

Annual Report 2022

Make The Impossible Possible

painaustralia



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painaustralia

Unit 6

About us

Painaustralia is the national peak organisation working to improve the lives of people with chronic pain. Our aim is to have the voice of people living with pain represented and heard in all aspects of health policy and decision making.

Chairman's message

Major General (Ret'd) Duncan Lewis, AO DSC CSC



This year has been very significant for the community as our country has “emerged” from the COVID pandemic. Painaustralia welcomed the opportunity to engage with the new Federal Government and relevant ministers.

Painaustralia also adopted a new constitution which has resulted in changes and renewal of Board membership. Additionally, significant staffing changes occurred following the resignation of our former CEO, Carol Bennett. What has not changed, are the very real needs of our client base - those 3.4 million Australians living with chronic pain. As the peak advocacy body for those living with chronic pain, Painaustralia has been active across government and across the community pursuing the objectives of our organisation. Resourcing continues to present as a major challenge for Painaustralia and requires the constant attention of the CEO and the Board. I am particularly grateful for the work of the CEO and the Finance Committee of the Board as we rise to meet the ongoing resource challenge.

The Board acknowledged the most capable leadership of our former CEO, Carol Bennett on her departure. We were most fortunate and grateful to have had acting CEO, Monika Boogs manage the organisation while the work of appointing a new CEO was completed.

The executive search concluded with the appointment of former ACT MLA Giulia Jones. We welcome Giulia to our organisation and wish her every success. Giulia has served in various capacities in the ACT Assembly and has had responsibility for advocating for women, the emergency services sector, the police, the multicultural community and most importantly for the health care of the community. In this last role Giulia was the shadow minister for health for the ACT during the pandemic. In joining Painaustralia, Giulia has brought with her great energy and a wide range of skills in public administration and management, advocacy, and of course deep knowledge of the workings of government decision making.

The Board this year pursued the generally difficult process of refreshing and renewing Board membership. This necessary process brought to a conclusion the tenure of some highly esteemed board members. I take this opportunity on behalf of the entire Painaustralia community to thank the outgoing board members, Professors Deborah Schofield, Paul Glare, Meredith Craigie, Malcolm Hogg, and Doctor Graeme Killer. I also thank Doctor Chris Hayes, Catherine Murphy, Ben Tansley, Professor Lorimer Mosely and Sister Mary-Lynne Cochrane for agreeing to continue as Board members. The process of renewal of Board membership is continuing. We are steering Painaustralia into a new era, of strong and effective advocacy and we are streamlining Board governance to maintain focus firmly on the needs of consumers and to advance multi-disciplinary pain management for the whole community.

As a relatively new branch of medical science, first officially recognised in the 1990s, there is still much to know about chronic pain medicine. Research and development in this field continues apace but clearly much more is to be done. In 2019 Painaustralia was instrumental in

developing and obtaining national agreement on the National Strategic Action Plan for Pain Management. It is very pleasing today to see the progress in many of the tasks detailed in the National Strategic Action Plan. The plan listed 10 key goals and actions. At the time of this report, we have seen 3 of these measures completed, 6 underway and only one not yet actioned. This is a sound start to seeing appropriate chronic pain care extend to all those in need of it.

Another achievement of Painaustralia during this reporting period has been the preparation, research and submission of our report to the Royal Commission into Defence and Veteran Suicide. The report produced new research into the correlation between chronic pain and suicide. This is a matter which should concern every Australian. The Defence experience can show us what happens when people live with pain after their service. The report featured two wonderful former serving members who both live with chronic pain. I commend them for their candour and courage in casting important light on this issue. We know the findings of our submission have already been included in annual training for Defence members. Painaustralia remains hopeful that the final report of the Royal Commission will recommend significant improvements to assist the lives of all Defence personnel and veterans who suffer from chronic pain as a result of their service to our country.

Painaustralia has been actively involved in developing a number of submissions to government policy reviews in the past year. A key priority has been the review of access to paracetamol. Painaustralia's submission concluded that the proposed changes would have a significant and detrimental impact on the many chronic pain sufferers who rely on paracetamol to effectively and safely manage their pain. Subsequent to taking Painaustralia's

submission, the Government did make changes to the original proposal. These changes will go some way to assist the lives of those 1 in 5 Australians over the age of 25 who suffer chronic pain. This work by Painaustralia is a good example of the need for ongoing strong advocacy in the sector.

Finally, on behalf of the Board of Painaustralia, I take this opportunity to thank the many people who have worked and volunteered alongside us during this year of change and resource challenge. In particular, I wish to express the Board's gratitude to our hard-working staff members who have managed the organisation through this challenging time. Painaustralia's vision is to provide strong and effective advocacy to ensure improved outcomes for the 3.4 million Australians living with chronic pain, their families and carers. In doing so, we will continue to work with governments and the health sector to highlight the significant benefits to chronic pain sufferers and the broader community of placing higher priority on this issue. Furthermore, additional appropriate funding is required for a holistic and multi-disciplinary approach to dealing with chronic pain. On behalf of the Board, I thank all of those who have been associated with our work and in particular I thank my fellow Board members for their support and commitment throughout the year.

Duncan Lewis

Chair - Board of Painaustralia

CEO's Message



It has been a huge first seven months as the CEO of Painaustralia.

When I first arrived, I read the history of Pain Medicine in Australia and started to engage with our many stakeholders in the pain sector and across the health, media and political sectors.

What I concluded after the first months was that we had a very solid platform built by the many capable and dedicated advocates who had come before me and that it was time to take pain care to the masses in a stronger and stronger way.

Consumers living with chronic pain, day in and day out, have experienced the loss of treatment options with the 2018 upscheduling of codeine and the huge changes restricting opioids access in 2020. There has been a less publicised loss of MBS item numbers for various pain treatments making those treatments harder to access as part of the MBS review, and yet, still no MBS item number for pain consultations that we so desperately need.

Into this situation came the TGA's proposal to restrict access to paracetamol which was released late in

2022. This has caused us to take up the fight again for the somewhat invisible cohort of the 3.4 million Australians living with chronic pain.

While the very best treatment for pain we know of is multi-disciplinary or team-based pain care, which involves the best assistance and information from physios, psychologists, doctors and pharmacists, medicines do form a part of this care for very many people with chronic pain and paracetamol is the most affordable medicine available.

As a result, we have campaigned hard to make people with chronic pain visible to decision makers and politicians and have in a strong way succeeded with both the interim and final TGA decision noting the need to balance the needs of those misusing paracetamol with the needs of the chronic pain consumers.

At the organisational level we have improved the way the office and the organisation is functioning. The appointment of a deputy CEO in Walkley Award winning journalist and long-term government chief of staff Monika Boogs has seen us able to cover more ground and to speak up more for consumers every day.

Our amazing staff are taking calls and setting meetings and media releases and social media posts up every day and we are running at a strong pace to break through and see change.

We have also worked consistently as a team at Painaustralia to be everywhere and meet with everyone we can, to lift our profile and to advance the fight for best practice pain care for all.

We have made numerous submissions to government consultations; we have opened the line of communication even greater than ever with the media and have championed the care that we need to achieve.

To be a part of the conversation we need to be seen and to be heard. As we work now into 2023 we are planning to make more waves with our consumers front and centre to let them tell their stories and be heard by those in power and to see multi-disciplinary pain management available to all Australians with chronic pain. No more ignoring, no more telling our consumers to get over it, no more taking treatments away.

We have done that hard work that had to be done, now it is time to discover new treatments and methodologies to show people how they can get their lives back.

Time to reach higher and I will need the help of many of you reading this to get this change done, come alongside us and help us to see the change to mainstreaming of pain care to every Australian through primary care first and then to specialist care for those who need it!

