

painaustralia

ANNUAL REVIEW

2017





OUR VISION

Our vision is for a society where pain is understood and effectively managed where possible in the community and primary care settings, using evidence-based, best-practice strategies. There are clear and accessible referral pathways and adequately resourced tertiary services for people living with more complex pain conditions.

OUR MISSION

Our mission is 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 on individuals and the community.

We are calling on the Federal Government to make pain a national health priority and ensure equitable access to effective pain services for all Australians.

OUR GOAL

Our goal is for the Australian Government to endorse and coordinate implementation of a National Pain Strategy to ensure a nationally consistent approach to pain health services Australia-wide.

STRATEGIC PRIORITIES

- M**embers and Stakeholders
- G**overnment Relations and Advocacy
- I**nfluencing the System and Services
- P**ublic Awareness
- I**nfluencing Knowledge and Practice (Healthcare Professionals)
- I**nfluencing Knowledge and Practice (Consumers)
- B**uilding Knowledge
- S**ustainability

CONTENTS

Chairman's Message	1
Chief Executive Officer's Message	3
Governance	5
Pain: A National Epidemic	7
Australia's Pain Burden: A Snapshot	8
The National Pain Strategy	9
Strategic Priorities for Change	11
Priority Commitment: Members and Stakeholders	13
Priority Commitment: Government Relations and Advocacy	17
Priority Commitment: Public Awareness	23
Priority Commitment: Sustainability	29

CHAIRMAN'S MESSAGE

The past year has been both a successful and a significant one in the life of Painaustralia.

Over the last 12 months Painaustralia has made great progress and we have become an agenda-setting organisation. The adoption and implementation of a properly resourced National Pain Strategy is now on the agenda of every government and every Health Minister across Australia. We are now much closer to achieving positive changes in the lives of many Australians who live with constant pain.

We had a major change in our leadership in mid 2017. Lesley Brydon retired as Chief Executive Officer (CEO) following a seven-year journey to establish Painaustralia and the platform for its success. I would like to thank Lesley for her dedicated work to make Australia a better place for people living with pain.

This year we welcomed Carol Bennett as the new CEO of the organisation. Carol's appointment coincided with a critical time for pain management. With the imminent implementation of codeine upscheduling to prescription-only, the challenge of adequately addressing the need for cost effective pain management for millions of Australians became more apparent to our political leaders, health and medical groups, and the community. This issue of access to pain medication is a catalyst for governments and other stakeholders to place a higher priority on delivering effective pain management to all Australians.

Codeine upscheduling coincided with the organisation's commitment to engage more actively with the Federal Government and a renewed focus on developing a national approach to pain. The organisation moved

its office to Canberra increasing our input into national policy as well as enabling more collaboration with other national groups. The Real Relief codeine upscheduling campaign hosted by Painaustralia in the latter half of 2017 signalled a new era for the organisation in working with the Federal Government. Importantly, this campaign provided a platform to strengthen and expand our collaborations with key health, medical and consumer partners. These new collaborations further strengthened commitment and support for effective pain management as well as increasing understanding of pain and alternatives to medication.

In 2017 Painaustralia significantly increased its participation in national policy as evidenced by an increased number of submissions to key reviews and inquiries, involvement in national forums, advocacy and public awareness, particularly through an enhanced media profile.

We continued to engage constructively with our state government colleagues who have pioneered the way to world leadership in pain management.

The Board and I are confident our organisation is heading in the right direction and this is in no small part due to our committed and skilled staff team, very capably led by Carol. I am also personally indebted to our Board who offer both me and Painaustralia invaluable advice and expertise. Of course, Painaustralia would not exist without our many members and supporters, and especially our major funders. We appreciate your generous support and involvement.

Painaustralia is now a respected national peak body playing a significant role in shaping a future where pain is an important health priority with the recognition, investment and commitment to a national approach that will make a real difference in the lives of millions of Australians.

It has been a strong year for Painaustralia as we continue to work to make a difference.



Robert Regan
Chairman

CHIEF EXECUTIVE OFFICER'S MESSAGE

This year has been one of transition. The groundwork to establish Painaustralia led by founding CEO Lesley Brydon has provided a solid platform to expand Painaustralia into a respected national peak body. I have been privileged to be given the opportunity since my appointment mid year, to take forward and strengthen the legacy Lesley and many others established since we first identified the need for a national pain strategy in 2010. I want to pay tribute to Lesley and those who have contributed to this important work including Professor Michael Cousins who Chaired the National Pain Summit and has remained a strong advocate.

