

PAINAUSTRALIA  
**ANNUAL REPORT**

2018

# pain australia

## PainAustralia

### TABLE OF CONTENTS

#### INTRODUCTION

Message from <b>The Chairman</b>	4
Message from <b>The CEO</b>	6

#### OVERVIEW

PainAustralia <b>At a Glance</b>	8
----------------------------------	---

#### THE IMPACT OF PAIN IN AUSTRALIA

The impact of pain in Australia: <b>Burden on individuals</b>	12
The impact of pain in Australia: <b>Burden on the economy</b>	14

#### THE NATIONAL STRATEGIC ACTION PLAN FOR PAIN MANAGEMENT

#### STRATEGIC PRIORITIES

Priority Commitment: <b>Members and Stakeholders</b>	22
Priority Commitment: <b>Government Relations and Advocacy</b>	28
Priority Commitment: <b>Public Awareness</b>	38
Priority Commitment: <b>Sustainability</b>	45

#### OUR SPONSORS

46

---

PAINAUSTRALIA

## MESSAGE FROM THE CHAIRMAN

•  
Robert Regan

---



2018 was a year of achievement for Painaustralia. Our organisation continued to develop and evolve as a prominent and highly effective peak body focused on making a real difference for people with pain and those who care for them.

Front and centre of our work over the past year was the development of a comprehensive National Strategic Action Plan for Pain Management, building on Australia's widely lauded National Pain Strategy. The Minister for Health, the Hon Greg Hunt MP, made a very significant announcement at Painaustralia's Annual General Meeting in May 2018 of funding for the development of the National Action Plan. Encouragingly, Shadow Minister for Health the Hon Catherine King MP who was also present at our Annual General Meeting, indicated bipartisan support for this initiative.

*The National Action Plan is an important step forward. It represents a clear roadmap to improve the quality of life for Australians living with pain, their families and carers. An immense amount of effort and expertise has gone into the development of the Plan, and I thank all of our members and stakeholders, including governments, who have contributed to this important piece of work. We hope that support from all levels of government will be forthcoming so that we achieve real action to improve pain prevention and management in Australia.*

The issue of pain has become increasingly prominent on public and political agendas over the past year. I am particularly pleased that in 2018, retired Air Chief Marshal Sir Angus Houston AK, AFC (Ret'd) agreed to become Painaustralia's Patron, lending his considerable influence to our cause. In addition, two new high-profile members joined Liesl Tesch as our Pain Champions: ABC national medical reporter Sophie Scott, and veteran and Invictus Games medallist Peter Rudland. We at Painaustralia are indebted to our Patron and Pain Champions, who help us raise the profile of pain in Australia, educate the wider community about chronic pain and its impact, and very importantly, help address the unfortunate stigma that is often attached to people living with pain.

*Painaustralia continued to work on many fronts throughout 2018 to bring pain to the forefront of the policy agenda, increase community awareness and understanding of chronic pain and related issues, and to ensure we continue to develop as a sustainable organisation with a strong connection with our members. This Annual Report expands on our organisation's very significant achievements in each of these areas.*

As well as reflecting on our achievements to date, it is important to look forward and plan for the future. I would like to take this opportunity to highlight the planning process we undertook in 2018, which resulted in our new Strategic Plan 2019 to 2021. This new Strategic Plan focuses on achieving our vision in which pain is a recognised national health priority and all Australians living with pain or at risk of pain-related disability, their families and carers, can access credible information and a world-class system of care. The Plan includes four strategic objectives:

- To harness the collective expertise of our members and stakeholders to advocate for endorsement of the National Pain Strategy, implementation of the National Action Plan, and to propose solutions to ongoing and emerging policy issues;
- To aggregate and disseminate current high-quality evidence and research, and apply that to formulating effective policy and models of care;
- To increase community understanding and reduce stigma by communicating evidence-based information to the broader community; and
- To operate sustainably and effectively as Australia's peak pain advocacy body with appropriate membership, resourcing, and governance.

I look forward to working with Painaustralia to put this plan into action, and make our vision a reality.

None of Painaustralia's achievements would be possible without the leadership of Painaustralia's Board of Directors and Chief Executive. I thank my fellow Board Directors for their support, and for the commitment and expertise they consistently bring to the Board table, setting a sound strategic direction for the organisation. I also thank our Chief Executive, Ms Carol Bennett, for her outstanding work in taking our organisation's cause forward, particularly through strong political advocacy, positive stakeholder relations, and the development of a highly effective media and public profile for Painaustralia and the issues it represents.

I am confident that with continued strong leadership and with the support of our members, we can look forward to further success and increasing the impact for people living with pain in 2019 and beyond.

**ROBERT REGAN**

*Chairman of the Board*

---

PAINAUSTRALIA

## MESSAGE FROM THE CEO

•  
Carol Bennett

---



I am thrilled to be able to report that in 2018, as a result of sustained advocacy work by Painaustralia and its members and stakeholders, chronic pain finally achieved genuine recognition as a key health priority on the national agenda. With the announcement of funding for a National Strategic Action Plan for Pain Management led by Painaustralia, our organisation has at last been in a position to develop a roadmap of priorities which provides a blueprint for our national response to chronic pain in Australia.

The National Pain Strategy, developed in 2010, provides the overarching direction for the National Action Plan. The National Action Plan itself was developed in 2018 through a comprehensive consultation process. Our National Pain Strategy Roundtable, held at Parliament House in Canberra in June 2018, provided a resounding affirmation that the National Pain Strategy is still fit for purpose. The experts at the Roundtable identified several emerging issues to be taken into account in refreshing the Strategy. Further consultations through an online survey, consumer activities, and a stakeholder workshop, complemented by a national stocktake and evidence review undertaken by Painaustralia, led to the finalisation of a soundly based draft National Strategic Action Plan for Pain Management, for consideration by all governments. We hope that this National Action Plan is endorsed by all levels of government and we see a real commitment to implementation.

*The National Strategic Action Plan for Pain Management is one of two pivotal documents developed by Painaustralia in 2018. The other document is Painaustralia's The Cost of Pain in Australia report prepared by Deloitte, presenting the first overview of the prevalence and impact of chronic pain in Australia in over a decade. We now know there are more than 3.24 million Australians living with chronic pain, and that as well as impacting their quality of life, pain represents an enormous cost of \$139.3 billion to the economy each year, including over \$73 billion in direct financial costs, in addition to enormous losses in productivity and quality of life. These figures provide a timely reminder of the importance of effective leadership and advocacy on chronic pain, which are central to Painaustralia's purpose.*

As the strong and trusted voice of our members and the broader sector, we have worked very hard over the past year to raise the profile of pain in public and political conversations.

In the political arena, as well as developing the National Action Plan, we collaborated with other national medical, health and consumer organisations to ensure that our priorities are well represented in important health agendas, and held regular meetings with politicians from all sides of the political spectrum. We also provided more than 20 policy submissions to a range of consultations and inquiries, in line with our aim of making pain a national priority embedded across all relevant policies and strategies.

In the public arena, in addition to many stakeholder meetings and conference presentations, we have brought pain into the media spotlight through 17 media releases, and participation in almost 60 high profile media stories across television, radio and print media. Our social media strategy completed this effort. Never before has Painaustralia achieved such coverage for the issues we stand for.

Strengthening our membership and diversifying activities and leadership in education and awareness campaigns have also been a feature of our work in 2018. You will find the full spectrum of our work detailed in this report.

I would like to take this opportunity to thank our members, without whom Painaustralia could not be such an effective voice for people living with pain and those who care for them. My thanks also go to the Chairman of Painaustralia, Mr Robert Regan, as well as our highly skilled Board of Directors, for their unwavering support and commitment. I would also like to thank each and every member of Painaustralia's small but talented staff team for their energy and passion, which enable Painaustralia to punch above its weight and achieve so much.

I am confident that with continued hard work, focus, and advocacy, we will gain further traction in improving the lives of the millions of Australians who live every day with pain.

**CAROL BENNETT**

*Chief Executive Officer*

## PAINAUSTRALIA AT A GLANCE

### OUR VISION

Pain is a recognised national health priority and all Australians living with pain or at risk of pain-related disability, their families and carers can access credible information and a world-class system of care.

### OUR MISSION

Painaustralia is Australia's peak pain advocacy 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 on individuals and the community. We work collaboratively with key stakeholders to integrate pain as a priority in the broader health agenda and our roadmap for achieving world-class care is the National Pain Strategy and associated National Strategic Action Plan for Pain Management.

### STRATEGIC PRIORITIES

- M**embers and Stakeholders
- G**overnment Relations and Advocacy
- I**nfluencing the System and Services
- P**ublic Awareness
- I**nfluencing Knowledge and Practice (Healthcare Professionals)
- I**nfluencing Knowledge and Practice (Consumers)
- B**uilding Knowledge
- S**ustainability

# OUR BOARD

We are indebted to our Board for their assistance in guiding the direction of Painaustralia. Our Board has expertise in law, finance, business management, health economics, consumer advocacy, clinical excellence and government policy.

#### ROBERT REGAN, CHAIRMAN



Robert is Group General Counsel and Secretary for a major listed public company. Prior to this, Robert

held a range of senior legal positions in a career spanning more than 30 years, most recently in the role of Partner-In-Charge, Sydney at Corrs Chambers Westgarth. He holds a Bachelor of Laws (LLB) and Bachelor of Arts (BA) from the University of Sydney and is a Harvard Business School alumnus.

#### GEOFFREY APPLEBEE, TREASURER



Geoffrey is a highly experienced Chartered Accountant and adviser to professional services firms and their partners. He is a director of a diverse group of companies in the public and private sectors, and an independent member of a government audit committee.

#### PROFESSOR MICHAEL COUSINS AO (UNTIL 16 OCTOBER 2018)



Michael, a world-leading pain medicine specialist, has spearheaded pain management education, research

and clinical practice in Australia. He was the founding Director of the Pain Management Research Institute (University of Sydney/Royal North Shore Hospital). Michael was also Chair of the National Pain Summit (Canberra, 2010) and the International Pain Summit (Montreal, 2010).

