

painaustralia

CANADIAN PAIN TASKFORCE
CONSULTATION ON WAYS TO
IMPROVE HOW WE UNDERSTAND,
PREVENT AND MANAGE PAIN IN
CANADA

MAY 2020

INTRODUCTION

Painaustralia is pleased to provide input that informs the Canadian Task Force's mission to identify ways to improve Canada's response to the significant burden of Chronic pain. Painaustralia commends the Government of Canada for making a formal commitment to address the needs of people living with chronic pain and supports the idea of having a national pain strategy.

BACKGROUND

About Painaustralia

Painaustralia is the national peak body working to improve the quality of life of people living with pain, their families and carers, and to minimise the social and economic burden of pain.

Painaustralia represents the interests of a broad membership that includes health, medical, research and consumer organisations.

Established in 2011, our focus is to work with governments, health professionals and consumer bodies, funding sources and educational and research institutions, to facilitate the implementation of the [National Pain Strategy](#) and its blueprint the [National Strategic Action Plan for Pain Management](#) Australia-wide.

Our creation of Australia's National Strategic Action Plan for Pain Management outlines over 50 targeted activities that could be useful in shaping the Canadian policy and inform the response to chronic pain.

The growing prevalence and cost of pain

In Australia, chronic pain has a significant impact on almost every measurable aspect of our community. Painaustralia's report, *The Cost of Pain in Australia* by Deloitte Access Economics, provides the most comprehensive analysis of the financial impact of chronic pain in Australia. It shows that chronic pain affects more than 3.37 million Australians. Chronic pain, also called persistent pain, is pain that continues for more than three months after surgery, an injury, as a result of disease, or from another cause.

For those who experience chronic pain, the pain can be debilitating and have an adverse effect on work, sleep, and relationships. Individuals with chronic pain may also commonly experience comorbidities such as depression, sleep disturbance and fatigue.

These comorbidities often contribute to worse health, societal and financial outcomes – for example, major depression in people with chronic pain is associated with reduced functioning, poorer treatment response, and increased health care costs. Nearly 1.45 million people in pain also live with depression and anxiety. Painaustralia's new report finds that the reported comorbidity for chronic pain and depression or anxiety is estimated at 44.6% of patients, which is within the range of estimated values from the international literature.¹

The consequences of these gaps are immense. The price paid by people with chronic pain is continued physical and psychological ill health, social exclusion and financial disadvantage. Opioids continue to be over-prescribed for pain, with unacceptable consequences including dependency and opioid-related deaths.

Society as a whole pays the price too. The total financial costs associated with chronic pain were estimated to be \$73.2 billion in 2018, which equates to \$22,588 per person with chronic pain.²

More than 68% of people living with chronic pain are of working age. Without action, the prevalence of chronic pain will increase to 5.23 million Australians (16.9%) by 2050.

In 2018, the staggering cost of chronic pain to taxpayers (including quality of life) was \$139 billion. This was on top of the fact that last year alone, Australians paid \$2.7 billion in out of pocket expenses to manage their pain, with costs to the health system in excess of \$12 billion.

THE ISSUE

Australia and Canada share many similarities. Not only is the geography and population size similar but the chronic pain issues are remarkably similar. Like Australia, Canada too has universal access to government funded pharmaceuticals. This is why both locally and internationally, the rising use of opioids is a cause of concern. All opioids—including codeine—can be addictive and their use can result in dependence, accidental overdose, hospitalisation or death.

While both Australia and Canada have initiated regulatory responses to minimise opioid related harm, it is important to reinforce the critical role that access to evidence based pain management services will, and can play in addressing these issues. In Australia, the National Strategic Action Plan for Pain Management provides the blueprint for a broader system response to chronic pain.

The Canadian Task Force (CTF) has outlined the following as major issues or gaps that need addressing:

- pain is a stigmatised and still invalidated condition,
- health care professionals still lack the knowledge and skills to treat pain,
- specialised pain services are largely inaccessible,
- research findings are not always being used to improve care.

