	75% (9/12)	8% (1/12)

- **Depression:** Benefits often didn't last over time
- **Self-Efficacy:** Improved within groups but rarely better than controls

Control groups: People receiving usual care, no special intervention, or different types of support

Systematic Review: Summary

-  measures showed moderate improvements
-  benefits were mixed & often short-term
-  improved within groups but rarely better than controls
- Most improvements were modest in size
- Few studies tracked outcomes beyond 6 months

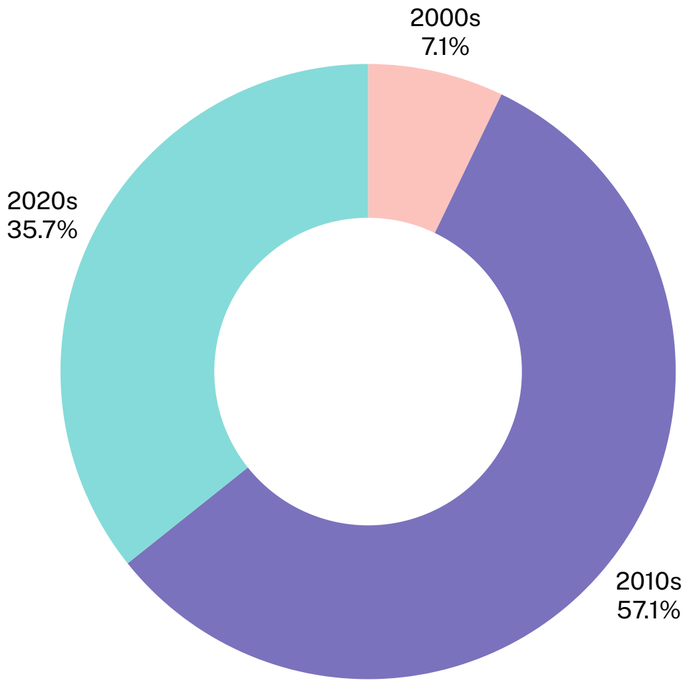
Promising results but more research needed on long-term effects

Scoping Review: Clinician & Peer Leader Perspectives

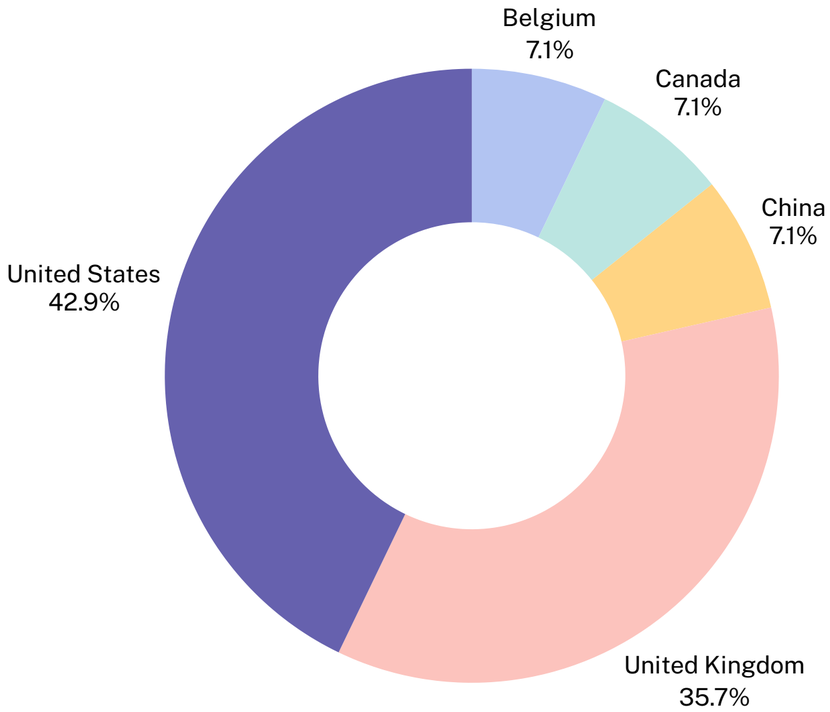
14 relevant articles reviewed

11 articles about peer leaders' wellbeing

5 articles about clinician attitudes towards peer support



Studies by Decade



Studies by Country

What Do Clinicians Think About Peer Support?

