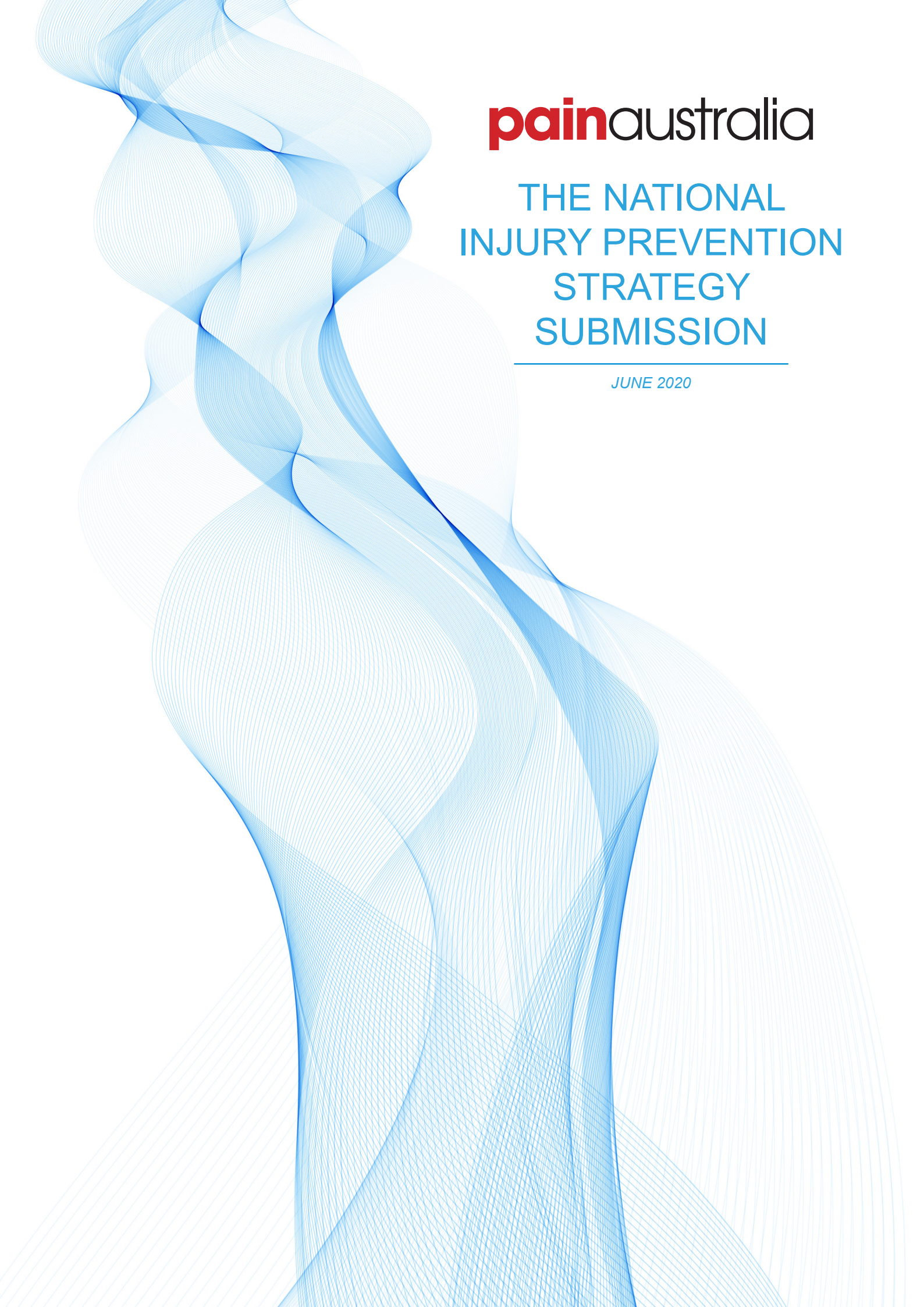




painaustralia

THE NATIONAL
INJURY PREVENTION
STRATEGY
SUBMISSION

JUNE 2020

EXECUTIVE SUMMARY

Injuries are the leading cause of death to those aged 1-44 years¹ and are responsible for approximately 9% of the total burden of disease in Australia². Injury is often associated with pain. Its imperative that the pain is managed and treated carefully by a team of health professionals. If not properly treated the potential for chronic pain is greater which puts more strain on the individual and Australia's health system. A multidisciplinary pain management approach should be adopted to also prevent further complications of chronic pain.

Injuries can be prevented to an extent through the implementation of evidence based policy and research. However not all injury is preventable, but the escalation of injury can be minimised through preventative self-management strategies mixed with timely intervention and treatment of the initial injury.