#### ASSOCIATE PROFESSOR MALCOLM HOGG



Malcolm is a full-time specialist in Anaesthesia and Pain Medicine and Head of Pain

Services, Melbourne Health. He is a past president of the Australian Pain Society (APS) and fellow of the Faculty of Pain Medicine, ANZCA, and member of the International Association for the Study of Pain (IASP).

Malcolm's leadership roles include membership of external advisory groups to Victorian Department of Health and Human Services Safescript (medication monitoring system) External Advisory Group, Drugs of Dependence Committee and Pain Services Clinical Advisory Committee. Research interests include pain outcomes following trauma and models of care for pain service delivery.

#### DR CHRIS HAYES (JOINED 24 JULY 2018)



Chris Hayes is a specialist pain medicine physician who works at John Hunter Hospital

in Newcastle NSW and has been Director of Hunter Integrated Pain Service since its foundation in 1997. He is immediate past Dean of the Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists. Additional roles have included co-chair of the NSW Agency for Clinical Innovation's Pain Network and Chair of the Pain Management Clinical Committee of the Medicare Benefits Schedule Review. His research interests include a "whole person" approach to pain, outcome measurement and redesign of health systems to achieve greater integration between specialist pain services and primary care.

#### LEANNE WELLS



Leanne is Chief Executive Officer of the Consumers Health Forum of Australia and has wide

experience as a director of not-for-profit companies and as a senior executive in government and NGO health roles, including the CEO of the former Australian Medicare Local Alliance, ACT Medicare Local and Australian General Practice Network.

#### PROFESSOR DEBORAH SCHOFIELD



Deborah is Professor and Chair of Health Economics, Faculty of Business and Economics, Macquarie

University. Her career has spanned the Australian Government public service, academia and clinical practice and she has a national and international reputation for her work in economic modelling of the health system, health, and its impact on families and the economy.

#### DR NEWMAN HARRIS (UNTIL 30 MAY 2018)



Newman is a Clinical Senior Lecturer at the Pain Management Research Institute of the University of

Sydney, at the Royal North Shore Hospital. Newman has contributed to the development of several pain education programs including the postgraduate pain program at the University of Sydney.

#### DR GRAEME KILLER AO



Graeme is the former Principal Medical Adviser to the Department of Veterans Affairs, a

position he held for 25 years. After retiring in 2015, he became Principal Medical Adviser to the Returned Soldiers League. He has helped pioneer major improvements in the care of veterans, with a particular focus on the management of chronic pain and related Post Traumatic Stress Disorder.



*Painaustralia is honoured that Sir Angus Houston has agreed to be our national patron to promote and support more effective pain management in Australia.*

*Sir Angus knows only too well the impact of chronic pain having witnessed those injured in conflict, the debilitating post-traumatic stress and other associated mental health issues.*

*He is a passionate advocate for awareness of chronic pain among not only veterans but the broader Australian community.*

*Robert Regan  
Painaustralia Chairman*



## PAINAUSTRALIA NATIONAL PATRON



In 2018, we were enormously pleased to welcome Air Chief Marshal Sir Angus Houston AK, AFC (Ret'd) to the role of National Patron of Painaustralia.

Sir Angus was awarded the Knight of the Order of Australia in January 2015 for extraordinary and pre-eminent achievement and merit in service to Australia through distinguished service in the Australian Defence Force, continued commitment to serve the nation in leadership roles, particularly the national responses to the MH370 and MH17 disasters, and in a variety of roles in the community.

Sir Angus retired from the military as Chief of the Australian Defence Force in July 2011 after serving for 41 years.

In April 2017 Sir Angus was appointed Chancellor for the University of the Sunshine Coast. In addition, he Chairs several boards and also serves as a board member for numerous companies and is the Ambassador/Patron for a number of charitable organisations.

Sir Angus accepted the role of National Patron of Painaustralia in recognition of the unfortunate fact that chronic pain is a common condition among veterans, especially those injured in conflict.

Sir Angus is an exceptional Australian with a deep commitment to the Australian community, and Painaustralia is deeply honoured to have a National Patron of such distinction.

## PAINAUSTRALIA PAIN CHAMPIONS



We were also delighted that in 2018 ABC Medical Reporter Sophie Scott joined the ranks of our Pain Champions. Sophie lives with chronic pain as an outcome of her genetic condition of hypermobility.

*Sophie says: "I visited GPs, physios, rehab physicians and then a pain clinic, where I learned that taking pain killing medication wasn't really helping. What did help me was doing a free online pain management course at Macquarie University, strength training, pacing and for flare-ups using a biofeedback device. What I learned is that living with pain is nothing to be ashamed of, that managing pain goes hand in hand with managing your mental health."*

The wealth of experience and skills that Sophie brings to our organisation is already proving invaluable. Sophie's personal experience gives her an excellent understanding of the issues faced by people with chronic pain, and we are grateful that she is willing to share this publicly to help raise awareness about this important issue.



We were thrilled that in 2018, veteran and Invictus Games competitor and gold medallist Peter Rudland agreed to become a Painaustralia Pain Champion. Peter survived a horrific Black Hawk helicopter crash while serving with the army in Afghanistan, but sustained severe injuries and lives with chronic pain.

Peter joined the Army in 1989 and was medically discharged in 2017. During his service he was deployed to Cambodia, Iraq (twice) Timor Leste (twice) and Afghanistan. It was during the Afghanistan mission in 2010 that he survived a Black Hawk helicopter crash, as he and his fellow servicemen closed into a Taliban stronghold. Four people died. Peter awoke in a German hospital, with bleeding on the brain, organ damage and almost every major bone in his body broken.

Peter acknowledges just how difficult his journey has been since that crash, and was a proud competitor at this year's Invictus Games, competing successfully in wheelchair rugby and recumbent cycling.

*"Peter is a testament to the Australian spirit. His remarkable drive and perseverance to embrace his pain, find ways to not only live with it but to turn it into a positive, and influence the lives of others is a true feat."* Painaustralia Patron, Air Chief Marshal Sir Angus Houston AK, AFC (Ret'd),



Our contingent of Pain Champions continued to grow in 2018, with two new appointees joining our existing Ambassador Liesl Tesch AM MP. Liesl is a seven-time Paralympian and the first NSW MP to use a wheelchair. She has achieved enormous success in her personal and public life, despite living with a spinal cord injury. We are extremely grateful to Liesl for her continued support of Painaustralia.

## THE IMPACT OF PAIN IN AUSTRALIA BURDEN ON INDIVIDUALS

- More than 3.24 million Australians
- One in five Australians adults
- One in three Australians aged over 65
- Four in five aged care residents
- A quarter to a third of children and adolescents
- Some pain conditions, such as back pain, are more prevalent in rural communities
- 40% of Australians with chronic pain presenting for treatment report suffering from depression and/or anxiety
- Levels of psychological distress are 6 times higher in people with chronic pain
- Suicidal behaviour is 2-3 times higher in people with chronic pain

# CHRONIC PAIN AFFECTS

**3.24 million**  
Australians



 **One** in five  
Australians adults

 **Four** in five  
aged care residents

 **One** in three  
Australians aged over 65



Suicidal behaviour is **2-3** times  
higher in people with chronic pain

**40%** of Australians with  
chronic pain presenting for  
treatment report suffering from  
depression and/or anxiety

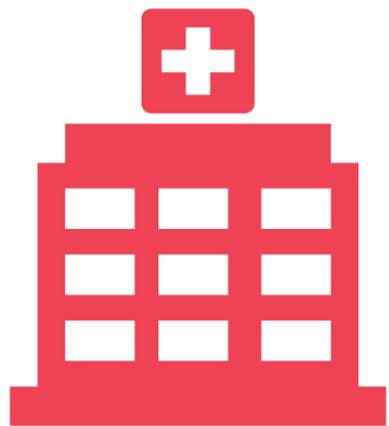
Levels of psychological distress are **6**  
times higher in people with chronic pain

## THE IMPACT OF PAIN IN AUSTRALIA BURDEN ON THE ECONOMY

- Chronic pain costs the Australian economy over \$73 billion per year
- More than 2.2 million Australians of working age have chronic pain
- Productivity losses associated with chronic pain are estimated at over \$48 billion annually
- 40% of forced early retirements are due to chronic pain
- Around 10 million missed work days each year are due to chronic pain
- Chronic pain costs the health system \$12.2 billion each year
- Almost one in five GP consultations involves a patient with chronic pain
- Chronic pain is Australia's third most costly health condition

# \$139.3 billion

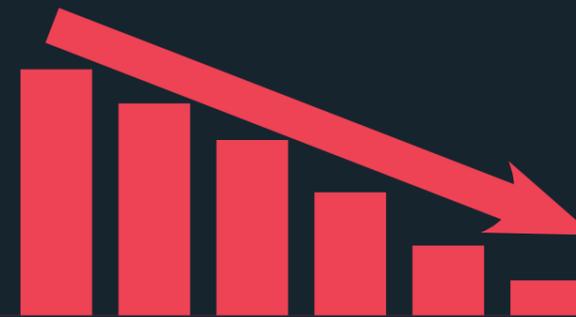
The annual cost of Chronic Pain  
in Australia 2018



**\$12.2  
billion**  
health system



**\$12.7  
billion**  
other financial Costs



**\$48.3  
billion**  
productivity losses



**\$66.1  
billion**  
reduction in quality of life

# THE IMPACT OF PAIN IN AUSTRALIA

The impact of pain on millions of Australians is staggering. Chronic pain – persistent or recurrent pain lasting three months or longer – has a huge effect on many people’s quality of life and on participation in community, work, and education. The daily challenges of chronic pain include decreased enjoyment of normal activities, loss of function, fatigue, sleep disturbance, and relationship difficulties<sup>1</sup>; and many people with pain feel stigmatised and excluded<sup>2</sup>. This state of affairs is simply not acceptable.

