

7 September 2020

RE: NICE Chronic Pain Assessment and Management Guidelines

Painaustralia is pleased to provide input that informs the United Kingdom [National Institute for Health and Care Excellence's consultation on the draft Chronic Pain Assessment and Management Guidelines](#) (the Guidelines).

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 in Australia. Painaustralia recognises the significant challenge that most developed countries like the UK and Australia face in managing both the increasing prevalence of chronic pain, as well as the current public health crises that have emerged from an over reliance on pharmacological pathways to manage this complex chronic 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, which is currently being considered by Australia's National Cabinet and all state and territories for national implementation.

The UK has demonstrated significant progress towards tackling the opioid crisis through its regulatory reforms. Painaustralia notes that we provide a summary below of our current experience and approach to pain management for your consideration.

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 consensus document, *Australia's National Strategic Action Plan for Pain Management*, developed by Painaustralia and launched in 2019 by the Minister for Health the Hon Greg Hunt MP, outlines over 50 targeted activities that could be useful in shaping the UK's policy and inform the response to chronic pain.

The growing prevalence and cost of pain in Australia

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 per cent of patients, which is within the range of estimated values from the international literature.ⁱ

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 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.ⁱⁱ More than 68 per cent 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 per cent) 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

We know there are serious gaps in addressing complex chronic pain issues. Many Australians living with pain have been unable to access high-quality pain assessment and management, whether due to cost, geographic barriers, low awareness of treatment options, or lack of access to health professionals with the right knowledge and skills.

Unfortunately, in 2020, we are not living in the best of times. Australia, like the rest of the world, has now been left reeling by the disruption of the COVID-19 pandemic. We face unprecedented challenges to the health and wellbeing of our population, as well as significant challenges to our economy.

These challenges are amplified for people living with chronic pain, whose starting point before the epidemic was already compromised. We know that people living with pain have lower workforce participation and are more economically disadvantaged. They frequently face stigma, they are often socially isolated, and they have higher rates of depression, anxiety, and suicidal ideation. They may be dependent on medications such as opioids to manage their everyday lives.

Add in the effects of the pandemic, and many people living with pain are at crisis point. Social isolation is exacerbated, work opportunities are scarce, and access to healthcare has become more difficult. Even physical activity, so important in managing pain, is becoming more challenging to access. Any additional regulatory reforms and guidelines that seek to address opioid prescribing and dispensing, while an important step forward, must consider the impact this will likely have on vulnerable population groups, and the potential that these may result in unintended consequences.

Recent opioid reforms rolled out in Australia have seen significant adverse outcomes for the chronic pain community. Painaustralia has been inundated with calls from distressed consumers, many of whom mention suicidal ideation; and a consumer survey we undertook in July confirmed these high levels of distressⁱⁱⁱ.

It is well recognised that the pandemic is taking a toll on the mental health of the broader population, as we face psychosocial stressors including prolonged periods of limited interpersonal contact, isolation, fear of illness, future uncertainty, and financial strain^{iv}. Mental health challenges are heightened for vulnerable groups such as people living with pain.

The solution: enhanced access and support for pain management

It is important to recognise that strong opioids play a critical role in managing severe acute pain following trauma and major surgery and pain experienced in many forms of cancer and some other conditions. Painaustralia has been working both with Government and several agencies in Australia to ensure that our regulatory responses do not unduly restrict informed, rational prescribing of opioids when it is clinically indicated.

It is important to note that the use and misuse of opioids is affected by a wider range of factors beyond regulation and guidelines. Better understanding of both quality use of medicines and best practice pain management, treatment and support is vital for both prescribers and consumers. Resources and programs are needed to address stigma; provide consumers with knowledge to seek out the most appropriate pain management options; and give prescribers the tools they need to deliver best-practice pain medicine. It is also vital to provide broader support to pain management as we restrict access to commonly used medications like opioids, as [research now shows us that we may cause more harm than good](#) if people are not appropriately supported through this process.

While noting the lack of definitive evidence supporting the long-term effectiveness of opioid analgesics in people experiencing chronic non cancer pain (CNCP) and the substantial evidence of potential harm, it is important to recognise that changes to the prescribing of opioids have ramifications for the millions of people living with chronic pain who are already using these medications and this impact must be given priority consideration.

Striking the right balance between safety and ensuring patients can access the treatment they need to achieve quality of life is challenging, but necessary. While both Australia and the UK 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 can and will 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. Specifically, the overarching gaps in pain management represent similar systemic barriers that need to be addressed in Australia as well as the UK.

Conclusion

In conclusion, 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 informed and have the available services necessary to treat their pain if we want to tackle public health emergencies like the opioid crisis.

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 of the chronic pain condition.

Overall, we need to ensure people living with pain are supported with appropriate services, treatments and education about best practice pain management, particularly with increasingly diminished access to pain medications. Consumers also need timely access to pain management programs to learn how to self-manage pain and find the support and help they need. If we want to reduce reliance on quick-fix medication solutions and the associated harms, we need to invest in the treatments that work alongside or instead of medication to maximise health outcomes.

We hope that you find our current approach instructive in informing your own work in this area. Please do not hesitate to contact us if we can be of further assistance.

Yours sincerely

Carol Bennett
CEO

i Deloitte Access Economics (2019), The cost of pain in Australia. Access online [here](#)..

ii Op. Cit. Deloitte Access Economics (2019).

iii Painaustralia. Impact of 2020 opioid reforms on people living with chronic pain. August 2020.
<https://www.painaustralia.org.au/static/uploads/files/survey-report-impact-of-2020-opioid-reforms-on-people-living-with-chronic-pain-2020-wfsjyadmmdtz.pdf>

iv Clauw, Daniel J; Hauser, Winfried; Cohen, Steven P; Fitzcharles, Mary-Ann. Considering the potential for an increase in chronic pain after the COVID-19 pandemic. *Pain*, Vol 161 Issues August 2020, pp1494-7.