It is important to remember and respect the incredible effort it took to draw together the many players with an interest in pain for the inaugural National Pain Summit (which I attended back in 2010) hosted by Dr Norman Swan. This collective commitment is a proud heritage for Painaustralia.

The impact of pain on millions of Australians is staggering. One in five Australians live with pain (including children and adolescents) and that rises to more than 1 in 3 over 65. It is estimated that up to 80% of aged care residents are living with pain. One in 5 GP consults involve a person with pain and chronic pain leads to 40% of forced early retirements. Between 30% to 40% of Australians with chronic pain presenting for treatment also experience major depression and are two to three times more likely to be suicidal.

The economic cost of pain is at least \$34 billion a year (based on decade-old figures when the last real research was undertaken).

It seems very timely that the National Pain Strategy – an outcome of the National Pain Summit developed in 2010 as a blueprint for management of acute, chronic and cancer pain – be endorsed by Australian governments both Federal and State. The National Pain Strategy enjoys broad support from the sector seven years since it was first drafted. While State and Territory governments have each moved to implement aspects of the National Pain Strategy, there remains much to be done. A national, consistent approach to pain is long overdue.

This year Painaustralia gained some important momentum for change including:

- Increased member engagement on contested issues including medicinal cannabis, opioid use and codeine.
- Development of a runway of priority projects in our 2018-19 Pre-Budget Submission.
- Supporting and advocating for our members in their important work to advance key initiatives such as: data collected to inform better pain policy and practice through the electronic Persistent Pain Outcomes Collaboration; and models to prevent progression of chronic pain in primary care through the Australian Prevention Partnership Centre's Primary Health Pain project, which has now been funded.
- Public awareness and media campaigns providing opportunities to partner with key health, medical and consumer organisations such as: the Global Year Against Pain after Surgery; NPS MedicineWise #notwise campaign; ageing and pain management focus as part of National Pain Week; and the Real Relief codeine campaign.
- Policy input in areas of particular importance to our members such as: out-of-pocket costs; private health insurance; aged care; rural and remote health; surgical mesh and other medical devices; use of opioids; and upscheduling of codeine.
- Launch of a new website to provide a one-stop-shop for information and resources for consumers and health professionals.

Behind the achievements of the year, there have been some hard working and committed people. They include the Sydney-based staff led by Lesley Brydon until June 2017 and the Canberra team in the second half of the year. The output from such a small team is testimony to their skills, energy and commitment to making a difference in the lives of people in pain.

There are also many incredible supporters and consumers who provide the touchstone for our work, often providing a public face for advocacy on issues of importance to them. A special thanks to all our members, sponsors and supporters who make the work of Painaustralia possible.

While we are making steady progress on ensuring a better response for people living with pain, our work has only just begun. There are still far too many people experiencing pain and the stigma and social isolation that often accompanies it. Many find their lives turned upside down as they care for loved ones with pain and need support and information. Access to pain services is still poor in many areas, particularly rural and remote Australia.

I am privileged to work with Robert Regan who is an outstanding Chairman, ably supported by a very knowledgeable Board of Directors.

We have made substantial progress as a national peak body in 2017, but the challenge now is to deliver a fully funded and implemented National Pain Strategy.

I firmly believe that if we continue to work together, and continue to increase our role and our influence, Painaustralia can and will deliver a positive change in the way Australia responds to people experiencing pain.



Carol Bennett
CEO

GOVERNANCE

We are indebted to our Board for their assistance in guiding the direction of Painaustralia. Our Board has expertise in law, finance, business management, health economics, consumer advocacy, clinical excellence and government policy.



Robert Regan, Chairman

Robert is the Partner in Charge of the Sydney Office of Corrs Chambers Westgarth, Member of the Corrs Executive Leadership Team and leader of that firm's Corporate, Banking & Finance, Tax, and Energy & Resources divisions. Robert is a Governor of the AmCham NSW Council of Governors. He has also served as a Director of the Australian Centre for International Commercial Arbitration. The Australian Financial Review lists Robert as one of Australia's 'Best Lawyers' for Infrastructure and Construction.



Geoffrey Applebee, Treasurer

Geoffrey is a highly experienced Chartered Accountant and adviser to professional services firms and their partners. He is a director of a diverse group of companies in the public and private sectors, and an independent member of a government audit committee.