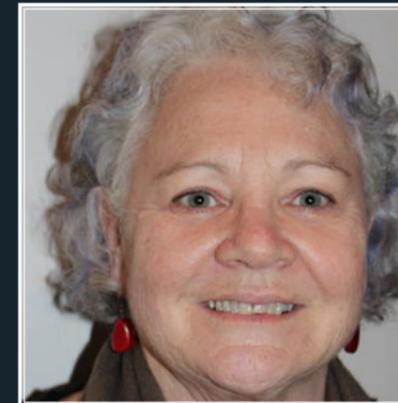
New research by Deloitte Access Economics on the cost of pain in Australia, launched in 2019, indicates that 3.24 million Australians today live with chronic pain<sup>3</sup>. This figure is projected to increase to 5.23 million by 2050<sup>4</sup>, as Australia’s population ages and the prevalence of chronic conditions – many of which are significantly associated with chronic pain – continues to increase<sup>5</sup>. Addressing pain is in the interests of all Australians, as pain not only contributes to worse health, social and financial outcomes for individuals, but also represents a significant burden to the economy and major pressure on the health care system.

Many Australians living with pain are currently unable to access best practice pain assessment and management, whether due to cost, location, low awareness of treatment options, or lack of access to health professionals with knowledge and skills in pain management.

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<sup>6</sup>.

## REFERENCES:

1. Holmes A, Christelis N, Arnold C (2013). *Depression and chronic pain*. *Med J Aust*, 199 (6 Suppl): S17-S20. doi: 10.5694/mja12.10589 <https://www.mja.com.au/journal/2013/199/6/depression-and-chronic-pain>
2. Cohen M, Quintner J, Buchanan D, Nielsen M, Guy L (2011). *Stigmatization of patients with chronic pain: the extinction of empathy*. *Pain Med*, Nov; 12(11):1637-43. doi: 10.1111/j.1526-4637.2011.01264.x. Epub 2011 Nov 4. <https://www.ncbi.nlm.nih.gov/pubmed/22054062>
3. Blyth FM, March LM, Brnabic AJ, Jorm 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>; Deloitte Access Economics (2018), *The cost of pain in Australia*, p.iii.
4. Deloitte Access Economics (2019), *The cost of pain in Australia*, p.iii.
5. 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>
6. Deloitte Access Economics (2019), *The Cost of Pain in Australia*, p.iv.



## SISTER MARY-LYNNE'S LIFE-CHANGING ENCOUNTER WITH MULTIDISCIPLINARY PAIN MANAGEMENT

Sr Mary-Lynne Cochrane spoke at PainAustralia’s Annual General Meeting in 2018. She told politicians and other guests about the importance of a multidisciplinary approach to pain management, the impact that taking control of her pain has had on her life, and the need for better access to it for all Australians. This is her story in her own words.

“For four years I took the over-the-counter codeine-containing drug Mersyndol. I used to double the dose to cover the pain. After that I took a range of prescription opioids.

I always had to make sure I had enough pain medication in the house. If I didn’t have enough I would panic at the thought of running out and not being able to control the pain.

I was never told I could manage my pain without medication. I couldn’t stand how drowsy they made me feel but I was led to believe there was no alternative.

“Before I felt like I wasn’t contributing to this life because I was so consumed by my pain. Now I feel in control. Learning how to change my thought patterns has empowered me.”

I only learned about how to manage pain without medication after 30 years, when I attended a pain clinic.

I would have had better outcomes if I had managed my pain differently from the start. I wouldn’t have stopped working at such a young age and I would have been more active and healthy.

There is still a lot of misunderstanding in the community about pain management, and it is very important people who want to stop taking opioids have the right support and the means to do so.

I’ve had 22 surgeries in 35 years including two knee replacements, three hip replacements, three back surgeries, a shoulder replacement, pelvic bone transplants and surgeries in both feet. But I have arthritis and it is never going away.

After my third back surgery in 2013 I landed in intensive care with horrific and uncontrollable pain.

I was referred to the Greenwich Hospital Pain Clinic and completed a 10-week pain education course covered by Medicare. Since then, my life has completely changed.

With the help of the pain clinic, I replaced medication with Cognitive Behavioural Therapy (CBT), mindfulness and pacing my activities throughout the day.

I find the concept of pain psychology fascinating. I can control the intensity at which I feel pain. I do this through distraction, meditation and visualisation.

I’m committed to a multidisciplinary approach for pain management. My pain management team, who I see weekly, involves a physiotherapist, nutritionist and pain psychologist. I do eight hours of pain management a week and exercise every day.

I don’t take opioids, which is the hard road but it’s a better quality of life.

# THE NATIONAL STRATEGIC ACTION PLAN FOR PAIN MANAGEMENT

In 2018, following successful advocacy work by Painaustralia and its members and stakeholders, chronic pain finally became a genuine national policy priority with the announcement of Australian Government funding for the development of a National Strategic Action Plan for Pain Management, led by Painaustralia.

The National Pain Strategy, developed in 2010 as a result of Australia's world-first National Pain Summit, provides the overarching direction for the National Action Plan, which is the blueprint for putting the strategy into action.

The National Action Plan was developed in 2018 through a comprehensive consultation process.

In June 2018, an eminent group of experts from pain medicine, allied health, drug and addiction medicine, mental health, rural health, general practice, pharmacy, rheumatology, and importantly consumers, came together for the National Pain Strategy Roundtable, held at Parliament House in Canberra. This Roundtable was the first step in the development of the National Action Plan. Co-facilitated by ABC Health Reporter Sophie Scott and strategic consultant Rosie Yeo, the roundtable unanimously agreed that the 2010 National Pain Strategy sets out a clear framework for supporting best practice pain management, and should guide the development of the new National Action Plan.

Current and emerging issues were also identified, including the quality use of pain medications; the overlap between drug addiction disorders and pain management; and the expanding role of technology to enable greater access to pain management support and services.

Painaustralia also undertook a stakeholder survey, to enable us to hear the views of consumers and consumer groups, clinicians, allied health practitioners, key health groups and the whole community on what people see are the key priorities to improve the quality of life for the millions of Australians that live with pain and reduce the impact of pain on families, communities and the economy. We received more than 1100 responses to our stakeholder survey, 70% from consumers. In addition, we commissioned the Consumers Health Forum of Australia to host a consumer consultation on the Plan. This involved a consumer-specific roundtable held in Canberra in September 2018 and interviews with key groups.

The culmination of our consultations was a broad stakeholder workshop hosted by Sophie Scott and Rosie Yeo in Canberra in late September 2018, which brought together clinicians, multidisciplinary health practitioners, key groups with interests in rural health, palliative care and other experts, and consumer representation. This workshop provided an opportunity for prioritising actions for the draft National Action Plan.

The consultation process clearly demonstrated the need for greater investment and nationally coordinated action and policy setting, despite some advances in pain management since the 2010 National Pain Strategy. Greater awareness of pain and pain management, access to multidisciplinary services and research are key priorities.

In addition to our consultations, Painaustralia engaged all States and Territories and Primary Health Networks to undertake a stocktake of current activities and programs in pain management and collated this into a companion document describing the current environment. Painaustralia also developed and documented a comprehensive evidence base to underpin the National Action Plan.

The National Action Plan aims to improve the quality of life for people living with pain, and to minimise the pain burden for individuals and the community. It recommends key actions under several goals:



Painaustralia submitted the draft National Action Plan to the Australian Government in October 2018, along with companion documents detailing the consultation outcomes, a national stocktake, and the evidence base. The next step for the National Action Plan was its consideration by jurisdictions in late 2018 and referral to the Australian Health Minister's Advisory Council (AHMAC) of the Council of Australian Governments (COAG).

We thank the pain sector, consumers and the wider community for their thoughtful engagement in our consultation process, which greatly strengthened the development of a practical and effective National Action Plan.

Painaustralia will continue to advocate for improved pain management support and services, and we anticipate our members and other key stakeholders will support the push to advance the priority actions outlined in the National Action Plan.

*I believe Painaustralia is clearly on the right road and driving towards the achievement of our shared vision - an Australia where people experiencing pain, their family and carers, are able to get the support and the treatment they need when they need it*

Carol Bennett  
Painaustralia CEO

# STRATEGIC PRIORITIES

Painaustralia's vision is that pain is recognised as a national priority and all Australians living with pain or at risk of pain-related disability, their families and carers, can access credible information and a world-class system of care. Chronic pain needs to be understood and effectively managed where possible in the community and primary care setting, using evidence-based best-practice strategies. Access to care must be timely in order to prevent progression of disease and disability, and specialist care for more complex cases must be well resourced and accessible.

To achieve this vision, in 2018 Painaustralia worked towards eight priority commitments, developed as part of our previous Strategic Plan which applied throughout 2018. For the purpose of this report, we will highlight in detail four of these key areas of focus for our organisation: Priority Commitment #1 'Members and stakeholders'; Priority Commitment #2 'Government relations and advocacy'; Priority Commitment #4 'Public awareness and sustainability'; and Priority Commitment #8 'Sustainability'.

Through our work we are also influencing knowledge and practice among health professionals and consumers, providing advice on research projects and continuing to network with Primary Health Networks to achieve positive outcomes for people with pain.

## 8 Priority Commitments

- 1 Members and stakeholders
- 2 Government relations and advocacy
- 3 Influencing the system and services
- 4 Public awareness
- 5 Influencing knowledge and practice (health professionals)
- 6 Influencing knowledge and practice (consumers)
- 7 Building knowledge
- 8 Sustainability



*[There is] good cause to be optimistic about the priority that pain has on our national agenda and the future for pain management in Australia.*

*As we all know Pain has a profound human, economic and social cost. Pain is everywhere and it affects the quality of lives of many Australians.*

*There is nothing more valuable than to hear directly from people who have experienced the management of chronic pain.*

*Robert Regan  
Painaustralia Chairman*



PRIORITY  
COMMITMENT:  
**MEMBERS AND  
STAKEHOLDERS**

- **Grow and build capacity of our member network of health care and consumer organisations, academic and research institutions.**
- **Communicate effectively and promote collaboration internally and with community leaders and other stakeholders.**
- **Collaborate with members and stakeholders to develop and promote improved policy and practice in pain management.**

As the national peak body for pain, Painaustralia represents the interests of more than 150 stakeholders from a cross-section of organisations with an involvement in pain, including consumers, carers, medical specialists, allied health professionals, pharmacists, academics, researchers and pharmaceutical companies.