Giulia Jones
CEO Painaustralia

Below: CEO Giulia Jones, Deputy CEO Monika Boogs and Policy and Administration Adviser Elli Williams



The Board



Painaustralia would like to thank all members of our board who have provided strategic direction throughout 2022



Major General (Ret'd) Duncan Lewis, AO DSC CSC
BA(Acc), FCA, FAICD
Chairman

Duncan Lewis recently completed his five-year term as Director General of Security and Head of the Australian Security intelligence Service (ASIO). This was the last appointment in a 47-year career with the Australian Government both in and out of uniform. Following Duncan's retirement from the Australian Army as a Major General, Commander of Special Operations Command, he served for 15 years in the Australian Public Service in the most senior positions including as the Secretary of the Department of Defence, National Security Advisor to two Prime Ministers, and Australian Ambassador to Belgium, Luxembourg, the European Union and NATO. During his public service Duncan served on a number of boards and committees including the board of the Australian Criminal Intelligence Council, The Council of the Order of Australia, the National Australia Day Committee and on the inaugural board establishing the National Security College at ANU. Duncan recently joined the Board of Thales Australia as a non-executive director and is a senior visiting fellow at the University of Sydney US Studies Centre.

Duncan was awarded Officer of the Order of Australia in 2005 for his service as the inaugural Special Operations Commander Australia. He is a graduate of the British Army Staff College and the United States Army War College. He is a member of the Australian Institute of Company Directors. He is fluent in Indonesian.

Ben Tansley

BA(Acc), FCA, FAICD
Director



Ben is a highly experienced Chartered Accountant with over 25 years' experience in the professional services industry working within Australian and international markets. He is currently the Canberra Assurance Leader for EY. His experience over the last 25 years includes providing of a broad range of assurance and financial advisory services to a diverse range of clients in the corporate, not-for-profit and government sectors. Ben is passionate about working with executives and Boards in supporting them improve governance, finance and risk management practices.

Dr Chris Hayes

FFPMANZCA, MMed, Specialist Pain Medicine Physician
Director



Chris is a specialist pain medicine physician who works at John Hunter Hospital in Newcastle NSW and has been Director of Hunter Integrated Pain Service since its foundation in 1997. He is immediate past Dean of the Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists (ANZCA). Additional roles have included co-chair of NSW Agency for Clinical Innovation's Pain Network and Chair of the Pain Management Clinical Committee of the Medicare Benefits Schedule Review. His research interests include a 'whole person' approach to pain, outcome measurement and redesign of health systems to achieve greater integration between specialist pain services and primary care.



Professor Lorimer Moseley

AO DSc PhD FACP
FAAHMS FACP
HonFFPMANZCA
HonMAPA
Director

Lorimer is a pain scientist educator and physiotherapist. He leads IIMPACT in Health at the University of South Australia, where he is also Professor of Clinical Neurosciences & Chair in Physiotherapy. After seven years working as a physiotherapist in pain and high-performance roles, he undertook, in 1998, his PhD at the University of Sydney. Since then, he has continued to work with people challenged by persistent pain and has had research posts at the University of Queensland, Oxford University and Neuroscience Research Australia. He is now an NHMRC Leadership Investigator, has authored 350 scientific articles and six books on pain and rehabilitation, including the two highest selling pain books internationally. He leads the non-profit initiative Pain Revolution and Chairs the Pain Adelaide Stakeholders' Consortium. His contribution to the science and management of pain has been recognised by honours or awards in 13 countries. His public engagement and education initiatives have also been honoured in six countries. In 2020, he was made an Officer of the Order of Australia for distinguished service to humanity at large in pain science and management, science communication and physiotherapy. He lives and works on Kurna land in Adelaide, South Australia.

Catherine Murphy

Director and Company Secretary



Economics and Law from the Australian National University.

Catherine's early career focused on legal counsel, budgetary processes and public policy development in the Australian Public Service. Catherine joined the Prime Minister's Office in 1996 where she was Senior Legal Adviser to former Prime Minister the Hon John Howard for 6 years and then Chief of Staff to the Hon Dr Brendan Nelson, Minister for Education Science and Training. Later she served as CEO of the National Association of Forest Industries for four years. Catherine's main interest is working with Boards dealing with social and health related public policy to improve the lives of all Australians.

Sister Mary-Lynne Cochrane

Director



Mary-Lynne Cochrane is a Consumer Representative with the Agency for Clinical Innovation Pain Network and a member of the Executive Committee. Mary-Lynne lives with a form of arthritis and over 35 years she has endured twenty-two surgeries, including three knee replacements, three hip replacements, three back surgeries, a shoulder replacement, pelvic bone transplants and surgeries in both feet and hands. Mary-Lynne entered the Sisters of the Good Samaritan in 1977 after a period working with the Endeavour Foundation a facility for intellectually slow children. She has a background in Social Science with Welfare. In her current role, within the Good Samaritan Congregation,

Mary-Lynne conducts training programs for her sister nuns in the use of mobiles handsets and iPads to enhance communication and connect. Mary-Lynne is also Wellbeing Coordinator for another religious order.



Associate Professor Malcolm Hogg

Director and Clinical Representative
(resigned 4 October 2022)

Malcolm is full-time specialist in Anaesthesia and Pain Medicine and Head of Pain Services, Melbourne Health. He is a past president of the APS and fellow of Faculty of Pain Medicine, ANZCA, and member of the International Association for the Study of Pain ('IASP'). Malcolm's leadership roles include membership of external advisory groups to Victorian Department of Health and Human Services Safescript (medication monitoring system) external advisory group, Drugs of Dependence committee and Pain services clinical advisory committee. Research interests include pain outcomes following trauma and models of care for pain service delivery.

Professor Paul Glare

Director
(resigned 4 October 2022)



Professor Paul Glare is the Chair of Pain Medicine in the Northern Clinical School of the University of Sydney, Director of the Pain Management Research Institute ('PMRI') in the faculty of medicine & Health, and Head of the Discipline of Pain Medicine in the Sydney Medical School. He is also a Clinical Academic in Northern Sydney LHD and has appointments at North Shore Private Hospital, Northern Cancer Institute, and Genesis care at Macquarie University Hospital.

Dr Graeme Killer, AO

Director
(resigned 4 October 2022)



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 ('PTSD'). Graeme has been a committed Ambassador and adviser to Painaustralia since 2014.



Professor Deborah Schofield

Director
(resigned 4 October 2022)

Deborah is currently Professor and Chair of Health Economics, Faculty of Pharmacy, Sydney Medical School, University of Sydney, Murdoch Children's Research Centre and Garvin 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.



Associate Professor Meredith Craigie

MBBS, B Med Sc, MM(PM), FANZCA, FFPMANZCA, GAICD
Director
(resigned 4 October 2022)

Meredith is a specialist pain medicine physician working in the CALHN Pain Management Unit at the Queen Elizabeth Hospital and Clinical Associate Professor at the University of Adelaide. She has just completed a two-year term as the Dean, Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists (FPM). She has a Masters of Pain Medicine (Sydney University) and has fulfilled numerous roles locally and nationally as a teacher, advocate, and advisor to government, researcher and journal editor of Anaesthesia and Intensive Care as well as clinician in anaesthesia and pain medicine. Meredith is passionate about medical education, pain education for healthcare practitioners and consumers, pain at the extremes of life and the transition from acute to chronic pain.



CAG

CONSUMER ADVISORY GROUP

Thank you to all the members of the Consumer Advisory Council who we rely on to provide feedback and advice on policy and detailed submissions. This great group of people living with chronic pain never fail to amaze us with their dedication and commitment to helping others through their advocacy.

We welcome new members Ben Nihill and Kim Sullivan to the group – it's great to have more diversity of age and conditions and we will hopefully see a further expanded CAG and consumer network in 2023.