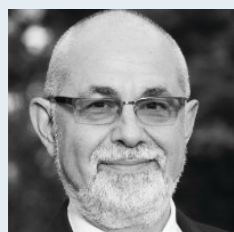
Professor Deborah Schofield

Deborah is Professor and Chair of Health Economics, Faculty of Pharmacy, Sydney Medical School, University of Sydney, Murdoch Children's Research Centre and Garvan Institute of Medical Research. Her career has spanned the Australian Government public service, academia and clinical practice and she has a national and international reputation for her work in economic modelling of the health system, health, and its impact on families and the economy.



Professor Michael Cousins AO

Michael, a world-leading pain medicine specialist, has spearheaded pain management education, research and clinical practice in Australia. He was the founding Director of the Pain Management Research Institute (University of Sydney/Royal North Shore Hospital). Michael was also Chair of the National Pain Summit (Canberra, 2010) and the International Pain Summit (Montreal, 2010).



Dr Newman Harris

Newman is a Clinical Senior Lecturer at the Pain Management and Research Institute of the University of Sydney, at the Royal North Shore Hospital. Newman has contributed to the development of several pain education programs including the postgraduate pain program at the University of Sydney.



Associate Professor Malcolm Hogg

Malcolm is Head of Pain Services, Royal Melbourne Hospital, Past President of the Australian Pain Society, and member of the External Advisory Group, Real Time Prescription Monitoring, Victorian Department of Health.



Leanne Wells

Leanne is Chief Executive Officer of the Consumers Health Forum of Australia and has wide experience as a senior executive in government and NGO health roles, including the CEO of the former Australian Medicare Local Alliance, ACT Medicare Local and Australian General Practice Networks.



Dr Graeme Killer AO

Graeme is the former Principal Medical Adviser to the Department of Veterans Affairs, a position he held for 25 years. After retiring in 2015, he became Principal Medical Adviser to the Returned Soldiers League. He has helped pioneer major improvements in the care of veterans, with a particular focus on the management of chronic pain and related Post Traumatic Stress Disorder.

AMBASSADOR

Our Ambassador Liesl Tesch AM MP is a seven-time paralympian and the first NSW MP to use a wheelchair. She has achieved enormous success in her personal and public life, despite living with a spinal cord injury.



Liesl Tesch
AM MP

"When I was 19 I broke my back in a bicycle accident. It left me with a physical disability as well as ongoing chronic pain that was never going to slow me down. I've taught myself to acknowledge pain as it arrives and move on, although it's only since developing this friendship with Painaustralia that I even call this discomfort 'pain'. Previously when it was really bad I'd have a 'day in the cave' day, and in this new job, I'm way too busy to be absorbed by pain. I think learning the art of distraction and not focusing on the pain has really helped me to live life despite it. My colleagues often forget I have a disability and so do I. If you're determined enough, you can achieve anything, and I'm really passionate about teaching young people that."

PAIN: A NATIONAL EPIDEMIC

Australia's response to our pain burden, particularly ongoing or recurrent pain, is at a critical juncture. Without a coordinated government-led national pain strategy, we risk falling into increasing dependency on opioid medication, sacrificing our labour force for government support and adding significant pressures onto our already stretched health system.

Chronic pain costs our economy at least \$34 billion per year – with productivity costs the largest component, reflecting its role as a leading cause of early retirement, absenteeism and disability. It is estimated half of the total cost could be saved with timely and effective care.

A complex experience unique to individuals, chronic pain cannot be treated with a one-size-fits-all approach or medication alone. Too much reliance on medication can be counterproductive and lead to unwanted consequences such as worsening of pain or mental health issues, as well as addiction. What is required is patient-centred care, as recommended by the

Productivity Commission, which could help save the economy up to \$140 billion over the next 20 years.

Currently pain services are limited, particularly outside major urban centres and in rural and remote areas. Australians are waiting in pain – for as long as a year or more – on lists for public pain services. During this time, their condition is likely to worsen and become more difficult to treat.

Unmanaged pain impacts every area of life – including ability to work, level of income and lifestyle, family dynamics and social relationships, and ultimately emotional and mental health. One in five Australian adults with severe or very severe pain also have depression or other mood disorders, and the prevalence of major depression in people with chronic pain is as high as 40%.

Despite a clear mandate for reform, pain has until now flown under the radar and well short of the priority status it deserves in our health system.



"I've had pain issues for as long as I can remember. My main problem is nerve pain. I have constant pain in my feet. Even in the heat I have the sensation of feeling cold and I have sensitivity to wearing long pants. I also have a lot of cramping and my hands don't work properly, I have pain in the muscles of my legs, and a lot of hip pain. I can hardly sleep and it affects my social life and my relationship with my wife. I only take opioids when I need them because the side effects are horrible. I try not to take painkillers at all but it's hard to get into a pain management clinic and find new ways to deal with the pain. I think people with chronic pain need more understanding and support."

