



**CAMPAIGN FOR PAIN**

We call on the Federal Government to address chronic pain – Australia's biggest, most neglected, personal and public health issue.



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**pain**australia™  
working to prevent and manage pain



## CALL TO ACTION

**We are asking the Federal Government to adopt the recommendations of the National Pain Strategy and to provide:**

1. Leadership and coordination of a national approach to provide integrated pain management services, building on the work of state governments, private sector providers, Primary Health Networks and Local Hospital Networks.
2. Access to quality pain services for all Australians including people in rural, regional and remote areas, indigenous and socio-economically disadvantaged communities, children, older Australians and people with mental illness.
3. A new Medicare item number for a GP-led Chronic Pain Management program.
4. Promotions of pain management education and training for health professionals in particular as it relates to early intervention, multidisciplinary team practice and the use of opioid medications.
5. A public awareness campaign to address discrimination, misunderstanding and stigmatisation of people with pain within the community, including in the workplace and in welfare and compensation systems.
6. Funding to provide community support services including consumer information, self-management education and telephone support (crisis help line).
7. The development of a national research agenda to address gaps in knowledge about chronic pain and improve clinical practice in pain management.

*Painaustralia's network embraces the entire pain community – including people living with pain, health care professionals and not for profit bodies concerned with pain.*

**PAIN DESTROYS LIVES.  
IT'S TIME TO MAKE PAIN A NATIONAL HEALTH PRIORITY.**

**Chronic pain is a massive and growing public health issue.**

Pain is the most common reason that people seek medical help – yet it remains one of the most neglected and misunderstood areas of healthcare.

One in five Australians lives with chronic pain including adolescents and children. This prevalence rises to one in three people over the age of 65.<sup>1</sup>

One in five GP consultations involve a patient with chronic pain and almost five percent report severe, disabling chronic pain.<sup>2</sup>

The prevalence of chronic pain is projected to increase as Australia's population ages – from around 3.2 million in 2007 to 5 million by 2050.<sup>3</sup>

Early intervention and adoption of evidence-based treatment could halve the economic cost of chronic pain, estimated at \$34 Billion.<sup>3</sup>

**What is chronic pain?**

While acute pain resulting from injury or trauma is generally short term and relatively easy to treat, chronic pain is far more complex, persisting long after the normal healing time of three to six months.

It is now widely understood by pain experts that chronic pain can become a disease in its own right – a condition which persists in the absence of any apparent injury or illness and is associated with physical, psychological and environmental changes. This is confirmed by brain imaging which shows that chronic pain is associated with neuroplastic changes within the nervous system, at spinal cord and brain levels.

This new knowledge has led to the understanding that chronic pain is best addressed through a multidisciplinary, chronic disease management model, rather than seeking cures through medication or any other single form of treatment.

**The economic impact of chronic pain.**

The total economic cost of chronic pain in 2007 was estimated at \$34 Billion, including \$11 Billion productivity costs and \$7 Billion direct health care costs.<sup>3</sup>

Chronic pain is Australia's third most costly health condition after cardiovascular diseases and musculoskeletal conditions (also associated with chronic pain).

Arthritis and back problems, both associated with chronic pain are the most common causes for people of working age (between 45 and 64) to drop out of the workforce, accounting for 40% of forced retirements – around 280,000 people in 2012.<sup>4</sup>

This has a significant impact on workplace productivity and Australia's economic health, with productivity costs associated with arthritis and other musculoskeletal conditions estimated to cost the economy over \$7.4 Billion in 2012.<sup>5</sup>

## **Lack of access to services.**

Less than 10% of people with chronic non-cancer pain gain access to effective care, despite the fact that current knowledge would allow 80% to be treated effectively, if there was adequate access to pain services.<sup>6</sup>

Patients face long waiting times to access multidisciplinary pain services in public hospitals – frequently more than a year – resulting in deterioration in quality of life and reduction in ability to return to work.<sup>7</sup>

Lack of access to services is especially critical in rural, regional and remote areas and indigenous communities.

The Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists reports that there are only 275 pain medicine specialists practicing in Australia and they are unable to meet the needs of 20% of the population. Twice as many palliative care physicians are trained every year compared with pain specialists.

## **Poor management of pain in aged care.**

People in aged care facilities generally are being either over-treated or under-treated for pain, compromising quality of life.<sup>8</sup>

People with dementia who are living with pain are being under-treated, compared with cognitively intact people, despite having similar levels of potentially painful disease.<sup>8</sup>

In residential aged care, 92% of people are taking at least one analgesic medication daily and 80% of people list pain as a problem.<sup>9</sup>

## **Impact on children and families.**

Between 25% and 35% of children experience chronic pain, with the greatest incidence in adolescence, especially for young girls.<sup>10</sup>

Children with chronic pain often drop out of school, can become socially withdrawn and isolated, fail to achieve their academic potential and miss job opportunities.<sup>10</sup>

There are only six dedicated multidisciplinary paediatric pain services in Australia and only one of these in a regional centre.

## **Impact on women's health and productivity.**

A 2011 report revealed that the annual cost of pelvic pain alone in Australia is \$6 billion. It affects 5% of girls and women and equates to 11 hours of productivity a week.<sup>11</sup>

With effective care these women would be able to continue working or caring for their families, that is become tax-payers rather than tax burdens; or continue their work as volunteers in the community.<sup>11</sup>

## **Pain in palliative care.**

An effective and humane approach to managing pain at end of life requires much more than analgesic medication. It calls for an approach which prevents suffering and takes into account physical and psychological factors as well as spiritual and cultural beliefs and attitudes towards dying.

Most health professionals will be called upon to manage patients at the end of life – yet many are ill-equipped to approach this in a holistic way. Providing access for health professionals to best practice education and training in managing pain at end of life, is an important recommendation of the National Pain Strategy.

## Links between chronic pain and mental health.

One in five Australian adults with severe or very severe pain also suffer depression or other mood disorders.<sup>12</sup>

Physical health problems have been implicated in 21% of suicides in Australia.<sup>13</sup>

Forty years ago depression was widely misunderstood, highly stigmatised and poorly treated. Yet today we know that it is a serious biological illness that if left untreated can lead to suicide.

Like depression, chronic pain can become a serious and debilitating disease in its own right. It can significantly diminish quality of life for patients and their families and the risk of suicide is twice as high in people who have chronic pain.<sup>14</sup>

## Socioeconomic status and postcode are factors in higher opioid use.

A 2015 analysis of PBS data shows that that people in lower socio-economic communities and some geographic areas are being prescribed opioid pain-relieving medication at rates up to ten times higher than other sections of the population.

The data published in the Australian Atlas of Health Care Variation<sup>15</sup> coincides with growing concern among policy makers about excessive reliance on opioids for management of chronic non-cancer pain and the potential for misuse and addiction. The report identifies concerns about the knowledge and prescribing practices of general practitioners and lack of access to pain management specialists in outer urban and rural areas.

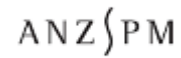
Currently Medicare does not support best practice chronic pain management. Simply writing a prescription may not be sufficient and may be adding to the problem. The situation calls for training for doctors and access to a Medicare-funded care plan for chronic pain which enables GPs to work collaboratively with appropriately trained allied health professionals to manage people suffering with chronic pain in a more holistic way.

### **It's time for further action.**

Australia has a National Pain Strategy. It was developed and supported by over 150 health professional and consumer organisations at the National Pain Summit in 2010 and been endorsed by most state governments and Medicare Locals.

Considerable progress has been made to implement the strategy by state governments, private sector providers and through Medicare Locals & Local Hospital Networks. However this progress is fragmented, under-funded and in need of national coordination.

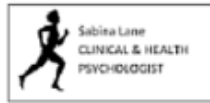
**We call on the Federal Government to make pain a national health priority and lead a whole of community effort to put the National Pain Strategy into action.**



Dr. Nick J. Gerrish







Dr Susan Evans

Dr Terry Stewart





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