Peter Rudland



Kim Allgood



Louisa O'Neill



Leah Dwyer



Sister Mary-Lynne Cochrane



Gabriella Kelly-Davies



Megan Kuleas



Don Firth



Mary Wing



Jessica Hirst



Maria Heredia



Naomi Creek



Sarah Fowler



Jason Styles



Alex Christie



Ben Nihill



Rachel Seeley



Deirdre Pinto



Janine Monty



Kim Sullivan

Pain Champions



Thanks to all of our amazing Pain Champions who are dedicated to seeing those with chronic pain thrive. We have called on Peter Rudland more than ever this year and we have seen all our champions do their part in raising the profile of chronic pain and seeing change!

As we move into 2023 expect to see and hear more from this great team. We can't do it without them!

Peter Rudland - Veteran and Invictus Games competitor



Top to bottom, left to right: Air Chief Marshal Sir Angus Houston AK, AFC (Ret'd), Sophie Scott - reporter, Hayley Leake - researcher, Tara Moss - author, Liesl Tesch - AM MP.

Pinaustralia's year of advocacy and accountability

Painaustralia this past year has continued to advocate for the 3.4 million Australians in chronic pain every day, working with stakeholders and seeking to hold the Federal Government to account on major issues affecting the lives of ordinary people.

Chief among these has been Painaustralia's efforts to persuade the government to review how the 2020 opioid reforms were enacted and to also address concerns around attempts to restrict paracetamol access.

The changes to the prescribing of opioids have left large numbers of people living with chronic pain without their usual medications and without any alternative pain management plans, causing them considerable distress.

Pinaustralia CEO Giulia Jones took up that fight directly with Health Minister Mark Butler, who, in response, confirmed an internal review of the changes is underway.

Bolstering the case was the results of a major online survey of consumers conducted on behalf of Painaustralia. The survey found, overwhelmingly, that the opioid reforms had had a significant negative impact on the quality of respondents' lives.

Similarly, attempts by the Federal Government to restrict paracetamol will disadvantage the many millions Australians who use the drug safely, as outlined by Painaustralia's submission to the TGA (Therapeutic Goods Administration).

The submission called on the TGA to work with consumers to revise its

proposals and for an independent expert panel to address any potential medication substitution because of the changes.

This past year also saw Painaustralia continue to give a voice to the 20 per cent of the population living with chronic pain, during that time achieving significant national media coverage.

Pinaustralia has worked hard to explain that more needs to be done to minimise the social and economic burden on people living every day with pain that may be invisible, but which has life-changing ramifications.



Above: Hon Mark Butler MP - Minister for Health and Aged Care speaking at the 2022 Budget Breakfast

Right page: Deputy CEO Monika Boogs and CEO Giulia Jones at the 2022 Budget Breakfast.





New CEO Giulia Jones starts a conversation about pain

Giulia Jones, who was appointed the new CEO of Painaustralia in June 2022, used her appointment to give a voice to people living with chronic pain and to encourage the community to have a conversation about pain.

Like mental health, chronic pain has often gone unseen, but Ms Jones has reiterated that pain needs to be treated as a medical condition in and of itself.

"We have to have that conversation on people's behalf and we'll be launching a really big conversation around women in pain in September," she said.

Prior to her role with Painaustralia, Mrs Jones served for ten years in the ACT Legislative Assembly, including time as the Deputy leader of the Opposition and Shadow Minister for Health, Mental Health, Emergency Services and Multicultural Affairs.

She brought to the role an understanding of government and committees and the skills to provide robust advocacy for people living in pain.

Ms Jones recently outlined her immediate priorities for Painaustralia: preventing further withdrawal of treatments, fighting for more affordable and accessible pain management at the primary care level, ensuring people in pain are seen and heard and advocating for more research into pain solutions.

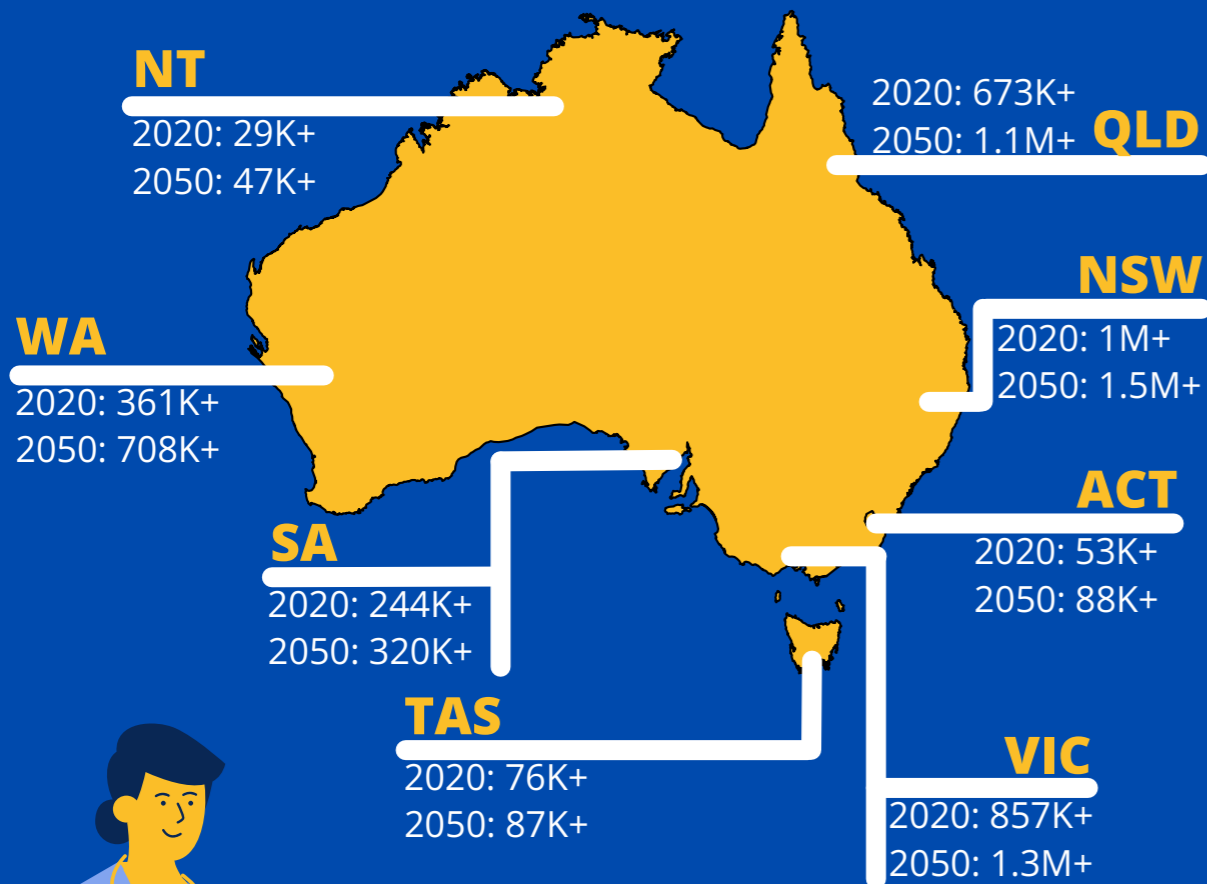
"Because I hope in 100 years' time, we'll look back on this era and say, 'Can you remember when we didn't have a solution to pain?'," she said.



Left page: CEO Giulia Jones and Painaustralia Board Chair Duncan Lewis

Pain in Australia

3.4 million Australians lived with chronic pain in 2020.
If no action is taken this number will rise to 5.2 million in 2050.



