

Submission to the Draft National Preventive Health Strategy Consultation

April 2021



painaustralia

Chronic pain is the most common reason people visit a GP, with one in five visits being about pain. Chronic pain is also closely related and integrated with other chronic health conditions. The burden of disease and economic impact of chronic pain on the health system is significant, costing the Australian economy approximately \$73.3 billion annually. Adopting a preventive, multidisciplinary approach to address chronic pain could result in significantly improving the lives of millions of Australians living with chronic pain.

Painaustralia appreciates the opportunity to provide a Submission to the Draft National Preventive Health Strategy (the Strategy) Consultation and supports the vision of the Strategy to create a stronger and more effective prevention system and a healthier Australia. However, it is disappointing that the Strategy does not make one reference to chronic pain. If the Strategy is to achieve its vision, it cannot ignore the 3.4 million Australians who live with chronic pain.

Painaustralia is Australia's leading 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.

This Submission outlines the importance, evidence and links that highlight why chronic pain should be in the Strategy. Perhaps most importantly, the Commonwealth and State and Territory Governments have endorsed the National Strategic Action Plan for Pain Management (the Action Plan). This is a significant milestone given that Australia will be the first country in the world to have a national approach to pain management.

Painaustralia understands that the Strategy cannot cater to every health cohort in Australia. However, the credibility of the Strategy is surely compromised without mention of chronic pain (daily pain that lasts three months or longer). Painaustralia urges the Taskforce to address the glaring omission of chronic pain in the Strategy and is offering its assistance to the taskforce in developing content to ensure that chronic pain is meaningfully addressed in the Strategy.



Recommendation: The National Strategic Action Plan for Pain Management should be included as part of the Strategy.

The Deloitte Cost of Pain Report

Chronic pain's impact on an individual's wellbeing, health, productivity and wider societal and economic effects is well documented. The Deloitte Cost of Pain Report released in 2018 outlines the significant burden of chronic pain for the individual and health, social and economic impact on Australia. The Report shows:

- The number of Australians living with chronic pain is set to rise from 3.24 million (2018) to 5.23 million by 2050.
- 68.3% of people living with chronic pain are of working age.
- Chronic pain costs the Australian economy over \$73.3 billion a year in health, productivity and related costs and \$66.1 billion a year in wellbeing costs totalling \$139.3 billion a year. If pain is not addressed, it will cost \$215.6 billion per year by 2050.
- 40% of forced early retirements from work are due to chronic pain conditions.
- 70% of GP consultations for chronic pain result in a prescription.
- Increasing opioid misuse is becoming a major issue in Australia (as it is in the US and elsewhere) - largely driven by poor management of chronic pain.
- Studies show close to 1.45 million Australians (45%) living with chronic pain also live with depression and anxiety.
- In 2017/18, Australians paid \$2.7 billion in out of pocket expenses to manage their pain. As a nation, the annual cost will rise from \$139.3 billion in 2018 to an estimated \$215.6 billion by 2050.

The impact of chronic pain is indisputable. As most chronic pain begins as acute pain, this means that there is a critical point at which interventions can help address the pain before it escalates. We have an opportunity to focus on prevention, early interventions and adopting a holistic, biopsychosocial approach – similar to approaches outlined in the Action Plan – if we are to reduce the chronic pain burden.

Recommendation: Make specific reference to chronic pain in the Strategy.



National Strategic Action Plan for Pain Management



The Australian Government funded PainAustralia to develop the Action Plan. We delivered it in 2019 and it has now been endorsed by all State and Territory Governments.

The Action Plan builds on the 2010 National Pain Strategy which was endorsed by 200 stakeholders including those working in pain medicine, allied health, drug and addiction medicine, mental health, rural health, general practice, pharmacy as well as consumers and carers. The Strategy provides a blueprint for the treatment of pain, recommending an interdisciplinary approach to deliver best practice pain management. It identifies 6 key goals to reduce the pain burden.

The Action Plan is a critical step towards improving quality of life for the millions of Australians that live with chronic pain and reducing the burden of pain which is increasingly impacting families, communities and the economy. The Action Plan sets out key priority areas and measures to improve access to, and knowledge of best practice pain management, in the next three years.

Recommendation: Include the Action Plan in table 8 (p.67) of the Draft Strategy, which will form as part of the Blueprint for Action that will measure the Strategy's progress and success.

Chronic Pain and Mental Health

Living with chronic pain takes a physical, emotional and mental toll on an individual. It can result in an individual being unable to study, work or maintain relationships. It can limit the extent to which a person participates in daily activities. Chronic pain is isolating and can significantly reduce an individual's quality of life. As noted above, 44% of people living with chronic pain also live with depression and anxiety. Suicidal ideation is about 3-4 times higher among people living with chronic pain and has been implicated in 21% of suicides in this country.