Our submissions to government, our position on critical issues and our interface with the Australian public must reflect not only evidence-based best-practice principles but also the views of the members and stakeholders we represent.

**CONSULTING  
MEMBERS**

Over the past year we have consulted with members and stakeholders on many issues, to provide direction to our work.

As outlined earlier, we undertook comprehensive consultations with members and stakeholders in the development of the National Strategic Action Plan for Pain Management.

Our members are keen to be involved in our policy and advocacy work, and we have provided them with opportunities for input to shape our policy submissions and other relevant work. We have actively used our eNews as a tool to consult with members in this way.

Air Chief Marshal Sir Angus Houston AK, AFC (Ret'd), Painaustralia Patron



Painaustralia Annual General Meeting 2018



Geoffrey Applebee, Dr Graeme Killer AO, Robert Regan, Sir Angus Houston



Painaustralia CEO Carol Bennett and Pain Support ACT President, Margaret McCulloch

# WORKING

In the interests of building partnerships and alliances to progress the agenda of people living with pain, in 2018 we worked with an extensive range of member and stakeholder organisations, including through joint advocacy and media work, participation and presentations at conferences and other events, and program governance. These organisations included but were not limited to:

*Agency for Clinical Innovation NSW*  
*Arthritis Australia*  
*Australian Medical Association*  
*Australian Pain Management Association*  
*Australian Pain Society*  
*Australian Pharmaceutical Society*  
*Australian Self Medication Industry*  
*Carers Australia*  
*Chronic Pain Australia*  
*Consumers Health Forum of Australia*  
*Faculty of Pain Medicine*  
*HammondCare*  
*Migrant Council of Australia*  
*National Rural Health Alliance*  
*National Aboriginal Community Controlled Health Organisation*  
*NPS MedicineWise*  
*Pain Management Research Institute*  
*Pain Revolution*  
*Palliative Care Australia*  
*Pharmacy Guild of Australia*  
*Rehabilitation Medicine Society of Australia and New Zealand*  
*Royal Australian College of General Practitioners*  
*Royal Australian College of Physicians*  
*Royal Australian College of Surgeons*  
*Rural Doctors Association of Australia*  
*Society of Hospital Pharmacists of Australia*  
*Private healthcare organisations*  
*Private health insurance agencies*  
*Therapeutic Goods Administration*  
*University Departments and Academic Institutes*  
*Primary Health Networks*  
*Pharmaceutical companies*  
*Corporate supporters*  
*Charitable foundations*  
*Australian Government and state/territory government departments*

Among the many partner and stakeholder events we participated in throughout 2018, Painaustralia was particularly proud to be part of October's Invictus Games held in Sydney. The Games celebrates the spirit of injured service men and women, who have been challenged and tested but not overcome. This proved to be an exciting and inspiring event that presented the opportunity for Painaustralia to highlight the importance of pain management among veterans through our participation in the 'Unconquerable Mind' mental health forum hosted by Medibank and the Banksia Foundation. It was a privilege to hear the stories of veterans who live with visible and invisible scars, and who have worked through challenges to live as well as possible with pain conditions using sport as a major focus for rehabilitation.

# TOGETHER

**Painaustralia has also engaged in several ongoing partnership activities, including:**

## **The Australian Prevention Partnership Centre**

Painaustralia is represented on the Steering Group of this project which aims to improve the prevention and management of chronic pain in primary care, with a focus on the role of Primary Health Networks (PHNs). The project is part of the Boosting Prevention Program at the Australia Prevention Partnership Centre and is funded by the Medical Research Future Fund (MRFF). Additional funding to support this project has also been granted by the Sydney Medical School Foundation, University of Sydney.

A key component of the project is to undertake a review of the PHN Needs Assessments. Subsequently, a survey and interviews with each PHN will be undertaken to more comprehensively understand the health and service needs and priorities of PHNs in relation to chronic pain prevention and management.

## **Nationally Coordinated Codeine Implementation Working Group (NCCIWG)**

Painaustralia was an active member of the Nationally Coordinated Codeine Implementation Working Group (NCCIWG), established with representatives from state and territory health departments and peak professional bodies representing consumers, pharmacists and medical professionals. The working group assisted with the implementation of a communication and engagement strategy to help inform the community about changes to codeine and other analgesic scheduling.

## **Opioid Regulatory Advisory Group**

Painaustralia is a member of the Advisory Group which provides expert advice to the TGA in developing and implementing regulatory options in response to issues of opioid use and misuse.

## **Pain MedsCheck Project Advisory Group**

Painaustralia was a member of the Pain MedsCheck Advisory Group, advising on the strategic direction of the guidelines and support and education materials for the Pain MedsCheck trial. The trial was funded by the Australian Government to support pharmacists to assist patients who are taking medication for chronic pain of three or more months to evaluate their medicine and the pain management program.

## **ePOCC Management Advisory Group**

Painaustralia participates in the Electronic Persistent Pain Outcomes Collaboration (ePPOC) Management Advisory Group. ePPOC, an initiative of the Faculty of Pain Medicine, is a program which aims to help improve services and outcomes for individuals experiencing chronic pain through benchmarking of care and treatment. ePPOC involves the collection of a standard set of data items and assessment tools by specialist pain services throughout Australia and New Zealand to measure outcomes for their patients as a result of treatment. This information has been used to develop a national benchmarking system for the pain sector, leading to better outcomes and best practice interventions for patients in chronic pain. The information also enables the development of a coordinated approach to research into the management of pain in Australasia.

## **GAP Standing Committee on Productive Ageing**

Painaustralia continues to participate in this committee of government, industry, business and academia, which commenced in 2014 to discuss ageing and employment issues and bring forward policy and research projects that improve productivity of older workers.

# INVOLVING CONSUMERS

As an organisation dedicated to improving the lives of people living with pain and their families, the involvement of consumers is an important and necessary part of our work. We are in contact with many consumers who support us in our awareness-raising and media activities and actively listening to the views of consumers through our social media presence and by inviting comment on specific issues. As noted earlier, consumers had a high level of input into shaping the National Strategic Action Plan for Pain Management in 2018, including through a consumer survey, consumer interviews, and a consumer-specific roundtable.

To strengthen our systemic approach to consumer engagement, late in 2018 we began taking expressions of interest from people living with pain and those directly affected to become part of Painaustralia's official Consumer Advisory Group (CAG). The CAG aims to provide a consumer voice in advocating for the needs and priorities of people living with chronic pain in relation to key Painaustralia policies and positions. The CAG will be contacted for advice and input on a range of policy submissions, Painaustralia campaigns and key position statements.

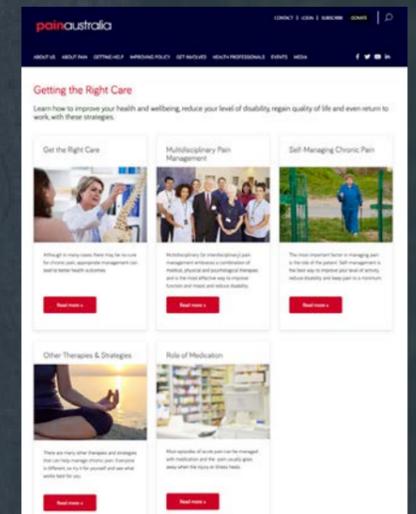
Sarah Fowler, 22, has lived with chronic pain since childhood. Chronic pain is estimated to cost Canberra's economy over \$2 million last year Photo-Elesa Kurtz

# COMMUNICATING THE MESSAGE

Communication through Painaustralia's eNews has continued to expand and we now reach out to around 6,000 members, stakeholders and interested people with emailed news every month. This information exchange is supplemented by an active social media presence, and by the use of mainstream media and presentation opportunities which help ensure our messages reach the widest possible audience.

Our website provides easy access to the latest Painaustralia media releases, media stories and information about best-practice pain management. It also offers members and stakeholders an opportunity to advertise events and promote their evidence-based pain clinics and programs.

We also aim to influence the public conversation. Late in 2018, we released for comment our draft Language Guidelines for People with Chronic Pain for consultation, which aim to bring about positive change in how our society talks about pain and people living with pain by providing a guide to appropriate, inclusive and non-stigmatising language. These guidelines will assist in breaking down the stigma faced by many people living with pain.



**6,000+**  
*members, stakeholders and interested people with emailed news every month*

PRIORITY COMMITMENT:

**GOVERNMENT RELATIONS AND ADVOCACY**

- Maintain effective communication with Government to provide impartial, well-informed information and advice in order to influence health, workforce and economic policy and programs to prevent and manage chronic pain.
- Continue to advocate for chronic pain as a national health priority with a focus on neglected areas such as paediatric pain, pelvic pain and aged care.



**NATIONAL STRATEGIC ACTION PLAN FOR PAIN MANAGEMENT AND 2019-20 BUDGET SUBMISSION**

There is a clear need for a strong voice for the **millions of Australians** living with pain, as well as their families and carers. For too long people with chronic pain have been voiceless in conversations about health policy. Advocating on their behalf, and with them where possible, is a fundamental role that we take very seriously.

