

Manager, Early release of superannuation  
Retirement Income Policy Division  
The Treasury  
Langton Crescent  
PARKES ACT 2600  
emailed to: [superannuation@treasury.gov.au](mailto:superannuation@treasury.gov.au)

15 February 2019

**Re: Review of Early Release of Superannuation Benefits: Further consultation and draft proposals**

To whomsoever it may concern,

Thank you for inviting us to participate in the second round of consultation on the early release of superannuation benefits on severe financial hardship and compassionate grounds.

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. Members include pain and other specialists, health practitioners, health groups, consumers and researchers. Painaustralia works with our network to inform practical and strategic solutions to address this complex and widespread issue.

Since our initial input to the first round of consultation early last year, much has changed across the chronic pain landscape. New research by Deloitte Access Economics on the cost of pain in Australia in 2018 indicates that 3.24 million Australians live with chronic pain today<sup>i</sup>. This figure is projected to increase to 5.23 million by 2050<sup>ii</sup>, as Australia's population ages and the prevalence of chronic conditions – many of which are significantly associated with chronic pain – continues to increase<sup>iii</sup>, costing Australia over \$73 billion annually (\$139.3 billion if quality of life impacts are included).<sup>iv</sup>

The large prevalence of pain also provides some context to the rapidly increasing number of Australians accessing superannuation for medical bills and highlights the urgent need for greater access to pain management services and a national response to the escalating social and economic issue of chronic pain.

As such, we are disappointed to note that the proposed changes in the consultation paper do not go far enough. While we welcome the explicit reference to dental treatment being permissible for treatment of a life-threatening condition, or acute and chronic pain, we are disappointed to note that chronic pain itself has not been recognised as a life-threatening medical condition.

## The life-threatening impact of chronic pain

Globally, research and practice have demonstrated now that the most effective way to reduce pain-related disability, improve function and quality of life, and increase the chances of returning to work for people with chronic pain is known as interdisciplinary pain management.<sup>v</sup> Since chronic pain is not just a physical condition but an experience that affects people psychologically, emotionally and socially (biopsychosocial) management must be holistic in order to be effective.

Many people with multiple complex chronic conditions, including chronic pain, often require coordinated, interdisciplinary care with more intensive psychobehavioral treatment with pain experts, the efficacy of which has been well-established<sup>vi</sup> However, these services are often impossible to access due to unacceptably long waiting times for allied health and multidisciplinary pain services in public hospitals or poor insurance coverage for adequate and appropriate services. These barriers result in large out of pocket costs for people living with chronic pain who want to access best practice care.

Most concerning, an unintended consequence of these barriers is the over reliance on medications to manage chronic pain. Across Australia, more reports and statistics continue to highlight the epidemic of pain facing all Australians and the life-threatening risks posed by inadequate pain management.

A recent AIHW report notes that pharmaceutical opioids are now more likely than heroin to be involved in opioid deaths and hospitalisations with 5,112 emergency department presentations and 9,636 hospitalisations due to opioid poisoning, and 3 deaths per day attributed to opioid harm.<sup>vii</sup>

Similarly, the rate of pregabalin (a commonly prescribed pain medicine) misuse and related ambulance attendances has increased tenfold since 2012. Alarming, almost 40% of misuse-related events requiring paramedic attendance were for suicide attempts.<sup>viii</sup>

These findings are not just about medication but shine a light on Australians fighting what it often an invisible illness – pain. The lack of publicly funded services has meant that desperate Australians living with chronic pain are being left with no choice but to seek early access to their superannuation due to excessive waiting lists to access critical pain services and high out of pocket costs for patients using private pain services and other treatments.

## Conclusion

Worldwide, the need for more effective treatment for pain has steadily gained recognition as the cornerstone of patient-centered care. Addressing pain is in the interests of all Australians, as pain not only contributes to poor health, social and financial outcomes for individuals, but also represents a significant economic burden and puts major pressure on the health care system.

The Council of Australian Government's (COAG) will shortly be considering recommendations around better care and treatment contained in Painaustralia's National Action Plan for Pain Management which is set to appear on the agenda of the Principal Health Committee prior to its consideration by the Australian Health Ministers' Advisory Council. This is a crucial endorsement that underlines the significance of recognising and managing pain as a public health priority.

Depriving people living with chronic pain of early access to superannuation benefits will only create additional barriers in accessing appropriate care, forcing more to rely on medications alone to manage their condition, a choice that comes with many risks and life-threatening side effects.

We hope that the review will find the issues raised in our submission useful. We would welcome the opportunity to discuss these further with the review team.

Yours sincerely

Carol Bennett  
**Chief Executive Officer**

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<sup>i</sup> Blyth FM, March LM, Brnabic AJ, Jorn LR, Williamson M, Cousins MJ (2001). Chronic pain in Australia: A prevalence study. *Pain*, Jan; 89(2-3):127-34. <https://www.ncbi.nlm.nih.gov/pubmed/11166468>;

<sup>ii</sup> Deloitte Access Economics (2018), The cost of pain in Australia, p.iii.

<sup>iii</sup> Access Economics (2007). The high price of pain: The economic impact of persistent pain in Australia. Report for the MBF Foundation. <http://www.painaustralia.org.au/static/uploads/files/mbf-economic-impact-wffhrlzqsah.pdf>;

<https://www.aihw.gov.au/reports-statistics/health-conditions-disability-deaths/chronic-disease/overview>; Arthritis and Osteoporosis Victoria (2013). A problem worth solving: the rising cost of musculoskeletal conditions in Australia. <http://apo.org.au/node/35957>

<sup>iv</sup> Deloitte Access Economics (unpublished), The cost of pain in Australia, p.iii.

<sup>v</sup> Blyth, F.M. et al. Self-management of chronic pain: a population-based study *Pain* 113 (2005) 285–292

<sup>vi</sup> Richmond H, Hall AM, Copsey B, Hansen Z, Williamson E, Hoxey-Thomas N, Cooper Z, Lamb SE Review and Meta-Analysis. The Effectiveness of Cognitive Behavioural Treatment for Non-Specific Low Back Pain: A Systematic PLoS One. 2015; 10(8):e0134192.

<sup>vii</sup> Australian Institute of Health and Welfare 2018. Opioid harm in Australia and comparisons between Australia and Canada. Cat. no. HSE 210. Canberra: AIHW

<sup>viii</sup> Crossin R. et al 2019. Pregabalin misuse-related ambulance attendances in Victoria, 2012–2017: characteristics of patients and attendances. *Med J Aust* 2019; 210 (2): 75-79. || doi: 10.5694/mja2.12036 Published online: 26 November 2018