Any preventative approach to injuries must also emphasise the role that education and awareness plays in improving the consumer and health professionals knowledge which unfortunately currently is low. It is important to recognise that without best practice intervention, ideally multidisciplinary care, an injury can progressively worsen and lead to many instances of worse health outcomes such as inappropriate reliance on medication to manage ongoing pain, which has occurred in several Western countries with the large prescriptions of opioids as the primary treatment and the resulting harms from 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. Australians can access best practice pain management to prevent the burden of chronic pain.*
- 3. Promote the role of best practice 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. The 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 and escalation of injury.*
- 7. Alignment of the National Injury Prevention Strategy to the National Strategic Action Plan for Pain Management*

INTRODUCTION

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 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.

Background

Injuries are the leading cause of death to those aged 1-44 years³ and are responsible for approximately 9% of the total burden of disease in Australia⁴. The leading causes of injury burden are suicide/ self-inflicted injuries (33%), falls (16%), poisonings (15%) and road transport injury (15%).⁵ 1(NIPS)

The burden of injury goes well beyond death and hospital admission statistics. Loss of income, reduced quality of life, post-traumatic stress, and the emotional impact of grief on families, are a few of the additional burden of injuries that are not well measured. There is a high frequency of injuries that are treated outside of hospital settings. For example, musculoskeletal injuries related to sports or workplace injury, can have high treatment costs, loss of productivity and can also lead to permanent physical impairment and impact on activities of daily living or quality of life.

As noted in the consultation paper, with the “aging population, increasing urbanisation, climate change and associated increasing extreme weather events and prolonged periods of heat and drought, many types of injuries are expected to rise, placing increased pressures on the health care system.”

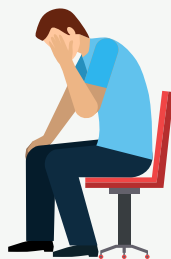
WITH THE TRUE COST OF PAIN IN AUSTRALIA EXPOSED, **ACTION IS URGENT** **pain**australia

Millions of aussies in chronic pain are overlooked as they fall through the gaps of our health system, and struggle day-to-day, while costing the nation billions.

Chronic pain impacts the physical, mental & emotional wellbeing of millions:

44.6%
also live with
depression and anxiety

increasing
to over **2.33M**
by 2050



In 2018, approximately 3.24 million Australians lived with chronic pain; this is set to rise to 5.23 million by 2050. 68.3% are of working age.

Disturbs sleep and
causes fatigue

Impedes the work
they can do

Restricts the
activities they
can undertake

Impacts their
relationships

THEIR PAIN

Is detrimental to
their quality of life

Can cut their
lives short



As the population ages, the burden of chronic pain only increases as will the billion dollar hit to an individuals back pocket and the economy:

\$73.2b
in 2018
comprising of:



equating to
\$22,588
per person



\$12.2b
Health System
costs



\$48.3b
Productivity
losses



\$12.7b
Informal care, aids,
deadweight losses

If action is not taken, the annual cost of chronic pain in Australia will rise from \$139.3 billion in 2018 to an estimated \$215.6 billion by 2050*.



\$66.1b
Reduction
in quality of life



\$2.7b
Out of their
own pocket

Key issues

Injury, Pain and Chronic pain

When an injury occurs, pain signals travel from the injured area up your spinal cord and to your brain. Pain is a ‘normal, time-limited response to trauma, surgery or other noxious experiences’ and usually only lasts while the injury or damage heals⁶. If it is poorly managed, it can lead to more serious health issues, including chronic pain.⁷

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.⁸

There are vast gains to be made through prevention, community awareness and early intervention.⁹

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.¹⁰

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.¹¹ Assessment post injury 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 also assist to reduce the escalation of pain conditions.¹²

The 2016 Work Injury Screening and Early Intervention (WISE) study conducted in NSW 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 at risk of poor recovery or return to work within days of their injury and provided coordinated treatment and psychology services agreed by patients, workplace, insurers, insurance regulators and treatment providers, 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.¹³

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

Injury prevention and reducing the potential of chronic pain is in Australia's best interests given that 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 percent that share a comorbidity for chronic pain and depression or anxiety which is within the range of estimated values from the international literature.¹⁴

The consequences of these gaps are immense. The price paid by people with chronic pain is continued through 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.¹⁵

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 was \$139 billion. This was on top of the fact that in that 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. To prevent the growing concern posed by injury, pain and chronic pain it is essential that the Australian community is engaged in the best practice pain management and take the initiative to prevent the possibility of injury through the use of self-management strategies such as nutrition, exercise, sleep and community participation.

Recommendations

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

Multidisciplinary pain management

Untreated and poorly managed pain and injury devastates the lives of individuals who live with pain and impacts their relationships and ability to participate in work, education and the community.

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.¹⁶

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.¹⁷

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.

Self-management techniques include 'pacing', incorporating a sufficient amount of activity into every day and keeping it at an even level to avoid pain episodes, exercises and strategies like mindfulness.

Recommendations

4. *Promotion of proactive approaches to healthcare to prevent the likelihood of injury and potential disability.*
5. *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, while complex interactions between cultural concepts of pain, pain relief, and social behaviour exist.