Robert Pask

Australia's pain burden: a snapshot

1 in 5 GP consultations involve a patient with chronic pain.

40% of forced early retirements in people of working age are due to chronic pain.

Chronic pain costs the Australian economy **\$34+ billion** per year.

Effective and timely treatment could reduce this cost by **50%**

Chronic pain affects:

- 1 in 5** Australians (including kids and teens)
-
- 1 in 3** over 65
-
- 80%** of aged care residents
-
- 30-40%** of Australians with chronic pain presenting for treatment have major depression.
- Suicidal behaviour is **2-3** times higher in people with chronic pain than the general population worldwide.
-

For help with ongoing pain visit: www.painaustralia.org.au

THE NATIONAL PAIN STRATEGY

6 Goals

1. People in pain as a national health priority
2. Knowledgeable, empowered and supported consumers
3. Skilled professionals and best-practice evidence-based care
4. Access to interdisciplinary care at all levels
5. Quality improvement and evaluation
6. Research

Eight years ago, visionaries and experts in the field of pain came together at the National Pain Summit in Canberra to develop a way forward. The key outcome was the world's first National Pain Strategy, which has informed state pain plans as well as strategies in other countries.

The strategy is still relevant today, especially in view of the increasing prevalence of chronic conditions and our ageing population. It represents a sound blueprint for the treatment and management of acute, chronic and cancer pain. It is underpinned by better education for consumers and health professionals; prevention and

management of pain in the community setting; and seamless interdisciplinary care across all levels of the health system.

Without a national strategy on pain, our response as a nation will continue to be fragmented, and there is a danger of increased over reliance on pain medications, particularly potentially damaging opioids. The misuse of opioids is already a significant issue in Australia, especially in rural and regional areas where there are limited pain services.

By making pain a national priority for change, we have an opportunity for a different outcome.



STRATEGIC PRIORITIES FOR CHANGE

Our vision is for a society where chronic pain is understood and effectively managed where possible in the community and primary care setting, using evidence-based best-practice strategies. Accessing care must be timely in order to prevent progression of disease and disability. Specialist care for more complex cases must be well resourced and accessible.

To achieve this vision, Painaustralia is working towards eight priority commitments, developed as part of our Strategic Plan 2016-2020. For the purpose of this report, we will highlight in detail four of these key areas of focus for our organisation:

Priority Commitment #1 'Members and stakeholders';

Priority Commitment #2 'Government relations and advocacy';

Priority Commitment #4 'Public awareness and sustainability'; and

Priority Commitment #8 'Sustainability'.

Through our work we are also influencing knowledge and practice among health professionals and consumers, providing advice on research projects and continuing to collaborate with Primary Health Networks to achieve positive outcomes for people with pain.

8 Priority Commitments

1. Members and stakeholders
2. Government relations and advocacy
3. Influencing the system and services
4. Public awareness
5. Influencing knowledge and practice (health professionals)
6. Influencing knowledge and practice (consumers)
7. Building knowledge
8. Sustainability

PRIORITY COMMITMENT: MEMBERS AND STAKEHOLDERS

Grow and build capacity of our member network of health care and consumer organisations, academic and research institutions.

Communicate effectively and promote collaboration internally and with community leaders and other stakeholders.

Collaborate with members and stakeholders to develop and promote improved policy and practice in pain management.

As the national peak body for pain, Painaustralia represents the interests of more than 150 stakeholders from a cross-section of organisations with an involvement in pain, including consumers, carers, medical specialists, allied health professionals, pharmacists, academics, researchers and pharmaceutical companies.

Our submissions to government, our position on critical issues and our interface with the Australian public must therefore be consistent with not only evidence-based best-practice principles but also the views of the members and stakeholders we represent.



Consulting Members

In the past year we have consulted with members and stakeholders on many occasions to help shape our work and improve our focus and relevance. Our Member Survey in March 2017 confirmed a united commitment to the National Pain Strategy and the need to update this important document. An additional survey in July 2017 indicated development should be given a high priority.

Our members are keen to be involved in our policy and advocacy work and are strongly supportive of Painaustralia playing a key role as a national peak body, as well as a refresh of a National Pain Strategy.

Painaustralia has responded to these requests with greater transparency, greater consultation on emerging issues (such as medicinal cannabis, codeine upsheduling and opioid overuse), and by taking up partnership opportunities. This has cemented our position as a vital national organisation.