How Peer Support is Valued (3 studies)

- Relatability and shared experience
- Accessible/immediate support
- Helps peers by providing emotional support and useful advice

Barriers to Peer Support (3 studies)

- Patients may not be interested, or face barriers to joining
- Clinicians lack of interest in supporting program
- Limited time, space, and funding
- Group differences can make it hard to connect (e.g. culture)

Concerns about Peer Support (4 studies)

- Concerns about incorrect or misleading information
- Lack of clear goals or structure
- Challenges in choosing and training peer leaders
- Emotional stress and burnout of peer leaders

Peer Support Best Practices (4 studies)

- Careful selection, training, supervision or peer leaders
- Building trust between patient, peer leader, clinicians
- Flexible structure (both patient-led and standardized)
- Monitoring patient health outcomes

Clinicians included various healthcare professionals, such as nurses, physiotherapists, rheumatologists, and physicians

How Does Being a Peer Leader Impact Wellbeing?

Emotional Rewards (4 studies)

Sense of purpose, fulfillment, and increased self-worth from helping others.

Personal Growth (5 studies)

Gained confidence, new skills, and perceived improved ability to manage their own condition.

Shared Connection (3 studies)

Felt inspired and emotionally connected through shared experiences with others.

Practical Challenges (2 studies)

Time pressures, transportation, paperwork, and communication issues.

Emotional and Physical Burden (6 studies)

Burnout and exhaustion from balancing personal health with supporting mentees, especially when they were disengaged.

Lack of Support (2 studies)

Lack of training, unclear expectations, little supervision, and lack of recognition from professionals.

Key Takeaways

What We've Learned

- Research in this area is emerging.
- Differences in study designs make it difficult to draw real conclusions from the data.
- Peer support shows modest improvements in pain management, depression and self-efficacy, and is often at least as effective as control interventions
- Facilitators report personal benefits when offering peer support, but need adequate training and support to carry out their role safely and effectively
- Very little is known about clinicians perspective on peer support, especially in Canada

Looking Forward

- Opportunity to develop best practices for peer support in chronic pain
- Peer support programs can be an inexpensive, safe, and low barrier form of care.
- Potential to better integrate with healthcare systems
- Additional high quality evidence is needed on both the effectiveness, but also the impacts on peer facilitators.

Thank you!

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Hope in the Fog: Finding Resources & Support for Chronic Pain in NL

Julie Dwyer, MSc, PhD (c)
Memorial University
May 23, 2025

I acknowledge that the lands on which Memorial University's campuses are situated are in the traditional territories of diverse Indigenous groups. I respectfully acknowledge the diverse histories and cultures of the Beothuk, Mi'kmaq, Innu, and Inuit of this province.

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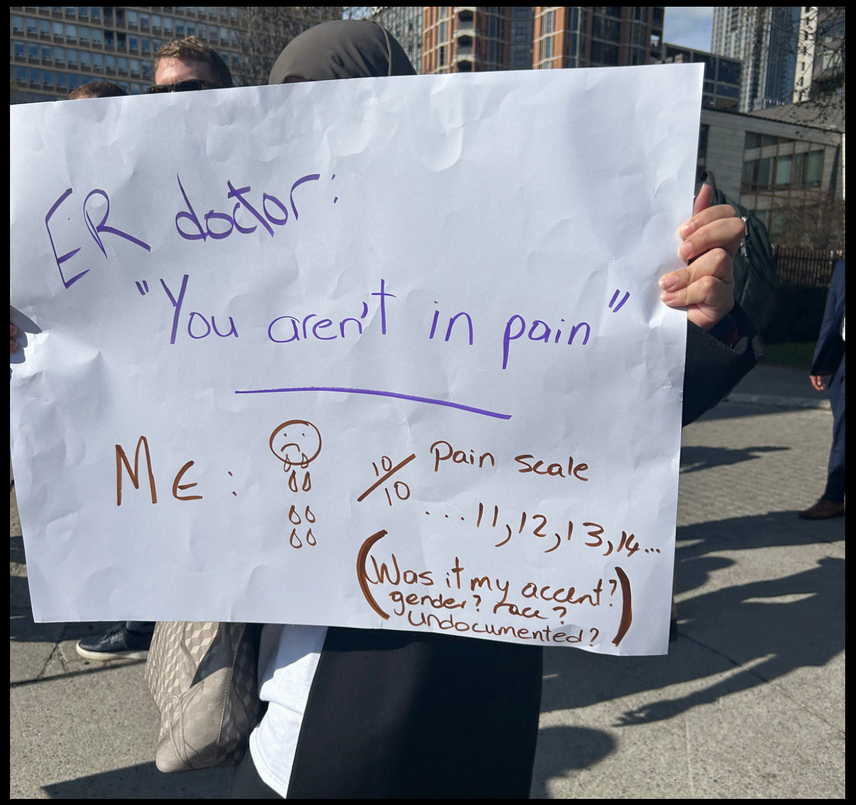
Outline

