

painaustralia

THE PREVENTIVE
HEALTH STRATEGY
SUBMISSION

SEPTEMBER 2020

EXECUTIVE SUMMARY

Chronic pain is an important health priority which requires effective prevention and coordinated management. Chronic pain conditions are the leading cause of illness, disability and death in Australia. Strategic and ongoing national action is required to recognise the complexity and ubiquity of chronic pain in our community and reduce its impact.

The Deloitte Access Economics report on the [Cost of Pain in Australia\(2018\)](#) highlights that chronic pain goes hand in hand with other chronic conditions. The rates of chronic pain are on a par with the prevalence of mental ill-health in Australia,¹ yet pain remains neglected and misunderstood as a public health issue.²

Forty-four per cent of people with chronic pain are also living with depression and anxiety, nearly 30 per cent with arthritis and 25 per cent with high blood pressure. These comorbidities often contribute to worse health, societal and financial outcomes—for example; major depression in patients with chronic pain is associated with reduced functioning, poorer treatment response, and increased health care costs. In 2018, \$73.2 billion were spent in direct health, productivity and related costs and \$66.1 billion in quality of life costs, totalling \$139 billion.

Tackling risk factors through prevention and early intervention is a vital step in reducing the growing prevalence and cost of chronic conditions, including chronic pain. Any preventative approach to injuries must emphasise the role that education and awareness plays for both consumers and health professionals. It is important to recognise that without best practice intervention, ideally multidisciplinary care, an injury can progressively worsen and lead to worse health outcomes, such as inappropriate reliance on medication to manage ongoing pain. This has occurred in several Western countries with an overreliance on medications such as opioids as the primary treatment, resulting in issues including dependence, hospitalisations and overdose deaths.

Recommendations:

1. *Application of appropriate diagnostic and treatment strategies to prevent transition from acute to chronic pain when dealing with injury.*
2. *Improved access to best-practice pain management to prevent the burden of chronic pain.*
3. *Promotion of the role of best practice supportive self-management strategies including nutrition, exercise, sleep and community participation.*
4. *Promotion of proactive approaches to healthcare to prevent the likelihood of injury and potential disability.*
5. *Adoption of multidisciplinary pain management as the primary treatment option for chronic pain and chronic illnesses.*
6. *Investment into education and awareness for the general public and health professionals to prevent the potential escalation of injury.*
7. *Alignment of the National Preventive Health Strategy to the National Strategic Action Plan for Pain Management.*

ABOUT PAIN AUSTRALIA

Pain Australia 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.

Pain Australia 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 professional and consumer bodies, funders, educational and research institutions, to facilitate implementation of the National Pain Strategy and its blueprint the National Strategic Action Plan for Pain Management Australia-wide.

With 3.37 million Australians experiencing chronic pain today, it is an escalating health issue and carries a significant economic burden in lost productivity and health costs. Addressing pain is in the interests of all Australians.

KEY ISSUES

Understanding chronic pain and related comorbidity

All chronic pain starts with acute pain. Pain is a 'normal, time-limited response to trauma, surgery or other noxious experiences' and usually only lasts while the injury or damage heals. If it is poorly managed, it can lead to more serious health issues, including chronic pain.

Chronic pain, also called persistent pain, is pain that continues for three months or more beyond the time expected for a painful condition or injury to heal.³

Comorbidity refers to the occurrence of two or more diseases in a person at one time. Understanding more about comorbidities can provide vital information for prevention, management and treatment of chronic diseases.

Many health conditions can play a contributory role in the development and maintenance of chronic pain. Many people, especially older Australians, have more than one long-term health condition, so it can be difficult to isolate which conditions are associated with the most pain.⁴

Pain-specific conditions include but are not limited to⁵:

- o Back and leg pain (low back pain is the leading cause of disability worldwide⁶);
- o Complex Regional Pain Syndrome (CPRS);
- o Chronic widespread pain ('Fibromyalgia')
- o Pelvic pain, including endometriosis;
- o Migraine and headache;
- o Sciatica;
- o Orofacial pain;
- o Neuropathic (nerve) pain; and
- o Musculoskeletal conditions—conditions of the bones, joints, muscles and connective tissues, including arthritis, osteoarthritis, osteoporosis and gout.

There is low awareness of some of these conditions in the community and by health practitioners.

Injury and surgery are also leading contributors to chronic pain. Patient characteristics as recorded in the ePPOC (Electronic Persistent Pain Outcomes Collaboration) program, which measures outcomes in pain services across Australia and New Zealand, found in almost 40 per cent of pain cases an injury at work, home or school or another place was the triggering event, in 10.3 per cent it was a motor vehicle crash and surgery accounted for 10.5 per cent of pain cases.

Seventeen per cent of pain cases had no known cause (from the patient perspective), 10 per cent were due to illness and 12 per cent had other causes.⁷

Preventing the onset of chronic pain

There are vast gains to be made through prevention, community awareness and early intervention.