Our major document for 2017, the Painaustralia Pre-Budget Submission 2018-19, provided an opportunity for our members to articulate a clear and thoughtful response on priorities to address Australia's pain epidemic.

Working Together

Painaustralia supports stakeholder initiatives that inform wider health policy and practice. We provide input to ePPOC (electronic Persistent Pain Outcomes Collaboration) through participation on the advisory committee and we have also played an important role in developing, advocating for and supporting the new Australian Prevention Partnership Centre's Primary Health Pain Project.

Partnership opportunities have also proved beneficial in relation to raising awareness in the media. In September 2017 we partnered with ScriptWise to highlight opioid misuse in support of NPS MedicineWise Choosing Wisely's new recommendations aimed at reducing prescribing of opioids for chronic pain. The #NotWise campaign ran for four days 26-29 September 2017 with a consistent social media presence as well as a Sky News Australia interview with Painaustralia CEO Carol Bennett.

In October 2017 we partnered with the Royal Australian College of General Practitioners (RACGP) and the Royal Australasian College of Physicians (RACP) to highlight the issue of codeine addiction in support

of the Therapeutic Goods Administration (TGA) decision to make codeine-based medications available only with a prescription from 1 February 2018.

This campaign expanded in late October when we were a joint signatory to an open letter to Health Ministers on codeine upscheduling, in conjunction with the RACGP, RACP, Rural Doctors Association of Australia and Consumers Health Forum of Australia. The Federal Government provided support for Painaustralia to host a campaign Real Relief to raise awareness in the community about impending upscheduling changes.

Our codeine roundtable in Melbourne in November to inform the Real Relief campaign had representation from 10 leading health, medical, hospital pharmacy and consumer organisations, who provided valuable input to the campaign's key messages. These groups were important and vocal supporters of the campaign messages, along with many other organisations.



Communicating the Message

Communication through Painaustralia eNews has continued to expand and we now reach out to around 5,000 members, stakeholders and interested people with emailed news every month. This information exchange is supplemented by an active social media presence.

Our website was updated in mid 2017 to provide easy access to the latest Painaustralia media releases, media stories and information about best-practice pain management. It also offers members and stakeholders an opportunity to advertise events and promote their evidence-based pain clinics and programs.



40,000
Pinaustralia
eNews reach

10,000
page views
per month

PAINAUSTRALIA.ORG.AU

350
visits per day



Involving Consumers

As an organisation dedicated to improving the lives of people living with pain and their families, the involvement of consumers is an important and necessary part of our work. We are in contact with many consumers who support us in our awareness raising and media activities. We actively listen to the views of consumers through our social media presence and by inviting comment on specific issues.

More recently we have begun to develop our Painaustralia Consumer Network to provide a more strategic and focused way to offer consumers direct input into policy and advocacy. The network will also have an important role to play when work begins on updating the National Pain Strategy.

PRIORITY COMMITMENT: GOVERNMENT RELATIONS AND ADVOCACY

Maintain effective communication with Government to provide impartial, well-informed information and advice in order to influence health, workforce and economic policy and programs to prevent and manage chronic pain.

Continue to advocate for chronic pain as a national health priority with a focus on neglected areas such as paediatric pain, pelvic pain and aged care.

There is a clear need for a strong voice for the millions of Australians living with pain, as well as their carers and families. For too long people with chronic pain have been voiceless in conversations about health policy. Advocating on their behalf, and with them where possible, is a fundamental role that we take very seriously.

Pre-Budget Submission

Our major policy document for 2017, the PainAustralia Pre-Budget Submission 2018-19, calls on the Australian Government to work on specific actions to ensure the millions of Australians with chronic pain can access best-practice, evidence-based care and support. We outlined seven priority objectives and 16 key projects to be conducted over the next three years to effectively respond to the pain crisis.

Projects include updating the National Pain Strategy; a National Summit to reduce opioid use; a national approach to facilitate return-to-work after injury; a mini-pain program model for rural and regional areas; and a specific pain management training program for aged care workers.



PainAustralia Pre-Budget Submission: 7 Priority Objectives

1. Minimising our pain burden is a national priority
2. Empowering consumers through awareness and promotion
3. Preventing persistent chronic pain and reducing opioid misuse
4. Minimising the impact of pain on the workforce and productivity
5. Expanding pain treatment and consumer support including regional services and priority groups
6. Building capacity of the health and aged care sector to integrate pain management in practice
7. Understanding pain, its impact and how we can best respond through research and evaluation



Responding to Inquiries and Reviews

Over the past year Painaustralia has highlighted key issues in relation to pain in our responses to various Australian Government inquiries and reviews.