These gaps are similar to the systemic barriers that need to be addressed in Australia as well. In seeking to address these concerns, we have outlined 8 recommendations:

- 1. People living with pain are recognised as a national and public health priority**
- 2. Consumers, their carers and the wider community are more empowered, knowledgeable and supported in their understanding and management of pain**
- 3. People living with pain are supported to participate in work, education and the community**
- 4. Health practitioners are well-informed and skilled on best practice evidence-based care and are supported to deliver this care**
- 5. Chronic pain is minimised through prevention and early intervention strategies**
- 6. People living with pain have timely access to consumer-centred best practice pain management including self-management, early intervention strategies and interdisciplinary care and support**
- 7. Outcomes in pain management are improved and evaluated on an ongoing basis to ensure consumer-centred pain services are provided that are best practice and keep pace with innovation**
- 8. Best practice pain knowledge is growing and is communicated to health practitioners and consumers through a national pain research strategy.**

Pain is a stigmatised and still invalidated condition

Pain remains one of the most misunderstood and neglected health issues, despite at least one in five Canadians living with chronic pain. Pain has significant social and economic impacts and costs. This problem unfortunately is not just common in Canada but also experienced by many in Australia.

“When pain persists, it can affect all aspects of one’s life, including work, school, play, caregiving, and community participation. Living with unmanaged pain can lead to sleeplessness, hopelessness, depression and anxiety, diminished quality of life, and isolation. For some Canadians, unmanaged pain has led to poverty, homelessness, and even suicide.”³ CTF

Chronic pain is a disease in its own right. Recently the World Health Organisation (WHO) made this distinction validating the experiences of the millions of people around the world living with chronic pain through the latest version of the international Classification of Diseases (ICD-11). The ICD-11 classification system also includes a code for pain severity, which accounts for pain intensity, emotional distress, and interference with function. This acknowledges the complicated and multidimensional nature of chronic pain with biological, psychological and social factors all intertwined to influence our experience of pain.

“Frequently, societal norms and beliefs prevent individuals and their caregivers from investigating pain as a legitimate health issue. Attitudes and beliefs reinforcing pain as a normal part of life, have contributed to underdiagnosed and undertreated pain.”⁴ CTF

“Discrimination prevents Indigenous People from receiving the help they need and stigma contributes to the perception that people living with substance use disorder are only seeking treatment for pain so they can obtain more drugs (Voon et al., 2015; Dassieu et al., 2019; Wylie & McConkey, 2019). These issues lead to delays in diagnosis and treatment.”⁵ CTF

Additionally, illicit use of fentanyl is more common in Canada than it is in Australia, while heroin use is comparatively higher in Australia than in Canada.⁶ The impact of this difference is that people using these different drugs—while they are all opioids—have different trajectories and contact with the acute care system. Fentanyl is more potent than heroin and has a greater potential to be lethal, meaning many users die before they can receive acute care. The higher use of illicit opioids in Canada also highlights the need to address the stigma associated with both chronic pain and pain management.

This gap has been recognised in the Australian National Strategic Action Plan for Pain Management. Like Canada, Australia has our own issues with stigma and recognition. Pain has not been a key consideration in national health policy strategies and frameworks. For example, the Aboriginal and Torres Strait Islander Health Plan 2013-2023 and the Fifth National Mental Health Plan are both silent on pain. This is despite it being a key priority to address chronic conditions, as outlined in the National Strategic Framework for Chronic Conditions, as agreed by Australian Health Ministers in 2017. This mixed messaging compounds the challenges for those living with chronic pain.

To combat this issue, we have stated in our plan that people living with pain should be recognised as a national and public health priority. It is a leading cause of illness, disability and death in Australia. Strategic and ongoing national action is required to recognise the complexity and ubiquity of pain in the community and reduce its impact.

Stigma needs to be addressed and pain needs to be recognised through better coordination and leadership. We recommend that:

Recommendation: People living with pain are recognised as a national and public health priority

Strategies outlined in PainAustralia’s National Action Plan that can accomplish this objective include:

The formation and development of a National Pain Leadership Group (NPLG) to inform, support and lead and govern advice provided to the Minister for Health and Health Ministers on the delivery and ongoing evaluation of the Action Plan

Improving overall Pain Management Health Literacy

Another contributing factor is the low awareness of pain and its treatment options in the community. As mentioned above people living with pain commonly report stigma and misunderstanding of their condition in the community, workplace and by health practitioners.

