Pain Canada
Our national action network

Progress Toward Implementing An Action Plan for Pain in Canada

Prepared by Pain Canada
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Introduction

Since the publication of the Canadian Pain Task Force's Action Plan for Pain in Canada in 2021, federal, provincial and territorial governments, researchers, health professionals, community organizations, and people with lived and living experience of pain have collaborated to advance coordinated action and expand recognition of pain as a major public health issue.

Highlights of progress includes:

- Development of pain strategies by most provinces
- Expanding public education and awareness campaigns
- Continuation of research networks and hubs
- Efforts to embed pain indicators into health surveillance systems
- Growth of culturally safe and equity-oriented initiatives

Despite these achievements, gaps remain in equitable access to services, sustainable funding for community-based programs, integration of pain into federal policy frameworks, support for research infrastructure and discovery, and full alignment of provincial and territorial approaches.

The following sections summarize progress and challenges under each of the Action Plan's six goals. Detailed progress on each recommendation in the Action Plan can be found on Pain Canada's interactive online Action Plan tracker.

Goal 1: Pain is recognized as a public health priority and action is coordinated

Significant progress has been made in building a foundation for coordinated action. The Chronic Pain Policy Team at Health Canada has played a central role in federal leadership, while Pain Canada, established in 2022, has become an effective national convener of interest-holders across government, clinical, academic, and community sectors.

Highlights of progress

- Major national events such as the 2024 National Congress on Pain brought together researchers, clinicians, and people with lived experience with federal and provincial/territorial policy makers.
- Nine provinces (including BC, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, PEI, Nova Scotia and Newfoundland) are developing or revising pain strategies.
- Federal investments through Health Canada's Health Care Policies and Strategies Program, Substance Use and Addictions Program and the Canadian Institutes of Health Research (CIHR) have supported the growth of national and provincial pain initiatives.
- Pain Canada, launched in 2022 as a central coordinating initiative, is resulting in unprecedented collaboration with a growing number of partners.

Gaps and challenges

- Sustainable funding for peer-led and community-based organizations remains limited.
- Provincial pain strategies still lack standardization and not all have been sufficiently funded or empowered to impact service delivery in their jurisdictions.
- There are many more organizations and groups that have a role to play in implementation, without sufficient resources to convene them.
- No permanent national coordinating mechanism has yet been established, despite recognition of its importance.

Goal 2: Improve access to timely, equitable, and person-centered pain care

Improving access to high-quality, person-centered care has been a major focus. Provinces - including Newfoundland and Labrador, Nova Scotia, PEI, Quebec, Ontario, Manitoba, Saskatchewan, Alberta and BC - are developing new interdisciplinary and virtual pain programs or expanding access to existing ones. Federal funding has supported pilot initiatives to serve priority populations.

Highlights of progress

- Quebec piloted six interdisciplinary primary care teams, with promising results documented through CIHR funding.
- Alberta's Virtual Chronic Pain Program was launched under the Alberta Pain Strategy, increasing access to care across the province.
- Provincial/Territorial agencies meet regularly through Pain Canada's National Advisory Committee and subcommittees, advancing health care delivery for people living with pain.
- Programs such as the South East Grey Rural Chronic Pain and Opioid Care project and Pain Care BC's Tiers of Service module for pain are aimed at addressing rural and Indigenous access to care.
- The Pediatric Pain Management Standard, a global first, was created to improve pain care for children and youth. A similar accreditation standard is being developed for adults.
- Updated guidelines on opioid prescribing are providing greater clarity for prescribers.
- Best Brains Exchange and roundtables convened by Health Canada and CIHR facilitated policy dialogue on stepped care and integrated models.

Gaps and challenges

- A national health workforce strategy for pain specialists has not been developed.
- Alternative clinician reimbursement models remain limited, especially for team-based and virtual care.
- Inequities persist in rural, remote, and Indigenous communities, where resources and provider capacity are insufficient.

Goal 3: Increase awareness, education, and specialized training for pain

Public awareness campaigns and new education initiatives have expanded across Canada. Pain Canada has taken a lead role in national communications, while competency-based curricula and ECHO learning networks have built the skills and knowledge of health professionals to better assess and manage pain.

Highlights of progress

- The National Pain Awareness Week campaign has grown to engage 500 participating organizations with reach of nearly 8 million people since 2021, raising national awareness of pain.
- New online courses for health professionals and patients cover pain assessment, self-management, and peri-surgical pain care.
- The Association of Faculties of Medicine of Canada developed comprehensive pain curricula for current and future physicians in pain management and addiction medicine.
- ECHO programs in Ontario, BC, Quebec, and other provinces provide interprofessional training in chronic pain and opioid stewardship.
- Educators are using an increasing number of diverse methods to share pain science with health professionals and the public, with millions of views on social media, new books, blogs and podcasts.
- Interdisciplinary mentorship networks focused on pain, substance use and mental health are running in BC and the Atlantic provinces with more provinces in development.
- Resources have been created for equity-oriented care, including Indigenous-specific education modules and trauma-informed training.