Around one-fifth of all GP presentations in Australia involve chronic pain



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

Suicidal behaviour is **two-to-three times** more likely for people with chronic pain



Only 1 out of 100 people living with chronic pain will receive multidisciplinary care

The National Strategic Action Plan for Pain Management provides the blueprint and actions required to improve the lives of the 3.4 million Australians living with chronic pain.

URGENT ACTION IS NEEDED



The roll-out of a pain specialist designed and led national GP training program: this would cost \$45million but save \$209 million in overdose-related costs.



Doubling access to multidisciplinary care: this would cost \$70 million a year but save the nation approximately \$271 million.



\$22,500
Per person a year



\$12.64 billion
health system costs



\$49.74 billion
lost in productivity



\$13.09 billion
other financial costs



\$68.63 billion
reduction in quality of life

Financial Cost of Pain in 2020



If no action is taken, the annual cost of chronic pain in Australia will rise from \$144.10 billion in 2020 to an estimated \$215.6 billion by 2050



Painaustralia's National Pain Services Directory is a valuable 'go to' tool for people living with chronic pain, GPs and other health professionals looking for a local pain specialist or clinic.

Media Releases

Opioid regulation needs urgent review.
12 JULY 2022

National pain week – Australia
needs to talk about pain.
28 July 2022

Access to chronic pain treatment for
aged care residents unclear.
27 JULY 2022

Mental illness and chronic
pain: a lethal cocktail for our
defence and veteran personnel.
31 August 2022

Australians in chronic pain should
not be ignored.
30 September 2022

TGA trying to take paracetamol access away.
14 November 2022

Elderly residents to
miss out on funding
for pain
management.
7 September 2022

Media Appearances

Throughout 2022 PainAustralia appeared in various media outlets around the country. Some of the media appearances were:

- 6 Nov 2022 | The Sydney Morning Herald Paracetamol sale ban will affect millions, pain advocates warn
- 7 Nov 2022, 8am | ABC Radio Brisbane
- 7 Nov 2022, 10.15am | FiveAA
- 8 Nov 2022, 7.10am | ABC Midwest & Wheatbelt
- 8 Nov 2022, 7.15 am | 2CC Talking Canberra
- 8 Nov 2022, 7.45am | ABC Radio Sydney
- 12 Nov 2022 | The Australian Paracetamol purchase limits 'overkill'
- 16 Nov 2022, 6pm | ABC The Drum Show
- 16 Nov 2022, 7.30pm | ABC 7.30 report
- 17 Nov 2022, 7pm | A Current Affairs Painkiller debate sparked after TGA considers paracetamol sale restrictions
- 18 Nov 2022 | SBS The sale of paracetamol could soon be restricted. This is 'scaring' chronic pain sufferers



3,441 Visits

Reach

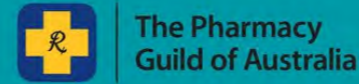
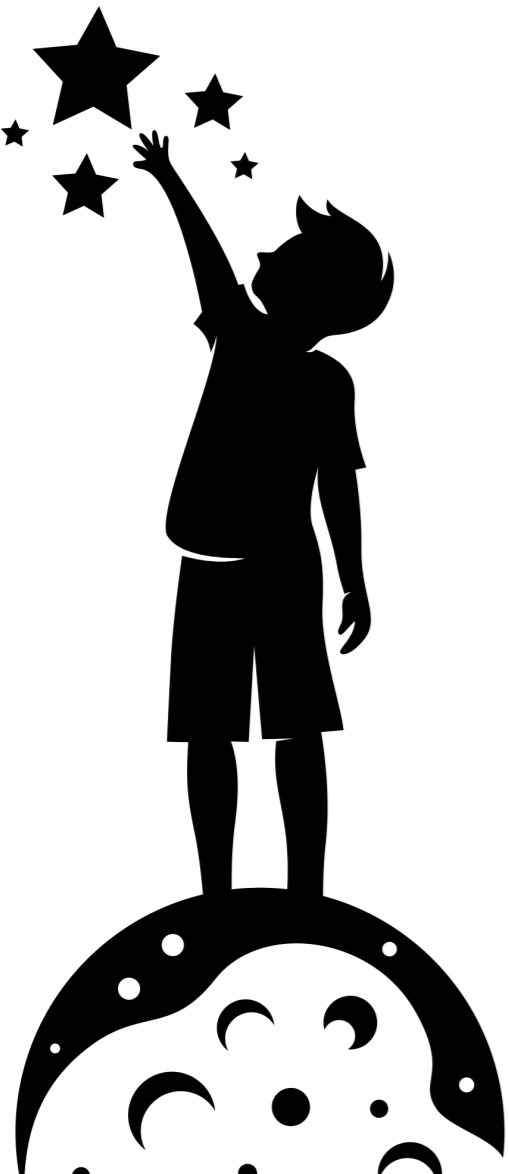


63,527

GIVING YOU THE SOCIAL MEDIA STATS



9,724 Followers



PHARMACY BUSINESS & CAREER NETWORK PODCAST



Understanding Pain Podcast

During Pain Week, PainAustralia CEO, Giulia Jones, spoke with Daniel Oyston on the Pharmacy Business & Career Network Podcast about understanding pain. Giulia talked about what pain is, how it affects people living with chronic pain, and the role pharmacists working in the community could play to help them live better, fuller lives.”

You can listen in at: https://omny.fm/shows/pbcnpodcast/understanding-pain-giulia-jones-pain-australia-ep?in_playlist=podcast

SafeScript NSW

PainAustralia worked closely with the NSW Government to develop a video to help provide consumers with information about the SafeScript NSW real time prescription program and how it could benefit consumers. RTPM is a computer system that provides pharmacists and prescribers with medicine history information about a consumer’s use of monitored drugs (for example, diazepam and tramadol).

When implemented well this system can help consumers to better use and understand the medications they are taking and encourage conversations between health professionals and consumers. PainAustralia worked with the NSW Government to develop sensitive and respectful messaging for prescribers and dispensers when talking to consumers about their medications.

You can watch the video at: <https://www.safescript.health.nsw.gov.au/consumers>





Policy Submissions

We have done the following submissions in 2022 to play our part in government processes.

Special thanks to Monika Boogs for managing the submissions process. Each submission requires months of research and preparation and then finalisation to ensure accuracy and usefulness for pain consumers. The following pieces were submitted in the 2022 calendar year.

- Painaustralia's submission to the Royal Commission into Defence and Veteran Suicide
- Painaustralia's National Medicines Policy submission
- Painaustralia's submission to the TGA's Proposed amendments to the Poisons Standard
- Painaustralia's submission to the TGA on paracetamol

Read more: <https://www.painaustralia.org.au/policy-research/submissions-reports>



The logo for PainAustralia, featuring the word "painaustralia" in a lowercase, white, sans-serif font on a red background.

Paracetamol

Submission on
proposed amendments
to restrict access

Paracetamol campaign

PainAustralia conducted a major campaign against the 2022 Therapeutic Goods Administration interim decision to reduce paracetamol pack sizes from 20 to 16 tablets, and pharmacy packs from 100 to 50.

PainAustralia called for a common sense approach for access to paracetamol.

The organisation made a major submission to the TGA about its proposals to restrict access to paracetamol, putting the consumer voice front and centre of the debate.

The submission acknowledged the proposed changes sought to reduce intentional paracetamol poisoning, particularly in young people, but argued further restricted access to paracetamol would have major unintended consequences to the millions of Australians who used it safely every day to manage their chronic pain.

The submission stated that while PainAustralia supported the recommendation to not up-schedule paracetamol, place age restrictions to purchase or to limit the number of packets that can be bought at a supermarket or pharmacy, it was disappointed by the interim decision to reduce the available pack sizes of paracetamol available to Australians living with pain.

PainAustralia CEO Giulia Jones said the recommendation to reduce pack sizes would come at a cost to those who can least afford the change.