Increasing community understanding of best practice pain treatments will more effectively align professional and consumer conversations on pain management. Changing common beliefs about pain and its treatment is also critical to achieve better outcomes from pain management.

Consumers need greater confidence to seek out best practice treatment and be active participants in their remedial journey as well as building resilience in managing chronic pain.

The development of a national website and resource suite should be cognisant of these existing resources and seek to curate existing material and provide a single portal to enable sharing of and access to evidence-based information and resources, rather than duplicating existing information and resources.

Recommendation: Consumers, their carers and the wider community are more empowered, knowledgeable and supported to understand and manage pain

Strategies outlined in Painaustralia’s National Action Plan that can accomplish this objective include:

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| Fund and implement a community awareness campaign on pain and pain management treatment and support options with materials and messages developed in partnership with consumers, health professionals and community groups. | Development and dissemination of a consumer handbook and smartphone application for people living with chronic pain or those who have received a recent diagnosis of a pain condition. It will provide a definitive and best practice guide for people with chronic pain to improve health literacy, questions to ask health providers, where to get help and self-management strategies. It will support them to navigate health pathways on their remedial journey to be active participants in their healthcare. It will be available as a smartphone app in plain English, multiple languages and in electronic and print form. It will be provided at point of care and through other channels. |
| Interactive and comprehensive national website and app for easy access to the website for consumers, carers and health practitioners – a ‘one stop shop’ providing a gateway for best practice evidence-based pain education and information in Canada. | Provide consumers with access to effective resources that enable them to communicate and navigate their pain experience between health providers, workplaces, carers or family |
| Development of an education program and resources for schools | Develop a peer to peer support network, facilitated by trained and accredited providers. Peer supporters are identified and trained to support other people living with pain |

Addressing the impact of chronic pain on economic participation

For those who experience chronic pain, the pain can be debilitating and have an adverse effect on work, sleep, and relationships. Individuals with chronic pain may also commonly experience comorbidities such as depression, sleep disturbance and fatigue.

Pain carries a significant economic cost and is the leading cause of early retirement. People living with pain become socially isolated and endure higher levels of poverty.

In Australia, the Deloitte Access Economic Report, Cost of Pain in Australia⁷, finds that the total financial costs associated with chronic pain were estimated to be \$73.2 billion in 2018, which equates to \$22,588 per person with chronic pain. In the absence of any changes to health system treatments, prevalence rates, or real costs per person, the costs of chronic pain are expected to rise from \$139.3 billion in 2018 to \$215.6 billion by 2050 in real 2018 dollars.

The report also find that productivity costs make up the largest share of total financial costs (66.0%) while deadweight losses – the costs associated with the act of taxation, which creates distortions and inefficiencies in the economy – account for 10.3%.

More access to support and coordination of treatment has been shown to enable a return to function and/or work. In Australia programs such as the Work Injury Screening and Early Intervention (WISE) study, or group pain education and exercise programs such as ADAPT, INTERVENE and STEPS programs have been effective in achieving this.

Initiatives to support people living with pain to participate in work, education and the community should be inclusive of specific groups including Indigenous peoples, people from culturally and linguistically diverse backgrounds, people from rural and remote areas, older Canadians, people with dementia, children and young people, and other relevant groups.

Recommendation: People living with pain are supported to participate in work, education and the community

Strategies outlined in PainAustralia's National Action Plan that can accomplish this objective include:

develop a national approach to better support people to return to work following injury or diagnosis of a chronic pain condition through an early intervention and interdisciplinary pain management pathway, that includes counselling and support delivered in the workplace on return to work.

Challenging beliefs following certification of work unfitness for health practitioners and the community: that it can be reviewed over time, that work is generally positive for health outcomes, the impact of certification of sickness on health and wellbeing outcomes and how evidence-based pain management can assist people to re-enter the workforce.