Chronic pain always starts as acute pain (for example, surgery, injury, or illness) and severity of acute pain is a risk factor for progression to chronic pain. Effective management of acute pain may provide an important opportunity in prevention of chronic pain.⁹

The transition from acute to chronic pain (sometimes called the 'sub-acute phase') is the time from tissue healing (approximately one to two months) to the three-month time point that currently defines the presence of chronic pain. There is a window of opportunity during this transition phase where it may be possible to apply appropriate diagnostic and treatment strategies to prevent the transition from acute to chronic pain.

Most people who do not return to work within six months of an injury attribute this to unresolved pain.¹⁰ Post-injury assessment and support in the transition stage, increasing community awareness of best practice pain management and treatment options, access to physiotherapy and other allied health services can assist to reduce the escalation of pain conditions.¹¹

The 2016 Work Injury Screening and Early Intervention (WISE) study found that outcomes for workers at risk of poor recovery can be improved by early intervention and coordinated physical and psychological treatment. The study identified patients in NSW hospitals who were at risk of poor recovery or return to work within days of their injury and provided coordinated treatment and psychology services, reducing the average recovery time from 53 to 29 days. At 18 months post injury, the intervention group's health costs were about \$4,400 less per worker than the control group.¹²

Recommendation

1. *Application of appropriate diagnostic and treatment strategies to prevent transition from acute to chronic pain when dealing with injury.*

The growing prevalence and cost of pain

Early intervention and prevention and reducing the onset of chronic pain is in Australia's best interests as chronic pain places an enormous personal and economic toll on Australians and Australian society. 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.

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. That's 45 per cent that share a comorbidity for chronic pain and depression or anxiety, which is within the range of estimated values from the international literature. 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.¹³

Society pays the price too. The total financial costs associated with chronic pain were estimated to be \$73.2 billion in 2018, which equates to \$22,588 per person with chronic pain.¹⁴

More than 68 per cent of people living with chronic pain are of working age. Without action, the prevalence of chronic pain will increase to 5.23 million Australians by 2050. In 2018, the staggering cost of chronic pain to taxpayers was \$139 billion. This was additional to the \$2.7 billion in out-of-pocket expenses Australians paid to manage their pain, with costs to the health system in excess of \$12 billion.

The impact of inaction

Despite the burgeoning cost and impact of pain, our current clinical pathways are failing consumers. An epidemic of pain in Australia has seen problematic increases in the level of harm and deaths due to opioid misuse. With over three million people prescribed 15.4 million opioid scripts in 2016–17 it is unsurprising that opioids now account for 62 per cent of drug-induced deaths, with pharmaceutical opioids now more likely than heroin to be involved in opioid deaths and hospitalisations.¹⁵ In 2016–17 there were 5,112 emergency department presentations and 9,636 hospitalisations due to opioid poisoning, with three deaths per day attributed to opioid harm, higher than the road toll.¹⁶

Currently the Medicare Benefits Schedule (MBS) does not support a best-practice treatment model, leading to unnecessary use of hospital-based services and more significantly, an over-reliance on medication including opioids, which is associated with significant harm. Nearly 70 per cent of pain management consultations end with a GP prescribing pain medication. Another 13 per cent will end in imaging, but less than 15 per cent can hope to be referred to an allied health professional.¹⁷

This unfortunately means that for the 3.2 million people living with chronic pain, access to best practice care is problematic at best, and fatal at worst. The physical, mental and emotional toll of chronic pain impacts every facet of patients' lives. The lack of pain specialist care and GPs with limited options to deal with chronic pain means that millions of Australians are falling through the cracks of the country's health system.

To prevent the growing concern posed by pain and chronic pain it is essential that the Australian community is engaged in the best practice pain management and takes the initiative to prevent the possibility of injury through the use of supportive self-management strategies such as nutrition, exercise, sleep and community participation.

Recommendations

- Australians can access best practice pain management to prevent the burden of chronic pain.*
- Promote the role of best practice self-management strategies including nutrition, exercise, sleep and community participation.*

Multidisciplinary pain management

There is a growing consensus and research base that supports the importance of coordinated interdisciplinary management strategies to address pain, regarded as best practice, as well as strategies to prevent the escalation of acute pain to chronic pain.

Even in acute pain, standard care is enhanced by 'whole person' assessment, that includes psychological assessment and the social context of the presenting problems, e.g. worker's compensation, family issues. Additional components incorporate physical activity, sleep patterns, nutrition and past and current use of addictive substances.¹⁸

A multidisciplinary approach may include medical interventions and medication (which may or may not be required), but it primarily focuses on non-invasive and non-pharmacological treatments. Overwhelmingly, clinical evidence is growing that questions the efficacy of a number of invasive medical and pharmacological treatments.

Substantial evidence shows patients with chronic pain who are engaged in active approaches to manage their pain have less disability than those who are engaged in passive therapies, such as taking medication or surgery.

