

**VOLUME 38, ISSUE 8**



# **AUSTRALIAN PAIN SOCIETY NEWSLETTER**

# PAIN MANAGEMENT. ONLY FOR THE WEALTHY?

Persistent pain management has gone political in the past month. To make Private Health Insurance more transparent the Government and stakeholders have suggested 4 levels of health cover - Basic, Bronze, Silver, and Gold. Health insurance becomes relevant to patients when they need admission for diagnostic procedures such as facet joint injections, or therapeutic procedures, such as neurotomies and targeted epidurals. The current suggestion to band these in the highest Gold level, will exclude 50% of currently privately insured patients from accessing these pain procedures, which are a vital part, of our armamentarium to manage pain and restore function. In turn, if these excluded patients can't work, then they will struggle to continue to pay their private healthcare insurance premiums. This in turn could extend waiting lists at public pain units, and increase those dependant on government benefits. Our leaders in Canberra need to be made aware that equitable access to quality and affordable pain management is a right. Pain is not a lifestyle choice. The media release of the submission by PainAustralia, APS and FPM is included in this newsletter.

The Government and Pharmacy Guild has negotiated a \$20 million package for pharmacists, following on from pharmacists not being able to dispense codeine without a prescription. The Pharmacy Guild have revealed their

initiative for pharmacists to provide [Chronic Pain MedsCheck](#). Fiona tells us more about the role that the APS has taken in this process in her President's report.

Details appeared in [Australian Doctor](#) that Pharmacists will receive \$100 for a 45-minute plan medication review and patient education, but not involve examination, investigations, opioid reduction and rotation which is out of scope, and they can't prescribe nor refer. Follow-ups (phone or on-site) will be paid \$33. The patient current Medicare rebate is \$107 for a > 45-minute GP consultation (GPs with second RACGP fellowship), and \$130 for a pain specialists first consultation (subspecialty FPM credentialed third fellowship). Allied health need GP care plans for the patients to access rebates, \$53 for Physiotherapists & OT's, \$85 for psychologists. No Medicare rebates are available for healthcare professional telephone consults, nor GP video-consultations. [Pharmacy News](#) elaborates that pharmacies will also receive additional payments for data submission, the total payment available per patient enrolled in the Chronic Pain MedsCheck Trial between \$390 and \$487.

Removing codeine from easy access is expected to save many lives and should be applauded. If the government could make an equal matched commitment to spend \$20 million on public pain services, and increase the Medicare rebate to patients to

attend private pain services, then existing pain specialists and interprofessional pain services would be affordable to patients.

Two new on-line resources, ScriptWise and PainWise are also discussed in this newsletter, with quick links to their resources. Great to have more resources for our patients.

Professor Haberberger and Dr Matusica draw our attention to an interesting paper in basic neuroscience on mechano-insensitive “silent” C fibre nociceptors with important implications in their role in generating persistent pain. Well worth a read.

Elspeth Shipton et al have provided a summary of their paper which details how little time is spent on pain management in undergraduate medical courses with just over half identifying specific learning objectives in pain management and an average (mean) of twenty hours spent on pain management. It would seem to be little time spent on the commonest presenting symptom. Good pain management skills are essential in the majority of fields of health care and something all students should be taught not just by pain management specialists but by all their teachers in every field. Pain, in itself, may not be a core subject but its management in each discipline is core.

Simon Holliday et al provide a marvellous overview of current pain management in Australia and some frightening statistics on how opioid prescription for acute pain can lead to chronic use. Tellingly they write, “Prescribing opioids for over a week for acute pain doubles the risk of long-term use at one year and this risk doubles again if the initial prescription lasts a month”. A must read.

**Stephanie Davies**

**Editor**

# PRESIDENT'S REPORT

BY FIONA HODSON

I have been very fortunate to have just attended the 17<sup>th</sup> IASP World Congress on Pain in Boston, Massachusetts, USA. It was attended by over 5,000 multidisciplinary delegates, basic scientists, researchers, clinicians, physicians, healthcare providers, policymakers, students and trainees from all over the world. This meeting covered numerous pain related topics across the lifespan, from lab to clinical context with much discussion on the global opioid issue and chronic pain management.

Our own Professor Fiona Blyth AM, opened the Congress with a very thought provoking session on the complexities involved in determining the global burden of pain, global pain policy and the need to create purposeful evidence to enable health policy prioritisation and future financial planning. Pain burden and policy solutions are difficult to conceptualise within current metrics including the Global Burden of Disease project. It is difficult to classify pain in its own right as many chronic and complex health conditions, for example musculoskeletal (MSK) conditions, include pain and disability that can impact on the mental health and wellbeing of individuals. It was noted that 21.3% (MSK disorders) of total global burden of disability is increasing more quickly within developing countries because of the rapidly increasing percentage of older people with no change in funding policies to reflect this increasing burden of disease. Long term investment

is required to collate and synthesis current evidence, set global targets, integrate musculoskeletal health and pain into national health policy reform and future financial planning for health systems that includes prevention and treatment.



FIONA HODSON



A new initiative at the Congress, was workshops held to engage and inform clinical practice for attendees run by patient advocates and consumer led organisations across the world. This was part of the “Global Pain Alliance” that IASP has formed this year. These workshops included educational resources and conversations for health professionals and people living with pain and the importance of integrating and engaging the patient narrative as part of effective healthcare and treatment for chronic pain patients.



**PHOTO 1: L-R WINFRIED MEISSNER, RUTH ZASLANSKY, LARS ARENDT NIELSEN, FIONA HODSON**

We now have a new IASP president, Professor Lars Arendt-Nielsen from Aalborg University, Denmark. He has set operational goals 2018-2020 with the overarching theme of “IASP Connecting”. This includes:

1. Enhance IASP membership through new programs, services and support
  - Research grants educational and training initiatives
2. Extend IASP advocacy reach globally.
  - Including patient engagement through IASP “Global Pain Alliance” and building professional partnerships
3. Enhance IASP financial stability through development of new revenue opportunities
  - Funding from foundations and charities etc

The APS in accordance with its strategic priorities is involved in multiple national pain related collaborations with professional organisations by providing multidisciplinary input as well as clinical advocacy. This includes the following projects:

- National Osteoarthritis Strategy – Implementation working group member and attendance at summit 27 November 2018, Canberra
- National Action Plan for Arthritis – Working group member
- Development of National Action Plan for Chronic Pain – Attendance at workshop 27 September 2018, Canberra
- Pharmacy Guild Pain MedsCheck
  - The Pain MedsCheck program was brought to our attention via the APS Relationships Committee, illustrating the importance and value of this committee. The APS has been instrumental in shaping the Pain MedsCheck trial to ensure a true multidisciplinary approach is represented. We have been able to involve ePPOC, in a mini format, and are on the expert advisory panel for this pharmacy resource. The APS invested a lot of hard work and significant effort to ensure the final Pain MedsCheck program is a substantially improved product from the initial drafts we were shown



**PHOTO 2: FIONA HODSON WITH SUSANNE NIELSEN LUNDIS AT THE IASP CHAPTER PRESIDENT'S RECEPTION**

The APS continues to work collaboratively with the Faculty of Pain Medicine (FPM) and PainAustralia (PA) and has contributed feedback recently to the federal government on the Private Health Reform (PHI) legislation that was passed through parliament recently. (Refer to the joint media release published in this edition and at [https://www.apsoc.org.au/PDF/Media/2018/20180912\\_Joint\\_APS-FPM-PA\\_Media\\_Release\\_PHI\\_Reforms.pdf](https://www.apsoc.org.au/PDF/Media/2018/20180912_Joint_APS-FPM-PA_Media_Release_PHI_Reforms.pdf)). This issue was raised by APS members concerned with potential unintended consequences of changes to clinical categories in PHI policies and the move to tiers of Basic, Bronze, Silver and Gold cover which could restrict access to chronic pain management to the Gold level, thereby placing pain in the highest category and unaffordable to many chronic pain patients. Further information and fact sheets can be found on the Department of Health website: <http://www.health.gov.au/internet/main/publishing.nsf/Content/private-health-insurance-reforms-fact-sheet-gold-gilver-bronze-basic-product-categories>

Due to demand, the APS has produced a second print run of the internationally

recognised Australian Pain Society Pain in Residential Aged Care Facilities – Management Strategies, 2nd Edition. With this run we have improved the durability of the book by including a plastic cover. Copies of the book are available for purchase via the APS website <https://www.apsoc.org.au/publications>. We are also working with PainAustralia and the Faculty of Pain Medicine to ensure that pain is addressed in the Aged Care Royal Commission terms of reference.

Do not forget to submit for topical workshops, free papers and posters for the 39th Australian Pain Society Annual Scientific Meeting 7 -10 April 2019 at the Gold Coast Convention and Exhibition Centre, Queensland. The theme of this conference coincides with the 2019 IASP global year against pain in the most vulnerable.

The APS continues to encourage the membership to communicate to the board any pain related opportunities or issues that they would like the society to address.