Health care professionals still lack the knowledge and skills to treat pain

“Pain education for health professionals is needed for improving and enabling prevention and treatment practices. However, the current state of pain education in Canada remains inadequate across disciplines, with significant knowledge gaps in both pre- and post-licensure contexts (NASEM, 2019; Thompson et al., 2018).”⁸ CTF

“Pain-specific pre-licensure curricula can significantly improve knowledge and beliefs about pain among health science students (Watt-Watson et al., 2009).”⁹ CTF

In Australia awareness of pain and pain management is also low among Health Professionals. Our National Pain Strategy recommends any patient presenting to their GP with chronic pain being considered for treatment with opioids should be given a comprehensive pain assessment and a plan that includes a multidisciplinary approach, sound communication and early liaison with a pain management service. To achieve this significant action is needed. The provision of training and guidelines in pain education is a must and people at risk of chronic pain must be identified early. Health professionals and consumers need to be realistic in the treatment of chronic pain. Treatment needs to be reframed to managing a chronic condition with coordinated care as chronic pain may not be able to be completely “fixed or healed” in every circumstance. Low awareness causes a greater reliance on medications, which has consequences.

Multidisciplinary and interprofessional pain clinics are the gold standard.

“Research demonstrates these models often achieve decreases in pain intensity and interference, as well as the fear, stress, depression, and anxiety that can often accompany chronic pain. Multidisciplinary clinics have also been associated with decreases in the use of medication, health care utilization, iatrogenic consequences, and disability claims while increasing activity, functioning, coping, and self-efficacy, which can subsequently result in cost savings for the health system (Katz et al., 2019; Campbell et al., 2018; Chao et al., 2019; CADTH, 2018d, 2019c; Waddell et al., 2017b; Gatchel & Howard, 2018).”¹⁰ CTF

Pain education and awareness needs to be improved and enhanced. Currently beliefs about pain are well entrenched and continue to spread. That being that pain is an inevitable part of the human condition which is categorically false.

Recommendation: Health practitioners are well-informed and skilled on best practice evidence-based care and are supported to deliver this care

Strategies outlined in PainAustralia’s National Action Plan that can accomplish this objective include:

Develop an overarching education strategy to promote evidence-based pain management education across health practitioner disciplines, through undergraduate, postgraduate and continuing education. This should include, among other things, standardisation among universities in their teaching curricula with regard to pain management; and a focus on value based healthcare.

broad national approach to assessment and monitoring, involving an integrated suite of validated assessment and monitoring tools for chronic pain use by GPs, practice nurses etc. that combines existing best practice assessment techniques and the sociopsychobiomedical approach.

Expand training opportunities for health practitioners in pain management

public database of health practitioners who have completed pain management training courses (on interactive website).

Specific materials and engagement activities to provide prescribers with guidance on the quality use of medications.

Develop a ‘train the trainer’ model for Residential Aged Care providers and distribution and dissemination of the existing guidance and management strategy documents.

Preventing the onset of chronic pain

All chronic pain starts with acute pain. Preventing the escalation of chronic pain is in the whole community's interest and is critical to prevent the misuse of medications, but a renewed focus is needed to:

- offer best practice post injury, operation or illness pain assessment, support and management; and
- ensure appropriate diagnostic and treatment strategies to prevent the transition from acute to chronic pain.

Prevention and early intervention strategies should include initiatives relevant to specific groups including Indigenous peoples, people from culturally and linguistically diverse backgrounds, people from rural and remote areas, older Canadians, people with dementia, children and young people, and other relevant groups.

Recommendation: Chronic pain is minimised through prevention and early intervention strategies

Strategies outlined in Painaustralia's National Action Plan that can accomplish this objective include:

Develop an overarching education strategy to Strategies for improved management of acute pain and early recognition of patients at risk of developing chronic pain offer important preventative options in decreasing the prevalence of chronic pain.

Develop a national standardised pain and rehabilitation strategy/program for perioperative, post-injury or illness care and recovery and other strategies including safe and effective use of medications.