"On every bus, in every office and across every suburb of Australia pain does not discriminate. One in five Australians over 25 live with pain. These people already cannot afford other treatments and now the little that they do have to get relief could become harder to get," she said.

PainAustralia's submission included the results of its National Consumer Paracetamol Survey which found 86 per cent of respondents believed that little to no additional restrictions should be placed on paracetamol.

Consumers were adamant that making paracetamol more difficult to access would cause them distress and, perversely, prompt many to feel suicidal while having little impact on actually preventing people from attempting self-harm.

PainAustralia's submission outlined that mental health was an issue that needed a nuanced, balanced and practical approach rather than the single regulatory sledgehammer that was being proposed. The issue of self-harm and suicide amongst people living with chronic pain is a concern rarely acknowledged and also worthy of discussion.

The submission made four major recommendations including that the TGA work with consumers in revising or developing new proposals to ensure the impact of any further restrictions to paracetamol do not negatively impact those who use the medication safely.

It also called for the Independent Expert Panel to address any potential medication substitution because of these changes.

The submission also emphasised that people who use paracetamol should have been involved in developing the proposals, rather than their genuine concerns only being brought to light in the survey and subsequent media coverage by PainAustralia.

The impact of opioid regulation on our consumers

The June 2020 opioid regulations had a devastating impact on many of our consumers and while Painaustralia acknowledged the need for the reforms, we maintain that they were badly managed and implemented leaving many consumers in despair and without support to manage their pain.

Eighteen months after the regulations came into effect, we wanted to hear from our consumers themselves and launched a nation-wide survey in early 2022 asking a series of questions about the challenges facing consumers in accessing their ongoing treatments, the reasons for their concerns and any support they were receiving. The survey which ran over two months attracted 1800 respondents.

Our subsequent report, [Impact of opioid regulatory reforms on people living with chronic pain](#) detailed the first-hand experiences of consumers who shared their personal stories and experiences with us in the survey.

The report's findings included:

- there is a desperate lack of access to alternative services available for people with chronic pain in the absence of medication;
- consumers were experiencing difficulties in accessing medication and were experiencing feelings of judgement and stigma;
- consumers were experiencing decreased quality of life and poorer mental health;
- consumers were having to visit their GPs more resulting in increased and unwanted costs; and;
- there is an urgent need for education and awareness campaigns for consumers and health professionals.

We would like to extend our gratitude to the consumers who took the time to put in a response to our survey.



painaustralia

Survey Report

Impact of opioid regulation on people living with chronic pain



Pinaustralia's submission to the Royal Commission into Defence and Veteran Suicide

The story of navy veteran Commander Lucinda Casey RAN Rtd underpinned Pinaustralia's submission to the Royal Commission into Defence and Veteran Suicide.

The submission made 11 recommendations to improve health services for serving defence personnel and veterans.

Pinaustralia, as a priority, called for chronic pain to be recognised as a diagnosable and standalone condition that is affecting the defence community and for targeted support to be made available.

Commander Casey told her story to Pinaustralia as part of its advocacy for all Australians living with chronic pain, including serving and former defence personnel.

Her story was also invaluable in providing a female perspective in a the male-dominated Australian Defence Force and Pinaustralia urged the Royal Commission to recognise that women in the defence population faced unique challenges and needed targeted support.

During her time in the navy, Commander Casey felt like she had to work twice as hard as her male colleagues to prove herself. She sustained multiple musculoskeletal injuries and mental health issues including post-traumatic stress disorder.

Commander Casey said while it was socially acceptable to request treatment for visible injuries sustained through operational service, it was less so for chronic pain and mental-health related issues which were either not reported or downplayed to clinicians. There was a fear of being regarded as a problem.

There was also little discussion while in service about chronic pain and how to manage it.

Pinaustralia's submission to the Royal Commission argued that chronic pain and mental illness were a lethal cocktail for military personnel and veterans, leading to a higher risk of suicide.

Pinaustralia's CEO Giulia Jones also pointed out that women veterans were at a higher risk of pain conditions and were 115 per cent more likely a suicide risk than the general population.

The submission urged more support for service men and women as they transitioned to civilian life, a critical time when they often found themselves suddenly alone and isolated from previous infrastructure.



Right page: CEO Giulia Jones and Board Chair Duncan Lewis would like to thank all the attendees at our Pain in Defence dinner who showed their support for Pinaustralia.





Painaustralia stands up for aged care residents living with chronic pain

Painaustralia took up the cudgels on behalf of residents in aged care homes who were in danger of losing funding for physiotherapy services.

The former Liberal federal government had announced the funding cut while in office and Painaustralia was quick to lobby the new Labor Government to ensure it understood the devastating consequences of the decision.

Painaustralia CEO Giulia Jones wrote to Aged Care Minister Anika Wells appealing for the funding to be continued.

Mrs Jones said 80 per cent of residents in aged care facilities lived with chronic pain and 63 per cent received pain management care from health professionals, including physiotherapists, at least once a week.

She pointed out that by denying elderly residents access to physiotherapy, they would turn to medication to ease their pain - right at the time when the government was urging people to take fewer prescription medications.

Painaustralia's advocacy on the issue revealed, again, that Australians living with chronic pain needed multidisciplinary pain management and deserved options that extended beyond opioids and other heavy pain killers.

The campaign also saw Painaustralia join forces with the Australian Physiotherapy Association to alert the media to the issue, a further example of it working with other stakeholders to help ordinary people suffering daily with chronic pain.

CEO learns about international approaches to pain management

PainAustralia CEO Giulia Jones attended the 19th World Congress on Pain in Toronto, Canada in September.

The congress brought together nearly 4000 scientists, clinicians, and healthcare providers, in person and virtually, from 87 countries.

It is regarded as the preeminent global meeting devoted to pain research, treatment and education.

Ms Jones said it was at the congress that the latest research into the causes and solutions to chronic pain could be discussed, led by the International Association for the Study of Pain.

IASP brings together scientists, clinicians, health care providers, and policymakers from around the world in pursuit of their mission to bring relief to those who are in pain.

Ms Jones said the international gathering in Toronto confirmed a general move away from the use of opioids as a treatment for chronic pain, towards a multi-disciplinary approach.

Key to this was research which might uncover an answer to the lingering mystery of chronic, unseen pain.

"We don't have a silver bullet for pain. It doesn't turn off, unless people are asleep," Ms Jones said.

"We want people to be awake and functional and free of pain, but we're not there yet. The research is still young."

At the congress in Canada, Ms Jones attended lectures on:

Patient safety during deprescribing of opioids

Peripheral Sensory Neurons and Inflammation

Pelvic pain and the management of pain for women with multiple abdominal pelvic conditions

Reliability of pain modulation

Pain sensitivity and chronic pain during critical periods in life, from adolescence to later life.

Ms Jones also attended a presentation by Ian Gilrain, chair of IASP's science committee and IASP president Dr Catherine Bushnell.

The International Association for the Study of Pain will mark its 50th anniversary in 2024.

Instrumental in setting up the IASP was Australia's founder of pain medicine Dr Michael Cousins, who established PainAustralia.

"It was good to know that Australia has been at the forefront of efforts to boost research into chronic pain, because we do want a world where people can one day be free of pain," Ms Jones said.

National Pain Services Directory

Consumer Awareness and Education Project

2022 has seen us plough through our Consumer Awareness Project with the support of the Australian Government.

Work has included:

- the continued building of our national and updated website;
- the expansion of the National Pain Services Directory featuring listings of allied health professionals who specialise in pain treatment;
- updated pain fact sheets;
- real time prescription monitoring program factsheets and information;
- information about regulation and medication; and
- ongoing communication with the community regarding the issues associated with chronic pain and the multi-disciplinary care that those living with chronic pain must be able to access.