# SAVE THE DATE!



**WORLD  
CONGRESS  
2020 <sup>ON</sup> PAIN  
AMSTERDAM**



## August 4-8, 2020 Amsterdam, the Netherlands

# TOPICAL SESSION SUBMISSIONS EXTENDED



## 2019 Australian Pain Society 39th Annual Scientific Meeting:

*In the IASP Global Year Against Pain in the most Vulnerable*

7 - 10 April 2019

Gold Coast Convention and  
Exhibition Centre, QLD

The Scientific Program Committee and the Local Organising Committee, we are pleased to advise the deadline for the topical session submissions for APS 2019 is extended until

**FRIDAY 12 OCTOBER 2018**

View the topical session submission guidelines [HERE](#).  
Visit the online topical session submission portal [HERE](#).

We look forward to receiving your submissions!

Should you have any queries regarding your submission or the process, please contact the [Conference Secretariat](#).



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# \*\*\* DON'T MISS OUT \*\*\* LAST DAYS FOR FREE PAPER AND POSTER ABSTRACT SUBMISSION

## SUBMISSION DEADLINE - 31 OCTOBER 2018

The Scientific Program Committee and Local Organising Committee wish to advise the free paper and poster abstract submissions for APS 2019 are closing at the end of the month. Don't miss the opportunity to be involved in the program.

Please note the following points regarding the submission process:

- The submitting author **MUST** be the main author and the person who will present the work at the ASM.
- If your abstract is accepted, either as a free paper or poster, there is an expectation that you will attend the conference to present this paper.
- Expressions of Interest (EOI) for travel grant applications are also being collected as part of the submission process

### EOI for PhD / Nurse / AHP Travel Grant Applications

Delegates wishing to apply for a PhD / Nurse / Allied Health Professional (AHP) travel grant must:

- be the major contributor and submitting author of the abstract,
- complete the PhD / Nurse / AHP Travel Grant section of the abstract submission process
- Complete and submit the travel grant application form

For further information, to ensure you meet the terms and conditions for travel grant applications and to complete the travel grant application form, please [CLICK HERE](#)

To view the abstract submission guidelines please [CLICK HERE](#)

To submit an abstract please [CLICK HERE](#)

**We look forward to receiving your submissions!**

## SPC SCHOLAR POSITION APPLICATIONS CLOSING SOON



### 2019 Australian Pain Society 39th Annual Scientific Meeting:

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Exhibition Centre, QLD

The Scientific Program Committee have introduced a scholar position on the APS SPC.

This is an opportunity for an active PhD student to gain invaluable experience and skills from senior pain researchers and clinicians on the SPC.

If you're an APS member, commencing your second year or higher of your PhD, and you seek a strong career in pain research then

**APPLY TODAY!**

For further information please [CLICK HERE](#)

We look forward to receiving your submissions!



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## RISING STAR AWARD APPLICATIONS NOW OPEN

The Rising Star Award showcases rising star pain researchers in Australia, and may be awarded annually subject to the application of suitable candidates. The Rising Star Winner will receive a return airfare, accommodation, and complimentary registration to attend the APS 2019, where they will present a plenary talk to showcase their work and ideas.

Applications are now open, for further information and to apply, please [CLICK HERE](#)

### APPLICATIONS CLOSE: WEDNESDAY 31<sup>ST</sup> OCTOBER 2018

#### Eligibility criteria

- Nominees must hold a PhD and be within 5 years of conferral by the deadline of this award application
- Applicants can be working in any field of pain research, including basic science, biomedical, clinical and other applied or cross- disciplinary sciences
- The selection committee will take into account personal or extenuating circumstances that might provide grounds for consideration if the above eligibility criteria are not met.
- Only individual scientists are eligible (not research teams)
- Applicants must be available to attend APS 2019, and to deliver the Rising Star presentation

- Applicants must be members of the APS, [JOIN HERE](#)
- Australian citizenship/residency, currently working in Australia and have spent at least two post-doctoral years in Australia, or have returned to continue working in Australia

#### Selection criteria

This award will be based on excellence in pain-related research achievement, demonstrated from the applicant's track record, including:

- Specific research achievements or discoveries
- Research impact/application
- Collaboration achievements – independent of your supervisor
- Publication record (quality and impact of publications; e.g., H-index, standing of journals, citations)
- Grants obtained (as a Chief Investigator)
- Patents held
- Peer recognition: Awards or prizes, national profile, international profile.

For further information and to apply please visit the [conference website](#)

**We look forward to receiving your submission!**

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# REGISTRATIONS OPEN THURSDAY 1 NOVEMBER!

Registrations for the 2019 APS ASM will be opening on:

## THURSDAY 1 NOVEMBER 2018

Start planning your conference experience today!

For all information on the Conference visit the website [HERE](#)

The Conference is being held on the Gold Coast at the Gold Coast Convention & Exhibition Centre. Take some time to see what the Gold Coast has to offer and plan to extend your stay:

<https://www.dconferences.com.au/aps2019/Destination>

The **National and International Speakers** have been confirmed and you can see their profiles on the website:

### SPEAKER LINE UP

[https://www.dconferences.com.au/aps2019/keynote\\_speakers](https://www.dconferences.com.au/aps2019/keynote_speakers)

### REGISTRATION INFORMATION

[https://www.dconferences.com.au/aps2019/fees\\_and\\_information](https://www.dconferences.com.au/aps2019/fees_and_information)

### PRE-CONFERENCE WORKSHOPS

[https://www.dconferences.com.au/aps2019/pre-conference\\_workshops](https://www.dconferences.com.au/aps2019/pre-conference_workshops)



## 2019 Australian Pain Society 39th Annual Scientific Meeting:

*In the IASP Global Year Against Pain in the most Vulnerable*



THE  
AUSTRALIAN  
PAIN SOCIETY

7 – 10 April 2019 Gold Coast Convention and Exhibition Centre, QLD

Expressions of interest online at  
[www.dconferences.com.au/aps2019](http://www.dconferences.com.au/aps2019)

For sponsorship and exhibition  
opportunities or more information please  
contact the APS Conference Secretariat

DC Conferences Pty Ltd  
P: 61 2 9954 4400  
E: [aps2019@dconferences.com.au](mailto:aps2019@dconferences.com.au)

### Submission Deadlines

Topical Sessions	21 September 2018
Free Papers & Posters	31 October 2018
Rising Star Award	31 October 2018
Early Bird Registration	22 February 2019

Join us online - #auspain19 [www.dconferences.com.au/aps2019](http://www.dconferences.com.au/aps2019)



## 2019 Australian Pain Society 39th Annual Scientific Meeting:

*In the IASP Global Year Against Pain in the most Vulnerable*

### Plus

- Pre-Conference Workshops
- Topical Sessions
- Extensive Industry Exhibition
- Discipline Sub Group Meetings
- Sponsored Sessions
- Welcome Reception
- Conference Gala Dinner



### Professor Beth Darnall

Professor Beth Darnall, PhD is Clinical Professor in the Department of Anesthesiology, Perioperative and Pain Medicine at Stanford University. She is principal investigator for \$13M in federally funded pain and opioid reduction research projects that test the effectiveness and mechanisms of psychological strategies in individuals with chronic pain.

She investigates mechanisms of pain catastrophising, targeted pain psychology treatments she has developed, prevention of post-surgical pain, and patient-centered outpatient opioid tapering.



### Dr Nanna Finnerup

Dr Nanna Brix Finnerup (MD, DrMedSc) is Professor in pain research at the Danish Pain Research Centre, Department of Clinical Medicine, Aarhus University, Denmark.

Since 1998 she has worked at the Danish Pain Research Center at Aarhus University. She obtained her degree of Doctor of Medical Sciences from Aarhus University in 2008, and is currently Professor at the Danish Pain Research Center.

Her main research interest is the pathophysiology and therapy of neuropathic pain.



### Professor Tor Wager

Tor Wager is Professor of Psychology, Neuroscience, and Cognitive Science at the University of Colorado, Boulder.

Since 2010, he has directed Boulder's Cognitive and Affective Neuroscience laboratory. Much of the lab's work centers on the neurophysiology of pain and emotion and how they are shaped by cognitive and social influences. In particular, he is interested in how thoughts and beliefs influence affective experiences, affective learning, and brain-body communication.