Link measures to reduce obesity such as improving levels of physical activity with chronic pain prevention strategies and information and recognising the role of nutrition in chronic pain management.

Trial preventative Quality Use of Medicine (QUM) strategies to alleviate the transition from sub-acute to chronic pain.

Access to specialised pain treatment and services

*"Many Canadians do not have access to a range of adequate or appropriate pain management services. This can lead to inadequate treatment in the early stages of a condition and exacerbate problems over time. People must also navigate across multiple systems for reimbursement of services, including the public system, private insurance, and out-of-pocket, therefore access can largely depend on the type of insurance and how much money an individual has for services – a concern for those with low-income or without private health insurance. There are also often complex and lengthy transitions associated with moving between primary to more specialized care settings, moving from specialized pediatric care to adult care, and services for pain and other concurrent conditions that may also require specialized care."*¹¹ CTF

Australia and Canada share many similarities in terms of geography and access to specialised pain services. In Australia awareness of pain and its management is low. Eighty percent of people living with chronic pain are missing out on treatment that could improve their health, quality of life and workforce participation.¹²

Patients with chronic pain can face long waiting times to access public services typically located in public hospitals, with the situation being more acute in rural and remote areas. The standard and range among providers in services offered, including provision and duration of allied-health pain management programs vary greatly and the level of service provision for children and rural patients is notably lower than that reported for adults in urban areas.¹³

Due to Australia's geography and limited number of interdisciplinary clinics it is difficult for GPs to refer patients in rural and remote areas to a metropolitan interdisciplinary clinic due to travel and accommodation costs. Compounding this problem is the fact that allied health professionals are not evenly distributed across many communities in Australia.¹⁴

There is an increasing need for benchmarks and best practice in wait-time management, given the deterioration in health and quality of life while waiting for pain treatment.¹⁵

While specialist pain clinics offer interdisciplinary care, these clinics have unacceptably long waiting lists and are poorly integrated with primary health care and community-based services.¹⁶

This current situation is not ideal, however, these limitations can be supplemented if health practitioners and consumers are made aware of treatment options including e self-management strategies. Substantial evidence shows patients with chronic pain who are engaged in active approaches to manage their pain have less disability than those who are engaged in passive therapies, such as taking medication or surgery.¹⁷

Recommendation: People living with pain have timely access to consumer-centred best practice pain management including appropriate self-management, early intervention strategies and interdisciplinary care and support in the community.

Strategies outlined in Painaustralia’s National Action Plan that can accomplish this objective include:

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| Map and review pain services by location | Review existing models of ‘mini pain programs’ that can be extended in regional and/or rural communities to provide coordinated care packages and increase capacity of health practitioners |
| Expand and offer a telehealth pain services program to regional areas of Canada | The national rollout of information portals that support clinicians to assess and manage patient care through primary, secondary and community care. |
| Develop best practice ‘models of care’ to provide pathways for pain management in all communities, even those without pain services, and in settings where new models for pain management are required including palliative care, residential aged care, and referrals to addiction specialists. | Establishment of clinical pain liaison roles that utilises the skills of GPs, nurses or allied health practitioners to identify chronic pain early in primary care, support education of local practitioners and smooth transitions and communications across services. |

Monitoring and reporting on pain services outcomes.

Pain medicine is an evolving medical speciality, and since Australia’s 2010 National Pain Strategy, some progress has been made in some areas of pain management and service delivery.

The Australasian benchmarking system Electronic Persistent Pain Outcomes Collaboration (ePPOC) is providing vital insight into pain services, but not all services participate due to funding contracts. Consumer engagement in the design and delivery of services also requires further development.

In addition, it is important that funding and accreditation systems have robust requirements for monitoring and reporting on pain management interventions.

The knowledge and experience of families and carers in managing a person’s pain should also be sought and used to co-design services and supports. Initiatives to evaluate and improve outcomes in pain management should be inclusive of specific groups. From a Canadian perspective these would include Indigenous peoples, people from culturally and linguistically diverse backgrounds, people from rural and remote areas, older Canadians, people with dementia, children and young people, and other relevant groups.