A key focus has been the inadequate identification, reporting and management of chronic pain in older Australians, especially those with dementia or other cognitive impairment and people living in aged care facilities.

An important issue being considered by the Australian Government is the value and

affordability of private health insurance and out-of-pocket medical costs for people with chronic pain. A Painaustralia survey of consumers and health professionals in March 2017 informed our submission to the senate inquiry. It showed chronic pain patients with private health insurance are not being offered best-practice care and are still out-of-pocket despite paying hefty fees. Patients tend to exceed their yearly allocation of allied health care services within the first four to six months, even though chronic pain requires long-term treatment. Our submission highlighted

key areas for reform, including the need to focus on providing ongoing support for people with complex conditions such as chronic pain; more nominated providers trained in pain management; and offering pain management programs to educate consumers about self-management strategies.

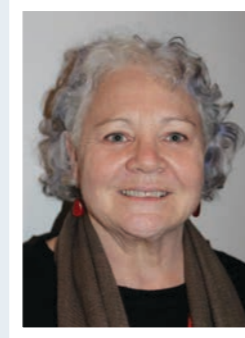
It is estimated that as many as one in two aged care residents are under-treated for chronic pain – impacting some of the most vulnerable members of our society. Up to 80% of aged care residents have chronic pain, however more than half of residents

(52%) in aged care facilities in Australia have a diagnosis of dementia while two in three (67%) require high-level care to manage behaviour. This suggests a great deal of pain goes unacknowledged and untreated, yet almost half (41%) of aged care workers have received no training on assessment of pain in people with dementia. Painaustralia was pleased to make three separate submissions to the Australian Government about the matter of pain in aged care facilities between July 2017 and January 2018.

Providing Advice

Our talks with policy makers including Minister for Health Greg Hunt have afforded us opportunities to discuss the need for a national strategic approach to pain services and support. Painaustralia has also provided advice to state governments in progressing their pain plans, most recently in relation to progress in Tasmania through the Tasmanian Codeine Rescheduling Implementation Group, and we are a regular participant of NSW ACI Executive and electronic Persistent Pain Outcomes Collaboration Management Advisory Group meetings.

Painaustralia advocated strongly for the new Australian Prevention Partnership Centre's Primary Health Pain Project. The project aims to prevent chronic pain in primary care and was able to secure more than \$500,000 under the Medical Research Future Fund.



"I only learned how to manage pain without medication after 30 years, when I attended a pain clinic. I would have had better outcomes if I had managed my pain differently from the start. It is very important people who want to stop taking opioids have the right support."

Mary-Lynne Cochrane

Submissions 2017

- Submission to the Review of National Aged Care Regulatory Processes (July 2017)
- Submission to the Senate inquiry into the value and affordability of private health insurance and out-of-pocket medical costs (July 2017)
- Submission to the Review of Effectiveness of the Aged Care Quality Assessment and accreditation framework for protecting residents from abuse and poor practices, and ensuring proper clinical and medical care standards are maintained and practised (August 2017)
- Submission to the Discussion Paper 'Why we need a new rural and remote health strategy' (August 2017)
- Submission to the up-classification of surgical mesh and patient implant cards (August 2017)
- Painaustralia Pre-Budget Submission 2018-19 (December 2017)