## CURRENT SCHOLARS

PHD SCHOLARSHIP SPONSOR	SCHOLAR	TOPIC
Seqirus #1 — APS — APRA	Sherelle Casey	<i>“Cannabinoids for neuropathic pain”</i>
Cops for Kids #1 — APS — APRA	Dr Adrienne Harvey	<i>“A pilot study of gabapentin for managing pain in children with dystonic cerebral palsy”</i>
Cops for Kids #2 — APS — APRA	Dr Tasha Stanton	<i>“Reframe the pain: Dividing attention and altering memory to reduce needle pain and distress in children”</i>

## PAST SCHOLARS

PHD SCHOLARSHIP SPONSOR	SCHOLAR	COMPLETED	TOPIC
APS #1-APRA	Samantha South	1999	<i>“Antinociceptive pharmacology of morphine and its major glucuronide metabolites”</i>
CSL #1-APS-APRA	Lara Winter	2004	<i>“Antinociceptive properties of the neurosteroid alphadolone”</i>
CSL #2-APS-APRA	Anne Pitcher	2006	<i>“Conditional comfort: A grounded theory study in nursing approaches to acknowledging and responding to pain in nursing home residents with dementia”</i>
Mundipharma #1-APS-APRA	Kathryn Nicholson Perry	2007	<i>“Pain Management Programmes in Spinal Cord Injury: Cognitive Behavioural Pain Management Programmes in the Management of Sub-acute and Chronic Spinal Cord Injury Pain”</i>
APS #2-APRA	Debbie Tsui	2008	<i>“Preclinical studies in painful diabetic neuropathy”</i>

## PAST SCHOLARS

PHD SCHOLARSHIP SPONSOR	SCHOLAR	COMPLETED	TOPIC
Mundipharma #2-APS-APRA	Zoe Brett	2011	<i>"Individual differences in vulnerability to the development of chronic pain following injury"</i>
APS #3-APRA	Susan Slatyer	2013	<i>"Caring for patients experiencing episodes of severe pain in an acute care hospital: Nurses' perspective"</i>
APS #4-APRA	Amelia Edington	2013	<i>"Defining inhibitor binding sites unique to the glycine transporter, GLYT2: A potential target for the treatment of chronic pain"</i>
Janssen Cilag #1-APS-APRA	Mary Roberts	Due	<i>"An investigation of the role of sleep in chronic pain"</i>
Mundipharma #3-APS-APRA	Audrey Wang	2017	<i>"The cortical integration of tactile sensation in complex regional pain syndrome"</i>
Janssen Cilag #2-APS-APRA	Sarah Kissiwaa	2017	<i>"Pain induced synaptic plasticity in the amygdala"</i>
APS #5-APRA	James Kang	Due 2018	<i>"Epigenetic influence in cognitive impairments in chronic neuropathic pain"</i>



**MEDIA RELEASE 12 SEPTEMBER 2018**  
**PAIN GROUPS NOTE PASSING OF PHI REFORM**  
**LEGISLATION WITH SOME CONCERN**

Pain groups have noted the passing of the private health insurance legislation through Parliament this week but issued a caution about potential unintended consequences of placing chronic pain in the highest category of cover.

Changes to the clinical category intended as part of the reforms could disproportionately impact patients with chronic pain and may have far reaching implications for millions of privately insured consumers who rely on existing coverage to access chronic pain management.

Painaustralia and its founding members the Australian and New Zealand College of Anaesthetists Faculty of Pain Medicine (FPM) and the Australian Pain Society (APS) are urging the Federal Government to reflect their concerns in the rules currently being drafted that will give effect to the reforms in the legislation.

Painaustralia CEO Carol Bennett said, “While we welcome the broad intention of the reforms to simplify private health insurance and make it more accessible, it’s important that it doesn’t negatively impact on people living with chronic pain who are some of the most vulnerable in our community and often unable to work. We don’t want a situation where many are forced to drop their PHI cover altogether, further exacerbating access issues across the public health system.”

Changes to clinical categories and the move to tiers of Basic, Bronze, Silver and Gold significantly restrict access to chronic pain management if (as per the Departments [consultation paper](#)) chronic pain is placed in the highest category.

These concerns were also noted by [Senator Helen Polley](#) and [Senator Richard Di Natale](#) during the second reading of the Bill, with both noting the changes to clinical categories could adversely impact millions of consumers.

Acting Dean of the Faculty of Pain Medicine, Dr Mick Vagg said “It’s vital that the implementation of the reform does not adversely affect access to chronic pain management for those who rely on the private health system to provide appropriate care for their condition. The current form of the legislation raises some concerns that it does not prevent health funds in the future from restricting access to hospital care for the 6.5 million of the 11 million privately insured Australians who don’t have top private health insurance cover.”



Chronic pain is the most common reason that people seek medical help and one in five Australians live with chronic pain. Pain is also common to many chronic conditions and its impact spans the health, disability and ageing systems.

President-Elect of the Australian Pain Society, Anne Burke said “Consumers already face unacceptably long waiting times to access allied health and multidisciplinary pain services in public hospitals—frequently more than a year and sometimes more than four years — and a large number rely on the private health system to access appropriate care to manage their condition, prevent complications, and retain their quality of life.”

Painaustralia CEO Carol Bennett said, “Minster Hunt has shown leadership in addressing chronic pain as a national health priority and funding a National Action Plan. We now call on him to ensure people with chronic pain are not unduly disadvantaged by this legislation”.

**Media contact:** Priyanka Rai

**Phone:** 0423 341 017

**Website:** [www.painaustralia.org.au](http://www.painaustralia.org.au)

ENDS

# SUMMARY OF DISCIPLINE SUB GROUP MEETINGS HELD IN SYDNEY APRIL 2018

By Trudy Maunsell, QLD Director

The Australian Pain Society Board introduced Discipline Sub-group forums following pre-conference workshops at the annual scientific meeting in Hobart in 2014, an initiative to foster communication from the membership to the board and to encourage participation in the society as a whole. Our fifth subgroup forum meetings took place on Sunday April 8, 2018 at the International Convention Centre, Sydney.

The discipline sub groups meetings were facilitated by an Australian Pain Society board member with groups representing medicine, occupational therapy, physiotherapy, psychology and nursing. Six key domains - APS activity over the past 12 months / annual scientific meetings, research, clinical care, advocacy, education and future endeavours were slated for discussion but not all topics were discussed in all sessions. The occupational therapy and nursing sessions both ran out of time and both groups suggested that ensuring previous sessions ended on time would be helpful and that an outline of the key points for discussion be provided prior to the meeting to allow for preparation and consideration.

Several groups provided suggestions for topics at upcoming meetings and these included:

- headache / migraine / concussion management
- the gut and microbiology
- sensory processing
- the challenges of personality disordered patients

- psychologically informed physios
- training / education on interdisciplinary care
- how to set up new services
- ensuring the inclusion of all allied health disciplines in a pain service
- more basic science session particularly on genomics and its implications to therapy and the role of genetic testing
- patient focussed sessions e.g. increased patient participation
- opioid stewardship
- speakers from a legal background to provide clear updates on the legal aspects of prescribing and the implications of codeine and medical marijuana prescription
- pacing
- sensory modulation
- graded exposure – the clinic versus the home setting
- pain management education – for all disciplines and a funding model for pain management education which is strongly evidence based
- operating as a sole practitioner in private pain management
- hypothetical sessions
- small case research (n=1 case designs for clinical researchers)

Most discussion at the subgroup forums focussed on clinical care issues.

- The use of a clinical advisory group (CAG) for the development of position statements and to respond to requests for clinical opinion was supported but the importance of seeking clarification for whom the target group is was highlighted. For example, we need to be clear if we are providing information for the general public, the media, politicians or clinicians. Concerns were expressed that there is often a short turnaround time for requests for such information and the need to ensure that those providing feedback had sufficient knowledge and expertise on the topic. Volunteers were received from the physiotherapy group to assist with specific topics, with thanks. It was also suggested that the Society should only release position papers on multidisciplinary topics and to “leave medical stuff” to the Faculty of Pain Medicine. A position statement for occupational therapists working in pain was also mooted by the OT group.
- Requests were made for shared education resources across the country for nurses, physiotherapists, occupational therapists and the development of discipline specific pain management competency’s and credentialing were also suggested. The availability of online resources such as the FPM “Better Pain Management Modules”, the availability of APS travel grants for members and the formation of the education sub group on the board were also discussed
- The importance of interdisciplinary care in pain services was emphasised and that its importance needed to be prioritised and emphasized and issues related to “turf wars” discussed
- Funding for public as well as private pain clinics and services

- Networking for staff providing pain management in non-specialised services
- How to set up pain services
- Improving referral processes

Other issues discussed were to make the newsletter shorter and to include dot point summaries when articles are included; to decrease the frequency of the newsletter; to update the APS website and to make it more “modern” and easier to navigate; to decrease the frequency of emails received; to have pain management listed as a specialty on the AHPRA website for when renewing registration and inclusion of PayPal as a payment option for renewing membership.

Overall, some great discussion ensued and some very useful suggestions and feedback was received by the board. Thanks to all who provided constructive feedback and many of these suggestions for improvement and continuation are being examined for potential implementation by the board.

Please come along to the discipline sub group forums next year at the Gold Coast.

# SCRIPTWISE LAUNCHES NEW TOOLKITS ON HIGH-RISK MEDICINES

By Bee Mohamed

On August 31, for International Overdose Awareness Day, ScriptWise launched new resources to highlight the risks associated with the long-term use of prescription opioids and benzodiazepines (in combination).

According to the Australian Bureau of Statistics, prescription opioids and benzodiazepines are consistently the medications most implicated in drug-related deaths in Australia. Prescription medications, not illicit drugs, are now responsible for the highest number of drug-induced deaths in Australia.

## ScriptWise

ScriptWise is a non-profit organisation dedicated to preventing the harms associated with prescription medication use. The organisation was formed to amplify the voices of the many Australians who have been personally affected by harms associated with prescription medication related use and/or misuse.

Those who are personally affected often suffer from dependency because they start taking these medications to manage their pain. Prescription opioids are safest when used short term (three or fewer days) to manage acute pain, and it is important to ensure to take the lowest dose possible too.

ScriptWise seeks to address the root causes of this complex issue through education and raising awareness, and advocacy to shape and promote policy solutions.

