



Pain Australia

Submission

Inquiry into the health impacts of alcohol and other drug use in Australia
House of Representatives Standing Committee on Health, Aged Care and Sport

December 2024

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

Our aim is to have the voice of people living with pain, their families and carers represented in all aspects of health policy and decision making.

Chronic Pain

Chronic pain is complex and each person experiences it differently. 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.

Prevalence and cost of Chronic Pain in Australia

In Australia, chronic pain affects the quality of life of more than 3.4 million individuals and carries a significant economic burden in lost production and health costs—estimated to be \$144.1 billion in 2020.¹ In the absence of any changes to health system treatments or prevalence rates—it is estimated that by 2050, the prevalence of chronic pain will increase to 5.23 million (16.9 per cent)²—with the chronic pain of 2.95 million of those Australians ‘expected to limit the activities they can undertake’.³ The cost to the Australian economy of the forecast 2050 growth of Australians living with chronic pain is estimated to be \$215.6 billion dollars.⁴

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¹ Painaustralia and Deloitte Access Economics. (2019) *The cost of pain in Australia*, Report commissioned by Painaustralia. Available from: <<https://www.painaustralia.org.au/static/uploads/files/the-cost-of-pain-in-australia-final-report-12marwfxbrfyboams.pdf>>.

² Comprising 2.39 million Australian men and 2.85 million Australian women [refer Painaustralia and Deloitte Access Economics. (2019) *The cost of pain in Australia*, p. 20].

³ Painaustralia and Deloitte Access Economics. (2019) *The cost of pain in Australia*, Report commissioned by Painaustralia, p. 18.

⁴ Penington Institute. (2020). Australia's Annual Overdose Report [online]. Melbourne: Penington Institute. Available from: <<https://www.penington.org.au/wpcontent/uploads/Australias-Annual-Overdose-Report-2020.pdf>>.

Introduction

Painaustralia welcomes the opportunity to provide this submission to the Australian House of Representatives Standing Committee on Health, Aging and Sport (the Committee) inquiry into the health impacts of alcohol and other drug use in Australia (the Inquiry).

Globally, chronic pain has been estimated to be the leading cause of years lived with disability.⁵

In Australia, chronic pain affects the quality of life of over 3.4 million individuals and carries a significant economic burden—with the direct (medical) and indirect (productivity, carer costs, lost taxes, and extra welfare payments) cost of chronic pain estimated in 2018 to be > \$73 billion while the estimated reduction in quality of life is valued at \$66.1 billion.⁶

Without affordable and equitable access to best practice treatment and alternatives, Painaustralia emphasises that millions of Australians will continue to rely on medications to manage their pain. The use of pharmacological pathways is widespread, and in some instances the only option for consumers. Painaustralia urgently calls for better investment to help prevent, treat and manage chronic pain to reduce dependency on pharmacological options such as opioids.

Response to Terms of Reference

The submission responds to all the inquiry terms of reference (T of R)—namely, the extent to which current alcohol and other drug services:

- support equity, efficiency and effectiveness;
- bring a preventative and harm minimisation focus;
- utilise or adopt multidisciplinary or intersectoral perspectives in their respective programs or initiatives; and
- may benefit from domestic and international best practice learnings and insights and other related policy practice.

Submission frame

Using the framework of the World Health Organization’s (WHO) social determinants of health⁷, Painaustralia seeks to comment on two important aspects of its position and advocacy on matters related to the Inquiry T of R. Specifically, this includes: (1) the regulation of pharmacological options such as opioids to ensure medicine safety and reduce harm and misuse. It is emphasised that there is a cohort of chronic pain consumers who under medical supervision use opioids to help with their pain management as they have very little alternatives; and (2) while restricting pharmacological

⁵ Vos, T., et al. (2013) ‘Global, regional, and national incidence, prevalence, and years lived with disability for 301 acute and chronic diseases and injuries in 188 countries, 1990–2013: A systematic analysis for the Global Burden of Disease Study’, *Lancet*, 386 (9995), pp. 743–800; Dahlhamer, J., et al. (2018) ‘Prevalence of chronic pain and high-impact chronic pain among adults—United States’, *Morbidity and Mortality Weekly Report*, 67(36), pp. 1001–1006; Global Burden of Disease. (2017) ‘Disease and Injury Incidence and Prevalence Collaborators. Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study’, *Lancet*. (2018), 392, pp. 1789–1858.