Understanding Pain in NL
Systemic Gaps in Care
Emerging Solutions and Community-Led Change



CPS, University of Toronto, May 2025
Shared with Permission

Pain is a public health emergency

- 1 in 3 NL residents will live with chronic pain – nearly 2x the national average
- Leading cause of disability; driver of ER visits
- Linked to the opioid crisis
- Costs >$43B/year – more than cancer, heart disease & HIV combined
- No dollar value can capture the loss in quality of life

Foley et al, 2021
Canadian Pain Task Force, 2021

Pain is complicated: not a localized phenomenon

Risk Factors:

Fatigue

Mental Health,

Mood Disorders

Frustration

Neuroticism/Worry

Trauma

Financial diffculty

Familial trauma

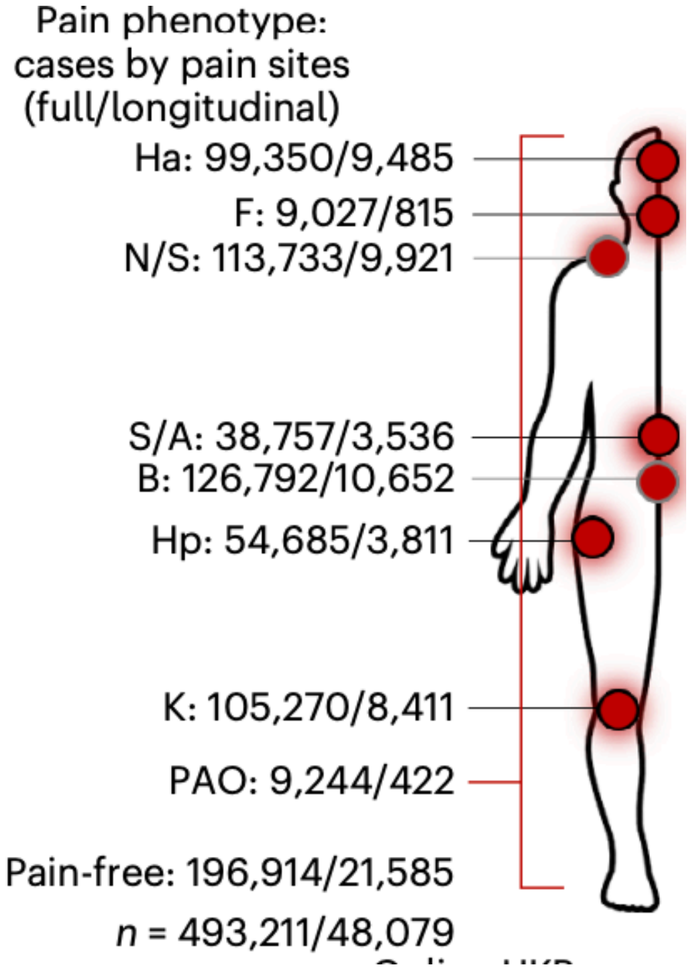
Insomnia

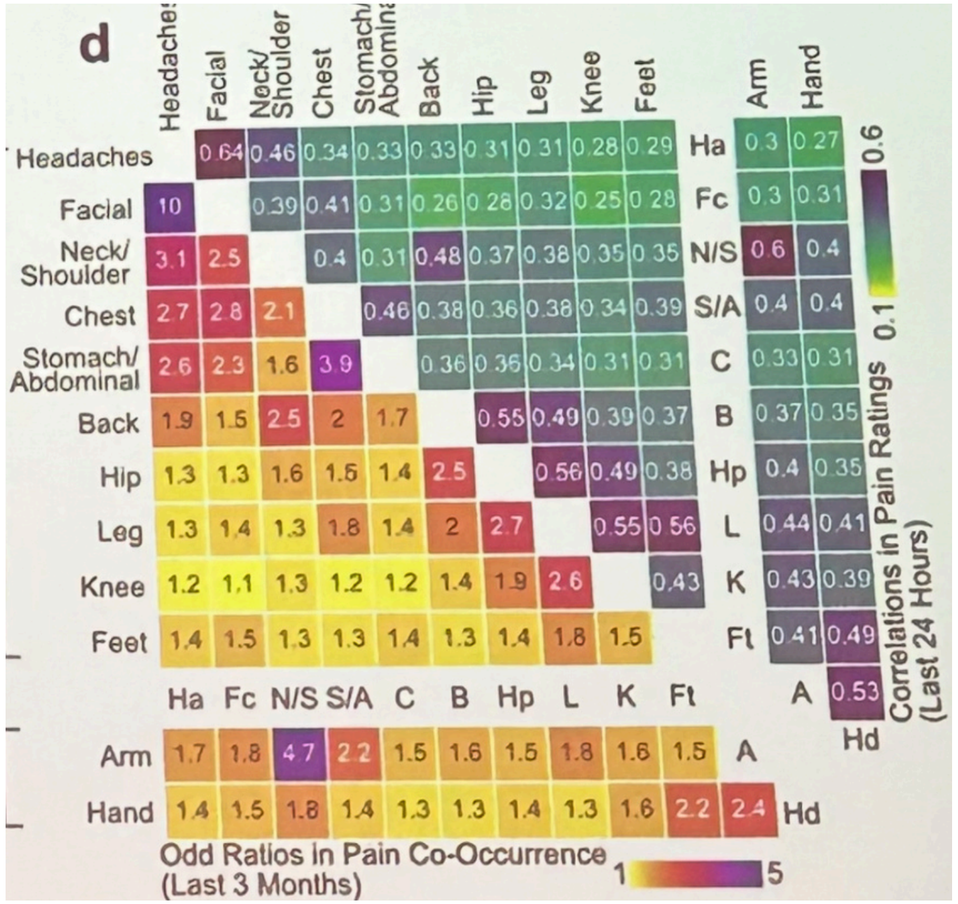
Sleep Disturbance

Body Mass Index

Weight

Smoking





Tanguay-Sabourin, 2023

Wager, 2025

It takes 17 years for only 14% of new research findings to be translated into routine patient care

Why this impact matters

- Delays: proven strategies take decades to reach folks
- Lost opportunities: people miss out on better pain treatments
- In Canada, it can take 4–5 years just for a new clinical guideline to be adopted
- Implementation failures come down to system barriers, not bad science

We know what helps but it's not reaching everyone

