

painaustralia

US CDC CONSULTATION ON
MANAGEMENT OF ACUTE AND
CHRONIC PAIN: REQUEST FOR
COMMENT

JUNE 2020

Painaustralia is pleased to provide input that informs the American Centers for Disease Control and Prevention (CDC) and Department of Health and Human Services (HHS) consultation on Management of Acute and Chronic Pain.

Painaustralia recognises the significant challenge that most developed countries like the US and Australia face in managing both the increasing prevalence of chronic pain, as well as the current public health crises that have emerged from an over reliance on pharmacological pathways to manage this complex chronic condition.

ABOUT PAINAUSTRALIA

Painaustralia is the national peak body working to improve the quality of life of people living with pain, their families and carers, and to minimise the social and economic burden of pain.

Painaustralia represents the interests of a broad membership that includes health, medical, research and consumer organisations.

Established in 2011, our focus is to work with governments, health professionals and consumer bodies, funding sources and educational and research institutions, to facilitate the implementation of the [National Pain Strategy](#) and its blueprint the [National Strategic Action Plan for Pain Management](#) Australia-wide.

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

THE GROWING PREVALENCE AND COST OF PAIN IN AUSTRALIA

In Australia, chronic pain has a significant impact on almost every measurable aspect of our community. Painaustralia's report, *The Cost of Pain in Australia* by Deloitte Access Economics, provides the most comprehensive analysis of the financial impact of chronic pain in Australia. It shows that chronic pain affects more than 3.37 million Australians. Chronic pain, also called persistent pain, is pain that continues for more than three months after surgery, an injury, as a result of disease, or from another cause.

For those who experience chronic pain, the pain can be debilitating and have an adverse effect on work, sleep, and relationships. Individuals with chronic pain may also commonly experience comorbidities such as depression, sleep disturbance and fatigue.

These comorbidities often contribute to worse health, societal and financial outcomes – for example, major depression in people with chronic pain is associated with reduced functioning, poorer treatment response, and increased health care costs. Nearly 1.45 million people in pain also live with depression and anxiety. Painaustralia's new report finds that the reported comorbidity for chronic pain and depression or anxiety is estimated at 44.6% of patients, which is within the range of estimated values from the international literature.¹

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.²

More than 68% of people living with chronic pain are of working age. Without action, the prevalence of chronic pain will increase to 5.23 million Australians (16.9%) by 2050.

In 2018, the staggering cost of chronic pain to taxpayers (including quality of life) was \$139 billion. This was on top of the fact that last year alone, Australians paid \$2.7 billion in out of pocket expenses to manage their pain, with costs to the health system in excess of \$12 billion.

THE ISSUE

Australia and America share many similarities. There are parallels between the North American experience of escalating pharmaceutical opioid utilisation and harm and the trends being observed in Australia.³

Like those observed in America, several overseas jurisdictions are already facing ‘crises’ in the widespread misuse of prescribed opioids and evidence shows Australia trending down a similar path. Pharmaceutical opioids are now responsible for far more deaths and poisoning hospitalisations in Australia than illegal opioids such as heroin.

Commissioned in July 2017 to find solutions to the United States opioid ‘crisis’, the [US National Academy of Science, Engineering and Medicine](#) aptly stated the issues of opioid misuse ‘lie at the intersection of two public health challenges: reducing the burden of suffering from pain and containing the increasing toll of the harms that can arise from the use of opioid medications.’

Every day in Australia, nearly 150 hospitalisations and 14 emergency department admissions involve [opioid harm](#), and three people die from drug-induced deaths involving opioid use.

THE SOLUTION: Enhanced access and support for Pain Management

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

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

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

Striking the right balance between safety and ensuring patients can access the treatment they need to achieve quality of life is challenging, but necessary. While both Australia and America have initiated regulatory responses to minimise opioid related harm, it is important to reinforce the critical role that access to evidence-based pain management services can and will play in addressing these issues. In Australia, the National Strategic Action Plan for Pain Management provides the blueprint for a broader system response to chronic pain.

Specifically, the overarching gaps in pain management represent similar systemic barriers that need to be addressed in Australia as well as America. In seeking to address these concerns, we have outlined 8 recommendations:

1. People living with pain are recognised as a national and public health priority
2. Consumers, their carers and the wider community are more empowered, knowledgeable and supported in their understanding and management of pain
3. People living with pain are supported to participate in work, education and the community
4. Health practitioners are well-informed and skilled on best practice evidence-based care and are supported to deliver this care
5. Chronic pain is minimised through prevention and early intervention strategies
6. 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
7. 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
8. Best practice pain knowledge is growing and is communicated to health practitioners and consumers through a national pain research strategy.

CONCLUSION

In conclusion, pain needs to be recognised as a national and public health priority if we are to make real advances in knowledge translation.

Current research indicates that multidisciplinary or interdisciplinary pain management is the most efficient, effective and practical approach to managing chronic pain. Unfortunately, awareness of this care is lower than it should be. There is no quick fix. People in pain need to be supported and educated and have the available services necessary to treat their pain if we want to tackle public health emergencies like the opioid crisis.

A great deal more can be done to increase education and awareness among the whole pain community. Health professionals need to be better informed and supported to take the appropriate actions. Prevention and early intervention strategies are key to preventing chronic pain and unnecessary escalation.

Research advances are slowly increasing, and evidence-based findings need to be conveyed to health practitioners and consumers to strengthen best practice care and treatment at the earliest possible stage in progression of the chronic pain condition.

The evidence shows us that chronic pain constitutes a significant burden of disease. This knowledge together with a blueprint for action in the form of Australia's National Strategic Action Plan for Pain Management has set in train the path to best practice pain care and management, which is currently being considered by Australia's National Cabinet and all state and territories as part of national implementation.

America has demonstrated significant progress towards tackling the opioid crisis through its regulatory reforms. We would also support our American colleagues in considering enhancing supports for chronic pain management as a crucial element of reducing harm.

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

We hope that you find our recommendations useful in informing your work in this area. Please do not hesitate to contact us if there is any way we can be of further assistance.

REFERENCE

1. Deloitte Access Economics (2019), The cost of pain in Australia. Access online [here](#).
2. Op. Cit. Deloitte Access Economics (2019).
3. Larance et al. (2018) Pharmaceutical Opioid Use and Harm in Australia: The Need for Proactive and Preventative Responses

painaustralia

Mailing address: PO Box 9406 DEAKIN ACT 2600

Phone: 02 6232 5588

Email: admin@painaustralia.org.au

Website: www.painaustralia.org.au