2018-19 PRE-BUDGET SUBMISSION TABLE

PRIORITY OBJECTIVE	PROPOSAL	COST
Priority Objective: Minimising our pain burden is a national priority	Proposal 1: Update the National Pain Strategy to ensure it reflects best practice	\$500,000 over 2 years
Priority Objective: Empowering consumers through awareness and promotion	Proposal 2: Support a national web-based consumer support network	\$500,000 over 2 years
Priority objective: Preventing persistent chronic pain and reducing opioid misuse	Proposal 3: National Summit to reduce opioid use	\$500,000
	Proposal 4: Develop a national strategy to reduce opioid use after discharge from hospital	\$1,750,000 (\$250,000 to develop a national scheme (noting costs should be shared between jurisdictions in view of the development of a national real-time prescription monitoring scheme) \$1,500,000 over three years to monitor and evaluate the program)
	Proposal 5: Develop national standardised pain and rehabilitation programs for recovery after surgery	\$250,000
Priority Objective: Minimising the impact of pain on the workforce and productivity	Proposal 6: Implement a national approach to better support people to return to work following an injury that includes early intervention and multidisciplinary pain management pathways	\$200,000 over three years
Priority objective: Expanding pain treatment and consumer support including regional services and priority groups	Proposal 7: Evaluate offering of online pain management support programs for consumers	\$250,000
	Proposal 8: Establish a mini-pain program model for adoption across rural and regional areas	\$1,000,000 over three years
	Proposal 9: Expand telehealth options to support more pain services in regional areas	\$1,000,000
	Proposal 10: Develop a pain management program for people living in residential aged care	\$300,000 (\$150,000 to develop a national guide \$150,000 to distribute APS RACP Management Guidelines)
Priority Objective: Building capacity of the health and aged care sector to integrate pain management in practice	Proposal 11: Expand training opportunities for medical professionals	\$1,500,000 over three years (to train 200 staff)
	Proposal 12: Develop a specific pain management training program for aged care workers	\$200,000 over two years
Priority Objective: Understanding pain, its impact and how we can best respond through research and evaluation	Proposal 13: Secure the continuous improvement of pain services through the Electronic Persistent Pain Outcomes Collaboration (ePPOC)	\$3,350,000 over three years (\$3,000,000 over 3 years to secure a national ePPOC (to be shared with the states and territories). \$250,000 to support the development of a model to adopt ePPOC in a primary health setting. \$100,000 to pilot participation in the national ePPOC by interested primary health care providers).
	Proposal 14: Update and deepen our understanding of the economic cost of pain	\$150,000
	Proposal 15: Immediate release and analysis of ABS data on pain in the National Health Survey	\$10,530 (costing provided by ABS)
	Proposal 16: Support pain medicine as a strategic priority for disbursement from the Medical Research Future Fund (MRFF)	\$500,000 to fund a priority project that focuses on pain
		TOTAL: \$11,960,530 (2018-19 to 2020-21)

PRIORITY COMMITMENT: PUBLIC AWARENESS

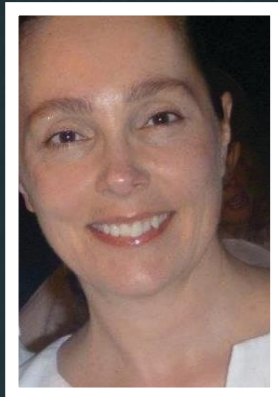
Promote community awareness about chronic pain and best-practice self-management principles.

Validate and destigmatise the predicament of people living with chronic pain.

In recent years, opioids have become the first line treatment for chronic pain, leaving many Australians reliant on these drugs to manage their pain and unaware of other strategies they can use to minimise use of medication and maximise quality of life.

There is a general lack of awareness of evidence-based best-practice pain care, known as multidisciplinary (or interdisciplinary) pain management, which involves a team of health professionals treating individual patients with a patient-centred and individualised approach. Taking an active role in managing pain on a daily basis with self-management strategies is an important part of this.

Our opioid awareness campaign #NotWise in September 2017 and our #realrelief codeine consumer education campaign in December 2017-February 2018 provided important opportunities to explain the limitations and potential dangers of ongoing opioid use and the alternatives to pain medication for managing chronic pain.



Leah Dwyer

“Stopping codeine gave me the chance to make better choices for my health. I’ve now learnt to manage my pain with non-pharmaceutical strategies such as massage, exercise and cognitive behavioural therapy.”

“ Many people are still unable to access quality care for chronic pain and are not aware of alternative treatments, which can lead to dependence on less effective options, such as codeine and other opioids. ”



Carol Bennett,
Painaustralia CEO

Website and Social Media

In June 2017 Painaustralia launched its new website, with easy-to-use navigation and a comprehensive amount of information for consumers and health professionals. Designed to be a one-stop-shop, the site offers the best resources currently available. It also provides an up-to-date directory of pain clinics and services as well as the latest news.

The website attracts about 350 people per day and generates around 10,000 page views per month. The highest number of views relate to information about pain, pain services, pain management and education and training opportunities. Most website users are in the 25-34 age category and two in three are women.

Our Painaustralia eNews is now delivered through the online portal and has a distribution of around 5,000 individuals and organisations, with a reach of more than 40,000 in 2017.



Painaustralia is also active on Twitter and Facebook, with regular tweets and posts. Our @Painaustralia Twitter account now has more than 4,300 followers, and our Facebook page more than 2,800 followers.

Mainstream Media

Painaustralia has greatly lifted the profile of pain issues in the media in 2017, becoming the 'go-to' organisation for comment on the pain crisis. With a very small team, Painaustralia has been able to represent the interests of people with pain by creating media opportunities and by providing a high level of support to media outlets.