The development of the National Strategic Action Plan for Pain Management, through an extensive consultation process was our single largest policy and advocacy activity in 2018, and the platform for much of our other work in this area. In particular, our 2019-20 Federal Budget Submission, Strategic Action on Pain Management: Policy Proposals to Improve Lives and Save Money, submitted in December 2018, called on the Federal Government to immediately fund the implementation of several key priorities from the National Action Plan. We put forward six proposals:

1

Recognise people in pain as a national public policy priority

2

Inform, support and empower consumers to understand and manage pain

3

Inform and support health professionals to deliver evidence-based assessment and care

4

Provide consumers with timely access to effective pain management services

5

Continuously evaluate and improve pain management across settings

6

Implement a national research strategy to improve knowledge and translation

# POLICY AND ADVOCACY FOCUS

Painaustralia's policy and advocacy work moved to a new level in 2018. In addition to the very extensive and proactive advocacy and policy work involved in the development of the National Strategic Action Plan for Pain Management, Painaustralia advanced the cause of people living with pain through direct lobbying of politicians, political advisers, and government departments on a range of relevant issues; and provided a record number of policy submissions to a range of reviews and inquiries.

# 70%

Medications are used in close to **70% of GP consultations** for chronic pain management



## Prominent themes in our policy and advocacy work in 2018 included:

### Opioid use and misuse

Opioid use and misuse in chronic pain, and its consequences represent a serious problem in Australia. In November 2018, The Australian Institute of Health and Welfare released a key report, *Opioid harm in Australia: and comparisons between Australia and Canada*, which presented data showing:

- 3.1 million people filled 15.4 million opioid scripts in 2016–17
- Opioids accounted for 62% of drug-induced deaths and rose by 62% from 2007 to 2016
- In 2016–17 there were 5,112 emergency department presentations and 9,636 hospitalisations due to opioid poisoning
- Every day in Australia three people die from opioid-related causes.
- Throughout 2018, Painaustralia kept the issue of opioids high on the agenda, making submissions to several national consultation processes, and engaging in political and media activity to build support for action on this issue.

Opioid prescriptions in Australia have increased from about 10 million to 14 million per year since 2009, and deaths related to pharmaceutical opioids now exceed heroin deaths. Despite strong evidence demonstrating opioids are largely ineffective for chronic pain, they continue to be prescribed especially in areas where access to pain management services is limited. People with unmanaged or poorly managed pain are therefore at risk of drug dependence and misuse, as well as accidental death.

Painaustralia argues that only a national comprehensive approach to pain management – including improved regulation, investment in health practitioner education and training, better access to care, improved models of interdisciplinary care, and consumer education and awareness – can successfully tackle this problem.

### Management of pain in aged care settings

The issue of pain management in older Australians, including those who are recipients of aged care services and most especially people living with dementia, is of key concern for Painaustralia, and was high on our advocacy agenda in 2018. Current practices within the aged care sector allow pain to remain unrecognised or undiagnosed because of cognitive or other communicative impairments and inadequate training of aged care staff with day-to-day responsibilities for

residents. Chronic pain affects up to 80 per cent of the resident population in aged care facilities. Residents are at greater risk of events that cause pain such as falls, accidents and injuries, as well as living with conditions that cause pain and pain as a condition in its own right. People with dementia are also less able to express emotion or communicate to their carers that they are in pain, which can cause severe behavioural and psychological symptoms of dementia.

We provided a number of policy submissions in this area throughout the year highlighting important issues including:

- The need for a holistic strategy to improve care and pain management in aged care, particularly for people with dementia. Evidence was provided of the strong link between poorly managed or unmanaged pain and severe behavioural and psychological symptoms of dementia, the need to build capacity across the aged sector workforce, and the need for better understanding of pain among residents and their representatives.
- The need for effective pain management, including prevention, treatment and support, to be a key priority of aged care policy reform and a core responsibility across aged care settings to improve the quality of care within residential aged care and reduce the incidence of mistreatment.
- The urgent need to improve the prevention, treatment and management of pain across aged-care settings through a national pain management training program for all aged care staff; national standards to improve the reporting of pain in aged care facilities; a national pain management program for all people living in residential aged care; greater access to services through the Aged Care Funding Instrument; and implementation of the National Pain Strategy to ensure best-practice pain management occurs in all residential aged care facilities.
- The importance of pain being included as a key consideration in the investigations of the Royal Commission into Aged Care Quality and Safety established by the Prime Minister.

It has been heartening to see the impact of this advocacy. For example, many of Painaustralia's recommendations were included in the Report on the Inquiry into the Quality of Care in Aged Care Facilities in Australia to which we made a submission and provided evidence in 2018. Pain management in aged care will continue to be a priority area for Painaustralia in the coming year.

# PRIVATE HEALTH INSURANCE REFORMS

Painaustralia worked closely with our founding members, the Faculty of Pain Medicine and the Australian Pain Society to ensure that the new private health insurance legislation tabled in Parliament in October reflected many concerns of the pain sector about the need for accessible and affordable treatment options. Our partnership actively engaged in advocating on key concerns around the proposed creation of a clinical category for chronic pain management, which would have disproportionately restricted access only to those with top tier gold private health cover.

We issued a joint media release urging the Federal Government to reflect our concerns in the rules that will give effect to the reforms in the legislation; and held rolling meetings with advisors from across the political spectrum.

The amendment rules were tabled in parliament on Thursday 11 October 2018, addressing the key concerns we had raised. The new rules ensure that pain management is now spread across all tiers of cover. However, there will be a gold level 'pain management with device' category for expensive procedures. This was overall a very good result and we thank all those who contributed to this effort.

In December 2018, we joined with other peak health groups in a statement to federal politicians requesting a Productivity Commission inquiry into private health insurance. The letter comes amid growing concerns about the rising cost of private health insurance without the added value and improved access for consumers. This is a core concern to all Australians, as the private system's key intent is to take pressure off the public system. The collapse of private health care will place too much additional strain on an already overburdened system. The letter was co-signed by Painaustralia, Consumers Health Forum, National Rural Health Alliance, Public Health Association, Choice and eight other peak organisations.

## The impact of pain in rural and remote Australia

Painaustralia made a key submission in May to the Senate Standing Committee on Community Affairs inquiry into the accessibility and quality of mental health services in rural and remote Australia, focusing on the links between pain and mental health in rural and remote Australia.

In rural and remote areas there is a higher burden of mental illness; the impact of mental illness is much greater; there is a greater likelihood of experiencing chronic pain, and there may be a greater susceptibility to mental illness.

People living outside major cities are 23 per cent more likely to experience back pain, and 30 per cent more likely to have a long-term health condition due to injury.

Major depression is present in as many as 40 per cent of people living with chronic pain, they are two to three times more likely to experience suicidal behaviour compared with the general population, and they also have high rates of generalised anxiety disorder, post-traumatic stress disorder and substance misuse.

Despite these dramatic statistics, chronic pain has not received the same attention as mental health in health policies and public awareness campaigns, and remains largely misunderstood despite its prevalence in people with a mental health condition.

Pain specialists are generally only available in major cities and there are few GPs trained in multidisciplinary pain management. There is also a shortage of mental health professionals – there are only three psychiatrists and 30 psychologists per 100,000 population in remote and very remote areas.

Best practice multidisciplinary pain management clinics are concentrated in major urban centres, and the travel required to attend pain clinics is often too uncomfortable, painful or just unaffordable.

An important way to help bridge the gap is with effective education about pain and self-management. Studies have shown people who have a greater understanding of pain and how to manage it, and who are empowered and adequately supported, show improved wellbeing and mental health.

## Other initiatives

Other notable policy and advocacy initiatives included:

- Formal input into the Australian Labor Party's National Platform on Health: Painaustralia provided substantial comments that acknowledge the impact of chronic pain in Australia, and sought key commitments that seek to minimise the pain burden including the National Pain Strategy. We are pleased to note that pain has now been included in the ALP's Platform for the first time.
- The development of a policy paper, in partnership with our founding members the Faculty of Pain Medicine (ANZCA) and the Australian Pain Society to underscore commonalities in mission and purpose between the National Strategic Framework for Chronic Conditions and the National Pain Strategy. The paper recommended that Australian Health Ministers endorse and implement the National Pain Strategy as a key pillar in meeting its goal to reduce the prevalence and impact of chronic conditions, with the engagement of the pain sector.

# RESPONDING TO INQUIRIES AND REVIEWS

In 2018, Painaustralia made a record number of policy submissions to inquiries and reviews, several of which are referred to above. A full listing is provided below. Where feasible, we accompanied these submissions with advocacy activities such as media releases, meetings with key politicians to reinforce the issues, or appearances at inquiry forums and hearings.

# SUBMISSIONS MADE BY PAINAUSTRALIA IN 2018

- Australian Government, Department of Health Consultation on Specialist Dementia Care Units (January 2018)
- Department of Treasury Consultation on the Review of the Early Release of Superannuation Benefits (February 2018)
- Standing Committee on Health, Aged Care and Sport Inquiry into the Quality of Care in Residential Aged Care Facilities in Australia (February 2018)
- Consultation Paper: Prescription strong (Schedule 8) opioid use and misuse in Australia - options for regulatory response - TGA (March 2018)
- Department of Health and Human Services Victorian Government - Regulatory impact statement and proposed regulations for Safescript Victoria's real-time prescription monitoring system (March 2018)
- Department of Health - Scheduling Delegates' interim decision on Ibuprofen and invitation for further comment (March 2018)
- Australian Aged Care Quality Agency - Draft Guidance Material for New Aged Care Quality Standards (May 2018)
- Department of Health - National Action Plan for Endometriosis (May 2018)
- Relationship between the National Strategic Framework for Chronic Conditions and the National Pain Strategy (May 2018)
- Senate Standing Committee on Community Affairs - Accessibility and quality of mental health services in rural and remote Australia (May 2018)
- TGA Advertising Code - Complaints Handling (June 2018)
- Senate Legal and Constitutional Affairs Committee Inquiry into the Criminal Code and Other Legislation Amendment (Removing Commonwealth Restrictions on Cannabis) Bill 2018 (June 2018)
- Consultation on Australian Medical Research and Innovation Priorities for 2018-2021 (September 2018)
- Consultation Boxed Warning Guidance to TGA (September 2018)
- Senate Community Affairs Legislation Committee Inquiry into the My Health Records Amendment (Strengthening Privacy) Bill 2018 (September 2018)
- Royal Commission into Aged Care Terms of Reference (September 2018)
- Aged Care Quality and Safety Commission Bill 2018 and related Bill (September 2018)
- Proposed Amendments to the Poisons Standard: TGA MR Paracetamol consultation (October 2018)
- National Osteoarthritis Draft Strategy Survey (November 2018)
- Establishing a National Men's Health Strategy for 2020 to 2030 (November 2018)
- Establishing a National Women's Health Strategy for 2020 to 2030 (November 2018)
- Senate Community Affairs References Committee Inquiry into the Effectiveness of the Aged Care Quality Assessment and Accreditation Framework (November 2018)
- 2019-20 Federal Budget Submission: Strategic Action on Pain Management - Policy Proposals to Improve Lives and Save Money (December 2018)