**663** IN 2016, 663 AUSTRALIANS DIED DUE TO A BENZODIAZEPINE INDUCED DEATH

**784** IN 2016, 784 AUSTRALIANS DIED DUE TO A PRESCRIPTION OPIOID\* INDUCED DEATH  
\*codeine, oxycodone, fentanyl, tramadol or pethidine

**SOURCE: AUSTRALIAN BUREAU OF STATISTICS, '3303.0 - CAUSES OF DEATH, AUSTRALIA, 2016'. ACCESSED ONLINE AUGUST 2016**

As part of these efforts, ScriptWise's new toolkits aim to provide community members with more knowledge about the risks associated with long-term use of two high-risk medications: opioids and benzodiazepines.

### *Find out more about high-risk medicines: opioids and benzodiazepines*

When used in the short term, prescription opioids (such as codeine, morphine or oxycodone) play a very valuable role in managing moderate to severe pain.

Benzodiazepines are sedative medications (such as diazepam, temazepam and alprazolam) and are often used to treat anxiety and insomnia for the short term. It is widely accepted that if used long-term, the benefits of using these medications are outweighed by the harms that develop.

ScriptWise's new toolkits have been designed to help patients and the general public to understand how these

medications work, their role in treating health conditions, and how to avoid potential harms.

It's crucial that patients and their health professionals discuss and develop individualised plans to manage underlying conditions which can often lead to long-term use of these medications such as chronic pain.

These toolkits can provide some background information for people to gather before starting a conversation with a health professional, or to provide more detail on health conditions that have developed as a result of medication use, such as dependence

#### *Prescription opioid toolkit*

The prescription opioid toolkit features easy-to-understand information, infographics and 11 original videos to increase understanding about how to avoid potential harms.

The videos feature interviews with experts in the field including specialist pain medicine physician Dr Chris Hayes, and Deputy Director of the Monash Addiction Research Centre and community pharmacist Suzanne Nielsen. Key topics include:

- Prescription opioids explained
- The role of opioids in pain management
- Managing chronic pain
- The risks of using prescription opioids long-term including side-effects, dependence, withdrawal and overdose
- Getting effective treatment including treatment options, reducing your prescription opioid use and medication-assisted treatment

You can view the toolkit on ScriptWise's website here: [www.scriptwise.org.au/prescription-opioids](http://www.scriptwise.org.au/prescription-opioids)

#### *Benzodiazepine toolkit*

The benzodiazepine toolkit also features easy-to-understand information, infographics and 8 original videos to increase understanding about avoiding potential harms. Patients have the opportunity to listen to experts such as Reconnexion benzodiazepine counsellor Erin Oldenhof. Key topics include:

- Benzodiazepines explained
- The role of benzodiazepines for anxiety, sleep and pain
- Managing anxiety, sleep problems and chronic pain
- The risks of using benzodiazepines long-term including dependence, withdrawal and overdose
- Getting effective treatment including treatment options and slowly reducing benzodiazepines

You can view the toolkit on ScriptWise's website here: [www.scriptwise.org.au/benzodiazepines](http://www.scriptwise.org.au/benzodiazepines)

#### *Combined use of pain and sedative medications*

In partnership with the Faculty of Pain Medicine (ANZCA), ScriptWise also released a joint statement and two new videos on the increased risk of harm if benzodiazepine medications are combined with other central nervous system depressants such as opioids or alcohol.

The resources explain the increased risks of sedation, problems with slow or shallow breathing, a reduced drive to breathe and eventually coma and/or death with combined use of these medications.

If someone has been prescribed both of these medications, the joint statement for patients also outlines some key questions to ask the prescriber of the medication, usually a GP.

You can view the videos and joint statement here: [www.scriptwise.org.au/combined-use](http://www.scriptwise.org.au/combined-use)

*Let's talk about prescription medication dependence*

More education for the public around the safe use of these medications is crucial to address the severity of this issue in Australia.

Through improved education about the role of these high-risk medications we can help to ensure patients avoid the often devastating and sometimes fatal consequences of using prescription opioids and benzodiazepines.

While there is much to be done to improve treatment options and access to pain services, it is essential that all Australians know that with the help of their health professionals, they can get the help they need.

*If you would like to promote ScriptWise's toolkits through your organisation or find out more, please contact ScriptWise media and communications manager Lara Beissbarth [lara@scriptwise.org.au](mailto:lara@scriptwise.org.au)*

**Declaration:** ScriptWise receives some funding from Indivior Pty Ltd for our International Overdose Awareness Day campaign.



**BEE MOHAMED**

*Bee Mohamed is the Chief Executive Officer of ScriptWise. ScriptWise is a not-for-profit organisation dedicated to preventing prescription medication related harms in Australia, and is working towards zero overdose fatalities (accidental) relating to prescription medications.*

Thank you to NZPS member Elspeth Shipton, APS member Eric Visser and colleagues Frank Bate, Raymond Garrick, Carole Steketee for sharing the following recent publication:

## Pain medicine content, teaching and assessment in medical school curricula in Australia and New Zealand

Elspeth Erica Shipton, Frank Bate, Raymond Garrick, Carole Steketee and Eric John Visser

**Article first published online:** 11 May 2018

**Journal Reference:** *BMC Medical Education* 2018;18:110

**DOI:** 10.1186/s12909-018-1204-4

**Link:** <https://bmcomeduc.biomedcentral.com/articles/10.1186/s12909-018-1204-4>

### ABSTRACT

#### Background

The objective of pain medicine education is to provide medical students with opportunities to develop their knowledge, skills and professional attitudes that will lead to their becoming safe, capable, and compassionate medical practitioners who are able to meet the healthcare needs of persons in pain. This study was undertaken to identify and describe the delivery of pain medicine education at medical schools in Australia and New Zealand.

#### Methods

All 23 medical schools in Australia and New Zealand in 2016 were included in this study. A structured curriculum audit tool was used to obtain information on pain medicine curricula including content, delivery, teaching and assessment methods.

#### Results

Nineteen medical schools (83%) completed the curriculum audit. Neurophysiology, clinical assessment, analgesia use and multidimensional aspects of pain medicine were covered by most medical schools. Specific learning objectives for pain medicine were not identified by 42% of medical schools. One medical school offered a dedicated pain medicine module delivered over 1 week. Pain medicine teaching was delivered at all schools by a number of different departments throughout the curriculum. Interprofessional learning (IPL) in the context of pain medicine education was not specified by any of the medical schools. The mean time allocated for pain medicine teaching over the entire medical course was just under 20 h. The objective structured clinical examination (OSCE) was used by 32% of schools to assess knowledge and skills in pain medicine. 16% of schools were unsure of whether any assessment of pain medicine education took place.

#### Conclusion

This descriptive study provides important baseline information for pain medicine education at medical schools in Australia and New Zealand. Medical schools do not have well-documented or comprehensive pain curricula that are delivered and assessed using pedagogically-sound approaches considering the complexity of the topic, the prevalence and public health burden of pain.

#### Declaration

The author has nothing to declare has nothing to declare.

This article was first published in the *Australian Journal of Pharmacy* and is reproduced with kind permission: <https://ajp.com.au/news/pharmacys-12-agenda-setters/>

## We reveal who our readers believe are the pharmacists showing the way forward for the profession

AJP set out on the quest to find pharmacy's agenda setters with a number of objectives – among these was a desire to identify people about whom we don't often hear, the quiet achievers, if you will, who are steering a path for the profession but doing so outside the political and business spotlight.

In total 64 pharmacists were nominated by readers, with over 250 votes received.

The pharmacist voted as the profession's **number one agenda setter is Joyce McSwan**, the founder of PainWISE and a very well-known figure in the area of pain management.

A clinical pharmacist, pain educator and pain program developer, Joyce has 18 years' experience in hospital, community, therapeutic education and Aged Care facilities.

Joyce lists here key areas of focus as being on encouraging the talent and innovation that are in her fellow pharmacists, to enhance their health care role, especially in the fields of pain management and responsible use of medicines.

"Either through funding, or grass-roots teaching or mentoring, we need to really put something a bit more standardised together to help bring out talent and innovation in the pharmacy profession," she says.



**JOYCE MCSWAN**

"I'd like to try and stimulate that properly in a way which involves guidelines. People aren't always able to spring out something from their hip pocket like I've been able to."

*What [they] said:*

*"5 years ago she saw the need in pain management and created one of the most advanced pain programs for primary health that has continue to gain funding and clinically significant results"*

*"What a stand out pharmacist. Helped me get PainWISE up and running in my pharmacy! Her work ought to be show cased and acknowledged!"*

*"Passionate enthusiastic and totally committed to bringing change to the way medications are often inappropriately prescribed to chronic pain sufferers. Oozes energy and always approachable."*

*Thank you to APS members Simon Holliday, Chris Hayes, Newman Harris, Michael Nicholas and colleagues Lester Jones and Jill Gordon for sharing the following recent publication.*

## **Prescribing wellness: comprehensive pain management outside specialist services**

Simon Holliday, Chris Hayes, Newman Harris, Michael Nicholas, Lester Jones, Jill Gordon

**Article first published online:** 15 May 2018  
*Aust Prescr* 2018;41:86-911 Jun 2018

**DOI:** 10.18773/austprescr.2018.023

**Link:** <https://www.nps.org.au/australian-prescriber/articles/prescribing-wellness-comprehensive-pain-management-outside-specialist-services>

### **ABSTRACT**

Opioids have important roles in the time-limited treatment of acute and cancer pain, end-of-life pain or dyspnoea, and in opioid dependency. Maintaining focus on biomedical treatments, including drugs, has limited success in chronic pain. Active self-management and healthy lifestyle choices are fundamental to addressing multisystem complexity and harnessing neuroplasticity in chronic pain. Addressing psychosocial maladaptations and physical deconditioning requires a variety of approaches, frequently involving multiple care providers. In practice, most pain care is delivered outside specialist centres by GPs and other non-pain specialists. Although they are well placed to provide multimodal care, they often lack training and confidence in delivering this care.