National Action Plan update

2022 has seen significant achievement under the Actions and Goals of the National Action Plan for Pain Management. Specifically, the goals and their status are as follows:

1. Establish a National Pain Leadership Group - Underway
2. COAG Health Ministers to endorse the Action plan - Achieved
3. Community Awareness Campaign - Achieved
4. Interactive National Website and app to provide a “one stop shop” for information and resources - Achieved
5. Include pain management in accreditation standards for Health Providers - Underway
6. Establish a National Institute of Pain Research - Underway
7. Provide an overarching Education Strategy for health practitioners - Underway
8. Map and Review pain services by location and needs analysis – Not commenced
9. Recognise pain as a complex condition in its own right for the purposes of MBS rebates - Underway
10. Determine a single validated assessment and monitoring tool for chronic pain - Underway

While the National Action Plan is an ambitious document it points the way for us to see pain care make its way to the mainstream and the majority of those living with chronic pain. We have continued to lead work on this plan and aspire to see all the actions completed over the coming years to see all who seek chronic pain care to be able to access it initially via primary care and for those needing further specialised care at the specialist level.

Particular thanks for work on the action plan goes to the Faculty of Pain Medicine who has convened and managed the administration of the Pain Solutions Research Alliance Taskforce through which the following organisations are working together to see the establishment of what is referred to in the action plan as the Pain Research Institute.

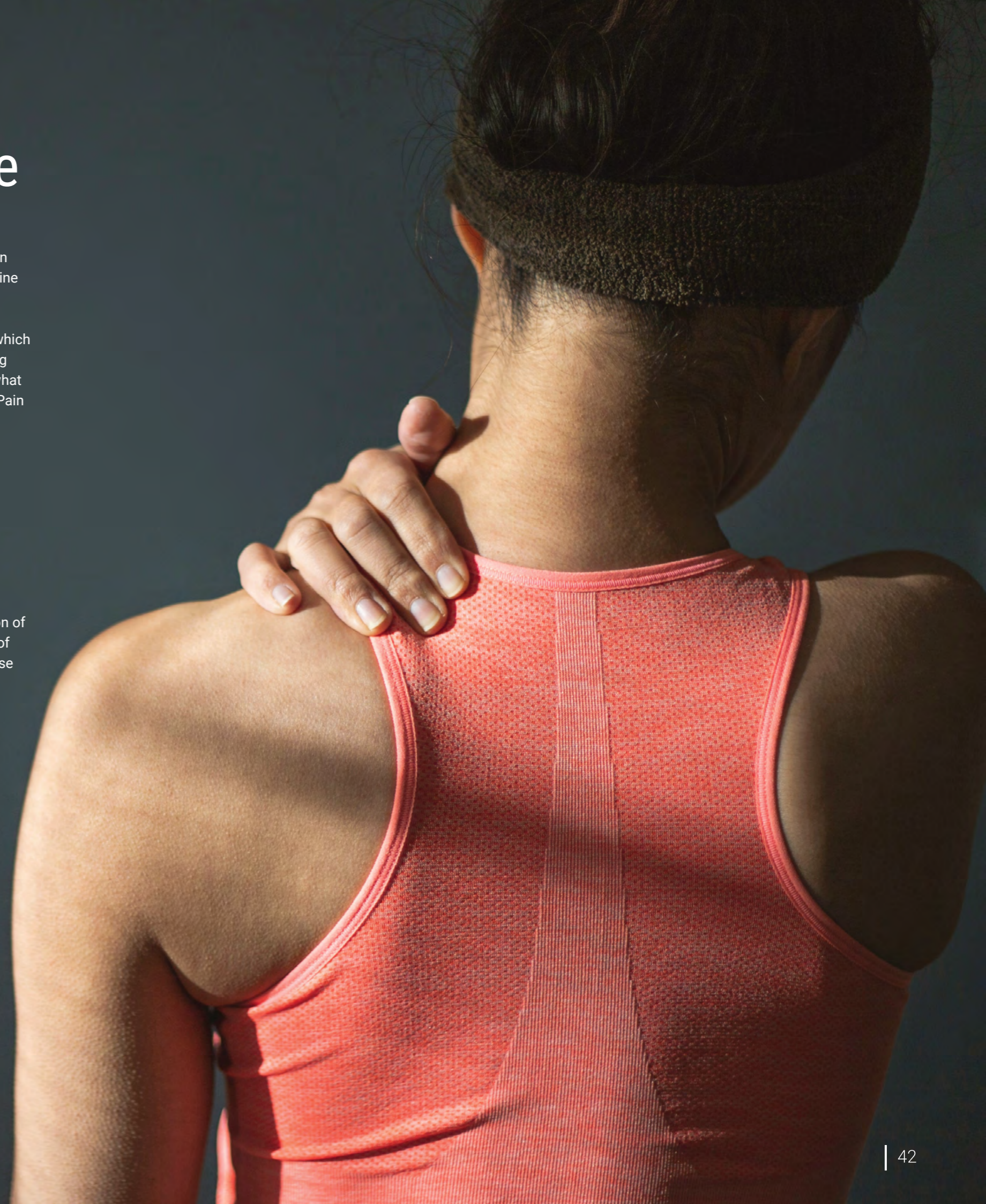
- Painaustralia
- Faculty of Pain Medicine
- Chronic Pain Australia
- The Pain Society
- Pain Revolution
- Members of the academic and research communities.

Special thanks to Prof Mark Hutchinson of University of Adelaide for his chairing of the body over the past year, we are close to completion of this work and the launch of a new organisation to pursue collaboration, a higher government priority and a strong consumer focus for pain research Australia wide.

We will continue to ask for more action from government to see primary care settings more welcoming of those with chronic pain.

Read it here:

<https://www.painaustralia.org.au/static/uploads/files/the-national-strategic-action-plan-for-pain-management-the-national-strategic-actio-wfvityhasfb.pdf>



Members

Painaustralia would like to thank all of our member organisations - it is through your support that we can continue to help improve the lives of people living with chronic pain.



Financial Report



Painaustralia Limited**Contents****31 December 2022**

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General information

The financial statements cover Painaustralia Limited as an individual entity. The financial statements are presented in Australian dollars, which is Painaustralia Limited's functional and presentation currency.

Painaustralia Limited is a not-for-profit unlisted public company limited by guarantee, incorporated and domiciled in Australia. Its registered office and principal place of business is:

Unit 6
42 Geils Court
Deakin ACT 2600

A description of the nature of the company's operations and its principal activities are included in the Directors' report, which is not part of the financial statements.

The financial statements were authorised for issue, in accordance with a resolution of Directors, on 27 April 2023 2023. The Directors have the power to amend and reissue the financial statements.