## PROVIDING ADVICE

Throughout 2018, PainAustralia worked hard to bring pain onto the national political agenda, including by developing and maintaining relationships with the Federal Health Minister, the Hon Greg Hunt MP; the Shadow Health Minister, the Hon Catherine King MP; and other politicians and political advisers from across the political spectrum. We also worked with state and territory governments on their pain plans and sought their support for our National Strategic Action Plan for Pain Management. In addition, we have worked with a wide range of stakeholders and provided expert advice through management committees, forums, and conferences, to ensure improved and more widespread understanding of issues associated with pain management.

PainAustralia's Roundtable Consultation  
on the Nation Action Plan, Canberra,  
September 2018

## PRIORITY COMMITMENT: PUBLIC AWARENESS

- Promote community awareness about chronic pain and best-practice self-management principles.
- Validate and destigmatise the predicament of people living with chronic pain.

# CAMPAIGNS

### Real Relief Campaign

A major focus over the early part of 2018 was the completion of the joint Real Relief codeine consumer education campaign which ran from December 2017 to February 2018. The campaign was undertaken in partnership with medical colleges and health groups including the Faculty of Pain Medicine (ANZCA), the Royal Australasian College of Physicians, the Rural Doctors Association of Australia, Society of Hospital Pharmacists of Australia, the Australian Pain Society, Consumers Health Forum and ScriptWise.

The purpose of the campaign was to communicate with consumers on up-scheduling changes to make codeine prescription-only, which took effect from 1 February 2018. The campaign provided opportunities to communicate with consumers about the limitations and potential dangers of opiate use, and alternative pain management strategies. Real Relief engaged audiences across social media, paid digital media and earned media, with a key focus being to drive people to the Real Relief website.

#### Key objectives of the Real Relief campaign:

- Deliver evidence showing codeine regulation is necessary: consumers need to understand the reasons for the decision
- Build a database of supporters for a national pain management strategy
- Educate the public on the warning signs of codeine overdose
- Educate the public about safer and more effective pain management options

Through social media, PainAustralia shared content on a daily basis to be further disseminated by campaign partners. This content included facts about codeine, case studies on the harms of the drug and relevant third-party links including articles and factsheets. Organic content was supplemented with paid digital advertising across Facebook, Google Adwords, digital display and programmatic video. This amplified the reach of the campaign content by distributing it directly to key target audiences (i.e., people who use codeine regularly or have recurring or chronic pain).

The Real Relief website ([www.realrelief.org.au](http://www.realrelief.org.au)) contained more information about codeine harms, the reasons for the change, case studies and where to go for help. During the period 12,287 people visited the site. More than half were aged 45 and over, and three in four were women.

PainAustralia also drove mainstream media coverage, and encouraged our supporters to join the debate through generated news stories, case studies, opinion pieces and follow up media. We gained widespread coverage in metropolitan and regional media from print, online, radio and television outlets. In addition to PainAustralia key spokespeople, Board Director A/Prof Malcolm Hogg and CEO Carol Bennett, three consumers generously provided case studies and undertook interviews for the campaign.

PainAustralia also sponsored a change.org petition, started by Mary-Lynne Cochrane, an Australian nun who lives with chronic pain and was dependent on medication for many years until she discovered multidisciplinary pain management. The petition generated signatures from 2,200 people who pledged their support for the Australian Government to facilitate affordable and accessible alternative treatments for chronic pain.

In total, more than 3.3 million people had the opportunity to engage with the campaign during the active campaign period, helping to build an audience to further advance the discussion about chronic pain in Australia.

**Codeine will be prescription-only from 1 February 2018**

Do you know your options for safe and effective pain relief?

**RealRelief**  
[realrelief.org.au](http://realrelief.org.au)

### International Pain Awareness Month

PainAustralia proudly supported International Pain Awareness Month in September, to help raise awareness about the growing problem of chronic pain in Australia and around the globe.

PainAustralia shared a range of resources and information about policy reform in Australia with our Pain Awareness Month partners internationally.

Pain Awareness Month included a coalition of organisations under the umbrella of Partners for Understanding Pain, spearheaded by the American Chronic Pain Association. It provided an opportunity for Partners for Understanding Pain to join together with the International Alliance of Patient Organizations and the International Pain Management Network to identify key challenges to pain management and develop strategies to put pain on the international health agenda.

**AGED CARE IN PAIN**

**80%** of aged care residents have chronic pain, with 91% residents prescribed analgesics.

More than half of residents (52%) in aged care facilities in Australia have a diagnosis of dementia. This suggests that a high proportion of people with chronic pain also have cognitive or communicative impairment and inability to report pain.

41% - almost half - of care professionals have received no training on assessment of pain in people with dementia with 50 percent of care professionals saying that additional training would be beneficial.

People with dementia frequently respond to and express pain through non-verbal body language or changed behaviours. This leads to pain in people with dementia being under-recognised, under-reported and under-treated.

Pain can be better managed in aged care through the adoption of a multidisciplinary approach that considers the biological, psychological and social aspects of pain.

**painaustralia**

**ATYPICAL AND CONVENTIONAL OPIOIDS**

Recognising the differences between conventional and atypical opioids can help prevent some adverse consequences of opioid use.

There are many differences between conventional and atypical opioids, including **different efficacies, adverse effects and toxicities as well as risk of abuse**. These factors should be considered when prescribing opioids for chronic pain conditions.

Overall, opioids play a much **smaller role** in the management of chronic noncancer pain than they do in that of severe acute pain and cancer pain.

Opioids should never be regarded as the sole approach to chronic noncancer pain but as one component of a multidisciplinary management plan. Even if used with benefits, they are not intended as life-long treatment and should be weaned when function has been stabilised.

There are valid reasons to wean patients off their long-term use of opioid analgesics. A structured and well-planned tapering program will improve treatment outcomes and reduce the complications associated with opioid withdrawal.

**painaustralia**

**ACCESS ISSUES**

Pain patients face long waiting times to access multidisciplinary pain services in public hospitals—frequently more than a year and sometimes up to two years—resulting in deterioration in quality of life and reduction in ability to return to work.

**275** pain medicine specialists practicing in Australia and they are unable to meet the needs of 20% of the population.

There are only **12** paediatric pain specialists in the whole of Australia, and some jurisdictions have none at all.

There are only **6** dedicated multidisciplinary paediatric pain services in Australia and only one of these in a regional centre.

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

**painaustralia**

**WORLD OSTEOPOROSIS DAY**

This disease makes bones brittle leading to a higher risk of fractures from normal falls. Osteoporosis occurs when bones lose minerals, such as calcium, more quickly than the body can replace them, causing a loss of bone thickness (bone density or mass).

**165,000** Osteoporosis is a chronic disease that will lead to be over 165,000 broken bones from osteoporosis in Australia this year.

**Spinal fractures are the most undiagnosed type of fracture.**

And a leading cause of persistent pain for those with osteoporosis, often resulting in neck pain, mid back pain and lower back pain.

Professor Peter Ebeling, Medical Director, Osteoporosis Australia says "There is a significant gap in osteoporosis care and our hospitals are becoming revolving doors for fracture patients being sent home and returning with new fractures, rather than being properly assessed and treated for osteoporosis."

The most common fracture sites are the spine, hip, wrist, upper arm, forearm or ribs.

**painaustralia**

**SOCIAL ISSUES**

- As chronic pain is invisible, people can feel **misunderstood and stigmatised**, by co-workers, friends, family and even the medical profession.
- When someone with a chronic pain condition does not meet health professionals' expectations of what constitutes an illness, their condition is often **not taken seriously** and their personal legitimacy is compromised.
- People with chronic pain can lose their status within the community and experience **discrimination** in many areas of their lives, including being able to access health care, education, income and income support. Most insidious of all is their **loss of voice**.
- Common challenges faced by people with chronic pain are **decreased enjoyment of normal activities**, loss of function, role change and **relationship difficulties**.

**painaustralia**

**CHRONIC CONDITIONS AND DISABILITY**

**9.5mil** An estimated 9.5 million Australians (40%) had a long-term condition in 2015 with the most common being **arthritis and back pain**, each affecting around 2 million people.

**1/2** of all people with some chronic diseases such as arthritis, back pain, and osteoporosis, have disability.

Chronic or recurring pain or discomfort was the most commonly experienced limitation for people with back pain (64%) and arthritis (53%) and was also experienced by around one-third or more of those with osteoporosis (49%).

**painaustralia**

PainAustralia infographics 2018



Migraine report launch – Brain Foundation's CEO Carl Cincinnato, Painaustralia CEO Carol Bennett and MPs John Alexander and Mike Freeland at Parliament House



Kim Ledger Patron of Scriptwise with Painaustralia CEO Carol Bennett

### NPS Be Medicinewise Week

Independent, not-for-profit and evidence-based, NPS MedicineWise exists to help people make and act on the best decisions about medicines, medical tests and other health choices.

The nature of this campaign, and much of NPS' work, closely aligns with the values of Painaustralia. As such, Painaustralia was keen to support this campaign through social media awareness, web and eNews content.