### **Declaration**

The authors have nothing to declare. No funding was received for the production of this manuscript.

# HAVE YOU HAD AN ARTICLE ACCEPTED FOR PUBLICATION THIS YEAR?

Reminder that we are keen that members inform us when they have publications so that this can be shared with your APS colleagues.

Please send the newsletter editor (via the APS Secretariat, [aps@apsoc.org.au](mailto:aps@apsoc.org.au)) the title, authors and reference (i.e. the journal, volume etc.) of the article, preferably with a short explanatory note to give our readers the gist of the article, e.g. the conclusions part of the abstract; if you would like to supply a short commentary on the article, even better.

## Faculty of Pain Medicine PM10 Statement on “Medicinal Cannabis” with particular reference to its use in the management of patients with chronic non-cancer pain **CALL FOR FEEDBACK**

The Faculty of Pain Medicine (FPM) has promulgated a revised position statement on medicinal cannabis PM10 Statement on “Medicinal Cannabis” with particular reference to its use in the management of patients with chronic non-cancer pain.

This revised professional document is being piloted and will be reviewed again in December 2018. The FPM welcomes feedback during this time.

Please provide your feedback to Penny McMorran, Professional Affairs Co-ordinator via email: [painmed@anzca.edu.au](mailto:painmed@anzca.edu.au) and copy the APS Secretariat: [aps@apsoc.org.au](mailto:aps@apsoc.org.au)

## Faculty of Pain Medicine Position Statement on Procedures in Pain Medicine **CALL FOR FEEDBACK**

The Faculty of Pain Medicine (FPM) has promulgated a pilot Position Statement on Procedures in Pain Medicine.

This position statement is being piloted and will be reviewed again in January 2019. The FPM welcomes feedback during this time.

Please provide your feedback to Cassandra Sparkes, Education and Research Development Co-ordinator via email [fpm@anzca.edu.au](mailto:fpm@anzca.edu.au) and copy the APS Secretariat: [aps@apsoc.org.au](mailto:aps@apsoc.org.au)

## Basic Pain Research



AUSTRALIAN PAIN SOCIETY  
SPECIAL INTEREST GROUP

### Basic Pain Research SIG: Journal Watch

#### Functional and Molecular Characterization of Mechanoinsensitive “Silent” Nociceptors

Vincenzo Prato, Francisco J. Taberner, James R.F. Hockley, Gerard Callejo, Alice Arcourt, Bassim Tazir, Leoni Hammer, Paulina Schad, Paul A. Heppenstall, Ewan St. John Smith, and Stefan G. Lechner  
Cell Rep. 2017 December 12; 21(11): 3102–3115. doi:10.1016/j.celrep.2017.11.066  
Link: <https://www.ncbi.nlm.nih.gov/pubmed/29241539>

**Reviewer:** Prof Rainer Viktor Haberberger & Dr Dusan Matusica, Anatomy & Histology and Centre for Neuroscience, Flinders University, Adelaide, Australia  
[rainer.haberberger@flinders.edu.au](mailto:rainer.haberberger@flinders.edu.au)

**Review of the paper:** When we examine and analyse histological sections of the skin or parts of the gastrointestinal tract, we can readily identify a large number of nerve fibres that look like C-fibre nociceptors, the fibres we know are responsible for transmitting noxious stimuli. Given that

most of us do not spend significant amount of time squirming and flailing in pain, we can ask the question “Why do we have so many nociceptors and what are they doing when we’re not in pain?” In answer to that question, and in line with the protective role of pain in our lives, it is not surprising that some of those fibres are on red alert and ready to fire, in order to warn us of harm when it eventuates. However, a significant proportion of nociceptors seem to “sleep”. They are “silent”.

So what differentiates silent nociceptors from their counterparts? The recently published paper by Prato et al. aimed to further investigate the class of so-called “silent” nociceptors. Generally speaking “silent” nociceptors have the primary characteristics of nociceptors in that they are functional, and can be experimentally activated by electrical stimulation that results in firing of nociceptor-like action potentials (APs), but they do not respond to noxious stimuli.

Interestingly these “silent” nociceptors can be “awakened” by inflammatory mediators and it has been hypothesized that this might be one of the mechanisms underlying the development of mechanical hyperalgesia in response to inflammation.

Here, the authors focussed on silent nociceptors and their changes in relation to mechano-sensitivity. By using transgenic mice they identified a class of “silent” (mechano-insensitive) neurons that possessed all the characteristics of peptidergic C-fibre nociceptors, but also exclusively expressed the alpha3 subunit of nicotinic acetylcholine receptors (CHRNA3). Previous publications revealed that silent nociceptors are numerous in internal organs and here the authors showed that higher numbers of CHRNA3+ neurons were found in dorsal root ganglia that innervate internal organs. Here, using multiple labelling immunohistochemistry the authors also demonstrated that most peptidergic fibres

in organs known to have a lot of silent nociceptors (bladder and distal colon) were CHRNA3+.

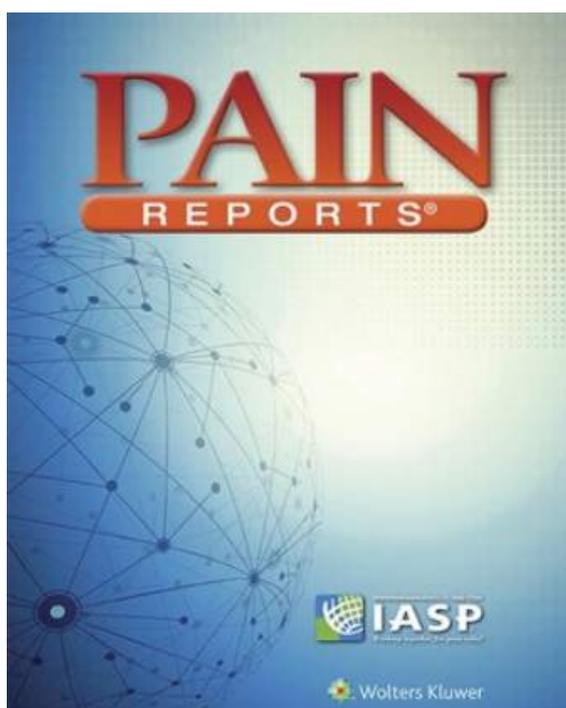
To determine whether silent CHRNA3+ neurons could be activated, they treated these neurons with inflammatory mediators such as nerve growth factor (NGF), or a cocktail of bradykinin or prostaglandins. Interestingly, there was no effect from short-term exposure (1h), however after one day of NGF treatment, the neurons became mechano-sensitive. Further pharmacological experiments also revealed that synthesis of new molecules is necessary for the ‘awakening’ effect. The authors then searched for the molecule that was responsible for the sudden increase in mechano-sensitivity. Surprisingly PIEZO2, a mechanosensitive channel that was previously not associated with nociception, was found to be expressed at higher levels and was active in previously silent nociceptors after NGF exposure. To confirm the functional importance of this receptor, subsequent knockdown of PIEZO2 clearly prevented the NGF-related induction of mechano-sensitivity.

**The take-home message:** This is an exciting publication containing three novel concepts. The authors have identified a marker for “silent” nociceptors that can be awakened to transition into mechanosensitive nociceptors by long-term exposure to NGF. Furthermore, the evidence that this “awakening” involves de novo synthesis of molecules and the mechanosensitive channel PIEZO2, adds important pieces to the puzzle of nociceptor subtype classification. Ultimately, this “awakening” mechanism of “silent” nociceptors might be an important advance in understanding the mechanisms underlying the development of mechanical hyperalgesia and allodynia.

**Declaration:** The reviewer has nothing to declare.



## **PAIN REPORTS INNOVATIONS IN PEDIATRIC PAIN RESEARCH AND CARE: SPECIAL ISSUE**



[Click here](#) for free access to articles in this special edition released in time for IASP World Congress in Boston, USA

# CHRONIC NON-CANCER PAIN (CNCP) IN SOUTH EAST QUEENSLAND CORRECTIONAL FACILITIES

By Helen Stewart

Persistent or chronic non-cancer pain (CNCP) is pain that lasts for more than the expected healing time of approximately 12 weeks. In Australia, an estimated 20% of people suffer chronic pain. Almost one third of people may be unable to identify a cause. In those who can identify a cause, injury is the most common precipitating factor<sup>1</sup>. Untreated pain increases distress and suffering, impacts on health and function, and increases acute care utilisation however, overmedicalisation of pain has resulted in increases to analgesic prescriptions worldwide. Management of CNCP is complex and warrants consideration of the individual's sociological, psychological and functional wellbeing. A coordinated multi-disciplinary approach focusing on behavioral change to improve functional activities provides the most effective outcome. Medical management alone is challenging and may be ineffective with medications and interventional procedures sometimes exposing patients to side effects and increased risks with often only short-term benefit.