Gaps and challenges

- Public awareness remains uneven and stigma needs to be further addressed.
- Pain competencies are not yet consistently embedded in university curricula for all health professionals, licensure exams or professional accreditation.
- Training on sex, gender, and diversity considerations in pain care remains limited.

Goal 4: Support pain research and strengthen related infrastructure

Canada has seen sustained investment in pain research networks and patient-engaged research although funding for new discoveries and support for research infrastructure remains a gap. New collaborations, both national and international, are advancing the translation of knowledge into practice and policy.

Highlights of progress

- Canada continues to be recognized as a global leader in pain research, hosting two significant international pain conferences since 2021.
- The Chronic Pain Network, funded by CIHR, continues to mobilize knowledge and lead patient-partnered research.
- The Quebec Pain Research Network and the Chronic Pain Centre of Excellence for Canadian Veterans have received renewed multi-year funding and are leading innovative projects.
- Solutions for Kids in Pain (SKIP) has produced more than 350 tools and resources since 2019.
- Canada participated in the WHO World Health Assembly event on pain in 2024, strengthening global leadership.
- The Quebec Back Pain Consortium established a longitudinal biobank of over 5,500 participants.

Gaps and challenges

- Sustainable funding for the Canadian Adult Pain Data Registry and other infrastructure remains uncertain.
- Coordination across networks is still fragmented, with some specific, but insufficient, integration into policy and practice.
- Research on complementary and integrative therapies, as well as digital innovations, is under-developed.

Goal 5: Monitor population health and health systems quality

Advances in surveillance and data collection are helping to capture the impact of chronic pain. Federal and provincial agencies are embedding pain questions into surveys and creating standardized reporting tools.

Highlights of progress

- Statistics Canada now includes chronic pain in the Canadian Community Health Survey (CCHS) and Canadian Health Survey on Children and Youth (CHSCY).
- The Canadian Survey on Disability continues to track pain-related disability prevalence.
- Indigenous Services Canada supported the development of the Native Wellness Assessment, an Indigenous-led measurement tool.
- Research in Alberta quantified the economic burden of chronic pain, estimating health system and productivity costs at over $5 billion annually.

Gaps and challenges

- Canada still lacks a national pain surveillance framework across jurisdictions.
- Adoption of ICD-11 classifications for chronic pain – the most recent World Health Organization classification which identifies chronic pain as a condition in its own right - has not yet occurred.
- Monitoring of off-label medication use, prescription practices, and big-data approaches are still missing.

Goal 6: Ensure equitable approaches for populations disproportionately impacted by pain

Addressing inequities in pain care for Indigenous Peoples, veterans, women, and people living with substance use or mental health conditions has been an increasing focus. Some promising initiatives are emerging, though progress is uneven.

Highlights of progress

- Indigenous-led initiatives, supported by Indigenous Services Canada, Thunderbird Partnership Foundation, and First Peoples Wellness Circle, are advancing culturally safe and community-based approaches.
- The Chronic Pain Centre of Excellence for Canadian Veterans funds research on transition from military to civilian live, comorbidities, and women Veterans' pain experiences and expanding access to specialized care for veterans.
- Women's health initiatives, including endometriosis projects funded through the Sexual and Reproductive Health Fund, are improving diagnosis and care.
- Pediatric transitional pain services – aimed at improving outcomes for kids undergoing surgery - have expanded, including at SickKids (Toronto) and ongoing planning at BC Children's Hospital.
- Through Pain Canada, several supported self-management programs are now available in seven languages.
- A pilot program launching pain peer support programs in prison is showing promise, with plans for spread to other institutions.
- All provinces now provide take-home naloxone programs, and SUAP funding has trained over 2.5 million Canadians in overdose response.

Gaps and challenges

- Navigation of the Non-Insured Health Benefits (NIHB) system for Indigenous Peoples remains complex, with limited supports.
- Systematic anti-racism and cultural safety training for health professionals is still not widely implemented.
- Many workplaces lack pain-inclusive employment standards, benefits, and return-to-work policies.
- People with disabilities and people in long-term care continue to face barriers in receiving appropriate pain assessment and management.

Conclusion

Canada has taken meaningful steps toward recognizing pain as a public health priority and improving the systems that support prevention, care, research, and monitoring. Progress is most notable in areas where sustained federal investments, provincial leadership, and community partnerships converge.

Yet substantial gaps remain. A permanent national coordinating mechanism, consistent surveillance frameworks, sustainable funding for community-led initiatives, greater investment in discovery and research infrastructure, and targeted strategies for underserved populations are essential to realizing the Action Plan's vision. Continued collaboration among people living with pain, all levels of government, non-profit and research organizations, and private industry will be critical in closing these gaps.