Bridging this gap means centering community, awareness, and lived experience

Morris et al., 2011
Eccles & Mittman, 2006

Pain is a unique healthcare need: a lens to look at the intersection of physical & mental heath

- Pain interferes with daily physical, emotional, cognitive, and social functioning
- Multidimensional nature of pain requires intensive & collaborative interdisciplinary intervention using a biopsychosocial model
- Despite advancements, pain remains under-treated in Canada.

WHY?

Lynch, 2006

Choiniere et al., 2010

Pain Research in Canada

- Until 2008, 0.25% of a 1 billion dollar federal health (CIHR) research budget went to pain
- Between 2008-2023, eight of the 13 institutes allocated less than 1% of their operating funds to pain research
- In 2023, that amounted to about $3 of CIHR funding per person living with chronic pain

Canadian Journal of Pain
Revue canadienne de la douleur

ISSN: 2474-0527 (Online) Journal homepage: www.tandfonline.com/journals/ucjp20

The pain funding gap: A database analysis of pain research funding in Canada from 2008–2023

S. S. Abssy, R. Bosma, S. Miles, H. Clarke & M. Moayedi

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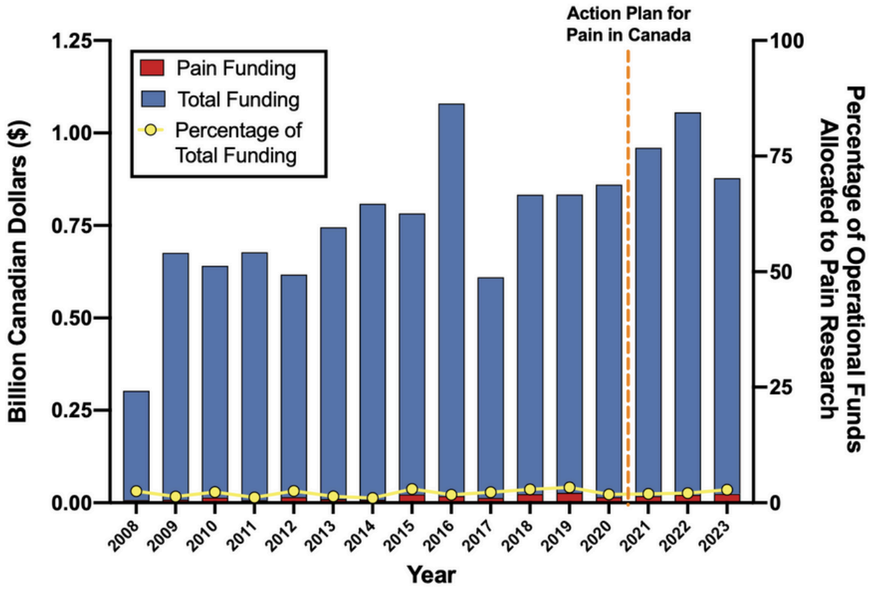
To link to this article: https://doi.org/10.1080/24740527.2025.2486835