Amongst the prison population the prevalence of CNCP is relatively unknown but clinicians who work in prison health “assert that CNCP is a public health issue, has a significant prevalence, is burdensome to those individuals who suffer from it and is closely related to a lack of mental wellbeing”<sup>2</sup> (p.24). Risk factors for CNCP within the prisoner population are significant. There is an over representation of mental ill health (49%), along with psychological distress prior to incarceration (31%) and chronic disease with overall one quarter of prison entrants reported to have one

or more condition. Physical limitation is also prevalent amongst the prisoner population with higher rates of disability reported (69%) between ages 35-54 years as compared to the general population (52%)<sup>3</sup>.

The clinical burden for CNCP is reportedly significant with at least one in five prisoners requiring continuous daily analgesia with highest requirements amongst older prisoners. However, managing CNCP in a prison environment adds many layers of complexity when compared to the general population. Institutional factors are a barrier to providing appropriate analgesia due to a lack of an evidence based medication formulary. This can result in inadequate or inappropriate pain relief within accommodation that falls under the governance of Corrective Services and not Health where prescribing and administration limitations exist. There is also a lack of allied health personnel therefore management is pharmacological alone and is reliant on the knowledge and skills of the prison's general practitioners and nurse practitioners who are frequently challenged by the multifaceted aspects of complex individuals with reports of pain.

Individuals who require analgesia for CNCP amongst the prison population is complicated by many factors which may drive the demand for daily analgesia. Many prisoners have a history of poly substance abuse, prescription opioid misuse, prescription opioid use disorder or history of heroin use. Prescribers in prisons fear prescription drug misuse and diversion in the setting of poor patient credibility and history of drug abuse despite diversion occurring in only 2-3% of opioids being prescribed when audited in a Queensland

correctional facility. Diversion occurs more likely from the community where visitors to prisoner bring prescription opioids in from the outside. Hence, the lack of credibility attributed to reports of pain is based on clinician's perception rather than evidence. People in prison are not dissimilar to the normal populations where there is an aging population in whom the prevalence of chronic conditions increases the burden of pain. Along with high levels of depressive illness and its close relationship with CNCP which is relevant across all age groups and personality characteristics which may catastrophise pain, all are significant and should all be a consideration in a vulnerable population group.

To support correctional facilities in the south-east corner of Queensland and address some of the gaps a telementoring model of care is being piloted between Metro South Health Persistent Pain Management Service (MSHPPMS) based at Princess Alexandra Hospital in Brisbane and the West Moreton Prison Health Services. The aim is to support, educate and guide the clinicians who work in the six correctional facilities in the district so that they are more confident in prescribing analgesia to individuals with pain in a complex setting and where multidisciplinary support is lacking. The model will also improve access for prisoners to clinicians with expertise in persistent pain.

1. Blyth FM, Cousins MJ, March LM. Chronic pain-related disability and use of analgesia and health services in a Sydney community. *The Medical Journal of Australia*. 2003;179(2):84-7.
2. Croft M and Mayhew R. Prevalence of chronic non-cancer pain in a UK prison environment. *British Journal of Pain* 2015; 9(2): 96-108.
3. AIHW. The health of Australia's prisoners 2015. Report and Statistics. <https://www.aihw.gov.au/reports/>

[prisoners/health-of-australias-prisoners-2015/contents/summary](https://www.aihw.gov.au/reports/prisoners/health-of-australias-prisoners-2015/contents/summary), (accessed 21 August 2018).

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The program has been developed and is taught by The Faculty of Medicine and Health's Pain Management Research Institute (PMRI), based at Royal North Shore Hospital and the The University of Sydney's Kolling Institute.

The program is conducted entirely online and commences in March or August each year, with enrolments closing either late January or late June.

**i** For dates & further information visit: [sydney.edu.au/medicine/pmri/education](http://sydney.edu.au/medicine/pmri/education) T: +61 2 9463 1516  
E: [paineducation@sydney.edu.au](mailto:paineducation@sydney.edu.au)

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Artwork: Rosella Namok



To celebrate the theme of the 2018 Global Year for Excellence in Pain Education, the organising committee of the ACT branch of the Pain Interest Group Nursing Issues (PIGNI) will be holding a full day workshop.

This workshop is for all nursing, allied health and care workers.

Joy Burdack,  
CNC Pain Management &  
Medication Safety, Calvary Public Bruce.

Chairperson ACT PIGNI Branch  
ACT Director for the Australian Pain Society



**Global Year for Excellence in Pain Education**  
**Friday 2<sup>nd</sup> November 2018**

**Calvary Public Hospital Bruce, Function Room**



Affiliated with the Australian Pain Society

## Children's Pain Management Clinic

## Paediatric Chronic Pain Symposium

Saturday 10th November 2018

At the Ella Latham Auditorium, The Royal Children's Hospital  
50 Flemington Road, Parkville, VIC 3052

Presented by the clinicians of the multidisciplinary team, this one day symposium will provide guiding principles of paediatric chronic pain management, including:

- an overview of the epidemiology and multidimensional nature of chronic pain in childhood and adolescence
- an introduction to assessment and treatment strategies, with evidence-informed overviews of primary approaches within a biopsychosocial framework, including assessing and treating Complex Regional Pain Syndrome in this population
- managing pain presentations of medically unexplained aetiology
- delivering education about pain.

It is directed towards all health care professions that may encounter paediatric chronic pain presentations in their practice. The full programme for the Symposium will be provided in due course.

Cost (including morning and afternoon tea): \$250.00 (incl. GST)  
Bookings via Eventbrite: <https://bit.ly/2lBKc1n>



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[www.icftd2018.org.au](http://www.icftd2018.org.au)

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# PAIN REFRESH

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## PAIN MANAGEMENT MULTIDISCIPLINARY WORKSHOP 2019



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WEEK 2: FEBRUARY 11-14



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7—10 March 2019  
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FROM WHERE WE STAND



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5-7 APRIL 2019

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E [ssa2019@dcconferences.com.au](mailto:ssa2019@dcconferences.com.au) | P 612 9954 4400

KEY DATES	
Call for Abstracts opens	<b>16 October 2018</b>
Abstract Submission Deadline	<b>8 January 2019</b>
Early bird Registration Deadline	<b>1 March 2019</b>



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39th Annual Scientific Meeting:**  
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**Submission Deadlines**

Topical Sessions	21 September 2018
Free Papers & Posters	31 October 2018
Rising Star Award	31 October 2018
Early Bird Registration	22 February 2019

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## NEW!

- **Submissions received and next steps:** Prescription strong (Schedule 8) opioid use and misuse in Australia – options for a regulatory response: <http://www.tga.gov.au/submissions-received-and-next-steps-prescription-strong-schedule-8-opioid-use-and-misuse-australia-options-regulatory-response>

## OTHER ITEMS OF INTEREST FOR OUR MEMBERS:

- **PainAustralia eNewsletter:** latest issue, available online at <http://www.painaustralia.org.au/media/enews>
- **ePPOC- electronic Persistent Pain Outcomes Collaboration:** For more information about ePPOC, refer to the website: <http://ahsri.uow.edu.au/eppoc/index.html>
- **PainHEALTH website:** <http://pain-health.csse.uwa.edu.au/>
- **ANZCA/FPM Free Opioid Calculator App:** Smart phone app that converts opiates to milligrams of morphine, available for both iPhone and Android: <http://www.opioidcalculator.com.au>
- **Stanford University:** CHOIR Collaborative Health Outcomes Information Registry: <https://choir.stanford.edu/>
- **2018 Global Year for Excellence in Pain Education:** Launched 22JAN18. See information and resources on our website: <http://www.apsoc.org.au/global-year-against-pain>
- **Opioid Podcasts for GPs:** 20 week series from the Hunter Postgraduate Medical Institute: <http://www.gptraining.com.au/recent-podcasts>
- **Airing Pain:** Pain resources via an online radio show produced by Pain Concern, a UK registered Charity: <http://painconcern.org.uk/airing-pain/>
- **Digital Health Guide:** Developed by Primary Health Network Tasmania: <https://digitalhealthguide.com.au/Account/LogOn?ReturnUrl=%2fSpecialtyFormulary%2f2>  
At login. Username: connectingcare  
Password: health
- **2017 Australia's Health Tracker by Socio-economic status:** Released 28NOV17: <https://www.vu.edu.au/australian-health-policy-collaboration/publications#goto-----australias-health-tracker-by-socioeconomic-status-----=1>
- **Indigenous Resources:** New webpage on the APS website aggregating Indigenous resources: <https://www.apsoc.org.au/Indigenous-Resources>
- **IASP Statement on Opioids:** Approved February 2018: <https://www.iasp-pain.org/Advocacy/OpioidPositionStatement>  
This reference can also be found on the [APS Position Papers](#) webpage.
- **NSW Cannabis Medicines Advisory Service (CMAS):** Launched 29JAN18  
Fact Sheet on our website: [https://www.apsoc.org.au/PDF/Fact\\_Sheets/20180129\\_NSW-CannabisMedicinesAdvisoryService-CMAS\\_Fact\\_Sheet\\_FINAL.PDF](https://www.apsoc.org.au/PDF/Fact_Sheets/20180129_NSW-CannabisMedicinesAdvisoryService-CMAS_Fact_Sheet_FINAL.PDF)  
Service available: 9am-5pm Monday-Friday

