

painaustralia

ESTABLISHING A NATIONAL
MEN'S HEALTH STRATEGY FOR
2020 TO 2030

November 2018

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. Members include pain and other specialists, health practitioners, health groups, consumers and researchers. Painaustralia works with our network to inform practical and strategic solutions to address this complex and widespread issue.

Executive Summary

Painaustralia welcomes the opportunity to provide input to the Department of Health consultation on the draft National Men's Health Strategy for 2020 to 2030 (the Draft).

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Painaustralia has been involved in the ongoing consultation on this subject, participating in the National Men's Health Forum held on 9 August 2018 to identify gaps and emerging issues and to present recommendations for action that could be implemented to help address the issues that affect men and boys.

As noted in the Draft strategy, there are multiple areas in which men and boys in Australia are experiencing ill health and premature mortality that require focused attention. Australia's 12 million males experience varying health outcomes across population characteristics like Indigenous status, remoteness, socioeconomic disadvantage and age. Males also experience different, and often poorer, health outcomes than females.

Significant issues that impact men's health and are specific to pain management include re injuries, veteran's health and opioid use and dependence as well as the stigma attached to seeking appropriate care.

It is important that the Men's health strategy explicitly acknowledge the role chronic pain plays in poor health outcomes for men. It is also important that the National Strategic Action Plan on Pain Management is implemented as the critical vehicle to improve the quality of life of millions of men living with pain, their families and carers and to minimise the social and economic burden of pain on individuals and the community.

The Context of Pain in Australia

One in five Australian adults are estimated to live with chronic pain (daily pain for more than three months, experienced in the last three months).¹ This is consistent with global estimates.²

Pain is common, with 67% of Australians reporting experiencing bodily pain in the last four weeks in 2007-08. Around one in ten Australian experience severe or very severe levels of pain.³

The rates of chronic pain are on a par with the prevalence of mental health problems in Australia,⁴ yet pain remains neglected and misunderstood as a public health issue.⁵

Pain conditions are widespread, with 30% of the population or 6.9 million Australians reporting arthritis in 2014-15, back pain was the third leading cause of disease burden in 2011 and one in 11 Australians reported osteoarthritis in 2011.⁶

Almost one in five of all General Practitioner (GP) consultations involved patients who had arthritis, chronic back pain or both conditions, irrespective of whether the condition was managed.⁷ It is therefore important to include pain management as an important part of tackling the burden of disease across the male population.

Key Issues for Pain and Men's Health

Injuries

In Australia, men accounted for 72% of the overall health burden related to injuries in 2011, and injury-related death rates were higher for men than women at all age groups. This includes self-inflicted injuries and suicide, assault and homicide, poisoning, transport accidents (as a driver, passenger or pedestrian), thermal injuries such as burns, drowning and falls. It also includes injuries sustained in the workplace. Alcohol and illicit drug use, unlicensed driving and mobile phone use while driving are also associated with greater rates of injury, particularly in young males. Chronic pain is most often caused by injuries or as a result of a surgery.

Veteran's health

Veterans (current or former serving members of the Australian Defence Force) are an important population group for health and welfare monitoring in men. The unique nature of Australian Defence Force service promotes protective factors that can lead to improved health outcomes but also exposes members to risk factors that may lead to poor health during and after their military service.⁸

The statistics show that chronic pain permeates the veteran population in a way that often goes unrecognised. An American study of Vietnam veterans found that up to 80% of veterans attending a PTSD outpatient clinic also experienced chronic pain.⁹

Musculoskeletal-related pain is particularly common in veterans. Recently returned and older veterans experience musculoskeletal pain at high rates.¹⁰ It is also common for veterans to experience musculoskeletal pain and PTSD concurrently.¹¹

Pain as an issue is not without its specific challenges for the military and veteran community. If pain is not managed well, it can create lifelong and enduring problems in every aspect of a person's life from their ability to continue to make a productive contribution to society to the impact on their families and mental health.

While the mental health of veterans is receiving increasing attention and awareness, the contribution of chronic pain and relationship to mental health problems, including Post Traumatic Stress Disorder (PTSD), has been a misunderstood and neglected health challenge. At the same time, we know when pain is managed well with veterans and in the broader community there are positive outcomes.

Opioid Dependence

Opioid use has been problematic in Australia among many demographic groups, but men in particular are overrepresented in the data. The rate of opioid deaths was highest among 35 to 44-year-olds, accounting for 364 deaths (11.3 per 100,000 people) and men accounted for more than two-thirds of all opioid-related deaths (714 men, 331 women).¹² This has been a consistent trend.¹³

The use and dependency on opioids is widespread, and the use of medications as 'quick fixes' for pain conditions is part of many people's lives. Painaustralia's recent 'Real Relief' campaign was accessed by more than 3.3 million Australians. It raised awareness of why new access arrangements for codeine are necessary and the alternative ways to manage pain. Despite a survey of consumers showing over half supported the decision to upschedule the medication, many conveyed their strong attachment to and reliance on codeine, a lack of knowledge about its risks and alternative pain treatment options.

Inadequate access and knowledge of pain management have also led to a greater reliance on pain medications to treat chronic pain despite limited evidence of their efficacy for that purpose or safety.¹⁴ This has seen a 30% increase in opioid prescribing between 2009 and 2014¹⁵ and opioid overdoses including accidental overdoses at record levels in Australia.¹⁶

Governments, policy-makers, health practitioners and care givers must also recognise that chronic pain and opioid use disorder are complex conditions, and each can cause significant disability, social exclusion and a diminished financial situation.

Stigma in accessing appropriate care

As noted in the Draft Strategy, there is a concern that men aren't accessing the health systems as often as they should. When men access a health professional, it is often for shorter consultations, and typically when a condition or illness is advanced.

The proportion of men visiting a GP also varies significantly by age and health status. In 2013–14:

- The odds of visiting a GP increased with age and decreased with remoteness
- Men with 3 or more health conditions were 4 times as likely to visit a GP in the last 12 months as those without an underlying health condition.¹⁷

Many people who live with chronic pain report stigma and misunderstanding in the community and among the medical profession, including their use of prescribed pain medications as part of their treatment. The use of language to describe opioid-associated behaviour including misuse and 'doctor shopping' can contribute to the stigmatisation.

Both health practitioners and patients 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.

What Can Be Done To Reduce The Pain Burden?

As outlined above, men's health and pain conditions and their management is closely intertwined. It is important to ensure that both the National Men's Health Strategy and the National Pain Strategy have clear linkages to common goals.

In particular, the National Strategic Action Plan for Pain Management provides a roadmap to implement the National Pain Strategy through measures that can be implemented in the next three years by supporting:

- Empowered and resilient consumers;
- Knowledgeable practitioners, with effective pain management plans coordinated at the primary health level;
- A reduction in the prescribing of pain medications; and
- Better access to interdisciplinary care by harnessing technology and emerging research.

It is vital that this plan be implemented to support the objectives of the Men's Health Strategy.

Conclusion

Men remain underrepresented in their accessing of healthcare, but overrepresented across several significant health deficits such as injuries, veteran's health, opioid dependence and feeling stigma when accessing health care.

Pain management is at the intersection of emerging and contemporary challenges, including improving access to better healthcare for men. Pain is a rising health issue facing Australia, as the population ages and the prevalence of chronic conditions increases which may lead to social and economic exclusion.

Action is required to implement the National Strategic Action Plan on Pain Management that supports consumers, health practitioners and the wider community to improve health outcomes for millions of men living with pain and complementing the work and objectives of the National Men's Health Strategy.

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