44%

of people living with chronic pain also live with depression and anxiety



Overall awareness of mental health and responses to it have improved over recent years. However, chronic pain remains a largely invisible condition even though the Australian Bureau of Statistics has found that one in five Australian adults with severe or very severe pain also suffer from depression or other mood disorders. This is four times the rate for people without pain.

The link and parallels between chronic pain and mental health are well known and clearly established. People living chronic pain experience significant mental health problems including depression, anxiety and increased suicidality. For some, the root cause or significant contributing factor to mental health problems is chronic pain.

The Strategy notes that preventive health is a key pillar of Australia's Long Term National Health Plan with mental health. Yet people living with chronic pain seem largely invisible within existing mental health services. The link between chronic pain and mental health cannot be ignored and should be addressed as part of any effective preventive health strategy.

Recommendation: Acknowledge and put measures in place to address the link between mental health and chronic pain.

Opioids and Chronic Pain



70%

of consultations, medications are prescribed for chronic pain management.

The critical need for a preventive approach to chronic pain is highlighted by the overuse of medications to manage chronic pain, particularly opioids, antidepressants and other pain medications.

Adopting a biopsychosocial, multidisciplinary approach is best practice in pain management and supporting long term use of medication is not recommended. However, only 15% of GP consultations lead to a pain specialist referral and in 70% of consultations, medications are prescribed for chronic pain management.

Chronic pain is a complex condition and it requires a considered, nuanced and individualised approach to address it. Without access to pain specialist services, either through a lack of availability or wait times up to and over a year, there is little choice but to prescribe pain medications to help people manage their condition. Without better consumer awareness of such services being available, underpinned by a strategy, there is little chance that consumers will know about them.

In June 2020, PBS changes were introduced in addition to new regulatory changes aimed at restricting the use of opioids long term. These changes were implemented to reduce hospitalisations and deaths caused by opioids and resulted in reduced pack sizes of opioid medications to just 10 tablets, restricted repeat prescriptions and encouraged doctors to wean their patients off the drugs where possible while not prescribing to 'opioid naïve' people.

This has had a significant impact on people living with chronic pain, with some no longer being able to access medications to manage their condition which have resulted in them using alternative, suboptimal options to manage pain such as illicit drugs and alcohol. Some consumers have also contacted PainAustralia expressing their declining mental health, suicidal ideation and the damaging impact that the regulatory changes continue to have on their lives.

Real Time Prescription Monitoring



Victoria rolled out RTPM in 2017 and found that approximately 27,000 alerts were raised in the first month.

In addition to the regulatory changes, State and Territory Governments, in agreement with the Commonwealth Government, will all soon implement a Real Time Prescription Monitoring System (RTPM). RTPM is a computer system that provides pharmacists and prescribers with medicine history information about a consumer's use of monitored drugs (for example, diazepam and tramadol). Pharmacists and prescribers can use this information when considering prescribing or dispensing these drugs, with the aim of reducing misuse and harm of controlled medicines in Australia.

Victoria rolled out RTPM in 2017 and found that approximately 27,000 alerts were raised in the first month. Data is not available on whether consumers were, as a result of these alerts, denied medication or further treatment. However, we have heard reports that in some cases people living with chronic pain found it difficult to see a healthcare professional due to the disincentive of extra oversight and administrative burden on health professionals associated with chronic pain patients.

The impact of the opioid regulatory changes, and the nationwide rollout of RTPM is bound to put more pressure on GPs and Pain Specialists and might further restrict options for pain management among those who most need it. A prevention approach would result in a change towards proactive treatment responses based on best practice multidisciplinary care which would reduce the enormous impact of chronic pain on the Australian community.

Recommendation: Include a section in the Strategy on best practice approach to pain management.

Conclusion

This consultation provides an opportunity to acknowledge the significant burden and impact of chronic pain in Australia and put in place a plan to address it. Taking a preventive approach to chronic pain could result in fewer GP visits being required while also potentially alleviating the effects of other closely related chronic health conditions outlined in the Strategy.

A preventive, multidisciplinary approach to address chronic pain would significantly improve the lives of millions of Australians living with chronic pain, particularly in the current environment where, through the opioid regulatory changes and the rollout of RTPM, pain management options for Australians are being limited by the day. Adopting a preventive approach to addressing chronic pain could support people to better self-manage their pain and create a healthier Australia.

Thank you for the opportunity to comment on the Strategy. Painaustralia would welcome the opportunity to discuss the fundamental role of chronic pain approach to prevention and how we could support the taskforce in drafting the necessary sections on chronic pain to be included in the Strategy.



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