Hotline: (02) 4923 6200 or email:  
[HNELHD-CMAS@hnehealth.nsw.gov.au](mailto:HNELHD-CMAS@hnehealth.nsw.gov.au)

## NPS MEDICINEWISE RESOURCES:

- **Chronic Pain edition issued 01JUN15:** <http://www.nps.org.au/publications/health-professional/nps-news/2015/chronic-pain> and [https://www.nps.org.au/medical-info/clinical-topics/news/chronic-pain?utm\\_medium=twitter&utm\\_source=17-07-24&utm\\_campaign=pain&utm\\_content=painweek-MN#key-points](https://www.nps.org.au/medical-info/clinical-topics/news/chronic-pain?utm_medium=twitter&utm_source=17-07-24&utm_campaign=pain&utm_content=painweek-MN#key-points)
- **Choosing Wisely Australia – News & media:** <http://www.choosingwisely.org.au/news-and-media>
- **Over the counter codeine – changes to supply:** <https://www.nps.org.au/medical-info/clinical-topics/over-the-counter-codeine-changes-to-supply>
- **Medicines with codeine – what you need to know:** <https://www.nps.org.au/medical-info/consumer-info/medicines-with-codeine-what-you-need-to-know>

## TGA

- **Codeine information hub:** <https://www.tga.gov.au/codeine-info-hub>
- **Guidance for the use of medicinal cannabis in the treatment of chronic non-cancer pain in Australia, v1-DEC17:** <https://www.tga.gov.au/publication/guidance-use-medicinal-cannabis-treatment-chronic-non-cancer-pain-australia>

## NSW AGENCY FOR CLINICAL INNOVATION RESOURCES:

- **Our Mob- Resources for Aboriginal People:** <https://www.aci.health.nsw.gov.au/chronic-pain/our-mob>
- **Brainman and Pain Tool Kit translations, SEP15:** <http://www.aci.health.nsw.gov.au/chronic-pain/translated-resources>
- **Pain Management Resources:** <http://www.aci.health.nsw.gov.au/resources/pain-management>
- **Quicksteps to Manage Chronic Pain in Primary Care:** <http://www.aci.health.nsw.gov.au/chronic-pain/health-professionals/quick-steps-to-manage-chronic-pain-in-primary-care>
  - **Built into Quicksteps- “How to de-prescribe and wean opioids in general practice”:** <http://www.aci.health.nsw.gov.au/chronic-pain/health-professionals/quick-steps-to-manage-chronic-pain-in-primary-care/how-to-de-prescribe-and-wean-opioids-in-general-practice>
- **A list of helpful apps for consumers and clinicians now available at:** <http://www.aci.health.nsw.gov.au/chronic-pain/health-professionals/management-of-chronic-pain>

## MEMBERS ONLY AREA OF APS WEBSITE:

- **APS Plenary Recordings**

As an exclusive benefit to APS members, the following Plenary videos are now available for free access:

- 2018 conference in Sydney
- 2017 conference in Adelaide
- 2016 conference in Perth

- **Better Pain Management online learning modules**

APS members receive a 20% discount

- **BPR SIG Expert Database**

Survey and Results

## APS MEDIA RELEASES:

- Refer to our website for a full listing of media releases: <http://www.apsoc.org.au/Media>

# NOMINATION FOR AUSTRALIAN PAIN SOCIETY DISTINGUISHED MEMBER AWARDS – 2019

The Board of Directors is seeking nominations from all APS members for candidates to be considered for the Distinguished Member Award/s to be presented at the APS 39th Annual Scientific Meeting to be held on the Gold Coast from 7-10 April 2019.

## ELIGIBILITY CRITERIA

### CANDIDATES MUST BE AUSTRALIAN PAIN SOCIETY MEMBER/S WHO HAVE:

- Made major contribution towards the Society, **and**
- Significantly contributed to the science of pain management, **and/or**
- Played a significant clinical, educational or research role in the field of Pain Management in Australia

### NOMINATION GUIDELINES:

- A 'Nomination for Distinguished Member Award' form must be completed
- As a guide, it is desirable that nominees have held continuous APS membership for over 10 years
- Nominations must include an 800-900 word biography of the nominee. The Board will not consider incomplete nomination forms.
- Unsuccessful nominations are not automatically put forward in subsequent years.
- The nominator must be prepared to present a brief summary of the Distinguished Member biography in the ASM program, or arrange a suitable alternate for the presentation segment.

## SUBMISSION:

- All nominations to be submitted to the [APS Secretariat](#) by **31 October 2018**.

## NOTIFICATION:

- The APS Board will notify successful nominees by **31 December 2018**.
- Distinguished Member recipients are actively encouraged to attend the Annual Scientific Meeting in order to receive their award in person from the APS President.

A listing of past recipients of the [Distinguished Member Award](#), including their biographies, can be found on the APS website.

## NEW MEMBERS AT 25 SEPT 2018

TITLE	FIRST NAME	LAST NAME	DISCIPLINE GROUP
Mrs	Jane	Timmins	Nursing

### CALENDAR OF EVENTS

#### 5-7 Oct 2018

##### Australian Physiotherapy Association

*Next 2018*

Hotel Grand Chancellor, Hobart, TAS

<http://apanext2018.com.au>

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#### 6-9 Oct 2018

##### Australian Society of Anaesthetists

*National Scientific Congress 2018*

Adelaide Convention Centre, Adelaide, SA

<http://asa2018.com.au>

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#### 11-13 Oct 2018

##### RACGP - GP18

*General practice: The centre of health in Australia*

Gold Coast Convention and Exhibition Centre, Gold Coast, QLD

<http://gp18.com.au>

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#### 13 Oct 2018

##### American Academy of Craniofacial Pain (AACP) Australian Chapter

*Pain, Mood and the Microbiome: The Brain-Gut Axis*

Park Royal Melbourne Airport, Melbourne, VIC

<https://form.jotform.co/82313555099865>

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**19-21 Oct 2018****Faculty of Pain Medicine Spring Meeting***Looking North Looking Up at Pain*

Pullman Cairns International, Cairns, QLD

<http://fpm.anzca.edu.au/events/2018-spring-meeting>

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**20 Oct 2018****RMSANZ Pain Special Interest Group Workshop***Head and Neck Pain*

Orange Health Service, Orange, NSW

<https://www.rmsanzgroups.net/events-1/head-and-neck-pain-workshop>

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**23 Oct 2018****Bionomics & MSD 6th Annual Neuroscience Symposium***At the Frontiers of Neuroscience: Signs & Symptoms*

Pullman Hotel, Hindmarsh Square, Adelaide, SA

<http://www.bionomics.com.au/upcoming-events/6th-annual-bionomics-msd-symposium>

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**25-27 Oct 2018****Australian College of Rural and Remote Medicine (ACRRM) and Rural Doctors Association of Australia (RDAA)***Rural Medicine Australia - RMA 2018*

Darwin Convention Centre, Darwin, NT

<http://www.acrrm.org.au/the-college-at-work/rma>

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**2 Nov 2018****University of Sydney - Sydney Medical School - Pain Management Research Institute***Clinical Skills Workshop - Dealing with emotionally challenging patient encounters*

Kolling Building, Royal North Shore Hospital, St Leonards, Sydney, NSW

<http://sydney.edu.au/medicine/pmri/education/continuing/workshop-clinical-skills.php>

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**2 Nov 2018****Pain Interest Group Nursing Issues (PIGNI) ACT***Workshop theme: 2018 Global Year for Excellence in Pain Education*

Function Rooms, Lewisham Building, Calvary Hospital Public, Bruce, ACT

[Joy.Burdack@calvary-act.com.au](mailto:Joy.Burdack@calvary-act.com.au)

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**10 Nov 2018****The Royal Children's Hospital Melbourne***The RCH Paediatric Chronic Pain Management Symposium*

The Ella Latham Auditorium at The Royal Children's Hospital, Melbourne, VIC

<https://bit.ly/2IBKc1n>

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**11-14 Nov 2018****International Society on Frontotemporal Dementias***11th International Conference on Frontotemporal Dementias*

International Convention Centre, Sydney, NSW

<https://www.dccconferences.com.au/icftd2018/>

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**16-17 Nov 2018****Occupational Therapy Australia National Paediatrics Symposium 2018***Community, Collaboration and Capability*

SMC Conference &amp; Function Centre, SYDNEY, NSW

<http://www.otausevents.com.au/events/national-paediatrics-symposium-2018/event-summary-147160654c18486a863a1345fd616cc9.aspx>