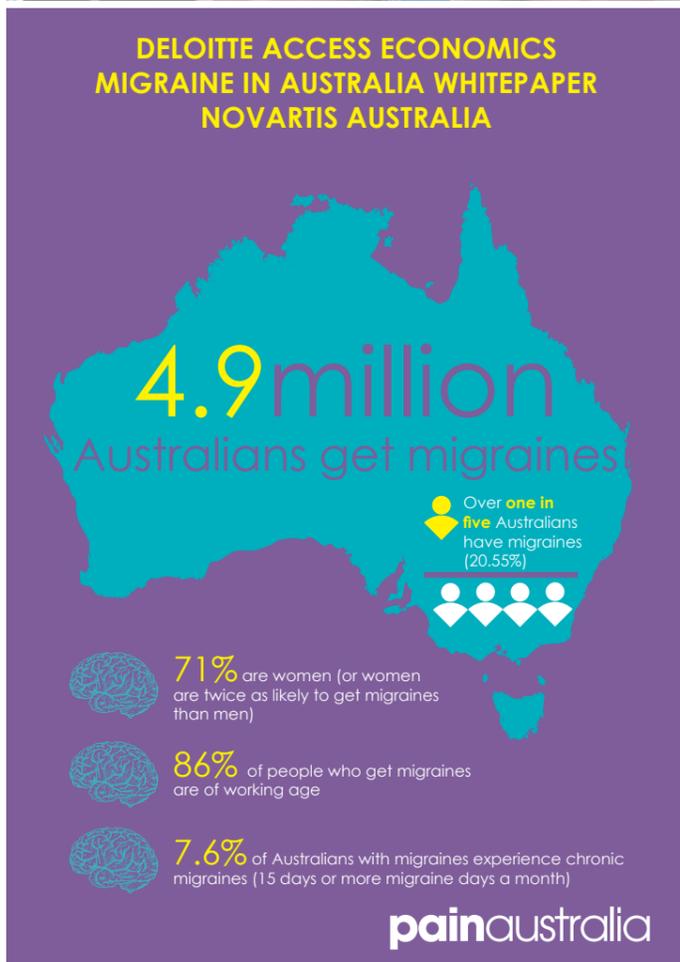
### Palliative Care Week

National Palliative Care Week is an annual awareness-raising week organised by Palliative Care Australia. The event is supported by the Department of Health to raise awareness and understanding about palliative care in the Australian community.

As increased pain is common in Palliative Care and the final stages of life, Painaustralia was eager to help promote these discussions among the community and promote the need for Australians to plan for their end-of-life care and discuss it with their loved ones and health professionals.



Palliative Care Week launch



### Migraine Report Launch

October saw the launch of the Deloitte Access Economics Burden of Migraine report commissioned by Novartis and supported by Eli Lilly, which highlighted just how common migraines are in Australia and their incredibly disruptive impact on work and home life.

Painaustralia's CEO, Carol Bennett, supported this launch with extensive interviews discussing the impact of chronic pain and migraines including with The Australian, Channel 10 Daily, 2GB and ABC Drive Melbourne.



From top left clockwise: Painaustralia CEO Carol Bennett, the Banksia Project CEO Jack Jones and the Invictus Games's John Karbowski - the Hon Greg Hunt MP at Painaustralia's 2018 AGM - CEO Carol Bennett and Chairman Robert Regan at the Invictus Games - Lisel Tesch AM MP, Painaustralia Pain Champion at PMRI's Sailing Through Pain Fundraiser.



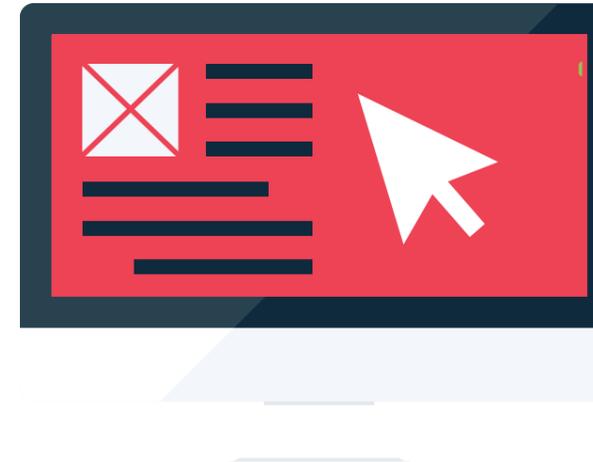
# WEBSITE AND SOCIAL MEDIA

Painaustralia continued to enhance our new website, launched in mid-2017. The website has easy-to-use navigation and comprehensive information for consumers and health professionals. Designed to be a one-stop-shop, the site offers the best information and resources currently available in the area of pain. It also provides an up-to-date directory of pain clinics and services as well as the latest news.

The website attracts about 260 people per day and generates around **19,000 page views per month**. The highest number of views relate to information about pain, pain services, pain management and education and training opportunities. Most website users are in the 25-34 age category, and two in three are women.

Our Painaustralia eNews is now delivered through the online portal and had a distribution of around **6,000 individuals and organisations in 2018**.

Painaustralia is also active on social media (with daily tweets and Facebook posts). Our @Painaustralia Twitter account now has more than **5000 followers**, and our Facebook page more than **4200 followers**.

