

# Pain in Australia: Working to Make Pain a National Health Priority

**ABSTRACT:** Pain is one of the biggest health issues today – every bit as big as cancer, AIDS and coronary heart disease. Yet it remains one of the most neglected and poorly understood areas of healthcare.

One in five Australians, including children and adolescents, will suffer chronic pain in their lifetime. This prevalence rises to one in three among older Australians. Yet up to 80% of people living with chronic pain are missing out on treatment that could improve their health and quality of life.<sup>1</sup> The cost of chronic pain in Australia is estimated at \$34 billion per annum, making it the nation's third most costly health problem.<sup>1</sup>

Patients face long waiting times to access interdisciplinary pain services in public hospitals – frequently more than one year – resulting in deterioration in quality of life and reduction in ability to return to work.<sup>2</sup> There is a serious shortage of qualified pain medicine specialists and the education and training available for health care professionals at all levels is extremely limited.<sup>2</sup> In this context, the National Pain Strategy provides a blueprint for change, calling for pain to be recognised as a national health care priority.

**BACKGROUND:** In November 2007, the MBF Foundation (now Bupa Foundation), in collaboration with the University of Sydney Pain Management Research Institute (PMRI), released its report *The High Price of Pain: The economic impact of persistent pain in Australia*, prepared by Access Economics.

The report estimated that, in 2007, 3.2 million Australians (1.4 million males and 1.7 million females) experienced chronic pain. In fact, it was revealed that one in five Australians, including children and adolescents, will suffer chronic pain in their lifetime. This prevalence rises to one in three among older Australians. Productivity losses in 2007 were estimated at \$11.7 billion, equating to 36.5 million workdays each year. The report pointed out that half of the costs to the health system of \$7 billion could be saved, by providing effective and timely treatment. (See Diagram 1)

**NATIONAL PAIN SUMMIT:** In a world-first, Australia brought together leading health professionals, consumer organisations, funders and not-for-profit bodies to develop the National Pain Strategy – a blueprint for health policy reform in relation to acute, chronic and cancer pain.

The National Pain Summit was held at Parliament House in Canberra in March 2010, led by the Australian and New Zealand College of Anaesthetists, the Faculty of Pain Medicine, the Australian Pain Society, and consumer group Chronic Pain Australia, in collaboration with the MBF Foundation (now Bupa Foundation) and the University of Sydney Pain Management Research Institute.

More than 200 delegates representing more than 150 bodies, including the Australian Acupuncture and Chinese Medicine Association Ltd, set a revolutionary chain of events in motion, beginning with the world's first National Pain Strategy. The first draft of the National Pain Strategy had been developed by a series of Working Groups, and further developed by a series of Reference Groups representing all primary healthcare disciplines, pain specialists, other relevant medical specialists and consumers. The subsequent draft, aligned with the recommendations of the Federal Government's health reform agenda and the Prescription Opioid Policy (published by the Royal Australasian College of Physicians in April 2009), was released for public and stakeholder consultation in October 2009 and revised prior to the National Pain Summit.

In the words of Professor Michael Cousins AM, Chair of the National Pain Summit: 'In more than 46 years in health care, I have known no other health initiative [National Pain Summit] to harness such a breadth and depth of experience on a single health problem.'

**NATIONAL PAIN STRATEGY:** The National Pain Strategy is Australia's blueprint for health policy reform in relation to the burden of pain, and the first of its kind in the world. Subsequent to its release, Australia was invited to lead an International Pain Summit in Montreal in September 2010.

The National Pain Strategy provides recommendations for a national framework for the best practice assessment, treatment and management of acute, chronic and cancer pain, and allows for a coordinated approach to health policy reform. A key goal of the National Pain Strategy is for pain, the nation's third most costly health problem, to be recognised as a national health priority, ensuring appropriate funding for essential services.

As a result of the National Pain Strategy, States have begun to implement health policy reform, led by Queensland and Western Australia, followed by Victoria, and with New South Wales preparing to launch its Pain Management Plan in 2012.