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**21-24 Nov 2018****AOCPRM 6th and Rehabilitation Medicine Society of Australia and New Zealand (RMSANZ) 3rd Annual Scientific Meeting***North to South, East to West*

SkyCity, Auckland, New Zealand

<http://www.aocprm2018.com/aocprm18>

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**23 Nov 2018****UQ Recover Injury Research Centre***RECOVER Forum 2018*

Rydges South Bank, Brisbane, QLD

<https://recover.centre.uq.edu.au/event/730/recover-forum-2018>

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**7-8 Dec 2018****Ehlers-Danlos Society***Learning Conference Australia*

MUSE Building, Macquarie University, Sydney, NSW

<https://www.ehlers-danlos.com/2018-eds-australia/>

**10-11 Dec 2018**

**Ehlers-Danlos Society**

*Learning Conference Australia*

Curtin University Building 410, Perth, WA

<https://www.ehlers-danlos.com/2018-eds-australia/>

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**4-14 Feb 2019**

**Pain Management Research Institute, The University of Sydney**

*Pain Refresh - Pain Management Multidisciplinary Workshop*

Royal North Shore Hospital, St Leonards, Sydney, NSW

<http://sydney.edu.au/medicine/pmri/education/continuing/workshop.php>

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**7-10 Mar 2019**

**New Zealand Pain Society Annual Scientific Meeting - NZPS19**

*From where we stand*

Rydges Latimer Hotel, Christchurch, New Zealand

<http://www.nzps2019.nz>

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**5-7 Apr 2019**

**Spine Society of Australia**

*30th Annual Scientific Meeting*

Gold Coast Convention & Exhibition Centre, Gold Coast, QLD

<http://www.dconferences.com.au/ssa2019/>

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**7-10 Apr 2019**

**Australian Pain Society 39th Annual Scientific Meeting**

*In the IASP Global Year Against Pain in the Most Vulnerable*

Gold Coast Convention and Exhibition Centre, Gold Coast, QLD

<http://www.dconferences.com.au/aps2019/>

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**11-14 Apr 2019**

**ASEAPS 2019 - 8th Association of South-East Asian Pain Societies Congress**

*Building Collaborations In Pain Management*

Pullman Kuching, Sarawak, Malaysia

<http://www.aseaps2019.com>

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**28 Apr 2019**

**Faculty of Pain Medicine (FPM)**

*Annual Pain Medicine Symposium: Pain at the interface (formerly Refresher Course Day)*

Kuala Lumpur Convention Centre, Kuala Lumpur, Malaysia

[TBA](#)

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**29 Apr-3 May 2019**

**Australian and New Zealand College of Anaesthetists (ANZCA) Annual Scientific Meeting 2019**

*New worlds. Come explore.*

Kuala Lumpur Convention Centre, Kuala Lumpur, Malaysia

<https://asm.anzca.edu.au/>

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**25-30 May 2019**

**INS International Neuromodulation Society 14th World Congress**

*Neuromodulation - Leading a Global Revolution*

International Convention Centre, Sydney, NSW

<https://ins-congress.com/2019/#.W3I2vTthLQM>

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**10-12 Jul 2019**

**Occupational Therapy Australia**

*Together Towards Tomorrow*

International Convention Centre, Sydney, NSW

<http://www.otaus2019.com.au>

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**10-13 Sep 2019**

**Palliative Care Australia**

*19APCC*

Perth Convention and Exhibition Centre, Perth, WA

<https://oceanicpallcare.com>

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THE  
AUSTRALIAN  
PAIN SOCIETY

**VISION:**

All people will have optimal access to pain prevention and management throughout their life.

**MISSION:**

The Australian Pain Society is a multidisciplinary organisation aiming to minimise pain and related suffering through advocacy and leadership in clinical practice, education and research.

**AIMS:**

- To promote the provision of healthcare services for pain management
- To promote equity of access to pain management services
- To actively engage with key stakeholders and contribute to their activities
- To provide a contemporary forum to discuss issues relating to pain research and treatment
- To foster and support pain-related evidence-based research
- To share and promote the expertise of all disciplines involved in the treatment of pain
- To promote and facilitate evidence-based pain related education for health professionals and the community
- To promote the development and use of standards and outcome measures in everyday clinical practice

## DIRECTORS

**PRESIDENT:**

**Ms Fiona Hodson**

Hunter Integrated Pain Service  
 John Hunter Hospital Campus  
 New Lambton NSW 2305  
 Tel: 02 4922 3435 | Fax: 02 4922 3438



**QLD DIRECTOR:**

**Ms Trudy Maunsell**

Princess Alexandra Hospital  
 199 Ipswich Road  
 Woolloongabba QLD 4102  
 Tel: 07 3176 5547 | Fax: 07 3176 5102



**PRESIDENT-ELECT:**

**Ms Anne Burke**

Royal Adelaide Hospital Pain Clinic  
 North Terrace Adelaide SA 5000  
 Tel: 08 8222 4770 | Fax: 08 8222 5904



**SA DIRECTOR:**

**Dr Michelle Harris**

Royal Adelaide Hospital and  
 Lyell McEwin Hospital  
 Adelaide SA  
 Email: [michelle.harris2@sa.gov.au](mailto:michelle.harris2@sa.gov.au)



**SECRETARY:**

**Dr Will Howard**

Director, Pain Service  
 Austin Health  
 Studley Road  
 Heidelberg VIC 3084  
 Tel: 03 9496 3800 | Fax: 03 9459 6421



**TAS DIRECTOR:**

**Mr Simon Watt**

Manager Physiotherapy Services  
 Royal Hobart Hospital  
 GPO Box 161  
 Hobart TAS 7000  
 Tel: 03 6166 8326



**TREASURER:**

**Mr Tim Austin**

Camperdown Physiotherapy  
 Inner West Pain Centre  
 100 Carillon Avenue  
 Newtown NSW 2042  
 Tel: 02 9517 1787 | Fax: 02 9516 2491



**VIC DIRECTOR:**

**Dr Laura Prendergast**

Pain Service, Austin Health  
 Chronic Pain Clinic, Goulburn Valley  
 Health VIC  
 Tel: 03 9496 3134 or 03 5832 3020



**ACT DIRECTOR:**

**Mrs Joy Burdack**

Calvary Health Care ACT  
 PO Box 254  
 Jamison Centre ACT 2614  
 Tel: 02 6201 6854 | Fax: 02 6201 6949



**WA DIRECTOR:**

**Mr Shadreck Tozana**

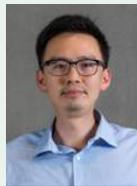
Functional Revival and Baptistcare  
 Bethal, 2 Bethal Way Albany WA 6330  
 Tel: 0437 541 165 | Fax: 08 9841 8480



**NSW DIRECTOR:**

**Dr Tim Ho**

Royal Prince Alfred Hospital  
 Inner West Pain Centre  
 100 Carillon Avenue  
 Newtown NSW 2042  
 Tel: 02 9517 1764 | Fax: 02 9517 1832



**NT DIRECTOR:**

**Ms Diann Black**

Royal Darwin Hospital  
 PO Box 41326  
 Casuarina NT 0811  
 Tel: 08 8931 1029



## OFFICE BEARERS

### IMMEDIATE PAST PRESIDENT:

#### Dr Geoffrey Speldewinde

Capital Pain & Rehabilitation Clinic  
25 Napier Close  
Deakin ACT 2600  
Tel: 02 6282 6240 | Fax: 02 6282 5510



### PHD SCHOLARSHIP CHAIR:

#### A/Prof Michael Farrell

School of Biomedical Sciences  
Monash University  
Clayton VIC 3800  
Tel: 03 9905 6094

### SPC CHAIR:

#### A/Prof Kevin Keay

Department of Anatomy  
University of Sydney  
Sydney NSW 2006  
Tel: 02 9351 4132



### SECRETARIAT:

#### DC Conferences Pty Ltd

PO Box 637  
North Sydney, NSW 2059  
Tel: 02 9016 4343 | Fax: 02 9954 0666  
Email: [aps@apsoc.org.au](mailto:aps@apsoc.org.au)  
Website: [www.apsoc.org.au](http://www.apsoc.org.au)

### IASP LIAISON:

#### Professor Michael Nicholas

Pain Management Research Institute  
Royal North Shore Hospital  
St Leonards NSW 2065  
Tel: 02 9926 7894 | Fax: 02 9662 6279  
Website: [www.iasp-pain.org](http://www.iasp-pain.org)



THE  
AUSTRALIAN  
PAIN SOCIETY

### COMMUNICATIONS/WEBSITE/ SOCIAL & OTHER MEDIA COORDINATOR:

#### Dr Will Howard

Director, Pain Service  
Austin Health  
Studley Road, Heidelberg VIC 3084  
Tel: 03 9496 3800 | Fax: 03 9459 6421



### NEWSLETTER EDITOR:

#### Dr Stephanie Davies

Painless Clinic  
Unit 5/136 Railway St  
Cottesloe WA 6011  
Tel: 0412 933 419 | Fax: 08 9286 8023



### NEWSLETTER ASSISTANT EDITOR:

#### Dr Lincoln Tracy

School of Public Health and  
Preventive Medicine  
Monash University  
Melbourne VIC 3004  
Tel: 03 9903 0288