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.¹⁸

The National Pain Strategy recommends¹⁹ 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. 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.²⁰

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.²¹

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 new 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.²²

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 Injury Prevention 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 Injury Prevention 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.

Injury prevention and prevention of the onset of chronic pain conditions are closely intertwined. It is important to ensure that both the National Injury Prevention Strategy and the National Strategic Action Plan are linked given common goals of both strategies.

Painaustralia is supportive of the National Injury Prevention Strategy and acknowledges the key role that injury prevention must play as a preventative 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 both of these significant public health issues.

REFERENCE

1. AIHW: Henley G & Harrison JE. Trends in Injury Deaths, Australia: 1999-00 to 2014-15: AIHW; 2018.
2. Moon L, et al. Measuring Health Loss in Australia: the Australian Burden of Disease Study. *Journal of Korean Medical Science*. 2018;34(Suppl 1).
3. AIHW: Henley G & Harrison JE. Trends in Injury Deaths, Australia: 1999-00 to 2014-15: AIHW; 2018.
4. Moon L, et al. Measuring Health Loss in Australia: the Australian Burden of Disease Study. *Journal of Korean Medical Science*. 2018;34(Suppl 1).
5. AIHW. Analysis of burden of disease database. 2015.
6. Agency for Clinical Innovation 2018. What is acute pain and chronic pain? Access online at <https://www.aci.health.nsw.gov.au/chronic-pain/painbytes/introduction-to-pain/what-is-acute-pain-and-chronic-pain>
7. Painaustralia 2010. National Pain Strategy, Canberra. Available online: <https://www.painaustralia.org.au/static/uploads/files/national-pain-strategy-2011-wfvjawttsanq.pdf>
8. National Prescribing Society 2018. Chronic Pain Explained. Access online at <https://www.nps.org.au/consumers/chronic-pain-explained?c=what-is-chronic-pain-e25c6ccf>
9. Moore D, Davies P. 2018. The Problem of Chronic Pain and Scope for Improvements in Patient Outcomes Report to the Faculty of Pain Medicine. Access online.
10. Kai McGreevy, M.D., Michael M. Bottros, M.D., and Srinivasa N. Raja, M.D 2011. Preventing Chronic Pain following Acute Pain: Risk Factors, Preventive Strategies, and their Efficacy *Eur J Pain Suppl*. Author manuscript; available in PMC 2012 Nov 11. *Eur J Pain Suppl*. 2011 Nov 11; 5(2): 365–372. doi: 10.1016/j.eujps.2011.08.013
11. Department of Health NSW 2014. NSW Pain Management Plan. Access online at <https://www.health.nsw.gov.au/PainManagement/Publications/nsw-pain-management-plan.pdf>
12. Painaustralia 2010. National Pain Strategy, Canberra. Available online: <https://www.painaustralia.org.au/static/uploads/files/national-pain-strategy-2011-wfvjawttsanq.pdf>
13. Global Access Partners 2016. Recovery at Work: A New Way of Thinking About Work Injuries. Access online: <https://www.asorc.org.au/documents/item/1446>
14. Op. Cit. Deloitte Access Economics (2019).
15. Deloitte Access Economics (2018), The cost of pain in Australia, p.iv.
16. Holliday S, et al (2018). Prescribing wellness: Comprehensive pain management outside specialist services. *Aust Prescr*, Jun; 41(3): 86–91. Published online 2018 May 15. doi: [10.18773/austprescr.2018.023]. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6003009/>
17. Cousins MJ, Gallagher RM (2015). Fast facts: Cancer and chronic pain. Abingdon, England Health Press. https://trove.nla.gov.au/work/155140237?q&sort=holdings+desc&_id=1534230194614&versionId=212593017
18. Briggs AM, Slater H, Smith AJ, Parkin-Smith GF, Watkins K, Chua J (2013). Low back pain-related beliefs and likely practice behaviours among final-year cross-discipline health students.
19. Painaustralia 2010. National Pain Strategy, Canberra. Available online: <https://www.painaustralia.org.au/static/uploads/files/national-pain-strategy-2011-wfvjawttsanq.pdf>
20. Therapeutic Goods Administration 2018. Prescription strong (Schedule 8) opioid use and misuse in Australia – options for a regulatory response Consultation paper. Access online: <https://www.tga.gov.au/sites/default/files/consultation-prescription-strong-schedule-8-opioid-use-misuse-in-australia-options-for-regulatory-response.pdf>
21. Holliday S, et al (2018). Prescribing wellness: Comprehensive pain management outside specialist services. *Aust Prescr*, Jun; 41(3): 86–91. Published online 2018 May 15. doi: [10.18773/austprescr.2018.023]. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6003009/>
22. Painaustralia (October 2018). National Strategic Action Plan for Pain Management.

painaustralia

Mailing address: PO Box 9406 DEAKIN ACT 2600

Phone: 02 6232 5588

Email: admin@painaustralia.org.au

Website: www.painaustralia.org.au