Recommendation: Outcomes in pain management are improved and evaluated on an ongoing basis to ensure consumer-centred pain services are provided that are best practice and keep pace with innovation.

Strategies outlined in Painaustralia’s National Action Plan that can accomplish this objective include:

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| Embed consumer perspectives in service design and quality improvement at the service level | Evaluation of the effectiveness of existing patient resources for pain management with a view to making them widely available |
| Strengthen requirements for pain management within aged care funding and accreditation systems | Include pain assessment, reassessment and management principles in accreditation standards for hospitals, residential aged care facilities and community regulated by a national commission on Safety and Quality in Health Care (ACSQHC) |

Research findings are not always being used to improve care.

“Globally, pain research focuses on the biopsychosocial mechanisms, epidemiology, clinical features, management principles, and health service delivery models for pain. Canada’s pain research landscape is nested in this international research ecosystem”¹⁸ CTF

Australia is in a similar position. Investments in pain research over the last 20 years have not been well coordinated or prioritised, despite the significant impact of pain. Investment has not kept pace with the burden of pain, attracting 1/6 of funding of other conditions and spread across a wide and varied scope of 50 field areas.

Strategic focus and investment are needed to understand the impact of research on improving health outcomes. It is also important to ensure that Australians have access to the most up to date, effective and innovative pain treatments.

Australia has some of the leading pain researchers and the opportunity to be a world leader in this area but the need for reprioritisation to make pain a national health research priority is important.

“Canada is a world leader in biomedical research focused on the basic mechanisms of pain (Council of Canadian Academies, 2012) particularly in areas such as pain genetics and sex differences in the physiology and pathophysiology of pain (Sorge et al., 2015). Yet there remains much work to be done to understand key aspects of pain such as what governs the transition from acute to chronic pain and how early childhood events lead to chronic pain later in life.”¹⁹ CTF

Pain research should include a focus on improving the evidence base for pain management for specific groups including Indigenous peoples, people from culturally and linguistically diverse backgrounds, people from rural and remote areas, older Canadians, people with dementia, children and young people, and other relevant groups.

Recommendation: Best practice pain research is prioritised for investment, knowledge continues to grow and is communicated to health practitioners and consumers through a national pain research strategy.

Strategies outlined in Painaustralia’s National Action Plan that can accomplish this objective include:

Establish a new National Institute of Pain Research. This body would link key partners and work across institutional and geographical boundaries to develop a pain research strategy

Support for ongoing research and clinical guidance on the use of emerging pharmacological and nonpharmacological interventions

CONCLUSION

“Ultimately, leadership and resources are needed to amplify, spread, and accelerate current activities, coordinate responses, and address current gaps and inequities. International learning tells us this sort of national leadership and investment is likely to yield significant returns in both human and economic terms.”²⁰ CTF

Pain needs to be recognised as a national and public health priority if we are to make real advances in knowledge translation.

Current research indicates that multidisciplinary or interdisciplinary pain management is the most efficient, effective and practical approach to managing chronic pain. Unfortunately awareness of this care is lower than it should be. There is no quick fix. People in pain need to be supported and educated and have the available services necessary to treat their pain.

A great deal more can be done to increase education and awareness among the whole pain community. Health Professionals need to be better informed and supported to take the appropriate actions. Prevention and early intervention strategies are key to preventing chronic pain and unnecessary escalation.

Research advances are slowly increasing, and evidence based findings need to be conveyed to health practitioners and consumers to strengthen best practice care and treatment at the earliest possible stage in progression of the chronic pain condition.

The evidence shows us that chronic pain constitutes a significant burden of disease. This knowledge together with a blueprint for action in the form of Australia’s National Strategic Action Plan for Pain Management has set in train the path to best practice pain care and management. We do hope to be able to update you shortly on further developments in this regard.

Canada has demonstrated significant progress towards a world leading national approach to pain management. We commend you on the work done to date by the Canadian Pain Task Force and hope that the momentum of this work can continue to be implemented to improve the lives of Canadians living with chronic pain.

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