Supportive self-management often requires patients to understand that pain may not disappear or be cured, especially using passively received medical treatments, and once this is accepted, patients are encouraged and supported to take an active role in managing their pain.¹⁹

Supportive self-management techniques include 'pacing', incorporating sufficient activity every day and maintaining an even level to avoid pain episodes, exercises and strategies like mindfulness.

Recommendations

- Promotion of proactive approaches to healthcare to prevent the likelihood of injury and potential disability.*
- The adoption of Multidisciplinary pain management as the primary treatment option for chronic pain and chronic illnesses.*

Education and Awareness

Despite efforts to improve pain education and awareness, beliefs about pain are well entrenched and continue to spread. The belief that pain is an inevitable part of the human condition is widespread, with complex interactions between cultural concepts of pain, pain relief, and social behaviour.

Awareness of pain and pain management is also low among health practitioners. For example, clinicians' beliefs and practice behaviours relating to low back pain (LBP) were found to be discordant with contemporary evidence on the most effective treatments.²⁰

The National Pain Strategy recommends any patient presenting to their GP with chronic pain being considered for treatment with opioids should be given a comprehensive pain assessment and a plan that includes a multidisciplinary approach, sound communication and early liaison with a pain management service.²¹ Achieving this level of care will require targeted actions including the provision of training and guidelines on the characteristics of pain and identifying people at risk of chronic pain.

To achieve this model of care, there are a range of issues to resolve that are likely to require further resources to increase access to training and clearer clinical guidance support for practitioners to deliver this model of care.²²

Both health practitioners and consumers need to understand that chronic pain may not be 'fixed', and treatment needs to be reframed as managing a chronic condition with coordinated care from a range of disciplines.

Challenging beliefs about injury, pain and its treatment is critical to build resilience in consumers, encourage consumers to seek out best practice pain management and participate in self-management strategies.

Explaining the neuroscience of pain has been shown to improve pain, movement and fear avoidance.²³

Recommendation

6. *Investment into education and awareness for the general public and health professionals to prevent the potential and escalation of injury.*

Building on existing momentum: Leveraging the National Strategic Action Plan for Pain Management

A comprehensive and evidence-based blueprint to address chronic pain is now available, in the form of Australia's first ever National Strategic Action Plan for Pain Management (the Action Plan). This Action Plan, developed in 2018 with support from the Australian Government, builds on the strong foundation and advocacy of Australia's pain sector which developed the National Pain Strategy in 2010. The 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.

The Action Plan was developed with extensive expert, health practitioner and consumer input, and identifies that we need to:

- recognise people in pain as a national public policy priority
- inform, support and empower consumers to understand and manage pain
- inform and support health professionals to deliver evidence-based care
- provide consumers with timely access to effective pain management services
- continuously evaluate and improve pain management
- implement a national research strategy to improve knowledge and translation
- implement effective pain prevention and early intervention strategies
- support people with pain to participate in work and community.²⁴

In particular, Goal 7 of the Action Plan is aimed at ensuring that chronic pain is minimised through prevention and early intervention strategies, linking measures that prevent injuries and improve levels of physical activity with chronic pain prevention strategies and information while recognising the role of chronic pain management. Ensuring that pain policy is linked to chronic disease frameworks is an important action as well.

The Action Plan has received endorsement from the Australian Health Ministers Advisory Council (AHMAC) and will be progressing to National Cabinet to ensure a national approach to pain management. There is an opportunity to link both the National Preventive Health Strategy and the Action Plan, ensuring that common outcomes around prevention of obesity and chronic pain can be funded through targeted projects that deliver on both strategies.

Recommendation

7. *Alignment of the National Preventive Health Strategy to the National Strategic Action Plan for Pain Management*

CONCLUSION

Pain management is at the intersection of emerging and contemporary challenges, including improving access to better healthcare, the rise in chronic pain conditions, ageing population and the prevalence of chronic conditions overall which may lead to social and economic exclusion.

Prevention of the onset of chronic pain conditions must be a central tenet of the prevention strategy. It is important to ensure that both the National Preventive Health Strategy and the National Strategic Action Plan are linked as both strategies share common goals.

Painaustralia is supportive of the National Preventive Health Strategy and acknowledges the key role that prevention must play as a strategy under the National Strategic Action Plan for Pain Management. Given that both the Strategy and the Action Plan require a public health management approach and crucial government leadership for a whole-of-society response, it is vital that both can be implemented in tandem to complement and support common objectives. This is important to ensuring collective and sustained action on two significant public health issues.

Pain in Australia



3.37 million Australians lived with chronic pain.
This is set to rise to 5.23 million by 2050



44.6% of people with chronic pain also live with depression and anxiety



20% of all GP presentations in Australia involve chronic pain



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



Referrals to pain specialists occur in less than **15%** of GP consultations

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