Early in the year, the International Association for the Study of Pain's Global Year Against Pain After Surgery gave us the opportunity to raise awareness about the risk of chronic pain as a result of surgery. Our Consumer Network played an important role in securing media interest. The story was picked up by ABC News, Channel 9 Today Extra, ABC The World Today and The West Australian. Over the last six months of the year we

provided comment to key media outlets including Channel 7, Channel 10, Channel 9, SBS, the Daily Telegraph, Herald Sun, The Age, Sydney Morning Herald, The Guardian and the ABC.

We distributed 20 media releases and with opioid misuse increasingly topical, we received an unprecedented number of media calls for responses due to the #realrelief codeine campaign and opioids in general.

THE AGE



Daily Telegraph



The Sydney Morning Herald
INDEPENDENT. ALWAYS.



The Guardian



The West Australian



TheSenior

Herald Sun



REAL RELIEF CAMPAIGN #REALRELIEF

Our Real Relief campaign was designed to raise public awareness about the Therapeutic Goods Administration (TGA) decision to make codeine-containing products prescription-only. This afforded us the opportunity to educate the community about more effective pain management options. As the campaign progressed we were able to point to the need for better access to pain services and support and highlight the urgency for a national pain strategy.

The campaign was based on social research that showed the public did not clearly understand the dangers of codeine misuse. The campaign reflected the options available to provide people with genuine pain relief, which were promoted through targeted media opportunities, a video 'explanamtion', social media and paid advertising.

Between 22 December 2017 and 1 February 2018 there were daily #realrelief tweets from our @Painaustralia Twitter account and daily posts to a dedicated Real Relief Facebook page. Along with paid advertising they were intended to drive people to the Real Relief website, where consumers could find out more about non-medicine approaches to pain management.



The campaign generated an enormous amount of media interest. Our spokespeople Painaustralia CEO Carol Bennett and Associate Professor Malcolm Hogg featured in television, radio, print and online media coverage, along with our three consumer case studies – Leah Dwyer, Mary-Lynne Cochrane and Alena Edwards – who shared their own personal stories.

Our campaign was directly supported by partner organisations the Faculty of Pain Medicine (ANZCA), Royal Australasian College of Physicians, Rural Doctors Association of Australia, Society of Hospital Pharmacists of Australia, the Australian Pain Society, the Consumers Health Forum and ScriptWise. These and other health, medical and consumer organisations provided a clear and united stance on the issue, giving consumers an uncompromising message.

Painaustralia also sponsored a petition on change.org, started by Mary-Lynne Cochrane, an Australian nun. Mary-Lynne lives with chronic pain and was dependent on medication for many years until she discovered multidisciplinary pain management. The petition generated 2,200 signatories during the campaign period who pledged their support for the Australian Government to facilitate affordable and accessible alternative treatments for chronic pain.

Beyond the codeine awareness campaign is an enormous opportunity to bring real relief to millions of Australians.

“ I took eight codeine tablets every day for about five years. I had never experimented with drugs in the past. I just thought I needed the tablets for my pain, but I ended up addicted. ”
Alena Edwards

3.6 M +
people engaged

2,200
signatures change.org

12,287
visited realrelief.org.au

 **454,000**
impressions

56,600
engagements

 **84,700**
impressions

3,730
clicks

PRIORITY COMMITMENT: SUSTAINABILITY

Sustain and grow a reputable and well-governed organisation.

Resource our organisation as appropriate to deliver business plan.

Attract and retain effective partnerships, strategic alliances with a broad community focus.



OUR SPONSORS

Painaustralia, a not-for-profit organisation, is reliant on external funding in order to carry out our important work.

We would like to express our sincere thanks to the following companies that have generously provided us with pro-bono services during 2017:

- **Corrs Chambers Westgarth for legal services**
- **ESV Accounting and Business Advisors for auditing services**
- **Financial Reporting Specialists (FRS) for the preparation of financial statements**
- **Pitcher Partners Sydney for taxation advice**

We are grateful to our foundation members for their ongoing financial support:

- **Australian and New Zealand College of Anaesthetists (ANZCA)**
- **Faculty of Pain Medicine, ANZCA**
- **Australian Pain Society**
- **Pain Management Research Institute**

We also thank the Painaustralia Collaboration for the provision of unencumbered educational grants to assist our work:

- **Mundipharma**
- **Pfizer Australia**
- **Seqirus Ltd**

Special thanks to the Kinghorn Foundation for their generous philanthropic grant and the Commonwealth Department of Health for their support for the Real Relief campaign.



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