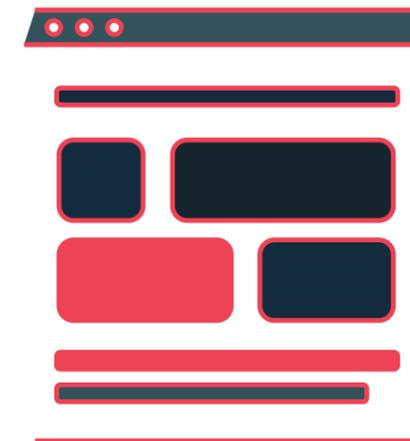


# 19,000

page views per month Painaustralia website

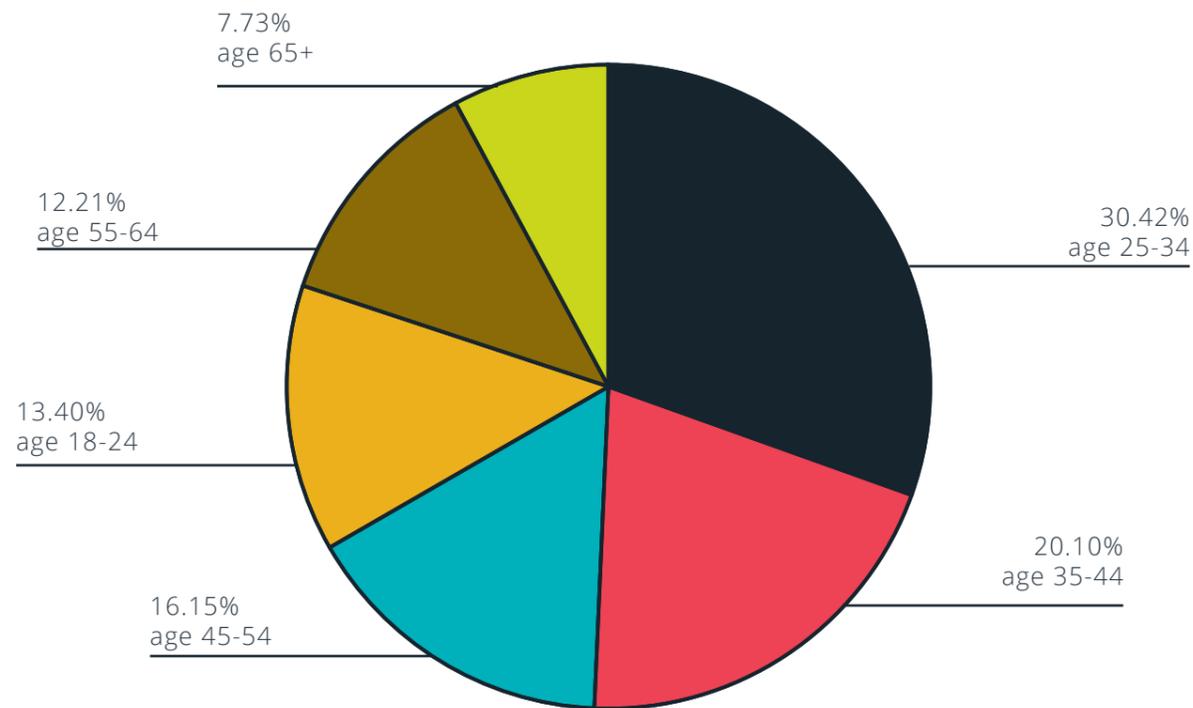
# 260

visits per day Painaustralia website



# 15,000

Painaustralia eNews reach each month



WEBSITE HITS BY AGE GROUP



# 5,000+

followers @Painaustralia Twitter



# 4,200+

followers @Painaustralia Facebook

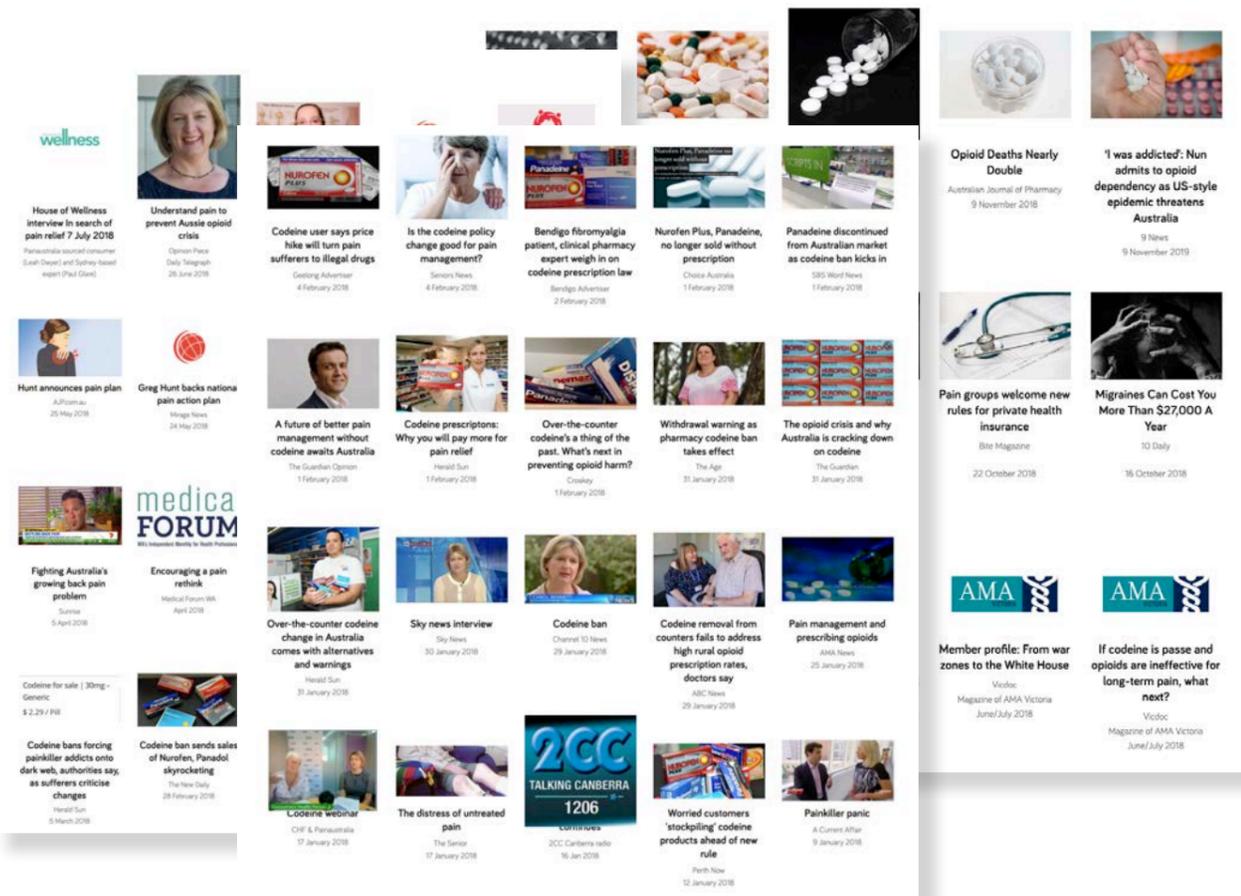
# MAINSTREAM MEDIA

One of our key roles at Painaustralia is to utilise the media to increase the profile of people living with pain, increase discussion of pain management issues on the national agenda, provide comment on issues that affect people with pain and advocate for better solutions for pain management in this country.

In 2018, Painaustralia achieved an increased media profile, with the CEO and other spokespersons including Board Directors and consumers regularly featuring in media stories, including almost **60 high profile stories** across major newspapers, national television broadcasts, and key radio programs such as Life Matters.

Painaustralia is increasingly being approached by media requiring comment on pain-related matters from Australia's peak body. A key strategy we use to generate this media interest is the issuing of strategically timed media releases. In 2018, we issued **17 media releases**, covering topics as diverse as the Pain MedsCheck trial, the up-scheduling of codeine, pain management in palliative care/end-of-life care, the use of opioids in Australia, prescription monitoring, private health insurance reforms, and the National Strategic Action Plan for Pain Management.

Our extensive consumer network and membership have willingly shared stories to help raise awareness of the impact of pain in the community, and we have also contributed written pieces for media outlets and professional magazines.



## PRIORITY COMMITMENT: SUSTAINABILITY

- Sustain and grow a reputable and well-governed organisation.
- Attract and retain effective partnerships, strategic alliances with a broad community focus.
- Resource our organisation as appropriate to deliver a business plan.

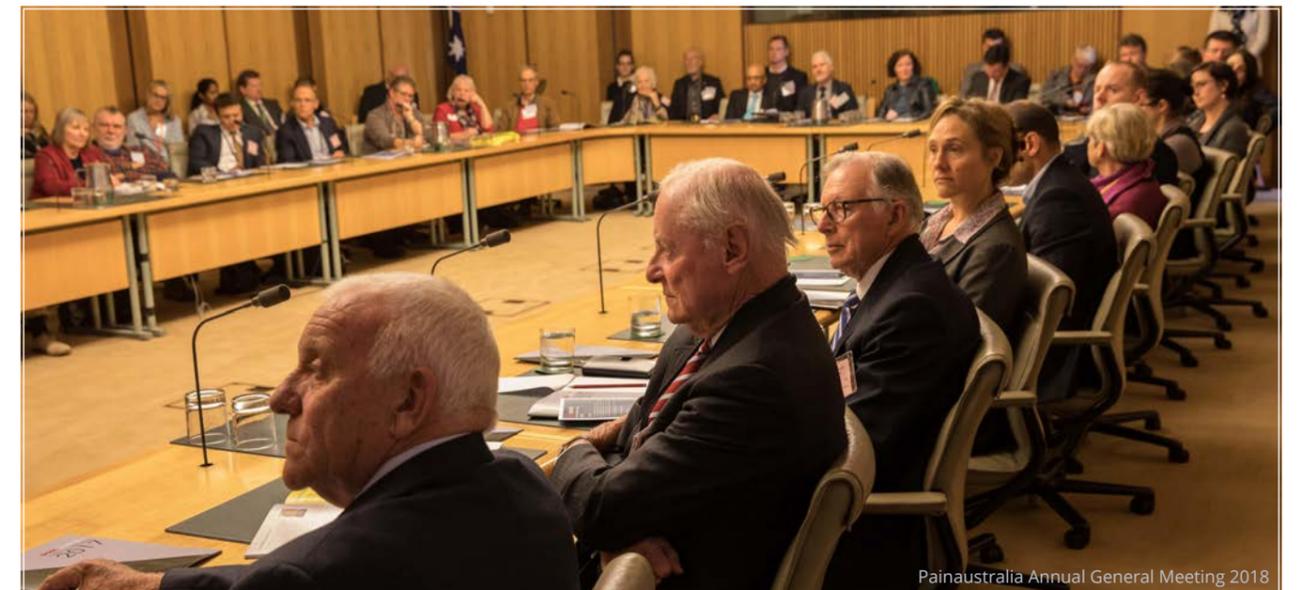
### Grow and build the capacity of our member network

Painaustralia's membership drive was successful in attracting renewals as well as an increased and strategic group of new Category B members. The membership of Painaustralia represents a relatively unique model of engagement across collective clinical specialities, allied health, peak health bodies and diverse consumer networks.

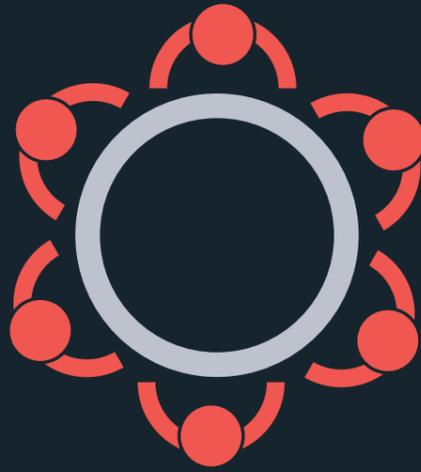
#### They include:

- Medical colleges – Royal Australasian College of Physicians; Royal Australasian College of Surgeons; The Royal Australian and New Zealand College of Psychiatrists; The Royal Australian and New Zealand College of Obstetricians and Gynaecologists; the Royal Australian and New Zealand Association of Paediatric Surgeons; and the Australian and New Zealand Society of Palliative Medicine.
- In addition to consumer organisation members, we have over 3000 individual consumers in our consumer network and reach over 4500 on each of our social media platforms.
- The broad health organisation membership now includes the Australian Physiotherapy Association, Australian Society of Rehabilitation Counsellors, MS Australia, Parkinsons Australia, Pharmaceutical Society of Australia, the Brain Foundation, Palliative Care Australia, the National Rural Health Alliance, the Australian Health and Hospitals Association and Catholic Health Australia.
- There are numerous pain clinics and services across Australia.

Our Category A members include Australian and New Zealand College of Anaesthetists (ANZCA), the Faculty of Pain Medicine (FPM/ANZCA), the Australian Pain Society (APS) and the Pain Management Research Institute (PMRI).



Painaustralia Annual General Meeting 2018



## OUR SPONSORS

Painaustralia, a not-for-profit organisation, is reliant on sponsorship funding in order to carry out our important work.

We would like to express our sincere thanks to the following companies that have generously provided us with pro-bono services during 2018:

- Corrs Chambers Westgarth for legal services
- ESV Accounting and Business Advisors for auditing services
- Financial Reporting Specialists (FRS) for the preparation of financial statements
- Pitcher Partners Sydney for taxation advice

We are grateful to our foundation members for their ongoing financial support:

- Australian and New Zealand College of Anaesthetists (ANZCA)
  - Faculty of Pain Medicine, ANZCA
  - Australian Pain Society
- Pain Management Research Institute

We also thank the Painaustralia Collaboration for the provision of unencumbered educational grants to assist our work:

- Mundipharma
- Seqirus Ltd

Special thanks to the Kinghorn Foundation for their generous philanthropic grant and the Commonwealth Department of Health for their project support for the Real Relief campaign and National Strategic Action Plan for Pain Management.

# painaustralia

## 2018 ANNUAL REPORT

For more information about Painaustralia and our work, please contact us

Street address:

Unit 6, Level 1, 42 Geils Court  
DEAKIN, ACT 2600

Postal address:

PO Box 9406  
DEAKIN, ACT 2600

Phone:

(02) 6232 5588

Email: [admin@painaustralia.org.au](mailto:admin@painaustralia.org.au)

Website:

[www.painaustralia.org.au](http://www.painaustralia.org.au)