Chronic Pain is a DISEASE

- Health system is built for acute care, not chronic conditions
- We’re using the wrong model for a growing, lifelong challenge
- Chronic pain needs coordinated, long-term care
- Solutions must include community supports, not just healthcare

What we’re up against

- Lack of clear info or guidance on where to go or what to do
- Stigma & confusing care pathways – often labeled as “drug-seeking”
- 2–4 year wait times for specialized pain care in Atlantic Canada
- Most healthcare providers receive little to no pain training
- In rural areas, opioids are often the only option – that’s not real choice

Barriers identified through my research:

- Lack of culturally safe, integrated care
- Mental & physical health treated separately
- Few peer-led or prevention-focused supports
- Avg 10.7 years in system before CPDM
- Access barriers: cost, trauma, mobility, tech, substance use
- No long-term plan; system is burned out
- Inadequate pain education & support for youth, caregivers, Indigenous communities
- Systems still operate in silos – trauma, pain, mental health, substance use must be integrated

“After 25 years of living with persistent pain, I’ve learned that education is everything, for providers, students, and especially those of us living with pain. When we understand what we’re dealing with, we can move from seeking a cure to co-creating care.
Empowered patients aren’t passive. We can make informed choices and work with our health professionals in partnership. That’s how we reclaim personal power and stop the needless suffering.”

– Lynn, CPN patient partner

Canadian Pain Society, May 2025
University of Toronto

What’s working

- **Peer-led programs**: More services and research are being co-designed and led by people with lived pain experience
- **Education & advocacy**: National campaigns are changing the conversation around pain, substance use, and stigma.
- **Hybrid & virtual care:** New models are making it easier to access support from anywhere - CPDM
- **Local champions**: Providers, patients, and communities are stepping up to build change from the ground up.

Who’s Leading the Way

- Pain Canada – National voice; pre/post-surgery pain course
- Canadian Pain Society – Advocacy, research, policy
- Power Over Pain Portal – Tools for adults & kids
- TAPMI – Pain U Online (education hub)
- NL Health Services – New initiatives
- NLHS: Mindfulness for Chronic Pain – Online sessions
- NLHS: CPDM & Explain Pain – Education & awareness
- Lifewise NL & PPN – Peer-led support & self-management
- Passerelle / SPOR – Lived experience in research
- Chronic Pain Network – CIHR-funded, painconnect.ca
- Arthritis Society Canada – Pain management tools
- McMaster Pain Centre – National leadership
- SKIP – Pediatric pain solutions
- Atlantic Mentorship Network – Pain & addiction care
- Pain certificate programs (McGill & U Alberta)

People living with pain are consistently measured to have higher chronic comorbidity prevalence (mood disorder, cardiovascular disease, pulmonary disease, diabetes, etc)

- Alzheimer Society – Newfoundland and Labrador
- The Arthritis Society – Newfoundland and Labrador
- The Canadian Cancer Society – Newfoundland and Labrador Division
- Crohn’s and Colitis Foundation of Canada
- The Canadian Diabetes Association
- The Heart and Stroke Foundation
- Huntington Society of Canada
- The Kidney Foundation of Canada
- The Newfoundland and Labrador Lung Association
- Parkinson Society Canada
- Canadian Mental Health Association

Foley et al., 2021

Get involved:

- Peer support, education, counselling, CPDM program, etc
- Join a free workshop: TAPMI, Power Over Pain, Pain Canada, Making Sense of Pain
- Connect locally:
  - Lifewise NL – Mental health & addiction peer support
  - People in Pain Network – Virtual peer groups

Don’t wait to feel better to seek support – support helps you feel better

Takeaways

- Chronic pain is a complex disease that deserves wraparound care, beyond an outdated biomedical model
- People need connection, community, and support, from others who *actually* get it
- Pain's societal burden far outweighs its research dollars
- We're seeing positive momentum in NL, with new models and resources emerging across the province
- There's still work to do, but change is happening, and people with lived experience have a seat at the table