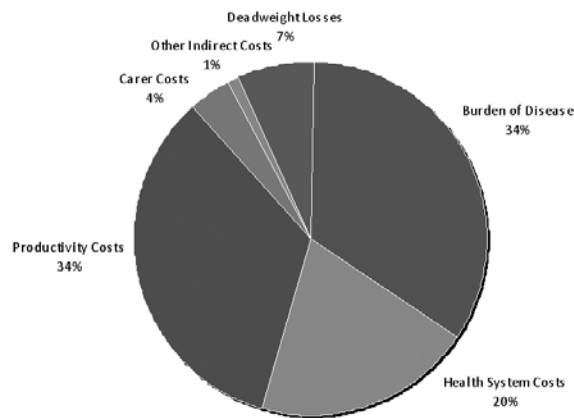
**Total Costs of Chronic Pain by Type, 2007**

FIGURE 1 The High Price of Pain: The economic impact of persistent pain in Australia. November 2007. Prepared by Access Economics for MBF Foundation (now Bupa Australia Foundation) in collaboration with University of Sydney Pain Management Research Institute.

**INTERDISCIPLINARY APPROACH:** The National Pain Strategy recommends an interdisciplinary approach to the assessment and treatment of pain, as part of a three-tier model of service provision, encompassing:

- Tertiary interdisciplinary pain clinics;
- Primary care centres offering interdisciplinary assessment, treatment and referral; and
- Community support programs.<sup>3</sup>

Comprehensive primary healthcare centres could provide best-practice interdisciplinary and supportive care for people with chronic pain including medical care, physical therapies, psychology, group education programs and medicines counselling. Within this, there is scope for complementary therapies, such as acupuncture, to comprise an important part of holistic treatment plans.

To underpin improved coordination of care, the National Pain Strategy supports the development of systems, including e-Health records, to facilitate adequate communication between consumers and health professionals, between treating health professionals, and on transition from one care setting to another. Tele-Health systems that extend care into regional Australia are also critical.

**PAINAUSTRALIA:** Formed in February 2011, Painaustralia is the body established to facilitate implementation of the National Pain Strategy. A national network of healthcare, consumer and related organisations, Painaustralia's primary role is in advocacy and facilitation. Working with member bodies, and with links to government and the media, Painaustralia is focused on highlighting the issue of pain in the Australian community, in order to destigmatise pain, improve pain services, and minimise the burden of pain on individuals and the community. With the prevalence of chronic pain projected to increase to 5 million Australians in 20501, largely the result of an ageing population, Australia urgently needs health policy reform.

**GLOBAL AWARENESS:** Not just an issue for Australia, the global community is now focusing its attention on pain. At the International Pain Summit in Montreal in September 2010, attended by delegates from more than 120 countries, two important manifestos were produced:

- A statement of Desirable Characteristics of National Pain Strategies, which drew extensively upon the Australian National Pain Strategy; and
- The Declaration of Montreal, which calls for access to pain management as a fundamental human right.<sup>4</sup>

This has been endorsed by the International Federation of Health and Human Rights Organisations and the US Institute of Medicine of the National Academies.

More recently, the World Medication Association, at its General Assembly in Montevideo in October 2011, adopted a resolution that: 'Denial of pain treatment violates the right to health and may be medically unethical ... Each government should provide the necessary resources for the development and implementation of a national pain treatment plan, including a responsive monitoring mechanism and process for receiving complaints when pain is inadequately treated'.<sup>5</sup>

## References

1. Access Economics. November 2007. The High Price of Pain: The economic impact of persistent pain in Australia.
2. Australian Pain Society. 2010. Waiting in Pain.
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4. Painaustralia Limited 2011. Painaustralia Annual Report 2011.
5. World Medical Association. October 2011. WMA Resolution on the Access to Adequate Pain Treatment. Adopted by the 62nd WMA General Assembly, Montevideo, Uruguay.