Painaustralia Limited**Statement of profit or loss and other comprehensive income
For the year ended 31 December 2022**

	Note	2022 \$	2021 \$
Revenue	3	521,598	574,197
Other income	4	-	16,042
Interest revenue calculated using the effective interest method		278	156
Expenses			
Employment and consultants fees and expenses		(569,872)	(634,623)
Depreciation expense		(21,522)	(28,523)
Office expenses		(45,093)	(50,661)
Insurance expenses		(4,503)	(4,109)
Marketing expenses		(34,585)	(22,015)
Travel and entertainment expenses		(11,389)	(2,738)
Other expenses		(28,056)	(19,984)
Finance costs		(475)	(2,224)
Deficit before income tax expense		(193,619)	(174,482)
Income tax expense		-	-
Deficit after income tax expense for the year attributable to the members of Painaustralia Limited		(193,619)	(174,482)
Other comprehensive income for the year, net of tax		-	-
Total comprehensive loss for the year attributable to the members of Painaustralia Limited		(193,619)	(174,482)

Painaustralia Limited

Statement of financial position
As at 31 December 2022

	Note	2022 \$	2021 \$
Assets			
Current assets			
Cash and cash equivalents	5	270,082	592,695
Trade and other receivables	6	75,250	12,540
Right-of-use assets	7	-	21,522
Prepayments		10,044	8,859
Total current assets		<u>355,376</u>	<u>635,616</u>
Total assets		<u>355,376</u>	<u>635,616</u>
Liabilities			
Current liabilities			
Trade and other payables	8	57,240	37,866
Lease liabilities	9	-	24,002
Other liabilities	10	9,275	91,268
Total current liabilities		<u>66,515</u>	<u>153,136</u>
Total liabilities		<u>66,515</u>	<u>153,136</u>
Net assets		<u>288,861</u>	<u>482,480</u>
Equity			
Retained surpluses		<u>288,861</u>	<u>482,480</u>
Total equity		<u>288,861</u>	<u>482,480</u>



Painaustralia Limited

Statement of changes in equity
For the year ended 31 December 2022

	Retained surpluses \$	Total equity \$
Balance at 1 January 2021	656,962	656,962
Deficit after income tax expense for the year	(174,482)	(174,482)
Other comprehensive income for the year, net of tax	-	-
Total comprehensive loss for the year	<u>(174,482)</u>	<u>(174,482)</u>
Balance at 31 December 2021	<u>482,480</u>	<u>482,480</u>
	Retained surpluses \$	Total equity \$
Balance at 1 January 2022	482,480	482,480
Deficit after income tax expense for the year	(193,619)	(193,619)
Other comprehensive income for the year, net of tax	-	-
Total comprehensive loss for the year	<u>(193,619)</u>	<u>(193,619)</u>
Balance at 31 December 2022	<u>288,861</u>	<u>288,861</u>



Painaustralia Limited

Statement of cash flows
For the year ended 31 December 2022

	Note	2022 \$	2021 \$
Cash flows from/(used in) operating activities			
Receipts from customers (inclusive of GST)		353,193	648,271
Payments to suppliers and employees (inclusive of GST)		(682,302)	(769,450)
		(329,109)	(121,179)
Government grants (COVID-19)	4	-	10,800
Donations received		30,695	47,723
Interest received		278	156
Other revenue		-	435
Interest and other finance costs paid		(475)	(2,224)
Net cash used in operating activities		(298,611)	(64,289)
Cash flows used in investing activities			
Proceeds from disposal of property, plant and equipment		-	909
Net cash from investing activities		-	909
Cash flows from financing activities			
Repayment of lease liabilities		(24,002)	(28,960)
Net cash used in financing activities		(24,002)	(28,960)
Net decrease in cash and cash equivalents		(322,613)	(92,340)
Cash and cash equivalents at the beginning of the financial year		592,695	685,035
Cash and cash equivalents at the end of the financial year	5	270,082	592,695

Painaustralia Limited
Notes to the financial statements
31 December 2022

Note 1. Significant accounting policies

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

New or amended Accounting Standards and Interpretations adopted

The company has adopted all of the new or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period. Any new or amended Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

Any significant impact on the accounting policies of the company from the adoption of these Accounting Standards and Interpretations are disclosed below. The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of the company.

The following Accounting Standards are most relevant to the company:

AASB 1060 General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities

The company has adopted AASB 1060 from 1 January 2022. The standard provides a new Tier 2 reporting framework with simplified disclosures that are based on the requirements of IFRS for SMEs. As a result, there is increased disclosure in these financial statements for key management personnel, related parties and financial instruments.

Going concern

The final report has been prepared on the going concern basis.

The ability of the company to continue as a going concern is dependent on its ability to meet its debts as and when they fall due.

The Directors have prepared cash flow forecasts for the next twelve months which suggest that the company will be able to meet its debts as and when they fall due and payable.

The cash flow forecasts assume that the company will be successful in securing sufficient additional income through securing new projects, donations and subscriptions for the national pain directory. This additional income is needed for the company to remain a going concern.

The cash flow forecasts are also based on a number of operating assumptions. In particular about the company's ability to meet projected revenue levels, timing of cash receipts and retention of overheads at budgeted levels. The company has no committed finance facility in place to fund any unforeseen shortfall in forecast cash flows.

The Directors are of the opinion that there are reasonable grounds to believe that the company will meet projected revenue levels, timing of cash receipts and retain overheads at budget levels. On this basis the directors believe the adoption of the going concern basis of accounting is justified.

However, achievement of the assumptions underlying the cash flow forecasts is uncertain, and if actual cash flows are materially less than forecast, there is significant uncertainty whether the company may not be able to pay its debts as and when they fall due and extinguish liabilities other than in the normal course of business and at amounts different from those stated in the financial statements.

The financial report does not include any adjustment relating to the recoverability and classification of recorded asset amounts nor to the amount and classification of liabilities that might be necessary should the company not continue as a going concern.

Basis of preparation

These general purpose financial statements have been prepared in accordance with the Australian Accounting Standards - Simplified Disclosures issued by the Australian Accounting Standards Board ('AASB'), the Australian Charities and Not-for-profits Commission Act 2012 and the Corporations Act 2001, as appropriate for not-for-profit oriented entities.

Historical cost convention

The financial statements have been prepared under the historical cost convention.

Note 1. Significant accounting policies (continued)**Critical accounting estimates**

The preparation of the financial statements requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the company's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements, are disclosed in note 2.

Revenue recognition

The company recognises revenue as follows:

Revenue from contracts with customers

Revenue is recognised at an amount that reflects the consideration to which the company is expected to be entitled in exchange for transferring goods or services to a customer. For each contract with a customer, the company: identifies the contract with a customer; identifies the performance obligations in the contract; determines the transaction price which takes into account estimates of variable consideration and the time value of money; allocates the transaction price to the separate performance obligations on the basis of the relative stand-alone selling price of each distinct good or service to be delivered; and recognises revenue when or as each performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised.

Variable consideration within the transaction price, if any, reflects concessions provided to the customer such as discounts, rebates and refunds, any potential bonuses receivable from the customer and any other contingent events. Such estimates are determined using either the 'expected value' or 'most likely amount' method. The measurement of variable consideration is subject to a constraining principle whereby revenue will only be recognised to the extent that it is highly probable that a significant reversal in the amount of cumulative revenue recognised will not occur. The measurement constraint continues until the uncertainty associated with the variable consideration is subsequently resolved. Amounts received that are subject to the constraining principle are recognised as a refund liability.

Membership fees

Membership fees are brought to account as revenue in the period to which the fees relate. Fees levied but not yet paid by members are shown as a receivable and the unexpired portion of membership fees at the reporting date is shown as a liability in the statement of financial position.

Donations

Donations are recognised at the time the pledge is made.

Reciprocal grants

Reciprocal grants are grants received on the condition that specified services be delivered, or conditions fulfilled. Reciprocal grants are initially recognised as a liability and revenue is recognised as services are performed or conditions fulfilled.

Non-reciprocal grants

Revenue is recognised when it is received or when the right to receive payment is established.

Other revenue

Other revenue is recognised when it is received or when the right to receive payment is established.

Income tax

As the company is a not-for-profit institution in terms of subsection 50.5 of the Income Tax Assessment Act 1997, as amended, it is exempt from paying income tax.

Current and non-current classification

Assets and liabilities are presented in the statement of financial position based on current and non-current classification.

An asset is current when: it is expected to be realised or intended to be sold or consumed in the entity's normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within 12 months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 12 months after the reporting period. All other assets are classified as non-current.

Note 1. Significant accounting policies (continued)

A liability is current when: it is expected to be settled in the entity's normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within 12 months after the reporting period; or there is no unconditional right to defer the settlement of the liability for at least 12 months after the reporting period. All other liabilities are classified as non-current.

Cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits held at call with financial institutions and other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

Trade and other receivables

Other receivables are recognised at amortised cost, less any allowance for expected credit losses.

Right-of-use assets

A right-of-use asset is recognised at the commencement date of a lease. The right-of-use asset is measured at cost, which comprises the initial amount of the lease liability, adjusted for, as applicable, any lease payments made at or before the commencement date net of any lease incentives received, any initial direct costs incurred, and, except where included in the cost of inventories, an estimate of costs expected to be incurred for dismantling and removing the underlying asset, and restoring the site or asset.

Right-of-use assets are depreciated on a straight-line basis over the unexpired period of the lease or the estimated useful life of the asset, whichever is the shorter. Where the company expects to obtain ownership of the leased asset at the end of the lease term, the depreciation is over its estimated useful life. Right-of-use assets are subject to impairment or adjusted for any remeasurement of lease liabilities.

The company has elected not to recognise a right-of-use asset and corresponding lease liability for short-term leases with terms of 12 months or less and leases of low-value assets. Lease payments on these assets are expensed to profit or loss as incurred.

Trade and other payables

Trade and other payables represent liabilities for goods and services provided to the company prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

Lease liabilities

A lease liability is recognised at the commencement date of a lease. The lease liability is initially recognised at the present value of the lease payments to be made over the term of the lease, discounted using the interest rate implicit in the lease or, if that rate cannot be readily determined, the company's incremental borrowing rate. Lease payments comprise of fixed payments less any lease incentives receivable, variable lease payments that depend on an index or a rate, amounts expected to be paid under residual value guarantees, exercise price of a purchase option when the exercise of the option is reasonably certain to occur, and any anticipated termination penalties. The variable lease payments that do not depend on an index or a rate are expensed in the period in which they are incurred.

Lease liabilities are measured at amortised cost using the effective interest method. The carrying amounts are remeasured if there is a change in the following: future lease payments arising from a change in an index or a rate used; residual guarantee; lease term; certainty of a purchase option and termination penalties. When a lease liability is remeasured, an adjustment is made to the corresponding right-of-use asset, or to profit or loss if the carrying amount of the right-of-use asset is fully written down.

Goods and Services Tax ('GST') and other similar taxes

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the tax authority is included in other receivables or other payables in the statement of financial position.

Painaustralia Limited
Notes to the financial statements
31 December 2022



Note 1. Significant accounting policies (continued)

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the tax authority, are presented as operating cash flows.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the tax authority.

Note 2. Critical accounting judgements, estimates and assumptions

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. There are no critical accounting judgements, estimates and assumptions that are likely to affect the current or future financial years.

Note 3. Revenue

	2022 \$	2021 \$
<i>Sales revenue</i>		
Project income	467,709	453,955
Membership income	14,700	61,609
	<u>482,409</u>	<u>515,564</u>
<i>Other revenue</i>		
Donations	30,695	47,723
Other revenue	8,494	10,910
	<u>39,189</u>	<u>58,633</u>
Revenue	<u>521,598</u>	<u>574,197</u>

Note 4. Other income

	2022 \$	2021 \$
Net gain on disposal of property, plant and equipment	-	909
Government grants (COVID-19)	-	10,800
Rental discount	-	3,898
Other income	-	435
	<u>-</u>	<u>16,042</u>

During the Coronavirus ('COVID-19') pandemic, the company received JobKeeper support payments from the Australian Government amounting to \$nil (31 December 2021: \$10,800) which were passed on to eligible employees. These were recognised as government grants in the financial statements and recorded as other income over the periods in which the related employee benefits were recognised as an expense. The JobKeeper payment scheme ran for the fortnights from 30 March 2020 until 28 March 2021. The company was eligible for JobKeeper support from the government on the condition that employee benefits continued to be paid.

Painaustralia Limited
Notes to the financial statements
31 December 2022



Note 5. Cash and cash equivalents

	2022 \$	2021 \$
<i>Current assets</i>		
Cash at bank and on hand	261,987	584,611
Cash on deposit	8,095	8,084
	<u>270,082</u>	<u>592,695</u>

Note 6. Trade and other receivables

	2022 \$	2021 \$
<i>Current assets</i>		
Other receivables	75,250	12,540

Note 7. Right-of-use assets

	2022 \$	2021 \$
<i>Current assets</i>		
Land and buildings - right-of-use	85,763	85,763
Less: Accumulated depreciation	(85,763)	(64,241)
	<u>-</u>	<u>21,522</u>

Note 8. Trade and other payables

	2022 \$	2021 \$
<i>Current liabilities</i>		
Trade payables	16,251	2,858
Other payables	40,989	35,008
	<u>57,240</u>	<u>37,866</u>

Note 9. Lease liabilities

	2022 \$	2021 \$
<i>Current liabilities</i>		
Lease liability	-	24,002

Painaustralia Limited
Notes to the financial statements
31 December 2022



Note 10. Other liabilities

	2022 \$	2021 \$
<i>Current liabilities</i>		
Accrued expenses	9,275	16,268
Deferred revenue	-	75,000
	<u>9,275</u>	<u>91,268</u>

Note 11. Contingent liabilities

The company has no contingent liabilities as at 31 December 2022 and 31 December 2021.

Bank guarantees in respect of an office lease have been provided by Westpac Bank for the following amounts:

	2022 \$	2021 \$
Bank guarantees	<u>8,080</u>	<u>8,080</u>

Note 12. Key management personnel disclosures

Compensation

The Directors receive no compensation. The aggregate compensation paid to key management personnel is set out below:

	2022 \$	2021 \$
Aggregate compensation	<u>146,542</u>	<u>240,000</u>

Note 13. Related party transactions

Parent entity

Painaustralia Limited is the parent entity.

Key management personnel

Disclosures relating to key management personnel are set out in note 12.

Transactions with related parties

The following transactions occurred with related parties:

	2022 \$	2021 \$
Membership fees received from Australian Pain Society, an entity in which Director Malcolm Hogg was an Office Bearer (Past President)	1,000	13,000
Membership fees received from Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists, an entity in which Director Chris Hayes is a Past Dean.	2,000	13,500
Membership fees received from Pain Management Research Institute, an entity in which Director Paul Glare was a Director.	1,000	8,000

The above amounts are the amounts paid and not necessarily the amount recognised as income during the year.

Receivable from and payable to related parties

There were no trade receivables from or trade payables to related parties at the current and previous reporting date.

Painaustralia Limited
Notes to the financial statements
31 December 2022



Note 13. Related party transactions (continued)

Loans to/from related parties

There were no loans to or from related parties at the current and previous reporting date.

Terms and conditions

All transactions were made on normal commercial terms and conditions and at market rates.

Note 14. Events after the reporting period

No matter or circumstance has arisen since 31 December 2022 that has significantly affected, or may significantly affect the company's operations, the results of those operations, or the company's state of affairs in future financial years.



**Painaustralia Limited
Directors' declaration
31 December 2022**

In the Directors' opinion:

- the attached financial statements and notes thereto are in accordance with the Australian Charities and Not-for-profits Commission Act 2012 and Charitable Fundraising Act 1991, including compliance with Australian Accounting Standards,
- the attached financial statements and notes give a true and fair view of the company's financial position as at 31 December 2022 and of its performance for the financial year ended on that date; and
- there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of Directors made pursuant to section 60.15 of the Australian Charities and Not-for-profits Commission Regulations 2013.

On behalf of the Directors

Duncan Lewis
Director

Ben Tansley
Director

8th May 2023
Canberra



painaustralia

Working to prevent and manage chronic pain

“

*Chronic pain may not kill, but it
can take away everything in life
worth living for.*

”