⁶ Chowdhury, A.R., et al. (2022) ‘Cost-effectiveness of Multidisciplinary Interventions for Chronic Low Back Pain: A Narrative Review’, *Clin J Pain*, Nov 22, 38(3), pp. 197–207; Painaustralia and Deloitte Access Economics. (2019) *The cost of pain in Australia*, Report commissioned by Painaustralia.

⁷ A key focus of the social determinants of health is prevention and harm reduction and multidisciplinary approaches to treatment and valuation of prevention frameworks are key mechanisms in achieving this focus.

options such as opioid use is sound public policy—in the absence of, and/or equitable access to, alternative treatment options to manage chronic pain—sufferers are left with little alternatives other than a pharmacological pathway.

Reliance on and regulation of pharmacological options

Due to a lack and cost of services and extremely long wait times across the country for pain specialist treatment, pharmacological options are often the mainstay of treatment for people living with chronic pain.

Some medicines such as paracetamol and non-steroidal anti-inflammatories can play a role within a multidisciplinary, best-practice approach to managing chronic pain for many consumers. Analgesics such as pregabalin, opioids, aspirin, paracetamol and paracetamol with codeine are among the most prescribed drugs in Australia, all of which are for pain relief.

Painaustralia supports the regulation of opioids to ensure medicine safety and reduce harm and misuse and acknowledges the need for regulation and oversight. There are a group of chronic pain consumers who under medical supervision use opioids to help with their pain management as they have very little alternatives. While there is a need to be conscious of the harm that can result from opioid use, consumers should not be inappropriately denied access to the necessary pain management options they need.

Absence of, and/or lack of equitable access to, alternative treatment options

Painaustralia acknowledges that there is a cohort of chronic pain sufferers who treat and manage their condition safely through the use of opioids and other drugs. However, Painaustralia emphasises that for a large proportion of chronic pain sufferers they turn to the use of opioids and other drugs to manage and treat their pain due the absence of, and/or lack of equitable access to, alternative treatment options.

Regarding these two factors—Painaustralia is of the view that consideration of the following measures would help to assist in addressing significant barriers that Australians living with chronic pain face every day to treat and manage their pain. These measures are:

Current and emerging models of care for people living with chronic pain

Pain research over the last 30 years supports the complexity of the pain experience and the need for pain management approaches to encompass multidisciplinary or integrated care models.⁸

A multidisciplinary approach generally focuses on non-invasive and non-pharmacological treatments, though it may also include medical interventions and medication. Pharmacological treatments, at times the only option, can be effective in reducing symptoms, however they are often not sufficient alone to improve an individual's ability to function.

⁸ National Academies of Sciences, Engineering, and Medicine. (2019) *The Role of Nonpharmacological Approaches to Pain Management: Proceedings of a Workshop*, Washington DC: The National Academies Press, p. 1.

Doubling Australians’ access to multidisciplinary care to treat chronic pain could be achieved with a \$70 million per year investment. Greater access to multidisciplinary care could deliver \$3.7 million in savings to the health system (net of intervention costs) while reducing absenteeism (\$65 million) and improving wellbeing (\$203 million in QALYs gained). Overall, the benefit to cost ratio was estimated to be 4.9 to 1.⁹

There is consistent evidence that multidisciplinary care models are cost effective. Evidence-based research estimates a saving of \$8,100 per patient, and savings of \$356,288 per person over a patient’s lifetime compared to conventional medical treatment.¹⁰

Reduce disparities in access to pain treatment and management

While research provides evidence to support the efficacy and effectiveness of multidisciplinary approaches to pain management—there are disparities in access for some population groups.

Patients with chronic pain can face long waiting times to access public services typically located in public hospitals, particularly in rural and remote areas. Among service providers, the provision and duration of allied-health pain management programs vary greatly. The level of service provision for children and rural patients is also notably lower than that reported for adults in urban areas.

Best practice multidisciplinary approach to pain management therefore remains inaccessible for most Australians. Nationwide, medications were used to manage chronic pain in an average 68.4 per cent of GP consultations involving someone attending for pain management. In terms of Medicare local regions, the highest rates were experienced in rural areas (72 per cent), followed by regional areas (68 per cent) and with the lowest rates recorded in metropolitan areas (65 per cent).

To address concerns regarding access—researchers and clinicians advocate a focus on the social determinants of health. This is because a focus on the social determinants of health considers the same groups of people who may encounter challenges in accessing quality pain treatment and management care. For example, the United States’ Centers for Disease Control and Prevention published a study that showed a higher-than-average prevalence of chronic pain and high-impact chronic pain including: among women; those previously but not currently employed; persons with low levels of education; and those living in or near poverty or in rural settings.¹¹

Further, it has been observed that that low socioeconomic populations can be excluded from clinical trials for various reasons. As a consequence, there may be challenges with the application of conclusions drawn from randomised clinical trials involving middle-income participants to the broader population. This calls for research focused on modifying treatments for individuals from low socioeconomic groups.

⁹ Painaustralia and Deloitte Access Economics. (2019) *The cost of pain in Australia*, Report commissioned by Painaustralia, p. 67.

¹⁰ Ibid., pp. 67–68.

¹¹ op. cit. National Academies of Sciences, Engineering, and Medicine, p. 27; Dahlhamer, J., Lucas, J., Zelaya, C., et al. (2018) ‘Prevalence of Chronic Pain and High-Impact Chronic Pain Among Adults—United States 2016’, *CDC, MMWR Morb Mortal Wkly Rep* 2018; 67:1001–1006.

Changing the way that chronic pain is perceived and treated in the health system

In September 2023, Painaustralia released a proposal—*Changing the way that chronic pain is perceived and treated in the health system: Enhancing the scope and coverage of chronic disease management services* which called for the enhancement of the Chronic Disease Management (CDM) Framework. Critically, the successful implementation of the overarching policy considerations supports health professionals working to full scope of practice.

The policy proposal is consistent with the eight key goals¹² of the *National Strategic Action Plan for Pain Management*—namely that people in pain: (i) are a national health priority; (ii) are knowledgeable, empowered and supported consumers; and (iii) receive evidence-based care from skilled professionals.¹³

Further, it is consistent with the current government policy agenda supporting: (i) a nationally co-ordinated effort to address the effective care and management for people living with chronic pain¹⁴; and (ii) health workforce enhancements¹⁵ to support all health and care professionals to work to the full scope of their respective professions. Additionally, it is also supported by recommendations of the Medicare Benefits Schedule (MBS) Review 2015–2020 and the Productivity Commission’s 2021 report—*Innovations in Care for Chronic Health Conditions*.

Conclusion

Painaustralia thanks the Committee for the opportunity to provide a written submission to this important inquiry.

Until we can provide consumers with access to affordable, best practice alternatives, pharmacological options will continue to play a role in the management of chronic pain. It is important that policy approaches and regulatory processes consider the needs for new and innovative therapeutic pathways for consumers. Further, as many people living with chronic pain opt to self-medicate, it is critical that they have equitable access to new and emerging pharmacological and non-pharmacological technologies that are evidence-based.

¹² Goal 1—People living with pain are recognised as a national and public health priority; Goal 2— Consumers, their carers and the wider community are more empowered, knowledgeable and supported to understand and manage pain; Goal 3—Health practitioners are well-informed on best practice evidence-based assessment and care and supported to deliver this care; Goal 4—People living with pain have timely access to consumer-centred best practice pain management including self-management, early intervention strategies and interdisciplinary care and support; Goal 5—Outcomes in pain management are improved and evaluated on an ongoing basis to ensure consumer-centred pain services are provided that are best practice and keep pace with innovation ; Goal 6—Best practice pain knowledge is growing and is communicated to health practitioners and consumers through a national pain research strategy. ; Goal 7—Chronic pain is minimised through prevention and early intervention strategies; and Goal 8—People living with pain are supported to participate in work, education and the community.

¹³ Australian Government. (2021) *National Strategic Action Plan for Pain Management*, Department of Health and Aged Care.

¹⁴ Australian Government. (2021) *The National Strategic Action Plan for Pain Management*, Department of Health and Aged Care, May (updated July 2021), <<https://www.health.gov.au/resources/publications/the-national-strategic-action-plan-for-pain-management>>.

¹⁵ The Hon. Mark Butler MP (Minister for Health and Aged Care) Media Release: ‘Unleashing the potential of our health workforce review – Appointment’, 24 August 2023, <<https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/unleashing-the-potential-for-our-health-workforce-review-appointment>>.

A failure to treat and manage chronic pain not only has direct and indirect costs for those suffering from this debilitating condition, it also has been shown to lead to higher health costs but importantly from an economic and societal perspective it costs us all.

Painaustralia would welcome the opportunity to discuss the content of its submission should any further information be of assistance. Further information can be sought from the Chief Executive Officer, Ms Monika Boogs at: <Monika.Boogs@painaustralia.org.au>